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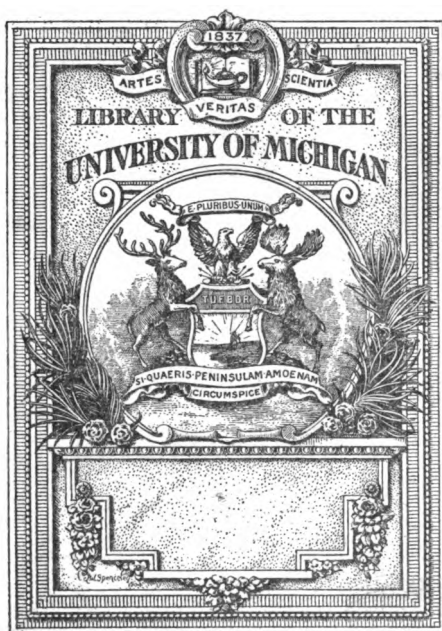
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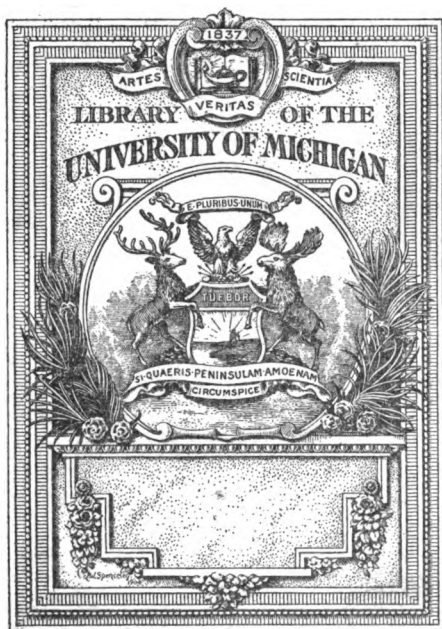
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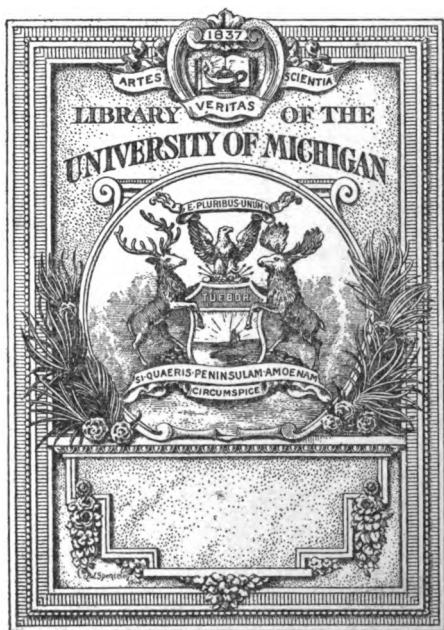


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7th Edition

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Contributors to Volume II.

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 BREYFOGLE, E. S.
 CHARLES, E. W.
 CURRIER, C. B.
 DEWEY, W. A.
 HARRIS, S. C.

HART, C. N.
 JENKS, GEO. H.
 LEONARD, W. A.
 MARTIN, G. H.
 McNEIL, A.
 BAYMOND, J. C.

RUSSELL, E. H.
 SCHULTZ, R.
 SELFBRIDGE, J. M.
 SIMPSON, WM.
 WARD, J. W.
 WORTH, S.

THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - - WM. BOERICKE, M. D.

VOL II. SAN FRANCISCO, JANUARY, 1884. No. 1.

EDITORIAL.

In commencing the second volume of the "Homœopath," we are glad to do so under so favorable auspices. The affairs of Homœopathy on this coast are increasing in importance from month to month—our members increase daily, our college is established and will begin its work shortly. Our hospital prospering—our journal enters on its second year and expresses its increased vigor by corresponding external form, more suitable for preservation. We hope that our professional brethren will continue to send us contributions, especially practical articles, illustrating the superiority of homœopathic treatment over every other method of treating disease. Our older practitioners, with their abundance of experience, have a duty to the younger members which they ought not to shirk—i. e., communicate through our pages some of the fruits of their experience. Progress in medical knowledge and accuracy in prescribing would be secured thereby. It may not flatter their vanity as much to

see their articles in print in so young and modest a journal as our own, instead of going to the larger Eastern journals, but possibly they may be lost there while here they would perform useful work and not fail of recognition and appreciation.

WE have repeatedly pointed out the weakness of our Homœopathic State Society—its pretension to completeness which it never possessed—by scattering its forces on numerous bureaux, instead of concentrating them on such as are calculated to illustrate and advance our *materia medica* and clinical medicine. None of us have time to do any *original* work in chemistry, microscopy, anatomy, etc., a field admirably filled by members of the old school, but all of us ought to do original work in the study of drugs as medicines. Until very recently all provings of drugs have come from the homœopathic school, but while we are resting on our laurels the old school and eclectics are beating us on our own ground by pursuing drug studies according to our own methods. We recommend to our State Society the adoption of a bureau of *materia medica* similar to that of the Eclectic Society in this city. For their last meeting studies of *apis*, *iris*, *jaborandi*, *ustilago*, *mango* were presented according to their general action, their physiological action on the nervous system, on the circulation, and therapeutical action and medical uses. It is only in this way that our knowledge of drug action can be increased and a *Materia Medica* established that will be an unfailing guide in treatment of disease.

THE Homœopathic Hospital of San Francisco is now under an entirely new management, the old directors having resigned, and new ones recommended by the Faculty of the Hahnemann College put in their stead. While we could not entirely sympathize with the policy of the old managers, we wish to express our appreciation of the self-sacrificing and faithful spirit that has always characterized their work for the cause. Homœopathy on this coast has had no such generous

champion since Mr. Cutting first opened the dispensary, and which he carried on until the strife in the profession made it impossible for him to exercise his generosity for us any longer, than the worthy President of the old Board, Mrs. George Hearst. Not satisfied with much personal work for the institution, she contributed very largely every month, and when the time that she chose for retirement from the management arrived, she and her co-laborers organized a *fete* in aid of the hospital which was a brilliant success in every respect. A large sum—over \$1500—was realized and turned over to the new managers. Every one in this city at all interested in homœopathy and in public charities will feel grateful to the ladies for their part in this good work. We understand and sincerely trust that Mrs. Hearst has not permanently retired from the management of the institution which owes to her so much of its vitality if not its very existence.

ONE of the first duties of the new management of the hospital was the consideration of the question of resident physician. Dr. R. H. Curtis, who had filled the position for some time and was willing to do so again for a monthly consideration of \$60.00, besides some minor matters, seemed to us the most available and fitting man for the place. But the financial condition of the hospital is such that it was not deemed advisable to enter into negotiations with Dr. C., and the matter was unfortunately really thrown out of all serious consideration, when Dr. French made a proposition to the effect that he was willing to attend until March with no expense whatever to the hospital. This was readily accepted and settles the question until that time. We believe in the principle that the laborer is worthy of his hire, and know that human nature does better work when it is paid for services rendered than otherwise; we should therefore have favored the appointment of Dr. Curtis or of any other available man with some definite remuneration, one in harmony with the financial capacities of the institution and hope that this will be done after next March.

THE GUAYMAS FEVER.

Through the kindness of Dr. Currier, and the Danish Consul of this city, we received through the United States Consulate at Guaymas, a description of this fever that has raged there during the past season. Though these more northern latitudes of ours need not fear the spread of this fever amongst us, yet it may interest our readers to obtain so directly a description of the disease, together with its treatment in its native place. At Nogales, on the Arizona and Sonora frontiers, elevation about 4,000 feet above the sea level, no case of fever appeared among the residents, though some died from among those who came from below and sought protection. So at Magdalena, about 2,100 feet above sea level, no fever there. The fatality of the disease at Guaymas has been exaggerated. In the month of September, when nearly all the population (3,500) was sick, the deaths registered according to official reports were but 144. The greatest victims were those who had been there but a short time. The old residents when attacked, nearly all recovered. Of the fifty Chinese there, *none died*. With the advent of the cool weather, the fever rapidly diminished. To some questions addressed to Drs. Mix and Spence, two old school physicians at Guaymas, regarding the symptoms and course of the fever, we received the following answer:

First—The premonitory symptoms in very mild cases, are, a general malaise yawning, stretching, chilly sensations along the vertebral column, and a slight headache, particularly over the eyes or supra orbital. In severe, or worse than even mild cases, you have the same, only that the cephalalgia is more intense and vomiting of bile accompanies it. In the necessarily fatal cases the cephalalgia is insupportable pains all over the body, excruciating particularly over the knees, vomiting constant, until the black vomit supervenes and then pure arterial blood, yellowness of conjunctiva, with red fiery eyes, and death by asthma, coma or convulsions, closes the scene from within four to twelve hours; four or five hours before death sores on gums, lips, and bleeding from one or both nostrils takes place, tongue very black, cracked or fissured, and flakes come off from the centre; the mind sometimes remains clear, at others it wanders; great craving for food in some, in others, intense thirst. In the worst cases the attack is sudden, generally taking place when asleep during the night.

Second—When the case is to end favorably, in very mild cases, the fever is cut short in twenty-four hours, and all progresses well, if care and diet (very strict) is observed. In more severe, from three to four days, and sometimes

eight, but, as soon as bleeding takes place from nostrils, eye yellow, tongue black, black vomit may be expected at any moment, and the patient expires within eight or twelve hours. There are exceptions of course, but very, very few.

The temperature at the outset is 99, rising rapidly to 110 and higher, falling below 98 before death but after death the body is quite hot.

In regard to preventive measures Dr. Mix mentions these rules: Keep bowels moderately open, skin moist, diet of moderate range. Keep out of the sun. Dr. Spence knows none unless it be want of fear and dread, together with moderation in all habits. The treatment pursued consisted mainly in liquid diet and this in very small quantities. Mexican physicians rub the body with dry mustard and stramonium oil, administer salts as a purgative and follow it up with 8-16 gr. quinine. No cold drinks are allowed. The American practice is as diverse as can well be wished, but it too relies on the above with baths and injections of castor oil, calomel, etc. We feel confident that the homœopathic treatment would produce results far superior to those of the old school; just as is the case in the treatment of the regular type of Yellow Fever. The same remedies that have been found curative in Yellow Fever would be so in this, and we hope that homœopaths in that region will report thereon. From the symptoms we should judge that for the premonitory stage *gelsemium* would cover the totality of the symptoms. The supra-orbital pain with its associate symptoms might lead to *Cedron*, as an intercurrent, a remedy indigenous in that country and hence more especially to be remembered. *Bryonia*, *Rhus*, *Veratrum*, *Lachesis*, *Crotalus* and *carbo. veg.* offer indications for the different stages of the disease, and every tyro in homœopathy can apply them since they are easy to differentiate.

We would call the attention of our readers, and especially of the physicians, to a very useful and convenient adjunct in the sick-room: A new bed-pan made of tin, which on account of its lightness and more convenient shape, is far superior to anything heretofore used for the purpose. Gynecologists recommend it highly, and our own experience has led us to adopt it in our practice.

ORIGINAL ARTICLES

THE PATHOGENESIS OF HOMŒOPATHIC REMEDIES AFFECTING THE OS-COCCYX.

BY DR J. C. RAYMOND, OAKLAND.

PRESENTED TO THE CALIFORNIA STATE HOMŒOPATHIC SOCIETY.

Agaricus. A sensation of icy coldness, close to the coccyx appears repeatedly, corrosive itching of the left side of the os-coccygis.

Allium-sativum. Simple pain in the coccyx.

Aloe. Clucking in the region of the coccyx, periodic, lasting several minutes. Pain in the coccyx as if he had fallen on it.

Alumina. Violent pain, as from a bruise, in the small of the back, and (early in the morning) in the coccyx on touching the part. Painful twitches at the points of the coccyx, in the forenoon. Gnawing pain in the coccyx, not altered by walking; relieved by stretching. Itching in the os-coccygis.

Ammonium-carb. Stinging at the coccyx preceded by itching.

Ammonium-mur. Pain of the coccyx, as from a bruise, when resting quietly; especially when slumbering.

Arnica. Bruised conditions and sensations.

Belladonna. Intensely painful sensation of cramp in the bowels—sacral region and the coccyx; he can only sit for a short time, and while sitting becomes quite stiff, and unable to rise again for pain; he cannot even lie down well; he often wakes at night because of it, and has to turn on the other side because of the violence of the pain; he cannot lie at all on the back; he is relieved chiefly by standing and walking slowly about.

Bryonia. Sticking drawing in the coccyx while walking.

Calcarea-carb. Drawing in the coccyx. Sticking pain in the coccyx.

Calcarea-caust. Tearing in the coccyx.

Calcarea-phos. Pain and aches, soreness, pressure, tearing, and shooting in the os-coccyx.

Cannabis-sat. Pressure on the coccyx as with a dull point. Pain on the left side near the coccyx in the bone, as if some hard body pressed forcibly against this part.

Cantharides. A stitch and a tearing in the coccyx; so that she was frightened; frequently repeated.

Carbo-animal. Pain in the coccyx; on touching the part it becomes burning. Cutting-drawing from the anus through the coccyx between the stools. Dragging bruised pain in the coccyx. Single jerks in the coccyx towards the bladder, which compelled him to urinate.

Carbo-veg. Pressive sore pain beneath the coccyx.

Causticum. Dull drawing pain in the region of the coccyx. Bruised pain in the coccyx; jerking pain in the coccyx.

Cicuta-vir. Tearing-jerking in the coccyx.

Cistus-can. A burning bruised pain in the coccyx.

Colchicum. Sticking pain in the region of the sacrum and coccyx.

Comocladia. Aching in the coccyx while in bed.

Drosera. Itching, stitching in the coccyx while sitting.

Equisetum. Pains very marked in the lumbar region, extending along the coccyx.

Gambogia. Repeated gnawing in the os-coccygis.

Graphites. Pain in the coccyx while urinating. Dull pain in the coccyx in the evening.

Gratiola. Pressure pain in the coccyx, after stool.

Hura Brasiliensis. Lancination from the lumbar region to the coccyx. Contractive sensation below and on the right side of the coccyx.

Iodium. A pressive pain now decreases, now increases, in the coccyx and sacrum.

Kali-bichro. Pain in the coccyx in walking in the morning, which afterwards disappeared, but returned towards evening, and was especially severe when after long sitting I rose to

urinate, when it extended into the urethra, and obliged me to bend the body forward while urinating; after half an hour it disappeared. Pain in the coccyx, immediately after rising. Pain in the coccyx with burning in the nose, at noon. Pain in the coccyx while sitting, especially distressing, lasting the whole forenoon. Pain in the coccyx aggravated by walking, and by touch; seemed to be seated in the bone. Acute pressure in the coccyx, lasting an hour in the evening.

Kali-carb. Severe gnawing in the coccyx, during rest and motion.

Kali-iod Pain in the coccyx as if she had fallen on it.

Lachesis.^{*} Constant simple pain in the sacrum and coccyx.

Laurocerasus.—Burning in the coccyx.

Lilium Tigrinum. From the very tip of the os-coccygis a pulling upwards and forwards.

Magnesia-carb. Sudden piercing pain in the coccyx.

Mancineila. Pain in the coccyx.

Mercurius-sol. Tearing pain in the coccyx, relieved by pressure on the abdomen.

Natrum-mur. Dull, bruised pain in the coccyx, causing a sensation when touched as though he had fallen on the parts; lasted all day.

Paris-quadrifolia. Sharp pulsative stitches in the coccyx. Tearing in the coccyx, while sitting.

Petroleum. The coccyx is painful on sitting.

Phosphoricum-acidum. Fine stitches on the coccyx and sternum; itching-biting on the coccyx, above the rectum.

Phosphorus. Transient pain extending from the coccyx through the spine to the vertex, that drew the head back-

^{*}In the second edition of Guernsey's *Obstetrics* is an excellent article on *Coccyodynia*, in which the author says of *Lachesis*: "Many years since, I cured a series of cases where all the suffering was experienced on rising from a sitting posture, when the pain was excruciating. I related this fact to the college class of students to which I was then lecturing, and it has always proved a true keynote to myself."—[EDITOR.

ward during the start. The coccyx is painful to touch, as from an ulcer. Pain in the coccyx that impedes every motion; she can find no comfortable position; followed by painful stiffness of the nape of the neck.

Phyostigma. Constrictive pain of the anterior surface of the os-coccygis, as if dysentery were coming on; since verified.

Picricum-acidum. Quite severe pain in region of coccyx, bladder, rectum and umbilicus, all vague and indefinite, wandering and shooting, caused by wind in the intestines, sharp pain for an instant, in region of base of the coccyx.

Platinum. While sitting, a sensation of numbness on the coccyx, as after a blow.

Plumbum. Violent itching on the coccyx, above the anus, relieved by scratching.

Raphanus. Sharp pain in the coccyx, acute pain as if an abscess were forming.

Rhus-tox. Drawing, jerking stitches, as with a needle, in the coccyx.

Ruta. Pain, as from a blow or fall, extending from the coccyx to the sacrum.

Sepia. Aching pain at the coccyx, just before the action of the bowels; it was intolerable, and shot across her with such severity that she had frequently to lie down and cry out.

Silicea. The coccyx is painful, as after a long carriage ride. Stinging in the os-coccygis which is also painful to pressure.

Sinapis-alba. Pain in the small of the back and coccyx, as if sprained and bruised, while urging to stool.

Tarantula. Repeated lancinating, shooting pains in the coccyx.

Tetradymite. A pressure and pain when lying; is to-day very severe in the coccyx and in the lower extremity of the right ischium, especially when sitting.

Thuya. Spasmodic drawing from the coccyx into the gen-

itals, preventing the discharge of urine. Painful drawing in the sacrum, coccyx and thighs while sitting, which after sitting a long time prevents his standing erect. Uncommonly violent stitch between the coccyx and anus, when walking. A burning rubbing on the coccyx, more while sitting than walking, with a constant feeling of coldness in the right foot, mostly in the sole. Annoyed by an itching, burning pain in the hollow between the os-coccygis, soon after waking, and lasting all day.

Veratrum-alb. Intermittent stitches in the coccyx while standing, rather itching than sticking.

Zincum. Dragging, pressing, at times pinching pain on the coccyx.

INDICATIONS—OS-COCYX.

Bruised conditions and sensations; Arnica.

Bruised pain in the; Causticum.

Burning, bruised pain in the; Cistus-cannadensis,

Burning in the; Laurocerasus,

Clucking, periodic, region of the; Aloe,

Contractive sensation, below and on right side of; Hura

Drawing in; Calcareo-carb.

Dragging, pressing, at times pinching pain; Zinc.

Itching biting; Phosphoric-acid.

Itching corrosive, left side of; Agaricus.

Itching in the; Alumina.

Itching stiching, while sitting; Drosera.

Icy coldness, sensation of near coccyx; Agaricus.

Jerks in the, towards the bladder; Carbo-animalis.

Lancinations from lumbar region to coccyx; Hura.

Lancinating shooting; Tarantula.

Numbness as after a blow, while sitting; Platinum.

Pain as if fallen on, Aloe; Kali-iodatum.

“ as from a bruise, when resting; Aurum-muriaticum.

“ as from a blow, or fall; extending to sacrum; Ruta.

“ aching intolerable; shooting across the bowels before stool, so severe as to cause crying; Sepia.

“ and aches; Calcareo-phos.

“ aggravated while sitting—also by walking and touch; Kali Bichromic.

Pain, aching while in bed; Comocladia.

- “ becomes burning, on touching the part; Carbo-animal.
- “ constricted anterior surface, Physostigna.
- “ cutting, drawing; Carbo-animal.
- “ dragging, bruised; Carbo-animal.
- “ dull in the evening; Graphites.
- “ dull drawing in the region of; Causticum.
- “ gnawing, not altered by walking; relieved by stretching; Alumina.
- “ gnawing severe; during rest, and motion; Kali-carb.
- “ impedes motion; Phosphorus.
- “ intense, violent; aggravated by sitting and lying. Relieved by standing, and walking slowly; Belladonna.
- “ in the morning after rising; Kali-bich.
- “ in the morning on waking; Kali-bich.
- “ itching, burning; Thuya.
- “ jerking; Causticum.
- “ sharp, acute, as if an abscess were forming; Raphanus.
- “ simple; Allium-sativum; Mancinella.
- “ simple, constant; Lachesis.
- “ severe after long sitting, extending into the urethra; Kali-bich.
- “ spasmodic, drawing, preventing urination; Thuya.
- “ sprained and bruised, while urging to stool; Sinapis.
- “ sticking; Calcareo-carb. Celchicum.
- “ sudden piercing, Magnesia-carb.
- “ tearing, relieved by pressure on abdomen; Mercu.
- “ very marked; extending along the; Equisetum.
- “ violent, as from a bruise, on touching the; Alumina Nat. Mur.
- “ violent stitch when walking, between coccyx and anus; Thuya.
- “ with burning in the nose; Kali-bich.
- “ when sitting; Petroleum.
- “ when urinating; Graphites.

Painful drawing while sitting; Thuya.

- “ to touch, as from an ulcer; Phosphorus.
- “ twitches, point of; Alumina.

Pressive Pain after stool in the; Gratiola.

- Pressive Pain, decreasing and increasing; Iodium.
 “ “ sore beneath the; Carbo-veg.
 “ “ when lying, and sitting; Tetradymite.
- Pressure; Calcareea-phos.
 “ acute; Kali-bich.
 “ as with a dull point; Cannabis-sat.
 “ as if from some hard body; Cannabis-sat.
- Pulling upwards and forwards. from the tip of; Lilium.
- Repeated gnawing in the; Gambogia.
- Stitches fine; Phosphoric-acid.
 “ intermittent while standing; Veratrum-alb.
 “ sharp, pulsative; Paris-quadrifolia.
- Sticking, drawing in the coccyx—while walking; Bryonia.
- Stitching, drawing jerks, as with a needle; Rhus-tox.
- Stinging, painful to pressure; Silicea.
 “ preceded by itching; Ammonium-carb.
- Tearing; Calcareea-caust.; Calcareea-phos.
 “ and a stitch, frequently repeated; Cantharis.
 “ and shooting in the; Calcareea-phos.
 “ jerking; Cicuta.
 “ when sitting; Paris-quadrifolia.

THE CLIMACTERIC.

By DR. S. WORTH.

The change of life in women is a period fraught with great danger, and much suffering to the gentler sex. And it is a matter of much surprise to me when I discover the dearth of information and the paucity of literature on this subject.

With the exception of Tilt's masterly essay, we are left almost entirely to our own individual experience for our knowledge of this most important disease. In the physiology and pathology of the disease, Tilt gives us a most interesting and profitable study. He considers that puberty and change of life are caused by anatomical changes in the same organs; the one by ovarian evolution, the other by

ovarian involution. At puberty the ovaries increase in size, become more vascular and let fall ovula, and cause menstruation.

After cessation the ovary becomes shriveled; the fallopian tubes contract, and are sometimes obliterated; the womb becomes atrophied, and the neck thinner and shorter; the ganglionic as well as the cerebro-spinal system of nerves are influenced by the ovarian changes. From puberty to the change of life this ovarian stimulus seems necessary to the health of woman. To enumerate all the symptoms of this disease would be equivalent to writing the history of medicine itself. But there are certain morbid phenomena which we will now refer to.

There may be great debility, chlorosis, great drowsiness, floodings, hysteria, leucorrhœa; a great tendency to bilious and gastro-intestinal troubles. Insanity may occur. Women who are affected through life with uterine inflammation suffer the most at this time. As we very often have diarrhœa at the menstrual period, so now we have constipation.

When we consider the wonderful power of the ganglionic system of nerves we can readily understand why Tilt considers the ovaries the cause of the offending. The reaction of the ovarian influence upon the pelvic ganglia during the *change* is certainly a powerful agent in determining changes in the functional condition of distant organs.

In this paper I simply desire to call attention to a few remedies which have stood the test of clinical experience:

Hydrocyanic Acid.—Palpitation of heart, diminished pulse and tendency to syncope, remarkable and unpleasant sensations at the epigastrium, with much weakness in the limbs, and loss of muscular power.

Actea Racemosa.—Nervousness, mental depression, suspicious, irritable mood; acute darting pains in the stomach; feeling as if top of head would fly off; headache with severe pains in the eye-balls, shooting pains in vertex, ovarian pains, pains running down both hips.

Gelsemium.—Here we find spinal and cerebral congestions, drowsiness, (Pseudo-Narcotism); excessive irritability

of mind and body, trembling and weakness; sleeplessness from nervous irritation; irregular beating of heart.

Glonoine.—Flushing, redness of face which comes and goes; distinct feeling of pulse in head; giddiness.

Ignatia.—This is our great nerve sedative, having in its curative range the greatest possible variety of nervous symptoms. Hysteria in all its varied forms, anxious feeling in the præcordia, belching in the pressure in cardiac region, sensation of weakness, sinking feeling in stomach, bloating; trembling of limbs, spasms.

Lachesis.—The nervous action of this drug in diseases of the menopause make it pre-eminently the leading remedy for this critical time of life. We find it of great use in the mental condition of many patients; weak memory, jealous, suspicious mood; thinks she is under super-human control, loquacious, constantly changing from one subject to another.

In stomach ailments, gnawing in stomach relieved after eating; great discomfort in having clothes tight around the waist, constipation; metrorrhagia; hot flashes; attacks of suffocation; cramp-like pains in the præcordiac region; weakness of the whole body in *morning on rising*, fainting, with vertigo.

Nux Moschata.—This remedy's range of action is purely functional, of a nervous character. We have very marked a *sleepy, drowsy condition* which Tilt denominates "*Pseudo-Narcotism*;" the mental symptoms are worthy of notice. We have absence of mind; patient has to collect her thoughts slowly before speaking or answering. Head feels full as if expanding; disposition to faint—must lie down after least exertion; profuse metrorrhagia with fainting and drowsiness.

Nux Vomica.—In nervous excitable women of a bilious temperament—congestion to the head; boring pains through the head commencing in the morning, indigestion, gastralgia tension and fulness in the epigastrium—constipation; great debility; trembling; over-sensitiveness of all the senses—falling asleep of arms, hands and feet.

Platina.—In cases of insanity at change of life; mania with great pride; low spirited, inclined to weep. The

patient feels as if she would lose her senses and die soon. Physical symptoms disappear and mental symptoms appear, and vice versa. Sensation of numbness in the head, and externally in the vertex, metrorrhagia; leucorrhœa only during the day. Paralytic weakness, worse during rest; flushes of heat.

NATURE'S POWER IN SURGICAL REPAIR.

By E. H. RUSSELL, M. D., FLORENCE, CAL.

The question often arises in the mind of the surgeon, "How much will nature do in this case?" The question is pertinent and of vital importance both to patient and surgeon. There are many injuries where solution of continuity is great and almost entire and where the knife seems to be clearly indicated, in which Nature, were she allowed every advantage would do surprising and efficient work. Of such is the following: On the evening of Nov. 5th I was hurriedly summoned to a case of which the messenger said, "the boy had cut his hand off at the wrist." Upon my arrival I found the child on a sofa surrounded by bloody bandages and being rapidly exsanguined. I immediately applied compresses over the radial and ulnar arteries and administered a good dose of whiskey. Upon inquiry I found that the patient, a bright boy of five years, had been playing near a hog-pen where a large citron was in the process of being cut up and by some means got his hand under the edge of a sharp axe. I found the hand in the following condition: a large, gaping cut extending from the head of the second metacarpal bone to lower third of the fifth. It seems that the heel of the axe entered the metacarpal bone of the index finger (2nd), nearly severing it and completely severing the third, fourth and fifth and also the palm of the hand correspondingly, the fingers being supported only by the first knuckle joint. I tried to pick up a few arteries, but failed owing to retraction; again applied the compress and sent for assistance. When my friend Dr. M. arrived we again tried to ligate but failed. We arrested what hemorrhage we could with hot water, brought the

parts as nearly in apposition as possible applied sutures to the dorsal surface and left the palmar free for drainage, placed the hand on a splint loosely bandaged and determined to allow nature full control. Acon was exhibited. Nov. 6th my note book says the evening temperature was 102.2°, patient quiet and sleeps well; Nov. 7th evening temperature 102°.5. Nov. 8th temperature normal and has since remained so. Owing to slowness of collateral circulation the fingers have a tendency to get cold quickly which was obviated by warm, moist applications. The case from here progressed favorably, no secondary hemorrhage, no sloughing. At the time I write this (Nov. 25) the severed bones seem to have united firmly and the prospect for a moderately useful hand increases every day. The treatment has been antiseptic throughout.

Cases of hand and foot injuries have been classed by our surgical authorities as “vexatious,” “unsatisfactory” and “dangerous.”

Deficiency in collateral circulation and death of the parts gives the surgeon the greatest uneasiness. But I think that by maintaining the parts in a dependant condition supplemented by external warmth the threatened gangrene may in many cases be averted. It is certainly better to try these simple means first and wait, than to be too ready with the knife. Age and habit have a great bearing on this class of injuries. Risks that may at first look alarming may be freely taken in cases occurring in children, where the same conditions presenting in adult life would lead to operative procedure. It will be useless to look for brilliant results, where we have poor and ill-nourished constitutions to deal with, and the same may be said of the surroundings of the patient.

But even with the best care and every circumstance favorable, we may come far short of success. It is unfortunate that there are no reliable data collected by which the surgeon can be guided, showing the extent to which nature may be trusted to repair. Each surgeon must cull out for himself from his experience, data of his own, and lacking experience it would oftentimes be better to act as nature's assistant in

doubtful cases rather than by haste putting her aid aside. Such surgery has been called conservative, but it is the best kind, and Sir William McCormac in an address lately before Bellevue Hospital, struck the keynote of the spirit of modern surgery when he said "people are apt to speak of conservative surgery as if it were something apart. *All surgery is conservative in the truest and best sense.* A surgeon who is not conservative is no surgeon at all."

PHARYNGITIS.

By C. B. CURRIER, M. D.

The pharynx embraces all that portion of the throat, lying between the nasal cavity, the mouth, and the larynx; and properly considered, is divided into two cavities, known as the vault of the pharynx, or upper pharynx, comprising all that portion situate above the border of the free palate; and the lower pharynx, lying below the palate, and visible to direct inspection.

It may be briefly described as a framework, or complete investment of fibrous construction, conical in form, being wider above than below, about $4\frac{1}{2}$ inches in length in the adult.

It is continuous above with the ear, below with the larynx and oesophagus, and anteriorly with the oral and nasal cavities, and is lined throughout with mucous membrane; the structure of which varies with its position in the pharyngeal space.

It is furnished with a complex muscular layer, with blood vessels, follicles, glands, and nerves, and serves the double purpose of a passage for food and air, its functions being concerned in deglutition and respiration.

As a result of anatomical division, and based upon it, we have a nomenclature of diseased conditions of the pharyngeal mucous membrane, which is often confusing, and all the variety of cynanches and anginas wherewith our medical literature is so abundantly supplied, are but different phases

of inflammation, involving the mucous membrane, investing the pharynx, which owing to its exposed situation, and to the fact of its being an inlet for the various forms of deleterious matter which are freely present in the atmosphere under certain conditions, is very liable to become the seat of acute inflammatory conditions which are commonly classed under the generic head of "sore throat."

Pharyngitis is the proper term to apply to that form of inflammation which affects the mucous membrane lining the pharynx.

It may be confined to the lower pharynx, where it usually originates, a form where it may extend to the palate, to the pillars of the fauces, or to the uvula and tonsils; it being a rare occurrence that inflammatory action is confined to any one portion of the pharynx, its principle structures being almost universally affected in proportion as they participate in the same vascular, lymphatic or nervous distribution.

Pharyngitis may be acute or chronic, idiopathic or deuteropathic; it is peculiar to no class of age, excepting that children are perhaps more specially liable to its acute manifestations, and in them, the constitutional disturbances are generally more marked than in adults.

In mild acute forms the symptoms are often so slight and trifling as to attract but little attention. The first stages being often merely actively hyperæmic, terminating in a few days by resolution, or more or less of the superficies of the pharyngeal space, participating in the inflammatory condition, may be characterized by more severe symptoms, and while the affection is not considered as grave, it may yet be attended by manifestations of considerable annoyance and pain.

While acute cases generally yield to prompt homœopathic treatment, if neglected, and complete resolution do not take place, there may result a tendency to repeated recurrences of the inflammatory conditions, which unchecked, may progressively develop into chronic pharyngitis, which is a chronic inflammation of the pharyngeal mucous membrane, involving the deeper layers of the membrane, and entirely perverting its normal functions.

Here, too, the initial disturbances may be so slight, and the increase in positive symptoms so gradual, that the condition may attract but little attention until its manifestations gain annoying prominence in a constantly increasing disposition to clear the throat from some foreign substance, or the voice becomes hoarse and somewhat lowered in pitch, or there is more or less of a hacking cough, connected with the inclination to clear the throat; and impairment of the voice may cause serious interruption to the performance of duty on the part of those whose occupation requires vocal effort. Chronic pharyngitis is essentially a catarrhal disease, involving morbid changes in the deeper layers of the mucous membrane; its processes of growth and nutrition become enormously exaggerated, and its functions distorted. Associated with the changes in the mucous membrane there is an alteration in the character of the secretions. At first they may be suppressed, but afterwards they are poured out in excess, and progressively cease to present their natural character of healthy mucus, and become opaque, thick and ropy, mucopurulent or actually purulent.

Not unfrequently chronic pharyngitis is a sequel of chronic nasal catarrh, due to an extension of the inflammatory process from the nasal cavity, which being continuous with the pharynx, is subject to the same diseased conditions.

Very often it is complicated with and aggravated by morbid conditions of the stomach, the continuity of the pharynx with the alimentary track, rendering it subject to the same diseased conditions, and it is a matter of common observation that dyspepsia often aggravates pharyngeal affections, which can only be cured by interference with the gastric disturbance.

Pharyngitis is frequently a mere local determination of dyscrasia, and I believe that unless there exists such special constitutional predisposition, the affection will rarely develop into a chronic form, but I also believe that where such predisposition does exist, the repeated recurrence of morbid processes, may under favorable conditions, progressively extend to the more vital portions of the respiratory track—and depending upon this possibility, is the only grav-

ity attached to the prognosis of chronic pharyngitis, most of the ordinary cases being amenable to properly indicated treatment.

THERAPEUTIC INDICATIONS—ACUTE PHARYNGITIS.

Aconite. Fever, thirst, difficulty and pain in swallowing, hoarseness, dryness and roughness of the parts.

Argentum nit. Coughing produced by raising the voice; internal soreness and rawness of the throat—worse in the morning—thick and tenacious mucus, obliging the patient to constantly hawk and clear the throat; uvula and tonsils deep red.

Belladonna. Constant dryness in the throat and desire to swallow, dysphagia, raw sore feeling, as if the throat had been scraped—more or less headache.

Baryta Carb. Stinging sensation in the throat during the act of deglutition, worse after swallowing, tenderness of the throat when touched, feeling of fulness or swelling in the throat.

Causticum. Soreness, dryness, a scraping of the throat, sensation of constriction, constant swallowing, hoarseness morning and evening, hacking cough with involuntary micturition, cough excited by expiration.

Cal. Carb. is well adapted to all cases where there is great sensitiveness to currents of air, cold, heat or sudden excitement. It is specially adapted to females and young persons who have defective assimilation, irritable glands and weak digestion, chronic hoarseness and cough provoked as if by irritation from some foreign substance lodged in the throat. Patient perspires easily and is fatigued from slight exertion.

Dulcamara. When soreness in the throat is produced by dampness or by getting wet, feeling of pressure or fulness in the throat.

Hydrastis—Smarting and rawness in the throat, pain in swallowing, constant hawking or raising of tenacious mucus, good as a local application, also applied as a gargle, 10 drops, mother tinc. to a goblet of water.

Iodine—Throat dry, with constant disposition to swallow, salivary glands enlarged, hoarseness lasting all day, constricted feeling in the throat, dry morning cough provoked by mucus.

Kali-carb—Accumulation of mucus in the throat in the morning upon awaking, great difficulty in detaching it by hawking, suitable for anæmic patients.

Kali-iod—Constant hoarseness and pain in the throat, cough with copious mucus.

Lachesis—Hoarseness with rawness and dryness of the throat, a constant disposition to swallow, dysphagia, feeling as if there were some obstruction in the throat unrelieved by swallowing, soreness of the throat on left side with pain going up into the left ear; acute cases, preceded by chill and nausea, followed by fever.

Lycopodium—Much difficulty in swallowing, even empty deglutition very painful, pain and stiffness of the neck beginning on right side, and proceeding to the left side.

Mercurius—Dryness and pain in the throat as if some foreign substance were sticking in it, causing a constant inclination to swallow, catarrhal cough with yellow ropy mucopurulent sputa; symptoms worse at night, aggravated by the warmth of bed; very useful in arresting suppuration.

Phosphorus—Hoarseness and scraping in the pharynx, worse towards night, cough excited by laughing or singing or reading aloud, dry towards night, but in the morning loose with expectoration of mucus, evening hoarseness, symptoms aggravated by going out on windy days.

THE THERAPEUTIC USES OF HOT WATER.

By WM. SIMPSON, M. D., San José.

In the thirteenth century Francis, of Assisi, wrote a hymn in which occurs this stanza: "Praised be my Lord for our sister Water, who is very serviceable unto us, and precious and clean."

From the time the first man suffered from his first ache to

the present, it is safe to say there have been fashions in remedies as in modern times; there are fashions in doctors and fashions in schools of medicine, till Elizabeth Stuart Phelps in her "Friends," makes her typical New England matron reply to the suggestion of her daughter that they might call in the homœopathist as he was a good natured man; "I can die, but I cannot call an irregular practitioner."

That this craze for something new in therapeutics is not confined to the laity is sufficiently evidenced by the journals devoted to new remedies, and the daily, almost hourly, announcements of new discoveries in this field of research. The latest and perhaps one of the least harmful fashions that has taken possession of minds, lay and medical, is for the use of hot water, and by hot water is meant water not simply luke warm, but having a temperature of from 110 degrees to 150 degrees, or so hot that a goblet cannot be emptied at a draught, but the contents must be sipped.

The detergent qualities of water when used externally have been recognized and extolled from time immemorial, and the fact that some detergent internally was needed, had taken a strong hold of the popular mind as shown by the semi-annual dosings formerly universal, and still religiously practiced spring and fall, by no small number. The first use of hot water internally as a therapeutic agent, is claimed by, and probably belongs to, Dr. James H. Salisbury, of Cleveland, Ohio, who made a series of experiments in 1858, and has been enthusiastic in its praises from that day to this. That there are accumulations of fermented and undigested substances in the digestive tract of every dyspeptic and of every bon vivant who is on the high road to dyspepsia, no one will question, nor will it be disputed that acetic, butyric, and other acids and fermentation products often accumulate in excess. The conclusion is logical and reasonable that if these can be washed out of the stomach and intestines the processes of digestion will be aided. Some one will say, why not use cold water, will it not accomplish the same purpose? Yes and no. There are two objections to the use of cold water. First, the solvent power of cold water is not nearly so great as that of hot. Second, and this is insurmountable, cold wa-

ter in the quantities required produces colic. But, doctor, your patient objects, warm water always nauseates me and produces vomiting. Very true, sir, or madam. Warm water almost invariably excites upward peristalsis and vomiting, while hot water equally invariably excites downward peristalsis and carries off these waste products through their natural channels, and is, therefore, a most valuable and powerful adjunct in the treatment of chronic constipation. Moreover the contact of the hot fluid is often just the spur needed by stomach to stimulate by reflex action its innervation, on which so largely depends the proper amount of gastric juice in the right place at the right time, and without which digestion must be imperfect. As the primary object in the use of hot water internally is the washing of the digestive tract small quantities which would be promptly absorbed are of no effect whatever.

For the use of this as of any other remedy no arbitrary rules can be given that will always apply. Every case has an individuality about it and must be studied by itself and that physician will succeed best who best individualizes his cases, but some suggestions can be made which may be valuable.

In obstinate constipation from half a pint to a pint of hot water should be sipped slowly an hour before the first meal of the day and half an hour before retiring at night. If taken less than an hour before meals the ingestion of food before the water has passed the pyloric orifice, will often be followed by vomiting. If taken during the process of digestion the gastric juice is diluted and the digestive process impeded and harm done hence in chronic liver, kidney or lung troubles where the hot water should be used four times a day, an hour before or two hours after meals are the best times for its exhibition. How long may its use be continued? So long as it is followed by a sense of well-being. Is it safe? Can it never do harm? It is the abuse and not the use of any agent that does harm, and as excessive use of hot and cold baths may work great damage, so excessive use, not prolonged use,—mark the difference, may do harm, but it is a safe prediction that as the sipping of hot water, already

quite a popular tippie grows and spreads, the demand for stomach bitters and liver regulators will decrease. If patients object to the taste allow them to add a little milk and sugar or lemon juice or some aromatic, or better still, if they are taking a remedy give that in hot water. It is a fact worth knowing that the effect of a remedy is much more prompt in many cases when given in a hot solution, as in acute diseases where a speedy effect is desired, it is often advantageous to give the appropriate remedy in a little hot water. For vomiting when sympathetic, hot water is almost specific, and the toper who once takes his morning draught of seltzer hot will never again accept it cold. A former patient of mine in New York, who makes frequent trips to Europe, informed me that she usually succeeded in preventing seasickness for her maids by dosing them with hot water. If the hints here thrown out lead any one to the use of this valuable therapeutic agent, the purpose of this paper will be accomplished.

GRINDELIA SQUARROSA AS A SPLEEN REMEDY.—The symptoms which call for its use are pain in the left side in the region of the spleen, in front or just under the short ribs. Pain in the left side is an indication for its use, and may be the only evidence of diseased action. Usually in bad cases, it is accompanied by enlargement and tenderness of the spleen and a sallow complexion. Under its use the sense of relief is very prompt and decided. It not only acts on the spleen but influences the organs that are connected with the portal circulation. The pain in the left side does not necessarily have to be in the spleen. The remedy seems to be applicable to any pain in the left side extending as low as the hip and as high as the nipple, and may be a slight soreness, a dull aching or keen cutting pain.
Dr. J. A. Munk.

THE ABSORPTION OF WATERY SOLUTION BY THE SKIN.—

(1) Substances dissolved in water may make their way through the epidermis without producing any visible external lesion.

(2) Nevertheless, the essential conditions of such penetration appears to be a break in the epidermis where it is

prolonged into hair streaks, and along the included portions of the hairs themselves.

(3) In fact, according to our observations, this penetration takes place exclusively in hairy parts.

(4) It is promoted by whatever causes the hair to be pulled about, as for instance, friction with the moist or dry hand, or unusual size, stiffness and length of hairs.

(5) A delicate integument and thin cuticle afford unfavorable conditions, on account of the less vigorous growth of hair on parts thus endured. Total absence of hair is likewise a condition eminently unfavorable to absorption.

(6) Hence we may infer the possibility of introducing soluble substances into the circulation by causing them to penetrate the epidermis in small quantities, either with or without the aid of baths. To affect this, friction with the palm of the hand would have to be applied forcibly over a large surface, and especially when the skin is hairy. The only possible unpleasant effects would be a moderate degree of inflammation manifested in little redness and smarting about the roots of the hairs.

(7) Simple immersion in a bath, however prolonged, could not be relied on to effect the entrance of even the smallest quantity of a solution through the skin.—*Aubert Annals de Derm. et de Syph.*, Nov. 25, 1882.

PERSONAL NOTES.

MARRIED, in San Francisco, November 6th, by the Rev. JOS. WORCESTER of the New Jerusalem Church, DR. WILLIAM BOKRICKE and KATE WORCESTER FAY, daughter of CALEB T. FAY, Esq.

DR. J. B. McMAHAN writes that Santa Cruz is an excellent opening for a good Homœopath. The doctor has settled in Oakland, and we wish him all the success he deserves.

COLUSA AND HOLLISTER offer a field for a good Homœopathic physician, also Susanville, Lassen County, Cal.

DR. E. S. HAYWARD has settled at Sonoma, Cal. Dr. H. is a graduate of the New York College and will do our school credit.

OUR friend DR. N. R. BARBOUR has located at Lockeford, Cal., where he has entered into partnership with DR. C. S. SARGENT. They do an immense business and are converting the whole country to Homœopathy by their success. Poor place for old-school practitioners,

MRS. J. S. WALLACE, of La Connor, W. T., writes that there is a good field for a Homœopath there, as the place contains many Homœopathic families and but two old-school physicians, one of whom is so many sided in his talents that he unites in his person the functions of a preacher, a teacher, a lawyer and a doctor. Some enterprising Homœopath ought to go to La Conner and help the poor natives out of their affliction.

DR. E. H. RUSSEEL represents our school at Florence, Cal., and he writes us that he meets with success and recognition. We are glad to welcome him as one of our contributors.

DR. PALMER has removed his residence to 425 Geary Street.

DR. BOERICKE has removed his residence to the Palace hotel, but retains the office of Drs. Ingerson & Boericke, No. 323 Geary Street. Hours at 9 A. M., 4-6 P. M., and 7-8 P. M.

DR. H. R. CHESBRO has changed his location from Hebron, Illinois, to Gilroy, Cal., and is now a partner of Dr. Bryant, of that place. We hope the new firm will do well, and occasionally report cases through our columns.

DR. M. P. CHAMBERLIN has opened an office at 122 E Fifth Street, Los Angeles, Cal.

DR. S. G. TUCKER, formerly of Oakland, has settled at Honolulu, H. I.

OBITUARY—JOHN F. GEARY, M. D.

On the evening of October 3d, 1883, Dr. John F. Geary, of Oakland, Cal., died suddenly of disease of the heart. The following notice of the deceased is from the *Oakland Daily Evening Tribune*, of October 4th:

"The report circulated last evening of the death of Dr. J. F. Geary, a prominent physician of this city, was a great shock to the community, many of whom had seen him on Broadway half an hour previous to his death. Though suffering for some time past from a derangement of the heart, he has attended to his office practice with his usual regularity, and was at his consulting rooms until half-past four, when he left in the street car for his residence, where he found patients awaiting him. He seated himself to converse, and almost immediately began gasping for breath, and expired in a few moments. Dr. Geary was born in Ireland in 1814, and educated in England. In 1852 he went to Philadelphia, where he graduated at the Homœopathic Medical College. In 1862 he came to San Francisco, where he for many years commanded a large and lucrative practice. Four years ago, intending to retire, he established himself in his beautiful home at Marathon Park, near Temescal, but the habits of a lifetime could not be set aside, and he again resumed his practice, and died, as was his wish, attending to the suffering. Dr. Geary leaves a wife and two children, a daughter (Mrs. W. G. Pearse, of Oakland), and a son who resides at Merced. Besides these, his only relatives in America, he leaves a host of sorrowing friends. His ready wit, combined with a memory so accurate that he was able to carry a library of English poets in his brain, and his quick promptings of chivalric courtesy, which marked the fine old English gentleman of the last generation, and above all, his ardent impulses and generosity, which made him champion a friend's cause as his own, endeared him to all whose good fortune it was to know him well."

NEW PUBLICATIONS.

Notes From Sick Rooms. By MRS. LESLIE STEPHEN. London: Smith, Elder & Co.

This is a useful little volume, being notes from abundance of experience, both as a nurse and a patient. The author wishes to point out how some of the many disagreeable circumstances attendant upon illness may be diminished or removed, and we think she has been very successful in doing so. Both physicians and patients, as well as all who ever have the care of the sick, and we are all among such, would do well to read and re-read these practical notes by an intelligent and cultivated lady and experienced nurse.

Headaches and their Concomitant Symptoms. By J. C. KING, M. D.

This timely monograph by Dr. King, is a priceless gem to the Homœopathic who desires to treat his cases according to the best interpretation of the Law of Cure, instead of merely according to pathological theories. It is a book in the direction of pure homœopathy, and ranks with Bell's masterly essay on Diarrhoea, as a most excellent aid to accurate prescribing. Homœopathy possesses in its *Materia Medica* the means of curing most all types of headaches, but it requires much patience and perseverance to find the proper remedy. King's little volume is a valuable contribution to the literature of the subject, besides being an admirable compendium of the symptomatology of homœopathic remedies acting upon the head and nervous system.

Constipation. By H. BERNARD, M. D. Translated and revised from the second Belgian Edition; with additions and clinical cases from American sources, by T. M. STRONG, M. D., 12 mo ; 192 pages.

The subject of treatment is divided into three parts: The hygienic and accessory preventive treatment. The Homœopathic treatment proper, which is arranged upon the admirable plan of BELL on diarrhoea, with the addition of carefully selected clinical cases, throwing light on the action of the drug. Palliative and surgical treatment. The work appears well and carefully done and will afford valuable aid in prescribing for what is often one of the most annoying conditions that a physician is called upon to treat, and where the temptation for empirical treatment is almost irresistible. Though not as exhaustive as the classical work of EPPS', it is more practical and better adapted to the needs of the busy practitioner.

The Texas Homœopathic Pellet. C. E. FISHER, M. D., Editor.

This is a medical missionary journal, devoted to the interests of homœopathy in the south. Written mainly for lay men by men strong and intelligent in the faith, it will not fail to make converts to the system, both there and elsewhere. There is an aggressive air about the young journal that may be very wholesome and needful, and we like it and feel confident it is performing good work for our school—our best wishes for its continued success.

California Medical Journal. A monthly devoted to the advancement of medicine, surgery and the collateral sciences. Edited by Drs. F. CORNWALL and H. T. WEBSTER. Vol. IV.

We wish to compliment our brethren of the Eclectic school on their success in carrying on a medical journal, and we can but imitate many of their methods. We have been pleased to note a constantly increasing value and dignity of the articles with each succeeding number, and are glad to see so much very acceptable homœopathy taught by our brethren. Every number brings out homœopathic remedies with indications according to the law of cure, and we notice that their society has a bureau of materia medica, organized so as to enable it to turn out work wholly impossible to us under our present cumbersome array of bureaus on every conceivable subject.

We hope every homœopathic physician will subscribe to this organ of the Eclectic school, if only to see how general is the acceptance of homœopathy among them, and since every one not against us is for us, we recognize in the *California Medical Journal* a champion of medical freedom against the bigotry and exclusiveness of the old school, and wish to give it our practical support. —Success to you in your new volume.

Burt, W. H., M.D. Clinical Companion to "The Physiological Materia Medica," being a compendium of diseases, their homœopathic and accessory treatment, with valuable tables and practical hints on etiology; pathology, hygiene, etc. Chicago: Gross & Delbridge, 12mo; 252 p.; cl.

Burt, W. H. A Physiological Materia Medica, containing all that is known of the physiological action of our remedies, their characteristic indications, and their pharmacology. 3d enlarged edition, 979 p, 8vo.

Franklin, E. C., M.D. A Manual of Venereal Diseases; being a condensed description of those affections and their homœopathic treatment. Chicago: Gross & Delbridge, 8vo, 111 p.

Uterine Therapeutics. By H. MINTON, M. D., Editor of the *Homœopathic Journal of Obstetrics and Diseases of Women and Children*. One vol, 8vo; 700 p.

Buffum, J. H. A Practical Treatise on the Medical and Surgical Treatment of the Diseases and Injuries of the Eye. 450 p, il. and 25 col. lithographs, 8vo, \$4.50.

Witthaus, R. A. The Medical Student's Manual of Chemistry. 370 p. 8vo.

Fothergill, J. Milner. The Physiological Factor in Diagnosis. 256 p. 8vo.

Ringer, Sidney. Hand-book of Therapeutics. 10th ed. 688 p. 8vo. leath

Leavitt, Sheldon. The Science and Art of Obstetrics. 659 p. 8vo, 265.

Wilder, Burt G. Health Notes for Students. 66 p. 24mo.

B. F. Underwood. Diseases of Children. 216 p. 8 mo.

Kippax, J. R. Lectures on Fevers. 460 p. 8vo. il.

Popular Department.

WHOOPING COUGH.

Now here is a cough that has taxed the ingenuity of physicians, the patience of parents, and the stamina of sufferers, more than any of the semi-dangerous coughs I am acquainted with. Short monographs have been written on the subject, long volumes have gone forth from the press, but neither the short essays on this great subject, nor the longer and more learned disquisitions, have at present done very much to throw light on the obscure pathology of this affection, or to give the world some choice medicines that may fairly lay claim to the title of specifics. Some great authors consider that the bronchial glands are affected, and by their enlargement press on the nervs that supply the neck and windpipe, and so give rise to the paroxsym. When we consider that whooping cough may arise in patients whose bronchial glands are perfectly healthy, and that it is of a highly infectious character, we can set aside this theory without much regret. Other authors equally as great have of late years traced the origin of this cough to the presence of a fungous parasite, and have found beneath the tongue, near the frænum linguæ, small ulcers, and in the ulcer minute parasitic growths. To our thinking this theory is most plausible, if we only consider how rapidly infectious is the poison that gives rise to a cough of some six weeks' or three months' duration.

A child suffering from whooping cough has merely to indulge in a single charming paroxsym in the presence of a healthy playmate, and the playmate is then and there infected.

Some three years ago I was staying at Margate, that romantic seaside resort for overworked Londoners and their pallid offspring, and had occasion to see an unusually severe case of whooping cough, which was not improved by the fine

sea breeze that blows round the Isle of Thanet, and which gave rise to a neat little epidemic of this affection. The afflicted child used to be taken down to the sands in fine weather, and as the spot chosen, just below the Cliftonville Baths, was one favored by an overshadowing cliff, a small breakwater bordered by still pools of water, and sands of inviting softness, it was the haunt of children and their attendant nursemaids.

Amongst the visitors to this charmed spot was one little boy, of about five years of age, an interesting child in many respects, but he whooped; at first it was a flurtive sort of whoop, as though he were ashamed of it in the presence of so many happy playmates, and such fine accessories of shadowing cliff and shelving sands, that little heed was paid to this note of warning by children or nursemaids; the former were too busy with their sand castles and engineering exploits, and the latter were hemming stockings or reading the "Family Herald," or lost in deep thought over a tale of blood in the thrilling pages of the "London Journal;" but after a while the whoop one day became a paroxysm; murder will out, and there was a feeling of distrust in that interesting boy. However, shortly after he went back with his parents to his native air of London, and his whoop and very existence were soon forgotten—for a while only. The sequel is interesting, so we will devote a few lines to its narration, and if murder is only hinted at in the first volume, the trial and execution are completed in the third.

A patient of mine from Maidstone was staying at Margate when this afflicted boy was there. She was accompanied by two nice little children, an accomplished sister, and the inevitable nurse. Nice little children, accomplished sister, nurse, and herself all visited the haunt beneath the cliff, all breathed the same air as the whooping boy, all heard, but perhaps heeded not his paroxysm, and all except the favored nurse, caught the subtle poison and made life and mealtime a burden to them for a month or six weeks. Furthermore, the father of this patient caught the infection, and coughed as energetically as his daughters and his grandchildren.

This little episode will serve to show with what cheerful

readiness the whooping-cough parasite, if there is such a thing, will spread and multiply on a favorable soil.

If, then, any of my readers take their little ones down to the salubrious Margate, Ramsgate, or Broadstairs, it will be wiser to keep their children away from any favorite playgrounds or resting places on the sands, for where children are apt to congregate, there the poison of whooping cough may lurk.

We learn from Aitken, in his *Practice of Medicine*, the following bit of instructive history in reference to the contagiousness of this troublesome affection. "Whooping cough was some years ago introduced into St. Helena, where it proved very fatal. The captain of a ship, having some children labouring under the disease on board, allowed their dirty linen to be sent on shore to be washed, and so introduced the disease among the inhabitants."

Now to come to the actual symptoms of this disease. What are they?

The beginning of the story is a common cold, with sneezing, the familiar "Tisho" playing its early part in the drama, chills and feverishness and general discomfort being present at the rising of the curtain. This first act, like all first acts, is the most uninteresting and the least suggestive, and for this very reason is often unheeded or yawned over, or taken lightly, or accepted with resignation, according to the various temperaments of fond mother or watchful nurse. This act may be allowed to represent a period of some seven to ten days, more or less, according to the character of the affection and the constitution of the child.

Act the Second.—The curtain rises on a nursery; time, forenoon; children at play, with more or less amiability; little Willie suddenly stops in his play and begins to cough; he continues to cough, he gets red in the face, he is observed by his playmates, they leave off quarreling for a minute, his cough and breathing are so embarrassed that he is actually noticed by the nurse; Willie turns redder still in the face, he is choking, nurse runs up and pats him on the back with the familiar exclamation of "Lawks, master Willie," and a question as to his having swallowed anything. Master

Willie has swallowed nothing, but, to the relief of patient and nurse, there is a tremendous effort at taking breath, and the significant whoop that follows explains the situation. Mamma is sent for, and she stays in the nursery long enough to witness another scene of impending asphyxia, and to know to her cost that the latest visitor in her house is the whooping cough.

This cough is of all the most markedly paroxysmal, and the most distressing; cough follows cough, very little phlegm is at first expelled, the breathing is embarrassed, the face gets red and puffy, the eyes are swollen and fill with tears, and seem ready to start out of the little sufferer's head, and then comes the whoop and with it the relief, for air has entered into the lungs, and the bronchial tubes have thrown off a quantity of thick, ropy phlegm, or the stomach has ejected its contents.

Now this act the second is the most characteristic, and the third act is only a modification of the second, as we see our patient progressing either to recovery or wavering between recovery and fresh attacks.

We do not often have to record a death from this affection, at least under homœopathic treatment, except in the case of very delicate children, where there has been a tendency to convulsions or pneumonia.

The cough will undoubtedly hang about for weeks, and will at times show the greatest contempt and defiance for all sorts of treatment, however careful the drug selection may have been and however judicious the hygienic measures that have been adopted.

Together with the cough there is often great weakness of the digestion, the little patients losing their appetites, and becoming "picksome," as the nurses phrase it. No wonder, when the stomach gets daily irritated by the efforts to cough and to breathe under difficulties. With delicate children this is a symptom that requires watching, for extreme and dangerous weakness will come on at times in the progress of a tedious case of whooping cough. Again, the tendency to convulsions must be guarded against by giving those medicines at intervals which relieve congestion of the head.

The third stage, then, of whooping cough is one in which we get the characteristic whoop; we get attacks of vomiting, we get dyspeptic symptoms, prostration, lung affections, and convulsions—it is then a troublesome stage, if matters go from bad to worse. It is a hopeful stage, when matters begin to mend; and knowing as we do that this kind of cough will run a certain course, in spite of the happiest mode of treatment, we feel hopeful of recovery when four, five, or six weeks have passed by. We know that the cough has a tendency to wear itself out, if it does not wear the patient out, and therefore we look upon the third stage with a hopeful eye, for we feel that the worst will soon be over; and, indeed, it is but natural for fond mothers, with all their anxieties, to look hopefully on whooping cough, teething, measles, and the windy spasms; so they set aside all probable mischief, and only think of the time when their little ones can be at play in the green fields of Surrey or on the yellow sands of Kent, and when all chances of ruining the drawing-room carpets can be reduced to a minimum.

The medicinal treatment of whooping cough by our friends of the opposition is as varied as it is useless; expectorants, emetics, palliatives when the cough is troublesome, and the usual *Quinine* and *Iron* as “a tonic,” whatever they may mean.

By the way, there is a beautiful simplicity about that word “tonic;” it is the Asia Minor or Fool’s Paradise of medical men in doubt. A patient seeks advice—perhaps he is suffering from Bright’s disease; the advice given, after a little tongue-inspection and pulse-observation is, “My dear sir, you require a tonic,” and the advice-giver writes a prescription where the mystic fragments *Ferri.-Carb.-Sach.*, *Ammoniae Sesqui Carb.* appear, with perhaps a *Quiniae-Sulph.* tossed in with a flirt of the pen, all looking, with the drachms of medicine against the ounces of water, like a bill that will never add up fairly; it is certainly a receipted bill, for there in a corner is the prescriber’s signature, an artistic but illegible monogram.—[*Hom. World.*]

The homœopathic treatment for this affection will appear in our next number.

NINETY-NINE per cent. of the bottles out of which children are fed are offensive from the odor of the decomposed milk, which adheres about the cork, tube or teat through which the children suck; and in the bottle itself rings of adherent putrefying milk mark, as tide lines show how much the child has taken at a meal. Dr. R. D. Fox, says that the use and abuse of the baby's bottle would be a fit subject for inquiry by our local Sanitary Association; and assisted by its lady members, might it not devote some of its energy to a teaching crusade among the women in the poorer districts of the town.

WART CURE.—Bandage the wart with flannel and soft green soap—after a few applications it becomes soft and can be easily removed.

A FEW years ago the Editors of the *N. Y. Medical Times* dropped from the title of their journal the distinctive title, "Homœopathic." Now they boldly urge the renunciation of the word as applied to our school of medicine. If we are emancipated from the thralldom of *sect* we shall not only save our school from imminent dissolution, but shall also become an integral part of the medical profession of the day, honored as true, broad, liberal, progressive physicians. But if we cling to a name which by no means represents the catholicity and spirit of the new school, we are doomed to annihilation; and more, we become the common enemy of all Allopaths, and also of all progressive Homœopaths. The neutral ground upon which a lasting truce is to be consummated is the common acceptance of the dual action of drugs. No one denies that ipecac in one dose will vomit, and in another will allay vomiting; therefore no one will contend with another if only this plain truth is adopted as the universal motto of the medical profession. (*Hahnemann Monthly*.)

THE CALIFORNIA HOMŒOPATH.

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on the Pacific Coast.

EDITOR, - - - - WM. BOERICKE, M. D.

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ORIGINAL ARTICLES.

STRAY THOUGHTS—TWO CASES CURED WITH GLONOINUM.

By DR. J. M. SELFRIDGE, OAKLAND, CAL.

Hempel, in his work on *Materia Medica*, advances the theory that the forces which generate disease in the living organism, act in a somewhat similar manner through nature in the production of the plant or mineral, which when taken into the system, unites by the means of "elective affinity," with the "morbific cause," or disease producer, and thus destroys or antidotes it, and in this way a cure is effected.

Fearing, as he seems to, that the doctrine of medicinal aggravations does not harmonize with his theory, he takes occasion to denounce it as fallacious.

In this he is doubtless in error. For there is no proposition more fully established than that of medicinal aggravations.

If his theory be correct, the two must harmonize; for facts in science properly interpreted, never conflict.

I confess that it is somewhat difficult to understand how a *remedy* that acts upon the organism in a similar manner to that of the *morbific cause*, can, at the same time, be its *antidote*. But that such is the fact is not difficult to illustrate.

For example, take the effects of quinine on the system. That it acts in a manner similar to malaria is well understood; for it produces the chill, the fever and the perspiration which are the essential characteristics of ague and fever. And that it is the antidote of that particular form of fever no one can successfully deny. Now, while it is the only known remedy in pure marsh fevers, characterized by a distinct chill followed by fever, and that by perspiration and then an interval of twenty-four or forty-eight hours of comparative health, all of which is again repeated; or, to use Hempel's formula, the *only* remedy that will *antidote* the "*morbific cause*," it, at the same time, is capable of producing medicinal aggravations, as every physician who has given it in doses unnecessarily large can attest, and especially he who has taken it, has observed.

Belladonna produces, among other symptoms, pain in the eyes, photophobia, &c. I once had a case in which these symptoms were *very marked*. The two hundredth of belladonna was prescribed, but every dose so aggravated the symptoms that the patient refused to take another dose.

Scores of similar cases might be given, but these are sufficient to demonstrate the absurdity of Hempel's denunciation, and also to establish the fact, that if the dose be larger than the "*morbific cause*," a medicinal aggravation will follow, *even when the two hundredth potency has been administered*.

Akin to Hempel's theory, is that other idea mentioned in "Teste's Materia Medica," viz: That in the locality where the *cause* of disease exists, *there* may the remedy be found. Among the illustrations given, is that of Central America where poisonous insects and reptiles are known to abound. There, also grows the cedron bean, which is an antidote to the bites and stings of the reptiles and insects of Central America, not only, but of every country under the sun.

If these two ideas be true, it would seem that an All Wise Providence had not only prepared "a remedy to every ill which flesh is heir to," but had also indicated *where* it may be found. This being so, the sphere for the exercise of man's ingenuity is clearly defined.

That much has been done in this direction, our *Materia Medica* well attests. But has Providence given us nothing to do but ransack His broad domain, notwithstanding He has sown with such a liberal hand?

With the different branches of science in our hands as helps, He bids us "go work in his vineyard," and results show that we have not been idle.

In the application of scientific principles we have not only harnessed steam to our carriages, but we have chained the lightning to our tables and at our bidding it expresses our thoughts and carries our ideas with a velocity that outstrips the "wings of the wind," and in various ways administers to our comfort.

But of all the sciences, none has been a greater boon to the physician, than chemistry. With it many of our most valuable remedies have been added to our *Materia Medica*, and among them we may mention "*Glonoinum*."

It is said "there is nothing new under the sun." When applied to the Creator of the universe; this is doubtless true; for long ages ago He may have up-heaved the mountains and blown the rocks asunder with nitro-glycerine. But whether this be so or not, to us it is a *new creation*, a "*special Providence*," in all cases of hyperæmia of the brain, when caused by the effects of the sun.

As an illustration of this the following cases are in point:

CASE I.—August 5th 1877, I was called to see Mr. A. P—, aged fifty, medium height, thin in flesh, light complexion, blue eyes. The following history and symptoms were obtained:

He had been herding sheep in the San Joaquin Valley for some months. Letters received by his sister, from a friend, revealed the fact that he had been acting "queerly" for about three weeks previous to his leaving for Oakland. On his arrival he commenced to whisper and act in a strange

and mysterious manner. He requested them to say nothing about it, seemed to be afraid of some impending fate. He grew rapidly worse and could not sleep, manifested no distress, except occasionally would clasp his hands over the frontal portion of his head, which was perceptibly hotter than other portions of the scalp. He seemed to get relief from the application of cloths wrung out of cold water. Occasionally he would say, it was his "duty to burn up the world."

When I entered his room he was in bed talking to imaginary persons. When I got his attention, which was obtained without much difficulty, he assured me he was the center of the entire system of telegraphy in the United States. When interrupted, he would exclaim "oh! now you have put me out!" He would then immediately proceed to establish his telegraphic relations. This was done by first putting himself in relation with Jesus.

He accomplished this, as he thought, by pointing upwards and saying, "He is Jesus," and then downward to his own person, "and I am Jesus."

These motions and words were repeated several times in very rapid succession, when he would exclaim, there it goes, then turning his face to the wall would mutter something I could not understand. Suddenly turning towards me he would say, "now I have it. He tells me to blow you out, whew," at the same time blowing his breath at me, "Go out."

When I did not move he seemed to be annoyed and remarked, "you have broken up the connections. You have put me out."

These telegraphic connections were made and broken several times, when, after examining his pulse which was rather full though not rapid, I allowed myself to be blown out.

The case was clearly one of insanity caused by long continued exposure to the heat of the sun.

The history of the case, as well as the condition of the patient, indicated Glonoinum, which was given in the 4th dilution, the only potency I had about me. A few pellets

were dissolved in half a tumblerful of water, of which a teaspoonful was given every two hours.

The family having no means of taking care of him my advice was to send him to one of the asylums. Acting on this suggestion he was on the morning of the 6th, with some difficulty, taken to the Court-house and examined by the Commissioners of Lunacy, who ordered him sent to Napa Insane Asylum. But, for some reason, the commitment papers could not be ready before the 7th, and he was allowed to be taken home by his friends who gave him his medicine as directed. About midnight his condition began to change. He gradually grew calmer and finally went to sleep. He awoke in the morning, and astonished his sister by walking into the kitchen where she was preparing breakfast. He was quite calm and said to her, "seems to me I have been out of my mind. Everything seems so strange to me. I don't remember how I came here." Suddenly he began 'telegraphing as before, but the paroxysm lasted but a few moments. Thus he continued throughout the day, alternately rational and insane, but the paroxysms become less frequent as well as less severe until night came on, when he retired and slept well. On the morning of the 8th he awoke perfectly well.

The medicine, however, was continued for a few days at longer intervals. The recovery was complete and permanent, having had no return of his malady to date, Jan. 10th, 1884.

CASE 2. Rev. D. W., aged 33, auburn hair, light blue eyes, medium height, nervous, sanguine temperament, was for years a missionary at Guadalajara, Mexico. While there he had a partial sunstroke, was quite sick afterward with intermittent fever, so called. He was treated by an Allopath who gave him quinine and arsenic, &c., which instead of curing him, made him worse. He finally had to give up his position and went to different parts of the United States and Canada. During his trip he consulted, and was treated by several of the best allopathic physicians he could find, but without relief.

In Michigan he applied to an Homœopath with benefit,

but, being on his way to California the treatment was omitted, and he gradually became worse.

After his arrival here he was treated by one of those hybrid Homœopaths—that fellow, who, when he “goes to his medicine case as often as any other way, takes the first vial his finger touches;” and, as might have been expected received no benefit.

January 25th, 1878, I was honored with a call from him, when the above history, and the following symptoms were obtained.

Violent fixed pain in the left side of the head near the top, virgigo, confusion of thought, dimness of vision, short sightedness, quite recent, but increasing, objects dance before the eyes, Photophobia, ringing in the left ear, face pale, worse from stooping, from mental efforts FROM BEING IN THE SUN. Relieved by carrying the head towards the right shoulder, but is *never* free from pain.

These symptoms were so nearly like the pathogenesis of Glonoinum, that it was prescribed with great confidence in the two hundredth potency, *one dose*. The result showed that the confidence was not misplaced, for on February 10th, just sixteen days from the dose, he reported the fixed pain “better.” “It seems to be scattered,” he said. “Mental effort brings it back,” but it remains only a short time.” “All the symptoms are better.” Prescribed Glon. 200th, *one dose*.

March 27th, he reported, “No pain in the head except *great mental* effort is made, and it remains only for a moment.” He complained of a “tired feeling in the cervical muscles on either side of the spine, painful from motion, and it extends to near the right shoulder.” Glon. 200th was continued; with instructions to take an occasional dose.

April 15th, he reported himself “perfectly well” and asked my consent to return to his field of labor in Mexico. This, I could not grant until he had tested himself by spending some time in the hottest portions of San Joaquin Valley. This he did without discomfort, and in due time returned to Guadalajara, where, notwithstanding hard work and the great heat of the sun, he was entirely free from his old malady.

THE SIERRA NEVADA REGION AND LAKE TAHOE AS SUMMER RESORTS FOR SAN FRANCISCANS.

By C. B. CURRIER, OF SAN FRANCISCO.

The subject of climate therapeutics has within the past decade approached to the maturity of a practical science, commanding the intelligent consideration of the medical profession, who, as far as in them lies, should "know all things, and prove all things," pertaining to curative measures.

Appeals are constantly presented to the family doctor, for suggestions and advice regarding suitable health resorts, and the advantage which may be reasonably anticipated therefrom, and no physician is justified in failing to give careful study to the attributes which make up the most desirable climates, and be able to honestly and intelligently prescribe such localities and climates as shall best combine curative properties, his advice being based upon just as good premises, and with as much care, as in prescribing any other method of treatment, and furthermore, he should be thoroughly acquainted with the attributes of any given locality before he can with ordinary discrimination, prescribe it as a proper selection of place and climate for his patient.

There are of course certain conditions which must determine the suitable climate for the individual case, and although we know of no ideal climate which can meet the requirements, or is suited to all the phases of invalidism, yet the given climate which shall best commend itself to the wants of the average patient, is undoubtedly that which shall unite the desirable characteristics of equability, elevation, dryness and freedom from the fogs and strong winds.

Without stopping to discuss the general principles involved in curative measures, we all admit that in any and every disease, curative treatment, implies little else than to effect some favorable change in the physical organism, and all climate cures have one common essential element underlying all the other remedial agencies, and that is change of air, which has an undeniable well attested value, always provid-

ing that the transition from one thermometrical and barometrical condition to another, be not too abrupt.

Having for many years made the subject of climate cure a special study, I have become thoroughly convinced that when general loss of health and strength is not dependent upon organic disease, when the patient suffer from nervous prostration consequent upon overwork or worry, or from retarded convalescence, or whatever the cause may be that has reduced the recuperative power, and left only physical and mental exhaustion, therapeutic measures alone will fail, in comparison to the benefits to be derived from the observance of remedial climatic influence in a change of air so radical, that a few weeks residence in a properly selected locality, where the nearest approach to home comforts may be obtained, and when the surroundings may incite to plenty of out of door exercise, in an altitude sufficiently high to ensure pure air and abundant sunshine, will give the almost invariable result of renewed strength and health.

It is not always the case however, that during the stay in such a location the patient is conscious of having realized the anticipated benefit—he may even feel greatly discouraged because of the small return for the magnitude of the sacrifice involved in leaving home and its comforts—and it is often only after a return to home and its duties, that week by week, and month by month, the increasing improvement in health, marks the beneficial result of such a change of climate.

Having for the past three years closely watched results obtainable from climatic influence, in the cases under my own observation, I have found that a large class of San Franciscans when seeking for the benefit to be derived from a change of air and scene, in the summer season especially, go only a short distance from home, still keeping within the influence of the coast climate, where, although there may be a perceptible increase in the elevation, and the distance from the sea may be considerably removed—yet there is still the same effect of sea fog and trade winds, though perhaps greatly modified, and in these cases results have proved that little or no permanent good has been derived from the

change—while on the contrary—I have also seen great and lasting benefit result from a more radical change, where patients have sensibly avoided the coast country, and have sought inland locations, and my conclusion in the matter is, that there is only one proper climatic change for the people of San Francisco and the coast, and that is in the selection of some elevated inland location; my own choice lying in the Sierra Nevada mountain region, ranging from Auburn on the line of the C. P. R. R., at an elevation of 1360 feet, up to Lake Tahoe, 6,202 feet above sea level, which lovely lake, is a reservoir of purity and all health giving qualities, and of which it might be said as has been said of the strawberry, “doubtless God might have made a better, but doubtless God never did make” a lovelier spot for man to enjoy and renew his strength, in its healing qualities of atmospheric perfection.

Auburn is the first town situated above the malarial belt extending throughout the Sacramento Valley, with any pretensions to adequate hotel accommodations, which I regret to say is the conspicuous deficiency of many of California's most picturesque and healthful localities.

In addition to its fine climate, Auburn has two special advantages—one, that the season commencing in May affords accommodation for the school children of San Francisco where vacations generally occur in June, and it is a stepping stone to the higher altitudes of the Sierras.

The fact that phthisis is not found to exist in high elevations of five thousand feet and above, has long been claimed as an argument in favor of high altitudes, and while the efficacy of atmospheric purity and dryness, which are the essential elements that tend to make mountain resorts distinctive in their effects, cannot be too highly recommended, there is one fact in connection with the subject of altitude which should not be overlooked, and that is, that special discretion should always be enjoined upon those who seek to build up failing health and strength in the high mountain regions, and particularly upon any who suffer from pulmonary or heart disease, not to attempt too great heights before becoming accustomed to the elevation by gradual ascent.

It is owing to this want of common sense and discretion that undeserved disrepute has sometimes been cast upon the region of high altitudes; and the invalid on his way to Lake Tahoe should never attempt to make the journey unbroken, but should remain a few days in some of the lower towns among the Sierras, ascending to the still higher levels, as the enfeebled system has grown accustomed to the rarity of the atmosphere.

Within a few hours travel in California, almost any range of temperature, humidity, high or low level may be commanded, as must needs satisfy the most exacting requirements of every stage and variety of invalidism, for which change of climate is ever intelligently prescribed; and taking phthisis for the typical disease for which climate cure is mostly employed, in no part of the world can the cure of this disease be more satisfactorily settled by climate than in California, which condition of things is fast growing into acknowledgment at the East, as is manifested in the constantly increasing number of invalids who flee from cold Eastern winter and spring and come to California for the benefit which they hope to derive from a prolonged residence in an ideal climate.

Monterey than which no more admirable winter health resort exists at home or abroad, in point of equability of climate, pure invigorating air, all the other requisite accessories being conceded, is well adapted to the requirements of those seeking for rest and recreation in change of scene, and particularly to that large class of tourists and invalids before alluded to, who desiring shelter from the extreme cold of Eastern winter, find in Monterey, all and more than they had desired or hoped for, in the way of beautiful surroundings and the great benefit almost invariably resulting from a sojourn in its delightful climate, or the coast region generally; but to the people of San Francisco, who require a more radical change of air, which change as I have before asserted, is the one essential good underlying all the other elements in climate therapeutics, the altitudes of the Sierra Nevada mountains rank first in all health-giving qualities, and the region lying about Lake Tahoe offers the most

incomparable attractions, in all the essentials of atmospheric and climatic perfection, combined with unsurpassed scenic beauty and grandeur.

Grand, glorious and inspiring as is this beautiful lake set amidst cloud built mountains, I will not be tempted into a description of its natural beauty, in an article that aims only to point a moral in regard to its attributes of climatic excellence.

Its elevation of 6202 feet, and its distance from sea influences, ensures freedom from all miasmatic influence, and a dry and bracing atmosphere.

The conformation of the surrounding country, while giving variety to the wind currents, offer protection to the most sensitive lungs.

There is no morning or evening dew, and the air of midnight is as harmless as at mid-day, so far as moisture is concerned.

Poison oak which is the scourge of some of California's most lovely country resorts, is unknown here, and the atmosphere has the bracing and elastic qualities which naturally invite to out of door exercise, which is after all the essential thing in climatic hygiene. Every muscle of the body being thereby brought into active use, producing a general distribution of new life force throughout every portion of the system, altering those conditions which exist in connection with lowered vitality, giving healthy stimulus to the functions of the skin, liver and kidneys, and forcing into action every part of the lungs, as is manifested by a general improvement in almost all the cases that seek the pure bracing air of Lake Tahoe for restoration to health and strength.

While I may be accused of too special pleading in favor of a given locality, regardless of the claims of others, deserving perhaps of as honorable mention, my answer is, that some of our finest mountain scenery and many of our most desirable health locations in California, lie at present beyond easy access, and the local accommodations are as yet but rude or deficient in comforts compared with the well appointed establishments in the older States. But the day is not far distant when all these conditions shall be changed, and

ere long we hope to have an embarrassment of riches in making a choice of the sanatoria of California. Then the Yo Semite Valley which now attracts visitors from all parts of the world because of the sublimity of beauty and its unequaled grandeur, shall also be known as a great sanitarium for the healing of the nations, and all who come to worship nature in this grand temple shall go away refreshed in bodily strength as well as in the eye and mind.

California perhaps, more than any other State in our country, has wonderful natural resources and possibilities, not to be measured by what she has yet attained to in her brief history, and in no one quality is she so rich as in her choice of climates, which fact should make the subject of climate cure a scientific and intelligent study in connection with the necessities of suffering humanity.

A CASE FROM PRACTICE.

By RICH. SCHULZ, M. D., COTTONWOOD VALLEY, SHASTA CO., CAL.

- I was called to see Mrs. S. at Red Bluff, aged 50, of a nervous, bilious temperament. She had been under allopathic treatment for about six weeks, had been treated for typhoid fever and was now in such a state of debility, that the physician, who attended her, pronounced the opinion to me that she could not live and that it would be of no use to give her more medicine; good nursing was all that could be done for her.

She lay in a state of prostration, was much emaciated, had not slept for a fortnight, as I was told, and had not retained any food on her stomach since the same length of time. Her stool consisted of small hard balls, probably the effect of opium which she had taken. The physician, who had charge of her at my arrival, directed my attention to her abdomen, where he thought to have detected a pulsating tumor, which he declared to be an aneurism of the Aorta. Examining her I found a violent throbbing of the abdominal Aorta—the bowels being quite empty and all the intervening

tissues much emaciated—but I could detect nothing like a tumor. When we came to the treatment, we could, of course, not agree and discovering that I was a Homœopath he left the house in disgust, grumbling and predicting to her husband a speedy fatal termination of his wife's illness.

This was a case of uncomplicated depression of the Sympateticus. The change of climate from the stimulating air of the mountains, from where she had moved to the Sacramento Valley, with a disappointment in her domestic affairs and a cold, which she had contracted at a camp meeting, depressed her system so that she had to take to her bed. The severe and wrong treatment, with large doses of Ant. tart. and opium, aggravated her symptoms and the imprudent conduct of the physician, to magnify her ailments in her presence and to declare in her face, that she could not get well, did do the rest.

I commenced treatment by expelling the many visitors, which came to fatigue her. I endeavored to cheer her up in every way and succeeded in convincing her that she now would get well and that very soon.

I gave her in the morning after my arrival Nux vom. ³, as an antidote to the drugs, which she had taken, and for the severe pains in the small of her back and of the stomach, and towards evening I gave her every hour one grain of Ars. alb. ³ for the prostration, restlessness and the fear of death, which was so clearly written on her face.

The effect was very gratifying and surprising. She slept soundly the whole night and took in the morning a light breakfast, which she relished and retained, neither of which she had done for a fortnight.

From that morning she improved so rapidly, that in two or three days she was able to walk about the room. A few doses of Ars. alb. ³ and China completed her perfect recovery.

The violent pulsations of the abdominal aorta, which we often meet in hysterical females and emaciated persons, diminished from day to day. I believe that the hopeful state of mind which I succeeded to bring about, did go far in restoring her health in so short a time and this is perhaps the only point of interest in this case, showing how necessary it

is to give due attention to this important subject in therapeutics.

I beg leave here to relate an other case, which illustrates more strikingly the influence which the mental state has over the body, a fact so well known as to be almost an axiom in our school, but too often neglected.

A jeweler, 50 years old, father of a large family, came to me for advice. He complained of palpitation of the heart, worse after meals and at rest, coldness of the feet, cough, restlessness at night, dull, pressing pain in the small of the back, in the region of the kidneys, with pressure to urinate. He looked pale and despondent. This condition had lasted about two months and he was getting worse all the time, as he thought. He handed a little vial to me with his urine, which contained a white coagulum, which he declared to be albumen. "Doctor," said he, "I have Bright's disease; it will soon be over with me."

The aspect of the sediment excited my suspicion. I made in his presence a new test, which proved conclusively that his urine contained no albumen, but a trace of phosphates. On inquiring into the manner in which he made his test, I learned that he used for this purpose a vial with Nitric Acid having a pointed glass stopper, with which he was in the habit of testing impure gold and silver, and which must have contained alloys of copper, silver and perhaps other metals. He had the bad habit of reading medical books, which he happened to possess, and this had induced him to make his test—we have seen with what results.

He was now easily convinced that he did not suffer of Bright's disease, and that his ailments originated in his imagination and perhaps in a slight indigestion. He received no medicine. One week later I met him in the street with a bright face and elastic step, when he said that he never felt better in his life. I have no doubt but that, had this state of anxiety and fear lasted a much longer time it would have led ultimately to some serious organic disease.

Soul and body may be compared to two instruments standing near each other, as, I believe, Carpenter some-

where says. If you touch the strings of one the other will reverberate the same sound. A cheerful tune of the body will produce a cheerful tune of the soul and vice versa. This is the wonderful sympathy which makes the heterogeneous principles of man *one* being. Man is not soul and body, but the intimate aggregation of both. And therefore the importance of mental states in therapeutics, which has been recognized already two thousand years ago, when Plato wrote down the opinion of a Thracian physician in the following passage:

“As it is not proper to cure the eye without the head, nor the head without the body, so neither is it proper to cure the body without the soul and this is the reason why many diseases escape the Greek physicians, because they are ignorant of the whole, to which attention ought to be paid.”

CLINICAL CASE.

FORM A PAPER READ BEFORE THE KANSAS STATE HOMOEOPATHIC MEDICAL SOCIETY EMPORIA, BY G. WIGG, M.D., PORTLAND, OREGON.

Was called to see R. J., age 39 years, who had been suffering from asthma for thirty-one years. I found him in great agony; with his shirt open and chest bare; head buried in shoulders; mouth and eyes wide open and perspiration streaming down his face and chest.

I at once put ten drops of nitrite of amyl on a piece of cloth and had him inhale it. In forty seconds it made him cough. As soon as he ceased coughing, his breathing became easy. Being exhausted he lay down and in ten minutes was in a sound sleep.

This man was born in New York. His father had asthma for a number of years.

He informed me that at the age of eight years he had the whooping cough very bad, after that left him he had spells of hard breathing; these spells increased in severity year after year, always commencing between June and August, at which time the least thing, such as loud talking, running, laughing, or the odor of plants would bring on an attack.

At one time his wife pressed her hand very hard upon his spine, this brought on the worst spell he ever had. Cold, wet, foggy weather had no bad effect on him.

He went to Kansas thinking thereby to rid himself of his trouble but found no improvement. He had from time to time consulted physicians of each of the leading schools of medicine but with no lasting benefit.

After a time the nitrite of amyl gave him no relief; so after trying almost everything in our materia medica recommended for asthma, without much improvement, I came to the conclusion that I could not cure him.

That night I read in "Hahnemann's Materia Medica," under *Stramonium*, "His breath is more and more taken away and he becomes blue in the face. Oppressive respiration with desire for open air." I then took up "Dunham," and found under the same remedy: "Excessive sense of suffocation, with feeling of tightness across the chest as if I could not get air enough into my lungs; respiration difficult and constricted with anxious respiration and lividity of the face." I prepared the 3d potency from a tincture made from the leaves gathered just as the plant was in bloom, which I gave him with instructions to take three drops three times a week. It is now four years since he took the last dose, since which time he has had no return of the attacks. The amount of tincture taken was $\frac{1}{2}$ 3.

MOUNTAIN FEVER.

By DR. W. M. DAVIDSON, OF COLORADO.

This fever is caused by a poison which, under certain conditions, originates in the Rocky Mountain region of North America, within the boundaries of the United States. The condition favorable to the generation of this peculiar miasma is due to protracted drought. A rain-fall or heavy snow-storm seems at once to destroy its virulent nature and render it inert. There is, within a few days after such storms, a cessation of all further reports of new cases. This poison

can be properly classed with swamp miasma or malaria. Its nature is entirely unknown. Its effect upon the human organism differs, in some particulars, from swamp miasma, and again there is a marked similarity. It is wholly unlike typhus, scarlatina, small-pox or measles virus, as it is not infectious or contagious. Another peculiarity of this poison is, that it seems to be confined to the higher altitudes, particularly above timber line. While those who live in the valleys are not wholly exempt, it is estimated that nine-tenths of all cases occur among miners who work near timber line, or near the line of perpetual frost and snow. All of the age of ten years are liable to invasion; under ten years no cases have been reported by the physicians in the Arkansas Valley of Colorado. Unlike other sporadic diseases, the liability to repeated attacks increases after the first invasion. Those thoroughly saturated with the poison, under the best treatment, are months and sometimes years in recovering; their powers of endurance are, to a great degree, exhausted.

The time of incubation is not known accurately. In some cases it seems to develop at once; in others there are many premonitory symptoms, which point to the presence of the poison.

It often first manifests itself as a general indisposition—a general ill-feeling, and disturbance of nearly all functions.

Dr. Wright, the oldest and best authority on the subject in that region, says that in over one hundred cases treated by him, fully one-half commenced with a severe chill, lasting from thirty minutes to one hour, accompanied by the most excruciating pains throughout the entire system. These pains were of a darting, piercing character, and mostly muscular. Sometimes sweat occurred during the chill, and, in a very few cases, thirst. The fever immediately following the chill, if not at once arrested by prompt remedial measures, assumes a typhoid character, and lasts from seven to twenty-one days. Unlike typhoid, there is no ulceration of Ruger's glands, and no rash of any description.

In those cases where the onset of the disease was not ushered in with a chill, the first symptom was vertigo, with

total or partial obscuration of vision, followed immediately by nausea, and vomiting of ingesta and bilious matter.

The nausea, retching and terrible straining constitute the prominent features of the first five days. Other symptoms present are severe internal headache, mostly basilar, stiffness and soreness of the cervical muscles, dark veinous line at the back of the neck and base of the occiput, dilation of the pupils, with photophobia, general icterus, and bruised sensation over the entire body, with great muscular soreness in the lower limbs. The fever continuously increases from the first to the eleventh day, with a slight morning decline.

The temperature of the body sometimes rises as high as 106° F. at night, with a decrease of one-half to one degree in the morning. During the first stage, also, catarrhal troubles of the nasal passages, pharynx and down into the small bronchi, affect about two-thirds of all cases. The attending symptoms of the catarrhal trouble vary in number and character in each individual case.

The third stage is marked by a profuse sweat at its commencement. The fever decreases rapidly each day, with slight rise in the evening, and terminates in from five to ten days, leaving the patient pale and emaciated.

I refrain from giving any special therapeutic hints, as he who would be successful in this as in other fevers must individualize each case and treat it accordingly.

I must, however, utter a remonstrance against our own school of physicians following, to a certain extent, the plan of the so-called "regulars," of giving drastics in the first stage. I need not add that this expedient has a most pernicious effect upon the patient; wasting his strength and bringing on a train of evils that are exceedingly difficult to manage.

Among the remedies so far given with decided and certain benefit, I will mention: *Aconite*, *Arnica*, *Arsenicum*, *Belladonna*, *Bryonia*, *Baptisia*, *Carbo. Veg.*, *China*, *Chinin. sulph.*, *Chinin. Arsenicum*, *Gelsemium*, *Hepar.*, *Ignatius*, *Ipecac.*, *Lachesis*, *Lycopodium*, *Natrum mur.*, *Nux*, *Opium*, *Phosphorus*, *Phos. acid.*, *Rhus tox.*, *Sulphur*, *Veratrum alb.*

CLINICAL ITEMS.

DR. HALE places *Verat Vir.* and *Cicuta* at the head of remedies for Cerebro-Spinal Meningitis.

ONE of the most prominent symptoms of *Verbascum* is constant dribbling of urine. Hence its use according to Dr. CUSHING in enuresis, (3rd dil.) and "he does not know of one case that has not been cured."

Graphites high will resolve indurations of the mammæ consequent on inflammation and abscess.

DR. CLAUDE (Paris) uses *Guarea*, first decimal, in chemosis where it appears a very efficacious remedy.

Badiaga 2 cured an obstinate case of menorrhagia, after homœopathic, allopathic and mechanical means. The symptoms guiding to it were: marked increase of flow at night and a sense of enlargement and fulness of head. Dr. TESTE cured an obstinate case of leucorrhœa where this latter sensation was marked with the same drug.

Chronic coryza and ozoena anguina funcium, stomatitis often find their Homœopathic remedy in *Iodine*.

Calcarea is an excellent remedy in "Backache," pains between shoulders, and in lower part of back, drawing pain between shoulder blades, stitches in various parts of back, pain in small of back, rheumatism in lumbar region, weakness in small of back, pain in sacral region, back and neck from overlifting. (*Rhus*.)

Caulophyllum for paroxysms of whooping cough when each paroxysm is attended with vomiting and bleeding at the nose, mouth or ears. We have found this remedy exceedingly useful. Ten drops of the second dilution may be prepared in a glass of water, and a teaspoonful to be given immediately after each paroxysm.

Senecio aureus, for hæmaturia, hourly drop doses of tincture, followed by 3x dil. cured after other remedies had failed.

Kreosote, for occipital headache, when there is much pain and soreness behind the left occipital bone; give three times a day, 6th dil.

Ambra, for pain in back of head and neck as from a sprain; cannot bear to be touched, a single powder of the third trit. will prove sufficient.

Ruta, 3 dil., has power to disperse ganglia of the wrist. *Benz. Acid* high has been curative likewise. I have repeatedly verified the latter. (BOEICKE.)

Sticta, in racking cough in nervous and hysterical patients, and particularly such as are subject to sick-headache, this remedy is decidedly efficacious.

Carbo Animal., for night-sweats. When persons suffer from chronic bronchitis and night-sweats, we have prescribed successfully the 6th trit. 2-3 powders per day.

Calcarea, is an admirable remedy after severe illness, for improving the constitution and for restoring the quality of the blood. More specifically, *Calc. ars.* is the remedy after *Apis* and *Ars.* for the removal of inflammatory products in the veins of the lower extremities, *Calc. acet.*, those in the lungs, *Calc. brom.* from uterus. (DR. KÆCK, Hom. Rundschau.)

Sepia, pains begin in the morning immediately on waking, very intense, and decrease gradually until in the afternoon, they vanish. Pains are burning and are worse after eating, also worse before menses. Patient is also characterized by icy cold hands and feet, partial sweats and is melancholy. (DR. HEINRICH IBID.)

Calcarea, expectoration tastes like ink, confirmed by Dr. HERING.

Ustilago, is especially suited at climacteric period and to tall, slim, fair complexioned women with clear white skin. Pain in left mammary region in intermenstrual period; ovarian congestion with *burning* pains. (DR. BURCHFIELD.)

Lithium lacticum, is used by Dr. BERGHAUS, (N. A. J. H.) for rheumatic pains, especially of the small joints. Pains relieved by moving about, but getting worse again by resting.

Hecla Lava, produces and cures exostosis, enlargement and hardness of cartilages from ossification.

Cundurango, cracks in the corners of the mouth, Dyspepsia with this symptom. (BURNETT.)

Asclepias tuberosa, symptoms of a "heavy cold," fever, headache, sore aching through chest, especially about base of lungs, sharp stiching pains, worse coughing or deep breath, all worse by motion (Bry). It is something like Kali-carb, but lacks 4 o'clock aggravation and has more fever.

Brachyglottis, sense of flutteaing in region of the ovary, sometimes with feeling as if something rolling about in abdomen. 2. Constant inclination to urinate, with pain in bladder and renewed desire after the act. 3. Sense of swashing in bladder. Verified by Dr. MOFFAT.

Lactuca. This remedy, which I have used in asthmatic conditions to advantage, corresponds to the symptoms of angina pectoris, to the squeezing, lancinating pain in the left side of the breast, extending to the shoulder blade, with great oppression of the whole chest. (HARTMAN.)

Sulphite of Soda. A broad, *pallid dirty* tongue is its chief indications; when tongue is red, red-edged with fur in center or covered with fur all over, or red papillæ project from coating, it is useless. YEASTLY VOMITING is a strong indication

for its use or long continued nausea without vomiting, if the characteristic tongue be present. It will often prove of value when *Sarcinae ventriculæ* and *torulæ cervisiæ* are present in the fluids vomited. It is most frequently indicated in malarial, typho-malarial and rheumatic fevers. (F. G. ROBERTS.)

PERSONAL NOTES.

WE LEARN that the health of DR. TUCKER has improved very much in Honolulu, and that he intends to settle there permanently. Homœopathy is ably represented in the Island Kingdom. DR. MARTIN, formerly of San Francisco, is doing all he can possibly attend to.

DR. B. P. WALL, of Berkeley, writes that he is busy on his lecture on Physiology that he will deliver to the students of the Hahnemann Medical College, of San Francisco, the coming summer. Some of us will want to be students again and share their privilege of listening to him.

OUR friend, Dr. McNULTY, from the Philadelphia Hahnemann College, now at Los Angeles, writes that he is getting into practice rapidly, and thinks Los Angeles an excellent field for a homœopathic eye and ear surgeon. We hope some promising man will go there and occupy it.

THE ANNUAL MEETING of the California State Homœopathic Medical Society will be held at the hall of the Young Men's Christian Association building, No. 232 Sutter street, in this city, Wednesday, May 14th, 1884, at 8 o'clock P.M. The semi-annual meeting heretofore held will be omitted this year, and it is hoped all the energy of the members may be concentrated at this meeting, and thereby make it a model of interest to all who can possibly attend. Let every member do his utmost, that the committees may each make full reports. The revision of the Constitution and By-Laws will come up for action, and other matters of the greatest importance to the profession will be presented.

HOLLISTER, Cal., is recommended as a good opening for a homœopathic physician. The town is in the midst of a rich county and a paying practice can soon be built up.

DR. BOXTON, a graduate of old Hahnemann, Philadelphia, and formerly of Boston, Mass., has settled in Oakland, and desires to make a specialty of surgery.

THE Hahnemann College, of San Francisco, will bring to our city Dr. A. McNEIL to fill the chair of Materia Medica, and Dr. DEWY, of New York, to that of dermatology and venereal diseases.

CORRESPONDENCE.

LYMOND ST., AUCKLAND, N. Z., Dec. 10, 1883.

DEAR DOCTOR:—Let me thank you for sending me regularly *The California Homœopath*, a promising and already interesting and useful journal. I wish every possible success to the Hahnemann College of California, and am sure that it will supply a long-felt want on the Pacific Coast. I am sure that no abler President could have been chosen, and it will follow that the staff of Professors will consist of picked men of our school—No small clique, I trust, such as the two rival societies that carried on internecine warfare in my time—but a really *representative* body of *earnest* teachers, bent on first impressing a love for and accurate knowledge of Hahnemann's great law and its practical applications; 2nd, a comprehensive acquaintance with the latest and best improvements in surgery and gynæcology and 3rd, the *true Medical Spirit* as Dr. Drysdale terms it; the spirit of love for suffering mankind and for the art of healing combined, a tone of mind as far removed from pretentious conceit and exclusiveness (such as we see among many allopaths) on the one hand, as it is from love of money on the other.

From personal visits to Australia, I can corroborate much of the substance of my friend Dr. Deek's letter to you, printed in your September number. But his statement of openings in our colony, New Zealand, needs this qualification, namely, that our Medical Registration Law is so strict that American M. D. degrees do not entitle the holder to practise legally in New Zealand. We have the Otago University, and the University of New Zealand both empowered to grant the M. D. after due course of study, so that our colonial wants will be supplied from these sources, besides the continual influx of young doctors from England. Dunedin's wants are amply supplied by Dr. Wanless. Wellington is the only large city (25,000) in New Zealand unsupplied with a homœopathic practitioner. In Nelson, a small place, (7,000) our lamented colleague, Dr. Irvine, was more

largely interested in gold mining than in medical practice. Our country towns do not increase at anything like the rate of those in California, and the slow, half-educated settlers from England of the agricultural class, are not quick to appreciate the small and tasteless dose of homœopathy. Still, the sale of homœopathic medicine chests and books (procurable in Auckland and Dunedin only) is on the increase. Lady Jervois, the wife of our new Governor, Sir William Jervois, is a patron of our system. But we cannot state that the old colonists who have "made their pile," and form our substitute for a local aristocracy are easily made converts. Wishing your journal and college every success, I remain fraternally yours,

J. MURRAY MOORE, M. D.

DR. C. MUNSON writes from New Tacoma: "Everything is lively up here. This place is growing rapidly. We had quite a siege of diptheria here last month in its most malignant form. I treated 14 cases, losing three. The remedies indicated and used were *Lycopod*, *Lachesis*, *Crotal Hor*. Good openings for Homœopathic physicians at Chehalis, Whatcom, Olympia, in Washington Territory, and at Eugene, Oregon."

NEW PUBLICATIONS.

A Hand-book of Skin Diseases and their Homœopathic Treatment. By J. R. KIPPAX, M.D., LL. D. Second edition: Duncan Bros.

This new volume will be welcomed since it fills a real want in our literature, the characteristic compilation of Jahr, and the admirable volume of Lilienthal being both out of print. The text of Kippax's volume consists of short general observations on the anatomy, physiology and pathology of the skin, the latter being up to the times and in accordance with the great advances made in dermatology by the Vienna School. Besides these we have a general chapter on symptomatology, etiology, diagnosis and classification of skin diseases, followed by a description of each individual affection, giving its clinical history and treatment. The author makes use of external treatment which may not be in accordance with the hopes and wishes of the extreme Hahnemannians, but is certainly in accordance with the general practice of

the school. His recommendation in this department, used as suggestions merely and not as a substitute for more accurate prescribing will not fail to be useful. The indications for the internal remedies are well pointed out, being mainly "characteristics." These obstinate diseases will be found to be more easily controlled by our remedies with this useful guide at our side than if we had to search our *Materia Medica* thus unaided, and we thank the author for so able a contribution to our special literature. Duncan Bros. have done their part as publishers extremely well—better than some of their former publications—indeed, there is nothing to be improved upon in the dress of this volume.

Electricity, its nature and forms, with a study on Electro-Therapeutics. By C. W. Boyce, M.D. Chicago: W. A. Chatterson, Publisher; second edition.

Any one wishing to get a clear, concise and eminently practical view of this most interesting branch of therapeutics without wading through the many bulky volumes written on the subject, will find in this brochure of Dr. Boyce all they need as an introduction. A specialist in this department after reading the book informed us that he had learned more original ideas about electricity from this little volume than from any of the larger and more pretentious ones. We can therefore recommend it to our readers as worthy of confidence, since we have verified the same thing, and hope Dr. Boyce will soon find it necessary to prepare a third edition of his valuable little monogram.

A Digest of Materia Medica and Pharmacy, forming a complete pharmacopœia for the use of physicians, druggists and students. By A. Merrell, M.D. Philadelphia: P. Blakiston, Son & Co.

"Truth is the property of no one school of medical philosophy, and as each possesses special merit, it is the duty, as it should be the pleasure, of progressive and conscientious physicians to dispassionately examine all remedies and curative methods, and exercise in perfect freedom their right to adopt such as commend themselves as useful for the cure, palliation, or prevention of disease. In this spirit this work has been written." (From the preface.)

Dr. Merrell has certainly succeeded in giving us a most useful and comprehensive compilation. He includes all the drugs in use by the different schools, giving their chemical properties, tests, doses and uses. The latter are very suggestive, and the intelligent Homœopath may be led from these hints to his *Materia Medica* for fuller symptoms and consequent accurate and scientific employment. But if the author's facts relating to the uses of drugs are not thus supplemented, precision in prescribing will not be attained, a direful empiricism will result, and an otherwise most useful work becomes a barrier to true advance of scientific therapeutics. The great fallacy of the eclectic school is the separation of facts from the principles that produce them, which facts, so disconnected, but become passing fashions in therapeutics, taken up and cast away. Look at the flood of new remedies constantly introduced by the old school. How many continue to live longer than a few months? Why is it? Because the principle that explains their sphere of action is not under-

stood or denied, and so the therapeutic facts become a stone when the hard working practitioner asks for bread. It is the great mission of Homœopathy to uphold the law of drug application in disease: it is the cause of the vitality of the system, and so long as our school upholds that and seeks ever to enter into fuller understanding of the law of cure, it can advantageously take these suggestive facts gathered by Dr. Merrell, and by the superior light of its principles can explain and relegate them to their proper places.

We hope the book of Dr. Merrell will meet with the appreciation by his own school that it deserves, and we can recommend it to Homœopaths as a useful addition and valuable supplement to their own books on *Materia Medica*. The publishers have done their part of the work in a satisfactory manner and given the volume a correspondingly dignified dress.

FOR SALE.

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Atlee—Ovarian Tumors	2 00
Carpenter—Microscope and its revelations, two volumes (new)	2 50
Smith—Practical Gynæcology	75
Lewes—Physiology of Common Life; two volumes ...	1 50

Popular Department.

HOMOEOPATHIC TREATMENT OF WHOOPING COUGH.

By WM. BOERICKE, M. D.

During an epidemic of whooping cough it is advisable that children should be protected as far as possible from coming in contact with the disease, especially when suffering with a cold. Special attention should be paid to them at this time, while having a cold in the head or chest. An equable temperature and nourishing diet, should be the conditions to be observed. In regard to homœopathic remedies it is found that every epidemic has some remedy, more especially indicated at that time---the "epidemic remedy."

We have found *Corallium* most frequently indicated and this present season *Cuprum*. Dr. Teste, a learned and accurate observer, advises both as preventive remedies, and for the disease itself, *Corallium* and *Chelidonium*. This course has been adopted by many homœopathic physicians with much success.

Hahnemann's great remedy was *Drosera* and for certain epidemics it is certainly a curative remedy.

For the domestic treatment of whooping cough we advise the following course, which will be found practically useful in the majority of cases. Of course every case must be individualized and the remedy adapted to the totality of symptoms, but this is a laborious process and not to be expected from domestic practice.

As a general rule, the daily administration of *Corallium*³⁰ may prevent or certainly modify the attack during an epidemic.

For the catarrhal coughs prevalent during an epidemic *Cuprum*⁶ two or three doses per day will be found most serviceable, as it decreases the sensitiveness of the bronchial

mucous membrane. It is, moreover, the remedy for whooping cough, when the coughing spells are helped *by swallowing cold water*, when the patients become rigid during the attacks, when there is vomiting after them; there is not much expectoration; face is pale, sunken, blue lips, frothing at the mouth. Patient is over sensitive and frequently starts during sleep. It is especially the remedy for the nervous variety of whooping cough, when the symptoms of the bronchial mucous membrane are not so pronounced as shown in the scarcity of mucus and absence of rattling and the congestion to the brain, fulness, throbbing &c., indicative of *Belladonna*, also being absent.

Belladonna correspondent to the "hyperæmic" form and is frequently indicated during the first weeks of an attack, the head is hot, patient talks in sleep, there may be bleeding from the nose and the cough is dry, worse at night. Quiet, mild children with blonde hair and blue eyes offer a special field for the favorable action of *Belladonna*, whereas *obstinate children with black hair and black eyes* often find their remedy in *Cina*, especially when the patient complains of violent hunger before attacks; after attacks, whimpering when touched, vomiting of food, mucus or bile, difficult swallowing of fluids, sleeplessness with crying and weeping.

There are many other remedies that homœopathic physicians use for whooping cough, but the above will answer most purposes for domestic treatment and cover most cases. For the benefit of such as cannot obtain the aid of a good homœopathic physician we recommend for further study.

Coccus cacti when the patient complains of a *sensation as of a thread in the throat and cough is worse on awaking*; suffocative cough with expectoration of much tough, ropy, mucus which is difficult to raise, causing nearly strangulation and vomiting, worse entering warm room, head pains as if it would split. Useful for the protracted bronchial catarrhs remaining after whooping cough.

Mephites. Complete suffocative feeling, so that patient can hardly exhale, vomiting of all food, worse hours after eating, worse at night.

Mercur. sol. When patient has night sweats and diarrhœa with the cough. All symptoms worse at night; bleeding of nose and mouth with coughing spells; double coughing spells.

Arsenic.—For debilitated patients, especially when the coughing spells are preceded by an anxious restlessness, breathing short, paroxysms end with sweat, cough excited by drinking.

Tartar Emet.—When there is great rattling of mucus in chest, even a few spasmodic coughs giving much expectoration, patient perspires and is drowsy, worse after warm drinks.

But remedies alone will not be sufficient. We must combine with their use hygienic conditions. Rest and warmth and especially *pure air* are necessary from the first. The diet is to be light, but nutritious, avoiding all articles hard of digestion. If appetite is good, let the patient have, besides milk which should form a large part of the diet, meat, especially poultry; fresh vegetables, stewed fruits, cocoa, broths made with vegetables and without condiments. If the digestion is impaired, give bouillon, slightly salted, milk and mushes, soft boiled eggs, &c. with a little lactopeptine after meals.

Change of air after the disease has had its course, will be found a wonderful restorer and is highly to be recommended.

PUBLIC SCHOOL HYGIENE.

"THE CALLS OF NATURE."

By SARAH C. HARRIS, M. D. GALENA, ILL.

This is a homely theme, but an intensely practical one. The difficulty which the long confinement in a single three hours' school session places in the way of relieving the bowels and bladder, is a matter which I think receives far less attention than the case demands. In short winter mornings the child hurries through breakfast and seizes cloak, hat and books, and is off to school with as little delay as pos-

sible. In the excitement of the moment the healthful and needful after-breakfast evacuation is neglected.

In all our public schools, I believe, a visit to the water-closet during session is an offense for which the child is punished by being "kept in after school." Hence, during the long session the voice of nature is stifled. This is soon done, and ere long she makes little effort to have her demands respected. The habit of constipation with its thousand attendant ills is established, probably for life. Abdominal complaints become the heritage of the man whose boyhood was spent thus; with girls the case is worse.

In our medical text-books we find such reports as the following: "I began to suffer when 19 years old, (being now 48) I fancy, from being one of a great number of girls with small accommodation, hence waiting, and costiveness, the bowels only relieved once in a week or so."

We have it from some of the best medical authority in the world that "a large portion of uterine diseases depend upon rectal disorders." Hence, as these adolescent girls develop into womanhood, it is to fall into the hands of the gynecologist and to wear out a life of nervous misery.

There is on many of our public-school grounds a shameful neglect both in regard to adequate water-closet accommodation and in the case of that which has been furnished, the closet being often so inconveniently located or allowed to be in such a filthy condition as to be of little practical use. On our Galena high school premises, in a building adapted to seat about 600 pupils, there is closet seat for four boys and four girls.

Congestion of the kidneys resulting from the causes we have been discussing is probably a more dangerous, and scarcely less common, disorder than constipation.

By way of parenthesis I might here remark upon the same neglect in the construction of business houses. It is no uncommon thing to meet young lady clerks, printers, etc., fairly broken down with ailments which the physician readily traces to this cause.

“WHAT’S IN A NAME?”

It would no doubt be profitable to the public, or to that part of it who, overtaken by accident and illness, are daily borne into our hospitals, to ask and seek to answer the question, “Why does there exist in the public mind such prejudice against the name ‘hospital’?” Of all the beneficent manifestations of that newly developed attribute of the soul, philanthropy, none touches men more nearly, none has become more a corporate part of our complex life. And our needs go hand in hand with our knowledge. Wise care, judicious treatment, the bringing together of all the resources of applied science, for the benefit of the patient, the most nutritious food, sunlight in God’s own abundance, and surroundings that shall stimulate the *morale* to healthful activity are the demands of the Strong to day in behalf of the Weak. Our Homœopathic Hospital offers this and more to every person battling for health in our State. Let no one have visions of wards, of uncomfortable cots, bare walls and floors, boiled dinners and other bug bears terrible to an invalid. The entire arrangement is so unlike this that to give all its details would be like describing a friend’s house and trying to do justice to an admirably conducted home. The rooms are so many guests-rooms, spacious, sunny, with outlook on the green lawn or over the grass-covered hills; the dainty decoration of home has been carried here, too, and “cosy” is the stamp left by the artistic hands that have furnished, out of their glad hearts and their purses, the whole building. But one person is expected to occupy a room, and the number of patients can never exceed fifteen. The supplies for the table are the best that the market and our first grocers afford. There is no contract system for the larder. The director whose week it is to visit, orders all supplies and looks after the store-room as if it were an annex of her own home. In way of room and board the hospital stands on the same footing as other first class boarding-houses *plus* the best nursing and medical care; city patients retain their own physician if preferred. Next to the unlimited sunshine and pure air that

pervade the house, its restfulness promises much to the invalid, who many times longs for quiet, unattainable in the busy centre of daily existence. It is to be hoped, sincerely to be hoped, in the interest of strangers coming to San Francisco to be treated, that their attention will be called to this real home for invalids, existing under the formidable name of the Homœopathic Hospital. V.

WATER FOR INFANTS.

With the exception of tuberculosis, no disease is so fatal in infancy as the intestinal catarrh of infancy, occurring especially during the hot summer months and caused, in a great majority of cases by improper diet. There are many upon whom the idea does not seem to have impressed itself that an infant can be thirsty without at the same time, being hungry. When milk, the chief food of infants is given in excess, acid fermentation results, causing vomiting, diarrhœa, with passages of green or greenish-yellow stools, elevated temperature, and the subsequent train of symptoms which are too familiar to need repetition. The same thing would occur if an adult were drenched with milk. The infant needs, not food but drink. The recommendations of some writers, that barley water or gum-water be given to the little patients in these cases, is sufficient explanation of their want of success in treating this affection. Pure water is perfectly innocuous to infants, and it is difficult to conceive how the seeming prejudice against it ever arose. Anyone who has ever noticed the avidity with which a fretful sick infant drinks water, and marks the early abatement of febrile and other symptoms, will be convinced that water, as a beverage, a quencher of thirst, as a physiological necessity, in fact, should not be denied to the helpless members of society. We have often seen an infant which had been dosed *ad nauseum* for gastro-intestinal irritability, assume, almost at once, a more cheerful appearance and rapidly grow better when treated to the much needed draught of water. If any one prescription is valuable enough to be used as routine practice it is "give the babies water."—*Medical Record*.

THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - WM. BOERICKE, M. D.

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EDITORIAL.

The most important event in the history of Homœopathy on this coast will take place next month. The Hahnemann Medical College of San Francisco—for years the dream of all well wishers of our cause here, as it was the goal of all their efforts, will then become a living and working reality—the Hahnemann Medical College of San Francisco will then open its doors to students, and the first course of lectures on Homœopathy and the collateral sciences pertaining to medicine, more especially as related to practical Homœopathy, will then be delivered.

Since its first inception, enthusiastic and earnest men in our midst have spared neither time nor labor to make this crowning effort of our school here a success. They pursued what, after mature consideration, was deemed the fairest and most appropriate method to enlist everyone's interest in this object, and so offered to the profession at large shares in the stock of the proposed college. The stockholders had

the whole management of the institution. Thus no one who cared to have a voice was excluded. The Directors were very fortunate in procuring the lease of an excellent building in the very center of the city, easily accessible from all quarters, and one moreover that has been used for medical instruction by our friends of the old school for years past. It has been entirely refitted and made more attractive than it has ever been.

Every Homœopathic physician throughout the land ought to rejoice that the field is extensive and promising enough to warrant such an undertaking, and the men who have thus far shouldered the responsibilities ought to receive every support and sympathy. Especially does this devolve upon our Pacific Coast physicians, who ought now to come forward and make this beginning a medical school in every way worthy of our cause and its representatives here. Send your students, contribute to the library, museum, and take an interest in all the doings of the College, and this will then be enabled to become a worthy peer of her sister colleges throughout the land, and do more to advance the cause of Homœopathy and gain for it recognition and influence, than all our other efforts combined.

ORIGINAL ARTICLES.

CHRONIC DIARRHŒA.

By A. W. McNEIL, M. D., JEFFERSONVILLE, IND.

Dr. Peyton R. Mayo, 328 Fulton street, Jeffersonville, Ind., a retired Allopathic physician, came to me for treatment of a diarrhœa contracted in the Mexican War, in which he was a company officer and afterwards surgeon. The doctor was wounded in six places. He is 67 years old, and has exhausted the resources of the old school, which in the 37 years of his disease has given him no substantial benefit. When the discharges exhaust him he takes large

quantities of extract of logwood, which control the discharges but do not ameliorate his condition. In a short time the attack returns. He does not eat fruit or vegetables, with the exception of Irish potatoes, but confines himself to them and cold fat pork. Has a great craving for vinegar, which he uses immoderately. Has great thirst for water, but drinking it causes nausea and vomiting. His bowels are not under his control but pass off involuntarily, so that he is compelled to wear a napkin. He is emaciated to 95 pounds stripped; when he entered the service he weighed 190. Has taken much Calomel, Quinine, *Fowler's Solution of Arsenic*, etc. Micturition frequent, copious and painful; has to get up three or four times a night. The discharges from his bowels are attended by prolapsus ani, which also comes when walking, and is very painful. Always sleeps with his feet outside the bed-clothes summer and winter. The rectum, when prolapsed, reveals many ulcers, red and elevated, looking, he says, like strawberries, and surrounded by a black base. Sometimes has a sensation of a ball starting from the rectum and going up to the stomach, and there causes vomiting. Says there is albumen in the urine.

After giving him Arsenicum in higher potencies with but little benefit, gave him, on September 13th, 1883, Arsenic 9, six pellets every two hours.

September 21st. Is very much better. Sacc. lac.

October 2d. Move twice a day, natural in character; but a bad attack of colic last night. Arsenic 30, one powder.

October 5th. Diarrhœa this morning, with frequent copious discharges. Gave six powders Arsenic 12, every three hours.

October 8th. Five passages to-day; two last night. Arsenic 12, four pellets, every three hours.

October 31st. Is better, appetite good; no vomiting or gastric troubles. Arsenic 15, twelve powders, every three hours.

November 6th. Has three or four painless movements a day; some prolapsus; ulcers healed; "eats like a dog."

All of these potencies have been prepared by myself from

B. & T.'s 6th; gave him Arsenic 30, twelve powders, every three hours.

November 20th. Bowels natural; drinks much, but water refreshes; is getting strong; ran 100 yards without exhausting himself. Arsenic 100, one powder.

November 22d. Prolapsus troubles him. Arsenic 100, six pellets, every three hours.

December 5th. Night of 29th had a violent attack of diarrhoea. Arsenic 100, in water, every three hours for a day and a half.

December 7th. Feels well; bowels natural; prolapsus every movement of bowels.

January 3d, 1884. Had a bad attack Christmas night which he attributed to turkey. Thirst, nausea and vomiting. Arsenic 200, one powder.

January 14th. Well, except prolapsus when bowels move. Says he can out-run any man of his age in county. Sac. lac.

January 29th. Has diarrhoea for 10 days. Has an ulcer on right great toe; lost the nail; painless. Ars. 4, in one dose.

February 2d. Bad attack this morning early. Arsenic 100, in water, every two hours.

February 29th. Weighs 120 pounds; says he can eat all the time; still has prolapsus when bowels move; still careful in his diet, not from fear of diarrhoea but of pain in stomach, etc.; *bowels natural*.

I have given particulars so as to invite investigation, for there was a time when it would have been difficult to convince me that this report was true. I ask anyone to show that this case is not a CURE. Whether the microscope or spectrum analysis would reveal molecules of Arsenic or not is immaterial, but Dr. Mayo was cured, and if there is anyone who thinks he was not, let him say so or forever after hold his peace.

There was nothing in the case demanding any especial skill. The indications for Arsenic were such that any practitioner calling himself a Homœopath could not mistake. It cured when administered in the minimum dose, and was allowed to exhaust its action before another dose was given, mostly; so that each administration of the drug proved its efficacy.

RINGWORM.

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

Among the diseases of the skin whose origin depends upon the development and subsequent ravages of a vegetable parasite, none are so frequently met with, nor so rebellious to treatment, in its different varieties, as the affection called Ringworm.

I do not propose, nor is it possible, in the province of such an article, to enter into an elaborate dissertation on this disease upon which many whole volumes have been written, but shall endeavor to give a brief résumé of its important features, its diagnosis, and the most approved methods of treatment.

Ringworm is essentially a disease of childhood, although it is often seen in adult age. It is contagious, and may be conveyed through the medium of clothing, towels, brushes, combs and sponges, and cases have been known to be transmitted through the atmosphere. It occurs among the rich as well as the poor, but is especially frequent among the school children of the poorer classes, where they are badly nourished and of a lymphatic temperament.

It may attack any part of the body, preferably the scalp, in children, in adults it is usually found on the hands, face, or other exposed surfaces; receiving different names in different localities, and also in different modifications of the disease.

The essential cause of the disease in all of its forms, is the growth of a vegetable parasite, which affects the deeper portions of the skin, especially those parts covered with hair.

These spores or parasites, were discovered by Gruby, and were soon after described by some French and German physicians, who gave them the name of *trichophyton*. They are readily seen by soaking the hair bulbs in ether, and then placing them in a drop of glycerine, and examining them with a microscope under a power of three hundred or four hundred diameters. They group themselves around the roots of the hair, destroying its nutrition, rendering it brittle, and

at the same time forming a resistance to its extraction, which upon being attempted breaks off at or near the surface of the skin.

SYMPTOMS. Ringworm of the scalp, *tinea tonsurans* or *tinea tonsdens*: The first appearance of this form of Ringworm is characterized by the development of small, round, erythematous patches or rings of a pinkish color, and rather rough surface. The margins of these surfaces are brighter red than the central part, and little vesicles are developed on them,—*herpes circinatus*. These vesicles last but a short time, and are followed by the changes in the hair and on the surface of the skin. The parasite forms a collar-like projection around the hair at its exit from the skin, producing a crust of a dull white or slate color, in the center of which one may see a little black point—the broken hair.

The surface denuded, resembles very much a man's beard of one or two days growth, and in extent often reaches the size of a silver dollar, reminding one of an ecclesiastical tonsure.

The disease may progress, and acute inflammation occur in the hair follicles, leading to destruction of the hair, and production of permanent bald patches, this termination however is rare.

The duration of scalp ringworm is variable, thirty or forty days, even under the most favorable circumstances will be required to cure it; in most cases a much longer time, three or four months, or even more will be required. The parasitic principle remains living from eight months to a year.

In that form of ringworm which attacks exposed surfaces,—*tinea circinata*—the reddish spots on the margins extend little by little in a circular or semi-circular direction, constantly growing larger in circumference, the central part being covered by scales, and debris of the inflammatory action. These reddish spots on the margins become vesicles, then pustules. There is always more or less itching or smarting in both of these varieties. This variety of ringworm is much less difficult to treat than the *tinea tonsurans*, cases have been cured from eight to fifteen days, though a much longer time is usually required.

In children, ringworm is liable to change about from one place to another on account of the scratching, thus transferring the parasite. In rare cases the ringworm fungus attacks the nails, rendering them dry, thick, fissured, brittle, and very tedious to cure.

Ringworm sometimes attacks the hair of the beard—*tinea sycosis*. It presents the general features of *tinea tonsurans*, and is distinguished from simple sycosis, in that the latter is localized, while the former is liable to spread all over the beard.

A rare form of ringworm sometimes attacks the inner sides of the thighs between the nates and the genitals—*eczema marginatum*. It spreads at its circumference in the same manner as *tinea circinata*, the central portions healing with pigmentation. In old cases the fungus is absent and the disease partakes of the character of eczema.

DIAGNOSIS.—The diagnosis of ringworm is not always easy, yet with ordinary circumspection errors are readily avoided. It has been mistaken for eczema, impetigo, pityriasis, psoriasis, favus, and alopecia areata, a few of the leading points of distinction may not be amiss.

In eczema the hair is not brittle, there are oozing vesicles, and extreme itching; the crusts of eczema are clear and white; the thick, dark concretions of impetigo, which are readily detached, will distinguish it from ringworm.

In pityriasis the spots are rarely circular, there is much fine scurf and no alteration of the hairs, and the places have a uniform character.

Psoriasis is readily separated by its thick shiney scales on indurated bases, and evidences of the disease on other parts of the body, as the elbows, knees, etc. In favus we have the fetid odor; the hairs come out whole and do not leave the stubble-like appearance of ringworm; then too, the crusts of favus are thick and sulphur colored. A careful examination of the hairs will distinguish it from alopecia areata.

PROGNOSIS.—As this disease has little or no influence upon the general health, its prognosis is not serious. It has a

tendency to become chronic if left to itself, in which case the parasite having burrowed into the bottom of the follicle, renders the disease far more intractable to treatment. The time required for its cure, then, will depend very much on the length of time the disease has existed.

It is sometimes very difficult to tell when a case of ringworm of the scalp is entirely well,—however it can be safely said to be entirely cured when upon careful examination of the scalp no more black stumps can be found, and new downy hair freely grows on the denuded surfaces, but to detect this, needs the closest observation for sometime after the disease is *apparently* cured.

TREATMENT.—The first indication in this, as in all other diseases, is to remove the cause, kill the parasite and prevent its multiplication.

Ringworm of the scalp has been spontaneously cured by accidental suppuration, thus killing the parasite.

Epilation, practiced by means of forceps specially adapted to the purpose, is the method employed at the Hospital St. Louis, at Paris. It is, however, painful, tedious, and difficult to practice, as the hairs are so brittle—still, if thoroughly done it is effective, it must be persisted in until the hair grows normally.

A difference of opinion exists in our school as to the best method of getting rid of the parasite, some claiming that they can produce by internal medication a condition in the system such as to force the parasite to leave, or die, and several cases have been reported as cured by this method—however, I am inclined to believe that in these cases the parasite must have died from the want of proper elements to feed upon, as the time taken for curing it was so long.

I think the majority of physicians regard the parasite as a foreign body, and that mechanical or chemical means for its removal are the “shortest, safest, and most certain,” however, for the after treatment of this disease, I would urge the importance of the carefully selected homœopathic remedies, as the most beautiful results have followed their use in this, as well as a prevention of a return of the disease. Therefore I shall mention some of the most commonly used local

applications, as well as a few of the leading homœopathic remedies, used in the treatment of this disease.

Among the most effective parasitocides used in the treatment of ringworm is a solution of bi-chloride of mercury, 1 or 2 parts to 1,000 of water, the parts to be thoroughly rubbed with this lotion. It is better to cut the hair off short from the affected part, extending for one-half an inch on to the healthy portions, than to shave the head, as the diseased points are more easily seen.

An ointment of the red precipitate of mercury has been used with good results.

In a late number of a French medical journal, treatment with croton oil has been reported as being eminently successful, rarely failing to totally destroy the parasite. Its application and mode of action are as follows: A stick of cosmétique is made of 2 parts croton oil, 1 part of cocoa butter and 1 part of white wax, and is surrounded by a metallic paper. The parts being first thoroughly cleansed, this is rubbed lightly over them for one-half to one minute only, or a small particle is scratched off and applied, the whole is then enveloped in an air-tight dressing; this inflames the surface very quickly and produces an artificial suppuration which kills the parasite. The croton oil may be applied with a fine camels hair brush and the parts afterwards covered with a linseed-meal poultice. The diseased points become covered with vesicles, then pustules, and then lastly by crusts, which resemble impetigo and are easily healed by any simple treatment.

One friction with this is rarely sufficient, 5 or 6 may be required, but 15 to 30 days should intervene between each application, and if the surface is large it is better to do only part of it at a time. This method is not a painful one, it only causes slight itching, and is probably the most efficacious in old and obstinate cases. The subvention of erysipelas is rare. If the disease is near the forehead or temples, it is better not to use this method.

In those cases which attack exposed surfaces, the beard, and also in *eczema marginatum*, cleanliness, and the application of corrosive sublimate, 1 part to 200 or 300 parts of

water, tincture of iodine, oil of cade, acetic acid, or chloroform will be sufficient to effect a cure. An ointment made of Boracic acid has also been used with success in the milder forms of the disease.

Among the most commonly used Homœopathic remedies are Sepia and Tellurium,* both causing a vesicular eruption, with a tendency to spread itself in circles. The former is said to be specific, preventing the spread of the disease if given early. Among other remedies may be mentioned Calcarea, Graphites, Hepar, Rhus, Psorinum, Sulphur, and many others, but as each case requires individualization, I shall not attempt to give the indications, but will refer the reader to the *Materia Medica*.

When a child is affected with ringworm, great care should be taken to prevent other children of the same family from infection; hence, use of the same clothing, linen, towels, brushes, or combs should be avoided until they are thoroughly cleansed, the former should be well boiled, and the latter cleaned with a ten per cent. solution of carbolic acid. One of the best preventatives is to rub a little carbolic oil, 1 part of carbolic acid to 8 parts of olive oil, into their scalps. These remarks will apply to outbreaks of the disease in schools and asylums. In all cases perfect cleanliness must be observed.

CLINICAL CASE.

By J. B. CLOW, M. D., SAN JOSÉ.

I was consulted in December, '83, by a lady, age 52, of phlegmatic temperament, blue eyes, fair skin, frame solid and compactly built, who had been troubled for two years with a constant desire to pass water both day and night, but worse at night, giving her but little rest. Urine is of very light color, and passed in large quantities; examination reveals no sugar nor albumen present. Her physicians have given no relief, so she had made up her mind to endure the inevitable.

* We would caution against the use of Tellurium except in the higher potencies, on account of the fetid and protracted odors it may produce in the secretions.—EDITOR.

My first prescription was *Phos. Acid* 4x with little effect, except to lessen very slightly the quantity of urine passed.

Jan. 15th, *Kreos.* 3x night and morning was given with very marked aggravation of symptoms, especially the frequency of calls to make water.

Jan. 20th, *Kreos.* 2c was given, 6 pellets night and morning, with prompt relief and continued improvement.

Feb. 17, patient writes: "I am much better; I have tried to count for a week, and I find I have to get up only two or three times before going to sleep, and about six times in all. That constant desire all day to relieve the bladder has left me. When I consulted you I scarcely had a night's rest; I think I had to get up sometimes every three minutes."

SEWERS AND SEWERAGE.

PAPER READ BEFORE THE SOCIETY OF MODERN MEDICINE AND SURGERY OF
SAN JOSÉ, BY WILLIAM SIMPSON, M. D.

It may be stated as an axiom in the practice of medicine, that the best results will be reached by the physician who "generalizes the disease and individualizes the patient"—never forgetting that as no two faces are exactly alike, so are no two cases exactly identical, and typical cases are the exception rather than the rule; while failure alone awaits the practitioner, who, looking upon diseases as entities, treats names rather than conditions; so in the consideration of the sewerage question, while certain fundamental principles underlie the subject, a knowledge and appreciation of which are necessary for its understanding, and on which principles all systems of sewerage must be based; yet the physician or sanitarian who recommends, or the sanitary engineer who constructs a system of sewers alike in its details, varying it only in reference to its carrying capacity, without taking into consideration, in addition to the topography of the town or city to be drained, the amount and distribution of the rainfall, the climate, character of the soil, construction of the houses, composition and quality as well as quantity of matter

to be disposed of and dangers to be overcome and avoided, will fail as utterly and signally as the physician who treats names rather than individuals. Even those young in practice can recall numerous remedies presented to the profession with a flourish of trumpets by enthusiastic discoverers as vaunted specifics for nearly all the ills that flesh is heir to, and in the reactionary disgust that follows over-praise, many valuable drugs have fallen into disrepute, and lost even their legitimate place in the pharmacopoeia; so of sewers and sewerage so much has been expected, and so much reliance has been placed upon them as sanitary agents to the total neglect of all other measures, that in the revulsion of feeling there has been great danger of going to the opposite extreme, and condemning all sewers as productive of the very evils they were intended to cure. Truth very rarely lies with extremists or at extremes; and while very little indeed would be accomplished without enthusiasts or hobby riders to drag or push public opinion, the middle course is usually the more safe one and the middle ground the more tenable. The careful and scientific investigations now being carried on all over the world, will most assuredly settle the vexed questions as to the best methods for the construction of sewers and disposition of sewage. Two main problems enter into the discussion of this subject. First, shall storm water be admitted to sewers, or better stated, shall sewers be so built as to carry both storm water and waste products, or the latter only? Second, what shall be done with the sewage? Fortunately our nearness to tidewater, with sufficient fall to secure a constant flow, and the completion of the main sewer to the bay, takes this latter factor out of the discussion so far as San José is concerned, but for inland towns or cities situated on running streams, it is a question of vital importance. Dirt and impurities are somewhat indefinite conceptions, and are usually simply thought of, or held to be, those things which offend against sight and smell. The three great diluents are the earth, the air and water in motion. Before careful chemical analysis demonstrated the contrary, it was held by all sanitarians that water purified itself, and that to conduct waste or filth of

any sort into a running stream beyond low water mark, was to dispose of it finally and effectually. The most extensive and expensive systems of sewerage were built on this plan in many European cities. Numbers of instances could be cited where rivers, after receiving the drainage of immense cities, purified themselves so readily that the water was used for all purposes by towns a few miles further down the stream, and learned treatises were written, explaining the reduction of organic matter by the oxygen of the air in the water. But mark the result. In a comparatively short period, epidemics appeared in these towns in spite of the fact that in some of them all the water was passed through filters of the most improved construction, and chemical analysis showed that, while the water was *clarified* it was by no means *purified*, but contained a dangerous proportion of organic matter, and in spite of the most strenuous opposition the courts compelled these towns to stop pouring their filth into the streams. What is the lesson we learn from this history? First, that a stream has only a limited capacity for self purification; second, that most of the organic matter sinking to the bottom or spreading to the banks, is absorbed by the soil until it becomes saturated, and makes the whole stream a veritable cesspool, contaminating the air and carrying destruction in its path. To remedy this evil, filtration and precipitation were tried and failed, and at the present time the weight of authority seems to show that the soil is the natural purifier of liquid sewage. A soil unpolluted will remain pure, and if we cease adding impurities, it will gradually purify itself by a nitrogenizing agent, which is impalpable, but as certain in its action as the "*Bacillus malaria*," for which such diligent search is now being made. A sewage farm must be of sufficient size to absorb the sewage, and not simply allow it to flow over the surface. Its soil must be porous, and it must be cultivated at least once a year. Experience shows that fresh sewage is not very offensive, and that sewage farms carefully conducted are very productive, and wholly unobjectionable. The waste acids, dyes and other chemical refuse, which would be destructive to vegetation, being so diluted as to be no longer

injurious. An extensive experiment in sewage farming is at present being conducted at Pullman, Illinois, and its results are being carefully observed by sanitarians. In California, where irrigation is so marked a feature of our agricultural system, sewage farming should be eminently successful, and in inland districts solve the problem of the disposal of the waste of house, hamlet or town. A few years ago the question of the admission of storm water to sewers, or the construction of storm water sewers, a division of our subject of the greatest interest and importance would not have been for one moment considered, but at present the weight of opinion among those who have studied the subject seems to be most emphatically in favor of small sewers, easily cleansed, and from which everything except house waste is excluded. In considering this question, it is essential to take into consideration the amount and distribution of the rainfall throughout the year, and the facilities necessary for the cleansing of large sewers. However necessary it may be to provide storm water sewers where the principal rainfall occurs during the hot season, when pools of stagnant water would be of imminent and immediate danger, and however valuable such sewers may be where the frequent, though irregular, showers can be utilized for flushing purposes, no such need can prevail in a climate like that of the coast and southern regions of California, where rain falls only during the winter season, and where, during the summer, water for flushing large sewers cannot be procured. The smaller the pipe that will carry away the waste, the more easily can it be kept clean, as the larger the stream flowing through a sewer the less the deposit to be washed out by the flushing process. In the city of London, under the supervision of Mr. Geo. E. Waring, Jr., engineer of the Memphis, or, as it is now universally called, the Waring Sewerage System, a twelve inch vetrified stone pipe was laid inside one of the magnificent sewers of that great city, and 2,800 houses, representing a population of over 25,000 people (ten persons to a house is a small estimate for London) connected, and this pipe was found to be of ample size for this number. In a city the size of San José the houses connected with any lateral sewer

could not exceed two hundred, and a much smaller pipe would perform the required service. What shall be done with the surface water in those low places where it collects and stands in pools during at least a portion of the dry season? To this question the answer is easily found in a system of subsoil drainage, such as can be constructed at small expense, so as to easily and readily carry off all the surplus water. For San José, then,—and a system applicable to this city would be equally satisfactory to most California towns,—the demand seems to be for a system of small sewers, which shall carry house waste alone, house waste of course including all wastes from manufactories and hotels, with which every house should be connected. These sewers should be cleansed every twelve or twenty-four hours by automatic flushing tanks, and would give all the advantages of a perfect disposal of filth of all kinds, with none of the disadvantages of the formation and retention of noxious vapors in large, dirty, improperly ventilated sewers.

NOTES FROM MY CASE-BOOK.

BY RICHARD SCHULZ, M.D., SHASTA, CAL.

First.—A half-breed Indian, 23 years old, had typhoid-pneumonia. It was a very severe case, had lasted a long time and there was great prostration. Besides many other remedies, Sulph. 3d and 200 had been given without benefit. After taking Psor. 6, he commenced to gain strength and recovered. Indians and half-breeds seem to have less vitality; the medicines do not reach so well and they give up at once. This is at least my experience with them.

Second.—An infant, eight days old, was taken sick with tetanic rigidity. The person who came for medicine said that the child's respiration was much oppressed, that it had a rash and lay apparently lifeless. I sent Ipec. 3, which cured promptly.

Third.—A girl seventeen years old, had always a short time before and during menstruation, violent spasms

of the arms (jerking) with headache. These paroxysms were always controlled by Verat. Viride, fifteen to twenty drops of the tincture in half a cup of water.

Fourth.—A boy, three years old, had croup, getting worse since two or three days. I could not go out to see him and sent Acon. and Spongia to be given more or less often, according to the severity of the symptoms. These remedies had always helped in ordinary spasmodic croup.

The next night I was called in haste, I found the child in a critical condition, the right parotid gland swollen, the breathing short and sawing with aggravations to suffocation. I gave one-half teaspoon of Sulphate of Zinc dissolved in a little water, after which the child vomited a quantity of tough mucus with some relief. Hep. Sulp. $\frac{3}{10}$ trit. and Kali bich $\frac{3}{10}$ trit, improved all the symptoms very soon. It went to sleep towards morning and was almost well the next day.

The *Hahnemann Monthly* for March has an article about the successful treatment "of Membranous Croup, by Dr. Fallington," treated with the same remedies. He gives Hep. Sulp. and Kali bich crude. For addition he uses the steam atomizer, charged with twenty to thirty drops of Turpentine, dissolved in ether and alcohol. He considers the employment of the atomiser as very important. Potentised remedies without the latter have always been successful, in my hands.

Fifth.—*Lilium tigrinum* $\frac{2}{10}$ dil., given for prolapsus uteri, produced in two cases hemorrhage during the time that the remedy was taken.

Hering's Cond. M. M., has no symptoms of hemorrhage. In Hale's new remedy we find the following one: Menstruation returned—hemorrhage—after having been absent for two years in the case of a person who passed the climateric. The "hemorrhage" in parenthesis is Hale's note.

Sixth.—A case of irrepressible vomiting during pregnancy was soon cured by Cup. ars. $\frac{3}{10}$ trit. I saw afterwards that Dr. Marsden in his "Practical Midwifery" recommends this remedy very highly in this affection. This was a very bad case and the woman had been given up by an eclectic.

Seventh.—A young man, who had had erysipelas of the face, treated with cranberry poultices, which is here a popular remedy complained of pain in the chest, headache, constipation and of great weakness. He had not been able to do any work for nine months. Nux vom. 3 taken at the evening and Sulph 3 in the morning, which medication was followed as he described it, “by a general breaking out all over,” proved curative.

Another case of suppression of erysipelas by cranberries presented similar symptoms, with the addition of severe burning between the shoulders.

Eighth.—A decoction of yellow Dock (*Rumex crispus*) seems to be a successful remedy against piles. It has many symptoms pointing to abdominal complaints, and the following symptoms more directly pointing to hemorrhoids: Sensation as from a stick in the “rectum.” I do not think that it ever has been used in our school against hemorrhoids.

Ninth.—I had last fall 53 cases of Intermittent Fever, which I cured—with the exception of three, who resorted, after the first prescription failed to cure, to quinine—by Ars. alb. 2d and 3d, Ipec. 3, Nux vom 3, Natr. mur. 3, Podophyl. 2 and Puls 3.

Thirty cases got well after the first prescription of Ars. and Nux vom.

Ten cases, in which bilious symptoms predominated, required in addition Podophyl.

Six cases with gastric symptoms, of which two with hæmatemesis, were cured by Ipec. and Nux vom.

Three cases of long standing were cured by Natr. mur, and one case with suppression of the menses required Puls.

The chills were always first to leave. Many of the patients lived in the mining regions and had sent for medicine. This way it was often utterly impossible to get at all the symptoms, which we consider essential for accurate prescribing, so that I was myself obliged in many cases to adopt some kind of routine treatment. I had besides to give tangible doses in order not to lose their confidence at the start.

I gave 1 grain of Ars. to be alternated with a teaspoonful of the solution of $\frac{1}{2}$ drachm of Nux vom. to a cup of water. Four doses during the day.

My conscience as a Homœopath revolted at first against such prescribing, which was forced upon me, but the singular good success which I had in the treatment of Intermittent Fever, which went far to introduce Homœopathy in this western part of this county, soon lulled it to sleep.

It must be kept in mind that I have to deal here, to a great extent, with people entirely uneducated, who use all kinds of Patent Medicines and are accustomed to see the worst kind of Allopathy. It is necessary, so it seems, to bridge over to such patients, as much as possible, the deep precipice which separates such kind of practice from advanced Homœopathy. I have to do here the work of a pioneer; those who come after me will have it more easy.

Tenth.—Mr. S, 54 years old, received a rupture by heavy lifting. It was a right direct inguinal hernia, and protruded on coughing or standing, to the size of half a hen's egg. He took Nux vom. the 3d and 200th for dyspeptic symptoms, at intervals and for some time. Nux vom. the third had always produced pain in the rupture and sleeplessness.

Now he has discovered, and convinced me of it, that he can dispense with his truss, as the hernia does not protrude any more, even after active exercise. He wears the truss now merely as a precautionary measure. Has Nux vom. cured it?

Arthur Lutze cites a case in a woman 73 years old, of seven years standing, which he cured by one dose of Nux vom. 3.

SOME URINE TESTS.

By E. H. RUSSELL, M.D., HOMŒOPATHIC HOSPITAL.

In these days of condensing, it is important that the physician have at hand, time and labor saving methods. Urinalysis is now an important factor in diagnosis, revealing to

the practitioner what otherwise seems obscure. Especially at the bedside is it valuable, and on its results depends prognosis and treatment. Some of the profession carry with them in their daily visits materials for the common albumen test, heat and nitric acid. By far the most delicate and easiest of application is the picric acid test. This substance is of a light yellow color, resembling somewhat tannic acid, is sparingly soluble in water. The ordinary method of performing this test is as follows: Make a saturated solution of the picric acid in boiling water; take of the suspected urine a sufficient quantity in a test tube, and with a pipette or drop tube, let fall drop by drop on the side of the test tube the picric solution. This should be done carefully so that it will form a layer above the urine. If albumen is present in ever so small a quantity it will form a coagulated zone at the point of union of the two liquids.

Now this form of the test is more suited for the laboratory than the sick room. The method best suited for the bedside was first brought to my attention by a letter of Dr. Granville Faught of Philadelphia, to the *Medical News*. He recommends the use of a large pipette, plunged into the Acid solution, a quantity taken up, and with the finger held over the top of the pipette it is then plunged into the urine and a quantity of that allowed to enter when it may then be examined. In this test at the junction of the two liquids, when albumen is present, will be formed the characteristic ring.

I have before stated that this test is delicate. Quantities of albumen undiscoverable by the old tests are discovered by it. Our brethren of the regular school make loud objections to it, because it will form a precipitate when large doses of quinine or the potassium salts have been taken and no albumen may be present. In this case, to the representative of mild medicine it has a fixed value, for we are seldom called upon to give large doses of either.

The best method of preparing the solution will be as follows: Take four ounces of water and add thirty grains of picric acid; set the bottle containing the two into boiling water and bring the contents to the boiling point; any undissolved quantities may be filtered off. Care should be used

in the use of it, as it stains a bright yellow but is not corrosive like nitric acid.

Among other agents for testing albumen may be mentioned (a) saturated solution of ferrocyanide of potassium with citric acid (b), acid nitrate of mercury and (c) iodide of mercury and potash with acetic acid. A limited experience forbids further elaboration, but it is sufficient to say that only the potassio-merc. iodide has the same sensitiveness as picric acid. The fact that no acidulation of the urine is required in the picric test is sufficient to recommend it for a means of quick diagnosis.

OPERATION TO REMOVE FIFTEEN FATTY TUMORS.

BY DR. E. W. CHARLES, NEVADA CITY, CAL.

Mrs. Charles Jansen, of this city, consulted me on account of a large bunch on right side extending from ear downwards nearly to the clavicle. My diagnosis was Fibroma or Fatty Tumors, and advised their removal. She said she had consulted three allopathic surgeons here and they diagnosed enlarged glands, and advised they be let alone. I then showed her two newspaper accounts of similar operations made here, in one case removing *thirteen*, and another, five tumors in same locality, and told her of a third case, from whom I removed six, all involving same tissues or locality, save two on left side and one on right side of neck, all made in this county. She at once consented to an operation, which was set for March 27th. There being no Homœopathic M.D. in the county I called on Dr. Jameson, a *very skillful* young allopathic surgeon, one of Prof. Lane's students, and he does credit to the Professor's teaching, and Dr. S. M. Harris, both of our neighboring town, Grass Valley, to help me; Dr. Jameson being my right hand man with the bull-dog forceps, ligatures and sponges. I began my incision under the ear carrying it downwards and forwards about on the line of the anterior edge of the sterno-cleido mastoid, extending to the superior edge of the omo-hyoid carrying it through the integument, superficial fascia and platysma-myoides I

came upon the growths, thirteen in number, from the size of a hen's-egg to a hickory nut. I soon found I had the most difficult surgical task I had ever undertaken. The connective tissue instead of being readily broken up by the handle of the scalpel was *fibrous*, and had to be dissected every hair's breadth, which I found a little difficult, and required considerable care, when I got down to the external carotid and external jugular vein, from the sheaths of which I had to dissect my growths for two and one-half inches. The only artery I was obliged to ligate was the occipital, which passed directly through one of my tumors. When I got through I had a very pretty dissection of superior carotid triangle. I brought my wound together by silk sutures, bringing the ligature which tied the occipital artery out at the lower angle of the wound, thereby furnishing nice drainage. I put the patient on Aconite Rad. and Calendula mixed. The wound united by first intention its entire length, (about five inches) save about one-fourth inch where the ligature from the artery came out. The third day patient was up and dressed; had not had any pain. On the fourth day I removed all the stitches; the 8th, the ligature on occipital artery came away and the wound closed without trouble. The patient was in the office to-day, the 7th, just eleven days from the operation, well. Our Old School brethren poke fun and growl at Homœopathic pellets, and cry quack, etc., but don't know what to do or say when the Homœopath's scalpel gets away with them.

UNUSUAL CASE.

I report this case for its novelty.

Called to see Mrs. T., nearly *seventy* years old; found her up and looking well—was therefore surprised, and more so when she reported that just twenty-eight days previous she had menstruated as regularly as ever before, and as at this time, without any untoward symptoms. I analyzed my case closely and am satisfied that it was not a hemorrhage of any character, but normal menstruation. This is the second case which has come under my observation in the past twenty years. The other, a Mrs. W., who after the age of 60 began to menstruate regularly and continued to do so for three

years, her gums soon began to be sore—she had artificial teeth and was obliged to take them out, and she cut a full set of milk teeth.

AN ANOMALY IN RADIAL ARTERY.

By Dr. E. H. RUSSELL.

A curious deviation in the course of the radial artery was lately observed at the San Francisco Homœopathic Hospital. The house physician, wishing to count the pulse, pressed his finger in the usual course of the artery, but no pulsation was discoverable. Continuing his search, the artery was at last found on the back of the wrist and superficial. It left the true course an inch and a half above the radio-carpal articulation, crossed the radius and followed down the back of wrist and hand and entered the hand between the thumb and first finger. The patient was a female and the artery well developed. The same deviation occurring in a male might be very dangerous, owing to its superficial course and the liability of the part to accident.

A PECULIAR CASE.

By Dr. SIDNEY WORTH.

Was called March 15th to see Mrs. M., a young married woman 16 years of age, seven months advanced in pregnancy.

Two days previous to my calling she had taken a long walk, and that evening on retiring found the following condition of affairs: Enormous swelling of the *Labia Minora*, which extended down $4\frac{1}{2}$ inches on either side, presenting the appearance of distended bladders. Locomotion was rendered impossible, and consequently she was in bed. The only subjective symptom was simply a burning sensation in the swellings.

I found some slight swelling in the lower eye-lids, and considerable oedema in the legs. Urine was found natural as to quantity, but fully 25 per cent. albuminous.

Treatment: Kept her in bed, and gave Apis 2x, five drops in 2 oz. of water, a teaspoonful to be taken every hour. On the third day the swelling began to subside, when the medicine was given every two hours, and as improvement continued the interval between taking the medicine was lengthened. At the end of ten days the swelling had disappeared, not only from the Labia, but also from the limbs. No albumen was found in the urine at end of treatment.

The points of interest in the case are as follows: (1) the enormous swelling of the *Labia Minora*, and the Labia Majora remaining intact; (2) the query as to the cause of the abnormal condition, whether from pressure of the child in utero, or from the kidney trouble; (3) the beautiful action of Apis in the case.

CLINICAL ITEMS.

Dulcamara. Quarrelsome mood, without vexation, worse in afternoon.

Dulcamara. Headache, in occiput, ascending from nape of neck. Icy coldness of body. (*Lac. defl.*, *Lachnantes*.) Headache relieved by conversation. (*Eupat. Perf.*)

Dulcamara is one of the best remedies for herpetic eruptions on the face, especially in children. Humid eruptions on cheeks, warts and thick, brown or yellow crusts on face.

Dulcamara acts very prominently on the umbilicus, producing a variety of sensations and pains in that region, and is one of the best remedies for colic, caused by cold.

Dulcamara is a remedy *par excellence* for urticaria. For hives that come on at night, especially when nights are cool with heavy dew after a hot day, or for hives coming on when weather changes from hot to cold and damp. (M. B. FULLER.)

Myrtus. Stitches in the left breast, running to the shoulder-blade. Whenever this symptom occurs, especially in neglected pneumonia, phthisis, &c., the *Myrtus* is specific.

Fagopyrum. Post-nasal catarrh, where each exposure increases catarrh with formation of dry crusts and granular-like appearance of posterior nares and intolerable itching, which patient tries to relieve by use of his tongue.

Aesculus. Cold extending to posterior nares and also down the pharynx, with dryness and a scraping or burning feeling, mucus drops down and causes choking.

Sinapis. Dryness of anterior nares and also in pharynx—of posterior nares with slightly lumpy secretion.

Wyethia. Pricking, dry sensation in posterior nares; granular appearance of pharynx.

Penthorum. Feeling of moistness of posterior nares—sensation of fulness of nose and ears—posterior nares raw as if denuded.

Osmium. Coryza, sneezing as if from snuff, larynx sensitive to air; small lumps of phlegm loosen from posterior nares and larynx—severe pain in larynx, worse when talking or coughing.

Teucrium. When there are large irregular clinkers hawked from the posterior nares.

Cinnabar. When the post-nasal discharge is a dirty yellow color.

Sulph. acid. When the discharge trickling down from nose is thin and lemon color.

Saponin. Tough, tenacious mucus extending to the larynx.

Quillaya. Cold in head contracted in warm, damp weather.

Sanguin nit. Rawness and soreness in posterior nares and hawking of thick yellow, sometimes bloody mucus.

Antimon. sulph. Excessive secretion from posterior nares.

Theridion, Aurum and Kal. hyd. syphilitic cases. (Dr. E. A. FARRINGTON.)

Viscum album in chronic endometritis (granular endometritis). It is an admirable remedy in these cases, characterized by enlargement, either subinvolution, aveolar hyperplasia or hypertrophy. It acts upon the circular fibres of the uterus, causing contraction, and through this means the pathological engorgement is relieved. The first menstrual period may be profuse and prolonged to even three weeks after commencing the *Viscum*, but have no fear, it will be of decided benefit to your patient and permanent. I use the first decimal in from 3 to 5 drops three times daily.

Picric acid may be remembered better perhaps, if I call it a tonic. It is indicated in a condition simulating chlorosis, great loss of vitality, not from hæmorrhage particularly, but from a general deterioration of the blood. Your patient will complain of coldness, weariness, physically and mentally, general asthenia. I use the 6x three times daily.

Sanguinaria comes into use here also. It has the reputation of curing polypi. My indications are menses delaying or not appearing, with cough, periodical neuralgia on the right side with flushing of the face—3 x to 6 x, menorrhagia, metrorrhagia, with the cough, neuralgia, &c., 30 to 200. (DR. J. H. CARMICHAEL.)

PERSONAL NOTES.

DR. C. S. SARGENT who succeeded to build up a brilliant practice in Lockeford, sold out to Dr. Barbour, a worthy successor, and started for the East last month. He intends to spend two years in the hospitals of Europe, pay especial study to surgery, and will then return to this country and make a specialty of surgery. Knowing the doctor's perseverance and success in everything he undertakes, we feel sure he will derive the utmost possible benefit from his trip abroad. He promises to correspond with the HOMŒOPATH.

THE EDITOR gratefully acknowledges contributions from DR. CURRIER, on Phthisis Pulmonalis; from DR. MARTIN, on Electricity; and he has the promise of another article by DR. SIMPSON on house connections, traps, etc., which is a most important subject of public hygiene.

DR. WM. BOERICKE has removed his office and residence to 834 Sutter street, one door below Leavenworth street, and changed his office hours to the following: Until 9 A.M.; 2-4 P.M., and at 7 P.M. His new telephone number is 2207.

DR. R. H. CURTIS has removed his office to 610 Mason street, just above Sutter street.

A PHYSICIAN from a prosperous mining town wishes a partner. He writes that it is an excellent opportunity for a good man, and that he will guarantee \$150 per month from the start. See advertisement.

DR. TISDALE & SON have opened an office in the Phelan Block, San José. We welcome these gentlemen to the Coast, and wish them success in their new field.

CORRESPONDENCE.

SAN FRANCISCO, April 5th, 1883.

DEAR DOCTOR:—During the present month your attention will be directed to the slip circular of the San Francisco Homœopathic Hospital.

Having assumed the professional management of the above institution, I desire the earnest co-operation of each and every Homœopathic physician in the State in making it a success. Let none look upon it indifferently but those who have no love in their hearts for our law of cure. It is desirable that this hospital become a clinical school, an exponent of what we consider rational medicine, and that we may attain that end, I again invite the influence and support of the profession.

Respectfully,

E. H. RUSSELL, M. D.

Resident Physician.

NEW PUBLICATIONS.

Characteristic Conditions of Aggravation and Amelioration.

By E. J. LEE, M. D.

This little brochure is Supplement No. 4 of the *Homœopathic Physician*, the staunch, worthy advocate of pure Homœopathy; edited by the author. Like its predecessors, it is a most convenient little reference book to the conditions of aggravation and amelioration, without a thorough knowledge of

which precise prescribing is impossible. These conditions, according to the admirable language of that close observer, Boenninghausen, are characteristic of the drugs *not confined to one or another symptom, but like a red thread, they run through all the morbid symptoms of a given remedy.* Thus they form a most important guide in the selection of a remedy, and Dr. Lee has done good service in presenting us with this handy compilation.

The St. Louis Periscope and Clinical Review of Homœopathic Medicine and Surgery. A Monthly Journal. Edited by Professors E. C. FRANKLIN and PH. G. VALENTINE.

We are glad to see the consolidation of the two journals of our school published at St. Louis, and it was to be foreseen from the beginning that the older established would sooner or later swallow up the younger. The new journal gains in strength, and we hope it, as well as the college it pleads for, will succeed. Yearly subscription price \$2.00. Published by F. N. Nixon, S. L.

Aids to Medicine, Part 1. The General Diseases, Diseases of the Lungs, Heart, Blood Vessels and Liver. By C. E. ARMAND SEMPLE, New York; Putnam's Sons.

This little volume is one of the series for students on the practice of medicine, and contains short but accurate descriptions of the symptoms, pathology and treatment of the different diseases. It really consists of an abstract of lectures delivered to pupils preparing for the Royal College of Physicians and other medical examinations, and thus gives the essential outlines.

The Journal of Nervous and Mental Disease. Edited by WM. J. MORTON, M. D., New York; Putnam's.

This able quarterly begins with the January number its eleventh year. During its existence it has won its way to the highest recognition as an authority and guide in that branch of medicine of which it is the exponent. To the specialist and general practitioner it offers every quarter, everything new in the pathology and treatment of nervous diseases, and though the latter does not include Homœopathy, we can recommend it for the admirable résumé of the progress in physiology and pathology of this branch of medicine. The January number contains among others, an exhaustive article on Hystero-Epilepsy, by Dr. F. Bateman; Syphilitic Paresis, by Dr. S. Nightman; and the Proceedings of the New York Neurological Society, besides an admirable periscope.

Electricity in Medicine. By CHAS. MCQUESTEN, M. D., San Francisco: Bacon & Co.

The Hillocks or Mound Formations of the Pacific Coast. By GEO. W. BARNES, M. D., San Diego.

Popular Department.

CHOICE OF A FAMILY PHYSICIAN.

First. Be sure he is a graduate of a respectable college. You may properly ask him to show you his diploma. If he has some considerable experience all the better, but he need not have gray hairs or a big beard. Experience is not always with the aged. A physician's experience must not always be measured by the length of time his sign has been out.

Second. Choose the educated physician, and one that makes little noise and does not boast. See that he keeps good company, uses good language, is neat and polite, though not overmuch polite, for if so, suspect him.

Third. Select one who does not claim to know too much, for great claim to knowledge is a sure sign of ignorance. The truly wise never boast of their knowledge or make it conspicuous.

Fourth. Choose an honest man, who pays for what he has and makes no false promises. If dishonest in one way he will be in another.

Fifth. See that he reads and studies and is alive to the advancement of medical knowledge generally.

Sixth. Change not your physician for slight cause, nor in the midst of severe sickness, remembering Lincoln's advice not to swap horses while crossing a stream, nor to trouble him with much counsel. He will in many cases do better by himself. Give your physician your full and entire confidence—only then will he be able to do his best work for you.—
[EATON.]

DELICATE PEOPLE.

People who are general acknowledged to be "delicate" manage to get a great deal of sympathy in this world. Yet, if you observe the fact, you must see that it is the delicate people who escape the most fearful disorders, and in three cases out of four live the longest. Those of gigantic structure are almost always reckless of their health. They say, "Oh, there is no danger—nothing ever hurts me!" So they stand in draughts, and go out in the night air to get cool, and doff their flannels in April, and get their feet wet. But delicate people are shy of peril. They know that disease has been fishing for them for twenty years, and keep away from the hook. As a rule, those people whom everybody expects to die, and who are continually supposed to lie at death's door, live on most tenaciously. We know of a young lady who evidently married a wealthy man of eighty-five years on the ground that he was very delicate, and with reference to her one-third; but the aged invalid is so careful of his health, and the young wife is so careless of hers, that it is now uncertain whether she will inherit his storehouse or he will inherit her wedding ring. Health and longevity depend more upon caution and intelligent management of one's self than upon original physical outfit.

RHEUMATIC HEADACHE.

The *rheumatic headache* is characterized by great tenderness of the scalp, and the pain will sometimes extend to the muscles of the neck; the nape of the neck being uncomfortably stiff and aching. It will also shift from one tender spot to another. The face is occasionally but not invariably flushed. The pain is generally worse in the evening and night; always relieved by warmth and increased by cold. A drive in the cold, damp air is an infallible recipe for its production; and the warm, genial atmosphere of a room with a fire in it, a cup of hot tea or coffee, and local

warmth to the painful parts, form an almost equally infallible recipe for its relief. Its cure must be brought about by improving the patient's general health, keeping him out of harm's way, and obviating any rheumatic tendencies. As a rule, sufferers from this form of headache have been affected with rheumatism in other parts of the body besides the head; but there are exceptions to this rule. Those who perspire very freely are liable to be attacked by it; they must therefore take extra pains in not allowing the perspiration to be suddenly checked; and lest the perspiration should be too free and active in the scalp, they will wisely keep their hair cut rather short. They must also avoid malt liquors and very sweet or very acid wines; excess of sugar and excess of acids is almost invariably hurtful to patients of a rheumatic disposition. Warm clothing is indispensable in their case, as there is a tendency for this headache to become intermittent; for we notice that it is sometimes complicated with ague and facial neuralgia. It is well for the victims to this form of headache to give marsh lands a wide berth; and if their occupations must perforce bring them near these dangerous districts, let them always approach the enemy warmly clad and well nourished with good food. A thin coat and an empty stomach are the most tempting invitations a man can give for an attack of ague, neuralgia or rheumatism.

Rhus tox. should be used when there are rheumatic pains flying about the head, which pains are generally worse in bed, when the patient is quiet, or when he first begins to move about; when the scalp is tender, and when there is a liability to take cold from having the head made wet.

The pains of *Rhus* are generally increased by warmth; but this rule does not always apply to the rheumatic headache, for which this medicine is suitable, as these rheumatic scalp pains are invariably relieved by warmth, increased by exposure to cold, the change of weather, and in wet weather. As dry, warm air suits these pains to a nicety, so cold, damp air is poison to them. The confused, heavy, stupid headache of low fever, for which *Rhus* is given with advantage, is to be treated of in connection with fevers, a matter which does not come within the scope of this little book.

Bryonia has been quoted as a valuable ally in the treatment of dyspeptic headache. It is also of great service in the rheumatic headache, especially if the pains are improved by warmth; if rheumatism has attacked other regions of the body besides the scalp, and indigestion is an old standing trouble, then its help is all the more needful.

Actæa racemosa is a medicine that has won occasional laurels in headaches that touch on the borderlands of rheumatism and neuralgia; and in most instances women rather than men have been its most grateful admirers. Sulphur should always complete the cure of this, as of every form of rheumatism.—[*Shulldham*]

CLINICAL CASES.

By E. W. BERRIDGE, M. D., LONDON.

Silicea in vertigo.—Miss L., aged between thirty and forty. I saw her at 8:40 A. M. Since 4:30 A. M. she had had vertigo, as if all things were going round; worse on lying down, especially *when lying on left side*; better by rising from lying, but returning soon after lying down again. *Silica Cm* (F. C.), one dose. After this dose there was no return of the vertigo, even when lying. *Silicea* is the only remedy known at present to produce vertigo *when lying on left side*. The symptoms were produced in a proving with the 2d, 3d and 4th potencies, and cured with the Cm potency. This case shows that organopathic Sharp's theory of regulating the potency of the remedy by the potency which produced the similar symptoms is untenable. Hahnemann gives us rules in his *Organon*, both for the regulation of the potency and the repetition of the dose, and these rules have never been refuted.

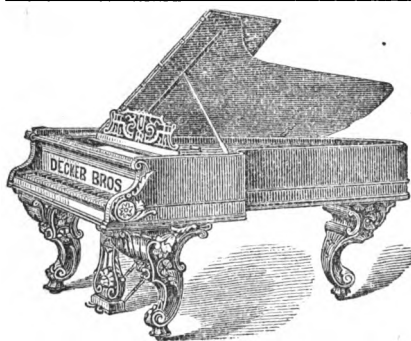
Arum triphyllum in sequelæ of typhoid.—Sept. 26th. A child, nine years old; seventeenth day of typhoid, which had been treated allopathically. *Bores violently in nostrils*, especially the left. *Bites her nails*. Purple spot on outside of left nose. Emaciation. Cannot sleep. Tongue white, with

red spots, especially red round the tip. Throws the clothes off herself. Urine scanty. Voice affected. I never saw this patient, but prescribed from the report sent me by a friend, *Arum triphyllum* 20m (Fincke) every four hours. (See Lippe's *Repertory*, p. 54.)

September 28th. Better; urine more copious; sleeps much better; still bores in nostrils. No medicine.

September 30th. Sleeps well; voice returning; urine free; bowels relieved yesterday. Has not picked her nose to-day, nor bitten her nails so much; not nearly so much boring in nose.

October 3d. Sleeps well; voice stronger; no boring in nose; less biting of nails; urine free; no stool since 30th; has taken beef tea; is stronger. The purple spot on nose has discharged pus. No further detailed report, but heard that she recovered.—[*Homœopathic Physician*.]



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THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, ... WM. BOERICKE, M. D.

VOL II. SAN FRANCISCO, JULY, 1884. No. 4.

EDITORIAL.

THE Hahnemann Medical College, of San Francisco, began its first course of lectures on Tuesday, June 3d, to continue five months. A class of sixteen students, as bright and promising a set of medical students as we ever saw congregated in any college, matriculated, and there is promise of a few more who could not be here on time. The professors entered upon their duties enthusiastically; the clinics offer abundant material for instruction; the dissecting room is well provided with subjects, and everything promises a brilliant, and in every way successful future. We hope our colleagues in the country will come forward and support heartily this important institution—important for Homœopathy on this coast, and indeed for the Homœopathic school everywhere. For our isolation and distance from the medical centres demand a separate school, which we must develop and support, in order to worthily represent the noble cause we have espoused.

1884

It may be asked, in view of the existing medical colleges in this city, what right we have for the establishment of another, one devoted to the teachings of Homœopathy. Plainly, the right that comes from the possession of a principle that is not recognized by these colleges. We believe that we have such a principle in the law of Similia, and just so long as we are faithful to it and in our teachings uphold only the best and truest interpretations of that law,—in short, just so long as we teach *Homœopathy* as an inductive science in the spirit of Hahnemann, Hering, Dunham—just so long we have a right to our separate existence—and *no longer*. For if our college gives up in its teachings and practice the purity of the Homœopathic method, it becomes eclectic merely, and with it forfeits its right to a separate existence. In the words of Constantine Hering: “If our school gives up the strict inductive method of Hahnemann, we are lost, and deserve only to be mentioned as a caricature in the history of medicine.”

ORIGINAL ARTICLES.

NON-PEDUNCULATE AND OVARIAN TUMORS.

By JAMES W. WARD, M.D., HOUSE SURGEON HAHNEMANN HOSPITAL OF NEW YORK CITY.

When we consider the functions of the ovary and complicated demands made upon its activity, it is not surprising that it should often become the seat of disease. The literature concerning the varied forms of ovarian disease, is becoming constantly enriched by the varied experiences of so many operators at home and abroad. In the search for the best and the highest medical aim, to cure, the embryology of this disease has been quite as much neglected as the pathology of this variety of tumor, that concerns me at this hour.

Because of the rarity of this form of degeneration of the ovary there has been but little written, indeed, concerning

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it the medical world knows nothing, and upon Dr. Hel-muth's authority there have been but four such cases recorded,—the fourth of which is my subject of illustration, and is the only case I am led to believe that has survived the operation of an ovariectomy. The case is of interest, not only because it is the only successful removal of this form of ovarian disease, but because of the successful overcoming of the many complications presented subsequent to the operation.

Mrs. D. was admitted to the Hahnemann Hospital March 3d, 1884. A woman thirty-five years of age, married, but having never been to her knowledge impregnated. She had always been the subject of epileptic seizures since puberty, just before the period or in place of the menstrual flow.

Her periods were characterized by a scanty pale flow, with much intrapelvic distress. A yellow profuse leucorrhœa began at the commencement of her ill-health six years previously. Her urinary difficulty was confined to increased desire, pain before and tenesmus after micturition. A noted gynecologist of this city saw the case about six years since, diagnosing it ovarian cyst, advising an operation. This being refused, her health vibrated between better and worse till her life became one burden of suffering. During this period there were but few attacks of peritonitis.

Again she consulted her medical adviser referred to, who now diagnosed "Fibroid of the uterus," decidedly objecting to operative procedures.

Leaving now the history of the case the patient undergoes a physical examination. She is of a plethoric habit of body, with a redundancy of adipose tissue. By inspection the abdomen presented an enlargement unsymmetrical, the longest girth measuring 49 inches at the umbilicus.

Palpation obtained decided fluctuation. Aspiration revealed a thick, mucilaginous chocolate colored fluid in which the microscope discerned the Drysdale and Bennitt's corpuscles. The touch by vaginal examination could find no cervix, only one large down sloped cul-de-sac was to be discovered. Evidently the ovary in its ascent from the pel-

vic cavity, as it enlarged and was crowded upward had taken the uterus with it.

Consenting to an operation a hypodermic injection was given one-half hour prior to the operation of a solution of 10 minims, in which was 1-100 of a grain of atropin and a 1-6 of a grain of morphine, and the patient etherized. Prof. F. E. Dougherty, the operator of the hour, proceeded to incise the abdominal walls to the extent of seven inches. A cystic degeneration of the right ovary was revealed containing fluids of various colors and characters.

The cyst most accessible was evacuated by a Spencer Well's trocar; the sac drawn forward and the remaining cysts vacuated through the opening made by the trocar, by internal incisions. The morbid process had advanced along the broad ligament involving it in its substance, and reaching the uterus had become attached to its fundus, and posteriorly as low as Douglas cul-de-sac and the anterior rectal wall.

The attachment to the uterus was found to be intra-mural, and in verification of the opinion entertained before the abdominal walls were incised, that the uterus had been elevated by the upward advancement of the tumor, it was found to lie with its fundus almost to the umbilicus. The evacuated sac was now drawn as far forward as was warrantable in consideration of the posterior adhesions, and the Tait clamp applied to as much of the sac as extended above the fundus of the uterus, the sac was now cut away and the clamp secured outside of the body at right angles to the wound. Because of the immense breadth and thickness of the sac, it was found impossible to entirely secure it within the grasp of the clamp, the Derbyshire knot aiding in securing the remaining tissues. It is now apparent that that portion of the sac lying between the anterior rectal wall and the posterior part of the uterus still remained in the abdomen, evacuated, however, of its contents. It will also be seen that in drawing the sac forward by virtue of the adhesions, the anterior rectal wall was endangered of being ruptured.

In consideration of this the portion of sac referred to was allowed to remain. In making the traction needful to apply

the clamp as low as was desired, Douglas cul-de-sac was obliterated and the anterior rectal wall advanced forward, thus dilating the rectum and predisposing to the accumulation of feces therein.

The edges of the wound above and below the clamp were approximated with deep silken sutures, corrosive sublimate dressing applied, and the patient left to the care of the nurse.

We now leave the operating table to approach the third and a most important part of this essay—the course and after treatment of this ovariectomy.

Immediately following the operation a general superficial capillary congestion occurred, due to the hypodermic injection used, thus abating most of the nausea, vomiting, and symptoms of shock so frequently following capital operations.

In four hours the temperature had arisen from normal to $99\frac{4}{5}^{\circ}$; pulse 92° .

Within twenty-four hours the temperature reached 104°

During this time she suffered some pain, to which nineteen minims of Magendie's solution of morphia subdued suffering and afforded sleep at intervals.

No nourishment save cracked ice was granted, which was allowed *ad libitum*, and the urine was ordered drawn three times in the twenty-four hours. At the close of the first day the dryness of the skin had given away to moisture; the tongue broad and flabby showing the impressions of the teeth, associated with a tremulous weakness which promptly found its specific in Merc. sol.² Rice-water was now allowed on the second day in $\frac{3}{4}$ ij doses every two hours, which supplied a craving for nourishment which had arisen. During the progress of the second day tympanitis became very marked and troublesome, pressing upward the diaphragm, diminishing the breathing surface, and increasing the cardiac action. This condition was promptly met by one grain doses of Kali chlor^{ix} repeated at intervals of fifteen minutes for four doses, to recur about six hours later but relieved by the same remedy. Towards the close of the second day the bowels became intensely distended with gas, which was relieved by the insertion of a catheter into the rectum.

Just here a little diversion is allowable, to remark the

speedy and positive action of Kali chlor. upon the formation of gas within the stomach, while it seems to have little or no influence upon a similar accumulation within the intestines.

During the second day the temperature had diminished to 102° ; pulse 114; sleeping at intervals; and six minims of Magendie's solution as a total, given hypodermically, together with a single two-grain opium suppository, given to allay suffering and to subdue the existing restlessness.

Near the close of the third day a little laryngeal irritation excited a paroxysm of coughing, and causing the clamp to loose its attachment to the uterus, the latter settling down out of sight, carrying with it the sloughing mass low between the fatty abdominal wall.

There had evidently been sufficient plastic exudation by the peritonitis inaugurated to adhere the peritoneal surface together, preventing the decomposed tissue above the clamp being carried within the abdominal cavity.

With the assistance of the dressing forceps the slough could be slightly raised to view, showing the location of the section of decomposition lying between the flaps of adipose tissue, three inches in thickness. The wound was now ordered dressed every two hours, with iodoform sprinkled between its edges, and iodoform gauze and borated cotton externally, thus making the wound thoroughly antiseptic. Sulpho-carbolate of soda, ten grains in a half glass of water, was given hourly internally, in anticipation of the inauguration of a septicæmic process.

During the third day $\bar{3}$ iij of rice water was allowed every hour; she slept at intervals, and a two grain opium suppository alone given as an anodyne. The temperature and pulse remained the same as during the second day.

At the opening of the fourth day, peptonized milk, $\bar{3}$ ij at a time, was given hourly. A cold, clammy sweat became noticeable; prostration more marked, with a pale face and mawkish odor from the mouth. In addition to the sulpho-carbolate of soda, phenic acid was now given hyperdermically, forty minims morning and evening.

The temperature, which had been ranging from 101° to $102\frac{1}{2}^{\circ}$, came down to $99\frac{1}{2}^{\circ}$, with a corresponding decrease of

the pulse. The fifth day passed with the temperature from 99° to $100\frac{1}{2}^{\circ}$, beef tea in addition to the peptonized milk being allowed, and the soda and phenic acid continued.

The wound was being cleansed, carbolized and dressed every two hours, and no anodyne used since the third day. On the sixth day the wound began to lose some of its foul odor; pus became more laudable, the general strength improving under the agency of three quarts of milk and a pint of beef tea in the twenty-four hours.

Between the tenth and seventeenth day, while all other symptoms were improving, the temperature fluctuated without apparent cause between $100\frac{1}{2}^{\circ}$ and $103\frac{1}{2}^{\circ}$, with no corresponding rise of pulse, it remaining about 88. The appetite remained good, and from the bowels a natural passage occurred daily. There arose, however, a constant desire for a stool, notwithstanding an evacuation of the bowels occurring once daily. The rectal tenesmus was associated with a cystic tenesmus, combined with a burning at the neck of the bladder and at the anus.

This distress not being subdued by medicine, investigation discovered impaction of the rectum, which an oil enema promptly relieved by an evacuation of a large mass of hardened feces. The rectal and cystic distress were quickly relieved, and the evacuation resulted in the cessation of the fluctuating temperature, which speedily decreased to normal and there remained to convalescence.

Between the eighth and twentieth days, slough was being cut away, and as the wound healed more of the slough came to view by the more closely approximating flaps. The sulpho-carbolate of soda and phenic acid were continued until the fifteenth day, when both were discontinued, and Merc. sol. 3 given every three hours, for co-existent symptoms. The iodoform gauze and borated cotton dressing were continued till the wound entirely healed, which, while it modified the odors, made it thoroughly antiseptic — stimulating granulation and the consequent healing of the wound.

Delirium Tremens.—Most cases are readily cured by *Nat. mur.* Should this not suffice, give *Kal. phos.*—(*Schuessler.*)

AN UNUSUAL CASE.

[Read before the Hahn. Med. Society of Hennepin County, Minneapolis, March 7th, 1884.]

Palet, M. G.—79 years, 9 months—a wiry, active old gentleman of New England parentage, had gone through many severe physical injuries during his long life; drawing into shafting 30 years ago, breaking left arm and forearm (in two places), both collar bones, and had suffered right sided hernia, for which he had worn a truss for years.

Saturday evening, February 23.—After unusual exposure in a thin overcoat (always careless about the cold, out of doors constantly in the coldest weather), about 6:30 while reaching up to place the harness on a peg in the stable, he was seized with severe pain in the right chest, extending along the upper line of the lung and through to the back. He found his way into the house with much difficulty and was put to bed. At 7:15 I found him suffering acutely with the above pain. He could not describe it, but he tossed and rolled as if in great agony; not especially aggravated on attempting a full breath. Respiration about 25, pulse 60; no apparent increase in external temperature.

Hot whiskey had left a distressing nausea, but he did not vomit.

No distinct history of a chill, although he came into the house at least three times every day very blue and cold.

Verat. vir. 3x—a dose every 10, 15 and 30 minutes as pain eased. He felt a little better in an hour.

At 10 P. M. Pain in the chest not much less, but it seemed to have extended into the shoulders. Warm sweating about limbs, spreading over the body before midnight. At this time he was still anxious and restless from the pain, and “must be relieved.” Medicine continued every hour. About 4 A. M. his bowels moved freely, a dark thin passage, after which he gained a little sleep. He also had—as the attendant told me—during the night a “suffocating attack,” as though he were dying, and which he said made him “blind for a time.”

Sunday February 24, 9 A. M.—I found the patient in less

distress, with a pulse of 105, temperature 101°, and respiration apparently easy, tongue very dry, brown streak down the center. Still some pain in the right chest as before, although both lungs were clear on examination; jerking breathing, but no crepitus. I carefully elevated and supported the patient in a recumbent posture while examining him.

Skin of face yellowish since last night, expression of acute suffering; mentally clear.

While giving me an account of the night, he suddenly said, "Its coming again," and raising himself partly upright in bed clutched at his throat as if choking. "It makes me blind," he stammered, his eye balls rolled upward as he fell backward on the pillow pulseless. A few gasps and all was over, all in much less time than it takes to write this sentence.

I had thought that my patient was in the congestive or first stage of pneumonia, and had given an unfavorable prognosis. However, I expected him to get further along than this, and was shocked at his sudden demise.

A post mortem examination was granted, and resulted as follows:

Chest—Anterior mediastinum dark, congested, and distended tissues obscure the pericardium. Right pleura slight recent adhesions at lower portion. Right lung—lower portion of lower lobe slightly congested (ante-mortem); otherwise normal. Left pleural cavity completely filled with bloody serum and clots (two double-handfuls) recent, soft. Lung compelled upwards, but normal in color, crepitus, etc.

Heart—Right auricle dilated at least one-third; walls thinned. Right ventricle tricuspid valves normal, but opening admits ends of all fingers and thumb; pulmonary valves normal. Left side—walls of ventricle greatly hypertrophied; valves normal. Heart entirely empty, not even slight clots.

In following *right pulmonary* artery from the right ventricle some four inches beyond the bifurcation, a rupture of one and one-half inches was found, from which blood had escaped into pleural cavity. Arterial walls soft and fixable (atheromatous), especially in that part of the rupture nearest the heart.

The diaphragm showed torn muscular fibres, just on the liver, and it was easy to push through it to the abdominal cavity. Liver normal on section, but slightly adherent capsule.

The conclusions drawn from this examination necessarily differed from my diagnosis.

I do not find from the books that rupture of the diaphragm is common, and yet unless just that accident occurred on the right side, I cannot account for the suffering of my patient, which he referred to that locality. This might have happened from his stretching up to the hook with the heavy harness, he being a rather short man. Yet he had done this act three times a day for months, and therefore we must look for some enlarged condition of the neighboring organs to make such an accident possible. This condition I believe was a severe congestion of both lungs by undue exposure out of doors that cold day, and relieved (so that no marked evidences remained after death) by the rupture of the pulmonary artery. This rupture may have begun in the night when he had his "suffocating attack," and been enlarged with fatal result after raising him to examine the chest at my morning visit. This I scarcely deem tenable however. If the data are sufficient, I would like to have some interested party explain this case.

HISTORY AND CAUSE OF CANCER.

By EDWIN S. BREYFOGLE, M. D.

(Read before the California State Homœopathic Society.)

The Chairman of our Committee, Dr. Selfridge, has requested us to prepare a paper on the history and cause of cancer.

We scarcely realized what an extensive subject we were given to write upon, until we commenced the preparation of this paper.

As there is such a diversity of opinion on the subject, we have endeavored to give a brief synopsis of what we consider the views entertained by most modern pathologists.

Carcinoma or cancer is a term applied to a new formation,

occurring as a tumor or infiltration, in almost all tissues and organs, and which is diffuse, single or multiple, very rarely acute; for the most part chronic; of varying size, form, color, consistence, etc. It consists essentially of epithelial cells, which in size, form, partly also in arrangement, etc, are like or similar to those of true epithelial gland cells, and whose cells are mostly actual derivatives from true epithelium, but especially through their number and metamorphoses destroy the tissue and organ in which they develop. In many instances, after a brief period, and in defiance of all human skill.

Cancer cells are of large size, measuring from $\frac{1}{1500}$ to $\frac{1}{100}$ of an inch in diameter, irregular in shape, squamous, cylindrical, oval, caudate and angular. They contain several large nuclei and nucleoli. They multiply by proliferation and endogenous cell formation, producing nests, clusters and strings of cells, connected together by an intercellular substance of connective tissue, whose elements are likewise multiplying. The result is a mass consisting of fibrous network, in the meshes of which are lodged a multitude of variously shaped epithelial cells, in compact, irregular masses, only in extreme cases surrounded by a capsule, and extending without limit. *This epithelial cell multiplication is the essential and distinguishing character of cancer.*

There can exist non-typical multiplication of epithelium, that are not necessarily cancer, such as sub-epidermic glandular tumors of the skin, which exhibit nests, clusters and strings of cells altogether diverse from any normal mode of grouping. Also in skin wounds, glands altered by inflammation, and in fibrous tumors occurring in glands. The glandular epithelium may commence to multiply and produce epithelial masses that are non-typical in appearance.

Formations of this kind are not classed with cancer, for they lack the power of growing indefinitely and infiltrating the surrounding tissue. They are incapable of raising themselves to the rank of an independent tumor, and can only extend where a free surface is open to them by antecedent inflammation, or the formation of a true tumor.

Cancer affects all tissues with the exception of the car-

tilage, the internal and middle layers of the arteries; and all organs.

Cancer is usually chronic, lasting in many cases, as of the epithelial cancer of the external parts, ten years. Otherwise, from one to about three years, depending especially upon the variety of the cancer, the size, the number, and the character of the tissue involved. The rapidity of development is in direct ratio with the richness of cells and vascularity, upon the change, and upon surgical interference, etc.

Cancers occur singly and in great numbers. They are either primary, progressive or secondary.

Primary cancers are usually discovered first by the patients themselves. They show the most marked change, and are usually the largest.

Progressive cancers are new formations in other neighboring organs, in continuous connection with primary.

Secondary or metastatic cancers are younger, either very small or of great size. They are located either in the same organ or tissue near the primary formation or separated from them, or in the corresponding lymphatic glands, or in tissues or organs that stand in no relation to primary formation.

Cancer, when established, extends locally or generally.

Local extension is affected by cell infiltration.

General extension is affected through the lymphatic channels and lymphatic glands, and through the blood vessels; the infecting material being cells transported from the primary new formation.

Cancer appears as a tumor or infiltration. The latter in case of most primary. The former in most secondary cancers.

Cancer tumors vary from an extremely small size, not at all or just perceptible, to that of a cherry, fist, the head, or even larger. They are oftenest regularly round in form, or irregular, knotty, otherwise flat, smooth or globular. The surface is smooth, or uneven, or varied. The consistence depends upon their structure or metamorphosis, and presents every imaginable degree, from a bony hardness to a pulpy softness. Cancer tumors are found usually in the interstitial connective tissue, beneath the skin, in the serous membranes and in the stomach, uterus, rectum, liver, lungs, etc.

Cancer infiltrations occur most often in the skin, mucous membranes and hollow organs. The affected tissue or organ being so thoroughly diffused that the structure is not at all or only partly recognized.

The increasing frequency of cancer gives renewed interest to the subject of causes. In 1869 there were 304 deaths from cancer in New York City. In 1879 there were 572 deaths from the same cause. Showing an increase in ten years of nearly fifty per cent. In 1880 there were 659 deaths from cancer, or 206 per cent. of all deaths. In 1880 cancer actually caused more deaths in New York City than scarlet fever, that being a light year with 618 deaths. In 1882 there were 731 deaths from cancer, or more than two daily; and during the last fourteen years 6843 died from cancer in New York City.

The causes of primary cancer are partly predisposing—partly exciting.

The predisposing causes are inheritance, age, sex, location, depressing mental influences and previous diseases.

By hereditary transmission new formations either are present at birth, or they develop in the latter years of life. Gross discovered hereditary influence in 10.30 per cent. of 389 cases of cancer. Baker increases the per cent. to 37 in private practice. Sibley reports six cases out of 34 in which cancer existed in the family and more than one member had suffered from the disease. Broca says 15 out of 26 descendants from a certain Madam M.—extending to the third generation died from cancer.

Cancer usually appears in elderly persons—between the fortieth and sixtieth years. The average age in cancer of the breast in 153 cases was 48.6 years. Billroth saw a cancer of the tongue in a boy of 18, and of a cancer of the uterus in a woman of 20 years of age. Friedreich found a primary cancer of the liver in a woman of 37 years of age, and in a foetus prematurely delivered, and which died on the sixth day—a cancerous swelling in the skin and tissues of the left patella.

Cancer occurs more frequently in women than in men—about six appear in the former to one in the latter. This

is probably due to the great frequency of cancer in the mammary gland and uterus. The published English reports show a singular uniformity in the number of deaths per year of women between 45 and 55 years of age from cancer. In 1878, 2348; in 1879, 2,306; in 1880, 2,396; and in three years, 25,890 women, and 12,851 men died from cancer in England.

Some organs and localities are especially predisposed to cancer—pylorus of the stomach, uterus, mammary gland, lower lip, etc.

Depressing emotions, anxiety and protracted grief sometimes cause cancer—likewise previous diseases, as measles, pulmonary tuberculosis, catarrh of the mucous surfaces, etc.

The exciting causes are in general, all conditions that are followed by an increased nutrition of the parts. Cases frequently occur in which cancer can be traced to some local cause—being occasioned by a blow, injury, or other violence; or by a frequent repeated or long continued irritation to the part that becomes affected—as in cases of cancer of the lower lip in pipe smokers, of the mammary gland from a blow, of the tongue from the irritation of a broken tooth, etc.

Many primary tumors are spontaneous. We are ignorant of the causes of their origin.

The origin of secondary cancers is from the primary formation. Cells are carried through the blood or lymph vessels and in the blood or lymph currents act as emboli, become fixed in the capillaries, or organs or tissues, and either develop there or give rise to new formations.

The most important changes in the tissues depending on cancer are hypertrophy, adhesions, catarrh of the surrounding mucous membranes and their consequences, thickening, ulceration, false dropsies, hemorrhage, suppurative and septic inflammation and the consequences of mechanical pressure and obstruction.

The influences of cancer on the whole organism depends upon its size, number, its metamorphosis, but most upon its location. Most all cancers have at their beginning, some indeed even until the death of the patient, no perceptible general consequence. Most often, after a time, there is de-

veloped a chronic anaemia or a general deterioration of the system designated a cachexia—caused by diminished or arrested function of the organ, insufficient nutrition, etc. In the absorption of the elements of the new formation, or of septic productions in decayed new formation, in hemorrhage, etc., characterized by a dirty, sallow, waxy complexion, weary and distressed features, a loss of flesh, general irritation, and extreme exhaustion.

The varieties of cancer are, epithelial, scirrhus, encephaloid, calloid and melanotic.

Epithelial cancer commences as a nodule, wart, or diffuse thickening of the skin, with a hardened base or border, in the skin or mucous membranes, near the outlets of the body. It is most frequent in males between the fiftieth and sixtieth years. It pursues a slow chronic course. Has little tendency to invade the neighboring lymphatic glands. It almost always terminates in ulceration, with a moderate amount of darting, lancinating pain during its course. Its average duration is from three to four years, and cells predominate in its formation.

Scirrhus is remarkable for its great hardness. It commences as one or many *hard* nodules, which finally coalesce. It most often appears in the mammary gland, pylorus of the stomach, uterus, rectum, etc. It occurs most often in women between the fortieth and fifty-fifth years. Its progress is slow. As it progresses its surface becomes irregular, nodulated, and the tumor smaller. The skin adheres, causing contractions, and a dimpled, oedematous appearance. It implicates the neighboring lymphatics early, and usually terminates in ulceration. The pain after a time is very severe, shooting, lancinating darting, paroxysmal or continuous, and towards the termination almost unbearable. The pain is aggravated by manipulations. Patients affected with scirrhus enjoy the best of health in the beginning. Cachexia comes late. The average duration is about three years. The fibrous stroma predominates in its formation.

Encephaloid, or medullary cancer, is soft in consistence. It commences as one or more nodules. It attacks both internal and external organs; liver, testicle, thyroid, salivary and

parotid glands. No period of life is exempt from it, but it usually appears in women before the fortieth year. It runs a rapid course, and acquires large bulk. The earlier it appears in life the more rapid its course. It does not adhere to or contract the tissues as scirrhus. The surface is smooth, or rises into globular masses. The tumor is soft, elastic, compressible. It attacks the lymphatic glands early, and terminates in ulceration. The pain is not very severe. Manipulations do not aggravate the pain. Cachexia appears early. The duration is four or five months, seldom as long as eighteen months. Cells predominate in its formation.

Calloid or alveolar cancer occurs as a tumor or infiltration. It is most frequently found in the stomach, rectum, uterus and mammary gland; between the fortieth and sixtieth years. It pursues a slow, chronic course, is of considerable size, and has slight tendency to secondary deposit. It has an irregular, lobular surface, is neither firm or soft, and is of the same density all over. It consists of a grayish white, clear, or slightly clouded gelatinous matter, and of large alveolar cells.

Melanotic cancer consists in a deposit of gray, dark or black pigment granules. They are usually found only where normal or abnormal pigment occurs—eye, eye-lids, skin, or skin “marks,” or cicatrices after an operation. Secondary melanotic cancers are very numerous, and distributed over almost all parts of the body, especially lymphatic glands—liver, lungs, bones, etc. The pigment is contained both in the cells and stroma. Primary melanotic cancers are very seldom met with.

A FEW NOTES ON THE USE OF ELECTRICITY.

By G. H. MARTIN, M. D., HONOLULU.

Within the last decade, electricity has come to be very generally employed as a therapeutic agent, and yet there seems to be, among physicians, a very indefinite idea of its action; this is perhaps due to the fact that it was its stimulating qualities which first attracted the attention of the pro-

fession, and being thus used, other results were not looked for; but since its wonderful effects upon nutrition were discovered, it has advanced rapidly to the position of a most important remedial agent, and one that the general practitioner cannot well be without.

Beard and Rockwell, in their excellent text-book on medical and surgical electricity, define it as a "*stimulating, sedative tonic*"; for it is found to relieve all forms of pain, add tone to the system, and improve nutrition, after ordinary sedatives or tonics have failed. That this is true, one will soon discover after using it.

Nutrition is a subject of which we understand but little. Countless complex changes are momentarily taking place in the system, whereby it lives, moves and has its being. What these processes are the science of man has not yet been able to discover, and the only knowledge we have of them is by their perceptible results. Electricity, in passing through the body, modifies some or all of these processes, and thus modifies nutrition; the result of which is increased development and growth. The rationale of its action is no more clear to us than the action of most of our internal remedies, but it is evidently of a four-fold nature, *i. e.*: mechanical, physical, chemical and physiological. The first three effects upon the human body are the same as upon any substance; but the physiological effects are those which take place in virtue of the vital properties of its tissues.

When the system is undergoing electrization, general stimulation is usually first observed; the flow of blood is increased, the capillaries and veins are dilated, and temperature raised, as from any stimulant. This soon passes away, and a sense of sedation is manifest, even as the current is yet being applied, which differs from the reaction of ordinary stimulants, from the fact that it is not so profound and does not leave the system in such a condition of depression, from which it must necessarily put forth renewed effort to regain its former state, and thus lose the benefit which might have been derived from the primary effects. The secreting organs are also powerfully influenced, the usual effect being to increase their activity to a considerable de-

gree. As the stimulating effects lead to sedation, the permanent effect to nutrition follows after a longer time, and is in part the result of both stimulation and sedation. It was formerly thought that electricity was directly transformed into nerve force, and the expression "electricity is life" is often heard; both assertions, however, are incorrect. That nerve force is increased is undoubted, and that animal electricity is developed is also true; but both results are due to the improvement of general nutrition. Neither is electricity life, more than light or heat or any other force; but, like light and heat, it stimulates growth and adds tone and vigor to the system.

Having considered thus briefly its physiological action, we come to the consideration of those diseases in which it may be used with benefit, and we are greatly helped in this if we will only bear in mind its classification in the *materia medica* as a "*stimulating, sedative tonic*." Anaemia, neurasthenia, nervous dyspepsia, hysteria, neuralgia, chorea, paralysis, spinal irritation, convalescence from exhausting diseases, and all forms of pain and debility are mitigated, and are often cured, by this wonderful agent.

General faradization and central galvanization are the forms most generally used at the present time, and the methods of application are many; care and good judgment must be exercised, or a vast deal of harm may be done. He who would be most skillful in its use must be thoroughly acquainted with its effects on every portion of the body, from personal experience, and should also note most carefully its results upon different individuals.

A large number of diseases calling for electrical treatment are of a chronic nature, and it matters not how we might treat them, time would be required for their relief; just here we recall the words of the great Trousseau: "Chronic diseases require chronic treatment." So persistence must be our motto, no matter how discouraging may seem the results.

Good effects may not at once be perceived. It is frequently the case that a patient will go to the mountains or the seaside for his vacation and derive no benefit from it until he has returned home and taken up once more his

accustomed duties, when strength and vigor will be regained. So it is with the use of electricity; the patient at first may not seem to improve, but his symptoms rather grow worse during treatment, and finally it is abandoned; after a while, however, one symptom after another will pass away, and a decided improvement in nutrition is noticed. This is one of its most peculiar results, and should always be borne in mind, or we may be lead to discontinue treatment too early, and perhaps do away with it altogether, thus losing the aid of one of our most powerful therapeutic agents.

Even during the treatment of a case by electricity, we should still study the symptoms carefully, to find the indicated homœopathic remedy and prescribe it, that the two may go hand in hand to perform the grandest of all missions, the relief of human suffering.

CORRESPONDENCE.

A CONTRIBUTION FOR THE HOMŒOPATH FROM VICTORIA.

EDITOR HOMŒOPATH:—After an absence of nearly twenty years I returned to Victoria about a year ago. I had practiced Homœopathy in British Columbia for a couple of years —'62 -'64. The place is experiencing a revival of business but is rather too healthy a climate for doctors to prosper. I find the old English conservatism is giving way, and therefore there is hope for the world. The radical and complete change in Allopathic therapy and its instability is opening peoples eyes everywhere.

I give you a few gems of practice during the last year. A gentleman mentioned to me casually that a lady friend of his was in a very bad way with what the doctors diagnosed as gastric ulcer. Knowing her symptoms well he gave me a few. I told him that I thought I could cure her. The symptoms so plainly indicated, *Nux Vomica*, that a tyro would have chosen it. I gave six powders of the 40th to

be taken morning and night. After two days the report was *worse and new symptoms*. I now saw my patient for the first time and ordered a discontinuance of the medicine, and all medicine. Improvement commenced and did not stop till a cure was effected.

I could easily give many other cases of digestive troubles caused by the single remedy, and a few doses of it.

A lady whose ancestors had sinned by gormandizing, suffered from gout in the ball of the big toe. Pain like from a knife would shoot through the joint causing an involuntary diminutive scream interrupting her in the middle of a sentence. Bry. 2^c a few doses. Cured.

Another case slowly improving I mention on account of its rarity. A gentleman about 50 came in. His eyes were protuberant, lower jaw hanging down, emaciated, weak, pulse 105. The pulse had not been below 100 for two years. Heart sounds normal and although the pulse was very strong signs of enlargement were nearly wanting. In addition he had a paroxysm of racking cough every morning. The thyroid gland was not enlarged. Had undergone old school treatment which aimed to bully the heart down to its normal duty with Aco. Verat Vir., etc. The man is tall, thin, crooked, spare, feet burn so he must keep them out of bed, Sul. 2^c, followed by Phos. 2^c, repeated rarely, have reduced the force and frequency of the pulse—was down to 80 for a while, now 87. The cough is gone altogether and all the symptoms improved in three months. Had he not to work at manual labor I think I would have had him well.

It is a case of Graves' disease sometimes called Ex-ophthalmic Goitre. But of its three essential features, quick pulse, swollen thyroid and protuberant eyes, the first alone is constant. But little is known of its pathology. Some cellular changes have been discovered in the cervical portion of the spinal cord, etc. Grief was its probable cause in this case, on which account I gave him also an occasional dose of Ignatia.

I wish the new college success. Homœopathy is marching on. When all physicians are Homœopaths then may the

name be discarded because useless, *but not before*. But even if we were to drop the name the thing itself cannot, never will be dropped; and the old school doctors must adopt the thing Homœopathy before they can be as successful as we are. And, although they have adopted the method of physiological provings, the manner is so crude as to be worthless; besides they select from this crudeness in accordance with *contraria contrariis*.

Would that the public had a glimpse of their latest *Materia Medica and Therapy* (Nothnagel and Rossbach). Scepticism in drugs marks nearly every page, and in prescribing quinine and arsenic for ague they admit that it is unknown (to allopaths), what symptoms indicate the one in preference to the other, whereas the Homœopath knows the arsenic ague patient on sight.

E. STEVENSON, M. C. P. S., Ont.

IN a letter from Dr. C. N. Hart, of Denver, he expresses some pleasant things about the CALIFORNIA HOMŒOPATH, and then says: "*Keep out discussions*; they can alter no one's opinions and are rocks of destruction. They ruined for me the value of the best journals of our school in this country. Your page of clinical items is worth a year's publication of such 'stuff.' On page 84, No. 3, Dr. Schulz, case tenth, asks 'has nux vomica cured it?' I answer, Yes, sir. I have *known it to cure* several ruptures; and one case of strangulated hernia upon which an old-school council of physicians had worked at until it 'smelled.'

The patient was Judge Smith, of Lawrence, Kan., over sixty years of age. His legs were placed and tied in the lithotomy position and hot compresses applied; nux vomica 2^x and verat alb. 2^x given every thirty minutes in alternation; in one hour he slept; the hernia reduced spontaneously.

I have *known* this same prescription and treatment to relieve and cure intussusception. I have tried each singly but they act better—low potency and in alternation."

CLINICAL ITEMS.

Sulpho-carbolate of Sodium for vomiting and flatulent dyspepsia. Dose, seven grains in one-half ounce of water.

Hydrocyanic acid has been found to reduce the percentage of albumen in urine, and thus been useful in scarlatinal nephritis.

Barium iod., as an ointment, with vaseline, has been found useful in old cases of chronic eczema, where there was much infiltration. Must be used carefully. Acute cases are aggravated by it.

Causticum, as a remedy for diseases of urinary organs is too often neglected. A characteristic symptom guiding to it is a *burning* pain. This burning pain in urinary organs may alternate with catarrhal symptoms in respiratory organs, according to DR. GOULLON.

Ammoniacum in bronchial affections is not used as often as it deserves. It promotes the power of ejecting the sputa, and for the aged who suffer in cold weather from bronchial affections, with accumulation of mucus and much difficulty in raising it. Mucus tough, profuse, and hard, loud, accelerated breathing with anxiety. *Senega* acts similarly.

Coca and Phosphorus for sleeplessness by DR. TALCOTT. Coca is useful as a sleep producer in cases of mental exhaustion, where at times the patient seems utterly prostrated, and at other times remarkably bright and cheerful and eager for work. Coca is also beneficial where the patient after going to sleep is suddenly awakened by a sense of shock in the brain. The pathological condition which exists in such cases is, we believe, that of *anaemia spasmodica*. Weak and nervous women, and worn out brain workers, are peculiarly liable to such conditions.

Phosphorus. Sleeplessness following intense mental overwork and anxiety, coupled with a distressing confusion, pain and vertigo in the head.—Five drops of the tincture in half

a glass of water, a teaspoonfull every half hour during the evening, followed by a bowl of hot soup, or a cup of beef tea at bed time, will generally relieve the pain and restlessness of brain fag and secure to the patient a sound and refreshing sleep. DR. CONANT found *Phosph.* useful when patient falls asleep easily and is just as easily awakened. The phosphorus patient sleeps and wakens many times in a single night.

Phytolacca, in 3d or 6th, for dropsy caused by excessive dosing, with mercury; and when the dropsy appears to have originated from diseased conditions of the liver and spleen, *chimaphilla* will generally cure.

Crocus is an excellent remedy for epistaxis, frequent during the development period of children; also for headaches during climacteric years. Pain is beating, throbbing on either side, pressure behind eyes, worse at time when menses ought to appear.

Hydrocyan acid covers the hemorrhages into eyes, nose or ears, that often accompany whooping cough.

Boils. Dr. Gourgues (*Journal de Med. de Paris*) recommends an ointment 4 parts of finely powdered Boracic acid, one half part of Benzine acid and 20 parts vaseline. It promptly relieves pain, and causes the disappearance of the boil in three or four days. (*Med. Call.*)

Kali bich 200 and *Ipecac* 200, in whooping cough. According to Dr. J. P. Mills, low potencies will not cure this disease, whereas the high will. *Ipecac* 200, four times a day, until the paroxysms begin to shorten, and then twice a day. The indications for *Kali bich* are a wheezing in the chest, not rattling; phlegm stringy, aggravation after midnight; then the child coughs until it is blue in the face.

Spongia is good in pneumonia, when the patient cannot lie down.

Jamaica Dog Wood (*Piscida*) produces and cures sciatica. (J. C. CUMMINGS.)

HOMŒOPATHIC STATE MEDICAL SOCIETY.

The regular Annual meeting of the California State Homœopathic Medical Society was held at Y. M. C. A. Hall in this city, commencing May 14, 1884.

At 8 P. M. the meeting was called to order by the President, Dr. G. M. Pease. The minutes of previous meeting were read and accepted as read. The following physicians were present: Drs. Pease, Albertson, Selfridge, Davis, Worth, Clark, Loomis, E. S. Breyfogle, Moliere, Currier, Ledyard, Raymond, McMahon, Palmer, Hill, De Derky, Werder, Simpson, Pinkham, Curtis, French, Russell, Boericke, Clow, Nichols, Pearse and Peterson. Candidates to fill the offices of the Society for the ensuing term were then nominated in open session.

The Treasurer's report showed a balance on hand of \$151.35. Drs. Dewey, Curtis and Russell were elected to membership.

After the transaction of some miscellaneous business, the President delivered his Annual Address, in which he instanced the rapid growth of homœopathy among all classes, in the establishment of hospitals and dispensaries in all parts of the country, also the establishment of the new Hahnemann Medical College of San Francisco with its encouraging present status and promising future and its already acknowledged success. The address also gave prominence to the fact that the Homœopathists formed a large and respectable minority of the taxpayers, and that representation on State and County Medical Boards should be demanded, and also due proportion of State aid for our hospitals and dispensaries. The following was then adopted.

Resolved, That the President appoint a committee of five to consider and present to the city and county authorities throughout the State, the claims of the Homœopathic physicians to their share of the medical offices in the gift of the people, and to interview candidates with the view of promoting the interests of Homœopathy local and general and to communicate the result by circular or otherwise to the individual members of the Society.

The President then appointed as the committee, Drs. Selfridge, Worth, Pinkham, E. S. Breyfogle and French.

The Society then adjourned until 10 A. M. Thursday, May 15th.

THURSDAY, MAY 15.

The second session of the Society was called to order at 10 A. M. Dr. Davis read a paper on Hysteria; Dr. E. S. Breyfogle a paper on "History and Causes of Cancer," which, after an animated and extended discussion, was followed by Dr. French, who made a few remarks on Atrophy of the Optic Nerve and Stillicidium Lachrymarum. Dr. Raymond read a few notes on Euphorbium Officinatum, and on cases of Tarsal Tumors cured with Calc Carb. and Thuja.

Under the head of "Medical Education," Dr. Worth read a paper urging the great necessity of hearty support to the newly-established college.

Dr. E. S. Breyfogle presented a memorial upon the death of Drs. Ingerson and Thiese. The President appointed Drs. Worth, E. S. Breyfogle and

French to engross a resolution of condolence to the widow of Dr. Ingerson, the same to be entered on the minutes.

Drs. S. S. Pearse, of Stockton, and E. W. Bradley, of East Oakland, were then admitted to membership.

The Society then adjourned to 2:30 p. m., and on reassembling Dr. Albertson, the Delegate to the American Institute of Homœopathy, 1883, delivered a few remarks relative to his attendance upon the meetings of the Institute.

Dr. E. W. Crooks, of Santa Barbara, was appointed as Delegate from the Society to the meeting of the American Institute of Homœopathy, 1884.

The consideration of the alterations and amendments to the Constitution and By-Laws was taken up, and after long discussion, numerous changes were made.

The following officers were elected for the ensuing year: President, Dr. G. E. Davis; First Vice-President, E. S. Breyfogle; Second Vice-President, H. C. French; Treasurer, Wm. Boericke; Secretary, A. C. Peterson. The Society then adjourned.

At the close of the meeting a banquet was tendered by the city physicians to the members from the interior, which was enjoyable in every way, and would have been a perfect success had more of the country physicians been able to remain over to attend.

PERSONAL NOTES.

The papers read at the last meeting of the State Homœopathic Society will be published in the CALIFORNIA HOMŒOPATH. The first of the series, by Dr. E. S. BREYFOGLE, appears in the present number.

ONE of our Eastern contemporaries wonders why our lectures are delivered in summer instead of the usual time elsewhere—during fall and winter. We answered that question in our announcement—it is on account of our climate, which is very favorable during the summer months for dissecting, etc.—the cool trade-winds from the Pacific moderating the temperature most delightfully. All the medical colleges in this city pursue their lectures during this season.

W. A. DEWEY, M.D., of New York, our Professor of Dermatology and Venereal Diseases, has arrived and begun a very acceptable course of lectures. The Doctor has opened an office at No. 726 Sutter street and promises to be a regular contributor to the HOMŒOPATH.

THE editor wishes to express his gratitude to his friends from the East who have contributed to the pages of the CALIFORNIA HOMŒOPATH, and hopes that they will continue to remember our efforts for the good of Homœopathy on this Coast and give us their valuable assistance. The article of Dr. CURRIER on Phthisis will appear in the next number. The Doctor, owing to his numerous duties, especially those connected with the college, finds it almost impossible to do as much for the journal now as our readers have been accustomed to; but, after all, it is to the busy men we must look to for support.

WE wish to call the attention of the profession to a new supply of *fresh Lachesis*, received from Germany. The article is genuine, every precaution having been taken in its preparation. BOERICKE & SCHRECK offer for sale the 4th cent. dilution.

THE editor wishes all journals, communications, books for review to be sent to his new office, 834 Sutter street, San Francisco.

LOCATIONS.

A Homœopathic physician will find an opening at either of the following places:

SONOMA, within a few hours' ride of San Francisco.

SONORA, county seat of Tuolumne county.

SUTTER CREEK, Amador county.

RED BLUFF, Cal., 2,500 inhabitants.

Apply for further information at **Boericke & Schreck's Homœopathic Pharmacy**, 234 Sutter street, San Francisco.

NEW PUBLICATIONS.

Some of the Diseases of the Rectum and their Homœopathic and Surgical Treatment. By M. AYRES, M.D. Chicago: Duncan Bros.

This little volume of Dr. Ayres' will be found most practical. The author has a large experience in his specialty, and he gives his readers the benefit of his experience. We found his recommendations of remedies accurate, and suggestions for general treatment very useful. The little book fills a want in our literature and fills it well.

Sexual Neurasthenia. Its Hygiene, Causes, Symptoms and Treatment, with a chapter on Diet for the Nervous. By GEO. M. BEARD, M.D. Edited by A. D. ROCKWELL, M.D. New York: E. B. Treat.

We have been much interested in perusing this posthumous work of Dr. Beard. The philosophy of the work, according to the author, is based on the theory that there is a special, and very important, and very frequent clinical variety of Neurasthenia (nervous exhaustion) to which the term sexual Neurasthenia (sexual exhaustion) may properly be applied. Those who are familiar with the author's previous work on Neurasthenia will find in his new contribution the same careful study and logical deduction that characterized the former volume. One of the most interesting chapters in the book, which, however, will not meet with general acceptance, is the one on Diet for the Nervous. The principle upon which he bases his selection is expressed as follows: "In proportion as man grows sensitive through civilization or through disease, he should diminish the quantity of cereals and fruits, which are far below him in the scale of evolution, and increase the quantity of animal food which is nearly related to him in the scale of evolution and therefore more easily assimilated. In his list of articles are no fruits, no vegetables, no cereals except wheat, no fats except butter, beers, ales, and most of the wines are noteworthy for not being in the list." The book is full of valuable suggestions and will repay study.

The Key-Notes of Medical Practice. By C. GATCHELL, M.D. Illustrated. Chicago: Gross & Delbridge.

Popular Department.

BILIOUS HEADACHE.

By E. B. SHULDHAM, M. D.

The bilious headache might be characterized rather by discomfort and distress, than by absolute severity of pain. The patient generally has complained for some days previously of confusion in the head and giddiness, with occasional nausea, a dislike to meat food in general, and to fatty meat in particular. If he passes a pastry-cook's grating, and a whiff of warm, steamy air comes up to his nostrils, redolent of mutton pies or richly flavored soups, he is then apt to take less interest in the wedding cakes and artistic confectionery that grace the windows than these examples of plastic art demand. Indeed, he is apt to hurry on to a cooler and less fragrant atmosphere, where the chaste coldness of Messrs. Fisher & Stidstone's stationery invites his eye, or where, in another window, the crystal purity of glass suggests iced claret rather than mulligatawny soup.

Furthermore, at night the patient is restless, and sometimes feverish before an outbreak of headache. The water is scant and high colored, the bowels are confined, and the evacuations pale and clay-like in color. The outbreak itself is often short and sharp. The patient wakes in the morning with a dull heavy feeling in his head, with a bitter, disagreeable taste in his mouth, with a general weariness or even pain in his limbs, with a pain in his right shoulder, and a feeling about him that he knows by past experience means mischief. He has also a curious sensation, as if his head were gigantically swollen, and must eventually fill the room; and when he rises from his bed the feeling amounts to almost an absolute certainty, the poor body seems so light and insignificant, and the head so inordinate in its dimensions. These

symptoms gradually intensify, the head becomes more confused, the pressure and aching around the forehead is more severe, the throbbing and giddiness increase on every movement, and the fireworks of a disordered liver play with increased liveliness before the sufferer's retina. In addition to the fireworks, there is also a general yellow spottiness of effect, as if some clever illusionists, like Messrs. Maskelyne and Cooke, were strewing spectral buttercups and primroses on the white linen sheet and counterpane, on the white window curtains, and on the white walls of the sufferer's bedroom. When matters have come to this pass, we may be sure that very little relief will be obtained until vomiting occurs or the bowels act pretty freely. The vomiting will be first of the contents of the stomach mixed with bile, and secondly of pure bile and mucus; when both food and bile have been got rid of, there will be in many cases immense relief. The fulness and tightness around the forehead and temples will be mitigated, and the head will have lost some of its imaginary proportions, the oppression at the stomach will be less, there will be a less brilliant display of stars and rockets, the buttercups will have paled their yellow fires, and though the patient may feel somewhat prostrate and relax, yet it will be the prostration of relief, the calm happiness of prostration a patient may feel who has suffered the setting of a broken bone. I appeal to sufferers from headache for a defense of this comparison. The relief is often immediate after a severe attack of vomiting, especially if a large quantity of bile is ejected.

As chronic dyspepsia is sometimes the forerunner of an acute bilious attack, so some of the medicines named for treatment of the former trouble will be found useful for the latter.

Nux vomica, *bryonia*, *pulsatilla*, and *chamomilla* have been spoken of, and can be referred to, in the *Materia Medica*. I will here name *iris versicolor* as a very useful medicine in cases of headache that occur with bilious vomiting. The pain is generally seated in the right side of the head, in the forehead, and over the brow; it is worse for rest, and better for slow movement in the open air. The sickness is accom-

panied by diarrhœa and prostration, both physical and mental. The vomiting is decidedly bilious. The face and forehead are often bathed in clammy cold perspiration. In the symptoms of this drug we have both pain and sickness as prominent features, whereas in the case of *ipecacuanha* we have sickness predominating and pain appearing as a minor symptom; and therefore this drug will be of more value in checking the sickness incident to a bilious attack than in controlling the concomitant pains in the head. The sickness of *ipecacuanha* is more a stomach trouble than a liver weakness; it is more continuous than that of iris, lasting after bile has been got rid of, and brought on even by drinking cold water.

CIDER AND ITS ANTI-CALCULOUS PROPERTIES.

A writer in the *Gaz. Med. de l'Algerie* calls attention to a recent publication by a pupil of Dr. Denis-Dumont, surgeon-in-chief of the Hotel-Dieu, of Caen, which professes to demonstrate that cider is the enemy of stone in all the varieties of calculi which, from one cause or another, affect the bladder. During a long experience in the hospitals of Caen, Dr. Denis-Dumont was struck with the almost complete absence of patients affected with stone—almost complete, because there were a few cases whose habitual beverage was wine. On treating these cases with cider, they were either considerably benefited, or entirely relieved of their malady. Struck with these facts, Dr. Denis-Dumont entered into correspondence with a large number of the medical practitioners of Normandy, principally those who practiced in localities where cider was the common and almost sole beverage. Of these practitioners, some of whom were of forty years' experience and longer, none had treated a case of stone. If they had treated any affection allied to stone, it was in cases where cider was not the ordinary drink, or it was due to some foreign cause. As a consequence, he has collected a mass of valuable observations which confirm his conjectures, and support him in formulating the proposition that cider is not only a prophylactic against the formation of stone and other affections of the bladder, but also that it

is an energetic curative agent, when in the condition to be absorbed, like any ordinary drink, and brewed in the best manner. Cider, even in Normandy, is frequently improperly made—but it would seem that bad cider is not worse than bad wine. The writer, using the precaution to declare that he is not of Normandy, goes on to say, with the effusion of a Frenchman, that if the results of Dr. Denis-Dumont are admitted, they will furnish cause enough for the encouragement of plantations of apple-trees, and for the fabrication of a beverage which laughs at the phylloxera, which has been served on the table of the Queen of France, to Saint Radegonde; which Charlemagne did not despise; which was celebrated after the epic mode in a Latin poem dedicated to the glory of Phillippe-Augustus by Guillaume le Breton, and which Francois the First appreciated on his visit to Normandy.—*St. Louis Clinical Review*.

A SEDUCTIVE DRUG.

BY PROF. G. W. WINTERBURN, PH.D., M.D., NEW YORK.

I do not propose to occupy time relating instances of the opium habit. There is not a physician in active practice in any part of the country who has not abundant opportunity for personal investigation of these effects. There is not a physician but who finds his efforts to cure chronic diseases constantly baffled by the effects of opium upon the system. For it is not alone those who are degraded to inebriety that feel the baneful effects of this drug. It is its nature to interfere with the action of every other remedy, to make chronic diseases more obstinate, to stand between patient and physician as an obstacle to cure. This is the case not only when taken in the immense doses of the confirmed inebriate but also when given in what are called moderate and safe dosage.

While it is harmful to all it is infinitely more so to the young. There is a triad of infant-murderers, and their names are Godfrey's Cordial, Paregoric, and Mrs. Winslow's Soothing Syrup. The two former are harmless compared to the last mentioned, which contains a grain of sulphate of morphia to the ounce. That each of them cause many deaths annually

both directly and indirectly, and induce weakened health of the body and brain to a much larger number than are killed outright, are undeniable facts; but for murderous efficiency Mrs. Winslow bears the palm. No punishment in this world or beyond the grave is too severe for that person who, reveling in the ill-gotten wealth secured under a fictitious name and by false pretenses, has murdered, as surely as if she had herself plied the dose, so many thousands of her little countrymen. Only those who have had experience in the tenement house districts of our large cities can realize the enormity of this crime. Many a little sufferer whose demise is chronicled in the records of the Board of Health as from meningitis, marasmus, dysentery, or fever, was killed by the slow undermining of the constitution by one of these opiated preparations.

* * * * *

These mixtures are used, in a vast majority of cases, because they are supposed to be harmless. Many do not know that paregoric contains opium, and many a mother who would look upon a doctor who gave her baby morphine as a very bad man, gives that same baby paregoric by the teaspoonful. The remedy would be to require every bottle containing any preparation of opium to have affixed thereto a label stating the fact and a caution against large doses or habitual use. Or better still, prevent the sale of opiated mixtures except on a physicians prescription.

One instance will illustrate this observation. A very intelligent woman, the daughter of a well-to-do farmer and the wife of a boss painter, living in comfortable circumstances, and the mother of two lovely children, told me a few days since how fond her baby—four months old—was of Mrs. Winslow's Syrup. "Why," said she, "she will get so mad if I don't give it to her, and scream and kick all the morning." I suggested that perhaps she was in pain. "Oh, no, she ain't; it's just temper, she likes the syrup so much." Inquiry developed the fact that when the child was about two weeks old it was troubled with insomnia, and the mother gave the syrup to make it sleep, supposing it was harmless. Now, so used had it become to its effects that one teaspoonful simply made it good natured, and it would take two or even

three (morphine gr. 3-8) teaspoonfuls to make it sleep. What would be the chances for a child so habituated to the use of opium, if ever seized with cholera infantum or pneumonia? On explaining to the mother the peril she was incurring for her child, and the nature of the drug she was using, she promised to wean it from it—"as soon as the house-cleaning was through with." * * *

—*St. Louis Clinical Review.*

THE EVILS OF THE HIGH-HEEL BOOT.

The evils of the high-heeled boots or shoes are due to the fact that it is an essentially badly-fitting article. It is made in defiance of the relation which it ought to bear to the anatomy of the foot, and to the direction in which the pressure of the body weight falls upon the latter. Hence the peculiarly cramped walk of the ladies of the present day. Any one may observe the consequences of the "advanced position," nearly under the instep, and the increased height of heel, in the substitution of a forward inclination of the body, and a trip suggestive, in a measure, of the stumbling gait, for the upright carriage and the free and graceful swinging movement natural to the leg in walking. The boot, or shoe, in order that it may not shift on the foot, which has lost much of its usual purchase of direct downward pressure, must hold it firmly and even tightly, and in particular it is necessarily constructed so as to hold with undue firmness just above the back of the heel. With some persons, perhaps, no inconvenience results, with others who have fine skins, chafing is readily produced. This is, in itself, a trifle, but it may, nevertheless, be the slight beginning of graver troubles. Probably there is no practitioner fairly long acquainted with town practice who cannot recall a case or cases in which extensive inflammation of the leg with abscess formation has followed even such a slight abrasion, and the exciting cause, when looked for, was discovered in the patient's shoe. There have been even instances, fortunately rare, but still occasional, where abscesses arising round some neglected trifle of this kind have ended fatally. These are facts which cannot be denied, and should not be overlooked.—*London Lancet.*

THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, ... WM. BOERICKE, M. D

VOL. II. SAN FRANCISCO, SEPTEMBER, 1884. No. 5.

EDITORIAL.

WE hold it to be the duty of every Homœopathic physician to encourage the efforts of the Hahnemann Medical College of San Francisco to teach pure Homœopathy on this Coast. The most feasible method of encouraging this effort is to send to this institution students—intelligent, with good preliminary education, to receive their medical training. It is both unnecessary and unjust to our workers in this cause to send students desiring Homœopathic instruction East, or to one of the old school colleges on this Coast. The results will prove that we are as able to ensure good work as our Eastern and old school colleagues here, and we save our students the expense of a long journey on the one hand and the deleterious influences of a one sided, exclusive, dogmatic medical training on the other—a training whose every phase is characterized by faithlessness in the efficiency of drugs chosen according to the Homœopathic law of cure—the only method that is in harmony with physiology and all scientific researches.

The policy of the college is one that ought to appeal to every Homœopath throughout the land, and certainly gain for it the respect at least of all medical men of any school. It is to teach the principles of Homœopathy as a science and to illustrate practically their application to the various branches of medicine. It is the desire of the Faculty and Directors of the Hahnemann College to abide by the literal interpretation of their announcement and our ready acceptance of the programme of the Inter-collegiate Committee of the American Institute shows our position in aiming at and maintaining a high standard of medical education, and thereby achieve the only desirable results. We do not care for great numbers, and certainly do not want any unless they come to us in freedom and with the earnest desire to learn true Homœopathy from a Homœopathic institution. Have we not a right therefore, to expect the sympathy and co-operation of every Homœopathic physician on this Coast?

At the late meeting of the American Institute of Homœopathy, held at Dear Park, Md., June, 1884, Dr. I. T. Talbot, Chairman of the Inter-collegiate Committee, submitted the following report:

To the Homœopathic Physicians of the United States.

By vote of the Inter-collegiate Committee of the American Institute, it has been decided that after the session of 1884-5, all colleges represented on that committee and therefore in the Institute, shall require an entrance examination previous to matriculation. This examination shall include:

1. Creditable Certificate of good moral character.
2. A diploma, certificate or other proof of graduation from a college, academy or high school, or a State or county teacher's certificate, or lacking this,
3. A thorough examination in the branches of a good English education, including elementary mathematics, English composition and elementary physics or natural philosophy.

Thus while a liberal education forms the best basis for professional study, it will be seen that all the reputable Homœopathic colleges in the United States unite in requiring that there shall be no serious disqualifications allowed to those entering upon the study of medicine, and they desire earnestly to impress upon preceptors before receiving students to see that they have the proper moral and literary qualifications. It is often the case that a year or more spent in an academy or high school may be necessary to meet the minimum requirements to enter upon the study of medicine—a profession which should aim to secure in its ranks the highest standard of moral and mental attainments. If by this step an occasional student should be diverted from an already crowded profession, or delayed in entering it by a more thorough preparation, the whole profession would be elevated and improved thereby.

The colleges ask the assistance and co-operation of every physician in the rigid enforcement of this resolution.

On motion the report was adopted and the Secretary instructed to furnish a copy of same to the medical journals for publications.

ORIGINAL ARTICLES.

A FEW REMARKS ON THE DIAGNOSIS OF INCIPIENT PHTHISIS.

By C. B. CURRIER, M.D.

The diagnosis and treatment of Phthisis is a subject which has engaged the best minds in the profession since medicine first existed among the sciences, and one might hesitate to offer for further consideration a subject upon which so much able and exhaustive comment has already been made, were it not for the fact that there always remains something yet to be discussed and learned in regard to all great questions however well the ground may have been gone over, and while there still remains no one disease so generally diffused among

all nations, ranks and ages so universally dreaded, or so intractable to curative treatment as Tuberculosis in its various phases, its nature and relations, must still command our most careful consideration. Until within comparatively recent times examination into abnormal conditions of the thoracic organs was confined to auscultation and percussion, and to anatomical research, and as manifold as were the anatomical results obtained from the dead subject, so were the views respecting the nature and origin of phthisis, and even to this day the pathology of the disease still baffles us and remains an unsettled problem, the ultimate solution of which may be, and probably is, still far distant.

The medical profession has much for which to be grateful in the introduction of the laryngoscope, for by it new light has been thrown upon pathological diagnosis in regard to the respiratory tract, and mathematical certainty has been given to many conditions in which mere physical exploration might leave us groping in the dark. But nowhere has the laryngeal mirror proven to be of more practical value than in discovering to us some few phenomena relating to the diagnosis of Incipient Phthisis in its earliest development, before little if any structural change has taken place in lung tissue. These facts if fully recognized and appreciated by the general practitioner will give valuable aid to an early diagnosis in this most insidious disease, which slays its thousands every year in spite of the best directed efforts of medical science to stay its progress after it has become established. The consumptive patient is proverbially hopeful, seldom seeking medical advice until his symptoms have assumed a formidable character, and nature's early admonitions of impending danger are not always intelligently regarded either by the patient, his friends, or by the family physician whose every energy is too closely engaged in warfare against actually existing disease to be always able to anticipate its insidious approach.

Every physician knows how often laryngeal phthisis is found in connection with pulmonary phthisis, and it is no less true that in very many cases manifestations of the disease may be detected in the larynx long before they are re-

cognized in the lungs, and in almost all cases the condition of the mucous membrane investing the larynx may be considered as an index to the condition of the mucous membrane lining the lungs. But there are also certain characteristic changes to be found in the color and shape of the larynx in the earlier and premonitory stages of phthisis, which are of supreme importance in the detection of the condition. The first of which may be described as a peculiar ashy-grey color of the entire mucous membrane investing the pharynx and larynx, differing completely from ordinary anæmic paleness, and which although not easy to describe, when once seen is not likely to be mistaken for any other condition and may be considered as one of the earliest danger signals where a tendency to phthisis may be reasonably suspected. While an anæmic condition of the laryngeal mucous membrane may be consequent upon general anæmia, excluding all ordinary causes the fact may be always regarded as most suspicious, even when auscultation and percussion may give no evidence of disease in the lung. Further to this preternatural alteration in the color of the membrane, progression in the disease may next be manifested in the laryngeal mirror by a peculiar roughness and swelling in the vicinity of the arytenoid cartilages and the epiglottis. This roughness may so increase as to sprout up into a pyriform growth resembling a papilloma, which it would be a fatal mistake to remove by operative procedure, since if in such case there should be a phthisical dyscrasia, ulceration would inevitably ensue and the patient be thrown into an advanced stage of phthisis.

When the epiglottis is affected its cornicula becomes swollen and deformed, or so contracted by ulcerative process that it can no longer fulfill its office of protection to the larynx, and, in an advanced stage in this condition, the act of deglutition is made so difficult and painful that the poor sufferer often actually shrinks from eating or drinking.

The above described conditions have been declared by competent authority to sustain a certain relation to phthisis pulmonalis, inasmuch as in cases where we find only the pyriform swelling on the arytenoid cartilages we may assume that there has been as yet no destruction of lung tissue, and

where such destruction has already begun in the lung, we will find that the mobility of the epiglottis is more or less impaired by the swelling or infiltration of its tissues.

Disease in the lung almost invariably begins in the same side as the affection that may already exist in the larynx, and *vice versa*. While cases may be found where evidence of phthisis may exist in the larynx when con-comitant signs of disease in the lungs are absent or doubtful. On the other hand, if the degenerative process in the larynx be once begun and left unchallenged it will do fateful execution, independent of pulmonary complication, and in a patient who has a family history of phthisis, ordinary recurrent sore-throat, may be considered to be a very suspicious ailment, not to be lightly considered or neglected, as it is liable to degenerate into serious conditions. Hoarseness is one of the earliest and most persistent symptoms of incipient phthisis and is the primary indication that should arrest the attention and point to the necessity of curative interference. It is sometimes noticeable long before any chest symptoms have become manifest, as the disease advances, cough becomes a prominent symptom, and while the real nature of the morbid process is often disguised by recurrent colds and catarrhal conditions, the gravity of the situation if unsuspected and unrecognized will all too soon become fatally apparent. The experience of every physician in large practice teaches him how often phthisis is present before the patient or his friends recognize its indications; and also how little importance may be attached to the patient's assertion that he is in fairly good health, even at the time when he is being questioned in regard to unfavorable indications to which he confesses. The importance of laboring to check the advance of phthisis, and to lessen the number of its victims, has never been more apparent in all the world's history than now, when there is a growing recognition of the necessity of proper attention being given to the preservation of health, and to the avoidable causes of disease, and although we may never hope to eradicate the disease from the human family until it has become a matter of individual effort and self-denial on the part of those who have an inheritance in the fatal dyscrasia,

still, much may be done towards lessening the mortality among those in whom the evidence of the disease has been certainly detected, and much more may be effected for the benefit of those who exhibit merely a constitutional or inherited tendency, by the intelligent use of preventive as well as curative measures.

In its earlier stages, as exhibited in the foregoing remarks, there is no question but that incipient phthisis is a curable disease—always provided the treatment be prompt, thorough and intelligent—favorable surroundings, of course, being conceded, in an abundance of pure air, sunshine, nourishing food, with freedom from all the causes which tend to the lowering of vitality. It is perhaps needless to say that an early diagnosis in this most insidious disease, makes the prognosis much more hopeful, or that it requires more than ordinary diagnostic skill to interpret the value of indications which sometimes occur in the earlier stages of phthisis.

Much benefit, and often permanent cure results from remedies selected in specific relation to the local, as well as to the general condition of the patient, and considerable value should be attached to inhalations to the properly selected homœopathic remedy, as being among the most important of curative measures, together with daily inunctions of the best olive oil over the whole surface of the body. The character of the inhalation must of course depend upon the individual necessities of the case, the proper time for such treatment being one hour before each meal, and the number of inhalations may be from 60 to 150 a day, each inhalation being as long in duration as possible. Argent. Nitric given internally, 6x, and also used as an inhalation, 1 gr. to the oz. of distilled water, is a highly beneficial agent in all stages of phthisis which involve the larynx. It serves to reduce the inflammation in the incipient stage, and later the stronger solutions of this salt reduce the morbid swelling and growths in the mucous membrane.

Arsenicum 3x.—There is hardly any stage of phthisis where this remedy is not a most efficient agent, it stimulates nutrition, while inhalations of from 1 to 4 drops to an oz. of water are valuable in cases where the mucous membrane of

the larynx shows the paler gray-ashy color to which we have alluded.

Mercurius Iodide after *Arsenicum* is one of our grand remedies when the larynx exhibits evidences of phthisis, and it has a special value in subjects of a scrofulous and syphilitic diathesis, and all forms of laryngeal phthisis come within the range of its action.

For local application by atomization; 3 grs. of Iodide of Potassium to an oz. of distilled water, often lessens the laryngeal swelling and tends to heal ulceration. It is of great service in persons of strumous habit.

Phosphorus allays the sensation that produces the tickling and hacking cough, which is a special indication for its use.

Cal. Carb., *Carbo Veg.*, *Bry.*, *Puls.* and *Nux Vom.* are all excellent remedies when the digestive functions are impaired.

The matter of first importance relating to incipient phthisis is to be able to make an early discovery of its indications, and if it be recognized in due season, the Hahnemannian law of cure affords a wealth of resource to arrest any particular functional derangement that may have induced the morbid conditions which invariably obtain in incipient phthisis.

PELVIC ABSCESS.

BY DR. HART, DENVER, COL.

This condition has received as many names as there are authorities in the practice of Gynæcology.

I shall simply stick to the old one, as being the more comprehensive. It generally follows child-birth or an injury, but this rule is not arbitrary as my second illustrative case will show, the "causa morbi" of which we could not find out, and for practical reasons we explain as the old Professors do, by saying, "it was caused by a disturbance of

the vital forces." The more frequent causes of Pelvic Abscess are Pelvic Cellulitis, and Pelvic Peritonitis.

Authorities again split hairs upon these conditions, but the best of them generally admit it hard to determine the exact dividing line, and which is true, the double event in many cases. The symptoms of these abscesses are such as generally accompany an accumulation of pus. Most prominent are the chills, night sweats, and flexion of the limbs, pain and less often fluctuating tumors. These are uncertain, and especially so as to locality. I have opened them in the umbilical region and in the upper third on the internal surface of the thigh; the pus in the last case having gravitated down the sheath of the femoral vessels.

Some Gynecologist (I think Tait, of London) has a rule applying to the diagnosis of ovarian tumors, which so excellently applies to all cases requiring an operation in the abdominal region that I will quote it. "There are so many conditions which mimic them, and so few facts in connection with them, upon which implicit reliance can be placed, that the only safety is to be found in the process of reasoning by exclusion, that is, for a proper diagnosis, first of all, to make a mental list of all the conditions that it might be, and exclude them one after another until no alternative is left" Any one who follows a converse plan, will be led into some fatal blunder.

Mrs. G., wife of a Govt. Surveyor, requested an examination in 1881; had been ill some months; had chills, fever and *quinine*, during which time a premature birth at six months had occurred, as the result of an abdominal injury; her age, twenty-eight, complexion fair, weight about 140, medium height; family history good. Dr. Smythe and myself examined the lady. She had been treated by an old school Gynecologist, after one of his colleagues had delivered her, leaving a portion of the placenta in Utero. His treatment for three months had been for enlargement of the spleen and liver. We removed a lead plaster from the abdomen, and from the condition (left leg flexed, left iliac region tumefied, pain, fluctuation, etc.) diagnosed a Pelvic Abscess. Drs. Everett, Smythe and myself, using the largest sized aspirator

and trocar, removed six ounces of very thick pus from the abdomen. The few next days the lady improved, but sank on the fifth rapidly. Remedies did not improve the condition. A vaginal examination on this day, by Dr. Smythe and myself, detected pus issuing through the vaginal walls near the neck of the womb. We punctured with a long trocar but obtained very little pus, and from the fact that the lowest point of fluctuation now was external, and we thought external to the Peritoneum, we opened freely in the neighborhood of the anterior superior spinous process of the ilium, and finding after carefully cutting to the peritoneum, it was in the cavity, opened the same and evacuated forty-two ounces of decomposing pus; we trusting to the absorbing functions of the peritoneum, closed the opening. The patient was very much exhausted, temperature 97, pulse 96, and weak, extremities cold. Our prescription was Carbo. Veg. and Aconite. For four days she made little improvement, after which she gained nicely, and in one month was at work, and has ever since enjoyed good health, and most of the time operated a sewing machine. I cite this case and also the following, in which we used no disinfectants by injecting washes, or otherwise, and in which the pus was of long standing, but nevertheless done as well as any case like it possibly could.

I believe (and my belief is based on considerable experience) that much damage is produced by too much interference with nature's process, after an operation.

In August, 1880, Dr. D. of Chicago, himself a graduate of Hahnemann College, called us to see his wife, she had been an invalid for several years; strange to relate, had been under old school and Electropathic treatment. We found the lady had been bed-ridden most of the previous year, and had suffered great agony in the left ovarian region, left limb flexed, diffused tumefaction, although married some twelve years, had never been pregnant, the possible reason for which was, her husband had never had connection with her by reason of an existing vaginismus, nor could we make a vaginal examination (although we tried) for the same reason. Palpitation over the left abdominal region discovered un-

mistakable signs of pus; age forty, dark complexion, tall, greatly emaciated. We requested Dr. D. to obtain counsel and assistance from our school, and with the assent of both himself and wife, proposed to open the abscess the next day, which was done, the swelling, throbbing, and pain had been constant for over a year. The matter was not weighed, but was considerable in quantity, thick, bloody, and odorous. Her condition was so low, physically, we should not have operated had it not been a dernier resort. It should have been done months before, and as she had employed a physician of the first rank, I cannot conceive why this had not been done. Neither Dr. Wheeler, Smythe or myself found anything abnormal in the vaginal examination, while the patient was under the influence of chloroform. After the opening had discharged what it would at the time, we placed in the abdomen a drainage tube, which discharged freely several ounces a day at first, gradually dressing for three weeks. She was placed upon *Silicia* 2nd cent. In three months she removed to Leadville, gaining all the time in every way. In one year's time she commenced to do her own housework; in two year's time the discharge ceased, her weight was 187 pounds, and health in every way good.

The next case I should not mention, only as regards the location. The lady, aged twenty-two, the mother of two children, aged respectively four and two years, had not seen a well day since the birth of the last child; family history good, medium height, dark complexion, very badly emaciated, no appetite, bowels constipated, urine scanty, containing trace of pus, pulse 85 and weak, temperature $96\frac{1}{2}$; had taken quinine mixtures for year past, with application of liniments, etc. Some weeks after child-birth, not having been able to leave her room (the birth was natural) she was taken with chills, fever and sweat, followed by pain in the left lower abdominal region, which in a few days was swollen. Applications from this time on relieved for the time being the different pains, and the hypodermic injections of morphia, her agony. The swelling at last disappeared to reappear slightly upon the thigh. At this state she came under my care. Signs of phlebitis were present but I carefully

cut down (although the abscess did not point) between the sartorius and adductor longus. She was a woman of good weight naturally, and I was fearful of what the consequences might be in this case, but was successful enough to meet my patient on the streets in three months. The lady was Mrs. John Morey, of Lawrence, date, August 1876, was assisted by Dr. Henderson.

THERAPEUTICS OF INTERMITTENT FEVER, BY H. C. ALLEN, M.D.

By A. McNEIL, M. D.

Prof. H. C. Allen, of Michigan University, has again made the profession and community his debtors, by issuing a second edition of his work, "Intermittent Fever." This edition is entirely rewritten, new remedies added, and the old ones much better elucidated, added to and made thorough and complete by the addition of the Repertory, which very much facilitates the study of cases and epidemics. We must compliment its publisher, Dr. F. E. Boericke, of Philadelphia, on the manner in which he has done his work, in printing and binding, the work being printed in full-faced italics and ordinary type, accordingly as the symptoms are more or less characteristic. The book is an octavo of 342 pages including the Repertory. The different kinds of type is a very great advantage in study, that is apparent at first sight.

A short introduction takes up the popular theory that the causes of this and other fevers is malaria, which is caused by the presence of heat, moisture and decaying vegetable matter. I might enlarge on the fallacy of this theory, but will only mention two out of the hundreds that may be adduced. The valley of the Amazon, under the equator, submerged periodically with a very heavy atmosphere, and luxuriantly fertile, has but few mild cases of intermittents and remittents, while Madrid, cool, arid, and barren, is characterized by the prevalence and malignity of these fevers. The author shows the indispensable necessity of a careful examination of the patient and then prescribing on the

totality of the symptoms. No generalizing can succeed, only the most careful individualizing enables the physician to select *the* remedy. But he also shows the advantage of watching carefully the genus epidemicus, and selecting the remedy not only for the individual patient but for the community. Hahnemann had observed this, and prescribed the mode for making profitable use of it. In my humble opinion more homœopathic physicians have been deterred from the homœopathic treatment of this disease, which is so commonly treated allopathically, by not being impressed with the fact that we are not confined to the symptoms of one patient in selecting the remedy, but the symptoms of many should be aggregated and *the* remedy found for all or nearly all. The selection of *the* remedy is carefully elucidated so as to be easily understood and imitated. The plan of the work is very similar to that well known and generally approved work, Bell and Laird on Diarrhoea, but as it is very difficult to describe, I will select an example of one, the remedies to which but little space is allotted, although I would have preferred one of the more important ones as showing more clearly the scope of the work, as the latter also have tabular comparisons with like acting remedies:

Baptisia Tinctoria.

CHARACTERISTIC.—LYMPHATIC TEMPERAMENT.

DYSENTERY OF OLD PEOPLE: DIARRHOEA OF CHILDREN, ESPECIALLY WHEN VERY OFFENSIVE.

GREAT PROSTRATION, WITH DISPOSITION TO DECOMPOSITION OF FLUIDS.

ULCERATION OF MUCOUS MEMBRANES, EXHALATIONS AND DISCHARGES OFFENSIVE, FETID, (PSOR.) BREATH, STOOLS, URINE, SWEAT.

STUPOR, FALLS ASLEEP WHILE BEING SPOKEN TO IN THE MIDST OF HIS ANSWER, (WHEN SPOKEN TO ANSWERS CORRECTLY, BUT DELIRIUM AT ONCE RETURNS, ARN.)

CANNOT GO TO SLEEP BECAUSE SHE CANNOT GET HERSELF TOGETHER, FEELS SCATTERED ABOUT, AND TOSSES ABOUT TO GET THE PIECES TOGETHER; THOUGHT SHE WAS THREE PERSONS AND COULD NOT KEEP THEM COVERED.

FACE: FLUSHED, DUSKY, DARK RED, WITH A STUPID BESOTTED EXPRESSION.

CAN SWALLOW LIQUIDS ONLY; THE LEAST SOLID FOOD GAGS, (CAN SWALLOW LIQUIDS ONLY BUT HAS AVERSION TO THEM, SEL.)

IN WHATEVER POSITION THE PATIENT LIES THE PARTS RESTED UPON FEEL SORE AND BRUISED, (ARN).

TYPE.—Quotidian; double quotidian; intermittent or remittent; during epidemic typhoid; hot weather in autumn; prone to become typhoid.

TIME.—Every A. M. at 11; *chill, fever and sweat every afternoon.*

PRODROME.—Great languor; wants to lie down; general malaise; feels weak, tremorous, as after severe illness; sore; bruised.

CHILL.—*Chilly all day; whole body feels sore; bruised, (ARN).* Chills up and down the back, (GELS); over the back and limbs; over the back while sitting by the fire; on going into the open air; with severe aching in muscles of whole body.

HEAT.—Whole surface hot and dry, with occasional chills, mostly up and down the back, (ARS.); flashes of heat from small of back in all directions, (GELS); over the face; over the whole body; at 3 A. M., with feeling as if sweat would break out; uncomfortable burning all over surface as if sweat would break out; had to move to a cool part of the bed; heat at night; burning in legs preventing sleep; limbs hot but feel cold.

SWEAT.—Fetid, frequent but not profuse perspiration.

TONGUE.—White, with red edges; brown streak down centre; taste flat or bitter; cannot digest food.

APYREXIA.—Indiscribable sick feeling all over; generally weak, restless, uneasy; can confine himself to nothing; wants to be continually moving from place to place.

Having shown how the first part of the work is written, let us turn to the repertory.

Commencement of Chill.

Chill begins in:

Abdomen: APIS, Cur., Ign., Verat.

“ and extends to fingers and toes: Calad.

Ankles, between knees and: Cinch., Lach., Puls.

Arms: BELL., Dig., Hell., *Ign.*, Mez., Plat.

“ both, in: BELL., Dig., Hell., Mez.

“ “ at once, in, thence over the body: BELL.

“ upper arms and spreads to chest and back: IGN.

“ “ and thighs: Psor.,

Arm, right: *Mercurialis*.

“ “ and right side of chest: MERCURIALIS.

“ left: *Nux. m.*

“ “ and lower limbs: NUX. M.

“ “ hand: Carbo. v.

“ on which he lies: Carbo. v.

Back, beginning in: Arg. m., Bap., Bor., Cac., Canth., CAPS.,
Ced., Dulc., EUP. PERF., EUP. PURP., *Gamb.*, Gels.,
Kali. iod., LACH., Led., *Lyc.*, Natr. m., POLYP., Sars.,
Lip., Spong.

“ beginning in, or running up the: CANTH.

“ “ “ passing up and down, thence over body:
Eup. Purp.

“ beginning in, dorsal region: EUP. PERF., Gels., LACH.,
Natr. m.

“ beginning in, interscapular region: CAPS., Led.,
POLYP., Sarr., *Lep.*

“ beginning in lumbar region: EUP., PURP., LACH.,
NATR. M.

“ spreads from the: *Eup. Perf.*

Body, left side: Carb. v., Caust.

Chest: *Apis.*, Ars., *Carb.*, Cic., Cina., *Mercurialis*, Nux. v.
Lep.

“ and extends down the legs and into the arms: Cic.

“ front of, in: APIS.

But it is only by a careful study that its merits can be fully appreciated. It may be objected that a practicing physician cannot afford to pay so much attention to one drug, particularly if he does not practice in a malarious region. Nearly everything in the work is available in other fevers, and in general diseases as well.

I put my copy on a low shelf with “Hering on the Mind,” and on “Typhoid,” Bell and Laird on “Diarrhœa,” “Egger’s Discharges,” and it is not overshadowed either.

THE SECRET OF MATTEI'S ELECTRO-HOMŒOPATHY REVEALED.

By E. W. BERRIDGE, M.D.

For some years the curiosity of the public has been excited by a new system of therapeutics founded by Count Mattei, and named by him "Electro-Homœopathy." This system probably would have attracted but little attention, and, like the now worn-out systems of Thomsonianism, Schuesslerism, etc., would have died a natural death from inanition, had not the founder not only appropriated the name of Homœopathy with a distinctive but very unmeaning prefix, but actually claimed that his system was an improvement on Homœopathy—"the continuation and the crowning-point of the medical science constituted by HAHNEMANN" "The Principles of Electro-Homœopathy," p. 35.)

Every scientific physician who has read Mattei's own exposition of his system must have seen the fallacies upon which it is based. His claim that it develops and supersedes that of HAHNEMANN is founded upon an imperfect and erroneous idea of what the latter really taught; while the utterly false pathology which underlies it clearly proves to every rational mind that the superstructure must prove false also.

Of course I shall be met with the argument that Matteism has repeatedly proved successful in practice, and that therefore the pathological theories upon which it is based must be reliable. At some future time I may examine his theories in detail; at present I will only observe that such an argument proves nothing, because cures have been effected by physicians of all schools of medicine. The simple truth is this, that *whenever a physician accomplishes a really good cure, it is because he has given a more or less homœopathic remedy.* These remedies therefore will cure when homœopathic to the case, and will fail when they are not; hence the discrepancies in the results obtained by those who administer them only according to the very imperfect and uncertain rules of the system of Electro-Homœopathy.

Being satisfied from reports that reached me that these were powerful remedies, though at present given empirically, I instituted a series of investigations in order to discover their true nature, that they might be rescued from the realm of secrecy, and incorporated, in due method, into our Homœopathic Materia Medica. This I have now succeeded in doing with regard to almost all, and take the earliest opportunity of laying the results before my colleagues, asking them to make this unveiling as public as possible by copying it into all the other medical journals, and to institute provings of the remedies themselves. I am not at liberty to divulge the various sources from which I obtained my information; suffice it to say that the authorities all professed to have derived the secret from Mattei himself, and that their accounts are in perfect harmony, though some contain more facts than others.

The following are the names of the medicines extracted from the *Monitor*, "the only publication in Italy recognized by the inventor." Where I have added a (?) it signifies that the name of the medicine is as yet unknown to me.

Antiscrofuloso 1.—*Betonica aquatica*.

Antiscrofuloso 2 or new.—*Brassica oleracea*.

Antiscrofuloso 3 or double.—Mixture of *Scrofuloso* and *Canceroso*.

Antiscrofuloso 5.—Mixture of *Scrofuloso*, *Canceroso*, and *Febrifugo*.

Antiscrofuloso 6.—Mixture of *Scrofuloso*, *Canceroso* and *Angiotico*.

Anticanceroso 1.—*Sedum acre*.

Anticanceroso 2 or new.—*Sempervivum tectorum*.

Anticanceroso double.—*Sedum telephium*.

Anticanceroso 4.—*Matricaria* (wild German chamomile),

Anticanceroso 5.—*Sisymbrium nasturtium*.

Anticanceroso 6.—(?).

Anticanceroso 10 is composed of ten different anticancerous remedies.

T. Anticanceroso B.—(?).

Antiangiotico 1.—*Thlapsi bursa pastoris*.

Antiangiotico 2.—*Chenopodium centinodia*.

Antiangiotico 3.—Mixture of *angiotico* 1 and 2.

Antivenereo 1.—*Persicaria urens* (*Polygonum hydropiper*).

*Antifebrifugo 1.—*Verbena officinalis*.

Antifebrifugo 2 or new.—*Erysimum officinale*.

Antivermifugo 1.—*Gentiana lutea*.

Antivermifugo new.—*Gentiana (grande de Chamounix)*.

Antipettorale 1.—*Galeopsis grandiflora* (a small white flower of the Alps).

Antipettorale 2.—Mixture of *Pettorale* and *Canceroso*.

Antipettorale 3.—Mixture of *Pettorale*, *Canceroso*, and *Angiotico*.

Antipettorale 4.—Mixture of *Pettorale*, *Canceroso*, *Angiotico*, and *Scrofuloso*.

Antilymphatico.—Mixture of all Mattei's remedies.

In addition to these remedies, Electro-Homœopathy supplies us five forms of electricity (!!!), the red, blue, green, white, and yellow. These are simply distillations of some of the above plants growing about Chamounix, as follows:

Red electricity.—*Betonica aquatica*.

Blue " *Thlapsi bursa pastoris*.

Green " *Sedum acre*.

White " *Galeopsis grandiflora*.

Yellow " *Gentiana lutea*.

Thus far for the names of the medicines. As a further mystery has been made about the mode of their preparation, I may state that this additional secret simply consists, as I am informed, in gathering them at times when they possess their most powerful medicinal properties, and some under peculiar phases of the moon. The precise details will be probably found in the old herbals (such as Culpepper), from which I understand Mattei obtained his information.

As external confirmations of the above accounts the following facts are interesting:

(1.) A very observant colleague, who, I am sorry to say, has allowed himself to be entangled in Matteism, tells me that he has found Mattei's *Antiangiotico* 1 act the same as *Bursa pastoris*.

* Only a grossly illiterate person would coin such senseless designations as these.—Ed. H. W.

(2.) Another colleague informs me that he has found *Polygonum hydropiper* possessed of decided antisymphilitic properties.

(3.) In the *American Journal of Homœopathic Mat. Med.* vol. ii (old series), pp. 239-40, some cases of cancer are given cured by *Sempervivum tectorum*.

(The above facts prove that these remedies possess curative powers, even when not prepared according to Mattei's secret formula!!!)

(4.) The curative properties ascribed to the various "Electricities" in Mattei's *Vade Mecum*, just published, agree remarkably with those he ascribes to the five plants from which they are derived.

Those who have been accustomed to pay high prices for a very few of Mattei's globules, may be interested to know that potencies of the medicines whose botanical names are given above, can be obtained, *at the usual cost of Homœopathic potencies*, from Messrs. A. Heath & Co., 114 Ebury street, London, S.W.

48 Sussex Gardens, Hyde Park, W. London.

CLINICAL ITEMS.

Mitchella is useful when the urine is scanty and sediment profuse; urine is dark colored but sediment thrown down is whitish; neck of bladder irritable and sometimes it and urethral cedematous making urination urgent, tedious or impossible; mucous membrane of bladder involved, causing dull pain and uneasiness, especially in women with uterine disorders. Dr. King recommends it in sore nipples, the fluid extract being mixed with vaseline.—*Dr. Winterburn.*

Dr. D. H. Roberts arrives at the following conclusions in relation to Diphtheria: First, malignant diphtheria is infectious. Second, that the removal of the membrane by caustics or otherwise is extremely injurious. Third, that

cleanliness of the skin and pure air are more important than disinfectants, the latter being injurious whenever they irritate; as do the fumes of Sulphur, Chloride of Lime, etc. Fourth, that in regard to remedies, the homœopathically indicated remedy is probably the best. Yet as we may not be able to learn all the symptoms in a case, clinical experience should by no means be ignored. In his hands the mercurial preparations have given unmistakable evidence of curative effects; so also have apis and phytolacca. Fifth, that the paralysis which is probably never entirely absent requires careful consideration in all cases of diphtheria, those that die of this disease being usually carried off by the paralysis of important organs. In regard to the bacteric theory he does not regard its truth as established, and even if so, the similimum would be the remedy.—*Journal of Obstetrics*.

Hyoscyamus has chills from small of back up to nape.

Fucus Vesiculosus, according to Dr. Foster, (*Med. Era*, July) is a valuable remedy in *Goitre*. He tried it in several cases, and in every one the goitre disappeared within a year. Dose 20 drops before each meal.

Crotalus, *hor.*, cured Cerebro Spinal Meningitis. The symptoms guiding to its selection were the red tongue, great thirst, nausea, epistaxis, very offensive, black, bloody stool, dilated pupils and general appearance and condition of patient.—*Dr. Donald*.

Cina cures in children the following symptoms: High fever, paleness about mouth and nose, gritting of teeth in sleep, muscular twitchings in arms and legs, milky urine—an important symptom—slight rheumatic pain in lower extremities and pain here and there in the joints has been verified. Another symptom is constant swallowing, as if child were sucking candy.

Tartar Emetic.—Pneumonia, when child wants to be carried upright in the arms. Cholera-morbus with great effort in vomiting, great chilliness, and great sleepiness. (Tartar emetic, opium and nux mosch have great sleepiness, but

tartar emetic has paleness of face with it.) Intermittent fever, when patient sleeps continually during sweat and heat and is prostrated. The blood is watery and contains a relative preponderance of white corpuscles. Vertigo to falling and faintness in the morning. Spinal anæmia with pain, mostly noticed in the cervical region, but also noticeable in the lumbar region. Patient is cold and suffers from flatulency, as under all the carbons and also from an herpetic, rough, rhagadic skin, eruptions oozing a sticky moisture.—*Dr. Farrington in Hahnemann Monthly.*

Erythroxylon Coca.—Continuous eructation of tasteless gas, with fulness and oppression to the pit of stomach. Nervous erethism. (Drop doses of fluid extract.)

Osmium is suggested by T. F. Allen, as a remedy for glaucoma. Dr. Norton, acting on the recommendation, has given the remedy in chronic cases with relief. He has not yet tried it in acute cases.—*Med. Call.*

Picric Acid is used by Dr. Cooper for nervous deafness; membrana pale; deafness worse when patient becomes tired; tinnitus.

Cantharis and Apis are considered by Dr. Espanet (*Bulletin de la Societe Med.*) the principal remedies in acute gout. Chronic: Sulph. Calc. Merc. and especially Iod. If swelling is painless with anæmia, Mangan: acet.

Cina in Scrophulosis—I deem it a little remarkable and a fact that disproves many theories of old school origin, that Cina 1000 so often cures scrophulosis in children who are continually boring with the finger in the nose, who are cross and exceedingly unamiable, whose urine turns milky on standing, whom nothing pleases, who are constantly turning and twisting at night with frequent calls for water, and who are often ravenous for food; child wants to be in motion constantly, to be rocked or carried about.—*Dr. H. N. Guernsey.*

Silicea is useful in children with large bellies, weak ankles, much perspiration about head and inclination to uncover.

BENZOIC ACID.

This acid is prepared from the gum benzoin.

General Characteristics.—These are generally found in the urine, which is scanty, of a dark brown color, and the *urinous odor being highly intensified*. In relation to the strong smell of the urine, care must be taken not to fall into error by a strong smell emanating from urine which has been kept covered for a long time, (or over night), or which has remained on sheets which have not been changed recently. The urine must have this characteristic smell when *freshly voided*. The color of the urine is not of so much importance as the smell; for the color may be different.

Nocturnal enuresis, with the above characteristic odor, sheets usually stained brown.

Rheumatism, Quinsy, Dropsy, Diarrhœa, Headache, all when accompanied by this *highly intensified odor of the urine*. Menstrual difficulties, when accompanied by the characteristic smell of the urine.

SIDES.—Most of the symptoms appear on the left side, but may frequently come on the right side.

JOINTS.—Cracking of the joints when moving. (Niccol—Sulph—Ruta.)

REMEDIES FOR BRAIN FAG.

Zinc Phosphide, $\frac{1}{8}$ – $\frac{1}{4}$ gr., doses three times a day, and usually before meals. The indications are sharp, neuralgic pain, a constant sensation of pressure and fullness, a disturbed sleep or absolute sleeplessness, a tendency to tremor together with little emotional disturbance and a good, fair physical appearance of health.

Baptisia, 30—Dull, sluggish mental action, difficult collecting the thoughts, broad, flabby tongue, marked gastric and enteric derangement, and the general appearance as if degeneration might take place.

Silica, 30 *trit.*—Where there is the peculiar neuralgic pains of this remedy, a suspicion of cachexia in the hereditary or actual present.

Calcar. Phos. 30 trit.—Where there is marked tendency to deficient nutrition.

Ferrum. Phos. 30—6x.

Digitalis Leaves 1x trit.

Mono. Brom. Camphor, 1x.

Coffea, 30, etc.

—*Prof. Dela Mater.*

OBSTETRIC GLEANINGS.

Morning Sickness—*Nux.*, *Ipec.*, *Puls.*

Pyrosis—*Nux.*, *Puls.*, *Carb.*, *Arsen.*

Constipation—*Nux.*, *Sulph.*

Haemorrhoids—*Nux.*, *Aescul.*, *Sulph.*, *Hamam.*

Varices—*Hamam.*, *Puls.*

Albuminuria—*Ars.*, *Apis.*, *Merc. Cor.*, *Tereb.*

Dysuria—*CANTH.*, *Bell.*, *Nux.*

Eneuresis—*BELLAD.*, *Caust.*, *Equiset.*

Agalactia—*ASSAFÆT.*, *Puls.*, *Agnus.*

Dr. C. Wesselhœft uses for

Morning Sickness—*Nicotin.*, *Strychnia* and *Antim. tart.*

Albuminuria—*Phosph.*, *Merc. Cor.*, *Kal. ars.*

—*Journal of Obstetrics.*

BERBERIS VULGARIS.

This remedy affects particularly the lumbar region; kidneys; uterus. The patient is sometimes unable to tell the exact locality, but the pain is somewhere in the back, and shoots up the back; or into the spermatic cord, or testes, bladder, buttocks, or legs. The pain may shoot up or down, or both ways. Pains may be felt all over the body, emanating from the region of the back; the pains are of a sticking, pricking, lancinating or jerking character, flying about, now here and now there. There is often a bubbling sensation in the region of the kidneys; this sensation may occur elsewhere, but it is usually found here.

RULES FOR REDUCING DISLOCATIONS OF THE HIP JOINT.

Having flexed the leg on the thigh, and thigh on the pelvis, slowly rotate the limb as far as possible, inward or outward, according as the toes pointed in or out before beginning the manipulation; then rapidly and forcibly rotate the limb in the opposite direction, and the head of the femur will usually slip into the acetabulum.

For example, in the iliac and the sciatic dislocations the toes point inward; therefore rotate inward as far as possible, and afterward rotate outward. In the pubic and thyroid dislocations the toes point outward; hence rotate the limb outward still more, and then inward.—*The Polyclinic*.

PERSONAL NOTES.

DR. S. F. STIMPSON, an old Homœopathic physician of our State, died at Plymouth, Cal., last April. He was a true Homœopath and a man of unusual ability.

PROF. S. LILIENTHAL, of New York, is again in our midst, spending his vacation at his son's in San Rafael. He delivered a most acceptable course of lectures on mental diseases at the Hahnemann College of San Francisco.

NOW AGAIN.—It is about time for the editors of some of our Allopathic journals to have an attack of colic. Another "able" man, United States Minister Lowell, "has been ill and is recovering under the innocent ministrations of a Homœopathist," Dr. R. E. Dudgeon, of London.—*Med. Advance*.

VOTERS ATTENTION!—It may be of interest to know that Gov. Grover Cleveland has vetoed the bill appropriating \$25,000 for the enlargement of the Homœopathic Insane Asylum at Middletown, N. Y.

We understand that PROF. BURDICK, of the New York Homœopathic College, now on a visit to this State, will favor the College with some lectures on his special branch, Obstetrics.

During DR. CURRIER's absence from the city, his chair was ably filled by Dr. Simpson, of San José. All who had the pleasure of hearing him were well pleased and repaid.

The resident physician of the Homœopathic Hospital having resigned the Faculty of the College, recommended to the Directors of the Hospital, MR. TOWNSEND, one of the senior students at the Hahnemann College, as a fit man

to fill the place for the coming year. We hope he will receive the appointment.

We notice from our eastern exchanges that Dr. PEASE's address before the California State Homœopathic Medical Society last May has been published and distributed. We would like to know why some members of that Society have not received their copy?

NEW PUBLICATIONS.

The Homœopathic Treatment of Constipation, by H. Bernard, M.D.,
Translated and Revised from the Second Belgian Edition, with
Additions and Clinical Cases from American Sources, by S. M.
Strong, M.D. Chatterton. New York and Chicago.

There is nothing more satisfactory in medicine than to see the action of a carefully chosen Homœopathic remedy administered in a high potency permanently curing obstinate cases of constipation that have resisted the heroic treatment of the old school by means of their pills and powders and mineral waters and suppositories and injections. Every Homœopathic Physician has had such experiences and this little volume of Drs. Bernard and Strong will aid greatly to largely increase our success in this direction. The indications for the remedies are clearly defined, and model cures by eminent physicians are given in illustration of their clinical application. We can recommend the volume to all our readers.

Anti-Tobacco.

A little book with this as the leading title is published by Roberts Brothers, of Boston. It contains three papers or lectures upon the subject, and condenses the testimony of many physicians and other observers.

Probably the only way to check the now enormous abuse of tobacco, is to give all possible light upon the effects of it, so they who use it, and their friends may notice those effects as soon as they appear. No doubt many would continue to sin under the clearest light; and still very many would be saved. Notwithstanding the evidence of the streets in every city, it is a surprise to learn that in "England, Germany, Holland, the United States, and France, more money is devoted to this luxury than pays the bread bill;" the expenditure for tobacco in the United States alone amounting to "two hundred and fifty millions of dollars"! On reading this, one involuntarily stops to think how abundantly every wholesome want might be supplied if men cared only for what is wholesome; and how every good work would be sustained if men gave their strength to good works.

The physical and moral evils ascribed in this book to the excessive use of tobacco are many and formidable, and the evidence in regard to them is in general convincing. Among them are "tobacco amaurosis," "smoker's sore throat," "palpitation of the heart, dyspepsia, weakening of the intellect, and a more or less increased desire for strong drink," also cancer of the lips, and

ulceration of the lips and the tongue. Paralysis of the nerves of the eyes, the ears, or the stomach appears to be quite common. Easily observed effects are, "languor, fullness, relaxation of the muscles, trembling of the limbs, great anxiety, and tendency to faint."

The noticeable moral effects are, "indifference or apathy with regard to the comfort of others;" a moral lassitude which makes the smoker careless of evil, and unable to make the effort to improve; and an irritated, nervous condition, with a craving for stimulants and excitement. We believe these statements to be entirely true; and we wish they could be so widely known that wherever such effects appear in consequence of the use of tobacco, they might be instantly recognized and charged to their proper source. If this could be so, and men were wise, probably the consumption of tobacco would be diminished at once more than ninety per cent. J. W.

Pacific Medical and Surgical Journal and Western Lancet. Editors and Proprietors: Henry Gibbons, M. D., and W. S. Whitwell, M. D.

With the July number, the two journals of the old school in this city, hitherto published separately, have been consolidated, and both together present a very attractive and interesting appearance. It was certainly a wise step to take, and we wish the new enterprise every success. As the representative journal of the old school on this coast, we hope every homœopathic physician will subscribe for it. The journal is published monthly at \$2.50 per annum, in advance. Address, W. S. Whitwell, M. D., 425 Sutter Street, San Francisco.

Sleeplessness: its treatment by Homœopathy, and other Accessory Means. By F. G. Stanley Wilde, L.R.C.P., L.R.C.S. Edin. London: The Homœopathic Publishing Company.

We are pleased to see this useful and elegant little volume on the important subject of sleeplessness, wherein the condition thus designated is dealt with in an eminently practical and intelligent way. Few medical men will read it without gaining some practical hint of value from its pages. By medical men we mean those of the Homœopathic persuasion, for it is too much to hope that it will be read by those whose mental level admits of confounding narcosis with "natural sleep," and whose progress consists in moving from *Opium* to *Morphia*, and from *Morphia* to *Chloral hydrate*, and thence away to the therapeutic utopia of *Paraldehyde*, which is situated a very short distance the other side of Nowhere. Our author's little treatise is the very thing for intelligent laymen, and we feel it cannot fail to do good by helping to free the wakeful from the bondage of narcotics.—*Hom. World*.

Diagnostik der Rückenmarks-Krankheiten von Dr. Schuster, Berlin.

Grundzuege der Physiologie, Pathologie and Therapie des Kindesalters, von Dr. Reitz, Berlin.

Electro-therapie fur Mediziner, Rosenthal & Bernhardt, Berlin.

Popular Department.

HOMŒOPATHIC TREATMENT OF CHOLERA.

Dr. Hering gave the following advice, which has stood the test of abundant experience:

The surest preventive is *Sulphur*; put half a teaspoonful of *Milk of Sulphur* into each of your stockings and go about your business; never go out with an empty stomach, eat no fresh bread, nor sour food. This is not only a preventive in cholera, but also in many other epidemic diseases. *Not one of the many thousands who have followed this, my advice, have been attacked by cholera.*

At the beginning, when you have diarrhœa, *Sulphur* will relieve you, take it at once, and if it must be repeated, dissolve a few globules of it in a tumblerful of water and take a spoonful after every evacuation. If you awake after midnight with violent diarrhœa, vomiting, cramps in the calves of the legs, paleness and coldness, take *Sulphur* and keep quiet, the next day eat nothing but stale bread and you will soon be well.

This was confirmed in 1849 in more than five hundred cases which came to my knowledge. In a few cases other remedies were necessary, and that only when the patient had violated the rules; but none died who took *Sulphur* from the first.

For sudden attacks, and in general in the commencement, if the disease rapidly becomes much worse, *Camphor Tincture* is the best remedy. If the patient is attacked with cramps, nausea, excessive prostration, coldness and blueness of the surface, give him a drop of it every fifteen, ten or five minutes until he begins to perspire. This remedy was discovered and first made known to the world by Hahnemann; it has since become a popular remedy in all countries, and has saved the

lives of hundreds of thousands. Do not take too much of it, and not for every trifling diarrhœa.

For attacks of real cholera: *Camphor*, as stated above; or *Arsenicum*, when the purging and vomiting become very frequent; the evacuations from the bowels being thin, watery, and of a brownish or blackish color and putrid smell, or light colored and almost without smell, especially when accompanied by intense, burning pains or cramps in the stomach and bowels, with violent thirst, and great prostration of strength; also burning in the anus and rectum with tenesmus. It is also worthy of attention in the last stage of the disease.

Veratrum is, however, the remedy upon which the chief reliance is to be placed when cholera is fully developed; the discharges almost constant and presenting the characteristic rice-water appearance, with cramps in the calves of the legs, fingers, toes, and sometimes of the muscles of the abdomen and chest; the patient excessively restless and anxious; the extremities cold, etc.

Cuprum, after *Veratrum*, when that remedy has failed to relieve the cramps, which are very violent and extend to the whole body, or change to spasms or convulsions, with constriction of the chest and difficult respiration.

Carbo vegetabilis may frequently be of service in the last stage of the disease, when the patient is in a state of collapse, or asphyxia; the pulse almost gone; the surface cold and bluish; the breath cold; or when the evacuations and cramps have ceased, and congestion to the chest takes place. If reaction should ensue after the administration of *Carbo vegetabilis*, and the purging, vomiting, and cramps return, it will be necessary to have recourse again to *Veratrum*, or some other of the foregoing medicines.

During the treatment of cholera the patient should be kept in a warm room, and the heat of the body kept up as much as possible by frictions with the hand previously dipped in flour to prevent abrasion of the skin. Warm oatmeal and bran applied to the limbs or over the whole body in suitable bags is also good, everything hot is very painful to the patient and

of no use. To quench the violent thirst which generally accompanies the disease, small pieces of ice should be placed in the mouth from time to time; cold water, in small quantities, may also be allowed unless it be found to aggravate the disease.

If the patient gets better and wants to eat give him gruel and light food, often and only a little at a time. Eating as much as he wants may cost his life.

SANITARY AND HYGIENIC MEASURES.

The house should be well aired, especially the sleeping apartments, and should be kept dry and clean. All effluvia arising from decayed animal or vegetable substances ought to be got rid of; consequently, *cesspools and dust-holes should be cleaned out and water-closets and drains made perfect*. Ferri. sulph., cupri. sulph., carbolic acid, or other disinfectants, should be liberally used. Sulphate of zinc is preferable for the disinfection of linen.

All exposure to cold and wet should be avoided, *and on no account should any one sit in damp clothes, particularly in damp shoes and stockings*. Care should be taken to avoid chills or checking perspiration. Clothing must be sufficient to keep the body in a comfortable and even temperature.

Habits of personal cleanliness and regular exercise in the open air should be cultivated; also regularity in the periods of repose and refreshment; anxiety of mind, late hours, and fatigue of body and mind should be avoided.

The diet should be wholesome and adapted to each individual habit. *Every one should, however, be more than ordinarily careful to abstain from any article of food which may have disordered his digestion upon former occasion, no matter how nutritious and digestible to others, and to avoid all manner of excess in eating and drinking.*

CONSTIPATION.

Ninety-nine out of every hundred persons are sorely frightened, if they have not a stool regular every day, and should such a calamity last through several days, why, some-

thing has to be done, and that quickly, to make the bowels move. For a cold in the head or a pain in the foot a dose of castor oil is the first thing thought of; for the ailments of infancy as well as for the failings of older persons a cathartic is the great panacea; blue pills, Brandreth's pills and many others of the same ilk belong to the staple articles in every good household; and whatever ills human flesh is heir to, to move the bowels is the first indication, not only for every old nurse, but also for every regular physician in good standing. No wonder then, that we see so many people suffer from an unavoidable re-action; nature may be led, but she cannot be forced, and every steadily overworked organ must certainly fall in a kind of paralytic state, before it is able to regain the lost ground. This is the most frequent cause of constipation: the bowels, for every trifling ailment goaded on to over-action, tire out at last, their contractility diminishes: the accumulation of fæcal masses has ceased to act as a stimulant on the tired-out walls of the intestines, which passively enlarge, and chronic constipation is the necessary consequence.

Such a state sometimes produces headache, anxiety, giddiness, sleeplessness, distressing diseases; others may suffer from hypochondria or melancholy; another class may become troubled with piles, and alas! their great regular has nothing for them but pills and Kissingen. Old Professor Dunglison was right, when he defined constipation to consist in the fæces being retained longer in the intestines *than is customary with the individual*; for there are many persons in robust health and in the perfect exercise of their functions, who do not have an evacuation oftener than once a week or even once a fortnight; and it would be therefore the greatest foolishness if not sinfulness, to make a well man sick.

Fashion is a tyrannical ruler, especially when accompanied by inveterate habit, and people will dose themselves with physic if no equivalent is offered them; converts to Homœopathy feel mighty sore in the beginning for these wants of cathartics, and sugar-coated Mandrake pills are frequently used sub rosa, to lighten on either side their conscience. Others consider *Nux-vomica* the greatest boon, which Hahne-

mann transmitted to his disciples; and the secret that it really helps so frequently to combat constipation, lies partly in its power to counteract the noxious influence of allopathic dosing: whereas in reality this remedy is not so much indicated for inactivity of the bowels, as where there is frequent and ineffectual desire to have stool, or where they pass small quantities of fæces at every attempt of defecation.

The sub-paralytic state of the muscular fibres, of which we have spoken before, is often far more readily relieved by the use of *Opium* and *Plumbum*. The former, so often and successfully used by the old school, to cut short any diarrhoea, is to us a jewel, to relieve the evil consequences done by crude doses. A high preparation of opium will charmingly remove the decided torpor from which the whole intestinal tract suffers; and stools in hard, black, round balls will come away before natural stools will make their appearance. *Plumbum*, especially the acetate of lead, so frequently homœopathic to pale, anæmic, chlorotic and feeble persons with weak backs and half paralyzed legs, is invaluable in the most obstinate cases: there is a kind of pulling and pressive chronic headache in the forehead, aggravated by mental labor and intolerable in company, which *Nux-vomica*, this balm of students does not reach, and which Lead removes with the costiveness, which caused it. Such persons suffer from frequent violent colicky pains (another diagnostic difference from *Opium* and *Nux-v.*) Everything seems to be drawn up, for their abdomen is sunk in and they suffer from constriction and drawing up of their anus; small hard balls will at first come away and then the bowels will continue to perform their functions regularly for months without further aid from medicine. In Lead-constipation the abdomen is drawn in; in *Lycopodium*—costiveness and flatulence bloat the abdomen up; in *Lycopodium* we find with obstinate constipation the stomach craving for food; still the patient is unable to eat, because of the feeling of dullness and distention of the stomach, commencing soon after eating and getting so aggravated as to compel him to stop eating; eructations of tasteless flat wind, attended by vertigo; or sinking weakness and hollow feeling in the stomach, but a mouthful of food

produces pain and distention; ineffectual urging to stool, which are small, with the sensation, as if much remained behind, sometimes with violent contractive pains in the perinæum for many hours. *Graphites* has been recommended when skin-diseases are present. The black-lead seems to dry up all the secretions. We have here constipation with dryness of the mucus membrane of the rectum and fissures in the anus; stool passes with sharp cutting stiches, producing even bleeding as the fæces are hard and knotty. But whereas with *Graphites* all eruptions are moist, with corrosive fluid running from the inflamed surface of the skin, we find on the contrary in *Alumina* the skin tight as if the white of an egg had dried upon it; there is in *Alumina* ineffectual urging to stool, which is passed with great effort, whether hard or soft, the evacuation can only be effected by straining the abdominal muscles. Dr. Rummel and others have found this preparation of the pure clay doing excellent service in the constipation of infants, and if followed by a few doses of *Sulphur* the bowels were brought to a regular healthy action. We might cite many other remedies, to prove to the layman that Homœopathy is fully able to re-establish a healthy action of the bowels; but in most cases the remedies already mentioned will suffice. S. L.

BURNS AND SCALDS.

Children frequently get burned or scalded: The parts should be covered at once with oil to exclude the air. Caron oil (oil and lime-water) is an old-fashioned application. A cloth dipped in water in which soda has been dissolved (a teaspoonful to a half cup of water) may be kept on the parts, frequently wetting it from the outside. A poultice of flaxseed is excellent, but should be kept wet from the outside, and changed as soon as the meal next the skin is dried up. Protection of the denuded nerves is the principal object desired. Cotton batting, flour, and articles that stick should be avoided, as they take off the new skin when removed. *Urtica urens* lotion or Cerate is excellent. *Calendula* if suppuration sets in. *Aconite* for the fever and fright should be given. *Belladonna* for great pain, distress, headache. If the flame was inhaled, *carbo veg.* Quiet and a generous diet aid rapid recovery. Deep burns will be apt to be followed by deformities. Consult a physician early.

THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - - WM. BOERICKE, M. D.

VOL. II. SAN FRANCISCO, NOVEMBER, 1884. No. 6.

ORIGINAL ARTICLES.

ADVANCE IN THE SCIENCE OF THERAPEUTICS.

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

No physician is broad enough to practice medicine who is not willing to look at all sides of the question, and so far as possible familiarize himself with the methods of all schools.

The Old School claims, and with justice, to have made marked advance in the science of therapeutics during the past decade, but a glance at the analysis of the following prescriptions, collected by Prof. William P. Bolles, late of the Harvard Medical School and Massachusetts College of Pharmacy, and given to the public through the columns of *Squibb's Ephemeric*, will show there is still room for further advancement, and that in Boston, at least—scientific Boston, centre of culture and learning, routine prescribing is the rule rather than the exception.

The prescriptions are from the files of three leading druggists in different parts of the city of Boston, and were ex-

amined to ascertain the number of officinal preparations prescribed.

Dr. Squibb in his review of the article says: "The total number of physicians' prescriptions which were then analyzed and counted, as representing the practice of the city of Boston, was 3,726. The number of titles in the present revision of the Pharmacopœia is about 994. Of these titles 504 occurred in these 3,726 prescriptions.

"Of the 504, 236 occurred		5 or more times.
"	" 157	" 10 " "
"	" 80	" 25 " "
"	" 27	" 50 " "
"	" 9	" 100 " "
"	" 1	" 200 " " "

Now mark what follows: "In Boston, a non-malarious, sea-board city, Sulphate of Quinine (I use Dr. Squibb's own words) heads the list, and is found in 292 of the 3,726 prescriptions." Quinine then, is the fashionable remedy of our cultured medical brethren of the Hub, and as deeply rooted in their favor as is Naglee Punch in the favor of the convivial members of a California club, and that in the face of the editorial dictum of the *Medical Record*, which says: "It is a delusion that quinine in either large or small doses is a stomachic tonic, except in convalescence from malarial attacks." But then, the idea that plebian New York can teach aristocratic Boston is simply absurd. I quote Dr. Squibbs again as he continues. "Sulphate of Morphia ranks next and is found in 172 prescriptions; Bromide of Potassium in 171; Iodide of Potassium in 155; Tincture of Chloride of Iron in 134; Sub-nitrate of Bismuth in 133; Glycerine and Syrup of Tolu in 120 each; Syrup in 108; Carbolic Acid in 92; Extract of Nux Vomica in 87; Camphorated Tincture of Opium in 80; Bi-carbonate of Soda in 77; Calomel in 72 (who said Calomel was dead?); Chlorate of Potassium in 71; Compound Tincture of Gentian in 67; Lime Water in 65, and so on down. It will be thus seen that of the 994 articles of the Pharmacopœia only 17 occur more than 65 times in 3,726 prescriptions, and of these 17 three are vehicles or adjuvants which are in such common use as to bring their numbers into prominence.

Dr. Bolles subsequently carried his investigations to about 10,000 prescriptions, but without altering the general results. Once more: The editor of the *Medical Record*, one of the best if not *the* best old school journals in this country, in a recent number endorses a correspondent who says: "It is a delusion that veratrum viride or aconite will abort croupous pneumonia or essentially modify its course." What are the inferences to be drawn from these statements? Either that the advanced men of the two schools are not so near together as we fondly hoped, or the advanced men of the old school do not write its prescriptions and control its journals. In the face of many emergencies what Homœopath has not felt the weakness of his armamentarium, yet, when compared with that of the routine prescriber, how strong it really is, and how little cause have we for medical scepticism.

THE POWER OF NATURE.

BY DR. C. P. HART, DENVER.

I present to you as a subject, the power of nature, and will illustrate my subject by giving a history of several cases in surgery, as recapitulated from my note book.

Of the different branches of our profession, none require such knowledge, wisdom, and nerve as that of surgery. The operator may have knowledge of Anatomy, and of his art generally, and plenty of nerve and confidence, but the wisdom and discretion are essential, or he will make many a blunder and do more damage than benefit to his patients.

As Franklin, the noted surgeon said in parting, to his class of "75:"—"Gentlemen, any fool may give physic, but it is a wise man who knows when not to give it."

Sir Astley Cooper remarked upon a similar occasion, "Gentlemen, we kill more than we cure."

When we see effects of surgery as practiced by some who should know better, we can realize the justness of such remarks from those of great experience.

Again a surgeon may have knowledge, wisdom, and nerve, and not enough conscience.

When a student of Dr. Sam'l. Huson, the surgeon of Kansas, he was called by a railroad surgeon to see with him a brake-man who had been crushed, and I accompanied them.

Two of the metacarpal bones were broken and the hand bruised. The railroad surgeon spread his tools and handed me the tourniquet to adjust, preparing to amputate, his answer was, "It will be the quickest and easiest way, and give me the most *eclat*." "Well, if that is your mode," replied Huson, "For God and humanity's sake give me time to pick up and get away before you commence."—The hand was saved.

The first case I will recite, was that of Miss Moynahan, of Littleton. (By the way, I propose to give names and dates in these cases, and nothing which may savor of fiction.)

In the spring of '79, Miss M., standing on the porch of the hotel chatting with two gentlemen who had been gunning, attempted to take something from one of them, when he took her left hand and placed it over the muzzle of a double barrelled muzzle loading gun, loaded for duck, and called for his friend to pull the trigger. The gun was half-cock, and both barrels exploded. Some one tied a handkerchief tightly around her wrist and sent for me, in one hour and eight minutes the twenty-one miles was made. She was exsanguinated, the two first fingers were never found, the metacarpal of the thumb badly shattered, the tissues of the hand from the inside border to the third metacarpal bone, and from the palmer arch (which was lacerated) were gone.

I gave little hope of any good result, but took up such vessels as bled, dressed the wound on a pillow of Calendula flowers saturated with a 5 per ct. sol. of Carbolic Acid and left appropriate remedies. I watched it daily for two weeks, often detaching a slough or taking up a small vessel whose coats had been badly burned, until at the termination of fifteen days I had a healthy granulating surface. I made a splint, reaching half way up the arm, padded well and covered with Calendula flowers, the pads at the tip and wrist

of linen rolls, and the flowers between so they could be removed daily; this was applied, and Moleskin plaster completely circling the whole, the thumb brought near the two remaining fingers,—in two days brought so they touched and strongly bandaged as before. About this time two professional gentlemen from Denver accidentally? came to the hotel and wanted to look at the hand and offered to amputate it, as “it never could heal;”—but the lady could not see it.

In sixty days the lady had a partial hand which was of great use to her, consisting of a useful thumb and two good fingers.

In the summer of '82, two cases presented, which from different causes produced the same result:

The engineer at the rolling mill caught his hand in a pair of cog wheels, splitting the hand from the points of the fingers to the wrist, and a man at the rolls in the Cracker Factory had his hand caught in an 8 in. roll revolving eighty times a minute. He caught the wrist with the other hand and bracing himself for the effort pulled the hand back.

When Dr. Smythe and myself arrived the hand presented an anatomical study. I'll venture to say, no one with a scalpel could have divided that hand as evenly from the tips of the fingers to the wrist. We laid the palmer surface back after cleansing the clots and taking up a few small vessels, and stitched it up, taking eighteen stitches around the edges and dressing the hand upon a pillow of Calendula flowers and 5 per ct. sol. of Carbolic Acid. But we had great trouble with the excessive suppuration and lost all the stitches and finally put the arm and hand into a light box with the same dressing, compressing the hand by moleskin plaster. This was done to allow him out-door exercise, as confinement and the wound told terrible upon him

He had a working hand in seventy days and resumed work. The other case was similar, but recovered ten days sooner, and was much less trouble as we treated it as I did the gunshot wound by allowing granulation to get well established before approximating the surfaces.

Case ninety-seven in our book was John Jones, a roller at the Col. Iron Works, struck by a hook coming through the

rolls breaking the tibia and fibula in the upper third, the former in four, the latter in three places, it being a compound comminuted fracture and one in which few would have hesitated to amputate. We removed Jones to the Sisters Hospital, put the leg into Hodgen's Modification of Smith's Anterior Splint, left the wound of two and a half inches in length with ragged edges open, adjusted the fracture, swung the splint, and put the patient upon *Hypericum* 1x, and *Aconite* 3x. He was in great pain as soon as from the influence of Chloroform; he soon quieted, and the remedies on the fourth day were changed to *Symphytum* 3x. We thought we should be obliged to remove two of the Tibial fragments but in sixty days Jones was on crutches and in ninety days at work with the leg only shortened one quarter of one inch.

Case 204—E. B. Jones, aged fifty, came to my care from his home in Lawrence, Kansas. He had (probably from the history of the case) Phlegmonous Erysipelas a year previous; he had employed a Homœopathic physician of good reputation.

The inflammation was the result of a saw wound of the skin on the back of the right hand and a cachexia,—(I removed a tumor from Mr. Moore's head in 1876, and the same thing occurred then, but was "cut in the bud" by *Merc. Bijod*-3x.) Treatment did not in this case prevent an abscess, it threatened to break on either the dorsal or palmer surface. Now our young Dr. disliked the lance and sent M. to an old school surgeon who lanced it on the dorsal surface, although M. could not pronate the hand. The result was the burroughing of pus, necrosis of bone, and the usual concomitant symptoms of such a terrible condition, (so much for the young man's allowing this alleged old school surgeon to lance the hand.)

At this stage Mr. Moore concluded to go East for advice. After visiting two noted allopathic authorities on surgery and hearing he must lose his hand, he concluded to see me. He arrived here in March '83, placed himself under our care. I placed him on to *Silicia* 2 per ct. and it was the remedy until his health was sufficient to stand an operation. The

index and second fingers were shortened one and three quarters and two inches respectfully, from the destruction of their metacarpal bones. With the assistance of Drs. Smythe and Bradley I removed the index finger and the trapezoid, excising the third metacarpal, and a portion of the os-magnum; it made a neat flap, and as all the necrosed bone was removed, healed nicely, making a fair hand under the circumstances, although most of the tendons were contracted, yet the free use of the tenotomy knife upon the flexor tendons gave him good use of the two last fingers. I think now, as the second finger is of such little use, and considering his age; I should have taken it off instead of letting it remain, but he writes me it is of some use lately, and much of an improvement to the looks of the hand.

Case No. 4. In the Spring of 1878, I was called to see Allie Chamberlain, some seven years of age, who had what was called inflammatory rheumatism of the ankle-joint. I diagnosed synovitis with large quantity of pus already formed within the capsule. Chills had been frequent and temperature $104\frac{1}{2}$ to 105; great swelling, pain excessive, and color violet. The child could not bear much manipulation, but enough to determine suppuration. He was the bravest patient I ever had, and would stand anything necessary. He had hurt his ankle some months before in the mountains but nothing was thought of it nor had it troubled him beyond the time. An aunt of his died some years previous from scrofula. At my second visit I found the swelling about to break and lanced it opposite the internal malliulus. I had hoped it was a deposit external to the capsule, but found it extended through the joint. The cuboid, scaphoid and astragalus were denuded of periosteum, and caried. The patient had swellings of different glands, especially the parotid and mesenteric. The prescription the first day was Bell. 3x., the second day, Hepar 30x., and my prognosis unfavorable as to the child's life.

A council was requested, and an old school surgeon named, and as he was a perfect gentleman, and the authority of his school in the State, I consented. He came. The next day he returned and with him another. A careful examination

resulted in the verdict that the foot and ankle must come off to save the child's life. This was told the grandparents who came to me with it. I told them that if the gentlemen could guarantee to save the child's life by amputation I would remove the foot; but if it was left to me, I would say the child stood a better chance, and it was better practice, to let the limb remain, and try constitutional treatment. The reply the other surgeon gave them as to the safety of the operation determined them to let me alone. The second day the second old-school man called upon me, and said he had concluded that to remove the astragalus and such other caries as were found would be the thing to do, and he would do it for me. I thanked him for his opinion, and informed him that if I concluded to excise the bones I'd tell him the result. By the way, I've often wondered if this was "old" or "new code" between those two old-school gentlemen? The child had a terrible time, but with rest and a position of the limb as was most comfortable to him, dressing with tomato poultices and giving *Silicia* 2 cent. and *Calc. Phos.* 2x., he recovered in six months enough to walk without pain or limp, and could play as boys usually do, jump fences, ride bicycle, etc.

I have several cases yet which I would like to recite, but enough has been said to bring forth an interesting discussion regarding the powers of nature. They are almost limitless when aided by Homœopathic therapeutics intelligently applied.

I have treated mangled limbs where the vessels and tissues were destroyed to an extent that any authority would have determined it good surgery to have amputated. But thanks to nature and our therapeutics a recovery ensued, and I say it publicly and boldly, I challenge the production of one bad result in surgery in two hundred and seventy-eight cases during the past six years in my practice in Denver.

INFLUENCE OF DIATHESIS UPON GONORRHOEA.

BY W. A. DEWEY, M.D., SAN FRANCISCO, CAL.

A recent number of *La Semaine Medicale* contains a lecture on the above subject delivered by that eminent syphilographer of Lyons, M. Paul Diday.

It is not my intention to give a complete translation of this lecture—it would occupy too much space—but I will give its most salient points, as it may be of interest to the profession in showing that the tendency in medicine to-day is rapidly approaching the treatment of the totality of the symptoms instead of the disease itself.

Prof. Diday commences as follows:

Do diatheses influence gonorrhœa? What diatheses influence it? What is the mechanism and result of such influence?

In order to elucidate these various points I have but to sketch the natural history of gonorrhœa. I will base my argument on common daily observations, and demand in return to take for type of all gonorrhœas the best known—that of the male urethra.

In forty or fifty days the colony of micrococci which is implanted in the urethra, working this soil superficially and deeply, exhausts all the material contained therein for its alimentation. It is then extinguished, not, however, without leaving a few germs oftentimes, which retake a precarious life if any excitation restores the fertility to the mucus. This also serves as an explanation of those cases of gonorrhœa which become recontagious.

But this regular course is often hindered by complications, accidents and deviations, and it is just these deviations that we must study, for one cannot learn better the character of a person than by studying the cause, the extent and the effect of the vicissitudes which have traversed the path of his existence.

I do not count among these deviations those accidents which may result from a simple exacerbation of the inflammation, such as balanitis, œdema, phymosis, etc., which can

attack any individual, but those which are to enlighten us upon this subject are cystitis, orchid-epididymitis, arthritis and iritis.

Whence come these? Let us observe before all that they are only found in certain cases. I do not say in certain attacks, for there is no form, no degree of inflammation, no stage of gonorrhœa which can explain why these deviations appear in one person and not in another. Let us therefore search for the reason of this mystery, and I will summon to my aid in order to discover this the interpretation of seven clinical observations.

1. In general these deviations do not appear except in subjects more than twenty-two or twenty-three years of age.

2. Once having appeared, they reappear almost infallibly, one or the other, at each fresh attack of Gonorrhœa.

3. These cannot be attributed to mechanical causes, such as shocks, fatigues or frictions; nor to a prophylactic hygiene. I have seen patients attacked by an epididymitis which were unable to leave the bed on account of another disease. I have seen patients who had used injections with impunity for three weeks have a cystitis ten days after the cessation of injections.

4. These deviations attack, at times, brothers. I have had two examples: One was where the two brothers resembled each other morally, physically, and even in point of sexual fancy, for they both wished to marry the same woman. They presented to me in about the same order the same series of deviations.

5. The appearance of these deviations always diminishes the urethral discharge; definitely suppresses it in certain cases.

6. Each of these lesions differs by certain characters from the lesions of the same name originating independently of Gonorrhœa. Thus, the cystitis is more sanguinous than exudative, and is accompanied rather by tenesmus than by fever. The Epididymus alone is attacked. The Arthritis is less multiple, less changeable than ordinary rheumatism, little or not febrile, no visceral localizations, and spares the endocardium and pericardium. The Iritis immediately

causes an abundant effusion, heals rapidly, but recurs also as rapidly.

7. Not only these lesions coincide or alternate between themselves, but each, considered separately, offers renewals. For example: recurring epididymitis; the quite frequent spontaneous exacerbation of Epididymitis about the fourth or fifth day; the well-known relapses of Cystitis and of Arthritis; and let us note that these renewals gradually diminish in intensity, representing in their course the ordinary duration of an attack of acute Articular Rheumatism.

Thus sketched, we may ask, can the Pathology of these deviations reveal their Pathogenesis? Let us see.

A. In the first place their real cause is separate and distinct from the Gonorrhoea, because in Gonorrhoea of equal duration and intensity only a few subjects are attacked, (about 1 in 6)

B. Their cause is not accidental, it is inherent in the subject, since they are reproduced upon him at each new attack of Gonorrhoea.

C. Finally, they appear to be hereditary, since brothers have been known to suffer identically.

Is not this the usual influence? And is it not a sign of the Diathesis?

Now what is the mechanism of the action of the diathesis? This mechanism is not always the same. After having seen much, read and reflected I admit two of them.

While a diathesis holds an individual and an intercurrent malady attacks him, either the diathesis itself seizes the occasion to permit the entrance and seat of the new disease—the moments of invasion and its fluxionary extensions belonging to itself—or, it is the intercurrent malady itself upon which the diathesis stamps its imprint. In other words the diathesis either receives the imprint of the intercurrent malady or gives its own imprint to that malady.

As examples of both methods observation furnishes us for the first:

1. The eruptions consecutive to scabies attacking a herpetic patient.

2. Recurring herpes progenerialis consecutive to the chancre in herpetic patients—disease often taken for Venereal.

3. Eruptions appearing in an Eczematous patient, on the appearance of Syphilis are a much more often cause of error, as they obtain from the Syphilis the special coloration and localization, and from the Eczema, the itching, and resistance to anti-syphilitic treatment.

As for examples of the second mode of diathetic influence, let us mention only Bronchial Catarrh, Dyspepsia, Angina, etc., appearing in Arthritic patients which instead of lasting a month or a season last a life time.

But as to Gonorrhoea you will ask me what are examples of each method of diathetic influence? Well, the example of the first method is exactly furnished by the multiple deviations which I have just described. There I will say, is Gonorrhoea *a grand orchestre*.

The example of the second mode is the form of Gonorrhoea which I will describe presently and which I may be permitted to call in anticipation *Gonorrhoea without accompaniment*.

But they may say, what then is the diathesis which is responsible according to you?

Must it be named? Do you not recognize it by its attitude, by its workings, and gestures? Constitutional, Hereditary, not manifesting itself until after the first period of youth. Once established, producing nothing but intermissions, always ready to re-enter the scene at the slightest call, movable, alternating or coinciding between themselves. Each offering successive relapses and decreasing intensity.

Is not my picture of the deviations of Gonorrhoea traced from nature, and is it not also that of Classical Articular Rheumatism?

And if a proof more characteristic is necessary to accuse its resemblance, is it not providentially given us by that singular deviation of Gonorrhoea which attacks the articulations? Without doubt, as a master has said a disease should not be called Rheumatism, because it counts Arthritis among the number of its manifestations, but I think when the Arthritis is present it spoils nothing. For me, when I can

shelter myself under the authority of our Nosological writers, for whom Arthritis in any form is the surest sign of the Rheumatic diathesis, I do not consider myself in bad company, and perhaps eleven years of articular sufferances, as patiently analyzed, as impatiently supported, will give me the right to ask if semiologically speaking the arthritis is not *all* Rheumatism for some people.

But, it is asked, Did your subjects of deviations in reality have rheumatic antecedents? Yes, at least the most of them, and I would not have waited until the present to mention it, if the progress, or overflowing of science had not robbed this observation of a part of its doctrinal value, in rendering it so easily accessible to all doctrines.

It is sufficient that he or his parents be affected with gravel, suffer from asthma, migraine, alopecia, or sweat of the head. It suffices since the arthritis has united the herpetism, that, in the family there has been a pain, an itching, to accuse it—that the patient be affected with arthritis. And you ask me if I have proved these antecedents in my gonorrhoeic patients—I have no other response to make, moreover, if these indications were wanting, would not one be authorized to say that the deviation itself constituted the first manifestation of the diathesis?

Let us now enter into the realities, and permit me to say, not that which is,—I have not that pretention—but that which I have seen, and—that which I have not seen.

As many arthritics have a cold cured in fourteen days—I have seen gonorrhœa remain with them simple and heal in two months.

I have never seen gonorrhœa appear without coitus in arthritis. Messrs Lee, J. Guiland and Martineau have published some cases to the contrary. I do not deny these facts. I was not there to verify whether they really had not had coitus. Neither whether the urethral discharge had really the characters of gonorrhœa, but, here is a proof that I submit to my eminent colleagues of the hospitals. Every day they receive in their wards patients attacked with acute articular rheumatism; then if arthritis can engender urethral gonorrhœa, it is surely during that attack of acute febrile

poly-arthritis where is condensed and resumed the total of the power of the rheumatism of which it is the type. Well, observe and see, if eight days after the entrance of a patient into the hospital (time necessary to assure yourselves that they had no intercourse) a gonorrhœa appears. I will accept this proof under these conditions only.

I had promised an example of the manner by which the diathesis stamps a gonorrhœa with its own influence. I will keep my promise good in describing that particular form of the disease which we may call prolonged gonorrhœa. One single sign at the commencement marks the difference and gives the warning; but as this is a favorable sign it is little noticed, because it is not complained of. Rarely in this form does the inflammation attain even a considerable degree, but, compensation more than equitable, this slight severity is preserved to the end.

It is generally neither in young men, or in the first attack that this form is observed, it attacks preferably men of 35 to 50 years of age, age in which the arthritic diathesis enters powerfully and remains in action, and, several of these cases already having had other ordinary gonorrhœas, and as such easily and promptly cured, one can imagine their despair in seeing this attack take on a course so different, also the physician himself partakes, naturally, in the disappointment. We pity the young practitioner who meets with such a case for his *début*.

M. Tessier saw a case of this form which lasted eighteen months. Such is effectively the possible duration of this disease. When it attains the sixth or eighth week, epoch when the ordinary form has reached its period of decline, one sees it become stationary as if touched by the fairy wand of the beauty of the sleeping forest; from this moment congealed, so to speak, in its demi-acuteness, it resists the effort of time its usual infallible auxiliary.

Another source of contrariness comes from the powerlessness of usual remedies, both of those which palliate and those which cure. Sedatives do not exercise a sedative action. In spite of the docility of the patient, throwing aside even the aggravations which his impatience may cause, all remedies

of this type are useless—anti-blenorrhagic remedies—such as Copaiba, Cubebs, etc., will be tried in vain. The result confirms the diagnosis, the discharge is aggravated thereby. Injections likewise are powerless. All remedies aimed directly at the gonorrhœa fail. What must we do then? *Treat the diathesis as well.* And here we would recommend the use of flannel externally, dry frictions, steam baths, hot water baths, a flaxseed poultice applied to the genitals and perinæum. The migration to a warmer climate is of sovereign efficacy, and then when the disease has started in a curative direction it then becomes curable by feebly astringent injections."

We, as Homœopaths, will recognize at once from Prof. Diday's description of this form of gonorrhœa the inestimable value of the Hahnemannian axiom, and there is no doubt but that a cure may be effected as quickly, or quicker, by treating the *totality of the symptoms*, thus striking not only the disease but the diathesis as well.

CONVULSIONS AND VOMITING OF PREGNANCY.

BY A. McNEIL, M.D., SAN FRANCISCO.

Was called to see Mrs. D.; she is in her second pregnancy, but has lost her reckoning. She is twenty, brunette. I had previously treated her successfully for an enlargement in the uterine region. As she had stubbornly refused an examination I cannot give the diagnosis. The enlargement was so great that she looked as if at full term.

She has had these convulsions for five days, for which her allopathic medical advisor had employed Chloroform with no improvement. She has colicky pains emanating from left vary before the convulsions, which are opisthotonic to such degree that her head and heels approximate; swelling of the feet, violent pain on urinating, which is only performed with difficulty; fever blisters. Gave Rhus. 30 in water, a spoonful every two hours.

No change. As she had been benefited so much

by Sulphur, and she had had burning of the feet, etc., gave it in the 6m.

Nov. 2, A. M., had one light convulsion. She tells me that she has been vomiting even the lightest and smallest quantity of food for the last three months; bitter taste. Sac. lac.

Was called at 8 P. M., and found her in the fifth convulsion since morning. Gave her Rhus tox m. in water every hour.

Nov. 3, A. M. Had one light paroxysm. Sac. lac.

Nov. 4. No convulsion, but heart-burn; has vomited once. Learned she is hungry *only* at 9 P. M., when what she eats appears to do her good; this has been the case for some time, in fact all through her pregnancy. Sac. lac.

Nov. 6. No convulsions; has a peculiar, involuntary shooting out and drawing back of left leg; still hungry at 9 P. M. Sac. lac. From this time she improved in every way and had an easy delivery.

I ask any one who has any knowledge of the pathology of this case, to ask himself, if it got well without curative force, and she received no other medicine than that I have mentioned.

VOMITING OF PREGNANCY.

Mrs. L. in her third pregnancy, called me in July 9, 1883. Last period first of March; nausea and vomiting all day. The matter vomited is intensely sour; no appetite; *can't endure the smell of coffee*. Sulphuric Acid 500, twelve powders, one every three hours.

July 11.—All pain, nausea and discomfort gone, appetite good.

August 22.—Quickened a few days ago, till then no nausea or vomiting; since occasional qualmsiness.

November 19.—Well until two weeks ago, since then sour vomiting when lying on right side; sore throat. Sulf. a c 500 in water, a teaspoonful every two hours.

Got well and remained so till her confinement, which was easy and rapid.

Vomiting when lying on right side in this case and that in the other getting hungry *only* at 9 P. M., I do not find in Allen.

They are therefore cured symptoms only, Hahnemann incorporated such in the *materia medica*. A few persons who

see spots in the sun are endeavoring to "purify" the *materia medica* of such symptoms. Is there any rational reason for doing so? If those men spent more time in the study of Hahnemann's works they would not find so much fault with them.

INTERMITTENT FEVER.

September 13, 1882.—Was called to see Mr. Y's baby with intermittent fever, had profuse salivation, Gave Mercurios cc.

September 14.—No better, Rhus tox 30.

September 15.—Still no better, Bry. 30.

September 16.—It changed its form to an intermittent, for which I gave lower potencies, but with no improvement.

September 28.—It still dragged along to the disgust of the family and myself. On close questioning I learned that whenever the baby was carried into the open air, she would be good, but she would cry till taken out. Gave Pulsatilla 15 m. Fincke. No more paroxysm.

I have no doubt the "purifiers" of the *materia medica* will reject such symptoms as "feeling better in the open air" as being frivolous and having no pathological value. But without this symptom I could not have cured this case and the "purifiers" will find themselves under the necessity of resorting as they now do to quinine and thereby injure the constitutions of their patients. They discard all symptoms produced and cured by such potencies because they can't find any medicine by the microscope. I cured the baby anyway.

A MONTH IN SAN LUIS OBISPO, CAL.

By GEO. JENKS, M.D., SAN FRANCISCO.

EDITOR CALIFORNIA HOMŒOPATH—As you are of course interested in the spread of Homœopathy on the Pacific Coast, you may be willing to publish a few reflections of one who has spent a month in San Luis Obispo.

The City of San Luis Obispo is distant from San Francisco one hundred and twelve miles, and it is the principal

town and county seat of San Luis Obispo County. It is reached by steamer to Port Hartford and thence inland twelve miles by railroad. The town contains over three thousand population and is growing rapidly; houses are going up in every direction and many new stores are building on the principal streets. At present a majority of the population is of foreign birth, but many Americans are coming into the town to settle, and the next two or three years must make a great change in the size and character of the place.

Hitherto there have been no adequate hotel accommodations for tourists and invalids seeking a mild climate. To obviate this a large hotel to cost \$100,000 is being constructed and will soon be finished. This is being built by a company interested in the future growth of the town, and for the purpose of inducing Eastern people to spend the winter there as they now do at Santa Barbara.

The climate of San Luis Obispo is unexcelled for all pulmonary diseases—you find there no harsh fogs nor cold winds.

Dr. Hays, an old school physician who came to California over twenty-five years ago, suffering from weak lungs, tried first Santa Barbara and chose San Luis Obispo as possessing the better climate for such cases as his. He told me that time had but confirmed this opinion. In summer there are, of course, a few hot days, now and then, but these spells seldom last more than three days at a time, while the nights are cool, and during the hottest days a gentle breeze prevails.

The roads are good, and delightful drives can be had. Small parties are frequently formed for a visit to Pismo ten miles distant. Here excellent sea bathing can be had, and you may drive for twenty-five miles along the smooth ocean beach. I shall not soon forget a moonlight ride at this romantic spot. San Luis Obispo is entirely virgin soil for Homœopathy. Nothing has been done to properly bring the cause before the people. Perhaps it might be said that until now there were few persons there at all likely to listen to its claims or test its merits. But all this is changing, I found in and around the town about a dozen persons who called themselves Homœopaths, and who promised to em-

ploy a Homoeopathic physician. Unfortunately for the Doctor, these seemed a remarkably healthy set. A young man, or a man and wife, with sufficient means to live for a year, could in that time have a living business and thereafter make money. This is especially true if the new hotel enterprise proves a success and Eastern people and invalids are induced to visit there. There is everything inviting, the climate is perfect, land of every description is plenty and at reasonable rates and suited to all kinds of cultivation. There are good schools and numerous churches. The Masons and Odd Fellows have pleasant Halls and flourishing Lodges.

There can be no doubt that San Luis Obispo is destined soon to number 5,000 inhabitants, and the amount of business transacted is amazing, and surpasses most towns of the same size.

I have endeavored to give you a truthful account of San Luis Obispo, and to those persons who are seeking a mild healthful home I cannot over estimate its advantages. Its chief drawback from a medico's standpoint is the extreme healthfulness of its inhabitants.

BLEEDING FROM INTERNAL PARTS.

A LECTURE BY H. N. GUERNSEY, M.D.

GENTLEMEN:—You have frequently, during this course of lectures, heard me mention remedies to be used for "Bleeding from Internal parts. "I now propose to collate the same, and to make a differential diagnosis of each of them, that you may be prepared to select the one whose pathogenesis most closely resembles the presenting symptoms on the "spur of the moment"—if need be; and, that you may be enabled to arrest a hemorrhage of the most frightful character, in the most "*mild, prompt and durable manner*" of all known methods.

Those remedies which are most highly characterized by BLEEDING FROM INTERNAL PARTS, are: *Acon.*, *Arn.*, *Bell.*,

Calc c., Carb., veg., Canth., Cham., Chin., Uroc., Ferrum, Hyos., Ipec., Kali c., Lach., Lyc., Merc., Nitr. ac., Nux v., Phos., Plat., Puls., Sabin., Secale, Sepia, Sulphur.

As we may at any time be suddenly called upon to prescribe almost instantly for a dangerous hemorrhage, I will give the *strongest points* of each drug first, that we may be facilitated in our choice.

ACON.—When we find with the hemorrhage an apparent mental excitement, accompanied by a fear of death (perhaps the fear of bleeding to death), we may find on investigation that the hemorrhage was brought on by a fright, by a fit of anger, or by anxiety; the patient may still be suffering from the exciting cause. The sufferer is usually lying on the back, owing to an *aggravation from lying on either side*; worse on rising, (becomes dizzy); blood coagulates easily; *afraid* to move about much, though feeling restless and anxious; thirsty, skin dry. Most generally found in dark-haired subjects, plethoric and active.

ARN.—Here the bleeding has been excited from an injury; from concussion; bodily fatigue; physical exertion. We often find a bruised or sore sensation in the parts from which the blood exudes. Pulmonic or uterine hemorrhages and epistaxis, etc., are often attended with this sensation. Hot head and a cool body are very characteristic of this remedy.

Sometimes a fright and an injury may be nearly coincident, and here great care must be observed to decide which was *really* the exciting cause; should *fright* have caused the bleeding, *Arn.* will not be the remedy.

The difference between *Acon.* and *Arn.* may be seen at a glance.

BELL.—The blood coagulates almost as soon as discharged and feels hot to the parts from which it escapes. If it be from the genital organs, they are usually forcing or bearing down pains; if from the chest or head, there is congestion, throbbing of the carotids, injected eyes, flushed face. The patient wishes to be covered; cool air is unpleasant; cold shiverings frequently run through the body; photophobia; drinks little and often; hot skin; plethoric habit.

Patient generally feels worse in the afternoon and evening; from draft of air; from moving; from rising; from suppressed perspiration.

Here, too, we see that *Bell.* in its turn, differs very essentially from either of the preceding drugs.

CANTH.—A most striking symptom calling for the use of this remedy is found in the urinary organs, and consists of a cutting and burning pain during micturition; the urine flows in drops, or in a very scanty stream. Hæmaturia; uterine-hemorrhage, blood usually being very dark; hemorrhage from the lungs or nose.

CALC. C..—Here, the most striking feature is the constitution of the patient. This is leucophlegmatic; light hair. A little investigation may show that the menses are apt to be too profuse and too often; much perspiration about the head and shoulders; limbs are usually drawn up, and are cold and damp; desire for loosened garments; amelioration from being rubbed; desire for warmth and covering; a slight draft of cool air is chilling; if the bleeding be from the chest, it is usually from the left side. *Calc. c.* cannot be mistaken for, or confounded with, either of the above remedies.

CARB. VEG..—We are chiefly led to the use of this remedy in very desperate cases, where there is almost an entire state of collapse; weak pulse; anguish of heart; skin cold and blueish; patient wants to be fanned very hard; and often whispers to the attendants, “fan harder, fan me harder.

This desire to be “fanned hard” is found in many different complaints, and may always be considered as indicative of this drug; we may some times be called in very late to such cases, or we may get them from the old practice.

CHAM..—The striking peculiarity here is mental irritability of a spiteful nature; the patient speaks quickly and sharply. Blood dark and coagulated; desire for air; restless; distressed; spiteful and irritable.

Patient generally feels worse in the night; from warmth; from anger; during eructations; lying on painless side; dur-

ing perspiration; during sleep; from coffee. Better while fasting; while lying on painful side.

CHINA.—The first note of alarm here is faintness, with ringing in the ears; *ringing in the ears* is one of the most characteristic symptoms in the pathogenesis of China, and if we do not give it soon, the pulse will become irregular, flickering, and imperceptible; skin cold and clammy; fainting and unconsciousness. Even at this stage *China*, 2c., in water, every two or three minutes, will soon work a favorable change.

Generally feels worse, periodically; in the night; after drinking; while talking; can't talk, wishes others to explain; after perspiration; on touching the parts softly.

China cannot be confounded with *Carb. veg.* as, Firstly, in *Carb. veg.*, the patient wishes to be fanned hard, and if at all in *China*, very softly. Secondly; In *Carb. v.*, the skin is dry and blue, while in *China* it is moist and clammy. Thirdly: in *Carb. v.* we find no ringing in the ears, as we do in *China*.

CROC.—The striking feature of this hemorrhage is its *black* and *stringy* character, the blood forming long dark strings as it flows; often resembling long, black, earth worms. We find this feature, whether the hemorrhage be from the uterus, lungs, or the nose. When examined in a mass the strings may be somewhat matted together, but the characteristic tendency is plainly observable. Sensation of a bounding or rolling in the abdomen, as of something alive.

Feels worse in the morning, when fasting; during pregnancy; in a warm or close room.

Better in the open air; after eating.

FERRUM.—We usually notice a very red face, with a full pulse; the hemorrhage is partly of a fluid, and partly of a black and clotted character. The flow may be from the lungs, stomach, nose, bowels, or uterus—if from the latter, there are very often violent, labor-like pains in the back and abdomen; great erethism of the circulation; flushes of heat.

Feels worse in the night, particularly after midnight; from change of position; from fat food.

The trouble may have been superinduced from poisoning by Peruvian bark; the patient is generally very weak; though having so red a face and so full a pulse.

Hyos.—The alarming points that appear are delirium; semi-unconsciousness; a constant flow of blood; jerking and twitching of the muscles; face bluish; eyes congested. The hemorrhage may have been brought on by a fit of jealousy; by taking cold; by unhappy love, or some other mental affection.

Worse usually in the evening.

Better From stooping or leaning forward.

Hyos. differs from all its companion remedies by the prompt appearance of delirium in case, by the semi-unconsciousness, by the twitching and jerking of the muscles, and by the bluish face. The alarming kind of hemorrhage is usually uterine.

Ipec.—When we have an uninterrupted discharge of bright red blood from the vagina, nose or lungs. The first symptom here is usually, a complaint of faintness and nausea; also, there may be a sharp cutting pain from the naval towards the uterus; later we may find cold skin, cold sweat, and a species of suffocating spells.

Hemorrhages sometimes follow suppressions of eruptions; abuses of Peruvian bark; after eating veal; after coughing; while vomiting; occurring periodically.

It will be perceived that *Ipec.* approximates *China* in the cold sweats and cold skin, but *Ipec.* has not the ringing in the ears, nor has *China* the nausea. *Ipec.* would also be indicated in a constant flow of bright red blood from the nose or lungs, with the above gastric symptoms and faintness. *Ipec.* is more frequently indicated than any other remedy.

KALI CARB.—We are most frequently led to think of this remedy for hemorrhages occurring some days or weeks after parturition; also for epistaxis and hæmoptysis after being over-heated, and after a vexation. The sometimes accompanying symptoms are agonizing pain in the back, extending

into the glutæi muscles, and down over the sacrum; stitching pains in the abdomen; abdomen often tympanitic.

Feels better from being covered up warmly; after eructations which occur quite frequently.

One of the best remedies to prevent abortion from occurring about the second month, when characterized by stitching pains; pains in the back hindering walking—causing the patient to feel like stopping to lie down anywhere, in the street, on the floor, etc.; later, these pains may extend over the sacrum in the glutæi muscles.

LACHESIS.—For flooding occurring at the critical age, particularly when characterized by chills at night and hot flushes by day, or floodings at any time when thus characterized; after parturition, with pains in the right ovarian region always relieved by flow of blood from the vagina; in all typhus or typhoid conditions, where there is a flow of dark blood from the nose, from the lungs, or from the bowels with a *sediment like charred straw*. This sediment may either have a crushed appearance, or may look like distinct spears of charged straw—it really being decomposed blood.

Diarrhœas following milk-leg are sometimes accompanied with a hemorrhage of this sort, and here *Lach.* will be the curative agent.

LYC.—Hemorrhages from the nose, lungs, or uterus where there is a great deal of flatulence, borborygmus, and a *sensation of fullness up to the throat*, after taking a small quantity of water or nourishment; frequent flushes of heat; palpitation of the heart; cutting pains from right to left in the abdomen; all symptoms worse from four to eight in the afternoon and evening. Desire for air; to have the windows up; to be fanned. This remedy may often be used in the worst cases of pulmonic hemorrhage.

MERC.—This remedy is particularly applicable in hemorrhages occurring in elderly females sometime after the critical period has passed; light hair; scorbutic condition of the system. Cold, damp thighs and legs at night; perspiration sour and mouldy, excepting of the feet, which is scentless;

skin and muscles lax; thirst, even though the mouth be full of saliva; mood serious, sometimes amorous.

Feels worse at night; when blowing the nose. With the above conditions epistaxis, hæmoptysis, hæmatemesis, hemorrhage from the bowels, or uterus.

NITR. AC.—This remedy is in many respects very similar to *Merc.* and sometimes a very close comparison is requisite to discriminate between the two.

Contrary to *Merc.*, *Nitr. ac.*, has dark hair; perspiration, sour and urinous; skin and muscle, rigid; no thirst; blood, dark; foot sweat, fetid; distrust. The urine is much stronger, and more like horse urine, than in *Merc.*

Bleeding from the arteries and capillaries; bleeding from the uterus with pain in the back, running down through the hips into the legs with a sensation of pressure, as if the uterus itself would escape from the vulva. In so comparing *Merc.* and *Nitr. ac.*, we find them different from each other, and from all the preceding remedies.

NUX VOM.—It is a curious fact that in most all hemorrhages requiring the *Nux. v.*, we find an irritable condition of the rectum, which is a *frequent and ineffectual desire for stool, with the sensation as if portions of feces were in the rectum*, this latter sensation remaining even after defecation; usually in dark-haired subjects.

Hemorrhage may be excited by indulgence in rich food; from much coffee; intoxicating drinks; constipation.

Worse in cold air, between three and four A. M.

Better in a warm place; lying on the side; in loose garments; passing wind per anum.

PHOS.—Particularly for tall, slim, dark-haired subjects; also in females who menstruate too often, too much, too long; sensation of emptiness in the abdomen; slim, dry stools, expelled with difficulty; flushes of heat.

Feels worse lying on the left side; on the back; from warm food, or drinks.

Better lying on the right side; from cold food and drinks; from being rubbed; after sleep.

Small wounds bleed persistently and profusely; bleeding erectile tumors.

PLAT.—Hemorrhages, blood being partially fluid and hard black clots; also coming away in quantities, and having a dark, tarry appearance; with sensation as if the body was growing larger in every direction; in dark-haired, spasmodic and nervous subjects.

PULS.—Intermittent hemorrhages, blood generally dark; in subjects of mild and tearful temperaments; can lie best on right side; feels much worse in a close warm room; desire for open doors and windows; no thirst; scanty urine; blood flows and stops, flows and stops.

SABINA.—Blood flows freely in fluid and in clots. When from the uterus, there is very often a pain from the sacrum to the pubis or *vice versa*; for violent after-pains of the above nature, with the above characteristic bleeding; especially applicable for miscarriages coming on about the third month; blood pale from the nose; blood from the vagina pale, or red, dark, or mixed with light red; much soreness in the hypogastric region.

Feels worse in a close warm room.

Better in the open air.

We see that *Puls.* and *Sabina* agree in the aggravation from warmth, but *Sabina* has that peculiar pain. *Puls.* has a different disposition, and the character itself of each hemorrhage differs.

SECALE CORN.—The flow is passive and may be dark or red, though is mostly red; in subjects who are naturally feeble and cachectic; tingling in the limbs and prostration; desire for air; aversion to being covered; cool skin with no desire for covering.

Better when lying with limbs extended. (In *Calc. c.*, the patient feels better with the limbs *drawn up*.)

SEPIA.—With abdominal plethora or congestion; pain in the right groin; sensation of weight in the anus; painful sensation of emptiness in the pit of the stomach.

Feels better from drawing up the limbs.

Disposition to abort from the fifth to the seventh month, especially when there is uterine congestion; cold hands and feet; hot flashes; particularly where she complains of little, fine, darting pains up the neck of the uterus. The difference must be remembered between *Kali c.*, which has abortion about the second month of pregnancy; *Sabina*, with abortion about the third month; and *Sepia*, with abortion after the fifth month.

SULPHUR.—Sensation of heat in any part previous to, as well as during the hemorrhage; particularly when from the lungs. This sensation of heat may be in the inner parts of the nose, uterus, rectum, etc.

Worse when warm in bed; when exposed to any heat, as of the fire, etc.

In giving these remedies for "Bleeding from Internal Parts," I think it proper to remark upon the *so called* adjuvants, which some physicians resort to for the arrest of hemorrhages.

As we have passed over a variety of hemorrhages, and have observed how each has its own peculiar character, each one differing from all the others, it will be useful to inquire: "Why does the patient bleed in this manner, or in that? *Why* are these bleedings, each of its own peculiar type, from the nose, from the lungs, or from the dried up uterus of the aged female?" We know that in all these hemorrhagic conditions there were no open blood-vessels of any size, from which the blood could flow.

What other cause then, can be assigned but that of a peculiar morbid condition in each case, which, having induced an afflux of blood to the parts concerned, caused the bleeding? In apoplexia, in the various congestions, in the erethism of blood which causes flushes of heat, there is a morbid agent at work, which is not unlike, in principle, to other morbid conditions, causing other forms of disease which are perfectly amenable to the remedies of our *Materia Medica*.

And why then, might we not as well employ *so-called* adjuvants in almost any other form of disease, as in *bleeding from inner parts*?

As it is the pathogenesis of a peculiar morbid influence which we see manifested in the various forms of hemorrhages, so the pathogenesis of some peculiar drug must indicate its use in arresting the forms of bleeding to which it is adapted.

As we know our remedies, we can succeed in their use as destined by the Creator, without the aid of any cumbersome, and often injurious, so-called adjuvants.

CLINICAL ITEMS.

Burning Pain in Vertex—Graphit, Sabadilla, Caustic.—
(Kafka.)

Natrum phosph is a remedy for acidity, sour risings, sour evacuations (in children.) It seems to fill a place near *Nux* and *Calcarea* for these conditions.—(Goullon.)

Kali Sulf.—There is no remedy so competent for rattling in the chest when that state has followed an acute attack of inflammation. When a child has passed through a broncho-pneumonia and seems to have recovered, and after any change in the weather to cold the child coughs and rattles in the chest, then it is that this remedy cures. A boy 4 years old was brought to my office for treatment, he looked well, but coughed several times with a *rattling cough*. He never expectorates," says the father, "but he always has that rattling." "It is worse in cold weather, he eats well and seems well, but always has more or less rattling." *Kali Sulf.* 200, one dose, dry, cured the case. In one week the rattling that had been there all winter was gone; the weather changes do not affect him now.

A little girl baby 14 months old had a very violent double pneumonia last winter. Having been called to the case rather late it was with great difficulty that the baby was saved, but finally it convalesced and looked well. During the cold spring weather it *rattled* in the chest and coughed, otherwise it was healthy and plump. Some two months af-

ter the acute attack it was rattling when the weather changed to cold or damp. Kali Sulf. 200, cured immediately. I prescribe Kali Sulf. for rattling in the chest with or without much cough. In the absence of distinct indications for other remedies, in *subacute* or *chronic* cases.—[*Dr. Kent in Hom. Phys.*]

Ferri Jod.—Bearing down in uterine region *while sitting, the patient feels as if something sore and painful was being pushed up.* This is a very common experience of patients who suffer from prolapsus uteri; and it is in relief of this condition that the medicine has proved successful.—[*Far-
rington.*]

REMEDIES FOR RHUS POISONING.

Tansy Tea—Externally and internally.

Ledum—Internally and as a lotion.

Lobelia tincture—locally.

Olive Oil, 2 oz.;

Salicylic Acid, 1 drachm } locally.

Kali sulf. 6x; *Sanguinaria*; *Anacardium*; *Urtica urens*; *Arnica* and *Rhus. rad.* high.

Chloroform in drop doses is recommended by Dr. Ruddock for Flatulent Distention. Besides the ordinary remedies, viz.: *Carbo.*, *Lycop.*, *Nux.*—remember *Nux Mosch.*, *Argent. nit.*, *Terebinth*, *Assafoetida.*, *China*, *Salicyl. acid*, *Kali. phos.*, and last but not least *Natrum Salicyl.*

Thuja.—Dry herpes on head extending to eyebrows. With scaly, peeling off, eruption over scalp, extending over forehead, temples, ears and neck.

Mezer.—Tinea principally on hairy parts of the body and scalp when irritation flies elsewhere on scratching.—[*Cooper.*]

Magn. mur.—Tinea accompanied by pimply eruption on face, which comes and goes after supper and warm room and before catameneae.

Convallaria (Lily of the Valley) has a specific action on the heart. It may be summed up:

1. Retardation (slowing) of the cardiac contractions with increase of blood pressure.

2. After the period of retardation, there follows a strongly pronounced acceleration of the contractions with still greater increase of blood pressure.

3. Arrest of the heart beat with diminution of blood pressure.

4. Tetanic contraction of the ventricles with throbbing auricles—Death.

5. Like *Digitalis*, *small* doses primarily accelerated the pulse.—[*E. M. Hale.*]

PERSONAL NOTES.

DR. E. S. CHAPMAN, who has been located at Forest Hill for a number of years, has removed to *Watsonville*. We wish him success in his new field.

DR. C. B. CURRIER has removed his office to 921½ Geary street.

DR. W. A. DEWEY has removed his office to 920 Geary street.

DR. E. H. RUSSELL, formerly resident of the Homœopathic Hospital, has located at *Visalia*, and writes cheerfully of his prospects.

DR. S. P. BURDICK, of New York, has settled in Oakland, Cal.

DR. A. K. JOHNSON, of San Bernardino, writes us the following sad information: "My partner, H. W. RICE, M.D., is no more. He had the misfortune to fall out of our office window to the pavement, 17 feet below, on the night of July 21st, and died on the 23d from the effects of injuries received from the fall. He was well liked here and his sudden death is deeply mourned by many.

Popular Department.

FOOD FOR OLD PEOPLE.

By A. J. BELLOWS, M.D.

Is your fat, good-natured old grandfather living on fat beef and pork, white bread and butter, buckwheat-cakes and molasses, rice and sugar, till he has lost all mental and physical energy, and desires to sit from morning till night in the chimney-corner or at the register, saying nothing and caring for nothing?—change his diet, give him fish, beefsteak, potatoes, and unbolted wheat-bread, or rye and Indian, with one-half or three-quarters of the carboniferous articles of his former diet, and in one week he will cheer you again with his old jokes, and call for his hat and cane.

Is he lean, and cold, and restless, and irritable?—give him the fattest meats, with the best of butter, and as much sugar and molasses as he desires, not taking away entirely food for the brain and muscles, but adapting them to his circumstances. Perhaps his brain has been overworked, and exhaustion and fitful action follow. If so, he needs some phosphatic food to which he has not been accustomed, as oat-meal porridge, or oat-meal cake, with milk, or a diet of fish, and pearl-barley, and pea-soup. Or perhaps his restlessness comes from inactivity of the bowels; if so, he needs fruits, vegetables, unbolted wheat-bread, etc., with care to keep his mind at ease, and to have only such company as is soothing and agreeable.

Or perhaps his irritability arises from the use of too much meat and other phosphatic food; if so, keep him on a diet in which the phosphates are deficient, as rice, flour, bread and butter, etc., with other food adapted to his other conditions and habits. But that a regard to these different conditions, an adaptation of food to conform to them, will very much contribute to comfort and happiness in the declining years of life, there is no shadow of a doubt.

EVERY MAN HIS OWN DIETER.

In the biography of the late General Dix is an account of an interview with the celebrated Dr. Abernethy. It will interest our readers, especially since it is known that the wisdom of the physician's advice carried General Dix from dyspeptic youth into eighty years of robust life.

General Dix gives the account himself: "He received me with great civility, heard a few words of the story and cut me short, as follows: 'Sir, you are pretty far gone, and the wonder is you are not gone entirely. If you had consulted common sense instead of the medical faculty you could probably have been well years ago. I can say nothing to you excepting this: You must take regular exercise, as much as you can bear without fatigue; as little medicine as possible of the simplest kind, and this only when absolutely necessary; and a moderate quantity of plain food, of the quality which you find by experience best to agree with you. No man, not even a physician, can prescribe diet for another. A stomach is a stomach, and it is impossible for anyone to reason with safety from his own to that of any other person. There are a few general rules which any man of common sense may learn in a week, such as this: That rich food, high seasoning, etc., are injurious. I can say no more to you, sir; you must go and cure yourself.'"

DOCTOR, what shall I eat is the question asked daily of every physician by his patients. Referring now only to those suffering from chronic diseases, I wish to emphasize the futility of offering any prescribed rules of diet. I know that a good many cheap reputations are constantly made by a certain class of medical men, by insisting upon various preconceived notions on diet and holding out all sorts of wonderful changes in the animal economy by their adoption. So at one time we hear of a physician forbidding all of his patients butter, another salt and so on through every article of diet, each insisting that his course is the one thing needful to bodily regeneration. But that one man's meat is another man's poison is absolutely true and the expression of an overwhelming general experience. A dietary based merely on chemical ideas however suggestive is limited in its really useful application to the animal wants, for the body has capacity to draw nutriment from various sources, taking such things as correspond to the nature of its peculiar life and rejecting such things as are hurtful to it. Really useful dietetic rules in the treatment of chronic disease must be individualized to each patient just as much as our remedies.

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BARNES, G. W.	DAVIS, G. E.	LUMMIS, W. D.
BISHOP, A. B.	ECKEL, J. N.	PIERCE, R. E.
BOERICKE, WILLIAM	HART, C. N.	SALTONSTALL, F. N., MRS.
CURTIS, R. H.	HART, C. P.	STEVENSON, E.
CLOWE, W. B.	GRISWOLD, W. N.	WALL, B. P.
DE CAILHOL, E. A.	FRASER, E. J.	WARD, J. W.

THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - WM. BOERICKE, M. D.

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EDITORIAL.

The third volume of the CALIFORNIA HOMŒOPATH, begins with this volume. The support accorded to us in the past, justifies our entering another year's existence. Since its first appearance, the CALIFORNIA HOMŒOPATH, has been loyal to its principles, advocating the Homœopathic method of cure as the safest, best and speediest of all therapeutical methods in vogue, and trying to illustrate from the experience of our best men, the applications in practice of our doctrines. We have identified ourselves with the progress of our school on this Coast, and this can only mean that we have advocated the claims to recognition of the Hahnemann Medical College of San Francisco, simply because that institution alone possesses the vigor and represents the cause of Homœopathy of our part of the country adequately.

Homœopathy as a system of medical faith and practice, has been growing largely in favor with our people. Our prosperous college, our hospital, our large dispensary, our pharmacies, our 250 representatives, and last but not least,

our journal, of course all give evidence that we are alive and ready to battle for our just claims as adherents to the great law for the selection of drugs to the cure of disease, *Similia Similibus Curantur*.

THE first term of lectures of the Hahnemann Medical College of San Francisco closed about the last of October; graduates represented the first crop of the new institution. The Board of Directors and Faculty have every reason to be gratified with the results of their first year of labor. When they first began to fill the want long felt by the profession of a separate school for the systematic teaching of Homœopathy, it was necessarily with some misgiving as to the method of the reception their efforts would receive. But the spontaneous endorsement from many unexpected sources was a surprise and a gratification, and not only was the new College enabled to start out with a class much larger than the most sanguine had dared to hope, but we have every reason to look upon it as the most auspicious outlook for future support. We hope that too is forthcoming. Every Homœopathic physician on the Coast has a duty to perform. Who will shirk it? Encourage students to come, remember the College with donations for its library, its museum, its building fund. Soon we must have our own building, that will accommodate the growing classes, and represent to some extent, the young giant school that is growing up, and must sooner or later take the position worthy of its advanced views on medical subjects.

ORIGINAL ARTICLES.

ECLAMPSIA INFANTUM.

READ BEFORE THE STATE HOMOEOPATHIC SOCIETY

BY J. N. ECKEL, M. D.

The frightful phenomenon we call by the general term, convulsions, and which is met with so often during a physician's practical career, and strikes terror and dismay in happy families, and which demands from us speedy action, has been by old medical writers—such as Hypocrates, Plinel and others—described as epilepsy; and it would seem, at the first glance, as being the latter, as the cardinal symptoms are alike. Yet medical writers of the nineteenth century point out clearly the difference. Epilepsy is of a chronic nature. Who has ever heard of a chronic eclampsia?

Some writers went so far and called eclampsia acute epilepsy. In both there is unconsciousness, more or less insensibility. I am willing, for one, to submit to the modern classification; and we are indebted to Sauvage, who was the first one, who called convulsions of children and infants, eclampsia infantum.

Ozamam considers eclampsia a disease *sui generis*.

If we analyze every single case in relation to its origin, its pathology, the preceding and combined symptoms, we are inclined to believe, at first sight, that we have before us an epileptic form of disease, and, therefore, the old medical writers are excusable when they called it acute epilepsy. By irritation of the sensitive nerves, and by reflex action, the central nervous system—the brain—responds.

It appears under an apparent paroxysm of epilepsy.

As soon as the cause of irritation is removed the paroxysm stops, and we have again a complete restoration, unless a fatal issue occurs during a paroxysm.

This is sometimes the case. Such facts I have seen in malignant scarlatina. A repetition of the paroxysm is a sure sign of new irritation on the sensitive nerves; a sure sign that the cause of irritation has not been removed.

A chronic eclampsia, as already mentioned, is not known.

In short, what is eclampsia? A general *clonic epileptiform* acute spasm, independent of any material changes or morbid disorganization of the central organ—the brain—produced by transitory causes. As soon as the latter are removed the system and its various functions become normal again. There is, as you will perceive, an irritant cause noticeable by way of the reflex action.

It is not my intention to describe the different species of eclampsia. Such as the idiopathic or the symptomatic, the direct or indirect. Very often combined causes are at play. Not to get our subject mixed, we will only dwell on eclampsia in general. With your permission and indulgence let us consider its ætiology.

The disease is pre-eminent in children so much so that Sauvage added, with perfect right, the adjective *infantum*. After the second dentition we meet with it but very seldom.

There must be then, in the earlier childhood, a peculiar disposition, a disposition by which that character of spasmophilia is so well marked—a gradual development, a gradual declining, and at last completely disappearing disposition. There must be something in the organism which stamps this peculiarity, this tendency to spasms. Is it a family inheritance?

Does it not point that way? Have you ever met with families where almost all their children had more or less convulsions? Is there not a peculiar tendency in such families? Does not the law of transmission stand out boldly? I know of a family of four children; they all had convulsions; not one attack, but frequent attacks. It seems almost strange that sometimes a mere trifle should produce them in certain children, whilst in others a great irritant hardly affects them.

Bouchat mentions a curious fact, a family history so to say: Ten children in one family had convulsions. One of the ten in later life got married, had also ten children, nine of the latter also had convulsions.

Barthez and Rilliet speak of one child—four had already died in the same family of convulsions—who also perished of eclampsia during the progress of enteritis.

Dr. Weiss, of Prague, speaks of his own child having frequent paroxysms until it got up to the age of nine years. It even went into spasms from overjoy at the presentation of a toy.

My own son had frequent attacks of spasms during his childhood, until he reached the age of his seventh year. Artificial feeding did not agree with him; could always trace the cause to crude food. I do not think I have any right to classify him as belonging to a spasmophilic family, as my other children were never troubled with spasms. What, then, disposes children in their early life to eclampsia? What are the predisposing causes or circumstances by which such serious results are produced?

Baumes calls this tendency to convulsions convulsibility. "Such children," he goes on to say, "have a fine delicate skin, their muscles are thin, their eyes have an unsteady, confused look, the physiognomy is unchangeable; sometimes they look pale, sometimes red; sometimes one side of the face is pale, whilst the other side is red." All well and good for Baumes, I do not share his opinion.

Many appearances, taken from the physiological and pathological life of a child, for instance the little sensibility against pain in their infancy, the delicate development of the sense of taste (according to Saltmann); of hearing and smell (Vierordt and Gerhardt "*Handbuch der Kinder Krankheiten*") do not speak in favor of that peculiar erithism of the nervous system, at least during the first few weeks of their existence.

Soltmann asserts, in a very recent article on that question, that the sensibility is not so extensive or high as heretofore believed, on the contrary lessened. By several careful experiments he proved satisfactorily, that the motor nerves of a newborn infant are more difficult to irritate by electricity than in adults; that the peculiar irritability increases with the age of the infant between the fifth and tenth month, both the sensitive and motor nerves are easier disturbed.

It is conclusively shown by modern neurologists that the sensibility of the peripheral nerves are decreased, and we may not look for that increased reflex disposition and tendency to spasms in an infant a few weeks old. What part of

the body then, in children, is responsible for such tumultary? The first philosopher amongst the anatomists, Bischat—as Prof. Hyrtle calls him—says: The two great functions in children, motion and sensibility, and the intellectual functions, are only in the dark. Its mode of operation is only in anticipation of action.

Tiedemann (Anatomy of the Brain) says the brain of children 6 to 8 months old is reddish-white, the cortical substance can hardly be distinguished from the rest of the brain; the lobes are little organized, whilst the medulla oblongata, and the spinal cord are completely developed. Billard accuses directly the incomplete organization of the infant's brain.

Nothnagel, for instance, disputes the fact of an inherited disposition, whilst others of equal prominence say the contrary.

Weiss speaks of a family where either the father or mother had epilepsy, whose children had many attacks of convulsions. From 16 children eight had convulsions. Out of 56 children born from parents who had epilepsy 30 per cent. had neuropathic troubles. Children born from a hysteric mother are very apt to be liable to convulsions.

Even some authors speak of severe shocks to the nervous system during pregnancy as chargeable causes. As a matter of curiosity only, I will here mention the case of Gunsant and Blachet, that all three children born from a quarrelsome mother during her pregnancy had convulsions during their childhood. One great factor which predisposes children to convulsions is an anæmic condition in such children where they sustained loss of blood. Those who, artificially raised, especially amongst the poorer class, insufficient food, or food bad in quality, or too much in quantity; those who live in bad ventilated apartments; violent diarrhœa, cholera infantum. Of 56 per cent. children already mentioned by Weiss 12 per cent. had convulsions from loss of blood; amongst those were three children of Jewish parents, on whom circumcision was performed; also in children who have the rickets, Elsaesser and Gee of England, make the same assertion. Is it not, perhaps, more the anæmic condition of such children a predisposing cause than the rickets itself? Some

authors say female children are more liable than the male children. Barthez and Rilliet say more male than female. Weiss thinks the per cent. is about equal; 29 males and 27 females. My experience agrees with Barthez and Rilliet.

Resume.—The peculiar disposition to eclampsia during the early life of a child is inherited.

Epilepsy and hysteria of parents are predisposing causes.

Anæmia a decided cause. Food either too much in quantity or bad in quality.

To bring on an attack of convulsions there must be a decided and direct cause, without the latter, in spite of a predisposition, it will not occur.

Psychological impressions, such as fear, fright, or children whose brains are filled with ghost stories by ignorant nurses, etc. Violent and sudden impressions to the senses of hearing and sight; of eclampsies from a strong affect on the senses of smell and taste, we have no cases cited in literature.

Idiocyncrasy, is for instance, in hysteric persons, very often the cause of bringing on a hysteric attack. I do not know whether this is applicable to very young children.

The most frequent cause is an irritation of the peripheral sensitive nerves. Guersant and Blachet saw convulsions from too high a temperature.

Mechanical irritation, such as pins and needles (Baumes). Prof. Hensch of Berlin relates a case of gravel; foreign bodies in the ear; exposure of the *rete malpighii* from burns; also gall-stones (Weiss). The most attacks of eclampsia occur from crude food, especially in those children, who are deprived of mothers milk, by foreign bodies children swallow, as cherry and peach-stones, etc., or anything that is likely to irritate the mucous membrane of the intestinal canal.

Many years ago I made a *post mortem* examination of a child that died in Oakland, within the short period of two hours. It was thought by the attending old-school physician that it had swallowed a small, unripe apple. The child was picked up under the tree, in convulsions. No apple, however, was found. Cause, pulmonary apoplexia.

Weiss cites a case where a wet nurse got into a violent passion; nursed the baby, and a paroxysm came on. So

may the irritation of entozoa of the bowels. I never saw but one case of the kind; tænia was the irritant. However, the worms do not, at the present time, play such a great figure amongst the doctors as formerly, only in the heads of old, wise nurses, who see worms whenever a child rubs its nose, or grides its teeth during sleep, not thinking that it may be a large quantity of potatoes or a piece of mince pie, or these or some other crude substance.

Very often worms will leave the body without producing any plausible symptoms; so for instance in high fever, as worms do not remain alive in a high temperature, such as typhoid fever, scarlatina or acute gastro-intestinal catarrh. If the just mentioned diseases produce convulsions the worms were the cause; this is more plausible to a nurse, more so if the little creature should come away alive. The poor little children are very often unnecessarily tortured by anteworm nostrums. The medicine itself will often bring on the storm.

A case of this kind is cited by Weiss. His own child got sick during his absence. A friend of his gave to the latter some Santonine; no worms made their appearance; convulsions set in. Difficult dentition is another cause. I think too much stress, however, is laid to this cause, almost as much as the worm phantom. I have no doubt there may be some exceptional cases where the attacks of eclampsia may be ascribed to worms and the teeth. I do not believe with Conradi, who says, in the nursery you must yield to the prejudice of the mother and nurses for reasons of policy, so that they should not think we are ignorant. Neither should I dare say with Barthez and Rilliet that such doctrines belong to the land of fables. However, too much is put to the accounts of the teeth.

West thinks, when attacks of eclampsia during the period of teething occur, they should be ascribed to the general reduced constitution.

Of course a mother will be more satisfied if you tell her teeth are the cause of such attacks. Take out your gum-lancet and do your duty. The tooth is cut.

Is the Eclampsia cured? You will get a blessing if the

paroxysm comes on again. Vogel, in his compendium on diseases on children agrees with Conradi and other old medical writers, teething is a decided exciting cause. However, the possibility is there, theoretically and fully demonstrated in practice. I have seen convulsions during dentition, and caused only from difficult teething. I here refer again to the family of four children; every time they had a tooth, convulsions set in. I base my belief firmly on experience. The latter is always the best and wisest teacher. Every physician must be some times his own authority. Whilst I admit that difficult dentition will bring on sometimes Eclampsia, I will also state that often times other exciting causes may be overlooked by mothers and nurses; causes which do not strike their eyes so plainly as the teeth. Only think of it!—how often are the little ones tortured with that little handy instrument, the thimble, until the point of the tooth shines through the gums; a deep sigh, the agony is over, and joy rules supreme.

So, for instance, the child is dressed according to fashion; it must make a good appearance; it belongs to the nineteenth century. The chest is, perhaps, well covered and protected, but its short petticoats leave the legs bare; it goes out in cold weather; or the chest is not well protected, whilst the legs are kept warm, an acute intestinal catarrh, enteritis or pneumonia set in, what then? or the children are kept in a high temperature, no fresh air is admitted, carried through a cold hall, are sent out from a temperature of 70 or 72 Fahrenheit into the hall or streets with a temperature of 60 degrees or even less. The skin was in perspiration, it is now checked in a 10 degrees lesser atmosphere. It is suddenly chilled; pneumonia, broncho-pneumonia, or pulmonary apoplexy set in, with the preluding symptoms of convulsions; or the child is fed, over-fed, on potatoes and milk, and finished perhaps with ice cream. If the little one get an attack of eclampsia, that naughty tooth plays the only part in this terrible drama.

Thirty-nine cases out of 56, says Weiss, are caused by indigested food.

I also saw convulsions in intermittent fever.

The two great factors, and respondent in convulsions, are the brain and spinal nerves. We all know diseases of the brain produce convulsions.

It is an indisputable fact that the brain of a child contains more water than the one in an adult. That the changes of its substances are dependent on the great preponderance of water. That the reflex action of a child above the tenth month is more attenuated than in adults. The most important factor to suppress the reflex action, or which reduces it somewhat in its force is the will.

A strong will in an adult can suppress pain. If unprepared, however, even the tickling of the skin will produce reflex action, but if he puts his will against it, that is, if aware of things to come, the roaring of a cannon does not disturb him. What then when a sudden noise strikes the auditory nerve, and his mind rests on another subject?

In olden times very little sympathy was expressed for poor sufferers of convulsions. They were either in company with Mephisto, or in the power of witches.

Whatever I said on this subject matter is in conformity with the views of modern pathologists, and we will hold fast to the *one fact*: that we meet with individuals of neuropathic and psychopathic constitution.

SPINAL SYPHILIS.

By CHARLES PORTER HART, M. D., Wyoming, Ohio.

Under this title I shall include the syphilitic neoplasms of both the spinal cord and its membranes. Though much less than in the brain, they present the same two varieties, namely, the soft or jelly-like, and the hard or cheese-like, forms of syphilomata. They do not appear as well-defined tumors, but as small, multiple patches disseminated through the tissues, uniting the membranes with each other, and with the cord.

Symptoms.—The symptoms of localized syphilitic disease of the spinal cord, do not generally manifest themselves

until the later periods of the syphilitic affection, and long after the first appearance of constitutional symptoms. Thus, of seventeen cases coming under his care, Dr. Dowse found that three occurred during the secondary period; seven during, and co-existing with, the tertiary objective signs; four, three years after; two, five years; and one after six years of the syphilitic infection.

There is generally, but not always, well-marked syphilitic cachexia, the patient being feeble and emaciated, his skin sallow and earthy looking, and his mental faculties more or less depressed. Pains, increased by pressure, are felt from time to time in different parts of the spine; and various disorders of sensibility, such as pain, numbness, formication, anæsthesia, etc., are experienced in the lower limbs. At last the motor function becomes involved, and involuntary startings, muscular spasms, rigidity, and paralysis appear in one, and soon afterwards in the other lower extremity. There is now complete paraplegia. This may exist either with or without paralysis of the sphincters, and on the other hand the genito-urinary organs may alone be involved.

When the lesions are seated in the upper part of the cervical region of the cord, the paralysis involves, not only the lower extremities, but the trunk, the upper extremities, and the muscles of respiration. Under these circumstances the patient is liable to sudden death from paralysis of the phrenic nerves; and even in other cases a fatal condition is apt to be eventually developed, unless prevented by treatment.

Causes.—The causes of spinal syphiloma are the same as those of neuro-syphilitic affections generally. It is invariably preceded by the primary, and frequently by the secondary and tertiary symptoms of syphilis. It may occur at all periods of life, in children as well as in old people, but is most common between the ages of twenty and forty. The neuro-pathic constitution appears to favor its development; while over-exertion, sexual excesses, spinal concussion, and other like agencies are supposed to act as exciting causes.

Diagnosis.—The characteristic symptoms of the disease, taken in connection with the previous history of the case, and

the promptly beneficial effect of anti-syphilitic treatment, are generally sufficient to establish a satisfactory diagnosis.

Morbid Anatomy and Pathology.—Syphilitic neoplasms are developed on the periphery of the spinal cord in the sub-arachnoid space, and on the internal surface of the dura mater. The gummatous effusions, instead of being diffusely infiltrated into the tissues, appear sometimes in the form of miliary tubercles disseminated in the meninges and lymphatic spaces. The microscopical and histological characters are similar to those of cerebral syphilomata.

The effects are generally such as result from pressure. In some cases, however, the adjacent parts of the cord undergo proliferation of the neuroglia, swelling of the nerve-elements, and even softening, but, as far as known, the latter occurs without the development of myelitis. In some few cases, on the other hand, in which the symptoms of acute ascending spinal paralysis have been observed during life, no structural changes could be found in the cord after death, and these, therefore, are supposed to have been due to simple hyperæmia.

Prognosis.—In the majority of cases, if the paralysis is properly treated, the patient will recover; but in some cases, especially when the cervical spine is affected, asphyxia, bronchitis, pneumonia, or some other affection, may carry off the patient in spite of the very best treatment; and even where this is not the case, we can seldom expect perfect recovery to take place, as the posterior root-zones generally become involved to such an extent as to leave the patient permanently affected with the symptoms of locomotor ataxia.

Treatment. — Experience shows that no class of spinal diseases is more amenable to treatment than the syphilitic. provided proper attention is paid to the general health. It is not sufficient, in many cases, that anti-syphilitic remedies simply, such as *Mercurius* and *Kali-iodatum*, should be given, but the vital power should be raised, the nutritive functions improved, and the patient placed under the most favorable hygienic conditions. In addition, therefore, to the usual anti-syphilitic and anti-paralytic remedies, such medicines

should be administered as the particular symptoms of the case call for; in other words, the case should be carefully individualized.

General indications.—*For Constitutional syphilis:*—Arsen., Asaf., Aurum, Carbo reg., Coryd., Ferr. iod., Fluor. ac., Guaiac, Hec. lav. Hepar, Iod., Kali bich. and iod., Laches., Mercurous corr., Mezer, Nit. ac., Phos. ac., Phyto., Sars., Staph., Stil., Sulph., Thuj.

For Tubercular Syphilis.—Arsen., Carbo an., Coryd., Fluor. ac., Kali bich. and iod., Staph., Thuj.

For Mercurial Syphilis.—Aurum, Ferr. iod., Hepar, Iod., Kali. iod., Laches., Mezer., Nit. ac., Phos. ac., Phyt., Sars., Staph., Sulph.

For Syphilomata.—Arsen., Caust., Conium, Ferr. iod., Hepar., Laches., Merc., Nat. mur., Phos., Psorin., Silic., Sulph.

REMARKABLE EFFECT FROM A HIGH POTENCY.

By WM. BOERICKE, M. D.

About nine months ago a young lady consulted me, seeking relief of a chronic constipation. With this exception she appeared to be perfectly well, and on examination found it well nigh impossible to elicit any symptoms, subjective or objective. She informed me that for two years past she had *not once* had a natural passage—one unassisted either by an enema, or the result of purgative drugs. She had been under treatment of some of our leading old school physicians, who had exhausted pills, powders and mineral waters, and for six months past had been under the care of two homœopathic physicians with no result. She was perfectly discouraged, as at this time even the enemas that were administered had failed to give relief. She *looked* to me like a Graphites patient, but owing to the great variety of drugs she had taken I prescribed, without further thought, *nux vom.*, and knowing, moreover, her late homœopathic advisers to be adherents of the “low and lowest” potencies only, though very careful prescribers, I gave it in the 200th potency, a dose night and

morning for a week. I gave no directions about diet, and did not wish any change to be made in her way of living, and forbade enemas.

I mentioned, also, that she could not look for any immediate results of my treatment—my first prescription being largely antidotal to much that she had taken—and that I should study up the case meanwhile, hoping to find the curative remedy.

She returned in one week with the astonishing report, that she had *two* natural stools since taking the remedy. Now, I had intended to give her graphites, but, of course, this favorable report was too clear an indication of my future course. I continued the *Nux* 200 night and morning. Next week she had a natural stool every other day. Otherwise perfectly well, I now gave her *Nux* 1000, and at the end of four weeks she had no further trouble with the constipation, having a stool every day, skipping one once in a while. I now stopped all medicine, when she returned in a few weeks, saying that evacuations came not oftener than every three days, so I administered again *Nux* 200, which again changed matters very shortly to a perfectly normal condition. She has remained so ever since.

There can be no doubt that this case shows, not brilliant prescribing, for every tyro in Homœopathy would have given *Nux*, but the undoubted action of a high potency, and most likely of a high potency of *Nux*, after a low preparation proved inactive. I say, *most likely*, for surely one or both of my homœopathic predecessors must have given *Nux* sometime during the six months treatment.

The favorable action again could not have been the result of "confident expectation," for I held out no such hope to my patient, telling her plainly that this first prescription was but to pave the way for the real curative remedy which was to follow. Can there be any doubt that *Nux*, in a high potency, cured the case?

A PECULIAR CASE.

By J. A. ALBERTSON, M. D.

Mrs. C——, aged near 30 years, was confined about two years ago. The labor was easy and normal with the exception of an hour-glass contraction which caused a sharp flooding and some trouble in delivering the placenta. The patient made a good recovery in the usual time. The child (a girl) from a superficial examination, appeared to be in a normal condition. The child thrived and did very well for about three months, when it began to get pale, languid and ceased to grow, did not see the child but made several prescriptions without benefit. One day the mother told me that the "top of the child's head had all grown up solid." After a few days I had a chance to make an examination. I found the fontanels, to all appearance, closed. The child continued to lose flesh and strength; had suppression of urine a part of the time; light spasms; very sleepless; pupils largely dilated, and lids remain partly open when sleeping; teeth making an effort to appear; bowels in fair condition; muscles flabby, and skin white as marble. The condition, to say the least was not encouraging; but after treating the case between three and four months with but little change, it began to improve rapidly, and, upon examination, I found that the anterior fontanel had opened over one-fourth of an inch, and remains so at present. The child is now growing finely, is playful and seems perfectly well.

Without going into the treatment in detail, I will only give the two remedies under which the case improved. The first was *Helleborus Nig.*, which never failed to relieve the suppression of urine. Second, Hydrobromic acid. The *Helleborus* was given in the third decimal dilution, and only when necessary to relieve the urinary trouble. The Hydrobromic acid was given in doses of half a drop to a whole drop in a little sweetened water, two to four times a day, and continued most of the time for nearly three months, only omitting the medicine a few days occasionally. The result was eminently satisfactory; much more so than any pathological theory in regard to the case that I have been able to formulate.

CORRESPONDENCE.

MODERN GERMAN ALLOPATHIC THERAPEUTICS.

EDITOR HOMŒOPATH:—In my last I referred incidentally to the *Materia Medica*, and *Therapeutics* of Nothnagle and Rossbach. Nothnagle is Professor of Medicine in the University of Jena, and Rossbach occupies the same chair in the University of Wurzburg. It is the highest authority on the subject in Germany, where it has gone through six editions in five years.

I have thought it would interest some of your readers to refer to it again without attempting anything like a formal review. The work is especially interesting to the Homœopath, as it is a late photograph of what is considered orthodox medicine in the land which gave to the world the immortal Hahnemann and with him medical light and hope.

This *Materia Medica* and *Therapeutics* represents what evolution has accomplished for German therapy since Hahnemann's famous fulmentations in Hufeland's *Journal* and the issue of the first edition of his "*Organon*." Allopathicians the world over confess that all that Hahnemann charged against their practice in his day is true. 'Allopathy had faith in drugs and the lancet in those days. Its depletions and poisonings were enforced by a belief born of fanaticism. In Homœopathy was seen a system which allowed people to die even in simple cases, who could easily have been saved by blood-letting and salivation. This latest phase of German therapeutics indicates that the sadly demoralized medical pendulum has, after the lapse of three quarters of a century, reached the opposite corner and dwells in the region of nearly absolute scepticism in the power of drugs to cure diseases. Millions of prescriptions for which the deluded patient's have paid high for to doctor and druggist are thrown overboard as quackery of the first-class.

The ground upon which our authors stand, while sweeping the allopathic stables, is chemistry. "In our classification," say they, "which rests pre-eminently on a chemical basis," etc.

It is simply a case of "reversion" to the practice of the "Chemickers" of the olden times.

The fact is that allopathic medication cannot stand much more than a decade on any ground, so that the patient simply wagers his life; that he happened to become sick when medicine happened to have the right fashion—a rather hopeless gamble; and yet this is the system which so many are afraid to abandon.

"Every few years," says the *N. Y. Graphic*, "the doctors find out that something they used to do is entirely wrong, and likely to kill more than cure. But they stick up just the same for whatever they are doing now."

That a medical writer, standing on the old ground of the "Chemickers," to bring order out of the allopathic chaos, should meet with any success ought not to be expected.

Space will only permit me to refer to a few specimen illustrations of the failure of Messrs. Nothnagle and Rossbach. While throwing some chaff away they throw the bread of life away also.

Their reference to aconite and belladonna is to the point. In accordance with a statement in the preface that, "wherever chemistry has made known the essential active ingredient of a drug, this has received prominence." We find mention made only of aconitine and atropine. The action of the latter, they say, is identical with belladonna. The former represents aconite.

Aconitine, they say, may be entirely dispensed with; and the only use for atropine (or belladonna) is in ophthalmology as a mydriatic. To a person standing on the solid ground on which stood Hahnemann, nothing further need be said to damn these three volumes of allopathic ignorance. Few Homœopaths would care to attempt to practice without aconite and belladonna.

To say nothing of their power over acute and otherwise fatal inflammations, the mental conditions which they remove, would, unchecked, oblige the doctor to abandon the case. I refer to the aconite impatience, which would soon make the ground hot under the doctors' feet, and the belladonna rage, which might pitch him out into the street.

The only thing surely known about tartar emetic by these authors, is that it will cause nausea and vomiting; and concerning veratrum, known and used by Hypocrates, and ever since his time, they say: "At the present day we know of no affection in which this drug is of certain and infallible benefit," and it makes no difference to our German Professors whether the veratrine, to which alone they refer, is procured from Sabadilla, Veratrum Viride or the classical plant veratrum album.

They are afraid to use it too, on account of its tendency to fatal collapse, the very condition in which the homœopath would not like to be without it, and out of which it has brought—like raising the dead—many an otherwise sure victim of Asiatic cholera.

There is only one hopeful indication in this book of German Therapy. It is its scepticism. Doubt in regard to any doctrine or practice is the first step towards abandonment, but we fear it will only be to embrace some other equally destructive delusion.

Meanwhile, let us who have the clearer light be thankful, and press on, not with bigotry and sectarianism, but with the determination which comes of knowledge of the right, and with the old enthusiasm and the name Homœopathy, and the thing itself as communicated in the Organon of Samuel Hahnemann.

E. STEVENSON, M. C. P. S., Ont.

ED. CALIFORNIA HOMŒOPATH: When I left San Francisco, a gentleman well versed in the subtleties of our peculiar system, (he presides at 234 Sutter street,) said, "if you do not use high potencies in Visalia, the regulars will walk all around you," I laughed. He was a dry dog and given somewhat to jokes. I went my way and thought no more upon the subject. Peculiar circumstances placed me in possession of my predecessor's stock in trade (minus his wisdom) and looking over his work during his five years of practice here, I classed him among the 'high potency men.' From

what I have learned since, his success was phenomenal, and his prescriptions included the potencies known by the mystic signs *m cm 4cm*. Suffice it to say, I have not yet been able to locate a suspicion that he used less than the 30th in any case. As I said before, his success was remarkable, and, being a stranger to the people and anxious to succeed, I knew that the results of my work must tally with his in order to establish that confidence that would warrant me in calling myself his successor. So much for the prelude. Tulare County I believe holds the banner as being the most infected fever and ague district in the State, and that particular part known as Visalia, seems to be its agueish as well as geographical center.

Hitherto I had been a devout believer in the efficacy of Quinine as curative of intermittents; but with the advent of my first case I was placed in a peculiar situation. As an avowed Homœopath, I could not consistently use Quinine unless it was clearly indicated; and as the thought of using as a shield to cover my unfamiliarity with any other mode of treatment, was repugnant to me, and my faith in the curative power of low potencies being completely destroyed by previous experience, I quickly analyzed the case, and gave Arsenicum 1000th. The patient, a three-year old girl, had been suffering some two weeks with a daily paroxysm, and was failing. Ars. stopped the chill and sweat, and Gels. 1000th completed the cure. Not being satisfied, I have since tried various potencies. My experience with three cases in particular was so discouraging while using potencies below the 6th, that I abandoned their use entirely. The use of the much lauded Arseniate of Quinine, persisted in, the insane delusion it would cure, cost me the practice of a whole family. A patient, living forty miles from here, wrote me his symptoms. For nine months he had been unable to do anything. Had bilious fever, a paroxysm of heat every afternoon at 4 o'clock, running into the night; headache, over the eyes; and constipation. Had taken unlimited quantities of Quinine and Calomel, and even essayed the virtues of Podophyllin, but to no purpose. I sent him Puls. 1000, and Nux Vomica 1000, with directions as to use. In twenty-

four hours, he was relieved, and has up to this time (two months gone) had no return of the fever. A man came into the office a few days ago, and prefaced his remarks with the statement that he had belief in Homœopathy. He had been suffering from hives, and had used external applications, and was suffering from the repercussion. Bry. 1000 was given, with marked relief to the pains and discomfort. He says he don't believe in Homœopathy yet; but the medicine, he thinks, helped him, and he is recommending the treatment.

I was called to see a lady who was suffering from dysmenorrhœa, the flow was of dark clotted blood, the pain in paroxysms and severe, a steady ache in the small of the back, China 60 relieved the pain almost immediately, and upon it she passed through her sickness. To follow the case further, I found she was suffering from prolapsus and a probable retroflexion. For three days the os had been in the vicinity of the vulva, when I prescribed Nux 1000 and proper position. With the exception of one day, she has never yet had a descent of the uterus since. Sepia and good diet contributed to a cure.

I do not write the few lines in any spirit of laudation, but simply to call the attention of those, who have been tempted to sneer at high potency as a snare and delusion, to the fact that it is both practical and safe.

My advocacy of them is due to my success with them in intermittents. The Elder Lippe says: "*Every case of intermittent fever can, has, and must be cured*, with the potentized remedies, under the law of the similars, Homœopathically." "The question of potency can only be settled by the test of experience; and each individual member must make the experiment for himself. Those who never use but one potency can never have any experimental knowledge of any other" (H. C. Allen).

In expressing myself in favor of a more extended use of the higher potencies, I do not condemn the use of the lower; they are valuable and must be used, but what I do ask is a trial of them, and clearer view of the action of the law of similars will be the result.

E. H. RUSSELL, M. D., Visalia, Cal.

WOOSTER Ohio, Sept. 10th, 1884.

ED. CALIFORNIA HOMŒOPATH.—Sir: My husband, Dr. M. A. Frost of Ohio, was, in the years '79-'80 or '81, stopping for a time in San Francisco, Cal. He was in poor health at the time and died at Farmington, Cal., in '81. I am very desirous of obtaining the address of some physician of San Francisco who knew him and could give me any information concerning him, the condition of his health, nature of disease from which he suffered, etc., at that time. If the fraternity will please pass this around among them, and it falls into the right hands, who will kindly communicate with me, I shall be under great obligations to the same.

MRS. M. A. FROST.

PERSONAL NOTES.

A. E. SCHRECK, Esq., of the firm of Boericke & Schreck, is on an extended visit through the East, visiting the pharmacies and publishers in the larger cities. He intends also to take in the New Orleans Exposition. We have no doubt the San Francisco pharmacy will profit very much through this trip of Mr. SCHRECK's, and we trust he will thoroughly enjoy every feature of his visit.

THE preliminary term of the Hahnemann Medical College of San Francisco will take place February —, and continue six weeks. Clinics continue throughout the year. All are invited to attend this course. The dissecting-room is open, and at present under the able direction of Prof. Dewey, with good subjects on the tables, good work is being done by the students.

DR. McCLELLAND has settled at Fresno.

DR. C. S. SARGENT has returned from a prolonged visit to the New York Polyclinic, where he spent most of his time in the study of surgery. The doctor is now a partner of Drs. CROSS, of Stockton, and the trio is a splendidly matched team, and need no expressions of hope of success, for this is theirs already. Keep on.

DR. C. W. BREYFOGLE has taken a partner, in order to be better able to attend to the details of his large practice. DR. R. E. PIERCE, formerly of Boston, is the man, and we hope the new firm will prosper as its older branch has done.

DR. FRANK M. THOMAS has removed his office to the northeast corner of Geary and Stockton streets. Office hours, 2-4, and at 7 p.m.

DR. G. HART, late of Sacramento, has opened his office at No. 2076 Market street, in this city.

DR. E. A. CLARKE has located at Los Angeles. We heartily endorse the following card:

"SAN DIEGO, Cal., Oct. 12, 1884.

To whom it may concern:

Nearly three years of constant association with Dr. E. A. Clarke in the practice of medicine enables me to speak with confidence of his personal merits and professional standing. I cheerfully commend him to all with whom he may come in contact as a gentleman in every way worthy of confidence, because of his unexceptional private character, and his superior qualifications in the practice of his profession.

G. W. BAERNES."

NEW PUBLICATIONS.

The Treatment of Uterine Displacements, including Prolapsus, Anteversion, Retroversion, Anteflexion and Retroflexion. By W. EGGERT, M.D. Second edition; illustrated. Chicago: Duncan Bros.

We are among those of our school who in preaching and practice object decidedly to that indiscriminate craze for local examinations that characterizes so many of the profession now-a-days. We believe in eliciting the general symptoms and giving remedies a chance before insisting to know the exact nature of the local objective symptoms; we therefore welcome Dr. Eggerts' useful little book as a true guide and invaluable aid for close and accurate prescribing. Duncan Bros., the publishers, have done their part in an unexceptional manner and altogether the book is one to be commended most heartily.

Characteristic Indications of Prominent Remedies for the Use of Students of Materia Medica and Therapeutics. By W. J. HAWKES, M.D., Prof. of Materia Medica in Hahnemann Medical College of Chicago. Second edition; revised and enlarged. Chicago: Halsey Bros.

This is a selection of the most characteristic symptoms of the more prominent remedies, such as have been repeatedly verified by all Homœopathic physicians, and without a knowledge of which such a thing as accurate and successful prescribing is simply impossible. They ought to be in the memory of every practitioner, and the student can be congratulated to have them in this compact and handy little volume ready for his use. It is exquisitely gotten up on beautiful paper, and in faultless print, which makes us hope that Halsey Bros. may enter the arena of publishers in a more extended way.

Surgical Emergencies and Accidents. By J. G. GILCHRIST, M. D., Prof. of Surgery, Pathology and Therapeutics in University of Iowa. Chicago: Duncan Bros.

This new volume of Dr. Gilchrist's is supplementary to his other works on Surgery and contains a vast deal of information not found in any single volume. He gives special attention to the numerous *details* of surgical practice, which are so apt to be taken for granted and hence never sufficiently dwelt upon. It is really a book for the general practitioner, treating of that part of surgery, the emergencies, that none can escape from. We are grateful to the author for the clear and explicit manner, with which he has presented his subject. Unfortunately, quite a large number of misprints have crept into the volume, giving evidence of hasty proof-reading, altogether unworthy of so good subject matter. We hope the volume will meet with general recognition, as it fills a want in our literature.

The Brain and the Nerves, Their Ailments and Their Exhaustion. By TH. S. DOWSE, M. D. New York: Putnam.

Brain: a Journal of Neurology. Edited by Drs. Bucknell, Ferrier and others. London: MacMillan & Co. (Quarterly.)

Treatment of Cholera, as Practiced by the Leading Homœopathic Physicians of the World. By C. Gatchell, M. D. Chicago: Gross & D.

The Diseases of the Will. By TH. RIBOT, Humboldt Library. Fitzgerald: New York.

The Chironian. Published by the Students of the New York Homœopathic Medical College. Edited by E. H. Porter.

SELECTIONS.

THE HEART AND ITS WORK*

By J. COMPTON BURNETT, M. D.

LADIES:—My friend, Dr. Donald Baynes, has been instrumental in arranging a course of Ambulance Lectures for ladies on various subjects, anatomical and physiological, and I consented to give one of these lectures. I call it "The Heart and its Work," and this constitutes a considerable restriction of the subject for to-day's lecture, as announced in the syllabus lying before you.

* Being a Lecture delivered to the Ambulance Class at St. Saviour's Hospital. London, January, 9th, 1884.

I thought it would be better to thus restrict the subject to be considered. You will admit, ladies, I *think*, that it will take us quite all the time allotted to us to get anything like an adequate conception of the "Heart and its Work."

It might be deemed a daring deed for one who is only a man to presume to add to the cardiological knowledge of those whose prime prerogative lies in heart-work; but then, ladies, it must be my business to consider the "Heart and its Work" principally from the stand-point of the anatomy room and of the physiological laboratory; and of the affections of the heart, not in the great realm of immortal love, but in the domain of those organic and functional changes which we call disease.

In obedience to time-honored custom, I speak of the heart in the singular number. In some senses, the heart is a singular organ, no doubt; but in a physiological sense, it may surprise you to learn that we really possess two hearts, and not one. Yes, ladies, each one of us carries two hearts about, and I will directly proceed to show how this is. But although we have two hearts, each one of us, they may, nevertheless, be considered one, because they have grown together, and are united together like our two nostrils with a septum or partition.

Our two hearts, then, are united by means of a muscular septum or partition, and hence are commonly spoken of in the singular. But we will first consider them separately. It is usual to speak of the *right* heart and of the *left* heart; but I shall take the liberty of sometimes calling the right heart the *pulmonary* heart or the lung heart, because its business is to pump the blood into the lungs for aeration. The left heart I shall sometimes designate the *systemic* heart, or the body heart, because its office is to send off the blood all round the body, all over the system. The blood in the right or pulmonary heart is black, or at least dark, and hence it is fitly called the *venous* heart; while the left heart contains red blood, and so the left, or systemic heart, is properly called the *arterial* heart. So when we speak of the right heart, the pulmonary heart, the lung heart, the venous heart, we mean the same thing, *i. e.*, the right half of the heart commonly so called. Similarly left heart, systemic heart, body heart, and arterial heart mean simply the left cardiac moiety, or left half of the heart.

It will be more convenient to consider the *systemic* heart, that is the arterial heart, first. Taken by itself, it has two parts, the smaller thinner upper part, which is called the *auricle*, and the larger lower part, which bears the name of *ventricle*.

Of course, you understand that the heart is just a muscular pump, or a contractile propulsive blood reservoir, and the business of the arterial heart in the systemic economy is to receive the vital fluid, and send it all over the body where it is wanted. It receives its blood from the four pulmonary veins. *i. e.*, from the lungs, the blood coming from the lungs being red.

Now, when the blood comes from the lungs, it passes into the left, or arterial, auricle, and flows thence into the left ventricle. But the vital fluid cannot remain here in the left ventricle, as it is wanted at all points all over the body to supply food to the tissues and new building material for cell-regeneration. Moreover, if it were to remain there death would ensue. And, inasmuch as it cannot simply flow away, it has to be propelled forwards. This is done by the muscular heart-walls contracting upon their contents, and out the

blood rushes from the left ventricle into the large arterial stem called the *aorta*. This contraction of the heart's walls, in order to empty the heart of its contents, is technically termed *cardiac systole*. In order to prevent the blood from going back into the auricle, whence it came, the Great Architect has placed a fold of the lining of the heart, (the endocardium), and so arranged it that its free tips or flaps form valves that shut when the heart contracts and opens when the heart dilates.

We have noticed that the heart's contraction is called its systole, and now we might as well say that when the heart dilates this state of dilatation is called its *diastole*.

The valvular apparatus in the left heart between auricle and ventricle to prevent blood-reflux during the systole has two free tips or flaps, or *cuspidæ*, and hence the valve is called the bicuspid valve; and because it looks like a bishop's mitre* it often goes by the name of the mitral valve.

Doubtless you have all heard about valvular heart disease; and this valve it is that is most commonly affected. I will stop here a moment to remark that in acute rheumatism, even of the most mild description, the lining of the heart is apt to become inflamed by the rheumatic poison, and the inflammation, very generally affects this valve. Herein more particularly lies some of the importance of knowing a little of the anatomy and physiology of the heart as a part of the house you live in.

I want here to interpolate a little story; it will serve to relieve your attention a little bit, and will show best the practical use of what I am aiming to teach you in this lecture on the "Heart and its Work."

Some seven or eight years ago I was summoned to see a bright little son of a country squire bearing an historic name. The little man was, as nearly as I remember, about ten years of age. He had been playing cricket with his brothers in the grounds, and had lain or sat on the wet grass when heated with the game. I found him with acute rheumatism in his feet, which were dreadfully painful. I had the boy put to bed in flannel and prescribed what seemed to be the appropriate constitutional treatment. I purposely ordered nothing locally for the feet. Next day I was greeted on arriving by the boy's mother thus: "Oh, Charlie's feet are well; old nurse cured (!) them by putting them in a hot mustard-and-water bath last night; but the dear boy has had a dreadful night with pain in his chest and great difficulty of breathing."

The boy's symptoms were those of *angina pectoris*, due to metastatic rheumatic endocarditis, or to put the same thing into simple language, the hot mustard-and-water bath given by old nurse to cure the pain and inflammation in Charlie's feet had cleared the rheumatism out of his feet, but sent it back into his body, and it had settled on the valves of his heart, producing dreadful pains in the chest and shortness of breath, and *permanently* injuring his heart. Charlie is now a very fine young fellow, but hardly quite understanding why he cannot run up-hill and busy about like other lads. The reason is that he has valvular disease of the heart; his mitral valve no longer shuts properly. Old nurse did him a sorry service when she cured the rheumatism out of his feet, where it did no harm, and sent it to the very centre of organismic activity.

From this you may learn that when a person has acute rheumatic pains in

* "Quam mitræ episcopali non inepte contuleris."—*Vesal.*

his joints, it is best to leave them there till the rheumatism is *really* cured and the patient *truly* healed. This kind of local pottering in the treatment of disease rarely does any good, but often an infinity of harm. With old nurse her little knowledge was indeed a dangerous thing.

So much for the commonest origin of valvular heart disease. Now, ladies, let us recapitulate the chief anatomical and physiological points of the left, or systemic, heart.

The blood flows in four large veins from the lungs, where it had gone for fresh air and its oxygen, into the left auricle; thence it passes into the systemic ventricle, to be pumped hence through the aorta along the numberless arteries all over the organism.

What becomes of the blood after it has thus been carried about and has vivified and fed the tissues? It returns to the heart whence it came, but it does not return with the real freshness of youth upon it; it loses that roseate hue, becomes dark—venous as we say—by losing its oxygen and other nutrient and vivifying qualities, and by taking upon itself the functions of a scavenger. For it is to be remembered that the vital fluid not only feeds, builds up, and vivifies, but it is charged with the no less important function of carrying off the organic dirt and rubbish left over from the various cellular, organic, and organismic activities in every nook and corner of the body, even in its most outlying districts, from the crown of the head to the tip of the big toe, and every where between.

Now, ladies, come in your imagination with me, and let us travel with a portion of this dark, dirty, venous blood along the little veins first—the little veins that drain it off from the cells and the intracellular spaces. Let us follow it, as many of these little veins join and pour their contents into veins of a larger calibre, till these larger ones at length unite in the largest veins, called the *venæ cavæ*, that debouch like two large streams into the upper half of the right heart, the right auricle.

Why is the upper, smaller portion of each heart called *auricle*? You will excuse a little philological digression, as it is always well to know why things bear the names they do. And, then, you cannot know too much about the heart, for it is indeed a truly wondrous organ.

In olden times it would have been needful to tell an assembly of ladies that *auris* is the Latin for "ear," and that *auricula* is its diminutive word-form, and that auricle is its Anglicised appearance, the word auricle thus meaning a *little ear*; but now, ladies, *vous avez change tout ça*, and I should be afraid to descend to such elementary considerations for fear you should whisper to one another, "Look at the conceit of the man; he thinks because we are ladies we do not even know the etymology of auricle." But, in any case, why is the upper half of each heart called its *auricle*? Well, first because when you look at a heart in the anatomy room you see the auricles at their sides have each a bulging-out that really looks like a little ear, or an auricle. Originally it was only this little portion that was called the auricle, but gradually the word came to mean the whole top part of the heart. So much for the word auricle. The French use their word *oreillette* in the same wide sense as we do the word auricle. But learned anatomists, who write in Latin, do not use the word *auricula* in this wider sense; for them *auricula* refers only to the auricular appendage from the appearance of which the name was originally derived.

Perhaps we might now hark back to our venous blood as it came debouching into the right auricle, carrying with it all the little droppings from cell and substance, and bearing them in transit to the various excretory outlets of the body. You know the blood does not really stop long anywhere, and so it cannot tarry in the right auricle. Then where does it go next? When the right auricle is full of its black blood, what does it do with it? It contracts upon it, and sends it into the right ventricle. So now we have arrived at the right ventricle, and what about that? Well, it is just a muscular pump, almost exactly like the left ventricle, only smaller. But why smaller? I say, why do we find the right ventricle smaller than the left one? Simply because it has less work to do. The business of the left ventricle is to pump the red arterial blood out into the aorta all over the body, while the right ventricle has to pump the dark venous blood, just received from the right auricle, into the pulmonary arteries to go to the lungs for fresh air, wherewith to cleanse itself of carbonaceous impurities. When the right ventricle contracts upon its contents to expel the blood, and drive it into the pulmonary artery to go to the lungs, there is a tendency on the part of the blood to flow back into the right auricle whence it came; and in order to prevent this, the lining of the heart, which, you remember, is called the endocardium, is formed in three flaps, so as to serve as valves, just the same as those between the left auricle and left ventricle, only in the right heart there are three free flaps, or cusps, and hence this set of valves are called the tricuspid valves.

A very useful side light is often thrown upon a thing by noticing what names it bears in other languages. So in regard to the heart. For instance, the Germans call the cardiac ventricle *die Herz-Kammer*, or the heart-chamber, and the auricle they call *Vor-Kammer*, or *Vorhof*, or ante-chamber. If we were to adopt this very convenient nomenclature, we should speak of the chambers and fore-chambers or ante-chambers of the heart.

I think of all parts of the heart the valves are the most curiously instructive. The cold scientist of the day would smile very sapiently at the teleology evidenced in this little *lecture*; but, nevertheless, I cannot refuse my admiration for the skill of the Maker of the human heart. If you want to realize the fearful wondrousness of our make, you cannot do better than study the mechanism of the heart as you feel it beating away in your own breasts. For, in addition to the bicuspid and tricuspid valves between the auricles and ventricles, to prevent the blood reflux at the heart's contraction, in addition to these we must not forget those at the outlets of the ventricles. Here the endocardium forms half-moon-like folds called the semilunar valves, whose object it is to prevent the blood from flowing back into the chambers of the heart when the heart dilates or enters its diastole.

You can readily understand that when the ventricles contract, the blood, instead of rushing out into the lung and body arteries, would go back into the auricles if it could, but the cuspid valves are here to prevent it; and then, again, when the ventricles dilate, back the blood would rush were it not stopped by the half-moon or semilunar valves.

But hitherto we have regarded the heart only as a muscular pump, viewing it chiefly as a propelling organ. In order to thoroughly understand its mechanism, however, we must consider the effect of a vacuum and of atmospheric pressure. You no doubt have witnessed, or performed, some simple

physical experiments showing these two vast powers of nature. Suction is a very potent factor in the mechanism of the heart and circulation of the blood. Another important force to be considered is the elasticity of the walls of the blood vessels. Now, to recapitulate the gist of the foregoing, we need only take an imaginary voyage round the little world which we call the human body, and let this *voyage imaginaire* be in the company of a blood corpuscle; and, further, let us choose the lungs as our rendezvous. Starting then with our blood corpuscle in the lungs, we arrive in the ante-chamber, or auricle, of the left heart, and, passing the bicuspid valve, we find ourselves in the left heart-chamber or ventricle; out of this we hurry past the semilunar valves of the aorta, enter the aorta, and sail on all through the arteries of the body. Then we wend our way homewards, and on this homeward-bound voyage we pass through the liver to look after the bile-manufacture, and anon we find ourselves in the *vena cava*, that quickly lands us in the right ante-chamber; only, however, to slip through the tricuspid valves into the right chamber, and then we sail past the pulmonary semilunar valves into the lung-artery, and there we are again in the lung at the very spot whence we took our departure. In this *voyage imaginaire* we have gone all round the body; we have made its complete circuit; in fact, we have completed the circulation of the blood. You know we speak of the circulation of the blood, and we thus express ourselves because the blood actually does make the entire voyage round our organismic world from its starting point and back again.

Now, ladies, I hope you have a fairly clear conception of the heart and of the circulation of the blood. Of the blood itself our time will not permit me to say anything; doubtless you will hear all about that from another gentleman in some subsequent lecture of the present course. Neither does it fall within my province to go over the usual surgical emergencies in relation to bleeding, or what to do to prevent or stop hæmorrhage. But I should like to say just a few words about heart disease in a general way, more particularly as explained by its structure and mechanism, and as a practical application of what I have been trying to lay before you about the "Heart and Its Work."

You know if you exercise a muscle over much you cause it to get very large; the heart is a muscle, and persistent heart overwork results in an enlarged heart, which is technically termed hypertrophy. Again, a muscle that has too little to do becomes thin, bloodless and flabby; similarly the heart-muscle may, from a listless, indolent mode of life, become weak, thin and flabby from inactivity—if present in a high degree we call this condition atrophy.

If the muscular fibers become degenerate and change into fat, that constitutes the fatty heart from which so many die. This is not the fat heart of fat people, for very lean people may have fatty hearts.

When any of the valves become affected by inflammation, we get the condition known as valvular disease of the heart, which is a very common complaint indeed, and is most commonly of rheumatic origin.

Many coughs are due to heart affections, and shortness of breath is a very usual sign of heart disease, though people generally attribute the disturbance to the lungs.

When the heart's action is excessive we get the condition known to every one as palpitation. It by no means necessarily implies anything wrong with the heart organically. Usually it is a merely transitory functional disturbance

readily remedied by very simple means. On the whole, the heart is a faithful, long-suffering organ, that will put up with a great deal, like a devoted old family servant.

People that have healthy muscular fibre need not be afraid of hurrying and running about, for it does their hearts rather good than harm. But when the tissues are unhealthy, and either hardened or softened, violent exercise, such as hurrying, running or dancing, may have a sudden fatal termination.

Ladies with valvular disease should, as a rule, not get married. There are, however, exceptions to this rule.

You know we doctors are rather great at pulse-feeling. What is the pulse? Just this. When the left ventricle contracts, it sends the blood out of the heart all through the arteries, and just at the wrist there is a big artery called the radial artery; it lies on the bone called the radius, and hence its name. When the blood from the heart rushes along through it, of course the volume of blood distends the artery; and if you have your finger pressed gently on it, you can feel the blood current. If the waves of blood in the artery come in rapid succession, you know the heart is beating rapidly. If the artery bounds powerfully against your finger, you know the heart's action is correspondingly powerful, and so on. You may get a very good idea of how the blood affects the artery through which it courses by watching the behaviour of a garden hose as the water courses through it when you are watering your flowers; you will see how the hose writhes in serpentine fashion; and if you place your fingers on one in full operation, you will be able to tell pretty well how much water is passing, and with what degree of force and velocity. This is just what the physician learns about the heart and blood when he feels his patient's pulse.

Now, ladies, it only remains for me to say that I hope I have not wearied you too much with this little talk about "The Heart and its Work," and to thank you for your attendance and attention.

FESTINA LENTE.

WM. JEFFERSON GUERNSEY, M. D.

The following rules are gathered from observations by men who *ought* to know, and whose success in practice proves that they *do* know, "whereof they speak."

Sympathy for the sufferings of those entrusted to our care, anxious entreaties of friends and relatives and the gibes of skeptical neighbors, all tempt the worried doctor to "hurry up the cure." As a check on this pressure to such ruinous haste, let the reader cut these *rules* out and paste them in his *Materia Medica*, and there review them from time to time.

'Tis here that the adage quoted above is proven a truth in verity.

The writer has repeatedly verified every one of the rules, and only regret that he has so many times, to his sorrow, neglected to be led by them.

RULES.

1. *Never* prescribe until you are *sure* of your choice of a remedy. (Study the case at the bedside, or give S. L., and wait till you reach your office; but do *not* give a *temporary* medicine. The *first* prescription may "make or break.")

2. In the first prescription, or subsequently on changing to another remedy, give but *one* dose and wait. (One dose will often cure a case. If it does not more can easily be supplied. Some cases are very susceptible and easily aggravated, which may confuse you and must delay the cure.)

3. If found necessary to *repeat* a medicine already prescribed, give several doses of the same potency in water, or, of a different potency, dry.

4. After repeating a medicine, allow an interval of *rest* without medicine.

5. Let the patient have plenty of Sac. Lac. (How can we expect the laity to have faith in the "one dose" system when so many of the profession ridicule it?)

6. Give no medicine so long as the patient continues to improve.

7. Do not be tempted to deviate from Rule 6 because *new* symptoms arise if the patient otherwise is *really* better.

8. So long as the patient grows *no worse, even if not better*, in a disease that would probably increase in severity without treatment, it is *favorable* and should go without medicine. (Dr. C. Lippe recently related to the writer a severe case of dysentery for which, at the first prescription, he gave one dose of remedy well indicated. The patient, who had previously been growing rapidly worse, was found the next day at a *statu quo*. No medicine was given. The day discovered precisely the same state. No medicine. On the following day the case was almost well. A great many

remedies require a rest, and as the *aggravation* had ceased, the Doctor rightly concluded he was "making his point.")

9. If a relapse into the same symptoms follow an amelioration from the single dose, that remedy must be repeated. (See rule 3.)

10. If *new* and important symptoms appear, be *sure beyond a doubt* whether they do not belong to the remedy just given. If they do, *wait*. (These new symptoms may be an aggravation of the remedy. If you cannot remember them as belonging under that drug, look it up rather than spoil the case by a change.)

11. If there is no improvement, and there has not been any, and the case is one that would probably remain so without treatment, review the symptoms to see whether the remedy last given is still indicated before changing to another. If you are satisfied with the *first* choice, *repeat* it as suggested in Rule 3.

12. If the disease is a "periodic" one, it is *favorable* if the next attack following the administration of the first dose is in the *slightest degree* lighter, shorter, or later; or if it is *markedly* the *reverse*, viz.: *very much* heavier, longer, or earlier. In either case, *wait*.—[*Hom. Physician*.]

MENTAL AFFECTIONS.

CHARACTERS OF A FEW OF THE REMEDIES.

By F. R. MOORE, M. D., St. Louis, Mo.

Nux Vom.:—A kind of fainting feeling, with nausea and flushes of heat, going off when lying down.

Compare, *Acon.*, *Ammo-m.*, *Arn.*, *Ars.*, *Cal.*, *carb.*, *Caps.*, *China.*, *Ig.*, *Mur.*, *Acid*, *Opium*, *Phos.*, *Puls.*, *Ipecac.*, *Lach.*, *Cham.*, *Sulph.*

Nat. Mur.:—He likes to dwell on past unpleasant occurrences, with depression of spirits.

Compare, *Arn.*, *Ars.*, *Carb. veg.*, *China*, *Lyc.*, *Nux. v.*, *Puls.*

Puls.:—Early in the morning, depression of spirits and full of cares about domestic affairs.

Compare, *Agar.*, *Ant. cr.*, *Arn.*, *Aur.m.*, *Bell.*, *Con.*, *Ign.*, *Lyc.*, *Lach.*, *Sep.*, *Sulph.*

Chelidonium.:—Full of sad thoughts about the present and the future; cannot remain long in any one place.

Compare, *Thuja.*, *Sulph. a.*, *Opium.*

Lycop.:—Weeps the whole day; cannot calm herself; worse from four to eight o'clock, P. M.

Compare, *Ars.*, *Bry.*, *Cal. carb.*, *Graph.*, *Phos.*, *Puls.*, *Sep.*, *Sil.*

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WM. BOERICKE, M. D.

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THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - - WM. BOERICKE, M. D.

VOL. III. SAN FRANCISCO, MARCH 1885. No. 2.

EDITORIAL.

IN CERTIS UNITAS.

The success of the Hahnemann Medical College of San Francisco is assured. It has entered upon its second year of work, the preliminary term of lectures having commenced February 3d. A good class presented itself, and we have every reason to believe that the second year of our college will add its share to the success already achieved.

The common bond that unites the Faculty and Board of Directors and students into a harmonious working body is the acknowledgement of the Law of Cure, and the desire to promulgate it and thus see it practically utilized in the treatment of the sick. Now, our distance from the centers, and the comparative fewness of our numbers, necessitates concentrated action, in order to insure best results. Let us unite our efforts on the great central principles that characterize our school, and not scatter our forces on side issues. Extreme views are always partial, narrow-minded and dis-

torted. Therefore, let us avoid them in our college teachings, for just so long as we teach dogmatically, and with a zealot's blind enthusiasm, that the true Homœopath is alone he who uses the high potencies exclusively, or, on the other hand, hold *him* up to derision who so believes and teaches, we make use of the methods of the politician to achieve party ends.

We thus would put the greatest obstacles in the way of the development of Homœopathy as a science, and by that course invite reckless partisans to make it the camping ground of parties. Let us rather cultivate among ourselves, and especially teach in our college, the true spirit of pursuing any science, such as was Carroll Dunham's—that true interpreter of Hahnemann—the spirit that refuses blind acceptance of the ipse dixit of any man; the spirit that upholds the attitude of mental openness to receive truth from whatever source. The cultivation of this spirit will strengthen and enlarge our school, and make its graduates ornaments of the profession.

This spirit, joined with the determinate purpose of looking only to the good of the cause, and not allowing personal ends to supplant higher aims, is the only method for our growth and success, and the only one worth while cultivating.

THE Hahnemann Medical College of San Francisco may well be congratulated on the acquisition of Professor Burdick, the eminent lecturer on Obstetrics, to fill that chair in our College. Prof. Burdick is an acknowledged authority in his specialty, a graceful and fluent lecturer, and experienced teacher, having been connected for many years with the New York Homœopathic Medical College.

Dr. J. W. Ward, late House Surgeon of the Hahnemann Hospital, New York, has accepted the appointment to the chair of Physiology, and this, too, is an acquisition for the College. Both appointments add much strength to the College Faculty.

ORIGINAL ARTICLES.

OVARİOTOMY AT THE HAHNEMANN HOSPITAL
OF NEW YORK.

BY JAMES W. WARD, M. D., HOUSE SURGEON.

A few items of interest may be gleaned from the notes of four successive cases of abdominal sections, performed by Prof. Wm. Tod Helmuth, within the last few weeks at the Hahnemann Hospital.

They elicit interest, mainly because of their variety, the complications arising in the subsequent treatment and because of the late hour at which all, save one, submitted themselves to the operation. In the first case, Lawson Taite's operation was proposed, removing the uterine appendages and thus establishing the menopause.

Dr. Robt. Battey of Georgia, introduced an operation termed by him "Homeal Ovariotomy," removing only the ovaries, allowing the tubes to remain. While this accomplished the cessation of ovulation, it did not abolish menstruation and accomplish the desired purpose of determining the menopause. The object of the first operation which I record, was to offer relief from a fibro-mymata of the uterus, marked by imperfect ovulation, profuse leucorrhœal discharge and "excessive menstrual molimen." The patient had long been under medical treatment, with very limited relief and her strength was gradually being reduced to the minimum by the discharge, leucorrhœal and menstrual, which alternated, one of which was constantly present.

The mental state was that of marked cheerfulness, the patient feeling assured of the successful issue of the adventure. Taite's operation was recommended by Dr. Helmuth as the only means of removing the source of irritation.

On a section of the abdominal walls an immense fibro-mymata was brought into view, with its purple, congested and distended appearance and from which, the mere accidental touch of the point of the scalpel, caused for sometime, quite a smart hemorrhage. The left ovary with its tube was obtained with ease, while the right, being dislo-

cated behind the uterus, was with great difficulty brought within the grasp of the operator. Shock was combated with aconite 3.

Right here let me say, that for many months nothing save *potencies of homœopathic medicines* have been used in the Hahnemann Hospital in the treatment of shock.

The more closely the remedy has been chosen, the less need has been found for the employment of stimulants, a practice so popular in the treatment after large operations.

After the operation a curious condition presented. In direct contrast to what had been the former tendencies of her life, marked insomnia arose, which readily was conquered by three doses of opium 6.

The indication upon which the opium was prescribed was the great desire to sleep, yet with inability to accomplish it; no other condition being present.

A slight flow of blood from the vagina followed the operation, which gave place to a decreasing leucorrhœal discharge. The only interruption of advancement lay in the formation of a circumscribed abscess between the peritoneum and abdominal muscles, which promptly yielded to treatment. She passed the time for one menstrual period while still in the hospital with scarcely perceptible flow for a few hours, disappearing with no signs of the former menorrhagia.

During convalescence she complained of a sense of weakness in the lumbar region, every motion of the body being constantly felt in the back, for which *Sepia 6* was given, and gave permanent relief. For several nights, near the close of her stay in the Hospital, sleeplessness became again somewhat troublesome, nothing, however, being given for it until it became marked. When called to prescribe, at 8 P. M., I found her crying, but upon interviewing her a few moments this gave way to a smile. Her reason for not sleeping was the sensation she experienced of being about two inches from the bed—there suspended. *Ignatia 30* was administered to cover the mental condition. After two doses at short intervals, she fell asleep for the night. I am not aware that this sense of suspension is found in the provings of *Ignatia*, but it certainly disappeared and did not return.

The second case was that of a Parovarian cyst in a young

lady of twenty summers. The diagnosis was made out chiefly by the inability to discover by microscopic examination any characteristic elements of ovarian cystoma.

She was physically anæmic, and mentally was not as buoyant as the former case, or as hopeful as the third of this group. She bore no history of previous attacks of peritoneal inflammation. There being no adhesion, the tumor was removed with great celerity, through an incision in the linea alba four inches in extent.

Arsenicum 6 aided in the recovery from shock, and arsenicum 30 was continued till the stitches were removed on the ninth day; she progressed well until the eleventh day. At this time, without any concomitant symptoms, an unaccountable rise of temperature occurred, which continued gradually increasing, subject to some variation, until at length it reached a morning temperature of $104.2-5^{\circ}$ on the sixteenth day. As the temperature did not yield to remedies, nascent phenic acid was hypodermically injected, 40 minims, morning and evening, according to the method of Declat. On the morning of the sixteenth day, at one of the points made by the stitches, a small protuberance was noticeable, from which, being punctured, extruded a drop of pus, more being discharged by gentle pressure. A fetid odor was especially noticeable on the morning of the detection of the pus. During the interval elapsing from the operation to the discovery of pus, the abdomen had been subjected to repeated examinations, and especial attention had been directed towards the possible formation of abscesses along the margins of the wound.

The rise of temperature was unaccompanied by perspiration of any import—no chill had preceded it; no weakness, insomnia or anorexia characterized the condition, and had it not been for this alarming temperature, no one could have ever suspected any morbid systemic process. It was deemed best to enlarge the opening, and thus allow a free exit to the pus. She was again etherized, and Dr. Helmuth made an incision one inch in length on the left of the cicatrix, through the tissues into the abdominal cavity. A sponge-holder, armed with cotton, was gently passed into the abdomen, resulting in an immense outflow of decomposed pus; about 20

ounces of morbid matter was discharged, accompanied by several sloughs of various sizes. The abdomen was then syringed with a solution of carbolic acid 1-100; a glass drainage tube inserted; the corrosive sublimate dressing re-applied, and a stimulating diet ordered. Declat's nascent phenic acid was given hypodermically, 50 minims every eight hours. The temperature, within three hours, had fallen to 100.3°, and gradually continued to approach the normal standard. The abdomen was syringed twice daily; the drainage-tube removed on the day following the incision, and a tent of marine lint substituted. On the eighth day after the discharge of the pus, following a rectal enema, fæces were discovered to be passing through the abdominal wound. The discharge was liquid, having a distinctive fecal odor, and continued to pass for forty-eight hours. The bowels were allowed to rest for the following week, giving opportunity for the healing of the intestinal fistula, and upon again resorting to enema to relieve the bowels, a movement resulted, but no fæces passed the abdominal wound. Phenic acid was gradually diminished in quantity, and discontinued after four days following the discharge of the pus from the abdominal cavity.

She left the Hospital, entirely cured, and returned to her home, at some distance from New York.

In casting a retrospect over these details, one is impressed with the limited array of symptoms associated with so destructive a morbid process. The pus undoubtedly arose from the suppurating pedicle; the sloughs probably exfoliated from the pedicle above the knot; but how so extensive a sloughing, decomposing process could exist in the abdominal cavity, in a patient already strikingly anæmic, without arousing greater suspicion and alarm in the citadel of health, admits less easily of explanation, and admonishes us to consider the possible action of the phenic acid in guarding against the toxic effects of the septicæmic and pyæmic processes.

The third case of this little group was that of a maiden lady of 45 years. She traces the origin of the tumor to a fall five years ago. Had been confined to the bed since April, 1884, and had been the subject of several attacks of diffuse peritonitis.

She had been a constant sufferer, was physically anæmic, was troubled for weeks with partial insomnia; together with inability to regularly ingest nourishment with a concomitant depraved assimilation of the food. The mental condition was that of marked cheerfulness, which continued throughout the subsequent illness. This patient had been under the care of Dr. Belcher and Dr. Nott and had presented all the symptoms belonging to a suppurating cyst of the ovary, and had been aspirated by Dr. Helmuth on the 9th of September, 1884. The intense heat and the exhausted condition of the patient forbidding at that time the radical operation—a large quantity of fluid showing a supra abundance of pus corpuscles and degenerate granular bodies, was removed and the patient was somewhat relieved. She was never however able to leave the bed and was in a most exhausted condition when she came to the hospital, being emaciated, anæmic and very much prostrated.

Entering the hospital several days prior to the operation, she was ordered a nourishing diet, largely beef. Each evening she was given a sponge bath followed by an anointing with vaseline, that the skin should be excited to vigorous activity. For several months it has been my custom to order the patients about to undergo ovariotomy, a sponge bath each evening prior to the operation, followed by an anointing with oil or petroleum jelly. The patient's bowels are also freely moved by means of enemata, and the nurse is instructed to have the patient evacuate the urine before entering the operating room, in order that the bladder may fall behind the pubes and thus be less endangered during the operation. In the case in question, the usual preparatory injection was given (1-100th of a grain of atropine and 1-6 of a grain of morphine in a solution of 10 minims,) one half hour before the operation. An experience of two years with this injection, administered before operations of any magnitude, has convinced me of its efficacy in causing the patient to take less ether and lie more quietly during the administration of the anæsthetic. I have noted, also, that vomiting is less frequent during the etherization and is always more easily subdued or reduced to the minimum, subsequent to the operation, which is a very important consideration, especially in

ovariotomy. It must be also remarked that this method aids in aborting shock by establishing a general superficial capillary congestion.

The patient was carried to the operating table, and a polycysted tumor of the right ovary, in a very degenerate condition, weighing eighteen pounds, removed. Several adhesions existed near the umbilicus. The shock was combated by veratr. alb. 6, and the reactions following by arsenicum 3. The temperature scarcely arose above 100.5° during the subsequent treatment, although the average temperature prior to her operation, for several months, had been 100.1°.

The stitches were removed on the eighth day, and wound had entirely healed by first intention, only one dressing being required.

A catarrhal condition of the bowels had existed for some months prior to the operation, characterized by incarceration of flatus and consequent pain, relieved by pressing the spot of pain by the hand. Colocy. 30 promptly relieved this symptom.

A troublesome dry cough, produced by a sense of tickling in the throat, which was aggravated after midnight, with thirst for small drinks of water frequently, was cured by a few doses of arsenicum 30, after having existed for several months. Here again we note interesting features of the case: A patient apparently exhausted by successive weeks of suffering, emaciated, helpless, confined to the bed, and one bearing but little evidence of recuperative power, passes uninterruptedly onward to a speedy convalescence, in direct contrast to one's natural conceptions of the case. It may not be amiss to here note the favorable issue of those cases, in which the mental conditions prior and subsequent to the operations has been good. Perhaps it cannot be assumed that it is an unfailing sign of successful issue, but it has, at least to me, served as an index of favorable result.

Within the last two years there has not been an unsuccessful case of ovariotomy in this institution where this mental state prevailed. I am not aware of any one that has called the attention of the profession to the mental condition as of prognostic value. It has served me to look for a favorable issue before the operation, as positively as Keith's valuable

indication of passing of gas on the third day does after the operation.

The fourth case, which is now progressing rapidly to recovery, was that of an unmarried woman who had always enjoyed good health until about a year ago, when an abdominal tumor appeared, and grew rapidly. The diagnosis was readily made out, and the tumor removed by Dr. Helmuth, in the usual way. The operation was difficult on account of the friability of the sac, and the numerous adhesions anteriorly and posteriorly. The pedicle was double, each section being very broad, and requiring to be tied in five sections. The tumor was a multilocular colloid cyst, well-marked in all the diagnostic marks of that variety of growth. The same precautions and treatment that I have already noted were carried out, and with the same good result. Arsenicum 30 proved beneficial to the period of shock.

It was chosen because of the small wiry pulse, marked prostration, violent thirst for small frequent drinks, all of which symptoms it speedily removed.

A pronounced reaction followed, the patient was restless, thirsty but for large quantities of water, skin hot with a full, bounding pulse. Aconite 30 was prescribed for the reaction, the maximum temperature being 101°.

After the fourth day all symptoms had disappeared and Sac. lac. administered till the patient noted for several evenings a sense of oppression in the stomach, with drawing pains in various parts of the body, changing their locality frequently, associated with slight mental depressions. A clear indication for Pulsatilla and one dose of the 30th cured it promptly. A little later in her convalescence Dolichos 30 was prescribed for a peculiar sensation of itching developed over the whole body with no eruption visible, but it disappeared in a few hours after the administration of the remedy although it had existed several days.

It may not be out of place to remark here, the great care which I always endeavor to take in the preparation of the room in which the operation is to be performed. The bed linen, the assistants' and nurses' clothing, are all thoroughly sprayed with 1-50th solution of carbolic acid.

It may also be of service to remark the especial need of

having allowed the silk used at the operation, especially that for tying the pedicle, to be placed in carbolized oil of 1-30th strength for several days before it is to be used.

At the bottom of the glass containing the ligatures, there will be found a brownish precipitate containing particles of fibre, resulting from the action of the acid upon the silk. The neglect of this precaution in two cases, before its importance was recognized, resulted in the formation of intra-abdominal abscesses and postponement of convalescence. In both cases from six to eight weeks after the operation, the pieces of unabsorbed silk came away, the patient rapidly recovering.

FUNCTIONS OF THE BILE — MARASMUS.

By W. N. GRISWOLD, M. D.

In Dalton's Physiology is drawn the following picture:

"Two animals died, one at the end of twenty-seven, the other of thirty-six, days. In both, the symptoms were nearly the same, viz: constant and progressive emaciation; nearly every trace of fat disappeared from the body; in one case, two-fifths, in the other, nearly one-half, the weight of the animal vanished; the hair fell off, and there was a putrescent and disagreeable odor in the fæces and breath. The appetite remained good, digestion was not essentially interfered with, and none of the food was discharged with the fæces. There was much rumbling and gurgling in the intestines, abundant discharge of flatus, no pain, and death took place by the gradual wasting of the vital powers."

This picture is similar in some respects to ordinary infantile marasmus, and in other unimportant respects dissimilar. It is similar in the general, gradual and complete waste, or disappearance of the elements of the organism, especially the fatty matters.

It differs from Marasmus in its freedom from those distressing symptoms which attend the progress of the latter; among which are sleeplessness, extremes of appetite, abdominal distensions and retractions, pains, diarrhœas, and concomitants of hectic fever.

The picture referred to was produced by cutting off the supply of bile from the intestines, leading it into another channel and carrying it out of the body. The symptoms resulting from *absence* of bile, and loss of whatever function it subserves.

The symptoms of Marasmus are the result of enlargement, engorgement, and tubercular degeneration, and final sup-puration and ulceration of the mesenteric glands; often preceded or accompanied by irritation and inflammation of the mucus lining of the small intestines.

In both instances, the work of the mesenteric glands and assimilative system upon the biliary elements, the actions and re-actions between the two, are disturbed or eliminated. These actions and re-actions cease to exist, in the first instance, for want of biliary material, the supply having been diverted to other channels; in the second, for want of power and action on the part of the assimilative forces, they having been impaired by disease in the small intestines and mesenteric glands.

Does not this statement of two similar pathological results give us a reasonable clue to the real function of the bile?

This function has long been a study of physiologists's. It has been supposed to exercise a powerful influence on the secondary digestion, and especially in the disposal or preparation of oleaginous matters for assimilation. Every successive step in the progress of investigation has shown, however, more and more conclusively, that bile does not, at least in any direct manner, influence the digestion of any of the elements of food. The digestion of the albuminous, saccharine and oleaginous elements are each provided for in some other way; and it seems very certain that the most that can be claimed for it, if anything at all, is, that it plays a part similar to that of a ferment, which, by its presence *alone*, influences changes in matters contiguous to it, without entering itself into those changes. It seems equally certain, from the experiments alluded to, that the *bile*, while not affecting the digestion, has a powerful influence in preparing the blood for use in building up the tissues, especially the *fatty* tissues, in the occult process of *assimilation*. This is conclusively proved; for these experiments show that its *absence*

from the intestine, or want of power by the assimilative organs to *use it*, lead to the progressive disappearance of fatty and other tissues, from the body and the blood.

The bile therefore is an assimilative fluid, but not as bile. It has been shown that after entering the small intestine, while in contact with a proper equivalent of intestinal secretions of a healthy nature, consistence and color, it undergoes a catalytic decomposition, and in this broken condition, in new, separate and composite detachments, it is taken up by the absorbents and transported into the realm of assimilation. What may occur on this route from the liver to the mesentery to prevent its action in the assimilative process? This acute or chronic inflammation, may impair, modify or destroy the normal efficiency of the intestinal mucus; in this case, the bile flows through the intestine as *bile*, until a necessity comes for its removal, therefrom, as a foreign body. In which case, it is taken up by the venous capillaries and carried into the system, producing one and a very insidious form of jaundice; or it attaches itself to the excrementitious matter and goes with that out of the system, producing characteristic biliary discharges or biliary diarrhœa. In some cases it may be eliminated from the intestine partly through the capillaries and partly by the rectum.

Owing to the non-decomposition of the bile, its full normal influence is not felt on the assimilative process, and hence the partial emaciation, which always attends chronic inflammation in the mucus membrane of the *small intestines*. The extent of the emaciation will fairly measure the extent of *diseased mucus* surface.

If the mucus surface affected is large, the amount of normal intestinal secretions must be correspondingly diminished, and the amount of bile decomposed and prepare for its action on the assimilative process, must be correspondingly small, and the emaciation correspondingly increased.

Nothing more clearly explains the complications connected with intestinal inflammatory disease, than keeping in view the relations between the normal bile and the intestinal secretions, abnormal deviations in the latter necessarily affecting and modifying any and all functions subserved by the former.

But the bile may be normal in every respect, and be received by the intestinal secretions in due form and submit to the most normal decomposition into more efficient subdivisions, and if disease of the mesenteric glands in any of its grades, from infiltration to ulceration is present, the result on the deposit or absorption of the fatty or other tissues will be, as if no bile had been thrown into the intestines, or decomposed by the intestinal juices. The potency of the biliary force will have been forestalled by mesenteric disease.

Do we know exactly into what other compounds, or simple elements the bile must be dissolved before it is prepared for normal action on the assimilative process? We do not. There is, nevertheless, one simple element, a large quantity of which is found in the bile, and which is believed to have much to do with the assimilative efficiency of the mesenteric glands; that element is sulphur. Those glands are used to the presence of a greater or less quantity of this simple substance.

Under the law of similia, would not an excess of this element, furnished from the bile, lead to excessive action, engorgement and enlargement of those glands, and ultimately to the very marasmic symptoms for which homœopaths so often use it among marasmic patients?

The presence of so much sulphur in the bile, its appearance in the excrementitious matter in proportion of one in the latter to fifteen in the former, makes the use of it in mesenteric disease an exceedingly important question, which should be placed in the way of practical solution.

As corroborative of the possibility that sulphur from the decomposed bile may assist in originating and pushing to fatal issue diseases of the mesenteric glands, it will be generally conceded that Calc. C. can be better relied on for relief in mesenteric diseases than sulphur. Each case will need to be considered individually, and from the consideration of *many cases*, a general rule of action may be evolved.

MODERN SCIENTIFIC DISCOVERIES AND HOMŒOPATHY, WITH HINTS ON THE IMPROVEMENT OF THE HUMAN RACE.

By F. F. DeDERKY, M. D.

It has been suggested repeatedly by wise men, that all sectarian teaching in Medicine should be dropped, and the one object, that of healing the sick, be kept in view only, for the general good of humanity. This suggestion would seem quite natural to the ordinary mind and lay portion of the people; and if the fact could be accomplished, the result might be very desirable, a sort of medical millenium. But, unfortunately, we cannot change the different views and opinions of the people generally, and still less those of medical people, to make them incline to run all in the same direction. This is one of the many impossible things. "Many heads, many minds." For this reason we shall have to let medical matters go on pretty much the same way as they have heretofore, until that perfection is reached when disease shall be cured with such unerring certainty as to establish medicine to be a perfect art. All sects or schools in medicine claim that they work toward the establishment of such a perfect art, and that each is accomplishing it as fast as possible. The opinions of each are set, and most stubbornly held on to, notwithstanding the many disappointments, failures and contrary individual experiences.

We, for our part, are convinced that Homœopathy is vastly in advance of all former systems; convinced that the healing success of our sneeringly-called Sectarian School is far superior to that of all the others. This seems to be abundantly proved by the instability of so many preceding and contemporary schools, such as they have sprung up from time to time. The most convincing proof, however, of the superiority of the Law of Similars is to be found in the fact that the "Regulars," as one school delights to call itself exclusively, as well as other "irregulars," gradually and silently, without acknowledging the source whence taken, incorporate into their text-books our remedies, and our ways of dividing them

and preparing the same. They adopt them in their practice and prescribe them in sickness in many instances according to our indications, as derived from the pathogenesis by the provings on the healthy. And all this they accept and claim as their own, recent and new discoveries. Several years since, I had the pleasure of listening to the lecture of a celebrated allopathic professor, who slightly alluded to the practice of Homœopathy, but was nevertheless constrained to pay it an involuntary off-hand compliment by saying: "That, after all, Medicine owed a debt of gratitude to Homœopathy for having taught the old school to give less medicine, and that in refracta dosi, and in a more refined form."

The time will undoubtedly come that crude drugs will be considered universally to be poisonous to the animal and human frame, with no other but a destructive action upon the living system. This destructive action, however, is their only language to communicate to the close observer their inherent powers to cure disease. There are no other ways so practical to discover these powers than to watch and observe these pernicious actions. We believe that it is the only true way to find them, hinted at repeatedly from Hippocrates down, until it burst, in all its brightness, upon the master-mind of Hahnemann. Notwithstanding, we cannot help but observe the obvious fact that the art of medicine has not reached that state of perfection, as yet, which future generations will witness. The gradual development of the perfect man, who will be taught by physical and physiological education the right use of nature's *materia medica*, will finally do away with the majority of so-called healers or medical men. Man, better informed concerning the principles of nature and the laws of life, will be less liable to infringe upon and violate these laws. He will suffer less from disease in consequence, and stand less in need of remedial agents to counteract the effects of sin committed through negligence or ignorance. Experience will teach him that disease, in most cases, if not in all, is an effort of nature to throw off the effect of some one or other violation of nature's laws. Until that time arrives, there will be a demand for people, men and women,

versed in the art of healing the ills that flesh is heir to, according to the common acceptation.

Ever since time out of mind, it has been the endeavor of all schools and sects in medicine, to find some cures and specifics against diseases, and the result has been always, or at least nearly always, the same lamentable failure. Supposed discoveries of to-day have been discarded and thrown overboard to-morrow.

The researches in the domain of nature, are laborious on account of the vastness of the fields that have to be gone over and over again with often-times but very little result. The important work of the famous discoveries of the age, could not have been accomplished but by patient perseverance. And although their supposed great discoveries were finally, or by later observations, rejected and lost sight of, their labors were not in vain. On the contrary, they have been and are of immense use by accumulation and comparison. Most of the physical laws have thus been found. The laws of nature are simple and beautiful, they are the thoughts of God. Obedience to them produces good, both directly and by retroaction. The work of science has been carried on with the minutest accuracy. Hygienic and sanitary researches have led to many practical and useful discoveries for the prevention of zymotic, contagious, epidemic and other diseases. And there it ends!—As to the cure of disease, scarcely a sign of improvement is to be found. The same groping in the dark, the same anxious looking for specifics, the same uncertainty everywhere.

It has been an old-time teaching in medicine, to find the cause of disease, and the cure of the same would easily follow, the saying has been, and in a measure is still adhered to, "*tollat causam, cessat effectus*," hence the renewed indefatigable search after the cause of disease, ever since the microscope was brought into requisition for that purpose.

One of the last discoveries has been that of the supposed cause of cholera, the comma-shaped microbe, discovered by Dr. Koch and announced to the world with such great flourish. It is proudly maintained by the profession at large and held out to the people, that since the cause of this

scourge has been discovered, the finding of a sure cure for it will not remain long behind. But when the question is put to Dr. Koch, he very politely and facetiously answers: "I have nothing to do with the cure of cholera, my work is to find its cause, which I have shown to be the comma-shaped microbe." After him, however, comes Dr. Klein in his turn, and swallows the living comma-shaped microbe, he takes the supposed cause of cholera into his stomach and, contrary to expectation, is thereby affected in no way whatever. But this will be maintained to prove no more or less than that the predisposition necessary for the propagation of any disease may have been wanting in him, and consequently the cause of the disease fell upon a sterile soil and could not develop.

Dr. Koch the discoverer, was sent by his government to the supposed focus or original native birthplace of the disease, to India, that perchance he might also discover a cure for the same; and what are the practical results of these researches in regard to a cure of this dreadful pestilence? According to his own acknowledgment, absolutely nothing.

How different with our illustrious father Hahnemann. When more than fifty years ago, cholera was raging in Russia, and the symptoms of the disease were described, a disease which he had never seen before, of which he knew neither cause nor origin except from the then prevailing theories, he at once pointed out the mode and procedure of curative treatment. A treatment which under similar circumstances, that is to say if a disease is accompanied with the same conditions and symptoms, holds good to this day. It was the same symptomatic treatment of cholera that during its last invasion into this continent some thirty or thirty-five years ago, achieved such glorious triumphs for the cause of Homœopathy by curing most cases treated, whilst under all other treatments, a vast majority unfortunately ended in death.

In Hahnemann's time, disease was looked upon as something material superadded to the healthy organism, some morbid matter entering and existing in the body, which had to be cleansed and purged out. Hence the treatment by bleeding,

cathartics, emetics, sudorifics, etc., as then prevalent and even met with occasionally to this day.

He announced and proclaimed a different theory, more in accordance with his newly discovered law: *Similia Similibus Curantur*, viz.: "Diseases will not cease to be dynamic aberrations of our spirit-like vital force, manifested by sensations and actions; that is, they will not cease, for the sake of those foolish and groundless hypotheses to be immaterial modifications of our sensorial condition (health)." Neither of the two great theories, the living germ theory and the noxious gas theory, had been developed and come to that perfection they have reached since, though they were hinted at in various ways. Whether they are true or not, may concern us very little; for practical purposes, Hahnemann's Dynamic or vital-force theory may serve us better than either. Supposing, however, we accept both theories, as regards the cause and origin of disease, as true or partly true, since it is coming enlightened people not to reject at first sight the discoveries of the great men of science. Admitting them to be true, the question must occur: What good have they done towards curing disease or diminishing the fatality of any disease?

To judge from past experience, their advocates will have to give the same answer that Dr. Koch gave recently. In course of time, with continued experiments on the part of medical scientists, a sort of preventive medicine may be discovered, which might be worth working for, indeed, as it could not help but be an improvement on the old, time-honored aggressive style. Here, again, we, as Homœopaths, with the practical application of our law of cure, are decidedly in the advantage, and need not to be afraid of close investigation and comparison.

The uppermost and undeniably greatest necessity of the better-informed man of the future, still remains a most urging problem to be solved, viz: how to strengthen the physical body, and to eradicate therefrom the predisposition to disease, and in this way make it proof against the casual infection and contagion from any supposed cause of disease. A practical and effective solution of this problem

would be the greatest boon to the race. That it will be solved in due time is possible, nay, probable. At the present, to check the deterioration, and improve the general condition, of the race, would seem to be the best possible through physical culture and education. The improving of the sanitary condition of our houses in towns and cities and everywhere, are steps in the right direction. But the improvement of our body, with all that belongs to it, as the most immediate house we live in, concerns us vastly more. If we were to look more earnestly towards this accomplishment, and point our studies in that direction, it could not fail to lead finally to such discoveries of ways and means to make the human race strong and healthy that there would be no soil for disease-germs to thrive and flourish in, or for noxious gases to be affected by, except perhaps in such overpowering quantities as either is scarcely ever met with. Man will then become proof against infection, and this would make "health contagious instead of disease." The more general adoption of Homœopathy in sickness is a step towards this condition, inasmuch as it leaves the system, after recovery, uncontaminated by drugs, and consequently more free from future susceptibility to disease, the foundation to which is laid in many cases by intemperate drugging.

HAMAMELIS AS AN ANTISEPTIC.

By E. J. FRASER, M. D.

Recently I accidentally made a very satisfactory proving of the antiseptic and healing properties of Hamamelis, which may be of service to the profession.

The subject upon whom the proving was made is a lady now sixty-nine years of age. I made her acquaintance in March, 1882, at which time she was troubled with scirrhus of the right breast, and hemiplegia of the right side. She was very fleshy, weighing perhaps 200 pounds.

Owing to her age and enfeebled condition I did not deem it prudent to amputate the breast, fearing that she would die

under the operation. Having read Declat's treatise on the treatment of cancer by hypodermic injection of phenic acid, this seemed to be a justifiable case for a test of that method. After a faithful application for a period of about six months without benefit, enucleation was attempted in February, 1883. For this purpose a paste was used, composed of equal parts by weight of pulverized hydrastis and chloride of zinc moistened to the proper consistency with water. When the slough began to separate, several violent hæmorrhages set in, which severely threatened her life. Owing to the great tendency to hæmorrhage, the enucleation method had to be abandoned before the entire cancer was removed.

I then packed the cavity with lint saturated with fusel oil, which seemed to greatly retard the growth of the morbid tissue. This was continued till June, 1884, when the discharge became so very offensive that an operation for the removal of the remains of the cancer, together with the entire breast, was determined upon. This operation I performed on the 24th of June, 1884.

I confess that the operation was undertaken with no little fear of the results, for if she, in her feeble and paralyzed condition, was able to withstand the anæsthetic and the shock of the operation, I greatly feared hæmorrhage, which was naturally to be expected, from past experience.

The anæsthetic and the operation were well borne, and to guard against hæmorrhage, I sponged the cavity thoroughly with strong Extract of Hamamelis,* till the hæmorrhage ceased. I then closed the wound, making complete coaptation by means of both deep and superficial interrupted sutures of well-waxed saddler's silk. The wound was then dressed with strips of lint saturated with Ex. Hamamelis, and the same remedy given internally, fifteen drops to half a goblet of water, two teaspoonfuls every two hours.

To my surprise, the wound, which extended from the sternum to the axilla, closed by first intention, without hæmorrhage or suppuration, except a spoonful or two at the lower angle, where a small opening was left for drainage. The

* The preparation used was a distilled Extract of Hamamelis obtained at the Pharmacy of Boericke & Schreck.

wound had, to all intents and purposes, healed in a week after the operation. I never before witnessed so easy and rapid a recovery. This I attribute to the use of the Hamamelis. The lady is now alive, and as well as could be expected, with no signs of a return of the cancer.

I have since used the Hamamelis with good results in minor operations, and I now think more favorably of it than I do of any antiseptic dressing now in use.

This case is reported, not because there is anything peculiarly interesting in it, but for the purpose of showing the causes which led, by successive steps in its treatment, to the discovery of the antiseptic and healing properties of the Hamamelis.

CORRESPONDENCE.

NEW ORLEANS, January 17th, 1885.

ED. CALIFORNIA HOMŒOPATH:—Please be so kind as to publish in your next issue the following lines:

To the Homœopathic profession:—The Hahnemann Medical Association of Louisiana, sends its cordial greeting to every homœopathic physician far and near, north, west, east and south, and abroad, and invites them to grace with their presence the forthcoming Convention of Southern Homœopaths. This will take place in the city of New Orleans, on the 9th day of April, 1885, for the purpose of organizing a Southern Academy of Homœopathy, and celebrating Hahnemann's birthday.

By order of the Association.

C. J. LOPEZ, M. D., Cor. Sec'y.

PHILADELPHIA, January 12th, 1885.

EDITOR CALIFORNIA HOMŒOPATH:—At the last regular meeting of the Society, held January 8th, the following resolutions were unanimously adopted:

“Whereas: R. E. Caruthers, M. D., of Alleghany, a valued

member of the Homœopathic Medical Profession, has been removed by death from his field of labor; and

“*Whereas* : We, the members of the Homœopathic Medical Society of the County of Philadelphia, appreciating the great services rendered by Dr. Caruthers, as Corresponding Secretary of the ‘Homœopathic Medical Society of the State of Pennsylvania,’ and recognizing the loss which Homœopathy in our State has sustained in his death, do hereby

“*Resolve* : That we extend our sympathy to the ‘Homœopathic Medical Society of Alleghany County,’ in their loss, and to his family in their bereavement.

“*Resolved* : That the Secretary be instructed to send a copy of these resolutions to the Alleghany County Society, and to the family of the deceased, and to the Homœopathic journals throughout the country.

“Committee Signed, { CLARENCE BARTLETT, M. D.
J. C. GUERNSEY, M. D.
H. NOAH MARTIN, M. D.”

Very respectfully,

HORACE F. JOINS, M. D., Sec’y.

CLINICAL ITEMS.

Arsenite of Bromine is the new remedy in Diabetes mellitus. From all cases reported, it would appear that two weeks of treatment consisting of anti-diabetic treatment and three—gradually increased to five—drop doses Liquor Brom. Arsen. in a glass of water after meals, is sufficient to clear the urine of sugar in most cases.

Arsenite of Bromine may also have a feature in the treatment of certain skin diseases, particularly those of nervous origin, catarrhs of upper air passages, in phthisis, liver and pancreatic affections and in neurotic anæmia, chorea, etc.

Kalmia as a remedy for Albuminuria, has been in use for a score of years. Prof. Burdick has used it in many cases

with success, and he estimates that it will help fully 70 per cent. of all cases.

ASARUM EUROP. *General Characteristics.*—For chilly persons who are always shrinking from the cold; for example, literary men who are addicted to a sedentary life, and are sick and chilly. Surgeons often give this drug after operations on the eye, for a darting pain which remains. Mucus stool. Sensation as though all the body, or part of the body, was being pressed together. Symptoms are generally on the left side. Vexatious dreams. Worse in cold and dry weather; in clear fine weather; in dry weather. Better from washing; in damp and wet weather; on wetting the affected parts.

AURUM. *General Characteristics.*—Strongest symptoms is a *great desire to commit suicide*. This idea is uppermost in the mind all the time, and every opportunity will be sought for self-destruction. Sleeplessness; anguish of the mind and great grief; seems to have no friends. There may be an irregularity in the labor pains, and when she rises up for anything, instead of lying down again quietly, she *thrashes* herself down *hard*; will have fits of anger, with great rashness. Hopelessness and dependency; mental irritability; affections of the external nose, as a knob on the nose, &c.; bones of the nose; stench from the nose; hearing and smelling too sensitive; hunger too strong; very violent hysterics, accompanied with desperate actions and thrashing about.

Apiol is said by F. Barker, to be almost specific in Dysmenorrhœa (Uterine, better when flow begins). Begin with two capsules after each meal, two days before.

Piscidia Erythrina has been used very successfully in sleeplessness. The remedy is milder in its action than opium, does not constipate and has no influence on the pulse, temperature or secretions. In many cases, sleep ensued after a half an hour and was uninterrupted throughout the night. The patient awoke without any trace of heaviness or headache.

Naja.—Sense of contraction or drawing together between the organs. Mental depression, aversion to talking, sensa-

tion as if heart and ovary were drawn together, pain in left temple, cardiac and left ovarian region.

Oil of Cade as a surgical dressing.—Prof. Younkin holds that there are but few antiseptics equal to this as a dressing in injured parts, old ulcers and conditions with suppurating tendencies.

Tenia Capitis.—Dr. Jay (Med. Times,) says that cases of tenia can always be cured by corrosive sublimate, 1 gr. to 10 oz. of water and scalp bathed thoroughly with the solution.

Bromide of Sodium in teething.—A few grains dissolved in a tumblerful of water, so that each teaspoonful may represent $\frac{1}{2}$ grain, will quickly quiet the nervous disturbance of teething infants or fever not dependent upon the onset of an inflammation. The dose should be repeated every 10 to 15 minutes.

Blatta Orientalis in Morbus Brightii.—Dr. Schlegel reports the use of this remedy with considerable success in this disease. After the use of the 6th potency, the quantity of urine voided was increased four times, with much decrease of the dropsy and the albumen in urine.

Crocus in Climaxis.—Headache during climacteric years, beating, throbbing on either side, swollen vessels not only of the head but other parts of the body, with pressure in eyes at times when menses ought to appear, when it will last day and night. *Crocus* 3.—Hartman.

Sulp. Acid.—Erethismus vasculosus—after menstruation.

Aethiops Antimonialis.—Scrofulous inflammations, especially of eyes and glands, also after *Salicylic acid*, when rheumatic and gouty pains still persist.

Erigeron in Ileus.—In two cases it acted with great promptness, the anti-peristaltic action ceasing to a normal action of the bowels, with immediate mitigation of the distress, occurring within less than two hours after the administration of the remedy.

DR. WINTERBURN.

In Hemi-crania, remember: The affinity of *Thuja* for left side; *Sanguin*, for right; *Colchic.*, both sides alternately.

Asarum—Headaches come on just before or after menstruation, with weighty tightness or dulness of head and throbbing in occiput. (Puls. Sab. Crocus.)

Coccul—Serviceable against Headaches following sudden suppression of menses, dizziness, nausea, vomiting and irritability of stomach. Feeling of emptiness and hollowness; just the opposite of Bell. and China, which causes a feeling of great fulness.

Nat. M.—in Headaches connected with chlorosis, defective nutrition.

Phosph.—against obstinate congestion to head, which resists Acon., Bell., Opium. Chronic irritation of brain.

Platina—in females with excitable vascular system; too frequent and copious menses.

Arnica.—In headaches, flushings and perspirations, which attend the change of life in women, (Crocus, Amyl. nit., Laches, Sanguin., Sulph. ac.)

PERSONAL NOTES.

THE preliminary term of the Hahnemann Medical College opened February 3d. A good class presented itself.

H. C. FRENCH, M. D., removed to 2512 Mission street. At home, 8 to 9 A. M.; 7 to 8 P. M. His down-town office hours remain unchanged, at 319 Geary street—11 A. M. to 4 P. M.

F. E. J. CANNEY, M. D., Surgeon, removed to 121 Post street—Hours, 9 to 10, 2 to 4 and 6:30 to 7:30.

WM. N. GRISWOLD, M. D.; removed to 107 Taylor street—Hours, 9 to 10, 1 to 2 and 7 to 7:30.

AN OLD CALIFORNIAN.—DR. C. A. BELDIN, who left here thirty years ago, and has been practicing in Jamaica, New York, is out here on a visit of a few months for his health, and may eventually settle among us again.

We are very happy to welcome to this coast Dr. H. L. STAMBACH, a homœopathic physician, late from Philadelphia. We knew the doctor as a classmate at old Hahnemann and had the pleasure to study in his company at the Vienna clinics.

WE wish to call the attention of our readers to our advertising pages this month, as there are several new and important matters brought to their notice. The Electric Battery advertised is the best pocket battery now in use by far. It gives both the galvanic and faradic current.

Especially to be recommended to families who are required to use Electricity under the advice of their physician.

BUTLER'S Treatise on Electricity is the best work on the subject. Get it!

ANOTHER good book is Haynes' Elementary Treatise on Electro-Therapeutics.

NEW PUBLICATIONS.

The Homœopathic Physician. A monthly journal of Medical Science. Edited by E. J. LEE, M. D.: Philadelphia.

We are almost sorry to confess that our own practice does not entirely conform to the teachings so ably represented by this monthly visitor, but we would not do without its vigorous tonic influence month after month. If it cannot wholly make us as pure as it is itself, it is not because its teachings are not earnest or convincing; but because of our own weak human nature, that delights in playing with the ignis fatuus of its own imagination, rather than uncompromisingly search the truth, even if this does run counter to preconceived notions. Every homœopathic physician ought to subscribe to it.

The Therapeutic Gazette. A monthly journal of Physiological and Clinical Therapeutics. Edited by H. C. WOOD and R. M. SMITH. Detroit: Geo. S. Davis.

With the January number of this valuable journal, that has done so much to introduce new remedies—good, bad and indifferent ones—it passes into the hands of the new editors. It retains much of the distinctive character of the old series, and we have no doubt that, under the new management, it will still further establish its claim as the freshest journal in Therapeutics now published.

FOR SALE AT GREATLY REDUCED PRICES.

A Set of Allen's Encyclopædia, 10 vol., cloth.....	\$35 00
Bartholow—Antagonism between Remedies.....	1 00
Holmes—System of Surgery, 3 vols., Russia.....	15 00
Knight—Improvement of Health.....	1 00
Angell—Diseases of the Eye.....	1 50
Lewes—Physiology of Common Life, 2 vols.....	2 50
Bell on Diarrhœa, 1st edition.....	50

Address BOERICKE & SCHRECK, San Francisco.

PUBLISHERS' DEPARTMENT.

MR. E. A. SCHRECK, the managing partner in our Pharmacy, has returned from his extended trip throughout the Eastern States, and our patrons will receive the benefit of the new connections formed, and the advantages gained, by a visit to the bases of supply.

A number of new lines have been added to our stock, and now the latter will bear a favorable comparison with the best equipped Eastern Pharmacies.

We are pained to notice, more and more, a growing demand for *cheap* goods.

That physicians should allow themselves to be influenced and led astray by low prices, such as cannot but represent inferior preparations, is all the more surprising when it is considered how eminently important it is to employ a reliable medicine.

For the sake of saving a few dollars during the year, the risk is run of neutralizing all the care taken in selecting the proper remedy; and often, by failure in the treatment, the patron is lost, and thus the very economy (a false one, naturally) which is sought to be exercised, becomes a source of loss.

This *demand* for low prices offers a premium to dealers for selling inferior goods, and becomes an almost irresistible temptation to furnish a low grade of preparations for the sake of satisfying a demand for cheapness, which, in the interest of the consumer, should be discountenanced.

Nothing can be more demoralizing to a professional trade than the pressure brought to bear by competition with inferior preparations.

The undersigned never knowingly keep anything but first class preparations—the best procurable—and for these they naturally have to pay first-class prices; it therefore becomes impossible to compete with houses of a doubtful reputation.

It has been our endeavor to compete with first-class East-

ern houses, and as we are satisfied with a smaller margin, we have succeeded. But beyond this we *will not* go.

It is a matter of pride with us that superior quality and reliability shall always be represented by goods emanating from our establishment, and the prices at which we sell them, consistent with this high standard, *are cheap*.

Please bear in mind, our unswerving policy is to dispense nothing but *reliable medicines*, PURITY and EFFECTIVENESS being our watchwords.

BOERICKE & SCHRECK.

HYDROCHLORATE OF COCAINE.

In the ordinary uses of hydrochlorate of cocaine, common usage seems to have fixed upon a strength of 4 per cent. as being at the same time sufficiently effective, and economical in regard to waste. It is more irritating on first application than a 2 per cent. solution, and less irritating than stronger solutions, but, from greater concentration, it is more prompt in effect, is less liable to spread over broad surface and be diluted by secretions, and less liable to waste by overflow in the increased quantity required.

Hence it is more than twice as effective as a 2 per cent. solution, and therefore more economical in cost as well as in time and promptitude of action. Beside, when a 2 per cent. solution is preferred, or a 1 per cent. solution is required for therapeutic purposes, these can be easily be made from the 4 per cent., by dilution with water.—*Squibbs' Ephemeris*.

We keep on hand a full strength 4-per-cent solution. Price: in 1-drach. vials \$2.00; 2-drach. vials, \$3.50.

BOERICKE & SCHRECK.

NOTICE.

Those of our subscribers who have a copy of the last January number of the CALIFORNIA HOMŒOPATH to spare, will confer a favor on the publishers by sending it to us, as we are left without a copy.

Popular Department.

SAID a physician to me the other day: "I do not believe in domestic homœopathy; it does more harm than good." Neither do we believe in the indiscriminate dosing sometimes met with. Homœopathic remedies, though harmless as a rule, can yet be abused. But our experience is decidedly in favor of a domestic practice of Homœopathy, when used within legitimate bounds. Such practice is, of course, far superior to the old method of taking pills, herbs and teas, for, to say the least, harmlessness cannot be predicated of these.

Then we know that Homœopathy has grown most widely where the domestic use of its principal remedies was encouraged. Cures by Aconite, Bellad., Nux, Pulsat., etc., for simple ailments, are matters of daily experience, and they are usually so prompt and convincing, that one layman mentions the fact to another and another. This one tries it and verifies it, and before long a new convert is gained. Now, if real sickness breaks out in the family, the chances are that a homœopathic physician is called in, and thus we have gained a permanent accession to our ranks. It is in this way that that much-abused and highly-valued preparation—abused by a certain class of narrow-minded physicians, and highly valued by all families who have tried it—the B. & S. Homœopathic Cough and Croup Syrup, works for the good of Homœopathy. This is a preparation of Stibium, first suggested many years ago in Dr. Hering's Domestic Physician; and for over a score of years it has worked for the cause, making more converts every year than any one physician in a lifetime. The little box of pellets, with the accompanying book of directions, is the best missionary of Homœopathy, and no far-seeing physician will do anything but encourage its introduction.

WHICH is the best form of homœopathic medicines for domestic use?

All homœopathic remedies can be had in liquid form—dilutions or potencies, and pellets or globules. For convenience and accuracy, the pellets certainly are to be preferred. A half a dozen of the medium size usually constitutes a dose. Sometimes patients object to the sweet taste; then the liquid is preferable. Generally, one drop suffices for a dose, or a few drops may be dissolved in half a tumblerful of water,

and a teaspoonful of the solution taken as a dose. When the triturations (powder form) are used, a powder the size of a pea may be considered the right quantity as a dose.

EDITOR CALIFORNIA HOMŒOPATH:—We hear it repeatedly urged by old-school friends, that Homœopathy is dying out. Have you any evidence to give to the contrary? A. GOULD.

We should think so. The growth of Homœopathy in the United States has been very remarkable. It was not until 1825, that Dr. Gram, the first homœopathic physician in this country, settled in New York. Up to 1844 we had no societies, colleges, hospitals or dispensaries, and but one feeble journal. What is our condition to-day? We have twenty-five hospitals, thirty-three special hospitals, forty-six dispensaries, twelve medical colleges, sixteen medical journals, weekly, monthly and quarterly, and over 7000 physicians, who believe in and practice medicine homœopathically, and are not afraid or ashamed to acknowledge it.

See Transactions of American Institute of Homœopathy, for statistics.

THE editor is willing to answer all questions of interest to laymen, pertaining to Homœopathy, through the columns of the HOMŒOPATH (Popular Department). All communications to be addressed direct to Dr. Boericke, 834 Sutter street, San Francisco.

DR. HENRY MINTON, of Brooklyn, in a recent address, utters some very timely and wholesome truths in regard to "local treatment" of women. We do not think the doctors are entirely to blame; frequently patients force them into making local examinations and treatment when there is really no necessity, simply because otherwise they would seek the services of some one who thus would treat them.

At no period in the history of medicine has the gynæcological craze, in regard to uterine displacements, reached a higher point than it now occupies.

Every pelvic pain, and many pains that are far from being pelvic, indeed, every abnormal condition of the female sexual organs, not easily accounted for, are at once attributed to "falling of the womb," or to some variety of uterine displacement.

The woman now who has the temerity to consult a specialist in regard to any of the numerous complaints to which her sex is liable, is almost certain, and without much ceremony, to be requested to assume the genu-pectoral position on a

gynæcological table, while a visual and manual survey of her external and internal genitalia is made. This examination must, of course, reveal something, and where no absolute infraction is found, displacement is sure to exist to a greater or less extent. Displacement, or what passes for displacement, is certain to be found, because the normal position of the uterus within the pelvis is never constant, but ever changing.

I hold in great disfavor this readiness and haste in making local explorations. The unwarranted presumption of many in the profession, that, because a woman suffers from back-ache and pelvic distress, she must therefore have some local uterine disease, demanding a speculum examination, should be frowned down by all right-thinking men. We thoroughly appreciate the necessity of a correct diagnosis, and would censure any man who failed to make all reasonable efforts to attain it; at the same time I am decidedly of the opinion that the treatment of sexual complaints, in young and unmarried women, should be purely constitutional until such time as the necessity for local exploration is *clearly* and *positively* apparent. Never resorting to, or placing any reliance upon, local treatment, the appearance of the parts, upon inspection, affords us no therapeutic indications, and therefore is of but little practical interest.

It can be easily demonstrated that uterine displacement is not a disease and that it does not deserve the attention in treatment that is now so bountifully bestowed upon it. It is a symptom only, and as such will subside when the cause which induced it has been removed. The causes of which it is but a symptom will, in the large majority of cases, be found to be chronic pelvic cellular inflammation, any inter-pelvic disorder which diminishes the supports of the uterus, or a local neurosis, arising from an impaired or disordered highly developed nervous system.

The uterus being a movable organ within the pelvis is subject to various changes of position. Its mobility is one of its most characteristic features. All its attachments when in a healthy condition are such as to admit of the utmost freedom of motion within certain limits in all directions. With every motion of the body, even by ordinary respiration, and when coughing, singing, laughing, or when walking the position of the uterus is changed. When standing the uterus sinks downward, even in the virgin. With the fingers the uterus can be lifted up and moved in all directions, and during coition the uterus is elevated to a considerable extent without giving pain. By tight clothing the uterus is forced completely out of its place without a word of complaint from

the subject, or the development of a morbid sign. We are all familiar with what ease and impunity the uterus can be drawn down close to the vulva for surgical interference. The uterus is constantly exposed to forces producing temporary displacements; for instance, the bladder in front when fully distended produces complete retroversion, which, though annoying, is seldom painful, and what annoyance there may be comes from the bladder and not from the uterus; behind, is the rectum which when distended acts also as a displacing cause, operating from above and behind producing anteversion. From above we have the abdominal pressure which is constantly acting upon the uterus, and which is greatly increased by every straining effort which brings the abdominal muscles into action or a state of tension, while below the pelvic floor has a constant action in supporting the uterus against the pressure from above.

From these facts it will be seen that the uterus may be displaced in any direction, and the causes of such displacements are but natural conditions which are in constant operation. Thus we may have retroflexion, anteversion, ascent, descent, prolapsus, or, in fact, any decided removal of the uterus from its normal position while the subject remains perfectly oblivious to the transition constantly in operation.

These displacements are transient and pass away when the conditions which produce them cease to operate; they are therefore purely physiological. It is only when the uterus becomes fixed and stationary, failing to return to its normal position from a continuance of the condition which displaced it, that treatment is called for.

HOMŒOPATHIC REMEDIES FOR CROUP.

Every family should have on hand the following homœopathic preparations for this disease. The symptoms usually set in so suddenly, at night, that it is often impossible, especially for people in the country, to obtain a physician at once. By means of these simple homœopathic medicines, the little patients are made comfortable and put out of danger in the shortest possible time.

Aconite in pellets of the 3d potency. Give six every five to ten minutes, for half a dozen doses. Follow, if necessary, with *Hepar* 6 and *Spongia* 3x. Give the last two in alternation, same number of pellets, every quarter of an hour, until relief is obtained. Keep on hand, also, a bottle of B. & S. Homœopathic Cough and Croup Syrup.

THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - - WM. BOERICKE, M. D.

VOL. III.	SAN FRANCISCO, MAY 1885.	No. 3.

EDITORIAL.

THE next meeting of the California State Homœopathic Society will be held in this city at the College Hall on May 15th. Next to the College and Journal, the Society is of greatest importance for the advancement of Homœopathy. But in order to fulfill its use, it is essential that each member do his share for the common good. Its meetings offer opportunities for discussing matters of professional interest where much may be learned, and strength and faith in our principles be gathered that will stand us in good need when we go back to our several fields of work. None of us can afford to work independently of the rest. We need the contact and intercourse of others avowing the same principles. We trust every Homœopathic physician in California, not already a member of the State Society, will join and help to make it a living, active body that will advance the interests of Homœopathy in this State, and thereby become a most useful instrument for the establishment of the Law of Cure as the one guide in rational Therapeutics.

ORIGINAL ARTICLES.

A SUCCESSFUL OVARIOTOMY.

BY R. E. PIERCE, M. D., SAN JOSE.

The following record is submitted, not on account of any novelty attaching to the operation but to show how but slight constitutional disturbance may occur after operations of the greatest magnitude and involving regions but a few years ago considered almost inviolable.

The patient, Miss S., about 40 years of age, had always enjoyed good health till about two years ago when she noticed a slight enlargement of the abdomen which rapidly increased in size until it attained or exceeded the size of the pregnant womb at maturity. This had caused but little constitutional disturbance beyond a slight dyspnoea and some oedema of the feet and ankles. Examination per vaginum was rendered difficult by the existence of a portion of the hymen, but the diagnosis of probable ovarian cyst was soon arrived at and its immediate removal advised. To this the patient readily consented, and on Thursday, February 19th, the operation was performed by Dr. R. H. Curtis, of San Francisco, assisted by Drs. Palmer, Breyfogle, Simpson, and Pierce.

Etherization was rapidly accomplished and an incision made in the median line of the abdomen three and one-half inches in length. The tumor was found to be multilocular and of the right ovary. The lower cyst was evacuated of eight quarts of the characteristic fluid, while a larger cyst at the upper part of the tumor contained a fluid so dense and grumous that it would not flow through the canula, so that it was necessary to enlarge the wound and remove the tumor without further attempt at evacuation. The incision was therefore extended upward one and a half inches and slightly to the left of the umbilicus. The tumor was found to be attached posteriorly but was soon liberated and removed. The total weight of the tumor was thirty pounds.

The pedicle was ligated with carbolized silk and returned

to the abdominal cavity. Upon examination, evidence of cystic disease was apparent also in the left ovary, and this likewise was removed. The abdominal cavity was thoroughly washed with carbolized water until the returning fluid was colorless. The wound was closed by eight deep and two superficial sutures, supported by strips of adhesive plaster and covered with antiseptic gauze.

The operation occupied two hours. The return to consciousness was slow and accompanied by symptoms of shock, the extremities becoming cold, the pulse feeble, and the temperature falling to $96\frac{1}{4}$. Heat was applied to the extremities and 30 m. of brandy administered hypodermically with good result. At 7 o'clock in the evening the pulse was 96 and temperature $99\frac{1}{4}$. The patient being very restless and complaining of pain a hypodermic injection of $\frac{1}{2}$ gr. morphia was given. She passed a very comfortable night and Friday morning found her quiet with pulse 80 and temperature $99\frac{1}{4}$.

The further record is as follows:

Friday.....	2 P. M.	Pulse 98,	Temperature $99\frac{1}{4}$
"	7 P. M.	" 96,	" 100 3-5
Saturday.....	8 A. M.	" 88,	" 98 4-5
"	2 P. M.	" 82,	" 98 4-5
"	7 P. M.	" 84,	" 99 2-5
Sunday.....	8 A. M.	" 80,	" 98 3-5
"	7 P. M.	" 84,	" 99 3-5
Monday	8 A. M.	" 84,	" 98 2-5
"	7 P. M.	" 80,	" 98 3-5
Tuesday	8 A. M.	" 80,	" 98
"	7 P. M.	" 78,	" 99 3-5
Wednesday....	9 A. M.	" 80,	" 98 2-5
"	7 P. M.	" 80,	" 100 2-5
Thursday.....	9 A. M.	" 82,	" 98 3-5
"	8 P. M.	" 100,	" 101 1-5

Up to this time the remedies used were aconite and arnica. For these was substituted arsenicum on Thursday and continued until the following Sunday.

Friday.....	8 A. M.	Pulse 94,	Temperature 99 2-5
"	7 P. M.	" 94,	" 101 2-5
Saturday.....	8 A. M.	" 88,	" 99 4-5
"	8 P. M.	" 104,	" 101 2-5
Sunday	9 A. M.	" 100,	" 101 2-5
"	6 P. M.	" 104,	" 101 4-5

On Sunday the tongue becoming somewhat dry and irregularly coated, there being considerable restlessness and sev-

eral mucous discharges from the bowels, the arsenicum was discontinued and rhus substituted, and a single hypodermic injection of Declat's nascent phenic acid used. The symptoms at once improved and the following morning the pulse was 96 and the temperature 99½.

Monday.....	8 P. M.	Pulse 88,	Temperature 99½
Tuesday	A. M.	" 92,	" 98
"	P. M.	" 84,	" 99½
Wednesday ...	A. M.	" 80,	" 98 1-5

when all medication was discontinued and the patient discharged.

The bowels were moved with an enema on the fourth day and daily thereafter.

It will thus be seen that there was not the slightest evidence of peritonitis. There was no pain whatever after the second day. The sutures were removed upon the ninth day, the wound having perfectly united without the least suppuration. The only evidence of septicaemia lay in the slight increase of temperature between the seventh and twelfth days, and the mucous discharges. There was no chill, and but for the use of the thermometer the condition would hardly have been detected. To be sure, all conditions were favorable for the success of the operation: the patient's previous good health and her willingness and even desire that the operation be performed and at once; the scarcity of adhesions and the extreme care and skill of the operator all contributed to the most pleasant result.

DISLOCATION OF THE THIGH IN CHILDHOOD.

By C. N. HART, M. D.

I am induced to write of these cases, as but a few years have passed since in Suffolk, England, it was proved in a law-suit that seven years old was the earliest period at which this accident had taken place. (See, Hamilton on Fractures and Dislocations.)

And again, M. Guersant, Hon. Surgeon, Hospital Des-Enfants Malades, Paris, writes (1873), "Many practitioners

are almost ignorant of the fact that traumatic luxation of the femur occurs in children—this lesion is so uncommon that those who have had occasion to observe it may be considered specially favored.

When one seeks instruction in any standard work upon surgery, in this peculiar luxation of childhood, he is apt to be sadly disappointed.

From Hippocrates to Malgaigne, and since, very little has been written about it.

Hippocrates compares the consequences of unreduced luxation of this bone in children and adults, and considers that generally they are more serious in the former, "because it does not follow the progress of growth, and remains shorter than that of the sound side." (Op. Cit., p. 235.)

Guersant, in twenty years' experience at the children's hospital at Paris, only saw three cases, and two of these were aged twelve and thirteen years.

Knowing, then, the possibility of such an occurrence, and the terrible results, if through ignorance the luxation be unreduced, let us look to the treatment, which I will illustrate by giving my cases.

Some two years since, I treated a case in a boy of eight years successfully, with Liston's splint for fracture of the femur, but it was unhandy and dirty.

The last case occurred some two weeks ago.

A little girl, eighteen months of age, daughter of Mr. C. De M., was brought to my office "to have her knee examined."

The mother said she had been advised by a physician to apply Tr. Arnica and water, and had done so for about two weeks, but the child was worse rather than better.

She had left the child upon a foot-stool (some eighteen inches high) to be absent a moment, and upon her return found the stool upset, and the child on the floor crying; this some three weeks previous.

The child carried her right leg with foot everted (it was two inches longer than its mate); it gave considerable pain to move it, and she had no use except to drag the limb after her while holding on to some support, since the injury.

The head of the femur was upon the tuberosity of the is-

chium. With an assistant and considerable trouble the luxation was reduced, with quite a "snap."

Now, although we expect very little resistance from muscular contraction at this early age, yet we lose also an equal amount of counterforce, and whether from this reason or because of the lapse of three weeks, I know not (probably both factors), I had more trouble than I ever experienced in a like luxation occurring in after life.

The luxation being reduced, I placed a hip-bandage tightly around the pelvis and loins; two long splints on the outer side of each limb, joined by a cross-piece at the bottom (like Hamilton's splint for fracture of the femur in childhood, but more like Guersant's splint for similar uses); to these splints were bound the limbs at the knees, ankles and hips, by a turn or two of the roller. The case has done splendidly, and the child kept clean.

SELECTIONS.

EMERGENCIES.—EUTHANASIA.

By PROF. J. T. KENT, M. D., ST. LOUIS.

I am frequently asked, what should be done in times of great suffering, for immediate relief? To those who desire to obtain reliable information, and who wish to practice in accordance with our principles, I would say, take the symptoms of each individual case and select the remedy capable of producing similar symptoms. In a general way this is all that would be expected of me for an answer to the question, by those who are conversant with *materia medica*.

Consumptives often suffer greatly when left to themselves, and some medical practitioners, knowing no better way, give morphine and other stupefying agents, thinking that they allay human suffering.

This kind of practice cannot be too strongly condemned. Firstly, it is an acknowledgment that our law is not all-embracing; secondly, it is the *poorest kind of relief to the*

patient. But I would not deprive medical practitioners of all means of relief for their patients, without furnishing as good or better ones.

The consumptive when going down the last grade, needs the comfort of a true *healing art*, and not the makeshifts of mongrelism or allopathy. The homœopathic remedy is all that he, who knows how to use it, needs, to allay the severest distress. Every true homœopathist knows the value of these wonderful remedies.

A few hints may not be out of place.

When the hectic fever, that so rapidly burns the patient up, is in full blast; the hot afternoon skin, the night sweat, the constant burning thirst, the red spot on the cheek, the diarrhœa, the stool escapes when coughing, *the intense fever* p. m.; the constriction of the chest, suffocation; then should *Phos.*, *very high*, be administered, but *never repeated*. An aggravation will follow, but it must not be meddled with, as it will soon pass off, leaving the patient free from fever, and he will go on to death, many times, comfortably. *It is the regrettable meddling that causes the dying man so much misery.*

The distressed suffocation and inward distress in chest and stomach, streaming perspiration, great sinking; must have the clothing away from neck, chest, abdomen, ghastly countenance, and choking, call for *Lachesis*, and it may be given as often as occasion requires, but to give satisfaction and prompt relief, not lower than 200th.

To this ghastly picture, if we add, he is covered with a cold sweat and there is one on either side of the bed fanning him, and the abdomen is distended with flatus, and the breath is cold, *Carbo V.* in water every hour for six hours, and stopped, will give rest and beatitude, with many thanks.

But the time is yet coming when even these remedies will not serve us.

The ghastliness of the picture has not been changed, and to it we have added the pains of dying cells—death pains, the last suffering. Such pains come on when mortification begins. If it is in the abdomen we may avert it by differentiating between *Arsenicum* and *Secule*, but if this pain comes in the last stage of consumptive changes, we are beyond these remedies. Much later there is a remedy, and it is

Tarentula Cubensis. It soothes the dying sufferer as I have never seen any other remedy do.

I have seen *Ars.*, *Carbo V.*, *Lyc.*, *Lach.*, act kindly and quiet the last horrors, but *Tarentula Cubensis* goes beyond these. I have lately administered it in the 30th cent. potency.

When death is inevitable, the first named remedies seem to be mostly indicated, but no longer act, and the friends say, "Doctor, can't you do something to relieve that horrible suffering?" the pain, the rattling in the chest, with no power to throw the mucus out; the patient has but a few hours to suffer, but can be made as quiet as with the terrible morphine in a very few minutes, by the *Tarentula* 30th.

I believe that no physician would use a narcotic if he only knew a better way.

What is more inhuman than to leave the suffering patient in his last moments to writhe in the agonies of dissolution, surrounded by weeping friends? The true physician will embrace the opportunity to exercise his skill at these moments. It has come to pass that I am invited frequently to stand at the bed of *moribund* patients, whom I never attended during their curable ills, and as many times do I thank the Great Master for the wonderful means of allaying the pangs of the flesh, without resort to the necessity of departing from that law which I have so many times pronounced universal; even in the last moments—a euthanasia.—*St. Louis Periscope*.

SURGICAL THERAPEUTICS.

BY PROFESSOR J. T. KENT, M. D., ST. LOUIS.

Stimulants are often called for in surgical practice. Champagne is the best kind of stimulant to use after shock—small quantity of it, iced. If the patient seems to be sodden as if drunk, and has wandering delirium, alcohol in some form, may be of use—there is prostration and coldness and sinking (especially in those persons addicted to alcohol). After injuries or violent exertion, whisky is often required.

CAMPHOR is often called for after injuries or shock; the whole surface of the body is cold and clammy; face is pale and bluish, and lips also; tendency to diarrhoea from shock and exhaustion; pulse feeble; stupefaction of mind. There is a feeling of great exhaustion and weakness as found in **Opium**, accompanied with sighing. **Opium** has a similar state of slow breathing. **Opium** also produces spinal meningitis.

CAPSICUM.—Great in shock after injury; soft, carious state of the petrous portion of the temporal bone, cold, clammy skin: pulse becomes thready and almost imperceptible; burning sensation internally and chilly externally; chilliness is especially in the back, between the scapulæ; prostration, beginning in the back, sluggishness of the body as in cold weather; anxiety from conscious danger of death, with chilliness in the back.

CHAMOMILLA.—Its mental state will often guide you to its use; unnerved by the pain; aggravated by talking and touch; groans continually; cannot endure the pain any longer; increased susceptibility to pain is a grand feature of it; cold, moist skin, perspiration on the forehead and extremities cold; pain is not made better from warmth. (Verat. has this sweat all over the body, something like Cham. only more extensive, and made better by warmth.) Cham. is the opiate of homœopathy; it is the best remedy to taper off opium eaters; diarrhoea and vomiting after the administration of large doses of opium. (Chronic diarrhoea after opium, is generally cured by Puls. Puls. will act with opium.)

COFFEA.—The mental state and hyperæsthesia of the skin are aggravated by any one walking across the floor ever so lightly; pain ameliorated by cold water; they are wide awake; sleepless so long as there is any noise about, even ticking of the clock keeps him awake, like opium. It is a great remedy for restlessness and sleeplessness.

GELSEMIUM.—Overpowering fear, with fatigue and great exhaustion, and tendency to diarrhoea; diarrhoea from fear; dizziness, unconsciousness and restlessness; pale and anxious face, aching in back and limbs, great fear of injury, and

recollection of the horror; paralytic weakness; there may be a good pulse, and yet this feeling of great prostration; the arms and head feel too heavy; he wants to lop down on a couch.

HYPERICUM.—Great remedy for tetanus; darting pains in the back; contraction of muscles of various parts of the body, resultant on injuries to nerves. Aco. and Arn. were once used alternately for tetanus, latterly Hyper. takes the place of both. Ledum, when a horse has picked up a nail; Hyper. when tetanus follows laceration of the skin; injuries, whenever there are sensory nerves involved; injuries of the feet and hands. Ledum: gouty and inflammatory conditions are relieved by ice-cold water; parts blue and dusky and veins enlarged.

NUX. MOSCHATA.—Patient is stupid, in the sense of sleepiness. In all diseases there is this constant drowsiness, even in chill; pain from pit of stomach to chest, sometimes very sharp and aching; the least exertion causes somnolence, peculiar prostration of old people; they become tired out very easily; (old people are very loquacious—Agar.)

ACONITUM.—Injury with fright, which is followed by fever and accompanied by the peculiar mental state; fear of death and misfortune; there is active obstruction, restlessness; all the senses excessively keen; pulse tense, thready and wiry, chilly when uncovered; when rising in bed the patient faints. (Bry. and Veratum also, but Verat. has also face covered with cold sweat in large drops.) Sometimes when Aco. appears to be indicated and has done its work, but not finished the case, Sulph. would follow it. If the patient seems to be sinking and the fear of death remains and other symptoms indicating that the patient is going down very fast, give one dose of Ars.

ARNICA.—The important use of it does not end in its local application for bruises, and hardly begins there. After an injury of any kind Arn. is very often the internal remedy indicated, and should not be given in the tincture if you want to derive the greatest benefit from it. Sickness at the stomach, vomiting especially, consequent on shock; aggravated

by motion and from rising; wants the head low. (Ars. and Bry. high.) Patient wants to be covered warmly, the whole body is cold excepting the head and face, which is warm or hot; bruised feeling of the body.

CHINA.—After exhaustive hemorrhages, the patient seems to be sinking; pale countenance and threatened collapse from hemorrhage; may have repeated hemorrhages. China has a peculiar sensation in this condition, bordering on collapse; they feel the blood coming warm from the heart; heat in the cardiac region. Another feature: If, after having opened an abscess, the patient becomes exhausted from collapse of the cavity remaining, or from emptying the pus, or after tapping the abdominal cavity; after excessive masturbation.

STRONTIANA CARB.—Similiar to Carbo veg. Engorgement of the veins of the face and hands; oozing of dark blood from mucous membrane after injuries, from the nose and uterus in small quantities, but continuous. (Carbo veg. also). It is a very important remedy for sequelæ of hemorrhages; (like China), bright colors appear before the eyes; rheumatic pains, which generally confine themselves to the right side; great debility which he never had before (like Ars. and Carbo veg.), aggravated from fanning and ameliorated by warmth only; (unlike Carbo veg., which desires to be fanned and gets relief therefrom).

CHLOROFORM.—If taken in whiffs after shock or an injury, gives relief. Too much of it is injurious and might prove fatal. Inhalation of stimulants of any kind to resuscitate the patient. At times when respiration is almost stopped, few and feeble, features are motionless, lips are livid, pulse feeble, in fact he is almost dead; unconscious; it may be attenuated like any other substance and given on pellets.

NUX VOMICA.—Despondent; always angry and fretful, and fainting from slight causes. Convulsions coming on from flatulence. The convulsions are attended by cramps and contractions of a clonic character. Shooting pains in the limbs. Whenever a patient has been drugged, or when several bad prescriptions have been given, give Nux. and let it act for several days; (while Nux modifies the effect of Graph.

in the stomach, yet it does not affect the deep action upon the general system).

OPIUM.—One of the most prominent features is the long time between the respirations; the breathing is stertorous and at long intervals. Opium sometimes palliates apoplexy; patient falls down and froths at the mouth. There is a peculiar sound, generally indicating opi. in respiration; this occurs in apoplexy and injuries of the brain, shock, and sometimes concussion; (in all cases of impending collapse give but one dose of medicine).

SECALE COR.—Often indicated in gangrene. There is a similarity between Ars. and Secale in gangrene pathologically. The diarrhoea is watery and there is apparent deadness of the fingers and toes and threatened gangrene; great thirst for acids; wants to be uncovered though the skin is cold and clammy; this is Secale only. Cannot bear heat; wants doors and windows open; with all these symptoms attending collapse and gangrenous states, the urine is suppressed.

ARSENICUM.—Tendency to collapse as in cholera; skin is dry, cold, or moist, pinched and livid; great restlessness; thirst for water little and often; vomits drinks as soon as swallowed; wants external heat and cannot bear a breath of air; perspiration relieves the patient generally, and pain returns as soon as it stops. Let us suppose an advanced state of typhoid fever: bowels are tympanitic; patient vomits black masses; black, watery, offensive stools; great tenderness of the bowels; great prostration and thirst. This is description of gangrene and perhaps such a case almost too far gone to be saved. There is no time to lose. The proper remedy will save the case. Pathologists will say that Ars. is the remedy, not knowing that Secale will and has produced the same lesion. Now if you find that the clothing is thrown off, and the patient cannot bear the heat, Secale is the remedy. If you find the reverse, Ars.

CARBO VEG.—Will be called for in low state, particularly indicated in collapse, with the hypocratic countenance, which, as a rule, belongs to this remedy; (Ars. has it also). Cadaverous stools (like Ars.); but has that which Ars. has

not very prominently; the circulation is stagnant; it has coldness of the surface (like *Ars.*), patient is made better from fanning; patient is apparently dying and wants to be fanned; the breath is absolutely cold; the veins seem to stand out and are full of blood; frequent, scarcely perceptible pulse; (collapse with hot breath would scarcely call for *Carbo veg.*) *Verat.* also has cold breath, with excessive diarrhoea and vomiting. *Carbo veg.* has saved life at the brink of death, with these symptoms present. Cold sweat on the forehead particularly indicates *Verat.* In *Verat.* the sweat is cold in collapse; *Carbo veg.* it is warm when it comes out, and there is slight warmth of the surface. *Calc. carb.* the sweat is warm when it comes out, and becomes cold on the face.

CARBO. VEG.—Patient wants to be fanned. (*Mer.* is indicated for profuse sweat, which is warm and remains so until it is made cold by removing the covers, which makes him wild). Another prominent feature is that the patient lies with the limbs drawn close to the abdomen in these troubles. Nose, ears and forehead are very cold. (*Verat.* also). Patient is giddy and blind; that is, a sensation of blindness comes over him; skin livid and pulse thready and almost dies away; rapid yawning and incessant sighing, which is really gasping; dark areola around the eyes; increasing stupor.

LACHESIS.—Where the shock apparently strikes to the heart, producing pain in it, cold sweat, blueness of the surface and sinking, choking, wants to tear everything away from the throat, sensation of suffocation, the sweat comes out from suffocation and anxiety, hence being secondary; (in *Verat.* is primary and cold when it comes out). We have *Carbo. veg.*, *Verat* and *Lach.* for this cold sweat.

HYDROCYANIC ACID AND LAURO.—These are so similar in their pathogenetic effect, that the one might be substituted for the other in certain disease manifestations. The most prominent feature of the acid, is, a teaspoonful of water gurgles all the way down the throat to the stomach; (*Ars.* also). Distorted features and dilated pupils; eyelids paralyzed; cannot open and close the eyes. (*Lauro.* also).

TABACUM.—Collapse, especially deadly nausea as if he would die from sinking; legs are cold.

NATR. MUR.—If you can ascertain whether the patient needed it before receiving the injury. Great thirst and aggravated at 11 A. M. Threatened collapse of intermittent pulse; aggravated when lying on left side, with heart throbbing. Not so far advanced as Carbo. veg., Ars. and Lach. If you have chronic affections resultant on injuries, relieved by sweat; dreams of horrible things, robbers, fire and murder; aggravated from consolation; dream of robbers in the house, and he will not believe the contrary until search is made.

VERAT. ALB.—Cold sweat, mostly on the face; vomiting, diarrhœa and thirst; profuse sweat, extreme pain, delirium and terror; feels nervous, as if he would fly; despairs of life; numbness and chillness increased by drinking, though the thirst is intense; abdomen.

IPECAC.—Very important for hemorrhages; patient suffocates; blood a bright red; cold sweat drops from the hands; uterine hemorrhage of slight gush of bright red blood causes fainting, sinking; (Exhaustion from great loss of blood, China).

SULPHUR.—A ragged philosopher; patient craves liquor; old broken down inventor; is faint and weary and trembling; talking causes much fatigue; jerking of the limbs and falling asleep. Irritative Fever, Sulph. is my first remedy. I have been in the habit for a long time of beginning every case of puerperal fever with Sulph., because it is the very deep acting; unhealthy eruption, dejected appearance and feelings; patient looks besotted and has pimples and scaly eruptions; discolored skin; red patches on cheeks, here and there, with feverish condition; great thirst and sometimes voracity; food disgusts and he craves brandy and beer; patient dirty and dislikes to be washed; all the symptoms are aggravated by application of water; there is some pain throughout the body, and especially disposed to locate in deep seated parts and become chronic. The system is slow to respond to well selected remedies. (Nux opposite; well selected remedies

attack them viciously.) After Nux. this increased susceptibility is modified; (chronic syphilitic affections of the skin).

CALCARIA CARB. It often follows Sulphur; constant feeling of heat and coldness, with or without shivering; withered skin and emaciation; constant solicitation about his affairs; patient sweats from mental exertion; bone and other suppurations; marked fear; cold, damp feet; fat people are prone to sweat on the slightest provocation in the way of exertion; habitual cold hands and feet. (Sulph. also.) Hepar occupies a position midway between Sulph. and Calc.

LYCOPODIUM.—Aggravated from four to eight p. m.; red sand in the urine; great rumbling in the bowels; general engorgement of the abdominal tissues; sebaceous eruption; forced respiration, with fan-like motions of alæ nasi, caused by obstruction of respiratory passages, in low states; sometimes the patient will protrude the tongue in order to breathe more easily; warm applications aggravate the pains of Lyc. It is very useful in rigors attending suppurations, relieving them if it does not do any more; these rigors occur in hectic fevers and the incipient stage of puerperal fevers. (Compare Silicea.)

EFFICACY OF FUCUS VESICULOSUS (*Quercus Marina*) FOR THE CURE OF OBESITY.

Fucus vesiculosus, sometimes termed *quercus marina*, and *kelp-ware*, or *Bladder wrack*, is a cryptogamic sea-weed, which was formerly employed by the Romans for the cure of gout. Mr. Duchesne Duparc has recently published an interesting monograph on this plant, in which he informs us that Gaubius, Annel and Baster, to whom on Dr. Pereira's authority we may add the name of Dr. Russel, employed it with supposed advantage as a deobstruent in scrofula, goitre and glandular enlargements. The discovery of the medical virtues of iodine had caused it to be forgotten, but accident again recommends it to the attention of the therapist, and thanks to Mr. Duchesne Duparc, it is in a fair way to recover a portion, at least, of its former celebrity.

"Some years ago," says that practitioner, "*fucus vesiculosus*

was mentioned to me as a useful remedy for inveterate psoriasis; I gave it a trial which did not yield the promised results, but the failure was compensated by the discovery of other remarkable effects. In all the persons to whom the drug was exhibited, a more or less considerable loss of flesh was observed. This phenomenon invariably occurred, occasionally in a short time but always without discomfort or disturbance of the digestive functions, the only appreciable symptom being an increase of the urinary secretion."

Since this period (1857), several patients affected with excessive obesity having derived considerable benefit from the use of the remedy, Mr. Duchesne Duparc continued to prescribe it, not as a specific for diseases of the skin, but as a new stimulant of the absorbents of fatty matter and as a deobstruent, calculated to arrest the progress of premature encumbrance of flesh. The author adduces in his pamphlet several new cases confirmative of the first results observed, and enters into an interesting disquisition on the subject of the nature and treatment of obesity. We must confine ourselves to a brief description of the characters and mode of exhibition of *fucus vesiculosus*.

Kelp-ware is one of the numerous genera of the tribe *Fucoideæ* to which rural economy, arts, manufactures and medicine are further indebted for many useful contributions. It abounds on the shores of the Atlantic and Mediterranean, and is attached by a fan-shaped pedicle to the rocks, rising to a height of 13 or 15 inches, in a coriaceous dichotomous frond, supplied with air-vessels and receptacles filled with mucus. Its substance is thickish, flexible, and tough; glossy green when fresh, dark brown when dry; its odour is strong, and its taste nauseous.

Fucus vesiculosus may be pulverised, and an extract is prepared which is more active than the powder. Mr. Duchesne Duparc prescribes the extract in three-grain pills, 15 or 20 of which should be taken in the course of the day. A decoction which can be exhibited between or at the meals, may also be made with half an ounce of desiccated fucus (the stem and smaller branches being removed), for two pints of water. A tincture prepared according to the homœopathic method is the best way to use the drug.

CORRESPONDENCE.

EUREKA, CAL., Dec. 26th, 1884.

EDITOR CALIFORNIA HOMŒOPATH—I have a curious and interesting case which I wish to report through the columns of your Journal. I would ask the fraternity if treatment be necessary, and, if so, what course to pursue.

Mr. T.——; aged about 50; fair complexioned; habits sedentary. During the last two years his health has been on the decline. The least exercise fatigues; over exercise produces difficult breathing and palpitation; appetite fair; bowels regular. Examined him carefully; found lungs sound, liver normal as to size, heart slightly enlarged, no valvular lesions. He has a sledge-hammer pulse, which beats just thirty three times to the minute; heart sounds clear cut; first sounds much the louder. I never met with such a pulse before. Prescribed Aconite and Dig. 2x in alternation. Patient goes about the street and does light work.

DR. SMITH.

EDITORS CALIFORNIA HOMŒOPATH—Please correct in your January issue the error (typographical) in my name, as it was printed in your last. I was credited with being Charles Porter Hart (my uncle) while I am only (myself) Charles Nelson Hart. It was quite an honor; but as he might not think so, and will surely see it, I will correct it.

Denver has a population of sixty thousand, and forty of these are Homœopathic physicians. We have had four years of good health; amongst the doctors, consequently, there is complaint.

Was in hopes of sending you a paper upon Lacerations of the Cervix Uteri, and Perinæum this month, but as an interesting case is "under way" and another in prospect, will delay a month. I have some new hints upon the operation.

Yours truly,

C. N. HART.

ORGANIZATION OF THE ALUMNI ASSOCIATION OF HAHNEMANN
MEDICAL COLLEGE OF PHILADELPHIA.

On the evening of December 4th, 1884, an adjourned meeting of the Alumni residing in Philadelphia and vicinity was held in the lower lecture-room of the old College, for the purpose of effecting the permanent organization of the Alumni Association. The proposed constitution and by-laws were adopted. They provide that the name of the organization shall be "The Alumni Association of the Hahnemann Medical College of Philadelphia." Its objects shall be to promote the interests and extend the influence of the Alma Mater, to advance a higher medical education and to secure intellectual and social benefit. Any physician on whom has been regularly conferred the degree of the Homœopathic Medical College of Pennsylvania, or the Hahnemann Medical College of Philadelphia, and honorary members of said institutions, shall be eligible to membership. The annual meeting shall be held

at Philadelphia on the night before Commencement. An election of officers took place with the following result: President, Dr. Augustus Korndörfer, (class of '68), Phila.; Vice-Presidents, Drs. W. B. Trites, '69, Phila., Horace F. Ivins, '79, Phila., J. H. McClelland, '67, Pittsburg; Permanent Secretary, Dr. Wm. W. Van Baun, '80, Phila.; Provisional Secretary, Dr. Clarence Bartlett, '79, Phila.; Treasurer, Dr. Wm. H. Bigler, '71, Phila.; Executive Committee, Prof. Wm. Tod Helmuth, M. D., '53, N. Y. City; Prof. A. C. Cowperthwaite, M. D., '69, Iowa City, Iowa; Dr. John C. Budlong, '63, Providence, R. I.; Dr. Chas. H. Lawton, '71, Wilmington, Del.; Drs. Wm. B. Van Lennep, '80; H. Noah Martin, '65; Isaac G. Smedley, '80; John K. Lee, '51; and Joseph C. Guernsey, '72, Phila.

EDITORS CALIFORNIA HOMŒOPATH—February the 3d we organized the *Los Angeles County Homœopathic Medical Society* with about twenty physicians present. Dr. A. S. Shorb was elected President, Dr. J. C. Kirkpatrick Vice-President, Dr. E. A. Clarke Secretary, Dr. M. P. Chamberlin Treasurer. Several lively papers were read, and we had a good time all around.

Yours Respectfully,

A. S. SHORB.

VACAVILLE, March 26th, 1885.

EDITOR CALIFORNIA HOMŒOPATH—Please allow me to call your attention to the cause of Homœopathy in this place, hoping that you may be able to find one of the class mentioned in the last number of your journal that would be willing to locate in this place; one that practices Homœopathy on a scientific principle, and is not ashamed to own it. The field is probably as desirable as any to be found in a rural town, as the surrounding country is thickly settled with well-to-do farmers, and there is already an extensive field for a reliable Homœopathic physician.

Yours respectfully,

MRS. A. GARRISON.

ST. LOUIS, February 18th, 1885.

EDITORS CALIFORNIA HOMŒOPATH—Please notice in the March issue of your journal that the following societies meet in St. Louis, Mo., this year: Western Academy, May 28th, 29th and 30th; American Institute, June 2d, at 10 A. M. The above societies will hold their sessions at the Lindell Hotel. It is earnestly desired that there may be a full attendance.

Yours fraternally,

W. JOHN HARRIS.

By order Committee of Arrangements.

EDITOR HOMŒOPATH—If you know of a good Homœopathic Physician that wants a location in a new country, fast settling up, where he can have a good ride on the start, refer him to me. Here is a grand place for one, and he would very soon get a large practice.

GEO. B. WEAVER,

Larene, Lincoln Co., Wash. Ter.

CLINICAL ITEMS.

Phytolacca is suggested by Dr. Bayes for Constipation of the aged—also for Headache worse in wet weather—pain deep in head, temples and vertex, with sickness, foul tongue, disinclination for food, vertigo, disgust of life and for everything and every body. Restless and very irritable, nearly always lying down and head wrapped up. HOM. WORLD.

Ferrum picricum.—This salt, in doses of from 1-50th to 1-100th part of a grain, causes a tendency to night perspirations; patient wakes up in a fright and finds herself in a perspiration. It also causes a tendency to constipation and headache, the headache being markedly worse after meals. It causes too a pain along the urethra with a desire to urinate during the day, its enuresis being more painful than that of other preparations of Iron and besides the pain extends along the entire urethra and is not confined as with the phosphate to the neck of the bladder. This salt will be found useful in *Indigestion*, with symptoms of biliousness and tendency to headache and furred tongue and in *Phthisis pulmonum* with possibly such symptoms as night sweats, oppressed breathing and restless semi-delirious sleep. In bilious, dark haired persons, with whom Iron usually disagrees, it will be found, should the symptoms indicate it, of the greatest service. DR. COOPER IN HOM. REVIEW.

Asarum.—Patient feels cold continually. Has great want of vital heat.

Ledum.—Absence of vital heat when warm in bed or from warmth generally.

Ammon mur.—Discharge of blood from bowels with menses. Menses: profuse at night.

Calcarea phosph.—When every cold causes rheumatic pains in the joints and in various parts of the body. Suffering from grief.

Antimon. prefigures a rather robust, corpulent patient, but predisposed to gastric disturbance.

Lycop.—Patient of keen intellect, but feeble muscular development, lean and predisposed to pulmonary and hepatic diseases. In chest symptoms it follows Phosphorus. With a sallow face, gray expectoration, neglected and maltreated pneumonia present, the choice for *Lycop.* is certain.

Mercury patient is irritable, malicious, suspicious, he is coarse in manners and tastes, likes beer not wine, presents a dirty, rough yellow face, is scorbutic, scrofulous or syphilitic, cannot bear damp, cold, winds or rough air, contracts catarrh, rheumatism, sweats easily. As a child, he has open fontanelles, anxiety when alone, restless during sleep with clammy thighs, and cold icy forehead, large tender abdomen, and readily contracts dysentery.

Calcar. arsen. was recommended by Dr. Hering as a promising remedy for Epilepsy. In several cases it lengthened the intervals between the fits—in a few they were entirely stopped. In this connection it is well to remember *Cotyledon umb.*, in doses of 3 drops 2–3 times per day has certainly cured cases of epilepsy in the hands of Dr. Bullar.

Carbo veg. is especially recommended by Dr. Goullon for violent bronchial catarrh of the aged instead of the too common use of Phosph. in that pathological condition. Remember the difficult breathing, burning in chest, rawness and soreness and cold knees that are guiding symptoms of *Carbo*.

Myosotis Symphit. is credited with superior virtues in cough with excessive expectoration. Broncho-pneumonia, when a persistent, profuse expectoration fails to yield to ordinary treatment, dose: 5 drops of 1x Dil. [CAL. MED. J.]

Lobelia.—Extreme tenderness over the sacrum. She cannot even bear the pressure of a soft pillow—cries out if any attempt is made to touch the part. She sits up in bed leaning forward to avoid contact with bed. C. CARLTON SMITH.

Oleander is one of the best remedies for painless paralyses—for it has anaesthesia well marked—sensory painless paralysis—Stiffness and coldness of limbs; loss of muscular power; hand trembles when writing; sensation as if soles were asleep when walking.

S. L.

Ranuc. bulb is one of our most effective agents for the removal of bad effects of the abuse of intoxicating drinks.

HOM. PHYS.

If well chosen remedies do not act, give *Psorin* when patient shows a psoric taint, *Opium* when of a torpid nature, *Carbo* when he is weak, emaciated with feeble pulse and *Laurocer.* when nervously agitated.

C. HERING.

Dulcamara covers more cases of Diarrhœa than any other drug—worse in damp weather and at night. Useful in non-itching, chronic eruptions.

Lycopod.—Teste commends it highly for chronic pneumonia, with purulent, foul smelling expectoration, even when one of the lungs (left preferably) has become partially hepaticized. Dry, constant, persistent cough, day and night—great exhaustion after coughing, worse every drink and deep inspiration. Hoarseness, dyspnoea, progressive emaciation.

Iodide of Arsenic in Heart Disease.—Dr. J. H. Clarke of London read before the annual Hom. Congress in September an exceedingly interesting article on the above. The clinical cases given show that in the Iodide of Arsenic we have a powerful agent in strengthening the heart muscle, weakened by general exhaustion and disease, and arresting the process of degeneration. It is given alone, immediately after food 2 or 3 grains of the 2 or 3rd decimal trituration or in alternation with some remedy more particularly indicated by specific symptoms.

Indigo is a valuable remedy in hysteria, convulsions and epilepsy. The mental symptoms are those of melancholy, depression.

Zinc and Sepia should be given to women who have a tendency to abortion.

HERING.

Phytolacca, I find one of the best remedies for difficult dentition. Many cases that have resisted the more commonly used remedies have been quickly relieved by this remedy. Symptoms: child crying, moaning, restless and feverish, particularly at night. If it is hot weather, often

vomiting and diarrhœa. Teeth long in coming, and child wants to bite on something hard continually.—[E. B. NASH.

Ova Testa, 4th Trit., has been repeatedly verified as an excellent remedy for Leucorrhœa, with pain in back as if broken, the leucorrhœa not depending on any organic lesion.

Arsentie of Bromine.—Marked benefit is claimed for this remedy in cases of diabetes. From three to five drops before meals for two weeks, is sufficient to clear the sugar from the water. N. Y. M. T.

PERSONAL NOTES.

Don't forget the meeting of the California State Homœopathic Medical Society, May 15th. The place of meeting is changed very appropriately to the Hahnemann College, 115 Haight street.

GENERAL CONVENTION OF HOMŒOPATHIC PHYSICIANS.—The following was the programme of the General Convention of Homœopathic Physicians, which was held in New Orleans, Thursday, Friday and Saturday, April 9th, 10th and 11th, 1885, at the Tulane Hall, University of Louisiana:

First Day, morning session at 10 o'clock.—1, Invocation; 2, Address of Welcome, by Dr. S. M. Angell, President of the Hahnemann Medical Association of Louisiana; 3, Election of officers for the convention and installation of same; 4, Miscellaneous business; 5, Dr. W. Bailey, Sr., on Cholera; 6, Dr. Joseph Jones, on Pneumonia; 7, Dr. A. L. Monroe, on Typhoid Fever. Evening session at 8 o'clock—A special meeting of southern physicians, to consider the feasibility of a permanent southern organization as auxiliary to the American Institute of Homœopathy.

Second Day, morning session at 10 o'clock.—1, Dr. E. M. Hale, on Indigenous Remedies of the South; 2, Dr. C. E. Fisher, on Medical Legislation in the South; 3, Dr. C. J. Lopez, on Dysentery; 4, Dr. A. B. de Villeneuve, on Pernicious Fever; 5, Dr. D. M. Lines, on the Relation Existing between the Physician and the Druggist. Evening session at 8 o'clock.—Celebration of the Anniversary of the Birth of Samuel Hahnemann. Commemorative speeches have been invited from Drs. I. T. Talbot, T. F. Allen, Pemb. Dudley, J. C. Sanders, W. L. Breyfogle, J. P. Dake, J. T. Kent, J. H. Henry, W. H. Holcombe, F. H. Orme, W. J. Murrell, J. G. Belden, and others, on the life and works of the immortal founder of Homœopathy. It is intended to make this part of our meeting a specially interesting one, in which shall be presented the life of Hahnemann, the past struggles, the present status, and the

future possibilities of Homœopathy, and its modifying influence upon the science and art of dominant medicine. Impromptu remarks will be in order.

Third Day, morning session at 10 o'clock.—This session will be entirely devoted to the reading of papers presented at a late moment.

THE opening of the Thirteenth Annual Lecture Session of the California College of Pharmacy took place on April 6th. Prof. Wenzell delivered the introductory address. The College is in a very prosperous condition and is doing admirable work under the leadership of the new dean, Prof. RUNYON.

READ the announcement of the Hahnemann Publishing House in regard to Arndt's System of Medicine based upon the Law of Homœopathy, and then subscribe for the work.

WE are glad to announce to our readers that the next number of the CALIFORNIA HOMŒOPATH will contain reports of several important and almost unique surgical operations, performed by Prof. R. H. CURTIS of the Hahnemann Medical College.

WE have to announce the death of the venerable DR. F. R. McMANUS, of Baltimore, also that of DR. CHAS. H. BUEB, of Portland, Me., a delightful gentleman and an excellent Homœopathist.

DR. H. L. STAMBACH, late from Philadelphia, has settled in Santa Barbara. The Doctor is a pure Homœopathist, with a wholesome dread of "mongrelism" and we are sure he will succeed in his new field.

WE wish to thank all who were kind enough to respond so promptly to our call for No. 1 of the HOMŒOPATH. Quite a number were received, and we are now enabled to supply those who have not yet subscribed, with the first number.

DR. M. T. WILSON has taken up his residence in Oakland, corner 11th and Grove Sts.

A good homœopathic physician is wanted at Los Gatos, Cal.

NOTICE.

Those of our subscribers who have not yet sent the subscription price of our Journal for this year, are requested to do so now.

NEW PUBLICATIONS.

A System of Medicine Based upon the Law of Homœopathy.

Edited by H. R. ARNDT, M. D. In three volumes. Vol. I. Philadelphia: Hahnemann Publishing House, F. E. Boericke, 1885.

It is with great pleasure that we greet the appearance of Vol. I of this new Practice of Medicine. In appearance it is the peer of those stately volumes previously issued by the same publisher. The present volume, containing about 1,000 pages royal octavo, treats, after an introductory chapter by the general editor, and one on Physical Diagnosis by H. C. Clapp, M. D., of the Diseases of the Respiratory Organs, by Drs. Morse, Mitchell and Crawford. Diseases of the Circulation, by E. M. Hale. Diseases of the Great Blood Vessels, by A. R. Thomas. Diseases of the Organs of Digestion, Clarence M. Conant, W. T. Laird, H. R. Arndt, and A. C. Cowperthwaite. Diseases of the Liver and Pancreas, by W. H. Dickinson. Other contributors to this volume, besides those mentioned, are Drs. P. Dudley, Y. G. Gilchrist, E. N. Jones, W. T. Laird, L. D. Morse, and W. B. Trites—all names familiar to the homœopathic profession as men able and trustworthy and often brilliant in their respective branches. In order to give a better idea of the scope of this great addition to our literature, we append the following notes from the Preface, deferring until a later number an extended review of the work:

“The editor possesses one great advantage over the majority of the progenitors of new books in that he needs not enlarge upon the *raison d'être* of this publication. The entire homœopathic school have, for years, experienced the want of a work on ‘Practice,’ which should take the place of the very excellent, but now old, treatises of Baehr, Kalka, and others. It was justly argued that none of these works are sufficiently comprehensive to serve our students as a satisfactory text-book, or our practitioners as a reliable guide for consultation and a safe authority in times of perplexity and doubt.

“After a careful examination of the various methods of arrangement of contents employed by different authors, the editor adopted the general grouping of Reynolds, subdividing, however, each section upon an anatomical basis. Thus, the section upon Diseases of the Organs of Digestion is divided into diseases of the mouth, œsophagus, stomach, intestines, peritoneum, liver, and pancreas; each of these is again similarly subdivided. Thus, the Diseases of the Mouth are treated in the following order: diseases of the gums, teeth, tongue, salivary glands, tonsils, uvula, mucous membrane of the mouth.

“The treatment of each topic is based upon a desire to make every chapter of the greatest possible value to the reader. It has been the aim of contributors to give just enough space to ætiology, pathology, differential diagnosis, and so forth, to make the article complete, and to furnish a clear summing up of the present state of pathological knowledge and of the subjects enumerated.

"Particular pains have been taken with the 'treatment' of the various diseases herein discussed. The remedies in most cases have been arranged, not alphabetically, as has been the custom, but in the order of their clinical importance. This arrangement is not free from objection, because remedies which a writer deems of paramount importance in the treatment of some one disorder, may, to the professional reader, seem of little value in the same condition, and *vice versa*. Such result is unavoidable in a work of this kind, and readers may take consolation from the fact that the work has been done not only conscientiously but, in nearly all cases, by those abundantly qualified by extensive clinical experience to speak with authority.

"The indications for remedies are of necessity given with reference only to symptoms which occur in direct connection with the disorders treated, concomitant symptoms are usually ignored, because a work like this cannot be made to take the place of a work on symptomatology. In order to further increase the usefulness of this work, the chapters on 'Treatment' were not limited in range to therapeutics, but were made to embrace extensive observations on hygiene, nursing, dietetics, the use of hot and cold baths, electrotherapeutics, and the various means and agencies with which the intelligent medical man at this day combats disease and relieves suffering. Much 'liberality,' so called, has been displayed by contributors, at the particular request of the general editor, who is fully aware of the probable effect, in certain directions, of this course. The consciousness that the information thus furnished, and the directions here given, do not in the least compromise the dignity and the clinical value of the homœopathic law, that they represent the homœopathic practice of to-day as it really exists, and that they will prove the means of saving our younger colleagues much anxiety and possible blundering, these combined will more than outweigh any criticism which can be offered on this score."

We trust every homœopathic physician will subscribe to this work on Practice and those of the old school desiring to get acquainted with the Homœopathy of the present time can do no better than acquaint themselves with Arndt's System of Medicine.

Dr. E. J. LEE, the editor of that admirable journal the *Homœopathic Physician*, announces that he has ready for the press a "*Repertory of Characteristics*," comprising clinical and pathogenetic symptoms. Such a work will be most valuable. It will be divided into two large octavo volumes at \$3.50 per volume to subscribers. Two editions—one with wide margins and heavy paper, the other on thin paper and narrow margins. Send on your subscriptions to Homœopathic Physician direct, or to Boericke & Schreck.

Chronic Sore Throat, or Follicular Disease of the Pharynx, Its Local and Constitutional Treatment, with a Special Chapter on Hygiene of the Voice. By E. B. SHULDHAM, M. D. Chicago: Chatterton.

This is the second edition of the well known popular work, "Clergyman's Sore Throat." The indications for the use of remedies, both local and internal, are accurately given and will render the treatment of these common disorders more successful and satisfactory.

A Treatise on Antiseptic Medication, or Declat's Method. By N. F. COOKE, M. D. 2d edition. Chicago: Gross & Delbridge.

We are all familiar with the first edition of Dr. Cooke's interesting little book. If it has done much to establish for a time the phenic acid craze, it has done so not without offering numerous examples of its virtue. The call for a second edition shows unabated interest and value in that method of medication. The book is gotten up in the publishers' best style and merits success.

Typhoid Fever and Low Water in Wells. Reprinted from the annual report of the Michigan State Board of Health for the year 1884.

This paper was read before the American Public Health Association at St. Louis, October 6th, 1884. It is a most interesting study of the subject.

Application of New Remedies in the Treatment of Mental and Nervous Diseases. By S. H. TALCOTT, M. D., Middletown. Reprinted from the *N. Y. Medical Times*.

Like all of Dr. Talcott's writings—excellent.

The Oakland Homœopathic Hospital and Dispensary Association. Reports, Constitution, By-Laws. Its Officers, Directors, Managers, and Standing Committees for 1885. Incorporated November, 1877.

A Layman's View of the Potency Question. By A. H. TOMPKINS, M.D. Reprinted from the *N. E. Medical Gazette*.

A Treatise on Uterine Catarrh. By S. J. DONALDSON, M. D., New York. Reprint from *N. A. J. of Homœopathy*.

A Treatise on Dysmenorrhœa. By S. J. DONALDSON. Reprinted from the *N. E. Medical Gazette*. Boston: A. Mudge & Son.

Report of the Homœopathic Hospital of Minneapolis, Minn., 1883-4.

Popular Department.

SOME SPECIAL INDICATIONS FOR THE USE OF HOMŒOPATHIC REMEDIES IN DISEASES OF CHILDREN.

Since it is impossible to ascertain the *subjective* symptoms (those of the patients own feelings and sensations) of small children accurately, we must make use of the objective symptoms, that is such as can be perceived by the senses of the prescriber. Such are the appearance, expression of the child, the pulse and temperature, etc. We will give some of the principal objective symptoms of remedies, which will enable us to prescribe the right remedy in the various diseases children are subject.

Aconite.—The child has a hot dry skin, is restless and sleepless, frets and cries a good deal, bites his fingers and has green watery diarrhoea; croupy cough, also cough in which child grasps at throat. When new born infants do not urinate a few doses will establish the function. The child is usually very thirsty, and seems to be relieved very much by holding to the cup containing cold water with its mouth, apparently for the purpose of cooling its gums. Pulse is full and quick and is hot all over.

Antimon. Crud.—Child has a white tongue; it looks as if it were whitewashed. It is very cross; won't let you look at him or touch him. A great deal of crying, with vomiting and diarrhoea—watery, profuse diarrhoea, containing lumps of curd.

Apis. Summer complaint; suppression of or painful urine; child has no appetite, is not thirsty; breathing is oppressed. The child starts with a loud, shrill scream from its stupor. Child bores head into the pillow.

Arsenic.—The little patient does not want to be spoken to, and seems relieved by being carried rapidly around. There is much thirst for cold water, but he wants but a sip at a time. Pale and cadaverous face; food passes undigested; stools are offensive; child is very weak and emaciated.

Belladonna is especially useful for precocious children blue eyes and blonde hair; for children that sleep but little, and yet are sleepy. Also for lively, obstinate children, that cry easily, perspire readily and apt to take cold; sudden crying out in sleep; pupils dilated; a sweaty feeling to the skin; child starts easily; has a tendency to convulsions; face flushed, red eyes; great heat of head and face; child puts hand to head, showing that it suffers pain there.

Borax. Child fears all downward motion. Even when asleep, it suddenly awakes by the downward motion to put it down on the bed; fears going down stairs, etc; violent starting at the slightest noise; sore mouth, which is hot, also, hot head and hot palms; child frequently lets go of the nipple, showing signs of pain in mouth on nursing; urine smells badly.

Bryonia.—The child does not want to be moved—any motion seems to increase his sufferings—must be kept still in order to be appeased. It is constipated, stools are large, hard and dry. Lips dry, parched and cracked; the child does not like to take hold of the breast, but when once its mouth is moistened it draws well. Much thirst, diarrhoea from hot weather.

Calcarea is the great remedy for scrofulous, fat, flabby children. There is much perspiration especially around the head, so as to wet the pillow. Bloated abdomen, white chalklike stools, child craves eggs, glands are swollen, slow and difficult dentition. The gums are pale and shiny when the tooth is a long time coming through. The child's feet are cold and damp and feel as if it had a cold, damp stocking on. Child frequently awakes about 3 A. M., and is then sleepless. Leucorrhœa of little girls.

Chamomilla.—This is the greatest homoœpathic remedy for diseases of children. The chamomilla patient is very fretful and wants to be carried about. Is very cross, wants everything but refuses it when offered; child stiffens itself and bends backward, kicks and screams. The child must have motion which is the only thing that relieves him. *Colic*, greenish diarrhoea, or like chopped eggs. Stools have odor of decayed eggs, one cheek is apt to be red, the other pale. The child seem to be extra sensitive to pain.

Cina.—For worms and reflex symptoms due to presence of worms. The child bores at nose or rubs it constantly, starts up from sleep in a dream, is frightened. It is seen to swallow continually, seems very hungry all the time, the urine is milky white, sleep very restless, pain near navel; the child is seldom quiet or good natured, whether sleeping or awake. Convulsive attacks at night.

AN HONEST ALLOPATH.

Occasionally we come across an honest allopath, strange as it may seem. His name is Dr. A. T. Spear. In his presidential address before the Lick Co. Med. Soc., (Med. Record, Vol. XXI, page 205) made the following remarkable statements: "I shall select two medicinal substances, viz., aconite and mercury, and shall try to prove by our standard authorities, that when we are successful in treating disease with them, it is in accordance with the Homoœpathic doctrine, and although all sorts of explanations are advanced as to their *modus operandi* the plain simple fact is, that Hahnemann gave the symptoms and treatment years ago that Profs. Bartholow and Ringer now emphasize. Will any gentlemen present explain to me why he uses mercury in any disease? Have we really made any progress in the practice of medicine except what has been forced upon us by those whom we regard as irregular practitioners? Now gentlemen, the statement of Prof. Ringer that in one form of

diarrhœa, Bichlor. of Mercury acts more satisfactorily, and in another form gray powder; where shall we go to obtain some explanation or reason for this? Have we an author who will point it out to us? If we have I have failed to find him. On the contrary, the more I studied the matter, the greater was my confusion, until I sought in homoœpathic works for a solution and there I found it clear and simple; and I may say that the indications for the use of the different mercurial preparations as pointed out by the earlier homoœpaths, are those by which they are now governed in practice."—[HAB. MONTHLY.

FOOD FOR THE DYSPEPTIC.

Dr. J. Milner Fothergill, in one of his recent letters to the *Philadelphia Medical Times*, gives the following practical hints on this subject:

Not only in conditions of acute disease, where the digestion is almost annihilated, but in some very pronounced cases of more chronic character, the subject of feeding the patient is one of paramount importance. Milk is our sheet-anchor, doubtless; but, unfortunately, milk is distasteful to many persons; while it is apt, in certain cases, to curdle so firmly in the stomach that the curd never falls to pieces again until voided *per anum*, in consequence of which it is worthless as a food;* while the firm curd is a source of irritation to the bowels, setting up diarrhœa, and in cases of enteric fever even endangering the patient's life by the possibility of tearing the bowels at some spot weakened by ulceration. Not even where the precaution is taken of mixing it with an alkali, as Seltzer water, or Vichy or Vals water, can this risk be entirely obviated. At the London Fever Hospital, in order to avoid too firm curdling, and the consequential damages thereof, some farinaceous material is added to the milk, so that the curd will not be too firm for subsequent disintegration. What is often wanted is something which will sit

* Combining Extract of Malt with milk prevents the curdling of the milk in the stomach to a great extent.

easily upon the stomach (for, if it do not, it is soon rejected by vomiting), and at the same time require but a minimum of the digestive act. This last is of cardinal importance. Such a food should contain material readily convertible into grape-sugar, a certain proportion of albuminoids, and some fat. Milk, with baked flour, comes nearly to this standard. By the act of baking, starch is advanced on its way to grape-sugar. Crusts of bread, the well-baked outer portion of the loaf, soaked in hot water, and mixed with milk, present a form of starch requiring little saliva to complete its conversion into grape-sugar. The different "baby foods," too, present great advantages as food for those who are either pronouncedly dyspeptic, or whose digestion is partly impaired by acute disease. Where fluid food alone can be taken, the contact with the salivary diastase is too brief to be of much service; and, unless the starchy materials have had some previous acquaintance with diastase, they will in all probability be voided unchanged. Probably in acute disease little diastase is formed, whether salivary or pancreatic. Be that as it may, it is well to be upon the safe side by giving, as food, farinaceous material which has already been acted upon by diastase. Such a food is malt extract, under whatever name it is sold. A good malt extract is a valuable food—a costly food, doubtless, but a food of priceless value at times of emergency. We are accustomed to look at malt extracts too purely from their diastatic point of view; that is, as artificial digesters of starch by their free diastase. But they possess a value beyond that, which is scarcely sufficiently recognized. Even where the diastase has been to a large extent killed by careless preparation, there remain the albuminoids in soluble form, the phosphates in like form, and so much maltose or digested starch. Consequently, a malt extract is a very valuable food, and, what is more, is a food which sits well upon the stomach in almost all instances. Indeed, in a very bad case seen some months ago, the medical man in attendance upon the case had tried every food which the patient could tolerate except malt extract; and the only thing left for me to suggest was, that a teaspoonful of malt extract be given every hour. This was done; the stomach did not resent the presence of so small a bulk; and after a fortnight other food could be taken, and soon the patient got quite well.

In fact, in very grave gastric cases, malt extract is a food which may often be resorted to when almost at one's wit's end what to do. This food can be taken either alone, or mixed with milk or with Seltzerwater, as the patient pleases, and can either form part of a meal, or be taken betwixt meals, or it can be added to beef-tea or chicken-broth. Such

meat-tea alone has a very small food value; but the addition of baked flour or malt extract makes a mighty difference, and the combination constitutes a capital food. In cases of pthisis where the digestion is upset, and there is a palpable danger of the patient sinking from inanition, such food is indicated, and is usually well borne. It may alternate with milk with advantage. It must be borne in mind, that just as a variety of food is craved for by people in health, so some variety is relished by the dyspeptic. Milk with seltzer-water may precede some beef-tea with baked flour, and that again be followed by some compound food containing maltose, with milk. Then some stewed fruit may be given in such cases where it agrees with the patient. But cane-sugar is very apt to undergo acetous fermentation in the stomach, and so give rise to much acidity, and hence is contra-indicated in many cases. But, where it can be taken, the juice of stewed fruit makes a pleasant change; though, unfortunately, this is not often the case. More frequently the changes must be rung on milk and malt preparations. Maltose differs widely from cane-sugar in the liability of undergoing acetous fermentation in the stomach, rarely if ever undergoing that change. Of course, there is another matter to be attended to, which is not unimportant; and this is, that, as only a small bulk of food can be taken at once, it is necessary, in order to provide the patient with a sufficiency of nourishment, that these little meals should be taken at frequent intervals. About one-third of a pint at once, every two hours, is enough to start with; and, as the stomach gains power, the quantity can be increased. But, as variety is pleasant to all, a little white-fish, boiled, may be added to the "baby-foods" after a certain amount of improvement has been attained. It is as well, however, to remember the old proverb, "The more haste, the less speed"; for never is the truth of the adage more forcibly illustrated than in the case of dyspepsia, where precipitancy, and anxiety to get on, very commonly defeat their own aim. But there is a lower stratum than this, viz: a class of cases where only the most easily digested foods can be taken at all; where the stomach cannot be bulled, and where compromise alone is practicable. In these very troublesome cases "baby-foods" are our sheet-anchor to start with. And even when something approaching an ordinary meal can be taken in small quantities, a glass of milk with some good malt extract in it, about two hours after the meal, when the contents of the stomach are passing the pyloric ring, is a good addition to it. The increasing failure of digestive power of the present day calls into action the skill of the chemist; and, fortunately for dyspeptics, the chemist possesses the skill.

THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - - WM. BOERICKE, M. D.

VOL. III. SAN FRANCISCO, JULY, 1885. No. 4.

EDITORIAL.

THE Hahnemann Medical College of San Francisco began its second annual course of lectures to a very good class in the first week in June. The College is in a very prosperous condition, and at the end of this term steps will have to be taken for building a College for our own use, as the building now hired cannot be released. It will be desirable to secure a suitable lot in an accessible part of the city, large enough for purposes of college and a hospital in connection therewith. Every homœopathic physician on the coast ought to be interested to make this departure a perfect success. Now is the time to express in tangible and practical ways your interest in Homœopathy on the Pacific coast. Let us work together and put up a building worthy of our cause and our section of the country.

WHAT we in San Francisco need more than anything else is a local Club or Society composed of homœopathic physi-

cians practicing in the neighborhood. We ought to have weekly or monthly meetings, for which a paper is to be prepared and which should be thoroughly discussed. If there be anything else to discuss later on, so much the better. One or several clubs of that sort would do more to cement us into a working band, and do more for each one individually and the cause, than any number of meetings of the State Society.

By the way, the last report of the American Institute of Homœopathy credits us with a county society, and gives us the interesting information that there are bi-monthly meetings. Why not make this report true and begin to hold our meetings again? In the same report, Dr. S. Worth figures as President. Now why not call a meeting of said society, Mr. President, to be held say at the editorial rooms of the CALIFORNIA HOMŒOPATH, or any other place, and at such time as may be appointed? Surely the number who would respond gladly to such a call would be one very representative of the best elements of Homœopathy about here. Try it.

THE plan adopted by the younger generation of Homœopaths throughout the large Eastern cities, is to form small clubs of limited membership and for specific purposes sometimes. Thus we have the Hering Club, the Hughes Club, the Hahnemann Society, etc. Then again there are clubs for the study of *Materia Medica*, *Anatomy*, etc. Surely we have good material amongst us for similar organizations. The CALIFORNIA HOMŒOPATH would be glad to lend its pages for the publication of the labors springing out of such co-operation, if thought desirable. By that means it is that some of our younger exchanges are so living and practicable. They are so, simply because they give reports of the sayings and doings of a few active live men.

ORIGINAL ARTICLES.

ANNUAL ADDRESS OF G. E. DAVIS, M.D.

DELIVERED BEFORE THE CALIFORNIA STATE HOMŒOPATHIC SOCIETY.

LADIES AND GENTLEMEN OF THE SOCIETY:

Time, in his unceasing march, has completed another cycle; and, as members of this Society, we have again assembled in this cosmopolitan city of the Pacific, to renew our fealty to the cause we hold in such veneration, and to cheer one another by renewing our acquaintanceship, and strengthen each other in the good work by advice and counsel.

There are duties which are difficult of fulfillment, appertaining to every position in life, and no one has the right to shrink from them, no matter what feelings of diffidence and incapacity he may entertain; and with these feelings I appear before you to-day.

As members of the Homœopathic branch of the profession of Medicine, we number in the State of California a little over two hundred; and of that number our Society only has a membership of fifty-six, or, in round numbers, less than one-fourth. There must be some cause for this; and it rests with us to discover that cause, and, if possible, remove it, and offer strong inducements whereby our Society shall contain a larger proportion of our professional brethren.

This cause can mainly be found in the fact that our State being the second in size in the Union, and sparse of settlement, of necessity our physicians must be scattered over a wide expanse of territory, making a trip to our meetings a large expense, not only of money, but, what is of more consequence, of time, which the average physician has not yet educated himself to the point of affording.

Our cause is progressing on this Pacific Coast, but not as rapidly as it should, simply because we have not the talent necessary to fill the field; and to-day we find many families employing the dominant school of Medicine for no other reason than that they cannot find a homœopath to call upon.

I have none of that silly fear, often heard, that we shall lose business because our ranks are full, if we advise brother homœopathic physicians to come to this city and coast. The field is ready, and the harvest is plenty, and only needs reapers to gather it in. Each one makes his or her own practice, and their gains are our gains, from the fact that the field is that much more enlarged wherefrom the harvest is to be gathered.

We are a brotherhood doubly united, inasmuch as, up to the present, we represent a minority, which is rapidly diminishing, and a minority the more savagely fought because of its rapid diminution; and, again, not only by reason of our supplanting the dominant school in the affections of the people by the greater success we attain in treating disease, but by the greater solicitude we manifest for the prevention of disease, and the more careful attention we give to hygiene and dietetics.

As physicians, we are too fond of giving advice for the conservation of health, not taking these prescriptions to ourselves. It is a homely but trite saying: "All work and no play makes Jack a dull boy."

We advise our patients as to the necessity of a rest from the mental strain Californians are so prone to indulge in. Our climate is especially tonic in its action, causing mental and nervous break-downs from the overwork incident to its bracing nature.

It is a habit only too easily acquired by the physicians of the Golden State, to plod on from year to year, never thinking that they, of all people, need a rest from the anxieties and perplexities of the sick-room and office, until finally the grim destroyer takes them for his own, at an age when they ought to be in their prime.

"Intellectual work does not of itself injure health or shorten life, but mental overwork is a frequent cause of nervous break-down and premature disease." A lack of recreation, and mental worryment incident to pecuniary embarrassments, are likewise special causes of nervous break-downs and premature disease among physicians. Homœopathy, if it has done nothing else, deserves well of the people at large from the fact that it has shown to and forced the Allopathic

branch of the profession to very materially reduce the dose of medicine; and self-protection has compelled them to administer their nauseous drug by the use of the poor, despised pilule or homœopathic pellet.

The early physicians would rise in their graves could they but peruse the writings of the latest authorities of the dominant school.

By them we are taught that, first of all, the cause must be removed.

Surely, old things are passing away, and better treatment is promised poor suffering humanity; for, after many years of patient waiting, the truth so cogently set forth by our immortal Hahnemann is being slowly but surely forced into universal recognition.

“It is the vainglorious boast of the Allopathic school of Medicine, that their method of cure has descended in an unbroken line from the remotest antiquity.

They arrogantly claim a pedigree from Hippocrates, the acknowledged father of physic, almost as unique and canonical as the apostolic succession of the Church of Rome.

They claim that their system alone combines the accumulated wisdom of more than two thousand years.”

Among the writings credited to him we find the following: “Diseases are sometimes cured by contraries, sometimes by similars, and sometimes by medicines which have neither similitude nor antagonisms.”

The principle of contraries was not advanced as an exclusive dogma until the time of Galen, in the second century.

A native physician, lecturing in the Homœopathic hospital at Benares, India, says: “Homœopathy is nothing new; in the Hindoo writings the principle, as now laid down, is extant, and has been from time immemorial; that among the Arabs also the principle is admitted, and that Hahnemann only brought the system to maturity by a uniform observance of the rules.”

These quotations certainly prove that, upon the claims to antiquity, the formula “*similia similibus curantur*” is entitled to equal veneration with that of “*contraria contrariis curantur*.”

Medicine is, or ought to be progressive. As homœopaths

we should be found in the front ranks, and ought to place our entire dependence in our *Materia Medica*, for it is far more extensive and complete than that of our opponents, and will soon be the key-stone of our success or failure.

Our law of cure is either true or false; there can be no *half-way* truth in it; it is all true or all false.

We cannot long resort to expedients without its becoming more or less known to our patients, and many of them will argue that while homœopathy is good in simple cases, for the more complicated, dangerous and painful ones, *we* dare not trust it.

Some one, writing on this subject, well says: "the fatal results of this logical reasoning are too obvious and unpleasant to enlarge upon.

It puts the most dangerous of all weapons in the hands of our opponents—a lie, with truth for the handle.

Though the sharp blade is generally felt first by those who furnish the handle, the wounds are, unfortunately, not confined to them. Homœopathy suffers, too."

In speaking of the use of morphia, a leading allopathic writer says: "In private practice, the case is almost a hopeless one from the hour that the patient becomes dependent upon the use of an anodyne. There can be no improvement afterwards in the powers of nutrition, and the nervous symptoms are all increased, so as to mask the true condition."

During the past year the bacillus theory of disease has been much studied, especially during the last epidemic of cholera in France and Egypt; and, while Koch and other students claim to have discovered the particular germ causing the disease, the theories of treatment arising therefrom do not seem to have lowered the mortality. Dr. Chapman, of London, has written a very exhaustive essay on Cholera, which, to my mind, completely upsets the bacillus theory, and proves beyond question that the disease is due to reflex action of the great sympathetic system.

In surgery, the discovery of mercuric chloride as an antiseptic dressing has greatly superseded carbolic acid. It is used in the proportion of 1 to 1000 or even 1 to 2000, either in a powdered form or as an ethereal solution of atomization.

Does it not come pretty near to being a homœopathic dilution, when our allopathic friends find such good results in this use of our old and well-tried merc. cor.?

It is a strange fact that while many professed homœopaths have an extreme fondness for increasing their doses, our opponents are continually diminishing the same!

Iodoform, too, is coming into frequent use, both as an adjuvant for indolent ulcer dressings, and in gynæcological treatments. The old-fashioned and obsolete methods of dressing wounds is passing away, and with them the era of sloughing and infected wounds.

Ere long the public will have become so well educated that they will demand such measures of relief from pain, and freedom from danger, which the more advanced scientific research has made possible.

Under the present advances made in this branch of surgery (I refer to the antiseptic), while formerly we had a mortality of from thirty to forty per cent. of major amputations, now we get only six or seven, and Neuber records forty-nine cases of knee-joint excision, thirty-six of which went on to complete recovery under a single dressing. Where formerly all wounds were dressed from one to three times a day, under this improved antiseptis, the same number of dressings are used in a fortnight, and with almost an entire absence of pain.

As a distinct school of Medicine, we must be ever watchful if we would preserve our vantage ground.

Our powerful and well-organized adversary is watching our every weakness, and is only too ready to take advantage of any defect he may find in our organization.

I call your special attention to the following resolution, adopted, May 2d, by the American Medical Association, then in session at New Orleans:

NEW ORLEANS, May 2.—The annual convention of the American Medical Association yesterday adopted the following:

Resolved, That steps be taken to establish in each State a Board of Examiners of Medical Science, whose certificate shall be the only authority to practice in those States.

A bill to this effect will be referred to the societies in each State.

The resolution speaks for itself, and I am sure it needs only a reference to it to suggest to your minds the necessity

for a vigorous and prompt action on our part if we would defeat it.

We, of the homœopathic faith, have much to congratulate ourselves upon.

We are citizens of a great commonwealth, rich in climate, and all that makes life worth living for.

As a distinct school of Medicine, we can favorably compare with any State in the Union, both in energy, education and endeavor to faithfully uphold the banner of Similia.

We have a college in successful competition with those of other schools of Medicine on this coast, the graduates from which will mainly have the duty of carrying our law into new and untried fields, and God grant they may be true to themselves and to the illustrious founder of our system.

They should be living exemplifiers of the sublime apostrophe of Hamlet:

“What a piece of work is man! How noble in reason! How infinite in faculties! In form and moving, how express and admirable! In action, how like an angel! In appearance, how like a God!”

ACID AND ALKALINE CHILDREN.

By A. B. BISHOP, M. D., SAN JOSÉ.

The division of children into acid and alkaline is an idea developed by Dr. T. C. Duncan, of the Chicago Homœopathic College. What I have to say on the subject is chiefly due to him, as I heard from his lectures, and have gathered from his writings.

Hahnemann states, in his lesser writings, that the tendency to acidity in children is a disease tending, and acidity is a disease condition.

Dr. Scudder, whose name is honored among Eclectics, makes a noteworthy division among medicines. He states the indication for the use of acids, that the lips must be red; and for alkalines, that they must be pale. But red lips have been found to be an index of an acid constitution, and pale lips, of an alkaline; thus confirming Dr. Duncan's classifica-

tion of acid and alkaline, and at the same time corroborating the Homeopathic law of treatment of similars: acids for an acid condition and alkalies for an opposite state.

Grauvogel's classification of constitutions, as Oxygenoid, Carbo-nitrogenoid and Hydrogenoid, has been considered somewhat fanciful, but is founded in nature and fact. The Oxygenoid are the thin, spare, acid children; the Hydrogenoid the plump alkaline ones, and the Carbo-nitrogenoid represents the medium condition.

Dr. Hering, in 1850, though saying nothing about acid and alkaline constitutions, classified *medicines* according to their chemical and electrical nature; the electro-negative being the acids and the electro-positive the alkalies. This presupposes a corresponding basal division in the patient.

Dr. Duncan brought out the idea more fully and reduced it to practical account. In the Chicago Foundlings' Home, which he has had in charge for several years, he had ample facilities for observation. Dissections of small children were frequent, and he found that the spare and feeble, *i. e.* the acid children, had a large stomach and a small liver, while the plump, strong, alkaline ones had conversely a small stomach and a large, active liver. The explanation seems easy. The process of digestion and assimilation of food in a child is very active. Acidity means dissolution and decay. The gastric juices for disintegration and digestion of food are acid. All the *excretions* of the body are acid, while all *secretions*, the hepatic, pancreatic and intestinal, all except the gastric are alkaline. The blood is alkaline, and the digested food, though digested in the stomach in a strong acid, must become alkaline before it can be taken up by the absorbents and carried into the blood. Health requires a liver with vigorous alkaline secretions sufficient to neutralize the acid current from the stomach.

A very large stomach secretes a superabundance of acid for digestion, and as the stream of chyle passes by a *small* liver, the hepatic fluid is inadequate to counteract the acidity, hence an irritating current through the whole extent of the alimentary tract, resulting in colic, flatulency, green *dejections* indicating decomposition of the bile and mixed with undigested food. There can be but one result: imperfect

assimilation, impoverished blood, emaciation and disease. A gnawing hunger is the cry of the cold, watery blood for nourishment. As the blood cannot receive any *acid* nutrition, it is easy to see that it must be very slightly nourished from a stream of chyme in which acid predominates. On the other hand, a small stomach pours out an ordinary amount of acid, which is completely neutralized by the product from a large liver. Chymification of food is perfect, and the blood receives a daily replenishment of life-supporting material.

The normal, healthful child, then, is alkaline. It is plump and fat, with clear skin, rosy cheeks and pale lips.

The acid child is sick. It is thin, weakly and below par in weight, as in everything else. Its cheeks are pale, but its lips are red. Its mouth is red, and all the mucous surfaces of throat, nose, eyes and intestines are red, irritated, infected, ready for rebellion and inflammation on the slightest provocation.

The fontanelles are slow to close and the teeth to grow. The bones are small and weak, because the acid in the system has chemically engaged all the lime and prevented its normal deposit in the bones, or has eaten it out, just as we have seen the calcarea in an egg-shell eaten out by an acid, leaving only a soft film. The child's nervous system is unduly developed, making it sleepless, restless and irritable. Its muscles are slender and small, from lack of nutrition, and it hovers on the ragged edge of disease, with little power of resistance if once invaded by it.

This does not seem to be simply an acid *condition* in which for a transient period acidity predominates, producing gastric and enteric catarrh and kindred evils, but it is rather an acid *constitution* or *temperament*. The whole system is permeated by its influence—the bones, the muscles, the brain, the blood—so that the relative size of organs is disturbed, the liver diminished and the stomach increased, the bowels enlarged, pot-bellied, the bones flexible, the cranium distended, the brain large and watery—hydro-cephalic. Its etiology is *ante-natal* and *post-natal*. An acid constitution originates in the parents, chiefly in the mother. A nervous, sickly, sleepless mother is apt to have an acid child, particularly if, while carrying it, her food is acid, scanty and of

poor quality. Acid food renders the mother's tissues flaccid and weak, and so makes parturition easy, but it is at the expense of the child's constitution and health.

Dr. Burt proved this statement by careful experimentation. One child was still-born, while three others were living skeletons, and raised with difficulty. So, also, fleshy mothers, who increase in flesh during gestation and lactation, withhold proper nourishment from their offspring and produce acid children.

The acquired or post-natal kind is the result of adverse surroundings and management. These causes are often added to the hereditary, and, if so, result fatally. This kind is often caused by giving the child improper food before the milk arrives in the breast, or (ignoring the fact that the colostrom is nature's medicine to rid the bowels of the meconium), by giving a dose of oil or cathartic to open the bowels.

Getting up too soon, or too much hard work on the part of the mother, will reduce the quantity and degrade the quality of the milk, unfit it for the child's needs, and favor an acid tendency.

Exposure, low diet, filth and dampness, etc.; in older children, late hours, confectionery, rich food, over-study, and prolonged bathing, cause abnormal secretion of acids and alkalis.

An understanding of these two conditions throws light on the treatment of children's diseases. The morbid tendencies of the two are radically different. While the *acid* child is sick, not all *alkaline* children are in good health. There may be excessive alkalinity, as well as acidity. The golden mean is the desideratum.

The acid child has a deficiency of white corpuscles in the blood, and an excess of red. The mucous membrane is every where red, thin and delicate, with tendency to inflammation.

The excessively alkaline child has an excess of lymph and white corpuscles in the blood, with tendency to catarrhs. The activity of the lymphatics leads to stasis of blood in the capillaries; hence venous congestion and catarrhs. Drooling is a kind of catarrh from over-active mouth-glands. Dentition is premature, accompanied by aphthal, intestinal ca-

tarrh, vesical catarrh in the shape of eneuresis, or catarrhal condition of the skin, showing itself in moisture behind the ears, crusta lactea, and pustular diseases. Among chest-diseases, also, its key-note is *catarrh*. Its most common form of brain affection is that of anæmia, a *hydro-cephaloid*, from an exhausting catarrh of the bowels.

The leading symptoms of disease in an alkaline child are: pallor, coldness and prostration; in an acid child, are: pain, fever and restlessness.

The treatment concerns diet, management and therapeutics. The law of diet is *contraria contrariis*, while the medication is *similia similibus*. If a child is acid, its food should be of an opposite nature, something that cannot in digestion be converted into acid. But in medication the remedies are poisons, not nutriment, and acid is to be neutralized by acid, remembering the ancient motto: "*Magis venenum, magis remedium*"—the greater the poison the greater the remedy. We must repress the excrescent, supply the deficient, restore the equilibrium, get the acid child over on to the alkaline side.

This regulation of the food should begin in ante-natal life. The expectant mother, if slender, active, nervous and sleepless, preferring pickles, lean meat, tea and bread, should change her food, so as to mould the nature of her child and prevent it inheriting an acid tendency, a gastritis from birth. Dr. Duncan gives two dietetic rules:

1. Acids, spices, stimulants and activity interfere with digestion and assimilation and also tend to tear down what is *already* built up.

- 2. Fats, sweets, starchy food, water and quiet aid digestion, absorption and the genesis of white blood-corpuscles.

A well-nourished system is loaded with fat. Fat, like water, is vital to the blood and life. If no fat is taken with the food, it must be obtained for the blood by collecting it from the adipose in the body, or by manufacturing it from the saccharine and starchy elements. The acid child has no fat. The lymphatic and absorbent glands are dormant. They must be stimulated by nutrition. First, order an oil bath once or twice a day. Sweet-almond oil or fresh olive oil should be rubbed in thoroughly with the palm of the hand.

This softens the skin, removes the tendency to inflammation, nourishes the blood and promotes the growth of white corpuscles. It is especially necessary if the child was born before full term, has poor milk from a sickly mother, or is raised on artificial food.

An acid babe cannot digest much casein. The best food for it is diluted cream, with whey, or milk with the casein taken out. Strained oatmeal water, gelatine, or 'Horlick's Food, which is nearly pure dextrine, mixed with the milk, will prevent its curdling into indigestible masses.

To quiet a colic pain, free draughts of pure hot water are better than catnip or anise-seed teas. If given freely, *they* derange the digestion. Hot water neutralizes the acidity, relaxes the painful spasm of the intestines, washes along the offending material, and aids assimilation.

An acid babe needs its food, at first, well diluted. It cannot digest as solid food as the alkaline child. Different kinds should be tried till something is found that will not turn acid in digestion. This can often be prevented by addition of a little lime-water.

It sometimes happens, when the time for food arrives, that the stomach is occupied with a residue of intensely acid liquid, producing a morbid craving, and ready to make mischief with the next meal. A little barley, oatmeal, corn-starch or arrow-root gruel made with a little lime-water, and without milk or sugar, will engage this extra gastric juice, and so prepare the way for the normal digestion of the milk food. The gruel should be well cooked, to change the starch into dextrine, and it can be absorbed into the system without taxation.

Acid children are light sleepers, and every means should be employed to invite normal sleep. It is stated as a scientific fact that food and sleep supply a similar demand in the system, hence food supplies the lack of sleep. Little exercise and excitement, much sleep, outdoor life, and plenty of such food as will not turn acid on the stomach, will in time round out the emaciated form and face, fatten up the child, and carry it over into the alkaline class.

Finally, as to remedies needed: As we have stated, indications for diet are according to *contraries*, but the selection

of the curative remedy is according to *similia*. Years of experience of the best practitioners have demonstrated this. No stronger corroboration of the claims of Homœopathy need be sought than is found in the test of remedies on this acid and alkali basis. Dr. Duncan states that nothing else that has ever come to his notice has so strongly fortified his faith in Homœopathy.

In general, acid children demand acid remedies; while for alkaline children, alkaline remedies only are curative. *Special* indications for remedies are as follows:

1. Brain diseases.

Acid children, who are nervous, restless and anæmic, need Aconite, Arsenicum Rhus, Sulph., etc.

Alkaline children, with inflammation, effusion, coma, call for Gelsemium, Belladonna, Arnica, Opium, Apis, etc.

2. Throat and Chest diseases.

Acid children need Aconite, Spongia, Iodine, Bryonia, Phosph., Sulphur, etc.

Alkaline children, Kali Bich., Hepar., Bell., Tart. Emet., etc.

3. Bowel diseases, in both diarrhœa and constipation.

Acid children are best managed by Arsenic, Podophyl., Puls., Rhus. tox., Bryonia.

Alkaline children. Nux V., Mercurius, Kali, Calcarea, Cham., Dulc., Alumina.

4. Skin diseases.

The dry scaly skin of acid children demands such remedies as Ars. Silicea, Sulphur, Rhus.; while the moist eruptions or pustules of alkaline children need Calcarea, Mercurius, Baryta, Dulcamara. The combined remedies, such as Hepar., Calc. Iod., Merc. Iod., Calc. Phos., etc., are needed for both, with more marked benefit from that element of the compound that is homœopathic to the child.

A wide field is open before us, with hope for practical benefit.

We would be glad to see the whole *Materia Medica* classified on this basis.

We look for light from your discussion of this subject.

THE PROGRESS OF OPHTHALMOLOGY.

By H. C. FRENCH, M. D.

In the domain of pathology our professional brethren of the regular school have manifested the same commendable zeal as in years before. And in surgery there has been the same careful and instructive compilation and comparison of results. Would that we could say so much of their progress in relation to remedial agents employed; but, like "laws of the Medes and Persians," in this respect they "change not," but with an assiduity worthy of a better cause, still play their endless changes upon the score or less of remedies that have done service for the past centuries (and *such* a service). Yet they wonder that the frightful ravages of blue stone and argentum nitricum, and the abominable pytalisms of their concentrated mercurials are at last begetting in the mind of the dear public a feeling that a visit to an oculist should be delayed as a dernier resort, proving too often but the introduction to the realm of physical darkness.

During the first half of the medical year just past, (from May to May,) the ophthalmological journals of the regular schools were crowded to repletion with laudatory articles upon "Jequirity" as a cure for trachoma and its sequelæ. A 5 per cent. infusion of the ground Jequirity seed is applied fresh to the everted lid, producing what it requires no great stretch of imagination to designate as Jequirity ophthalmia; an ophthalmia so intense as to awaken anxiety in the mind of every careful experimenter as to the fate of the eye thus treated. The pain was so intense as to interfere materially with the supply of victims, and the imperfect reports are replete with interruptions, in which the interesting and humane researches were abruptly closed by the emphatic refusal of the victim to submit a second time to the application.

Very early in the history of these gushing and superlative eulogies appeared admissions of the occasional and unimportant destruction of a cornea by the new remedy, and later on the evidence that the number of eyes that were injured preponderated over the instances of benefit derived, rendered the reading anything but fascinating to honest

and practical ophthalmologists; and *to-day* Jequirity is as dead and unresurrectable as though within the past six months it had not been immortalized by the pens of the regular oculists of two continents. Sic transit gloria medici.

No sooner had Jequirity been decently buried than a new deity sprang into the therapeutic arena in the form of Cocaine. Cocaine is an alkaloid from the leaves of erythroxylon coca, and is commonly used in the form of the muriate, in two to four per cent. watery solution.

It is claimed that a two per cent. solution will produce and maintain for ten minutes complete anæsthesia of the cornea from one or two applications.

The first sensation from the instillation is one of slight burning, accompanied with lachrymation, which usually passes away in a few seconds and is followed by some sense of dryness and stiffness. The eye assumes a staring appearance. The local anæsthesia is complete, and the cornea and every portion of the conjunctiva which the agent has touched is absolutely insensible to contact, or the knife, and all reflex phenomena are also absent.

Sensation of temperature is absent. The pupil is dilated, though not ad maximum, and the dilation lasts but a few hours.

The palpebral fissure is perceptibly enlarged by derangement of the co-ordination of the nerves governing the muscular relations of the lids, producing with the dilated pupil the staring appearance before mentioned.

Its range of application: It has been tried for almost every disease to which the human eye is subject, and in nearly every case extolled as a cure; but experience has narrowed its therapeutic usefulness down to anæsthesia of the cornea, and ocular and palpebral conjunctiva. It is also useful as an anæsthetic in troubles of the membrana tympani. It has been tried as an anæsthetic in operations upon oral nasal and pharyngeal mucous membranes, but, so far as reported, as a rule, with very unsatisfactory results; and the same is true of the vaginal and urethral surfaces.

In their enthusiasm, the votaries of this latest wonder of the medical world have claimed for it specific properties as an antidote to the opium habit; also, as a cure for "mania a

potu"; and we look in the near future for documentary evidence that it will cure indigency and general cussedness.

Experience clips the gaudy wings of these rhapsodic therapeutics, and narrows their wild claims down to the limits before mentioned.

For removing foreign bodies from the cornea, it will prove an inestimable boon, both to the oculist and his clientage. It produces perfect insensibility of the part, without that congestion of the bulbur conjunctiva and cornea, which attends the use of chloroform or ether, and renders the detection of small bodies so difficult; and we have none of the disagreeable after-effects of the old anæsthetics.

The patient remains perfectly conscious of everything except pain. Can sit erect, and so direct his eye as to bring the light just where it is needed, thus preventing the unavoidable abrasion of the cornea attending removal of imbedded objects in the parenchyma of the cornea, without the aid of anæsthesia, or *with the aid* of any other anæsthesia than cocaine. We can testify to its usefulness in about half a dozen cases of this kind since its introduction in our practice. One man, with an exceedingly hyperæsthetic cornea, expressed his surprise at the absence of the pain while he could hear the snapping of the fine needle as it disengaged small particles of the amory from his wounded cornea, and felt the tugging of the globe upon his muscles. I removed a large hyperplasia of connective tissue, involving nearly one-half the temporal cornea, about the first of the present month, after the instillation of a four per cent. solution three or four times, at intervals of three minutes, previous to the operation. Though the body was extremely vascular, the cocaine controlled hemorrhage by its astringent properties, and the pain was *nil*.

We have also performed two double male operations for secondary cataract, under the influence of the new drug, with most gratifying results. Examining the result of our work by the aid of the ophthalmoscope immediately after the operation, in one case performing a second after the examination, without the additional use of the drug, introducing the needles into the primary punctures.

What do these volumes of eulogy upon Jequirity and

Cocaine—these volumes of unsupported and often reversed claims—teach us as homœopaths? They teach us that our imperious and self-righteous colleagues are diverting themselves in their therapeutical search by watching the revolutions of the great wheel of *chance*, and that all their discoveries, so called, have been solely the result of empirical *accident*. Can we wonder at their puerile and extravagant joy, and that, when these rare prizes of chance drop into their impoverished therapeutics, they should devote a full half-year's space in their journals to eulogies which require another half year of humiliating editorial work to retract? Can we wonder that a school with such limited resources should, catching a few gleams from the undimmed orb of *similia*, fancy them to be more of their hereditary accidents, and thus laud to the skies as new remedies (because used by them for the first time), agents which have been doing service for over half a century in the hands of the disciples of Hahnemann?

Gaze on the epitaph of "Jequirity," the type of millions of its kind, passing through a meteoric birth, a dishonest adolescence, and the death of oblivion, all within one brief year. Let us, with honest tears, commiserate the family who, for so many ages and at such narrow intervals, have been celebrating the obsequies of these victims of chance. Now, turn to your own *materia medica*, and read from *Aconitum* to *Zincum*, the glorious work of fifty years, under a *positive* law. Count the scores of remedies, whose provings of half a century ago have been confirmed by daily use at a million bedsides during the intervening years.

Why go *down* to the school of mere accidental knowledge, while that school is running as fast as the progressive spirit of the age can drive it, *up* to our system of fixed law and definite results. Let us stand firm upon the rock of "*Similia similibus curantur*," until our enemies not only adopt our remedial system, as the only philosophical and scientific one, but give credit to the men who, in the face of their bigoted persecution and ridicule, have followed faithfully the leadings of a law divine.

We hear of homœopaths, so called, who are anxious to surrender their distinctive name, and go into the camp of

plundering Philistines, who are yearly pillaging and desecrating the works of Hahnemann and adopting his sacred principles, while they spit upon and traduce his faithful disciples.

While we admire and praise the grand work our opponents have done for us and for the world, in the domains of anatomy, physiology, pathology and zoo-chemistry, let us commiserate if we can refrain from execrating the spirit that would rob the fruits while it curses the principles of the one great school of the future.

GRAPHITES IN CILIARY ALOPECIA.

By M. DOROTHEA LUMMINS, M. D., LOS ANGELES, CAL.

Miss W—, aged 23, plump, blonde, and in general good health. She was, however, much annoyed and troubled at the total loss of the eyelashes, some of which had fallen out, and many of which she had forcibly removed, as they were stiff, and, to use her own phrase, "black at the roots." When examined, the eye itself showed no trace of disease, while the lids were thickened throughout, slightly reddened, and totally without cilia. This had been the case for over five months. No reason could be assigned for this loss, except a short period of continued crying, indulged in upon coming to a new and strange land, to earn the customary bread, which had proved too dry for my patient's courage. This crying had, however, long been controlled, but the cilia showed no signs of growing, and a physician had told her that they never would grow again. I did not feel over sanguine, but proposed a trial of a few weeks, to which she consented. She was given a collyrium of Boracic Acid and Cosmoline, 15 grains of the former to one ounce of the latter, which she was directed to apply at night to the lids and margin. She was given also a powder of Graphites 6x trit each morning, and requested to return in a week. Upon her return, there was a perceptible diminution of the swelling of the lids, and a tiny growth of cilia, soft and of good color. The treatment was continued for two weeks longer, and then

died a natural death, as there was no longer any need of it, the eyelids being quite normal and the lashes of a good length and healthful appearance. Prof. Henry Angell, of Boston, recommends the use of collyria, containing boracic acid, in inflamed tarsæ; but the growth of the cilia, which had shown no signs of life for so long, may, I think, be fairly ascribed to the action of Graphites.

CARELESSNESS—A CASE.

By DR. B. P. WALL, BERKELEY.

One evening a little boy was brought by his father to the office. The first question put was: "Doctor, can anything be done for catarrh?" To my interrogatories it was found that the little fellow had been suffering for over two years from a very offensive nasal discharge—yellowish, green, and sometimes bloody. A physician had told the parents that nothing could be done for the case, and they had fallen back upon carbolic acid and iodine. The family had been away in the mountains for several months, and while there in the drier atmosphere the discharge had been less profuse. The child was growing very thin. These were the only symptoms elicited. As I could make no examination that night, I asked that the child be brought the next day.

At the next meeting the discharge was so offensive that it was necessary to open both windows of the office before making the examination. I found many clinkers which were almost glued to the cavities. After an hour of cleansing with syringe, and the use of various instruments, I was rewarded by removing from the right nasal cavity a gutta-percha shoe button of the largest size. The brass shank was green. The mucous membrane was very much inflamed and the greater part ulcerated. I gave a dose of Acon. and ordered a bathing of the parts with calendula lotion by syringe. The inflammation quickly disappeared, and very soon the ulcerated condition also.

The child was brought to the office about four weeks after the removal of the button. The mother said that the little

fellow had been complaining for more than a week of an itching on the edge of either ala, causing him to rub his nose continually. A few doses of Selenium 200 removed this, and the nose has been a well one ever since.

THE AGUE CURE.

By E. STEVENSON, M. D., of VICTORIA, B. C.

The first case had the following symptoms: A good appetite and general feeling of well-being just before the attack. The patient would often get to the point of telling his friends that he believed he was clear of his trouble, when the attack would take place. Sleepiness. Was quotidian, now tertian. Great amount of sweating which relieves, and bowels move, some twice every other day; flushes of heat; vertigo on assuming the erect posture. Had lasted ten months, despite a variety of remedies and potencies, not including those of the mystic numbers, however. Iod. 4c. did most good. This case was cured by some (mystic?) potency, made by nature's subtle alchemy; the vehicle of dilution being the oxygen and nitrogen of the atmosphere in Eureka, Humboldt county, California.

The second case had existed a year or so, the victim being a gentleman. The symptoms I did not gather. Had been taking quinine, of course. My attention being attracted to a certain quarter, I discovered a stricture of large calibre about three inches from the meatus. With Otis' cutter and dilator I operated upon it. This put an end to the ague, and the patient has been in robust health ever since—three years ago. No medicine was given.

The third case was a double quotidian. Had lasted six months. The patient, in despair, was reclining on the grass in a suburb of Victoria (we have no ague here except what is imported), when an Hibernian gentleman passing by advised him to take spirits of turpentine, five or six drops, I think, three times a day. This advice was followed, resulting in a speedy and permanent cure. The peculiarities of the case were: A double quotidian, with chill and heat, but

no sweat until the night during sleep; the patient, on **waking**, being surprised to find the bed-clothes saturated.

Verily, for "ways that are dark" and tricks which **are not** always in vain, ague is peculiar.

The professional reader may take a very useful hint from case No. 2, and explore the region where strictures abound, by the method of Otis, for the root of many anomalous distressing and apparently baseless complaints. "**Hatching symptoms**" for such cases is useless. The urethrotome is their only mentor. No. 3, I think, gives the indications for Terebinth, and No. 1 case is suggestive to the victims of one form at least of chronic ague.

CASE OF EXTERNAL URETHROTOMY.

By R. H. CURTIS, M. D.

Mr. D., æt. 46, became aware of stricture about the beginning of 1867. During March of the same year, patient suffered from retention for thirty-six hours, and afterwards occasionally for shorter periods. Although contraction was gradually increasing, little attention was paid to the condition until the fall of 1869, when the patient took treatment by dilatation, which was continued at intervals. From 1871, Mr. D. experienced but little trouble, till the spring of 1878, when the stricture became nearly impervious, considerable urine escaping into the perineum and scrotum; there was much pain and swelling; patient had a severe chill. Dr. F., who was called in, lanced the swelling; a fistula resulted, through which most of the urine passed.

Patient was kept in bed for several weeks, and subsequent dilatation resulted in an apparent cure, the fistula closed, and treatment was stopped. Although at various times warned by his physicians, and aware that there was a gradual recontraction of stricture, patient neglected precautions, so that in the fall of 1881 urine again escaped into the perineum, and the fistula re-opened. Now, regular treatment by dilatation was resumed, but this time it was not rewarded by the same success as formerly; the stricture refused to yield,

although the treatment was continued for several months; finally the fistula became a painless passage for the urine, the urethra gradually becoming impermeable. During the fall of 1884, the surrounding tissues became inflamed, extravasated urine infiltrated the perineum and scrotum, two additional openings appeared, with considerable discharge of pus, and attended by much suffering. The above is the history, as given by the patient. December 4th, 1884, Mr. D. first presented himself at my office, on the recommendation of Dr. W. Boericke; patient was in great pain, was very weak and emaciated, had suffered from a severe chill during the night previous, which was followed by fever. Examination of the parts showed two nodulated enlargements in the scrotum, very tender to touch, but hard; fluctuation not well marked.

First isolating the testicles, I lanced the swellings, giving exit to considerable pus, urine and some blood; a number of partitions were broken through by a groove director, the openings dilated by dressing-forceps, the patient sent home, put to bed, and poultices applied. Several other abscesses formed, but were subjected to the same treatment; the indicated remedies were given, aided by concentrated food, etc. Subsequently the patient had several chills; the temperature rose as high as 104° ; but in spite of his condition, owing to the fact that longer neglect of his duties would result in the loss of his situation and only source of income, patient made extraordinary efforts to fulfill his duties, going down town to his office, and working for hours at his desk; and even, when at home, he would bolster himself up in bed, and study or write on an improvised desk in the long hours of the night. Owing to his duties, an operation seemed, at least for the present, out of the question. Shortly after this, Mr. D. had the misfortune to lose one of the positions he held, but he was perhaps compensated for his loss from the fact that it enabled him to lie up, and undergo two operations that have restored him to health.

Before the operations, no urine had passed through the meatus for six months: in fact, for over eighteen months the fistula was virtually the only outlet.

The first operation was performed February 11th, 1885,

Drs. Boericke and Davis assisting. After patient was etherized, it was found that there were three distinct strictures in the spongy portion of the urethra, the first two were anterior to, and the third at the bulbo-membranous junction. The first two were dilated and cut by an urethrotome, the third was impermeable, even a filiform bougie could not be passed; so a sound was entered as far as the obstruction, and external urethrotomy performed, after which a No. 12 A sound was passed with ease (the penis and urethra were normally small); the old fistulous tracts were dissected out, and a No. 8 silver catheter was passed into and left in the bladder. The patient quickly recovered his health; in fact, in less than a week he was out attending to his duties. The silver catheter was kept in while at home; also a No. 12 A sound was passed every other day.

Unfortunately, before the patient had fully recovered, additional duties were imposed upon him, which he could not slight. Some of them were wearisome, and perhaps patient himself was imprudent in overtaxing his energies in his then weakened condition. However, he was seized one evening by a chill, followed by fever. I was called in next morning, and found my patient suffering from an attack of prostatitis; the prostate was much enlarged, causing partial retention, the spongy portion of the urethra had again closed, but a No. 6 soft rubber catheter was gently insinuated into the bladder through the still unclosed fistula. Treatment soon improved the general condition of patient, but the recontraction of urethra remained permanent. Another operation was determined upon, and on March 11th, 1885, another external urethrotomy was made, I being assisted by Drs. Dewey, Davis and E. R. Ballard. A considerable amount of cicatricial tissue was removed, and the margins of the fistula were refreshed, the spongy portion of the urethra was again dilated, and the obstructions cut, a No. 14 A sound was passed, after which a No. 8 silver catheter was fastened in the urethra, but not allowed to pass beyond the anterior part of the prostatic portion.

Patient again made a rapid recovery, the usual treatment being followed; the catheter was taken out and cleaned, the parts thoroughly syringed with anti-septic lotion, and a No.

12 A sound passed every day for three days. On the fourth day, a No. 9 English gum catheter was substituted for the silver one (the soreness being almost gone); the end of the gum catheter was cut off behind the eye, and made smooth; this was more easily retained in position, and nine-tenths of the urine passed through it (the silver one had allowed much of the urine to pass around it); this last measure was tried at the suggestion of the patient himself. The parts healed kindly; in fact, a newly-constructed canal molded itself around the gum catheter, connecting the spongy and prostatic portions of the urethra, the original membranous portion having been literally obliterated. Patient is at present enjoying excellent health; the fistula has almost entirely closed, but, to make sure that everything is all right, patient passes himself a No. 10 A sound every day, which he does with ease.

CORRESPONDENCE.

THE Ninth Annual Session of the Homœopathic Medical Society of the State of Oregon, was held in Portland, May 5th, 6th, and 7th. A large number of physicians were present, making it one of the most interesting meetings since its organization. Three new members were elected, B. E. Miller, M. D., T. L. King, M. D., E. C. Brown, M. D. The following officers were elected to serve for the ensuing year: President, L. Henderson, M. D., of Salem; First Vice-President, G. Wigg, M. D., of East Portland; Second Vice-President, B. E. Miller, M. D., Portland; Secretary and Treasurer, K. L. Miller, M. D., Portland; Corresponding Secretary, E. C. Brown, M. D., Portland; Censors, Drs. C. E. Geiger, T. A. Brown, Dr. Jessup, A. Nichols, and S. L. King. A number of interesting papers were presented and read, each paper being followed by discussions. Reports from different parts of the State show a steady progress and increasing popularity of the Homœopathic practices.

OAKLAND, May 13, 1885.

MESSERS. BOERICKE & SCHRECK, I am solicited to recommend a good Lady Physician (of experience,) to locate at Gilroy, and also at Tulare City. I knew of no more satisfactory manner of complying with their request than to give notice of same through your Journal. I have several patients in both of the above mentioned places, and can recommend either locality as being desirable locations for a good Physician and worthy patrons to our cause.

Very respectfully and fraternally yours,

MRS. DR. M. D. WILSON.

765 Thirteenth street, Oakland.

CLINICAL ITEMS.

The Action of Ether on the Kidneys.—It was stated at a late meeting of the American Gynæcological Society that chloroform had been substituted for ether in all cases in which there is any renal disease. Ether has a peculiarly irritant action upon renal structures in a pathological state. In chronic Bright's disease, ether induces uræmia by suppression of the ordinary secretion.—*N. Y. Med. Times.*

Coccionella excites and cures a feeling of coldness on the gums; sensation of coldness in all the teeth. It is a valuable remedy in affections of the teeth.

Chloralum is an excellent remedy for urticaria—hives. Rash, like sting of a nettle, coming out every night; very itchy; disappears by day. Intense irritation and itching of skin, preventing sleep. *Purpura Hæmorrhagica.*

Calendula as an Antiseptic.—Dr. W. S. Ball says that calendula used as an external application to cancers, foul, indolent ulcers, bruises, contusions, wounds, and, after surgical operations on carious and necrosed bones, prevents septicæmia and promotes a healthy granulation and cicatrization. It far surpasses *carbolic acid* or any other dressing he has ever seen in use.—*N. Y. Med. Times.*

Arum Triphyllum.—Characteristic peculiarities: One of the first indications for this drug, is the appearance of raw, bloody surfaces, which may be on the lips, buccal cavity, nose, &c. There is great itching with this rawness, so that children will often pick and bore into these surfaces, though so doing causes great pain, and they will scream with the pain meantime; but they will keep up this boring and screaming. Very scanty secretion of urine, sometimes passing none for a day. Great delirium. Headache. Rawness at lips and corners of the mouth. Clergymen's sore throat, or sore throat of one who speaks a great deal. Children also pick their fingers, their skin, their lips; lose their appetite; don't want to play; lose flesh; have *headaches*; scanty urine.

Asafoetida.—General characteristics: A very great sensitiveness, *hyper-sensitiveness*, particularly of those in whom the venous system preponderates over the arterial; very weakly and delicate persons; mothers who have a deficiency of milk.

Sulphuric Acid.—For any affections arising from general debility, as prolapsus uteri, retroversion, any uterine trouble whatever, the patient having a sense of tremulousness all over. One feels in a very great hurry to do everything, *feels that everything must be done in a hurry*. Sour and acrid belching; cough with expectoration in the morning without expectoration in the evening. Burning darting pains in the muscles; shocks as from pain; black and blue spots on the body; in a bruise (especially if an old person), when the injured part gets black and blue, and seems as if it would mortify.

Sambucus Nigra.—We are often led to the choice of this remedy, when we find a great deal of perspiration, occurring with any other trouble. This perspiration may last all the time, or it may come and go in paroxysms; it is sometimes found in phthisis; perspiration with disinclination to undress or be uncovered; heat with inclination to be covered. Asthma with suffocative attacks of breathing; patient may be well enough while awake, but sleeps into the trouble; loud respiration with no mucous rattle. Babies with sniffles and can't breathe well through the nose.

Senna.—This is of much use in infantile colics, where the little patient seems to be *full of wind*.

Sabadilla.—Intermittent complaints which come every week, or two weeks, or four weeks apart. Especially for children who are disposed to worms; worms discharged with stool, whether lumbrici or tape worms. Sweetish taste. No thirst during chill; heat often internal. Troubles appearing on the right side; on the toe nails. Sensation of knocking, throbbing, or pulsation in the outer parts; great sleepiness in the forenoon.

Sabina.—A marked characteristic of this remedy is a pain which is felt all the way between the sacrum and pubis, from

one bone to the other—not particularly in front or behind, but right along from the sacrum to the pubis. This pain may be found in labor-pains, after-pains, occurring in dysmenorrhœa, &c. In hæmorrhage (particularly uterine), where the *blood is in fluid and clots together*—as, the liquid blood will flow, then will come a clot, and the blood may be flowing rapidly; bleeding from the nose, blood being pale; bleeding from inner parts in general. Menstruation too early; too profuse; blood of light color; bright-red color; discharge of blood before the proper period.

AN impudent nostrum-vendor of Rochester, N. Y., cut out of our April number a portion of the editorial on General Grant's case, and adding thereto a puff for his so called "kidney cure," succeeded in getting the whole published as reading matter in a number of the leading dailies throughout the United States, representing the same to be entirely from our journal. Very many persons who do not see the *Homœopathist* have thus been led to believe that we lent ourselves to such quackery. We never indorsed this or any other nostrum, and the editorial columns of the *Homœopathist* are not for sale. It was a clever trick to steal the cloak of respectability to cover his nephritic nostrum, and the audacious individual probably supposed that we would supinely submit to such misrepresentation; but he has already discovered that he woke up the wrong customer. Immediately upon the appearance of this fraudulent notice we telegraphed to its author that we should demand exemplary legal damages for his unwarranted use of our name. The daily papers in New York gladly rectified the matter as far as they were able, when their attention was called to it; but it is a lively truth that can catch up to a lie that has twenty-four hours' leeway.

We will be very grateful to any of our readers who, having seen this advertisement (printed as reading matter), in their local press, will cause a correction to be inserted. It is impossible for the editor of the *Homœopathist* to know where or when this matter may crop up, and he will be greatly obliged to any friend who will aid him in sitting down heavily on this brazen knave.—*From the American Homœopathist for May.*

PERSONAL NOTES.

THE eminent Homœopathist, CONRAD WESSELHOEFFT, of Boston, has recently delivered in response to a polite invitation, a lecture on Homœopathy, before the members of the Boylston Medical Society, consisting of the advanced students of the Harvard Medical School. Good for Boston!

THE Hahnemann Medical College of San Francisco began its second annual course of lectures to an excellent class of ladies and gentlemen. Several changes in the Faculty are noted. The chair of Gynecology is occupied by DR. PIERCE, of San Jose; that of Physiology by DR. WARD, of San Jose; Obstetrics, by DR. BURDICK, of Oakland. DR. LEDYARD has been appointed one of the Professors of Materia Medica, and DR. CURTIS given a Surgical Clinic.

DR. B. P. WALL, of Berkeley, is taking a much needed vacation, and very wisely selected the high Sierras for a camping-out trip to regain his strength and health.

WE learn from the papers that the daughter of DR. PINKHAM, of Sacramento, met with a sad accident while on her way East. Near Rocklin an accidental shot from some part of the car struck the young lady and killed her instantly. It seems some fool must have been playing with a revolver. Our sincerest sympathy is extended to the Doctor and Mrs. PINKHAM, in this, their great affliction.

THE State Homœopathic Society had a very enjoyable meeting at the College last month. Several very interesting papers were read and discussed. Much credit is due to the retiring President, DR. DAVIS, for the success of the meeting.

If you have not already sent in your subscription for the CALIFORNIA HOMŒOPATH please do so at once. It will save the publishers sending a bill.

They had a meeting of the Oregon Homœopathic Society up in Portland last May. DR. GEIGER read a paper on *Spinal Irritation*, which the readers of the CALIFORNIA HOMŒOPATH would like to see. Send it on, doctor.

DR. A. FLINT, JR., says that Diabetes has become to-day, a disease easily and certainly curable, provided that the treatment be not begun too late. *Arsenite of Bromine*, beginning with three drops, increased to five is the remedy.

DR. J. W. WARD, late Resident Physician of the Hahnemann Hospital of New York, has returned to San José, his home, to practice medicine, and has opened an office at 321 Santa Clara street. May success attend him.

Popular Department.

SOME SPECIAL INDICATIONS FOR THE USE OF HOMŒOPATHIC REMEDIES IN DISEASES OF CHILDREN.

(Continued from May Number.)

Cocculus. Useful in St. Vitus Dance; when the right arm and left leg are principally affected, child is quiet during sleep; legs become more and more useless; always worse for a while after drinking, eating, sleeping or talking.

Coffea. Sleeplessness; the first remedy to be thought of. The child seems very excitable; it seems as if it *could not* sleep. It frets and worries in an innocent manner; is not cross, but sleepless. It laughs one moment and cries the next; is feverish for want of sleep, which it cannot obtain. Nervous excitement generally indicates *Coffea*. Spasms that seem to be brought on by excessive laughing or playing. The child is very excitable and weakly, and, in consequence, suffers often from spasms.

Colocynthis. Much colic, forcing the child to double up with writhing and twisting. Sometimes the pain is relieved by pressing hard upon the abdomen. Noisy emission of flatus. Passages small and frequent, with colic; child has difficulty in voiding urine; strains much; urine is scanty. Any disease accompanied by spells of colic pain, in which the child curls up double and writhes and cries very hard.

Drosera. Whooping-cough. The child is worse after midnight, with high fever; cough in violent spasmodic spells, as if it would suffocate; sometimes bleeding at the nose and mouth. Cough with measles, when it is very hoarse and worse at night.

Dulcamara. All symptoms indicating this remedy are increased by damp, cold change of weather. Not so much that the child takes cold then, but that the morbid condition of the child is such as to be influenced by that atmospherical change. If the child is inclined to eruptions, diarrhæa, etc.

Gelsemium. Remittant fever; the symptoms are worse at night; the face is dark-red or has a dusky hue; there is a great deal of nervous restlessness; vertigo; the child complains that it is falling; is sensitive to light and sound; is unable to move the limbs in obedience to the will; pulse is soft and flowing; artery easily compressible.

Neuralgic pains in extremities after scarlet fever. Headache as if a band around the head. Child is drowsy.

Hepar. The child seems croupy, and the phlegm is loose and choking; it chokes in the cough. If there is a rattling, choking cough, becoming worse particularly in the morning part of the night.

Eruptions on skin that spread by new pimples appearing just beyond the main disease, which finally become incorporated with those which came first. In inflamed eyes, when little pimples surround them. Mumps.

Ignatia. The child awakens from sleep with piercing cries, and trembles all over; convulsive jerks of single parts; frequent flushes of heat with perspiration; spasms return at the same hour daily, with spasms all over; spasms with cries or involuntary laughter. The child has much crying, sobbing, sighing—sighing and sobbing continue long after the crying. Prolapse of rectum; stools of mucus, with straining and prolapse. In many cases where there is itching of the anus at night, the child is nervous and spasmodic. Give it after fright with grief.

Ipecac. Incessant and most violent cough with every breath. This symptom—sometimes frightfully severe in delicate children suffering with measles—Ipecac relieves like a charm. The measles do not come out properly; much nausea; short, hurried breathing. Useful in diarrhæa; stools are green and fermented; much nausea and vomiting. Whooping-cough—child strangles till blue in the face.

DIET FOR BRAIN WORKERS.

A plate of porridge, hominy etc., with a pint of cream and some stewed fruit to finish off for breakfast. For lunch, some well buttered mashed potatoes, with biscuit and butter and a glass or two of milk. For dinner some boiled fish, followed by some chicken or game and a milk pudding made without an egg, and digestive biscuits and butter (with just a nip of cheese as a flavoring agent for those who can eat cheese), with a glass or two of good French wine or its equivalent [Zinfandel Claret, or a good California Hock.—Ed.] Such is the dietary, or ought to be, of the man who has much brain work to do, and further he should allow himself plenty of time over his meals. It is bad economy to save time by cutting it off the meal time. And such is the dietary that must be enforced when the brain worker has made himself a patient. Then there should be a sufficiency of sleep to rest the wearied organism. A day of work followed by another day of play in every twenty-four hours is the order of the present day, and to secure this the time for meals is cut down to a minimum, and the hours of sleep curtailed to an injurious extent, but the experiment will be found a failure, it is not among the potentialities. The busy brain worker must learn to see that he cannot tax his system at will; if he will not be told he will be made to comprehend the subject. My counsel to such patients is as follows: "You had better adopt the habits of an invalid in order that you may not become one. You had better take care before you break down, than wait till you break down and are compelled to take care of yourself with your working power crippled."—*Fothergill*.

THERE is no such thing as eating for strength in the sense in which the proposition is often put. Actual nutrition is always the ratio of expenditure. Much of the invalidism of the civilized world arises from the desire and the tendency to evade the natural law of ratio between supply and waste. However rare and unexceptional may be the quality of food, the surplus above that actually employed is but an impediment to physiological operations and invariably works mischief.—*Dr. G. H. Taylor*.

THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, ... WM. BOERICKE, M. D.

VOL. III. SAN FRANCISCO, SEPTEMBER, 1885. No. 5.

ANNUAL MEETING OF THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

The Society met at the Hahnemann Medical College May 13th, at eight o'clock P. M. Dr. Davis, President, in the chair. The meeting was very well attended, and the proceedings unusually interesting.

Dr. Pease, of the Board of Examiners, presented a report of the Board for the past year, and explained its proceedings against one of its licentiates on charges of unprofessional conduct; and as it was found necessary to engage legal talent to properly represent the Board in the Courts, the Society was asked to assume the expenses. Six hundred dollars was then voted by the Society to enable the Board to continue its prosecutions.

The President's address referred to the fact of but one-fourth of the Homœopathic physicians of the State being members of the Society; also of the large territory in the State with no Homœopathic representation. The tendency of the old-school to adopt the Homœopathic action of remedies and coolly appropriate them as great discoveries, was dwelt upon.

Dr. Worth reported a case commencing with ulcerated sore throat, and which rapidly passed on to an aggravated case of spinal irritation.

Dr. Ledyard related history of several acute cases cured with single doses of high potencies.

Dr. Albertson read a paper on "Puerpural Eclampsia," and the effects of Chloral Hydrate and Jaborandi in its treatment.

This paper gave rise to considerable and animated discussion, during which the properties of different anæsthetics were thoroughly entered upon.

Dr. McNeil read a paper on "Diseases of Women."

Dr. DeDerky read a paper on the causes which curtailed the tenure of human life.

Dr. Curtis read an account of an operation in a case of femoral hernia, and its very successful issue.

Dr. Selfridge read a paper and explained his operation for sarcoma occurring between the heads of the tibia and fibula, and exhibited photographs of the growth. The doctor also entered minutely into the pathology of tumors in general.

Dr. Selfridge read a paper entitled "The Anatomy and Physiology of Bacteria, and their Relation to Health and Disease." The germ theory was therein exhaustively treated of, and the doctor summarized his conclusions as follows:

"Bacteria are widely diffused, unicellular organisms, visible only with the microscope. They are the result of the decomposition of organic substances; they are ferments. Their appearances are sometimes changed by the pabulum upon which they feed. Septic and other infectious poisons can be modified by various reagents (without at all changing the forms of the contained bacteria), so that when introduced into the system by vaccination they will protect the individual against the more potent virus. The theory that bacteria cause infectious diseases is false, because their presence is not necessary to produce the disease ascribed to them. They are only carriers of poisons, which are generated during the decomposition of organic matter. Bacteria cannot exist in healthy organisms. The theory that the use of germicides in infectious and zymotic diseases is scientific treatment has been exploded, for it has been shown that the patient's life

would be jeopardized thereby. The value of their presence as a means of diagnosis is admitted."

Dr. French read a paper entitled "The Progress of Ophthalmology and Otology," and spoke of the transitory character of the cure-alls heralded at intervals by the old-school.

The following physicians were elected to membership: Drs. Taubner, McNeil, Burdick, Townsend, Ward and Young.

The following officers of the Society were elected for the ensuing year: President, Dr. Sidney Worth; First Vice-President, Dr. H. C. French; Second Vice-President, Dr. R. H. Curtis; Secretary, Dr. A. C. Peterson; Treasurer, Dr. Wm. Boericke.

Society adjourned.

A. C. P.

ORIGINAL ARTICLES.

PERINEORRAPHY.

By C. N. HART, DENVER, COLORADO.

The necessity of this operation is caused by the rupture of the ischioperineal ligaments. The transverse perineal muscles consequently draw the sides of the vaginal outlet apart, withdrawing the natural support from the several organs. The whole condition of the woman being changed.

I suppose all graduates of our school understand the anatomy of the Perineum, and can diagnose a complete from an incomplete rupture of the same, and the peculiar complications liable to occur.

I will suppose also that if they have performed this operation they have read the various authorities, have been perplexed by the different rules as to preparatory treatment, modes of operating, and subsequent treatment of the patient.

No physician is excusable in leaving a lady after confinement without being certain as to her condition in totum.

Should he find upon examination, a laceration of the vulva, or one extending into the perineal body, he should at once stitch it up, bandage the limbs tightly, and obtain as much healing process as can be had, for even in the event of the

worst of the ruptures he is likely to obtain partial adhesions, which will aid in his subsequent operations and in the strengthening of his patient. After this (as a rule,) he should wait at least six months, and possibly until the child is weaned, before the secondary operation.

As to preparatory treatment, I do not think any Surgeon would undertake a plastic operation when the tissues were inflamed or a catarrhal discharge progressing, but would first subdue them; but as to the physicking and afterwards constipating the patient (by whatever means,) I think it the *height of folly*. It is not in accordance with *nature*, and nature must be assisted and not insulted, in surgery as well as therapeutics.

I saw a case once of the simplest form of laceration of the perineum, operated upon by a professor of one of *our* colleges in which the patient was lost, that is, she *died*.

She had taken by his direction large doses of salts and senna daily for one week, and then opium in massive doses the twenty-four hours preceding the operation; the bowels "broke loose" the day after the operation and she shortly died of prostration.

Contrary to this, I saw Dr. Smythe (at that time my partner,) operate upon a lady two weeks after confinement, for a complete rupture extending through the perineal body into the rectal vaginal septum, and one and one-half inches up the rectum, giving *no preparatory treatment*, using wire sutures, using only Calendula flowers applications, drawing the urine only for twenty-four hours, after which she rolled upon her belly and passed it into a sponge. It was a complete success.

I have operated many times, and in some badly complicated cases, and always with success, and I see nothing to hinder any physician's success in such cases.

I want to give some points which I consider insure success:

We should always have our subject in as good condition, both mentally and physically, as possible, relieved of any undue leucorrhœa, and cheerful.

In none of my operations have I paid any attention to the so-called preparatory treatment, as regards the bowels, it often fails, and is sometimes worse than useless if the bowels are in a normal condition when the operation is performed,

the patient can generally control them several days without drugging, and then by the use of a copious enema long enough retained, all will be well.

There are "many men and many minds" as to instruments used and sutures employed in the next step. From experience, after using a scissors to freshen the rupture, and perineum needles, I have discarded both.

Operation.—Have two level-headed assistants, one to give the anesthetic and one to assist generally; place patient in the same position you would to deliver with instruments; buttocks on edge of bed (or table), limbs flexed and held by an assistant; have plenty of water at a temperature of 130 degrees Fahrenheit, and some hotter at hand to add if this cools; sponges, (I add kali-permang to the water) have several largest size curved needles threaded with large size firm suture silk, iron dyed; I wax it with a wax containing carbolic acid (I prepare about five per cent.) and have smaller needles for sutures if necessary; Simms specula, a long narrow and thin bladed scalpel, artery forceps, tenaculum forceps, Russian Needle forceps, and such other appliances as you might through any accident require; such as Amyl Nitr., Ammonia, &c. After adapting the surfaces and fixing well your idea as to the tissue to be removed, have one assistant hold the Simms speculum firmly upward against the anterior wall of the vagina, the one who gives the chloroform can do this, and from his position at her head be out of the way. Have the other assistant with sponge and hot water and tenacula at your left, also supporting left leg, while some female friend holds right leg. Take the scalpel and commence by a deep incision at the lower angle of the rent, (in an incomplete, and upon the left lower border in a complete rupture), have the forefinger of the left hand either in the rectum or vagina, as is most expedient to guide the thrust of the knife; then dissect up the tissues, *taking all that is caloused or cicatrixial* to the mucous surface of the vagina. *Take enough.* Having completed the left side, pass the tenaculum (which it has been more handy for you to use) to your assistant and from where you began, cut up the right side of the patient in the same manner; the assistant holding the cut tissues out of your way.

Cutting in this way, from below upwards on both sides, you can see just what you are doing, and the blood is never in your way; then with hot water sponge freely; you will often find one or two small arterial branches to pinch up; take your time and hot water to stop oozing, and don't close the wound until you are sure it has stopped. If now you find any place which will not adapt well, upon bringing the edges together, cut with a scissors. Take your longest curved needle and strongest waxed suture, and by the aid of the Russian needle holder, with your left forefinger in the rectum, place your first suture *deep* into the recto-vaginal septum, beyond the cut surface, and bring out on the other side; enter and bring it out three-eighths of an inch from the wound; take your stitches in a like manner, at least three-quarters of an inch apart, until you reach the vaginal mucous membrane, where you may need to take one or more in the vaginal surface, if the rent has extended deeply.

I have found the formerly fashionable gut suture too elastic, the wire too cutting if tightened enough, the white silk too prone to cause suppuration (from the lead used in its whitening process), and the black iron-dyed all they claim for it.

Commence by tying the lowest suture, first bringing it up snug, and so continue upwards. In this connection, a little hint may save confusion at this point. When I have several stitches, I tie one knot in each end of my second suture after cutting needle off, two in the third, and so on; it saves much confusion in the tying process as you are then sure you have the corresponding ends of each thread.

I dress the wound with a ten per cent. ungt. of Iodoform—I formerly used Calendula flowers, but I think the watery application softened my sutures, at least by experience I like this better; the odor has to be tolerated—bandaging the hips and knees firmly, with cotton between the knees.

In my last three operations I have not used the catheter at all; have had the nurse carefully roll the patient upon her face to pass her urine into a sponge of large size, and each case was a perfect success.

Circumstances over which I had no control complicated each case. Mrs. P., one of my best friends, the second

day after the operation, suddenly lost her baby from valvular insufficiency of the heart, and of course had both mental and physical conditions hard to combat; and Mrs. D., who came from Leadville soon after, had a frightful hemorrhage from the uterus, as soon as her reaction from the chloroform took place; she was pulseless and her extremities were cold, but a hyperdermic injection of brandy and inhalation of Amyl. Nitr. brought her through.

I allow the bowels to rest until the patient expresses a desire, or feeling of necessity, of an operation, and then give a copious injection, to be retained fifteen minutes, and have never had any trouble. Remove sutures not later than the eighth day.

I cannot but conclude that most of our troubles arise from too much and frequent interference with nature.

In my next I will give you the result and mode of Astley Cooper's operation by ablation for Varicocele.

LONGEVITY.

By F. F. DE DERKY, M. D.

[*Read before the California State Homœopathic Medical Society, May 14, 1885.*]

And the Lord said, my spirit shall not always strive with man, for that he also is flesh; yet his days shall be an hundred and twenty years.—Gen. vi., 3.

Under the existing circumstances and condition of life, longevity is the fortunate lot of the exceptional few; a short life and a premature death comes to the great masses. This ought to be the reverse, and, as a rule, a long life should be enjoyed by at least a majority of those born, if not by all.

To promote the desideratum of the majority, viz., a long life and a happy one, has been the great life work of many, and to have the masses of the people accomplish it is perhaps the proudest desire of all philanthropists and ostensibly of the medical profession as a whole. It has not been accomplished so far, the goal has not been reached, and likely many more attempts will be made.

It is said that the average length of life has been increased and will continue to increase by an improved hygiene and

sanitary condition and by the progress in medicine; this is not disputed, though it might perhaps be successfully done. The question, what is the normal duration of human life has been repeatedly agitated, closely investigated and variously treated, physiologically and in a historical and statistical way. Among those who have investigated it are such men as Haller, Buffon, Flourens, Thoms, Sir Henry Holland and others. The most plausible conclusion arrived at is, that to judge from analogy with other mammals, the average length of life should be from five to eight times the duration of adolescence or period of growth. Buffon says: Every animal lives six or seven times the period of its growth. Flourens maintains that the true relation is five times that period. According to him, the signs which indicate the term of that period is the union of the epiphyses with their bones. This union takes place in the camel at 8, whose average life is 40; in the horse at 5, average life 25; ox at 4, average life 20; dog at 3, average life 12 to 15; cat at 18 months, average life 9 to 10 years. In man this union takes place at about 20; so he concludes that the average human life should be about 100 years. The historical or statistical treatment of this question by Haller and others led to a similar result, by placing the normal duration at from 90 to 100. Haller collected a thousand cases of reputed longevity and placed the extreme limit of human life at a little less than 200. Some quote and adhere strictly to the biblical three score and ten. The majority of investigators seem to incline toward the opinion that life is very rarely extended beyond a hundred years, and doubt the truth of most cases reported to have lasted beyond that number. What, however, might be accomplished in this direction, if more systematic and persevering trustworthy experiments were made, can only be conjectured. The natural inference would lead me to say, that all who die before they are a hundred years old leave this life before their time has come and die prematurely. It is no presumption to say that but very few people die of old age, but most die prematurely of diseases brought on by their own folly and neglect. In proof of this hosts of cases might be cited. As an example, I mention General

Grant and his reputed cancer, although it has not killed him yet, and I hope it never may.

The prevention of disease and the prolongation of natural life receives but too little consideration by our profession and the general public as well. The cure of disease is far more in the minds of every one of us. Perhaps it is because from the one we receive our revenue and make our living, whilst for the other we are not paid in a direct way. To my mind the art of prevention is the higher and more honorable, and should be more generally cultivated. When this will be the case, it will be the better appreciated and the more honored, too. I have seen it somewhere stated, but for the truth of the statement I cannot vouch, that the Chinese have a better way of paying their doctors than supposed more civilized nations. Their mode is said to be, to engage a family physician at so much a year for keeping them in good health; from the time that disease appears in the family, the physician's pay is stopped until health is restored. If this Chinese mode were adopted among us, the study for the prevention of disease would become more general.

There cannot be the least doubt that all through life, and at all periods of the same, man most shamefully neglects and abuses himself and his constitution.

First and principally, through the want of attention to physical culture.

Second—By the mode of his living; the ways of preparing and introducing his food; the use, or I should rather say abuse, of many so-called articles of luxury, which are thought to have become almost, if not entirely, indispensable to civilized life.

Third—By filling, saturating his system, when sickness comes, with all sorts of vile stuff called medicine, supposed to be curative in the given case, but actually poisoning the constitution, increasing its predisposition to and laying the foundation for future diseases. Most of the supposed cures of the old school of medicine are but temporary suspension or suppression of disease and this allœopathic suppression, by undermining the constitution and lessening the reactive vitality, is a most fearfully fruitful source of premature death.

The improvement of man, of his capacity for health, the increase of the number of his days, the making them happy through the prevention of disease, these are certainly problems worth working for.

It has been tersely said by a French writer: "Men do not usually die; they kill themselves." Whilst this is true generally of the adult, we might add, for the infant and younger specimens, that they are killed by mistaken kindness and through ignorance of those who should have their welfare at heart. It is my opinion that if man knew how to take care of his body, the vital spark would continue in full vigor to the time of final decay, until death from necessity would come in old age. And also, if he knew how to take care of his young from the moment of birth, we would not meet with such frightful statistics, of one-half of the human young dying before they have completed the fifth year of life. It will be objected that the natural depravity and the general condition of the human race is the great cause of this fearful mortality; that heredity, transmitting the weakness and taints of the parents to the children, is the greatest factor in this calamity. In short, that many children are born with the germ of premature decay and death already in them. Admitted for the sake of argument that this is true with a part, is it rational to suppose that the many who die so young, among whom are some, to appearance, of the finest specimens, were all born with the germ of death in them; in other words, unavoidably doomed to die young. Could not the majority of these fine specimens be saved and continued to a longer life, if the right way had been pursued and the right means for that purpose been employed. This question certainly seems to deserve our closest attention, though we may not be able to answer it fully or solve the problem to our satisfaction for many years to come.

I maintain that in many cases the germ to premature decay and an early death is implanted in the new being, not so much by the parents alone as it is fostered on the contrary by surrounding circumstances and conditions. The most important of these, and, perhaps, in many cases the most injurious for that early time of life, are the undue haste and hurry of the accoucher and midwife at parturition, and their neglect of

duly and properly attending to the necessary expansion of the chest and lungs of the new born; and also the want of judicious after-treatment and common sense attention from nurses and parents to the infant for the same purpose, and to enhance respiration and circulation; through ignorance and from other causes either doing too little or too much, or doing what is done in a hurtful manner. The truth of this will be obvious to every one who bears in mind the fact that portions of the infant lung have been found in a foetal condition even a fortnight after birth. It is shown by statistics and mortuary reports that the greater number of all deaths are caused by lung diseases and diseases of the blood and its circulation. We conjecture that those diseases causing so many deaths of the young are brought about by a want of timely and sufficient chemical action in the lungs, by deficiency of aeration of the blood of the new born, as much and perhaps even more as they are produced in later life by the same or similar neglects of attending to these functions properly. A comparatively slow birth is in most cases the design of nature, for the purpose to deoxygenize the placental and foetal blood, to prepare the same thoroughly for the combination with the oxygen from the external air. This fact is never mentioned in the books, and consequently not known generally, or overlooked. The best school for study is nature, but we must read her books intelligently and with common sense application.

In order to have a healthy and well-formed body, capable to enjoy a long and pleasurable life, we must endeavor to develop and strengthen the several organs and their functions from the start, or beginning of life. This is especially necessary for respiration and circulation; improve these two, and the other functions, with their organs, will naturally follow without much special attention, except in cases where organic deformities and deficiencies exist.

I do not mean to deny the good or bad effects, as the case may be, of congenital influence as to hereditary taints, etc. On the contrary, I believe the heredity question needs more study and investigation. But this influence is a great deal too much made of, and actually of a vast deal less importance than the immediate rational treatment and proper attention

regarding the breathing capacities of the new born and the continued after treatment of the infant child; and this for the purpose already mentioned, and also to overcome and eradicate where possible hereditary taints, and give instead a healthy tone to the primary cell, building up the different organs and tissues of the developing body. The foundation, in fact, to use a pleonasm, the beginning of a continued longevity should be laid in infancy; that is to say, the preparation of the organism for a long, enjoyable and healthy life, should begin at birth and be continued through childhood, nay indeed through life if necessary, in a rational common sense way, until the individual has reached that point of bodily health where there will be no more or at least but a subdued or lessened predisposition to disease, and the natural vital power will have become so invigorated and strengthened as to be capable of resisting the multitudinous disease influences we are surrounded by on all sides. Unless this course is pursued, the human race, as a whole, will not reach generally, nor the individual separately, the highest possible longevity.

Disguise it as we may, we cannot overlook the fact that the race is deteriorating, degenerating indeed, instead of improving. We need not to go very far for proof of this assertion. Intellectually and mentally we can see a decided progress, but can we say so much of the physical condition? Why, we will hunt for straws and prove by shadows that the average duration of life has increased within the last century for the enormous length of a whole week, or a month, or say even a year. But what does this prove in the abstract, supposing these statistics by which the increase is to be proven are reliable and true beyond a cavil? Does it show that man has enjoyed better general health, that he has had a greater immunity from disease, a greater resistance to surrounding disease influences, that his physical state has been advanced? Let us look at ourselves and observe those we are surrounded by, and what do we find? To all appearance we see average men and women actually devoid of physical endurance and without vital resistance. A breath of gentle air, a slight draft coming from a wrong direction, will upset almost every one, give them a cold, or make them sick in some way. The

slightest change in the atmosphere will give them neuralgia, rheumatism or other painful or dangerous disease. We are like hot-house plants, which have to be kept under glass and protected from the external air. Surely this should not be so; for an advanced mental and intellectual capacity should teach us more effectively how to improve the physical condition also. The physical should not be allowed to retrograde but should be advanced with the mental,

To lay the foundation to longevity is not, however, to be thought as to be accomplished in infancy and youth exclusively, no matter how much man as a race and his chances for a long and healthy life may be improved by such early attention to the work of training. The elements of a long life are implanted, nay inherent, in the animal organism and belong to it as a natural endowment; they need but a healthy development, which may be attended to more or less effectively whilst existence lasts. We should bear in mind, therefore, that it never would seem to be too late to develop a sound basis for a long life, as long as sufficient stamina and reactive vitality is left, provided we go to work with a determined will and use the right ways and means for that purpose. The younger the organism the more impressible, of course, and the better the chances for success. Nor should it be supposed that very strict and rigid rules would be the best to follow or pursue to such an end; on the contrary, the most careless carefulness, in conformity with common sense, should be practiced, provided the desired object is persistently kept in view. Unfortunately there is not much advantage taken of such truths. Most people having fixed their opinions, disregard them almost entirely and stubbornly follow preconceived or old fogy ideas to which they may have taken fancy; improving and doing themselves good in one or more directions, when in others they will do as much or even a great deal more harm. The medical profession, or those individuals of the same who have given this more especial thought, find it a thankless task to row against the current of public opinion and popular belief, and so they swim along with that current. The people know that theorizing in every direction has been always the strongest point of the profession, and, alas! how alarmingly without practical application

or use. Humiliating as it may be, the masses are becoming and being made aware of this more and more, as newspaper comments on current events, like the following and similar ones which we meet with almost daily, plainly show:

Never since medical men undertook to investigate the origin and treatment of Asiatic cholera have conclusions been so adverse and irreconcilable as at the present time.—*Chicago Times*.

The question comes straight to the front in every mind: Have the doctors blundered in their diagnosis. They stood among the foremost in the profession—represented the most advanced state of the medical science on the continent. Is society to accept the opinion that what is called the medical science is, even at the best (at least in this country), so largely "guess-work" that it cannot distinguish with certainty the difference between "epithelioma" and an ulcerated sore throat? The question is really a serious one, or will be if General Grant should recover.—*Chicago Times*.

In conclusion, I may be allowed to say, that I am really glad and more than pleased to perceive that no less an authority than Dr. Pettenkofer, "on the prevention of cholera," has come at last to express the decided opinion that individual predisposition is one of the causes of the spreading of this particular scourge. It is a fact, man's predisposition is the most fruitful cause of the propagation of all infectious or contagious diseases.

HOMŒOPATHY IN SOUTHERN CALIFORNIA.

In the last few years Homœopathy has made some giant strides on this coast, but nowhere has its success been more sweeping and pronounced than in Southern California. Whether its advancement there is due to a more intelligent population, who are able to comprehend its marvelous underlying principles, or to the fact that the followers of the illustrious Hahnemann are more capable men than we have elsewhere, is a problem that we shall not attempt to solve in this article, for it might call into question the ability of able men in other sections of the country. However, we do know and recognize the fact that there are many there whose brilliant success has attracted attention far and wide, and has brought down on them the envy and hatred of members of the old school.

For instance, such a man as Isaac Fellows, of Los Angeles, who at the head of his profession on the southern coast, has more practice, we are happy to record, than any *regular* in that city. Then there are others, such as Drs. Manning, Cailhol, Clarke, Davis, Cook, Chamberlin, Beach, Fernandez, and Shorb, of the same place, Barnes of San Diego, Macomber of Pasadena, and Howe of Santa Ana, who are laying the foundation for the future pre-eminence of Homœopathy in that section of the country.

We are sorry to hear that magnetic and electric charlatans and doubtful specialists, reap so bountiful a harvest in the City of the Angels, and would suggest that immediate measures be taken to have them suppressed. Although, if they are all as hard to eradicate as one specimen that we have from there, we are afraid, that like the Scotchman said: "thay'l have a d—l of a time doing it."

R. H. R.

SELECTIONS.

A CHARACTERISTIC OF IODINE.

By W. F. LAIRD, M. D., WATERTOWN, NEW YORK.

Iodine as an ovarian remedy is not fully appreciated by the profession. It is not mentioned by either Guernsey or Ludlam. Raue and Bæhr merely refer to it, but give no indications for its use; and, with the exception of a case reported by Dr. H. N. Martin in the last volume of *A. J. H. M. M.*, there is little or nothing upon the subject in our serial literature. Yet, in certain forms of both acute and chronic ovaritis, iodine is invaluable, and when prescribed in accordance with its characteristic symptoms, never fails to bring speedy relief. It is especially indicated by a dull, pressing, wedge-like pain, extending from the right ovary to the uterus. Occasionally the pain is sharp and cutting; but, in the majority of cases, patients describe it as a sensation "as

if a dull plug were driven from the right ovary toward the womb." This pain may continue for weeks and even months, and is always worse during the menses. The ovary is enlarged and tender to pressure.

The wedge-like pain in the right ovarian region is peculiar to iodine, and may therefore be regarded as a "characteristic" of this remedy. Lach. has also a "pressing pain from the ovary to the uterus;" but this symptom (like others of Lach.) occurs upon the left side, and is relieved by the accession of the menstrual flow, while under iodine the pain affects the right ovary, and is always worse during the menses. Dr. Burt gives as a clinical symptom of Hamam., "pain extending from the right ovary to the uterus, with induration and swelling of the inguinal glands;" and in the *Materia Medica of the New Remedies* we find, under Hamam., "Ovaritis—the pain commences in the right ovary, and passes down the broad ligaments to the uterus," which is probably the same symptom as the one mentioned by Dr. Burt. But, as neither author speaks of the kind of pain, or the conditions of aggravation, amelioration, etc., it is impossible to draw a satisfactory comparison between these two remedies.

This characteristic of iodine is not found in any pathogenesis of the drug, and must therefore be regarded as a clinical observation, the credit of which is due to Dr. M. M. Gardner, of Utica, N. Y. It was first noticed by him, some ten years since, while treating a case of acute ovaritis. The peculiar wedge-like pain from the right ovary to the uterus was the principal symptom, and one which the usual remedies entirely failed to relieve. While studying the case, he saw a remark in some work on domestic practice, that "iodine has been found useful in affections of the right ovary." Upon this meager hint, the remedy was prescribed, in the 30th potency, and the result was a speedy and permanent cure. He has since verified the symptom in several instances, and in three similar cases occurring in the practice of the writer, Iod.²⁰⁰ has acted promptly and efficiently.

It is true that symptoms derived solely *ex usu in morbis* are generally regarded by the profession with distrust, but one which has been verified so often is at least worthy of attention.

OBESITY.

By JNO. M. FOSTER, M. D.

During the past few years Dr. Ebstein, Professor of Special Pathology and Therapeutics in this University, has been paying especial attention to obesity, its ætiology, treatment and prognosis having an especial interest for him, inasmuch as he himself was burdened and harassed by a load of some 240 pounds of flesh. After giving the subject much thought, and trying a number of experiments upon himself and others, he found that by renouncing all the so-called "hunger," "water," and "medicinal" "cures," and adhering almost exclusively to a diet of fat, he produced exceptionally good results. After employing it in quite a number of cases, which have extended over the past four or five years, he now says, with a degree of certainty, that it accomplishes the desired result without any of the unpleasant consequences that so frequently follow the use of other forms of treatment. Within six months he reduced his own weight to 170 pounds by adhering strictly to his prescribed diet, noticing none of the feelings of weakness and anæmia (as might have been expected), nor an aversion to his food; on the contrary, he declares himself at present to be more vigorous in mind and body than ever before. I have not only seen this reduction in the Professor himself, but, during my stay here, have met several of his patients, who were formerly very fleshy and suffered much during the summer months. After beginning his course of diet, they found themselves gradually losing flesh, but at the same time gaining strength and more enjoyment of life. The treatment is simple enough, but must be continued through life with very slight alterations. I may as well add his proscribed diet list, as therein lies the whole virtue of his "cure."

Breakfast.—(Winter, 7:30 A.M.; summer, 6:30 A.M.) A large cup of black tea, 250 ccm. (half a pint), without milk or sugar; 50 gm. (two ounces) wheat bread or toasted graham bread with a large quantity of butter.

Dinner.—(Between 2 and 2½ P.M.) Soup, frequently with bone marrow; 120 to 180 gm. (about five ounces) meat roasted or boiled, with fat sauce; vegetables in moderate

quantity, preference being given to legumes or to cabbage, turnips and potatoes being, prohibited. When obtainable some fresh fruit. Compot; salad; occasionally dried fruit without sugar. As drink, two or three glasses of light wine. Soon after dinner a large cup of black tea, without milk or sugar.

Supper.—(7:30 to 8 P.M.) A large cup of black tea, without milk or sugar. An egg or some fat roast meat, or both, or some ham with the fat, dried or fresh fish; 30 grm. (one ounce) wheat bread, with much butter; occasionally a small quantity of cheese and some fresh fruit.

Patient is urged to take considerable exercise, but not of too violent a nature. Regular hours for sleep, but not in the afternoon.

One would think that after a short time this diet would become distasteful, the excess of fat nauseating, and finally the patient be compelled to discontinue its use. But we find from the reports of the cases that the appetite remained good, and no dyspeptic symptoms were present. Ebstein even mentions that in severe cases of dyspepsia he reduced the amount of carbo-hydrates and increased the amount of fat in the food, and had surprising results therefrom. He also brings to bear upon the "easily digestible qualities of fat," the results of observations made in cases of gastric fistula, which are, "the fat only disturbs the stomach digestion when given in too large quantities." He extends the use of fat in excessive amount in the food even further, and cites marked results in cases of diabetes mellitus and in fatty degeneration of the heart. However, in the latter, I am inclined to think that the fat must have been outside of the heart rather than in its walls. He traces back his cases of obesity to a hereditary cause, but acknowledges that the development is chiefly owing to large amounts of rich food and spirituous liquors being indulged in. He also cites anæmia as being an exciting cause, explaining it, that during such a condition, the red blood corpuscles become greatly diminished, and therefore the oxidation of the blood becomes defective and insufficient. Obesity is the result. He declares that if any at all, only very slight differences can be detected by aid of the microscope between fatty degenera-

tion and obesity. His only point of differentiation is, that the former soon goes into a state of necrobiosis, while in obesity the elements become filled with fat, but do not cease to live.

He thinks that fat introduced in excess into the organism causes a diminution of the fat already therein contained, but if combined in certain proportions with carbo-hydrates it has the opposite effect. He seems anxious for no one to mistake his views, for he emphasized his remark that "If one said I treat obesity with fat, it would be a mistake. I only place fat in its proper place as a food."

Whatever may be his theory of the action of the fat so introduced, it should not prevent the treatment from receiving at least a trial, more so as we do not have the dangers threatening its use, as is the case in Banting's and other "cures."—*New York Med. Times.*

IN 1879 the California Legislature authorized a committee of the Health Board to examine various localities for the purpose of selecting the best site for a State hospital for consumptives. The results of this investigation appear in the annual report of the State Board of Health for 1880. The committee makes many interesting observations about resorts which already have a reputation for healthfulness. Santa Barbara, for instance, is recommended for its equable temperature and general freedom from severe winds; but in summer the winds are sometimes bad, the air is not very dry, there are occasional fogs and the temperature is high. San Diego has a remarkably equable temperature, the range not being more than fifteen degrees for the whole year; the humidity is less than that of most towns on the coast; there are few fogs and no severe winds. Like Santa Barbara, however, it lacks elevation and dryness in summer. After a careful investigation of this character, the committee recommended that the State hospital be erected at Atlas Peak, on the ridge of the Coast Range mountains, within twelve miles of Napa City. This place has of late years attracted considerable attention, says the committee, on account of its

equability of temperature, its freedom from fogs or harsh winds, the dryness of the atmosphere, and its supposed advantages as a residence for consumptives. Its elevation is about fifteen hundred feet. Its mean temperature for winter is about fifty degrees; for summer, seventy-four degrees. The mean relative humidity is only forty-five per cent, which is considerably less than at the other better known health resorts. The climate is warm in summer, but it is said never to be oppressive. There are no malarial diseases, and the vicinity affords abundant facilities for camp-life and out-door exercise.

HOW TO MAKE LINSEED TEA.—Take two tablespoonfuls of linseed and wash thoroughly. In a pint and a half of water put half an ounce of sugar-candy and half an ounce of bruised fresh licorice-root, and boil for half an hour. Then pour the liquor, boiling, on the linseed, and allow it to stand for a quarter of an hour; then boil for two or three minutes; strain, and drink when sufficiently cool.

THE fruitfulness of the Homœopathic system of cure as compared with the no-system of Allopathy was signally illustrated at the last meeting of the British Homœopathic Society, where the disease known as “writer’s cramp” was under consideration. Ten years ago Dr. Carl Hertzka reported a case which he had cured with eight-drop doses three times a day of *Gelsemium*. Dr. Blackley, seeing the homœopathicity of the cure, *Gelsemium* having the power to cause symptoms very like writer’s cramp, tried it with perfect success in two cases, and in doses small enough to preclude the possibility of the cure being effected by any physiological action of the drug. Dr. Hughes, at the same meeting, reported another instance.—*Homœopathic World*.

TO PREVENT PITTING IN SMALL-POX.—Dr. Emil Steiger, of Prairie du Chien, Wis., writes to the *Medical Record* in commendation of a simple remedy against pitting which, in three

epidemics during the last twelve years, has proved to him invariably successful. Take of white-lead (*plumbum carb.*) *quantum lib.*, mix with linseed oil *q. s.* To make a cream-like paste add to the bulk about five to six per cent. carbolic acid, and apply with a large camel's-hair brush repeatedly, so as to keep the surface of the face, hands etc., permanently and fully covered.

INSPECTION OF THE THROAT WITHOUT INSTRUMENTS.—Dr. Samuel W. Francis, of Newport, R. I., writes (*Med. Rec.*) that very often it is difficult to depress the tongue of a patient who is suffering from sore throat, diphtheria, follicular tonsillitis, or other affections of the fauces, etc., and suggests that they be told to open their mouth, in front of a good light, and simply, but with force, say: *Arrh! barrh!! varrst!!!* LIFE—enunciating each word some few seconds. Dr. Francis has tried this, and not only obtained an excellent view, but the different positions of the uvula and surrounding parts greatly assisted the diagnosis and treatment of the disease.

CLINICAL ITEMS.

ARSENICUM IN PROGRESSIVE LOCOMOTOR ATAXY.

By DR. BURCHFIELD.

October 3d, 1882, Mr. I. B., shoemaker, aged 58. Has had a peculiar affection for two years, for which several of the resident allopaths had failed to find a name and a remedy. During these two years his sleep, appetite and digestion have been good. The trouble commenced with a shooting sensation in the lumbar spine and down the legs, followed by inability to retain urine, as from paralysis of the neck of the bladder. He next began to experience a difficulty in walking—he felt as though he were walking on rubber. As time went on, other more serious symptoms appeared, until he was unable to work, and at length presented the condition in which I found him. In walking he drags his toes;

his steps are short and hurried, and he lifts his legs after the manner of a cock. In attempting to walk in a dark room, or with his eyes closed, he staggers. He can scarcely stand with his heels together and his eyes closed. He cannot pick a pin from the floor, nor button nor unbutton his clothes. His whole body seemed in a continual slight tremor. There was no tenderness of the spine, and sensation was unimpaired. The power to control the finer muscular movements seemed greatly changed. Here was a case which appealed to Homœopathic treatment as a last resort. Looking at the debilitated, pallid old man, with his cock walk and peculiar thirst, I could see indications only for *Ars*. I gave him *Ars*. 3x four times a day for about three months, when he moved out of my observation. But at the end of the time stated, he was greatly improved in every particular. The urinary difficulty, being one of the first to appear, was one of the first to disappear.

GUAIACUM IN THE TREATMENT OF ACUTE SORE THROAT.

Mackenzie says that we have in Guaiacum a remedy which, if administered at the outset of the attack, will almost always cut short the crescent inflammation. Dr. Pottsdame, of Philadelphia, draws the following practical deductions from the cases he treated with Guaiacum:

1. The almost instantaneous relief from pain.
2. The improvement in deglutition which always accompanies this relief.
3. The early diminution of the swelling.
4. The short course of the disease, all of the cases having been practically well on the fourth day of treatment, if not sooner.
5. If the case comes under the treatment early enough, the disease may be aborted.

Even if we agree with Trousseau and others in admitting that the disease must run its natural course, we have no right, says Dr. Pottsdame, to act supinely, as by the use of Guaiacum we certainly ameliorate, and, as he believes, cut short the disease.

In connection with the above, it is interesting to note the symptoms from provings in *Allen's Materia Medica*: "Violent and constant stitches in the throat from the larynx to the left clavicle. Violent spasmodic inflammatory affection of the air passages, especially the larynx, with such violent palpitation of the heart that suffocation seemed imminent."

Tellur. 30 has clinical experience on its side for some forms of backache. Among its symptoms leading to this use of it is the following observation of Dr. Duntam, one of the provers: During the second month of the proving, the *spine from the last cervicle to about the fifth dorsal vertebra, became very sensitive, and the seat of a peculiar sense of irritation, which made the prover dread having the part touched, or even approached.*—See *Allen's Encyclop.*

Euonymus. I do not know of a single remedy in my practice which I value higher than this. In all bilious conditions, especially when attended by passive engorgement and torpor of the liver, I know of no remedy equal to it. In catarrhal affections of the stomach and intestines of a chronic character, it has no rival except *Hydrastis*. *Euonymin* has another property which renders it a valuable medicine in cardiac affections. It has been found by physiological experiments that it increases the power and regularity of a weak heart. You are aware that in most cases of hepatic congestion and gastro-intestinal catarrh, the heart's action is apt to become embarrassed, irregular and weak. It is in this condition that *Euonymin* is superior to *Digitalis* or *Nux*. In intermittents it should never be neglected.—*Hale*.

I WOULD like to call attention to a symptom which I have cured several times with Bell. "high," and one which I have learned to regard as a "key-note," especially when prescribing for acute diseases—Quinsy, Diphtheria, etc.—viz: a *sensation as though bubbles were bursting in the ears, especially the right one.*—*Johnstone*.

CORRESPONDENCE.

SONOMA, July 11th, 1885.

EDITOR CALIFORNIA HOMŒOPATH—If you will pardon the liberty, I should like to describe a case to you and ask your advice.

I have a patient, a Mr. G.; aged 25; married; occupation, mechanic. He has been troubled for four years with lancinating pains in his right side, extending from near the median line to the spine and just below the margin of the ribs. This pain only troubles him at night, and the only relief he can get is to get up and walk the floor for a while. He attends to his work every day; looks the picture of health. On inspection, I find no swelling or redness; percussion shows no tenderness. In fact, I can see no symptoms to guide me at all. Nothing that he may do seems to have any effect upon the pain; it does not let up at all. About four years ago, he says, he stopped a runaway horse, which afterward started to run with him, and he grabbed a post with one hand, holding on to the bits with the other, thereby receiving a jerk, and was thrown down, falling on his face. About three or four weeks after the accident, he felt this pain, which has scarcely let up since. It is a little worse upon a sudden change in the weather. He has tried plasters, blisters and poultices without any result, and now wishes to try Homœopathy. I am at a loss to know what to give him, without advice from a more experienced physician. If you will be so kind as to suggest a remedy, you will greatly oblige me. I have tried Arnica 6x, but to no purpose.

DR. E. S. HAYWARD.

SAN FRANCISCO, CAL., June 27th, 1885.

EDITOR CALIFORNIA HOMŒOPATH—A number of years ago I overstrained my eyes by reading in the cars, and ever since then they have been weak, especially at night, when I can only read or write by using a student lamp and good type. A flickering light, or insufficient light, or fine print, produces aching and soreness. A similar unpleasant feeling is produced by the glare of electric lights. Otherwise, for general use, my eyes seem to be as sound as ever. Have tried glasses recommended by an oculist, but they appear to do no good. What I particularly wish to ask you about is my most prominent and persistent symptom, which I have never yet seen in any of the books, but which ought to suggest a remedy. It is, the peculiar effect produced by eating and the fact that the effect of the morning meal is exactly opposite to the others. To illustrate: My eyes are put into good order for reading and writing by a hearty breakfast; but they are weakened if I eat heartily toward the middle of the day or in the evening, and to such a degree that, if after such meals I attempt to read or write within an hour, my eyes will become painful and so continue during the remainder of the afternoon or evening. When, therefore, I have much writing to do during the day, I am compelled to forego eating anything at noon, or only something very light, such as a cracker or two, and then rest my eyes before resuming work.

If you are familiar with the above symptom and can suggest a remedy, please do so.

Respectfully yours,

W. C. C.

Personal Notes, Locations, Etc.

SAN BUENAVENTURA, Cal., has no Homœopathic physician, and we understand it is a good opening. Try it.

HOMŒOPATHY IN AUSTRALIA.—The Homœopaths in Australia have in process of erection a hospital which, when completed, will, though not the largest, be the most effective building in Australia. This is the first Homœopathic hospital in the Southern Hemisphere, and all that is wanted in Australia now is a supply of young, earnest, genuine Homœopathic physicians. There is a good field and any amount of room all over the colony. Melbourne alone could take a number, although there are about two hundred and fifty doctors of the old school practicing in that city. The Homœopaths only number some half dozen, who are very independent and have as much as they can attend to. The hospital authorities are now in search of a suitable resident physician.—*Hahne. Monthly.*

JOHN TOWNSEND, M. D., a graduate of the Hahnemann College of San Francisco, has located at 1402 Bush street, San Francisco. We wish him success.

MEMBERS of the State Homœopathic Society having received a statement from the Treasurer, will greatly oblige that financier by responding at their earliest convenience.

SUBSCRIBERS who are in arrears will likewise oblige the publishers by squaring up before the end of the volume is completed.

GOOD advice from LILIENTHAL: "We read and hear now a great deal of mental and bodily over-exertion, and forget that it is not the work, but the worry, which is the mental strain, and that there is a far better treatment than the whip of whisky during the hours of labor. Inculcate in your families the principle to eat less and to sleep more, and the work will be less of a strain."

PROFESSOR J. M. WARD has opened an office at No. 335 Geary street, near Mason. We hope the doctor will reap a plentiful harvest in his new location.

DR. WILLIAM SIMPSON has removed his office to his residence, No. 226 South Second street, between San Antonio and San Carlos, San José.

DR. MAX WERDER has removed his office from his old location to No. 217 Geary street, opposite Union Square.

WE have had a communication from Bodie, in Mono county, strongly urging us to send a Homœopathic physician of experience, with the assurance that he will receive good support.

THE Editor being out of town, at Lake Tahoe, on a short vacation, taking a much needed rest, there will be no editorial in this number of the Journal. We hope that the invigorating mountain air will restore his usual activity, and will enable him to attend to his arduous duties with renewed zeal.

RENO, NEVADA, July 22d, 1885.

EDITOR CALIFORNIA HOMŒOPATH—A Homœopathic practitioner is very much needed here. A capable physician of experience would do business here at once.

Yours truly, B. F. LEETE.

NEW PUBLICATIONS.

Arndt's System of Medicine. Second volume.

The second volume of this great work is now ready. The hearty reception of, and the large demand for, the first volume, lead us to expect a still greater demand for the second volume. The result of so much labor, the combined effort of so many of the best minds in our school, we are glad to say, has not been lost upon the profession. It is now clearly demonstrated that "*A System of Medicine, Based upon the Law of Homœopathy*," will long remain a standard work in the homœopathic school of medicine. The popularity of Vol. I is attested by the following extracts from press notices:

"We recommend all of our readers to subscribe at once for this standard work on practice. It fills a deeply-felt want, and should receive the warm welcome of the profession."—*American Observer*.

"*The System of Medicine*, Vol. I, came to hand just in time to save the life of one of my patients—hence I am much pleased with it. Enclosed please find the amount due."—*Private Letter from Canton, New York*.

"It is to all intents and purposes a cyclopedia of practical medicine, and as such, if we can take this first volume as an indication, bids fair to surpass anything which has heretofore emanated from our school. * * * Taken all in all, we are highly pleased with this first volume, and shall anxiously await the succeeding ones. The complete work is one that every physician ought to possess, and one that he will make no mistake in securing."—*The Medical Era*.

"The work consists of a number of essays by some of the ablest members of our school on the subjects assigned to them, under the editorial supervision of Dr. Arndt, who has done his work well. Like all of Boericke's publications, the book is in the highest style of the printer's art."—*The Medical Advance*.

"This great work will be to the homœopathic school what Reynold's *System of Medicine*, and Ziemssen's *Encyclopedia of Medicine* is to the allopathic. The homœopathic system of practice has never been represented, in this country at least, by a text-book on general practice which meets the wants of that school. They have been deficient in the etiology, pathology, and diagnosis of disease. But this work is very complete in these respects, and is fully up to the requirements of the condition of medical science of to-day. Every disease treated of in this volume is written up in the most exhaustive manner."—*Chicago Inter-Ocean*.

"What ever opinions one may have on the contested points of homœopathic practice, whether he be a loose prescriber or a strict Hahnemannian, he cannot fail to be proud of the handsome volume which Dr. Arndt here presents to his fellow practitioners.

"It is a volume which, in extent and completeness, exceeds and excels anything of its kind yet published. Its descriptions of diseases are clear and full, amply full, although not so large as works like Ziemssen and Pepper's '*System of Practical Medicine*,' which are spun out to a tedious length.

"The best portion of the volume, to our mind, is the chapter on diseases of the organs of digestion. This is worth the price of the volume."—*The Homœopathic Physician*.

Contents of Vol. II. Diseases of Blood-Glandular System—Diseases of Urinary Organs—Diseases of the Genital and Reproductive Organs—Diseases of the Nervous System—Diseases of the Organs of Locomotion—Diseases of the Skin, of the Eye and Ear.

"In presenting to the profession the second volume of this work, the general editor wishes to express to the medical public his sense of obligation for the cordial reception of the first volume, and to his reviewers sincere thanks for the words of commendation as well as for the criticisms offered. The suggestions made by critics have been carefully considered and utilized, so far as practicable, without, however, materially changing the general plan of the work as first conceived."—*From the Preface to Vol. II.*

Price, per volume, bound in cloth, \$6.50 net; in half morocco or sheep, \$7.00 net. Postage, 45 cents.

Cowperthwaite's *Materia Medica*. Third edition.

This new edition, much enlarged and improved, with the addition of one hundred remedies, will be out in a few weeks.

Popular Department.

SOME SPECIAL INDICATIONS FOR THE USE OF HOMŒOPATHIC REMEDIES IN DISEASES OF CHILDREN.

(Continued from July Number.)

Iris. Colic and Diarrhœa. Emission of very fetid flatus; the mother is subject to sick headaches.

Lachesis. Sore throat. Left side especially affected. The throat is *very sensitive* to touch or pressure. The child is always worse after sleep.

Lycopod. Useful in gravel. The child always cries and screams before passing water, and is relieved immediately afterward. Red sand is found in the diapers. There is a good deal of rumbling in the abdomen. In lung diseases there is decided flabbing of the nostrils, constipation.

Mercurius. The child's symptoms are always worse at night. It perspires a good deal, but this does not relieve it. There is a great deal of drooling. Ulcers upon the Gums. Glands swell readily. Diarrhœa is slimy, bloody, with much straining. The child's thighs and legs are cold and clammy, particularly at night. The child is always much worse in cold, damp weather.

Mux vom. Good remedy to give after the child has been the victim of old school drugging—after soothing syrups, teas, etc. Constipation of large difficult stools; no appetite—child does not sleep after three or four o'clock in the morning. There is much colic with constipation. The child cries much, draws his feet up and then kicks out again, etc. Its mother lives on highly seasoned and stimulating food—coffee, etc. For teething children being raised by artificial or mixed feeding. Child is peevish and fretful. Breath very offensive. Cold in the head—through the night the nose is very dry. Spasms from indigestion.

Phosphorus. Bronchial troubles, when the cough is severe and exhausting. Worse in the evening and during the night. Then the fever is very high. Particularly useful for tall and slender children. Hoarseness, that gets worse towards evening.

Pulsatilla. Useful in diarrhœa, when the stools are very changeable—no two alike. Mucus streaked with blood—worse towards evening. *Child is not thirsty*, but seems to be chilly; and yet he is restless, wants to be in the open air. Coryza with thick discharge. Cough is loose. In *measles* it generally suffices. Inflamed eyes, especially when worse towards evening and better in open air.

Rhus. A good remedy for itching of the skin. There is much restlessness, particularly at night. Eczema, especially when a bright edge of inflammation surrounds every portion of the eruption and there is much itching.

Silicea. For scrophulous children.—The feet smell badly; profuse, sour-smelling perspiration upon the head in the evening; head is large.

Sulphur. The child frequently awakes from sleep screaming; great voracity; wishes to put into its mouth everything it sees. Its passages excoriate the anus. The child jumps and starts and screams fearfully. It has a tendency to excoriations whenever the skin is folded upon itself. Pimply eruptions. This remedy very often cures the colic and stomach troubles of infants. The child does not like to be washed.—It wakes frequently. Seems to have frequent weak and faint spells—Particularly for children of delicate parents. Frequent relapses; the child seems to be doing well, when, without apparent cause, it gets worse. He is worse in early part of the morning. Much itching of the skin, which is unhealthy generally; it has a rough and scaly look.

Tartar Emetic. Cough with much rattling of mucus—It seems as if much would be expectorated, but nothing comes up. Much thirst. Nausea and vomiting. Patient is drowsy.

Veratrum. Diarrhœa, when there is much exhaustion after every passage, with cold sweat upon the forehead and upon the skin in general. Violent thirst for cold water.

SOME REMEDIES FOR CONSTIPATION.

First of all, avoid drugs, salts, mineral waters, and even the *regular* use of injections. Drink a goblet of oat-meal water every morning on rising. Eat brown bread rather than white. Let the diet consist largely of coarse meals, succulent vegetables and juicy fruits. Figs, prunes, pears, apples and grapes are all beneficial.

Nux vom., 30th or 200th potency, a dose night and morning. If not sufficient, follow with *Sulphur*, same potency, a dose every morning.

Nux is especially indicated after drugs and mineral waters have been largely used. It works especially well for persons leading a sedentary life, high-livers, smokers, students and business men. Dyspeptic symptoms, aches and pains after meals. Frequent but ineffectual efforts at stool, which is large, hard and passed with much difficulty. Generally there is a predisposition to piles. Patient is apt to be cross, irritable, and generally worse in morning. Now, if improvement shows itself, do not change the remedy or give it so often; but if the improvement ceases, give *Sulphur*, especially when there is burning pain in anus and rectum. The patient complains of flushes of heat; frequent weak, faint spells. Skin is rough and dry, and apt to get sore.

For another class of cases, *Bryonia* and *Lycopod.* form an excellent double team. The *Bryonia* patient has stools especially *large, dry* and *hard*; he has pains in the region of liver, and a rheumatic tendency. These pains are much worse whenever he moves about. He therefore feels better when perfectly quiet. He has headache; is very thirsty; has frequent eructations after meals, and a coated tongue. For such a patient, that only partially improves after *Bryonia*, give *Lycopod.*, especially when there is much rumbling in the bowels, because there is so much flatulence in the bowels. Sometimes *Alumina* will follow *Bryonia* well, and remove the whole difficulty permanently.

OPIUM has complete torpor of bowels. The stools are hard and lumpy, and *in balls*. Head aches, patient is drowsy, dizzy. Indicated especially for old people.

Hydrastis. One drop of the mother tincture before breakfast, for one week, frequently cures. Especially useful after abuse of purgative medicines. Dyspepsia, weak, gone feeling, headache and piles, severe pain in rectum after stool for hours.

Nitric Acid takes front rank of remedies for constipation. The stools are hard, dry and scant, but passed without pain. Sour or bitter taste after eating, excessive flatulence, sour eructations.

In order to achieve the best results, do not repeat the dose too often. Give whatever remedy you decide upon, two or three times a day for one week, then stop and watch results. If improvement does not show itself within ten days, choose another remedy, preferably a deep-acting one like Sulphur or Lycopod.

If a remedy is well indicated, and does not act well, do not change before trying a different potency, preferably a higher one, though *sometimes*, but rarely, a much stronger preparation answers better.

"Twas CHAMOMILLA.

What soothed me when, in mamma's arms,
Her flowing breast lost all its charms;
And lullabys were sung in vain
To quiet down my nervous brain:

"Twas Chamomilla.

What soothed me when, a nursing child,
Dentition drove me almost wild,
And made me fret, and cry, and yell
Like any little fiend in—well:

"Twas Chamomilla.

What soothed me when grim colic got
His bony finger on that spot
Just underneath my belly-band,
And pinched me with his ruthless hand:

"Twas Chamomilla.

What soothed me when that dreadful pain,
A "bottle-babys" direful bane,
Knotted my bowels into a mass,
And made my stools as green as grass:
 • 'Twas Chamomilla.

What soothed me when that era came,
 Attended with much fear and pain,
 When girlhood passes far away:
 And womanhood assumes her sway:
'Twas Chamomilla.

What soothed me when, a maiden fair,
I lost my lover, and the air
Grew dark and lonely as the sea,
And life not worth a "sou marquee:"
"Twas Chamomilla.

What soothed me when, in "steric fits"
I tore my wedding gown in bits;
And vowed, by all the stars above,
I ne'er again would fall in love:
 'Twas Chamomilla.

What soothed me when, in labor pain,
I learned escape was all in vain,
And gave me strength, I do believe,
To bear the curse entailed by Eve:
'Twas Chamomilla.

Now, mother, maiden, baby dear,
Join in one loud and hearty cheer,
Prolonged, until the day you die,
In praise of Chamomilla high.

HENRY MINTON.

THE CALIFORNIA HOMŒOPATH.

A Journal Devoted to the Interests of Homœopathy
on the Pacific Coast.

EDITOR, - - - - WM. BOERICKE, M. D.

VOL. III. SAN FRANCISCO, NOVEMBER, 1885. No. 6.

EDITORIAL.

It is with great pleasure we record another victory scored for Homœopathy and progressive medicine. The management of the *California Institution for the Deaf, Dumb and Blind*, located at Berkeley, after experience with both schools, decided to put the medical charge of the institution again into the hands of a homœopathist, and Dr. I. E. Nicholson, of Oakland, was appointed, and this in the face of strong opposition by the allopathic profession. We know of no man on the coast more worthy of the position or one more representative of homœopathy, and the interests of the institution could not possibly be in better hands.

Another State institution, *The Home for Feeble-minded Children*, at present located in Alameda, but soon to be transferred to their grounds in Santa Clara, has decided to entrust to homœopathy the medical treatment of its inmates, and we are glad the managers secured the services of so good a man in our school as Dr. W. H. Loomis.

These appointments show the progress homœopathy is making in the estimation of the people in our State, and the results will show that their confidence in the superiority of homœopathy is not misplaced.

THE renewed agitation of the "New Code" and "Old Code" of Ethics factions by the action of the *American Medical Association*, at its meeting in New Orleans in May, 1885, calls for more than a passing notice. At this meeting resolutions were passed so construing Article IV, in the National Code of Medical Ethics, as to prevent "formal professional consultation with those who have voluntarily disconnected themselves from the regular medical profession," in the manner indicated in Section 2 of these resolutions, viz.:

"2. *Resolved*, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper to assume a name indicating to the public a sectarian or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession."

In consequence of this action, the *American Institute of Homœopathy*, at its last annual session, which closed June 5th, at St. Louis, unanimously passed the following resolutions:

WHEREAS, The American (Allopathic) Medical Association recently adopted a so-called "interpretation" of the "consultation clause" of their code of ethics; and

WHEREAS, Said interpretation contains statements and implications calculated to mislead the public, therefore the American Institute of Homœopathy deems it proper to place on record the following statement:

2. The interpretation claims that "no article or clause in the (Allopathic) code of ethics interferes with the most perfect liberty of individual opinion and practice;" yet clause 1 of Article IV explicitly forbids consultation with physicians who employ a certain mode of "practice" or "whose practice is based upon" a certain kind of "dogma" or "opinion."

2. The interpretation declares that the (Allopathic) code "does not interdict, under any circumstances, the rendering of professional services whenever there is pressing need of them;" yet the same paragraph declares that "no circumstances can make it proper to enter into professional consultation with physicians" of a certain class or kind.

3. The interpretation insinuates that Homœopathic physicians have "voluntarily disconnected themselves" from the mass of the medical profession by "assuming a title indicating an exclusive or sectarian system of practice." The fact is that the disconnection of Homœopaths from Allopathic societies,

in the first place, was enforced, and not voluntary, and this, in many cases before any special title had been assumed. Moreover, Allopathists have themselves assumed an exclusive and sectarian title—that of “regular”—and this, not to enlighten the public in regard to their mode of practice, but largely to cast an implied imputation upon the professional character and status of other physicians.

4. The interpretation intimates that the physicians ostracised by the Allopathic school “belong to a party antagonistic to the general medical profession.” We reply that the antagonism between the schools began with the Allopathic efforts to ostracise, calumniate and otherwise persecute physicians holding different opinions, and to this day the antagonism has, on our part, been limited to measures for self-defense.

These resolutions speak for themselves, but the issuance lately of a pamphlet entitled “Shadows in Medical Ethics of the International Medical Congress,” by Levi C. Lane, M.D., of our city, wherein he deprecates the injustice done him on the very ground of being accused of being a “New Code” man, and which interpretation he resents with great vigor, leads us to a local consideration of this subject.

While we strongly believe in the law of Homœopathy, and consider it the means of relieving suffering mankind in a more radical and scientific manner than by the “old-school” or “regular” empiric administration of crude and often poisonous drugs and vile mixtures, yet, for all that we acknowledge the fact that we, as Homœopaths, do not embrace all knowledge, nor that we are always able to cure every case by the means of our Homœopathic armamentarium, and see no inconsistency nor liability for blame, when we use the God-given power of common sense or good judgment, in availing ourselves of any other means that may give relief; *provided, always*, that we have first *exhausted* the methods of our own school.

The same freedom and liberty, as well as courtesy, extended to each other among the enlightened and liberal members of any sect in religion, in politics, or in any other profession except the *medical*, and which by the action and endorsement of the American Medical Association is denied to be exercised by the “regular” medical profession, is one of the highest achievements of advanced civilization. This tolerance, which is one of the beauties of the highest and most advanced society, and which is the means of arriving at the ultimate truths of knowledge in the most rapid manner,

is by such action endangered, and the progress of which we are so apt to boast is retarded.

It should be the aim of every "true physician" to acquire any and all knowledge that may be of benefit in his profession, and this can best be accomplished by an intermingling of the best minds among all schools of Medicine.

For this reason it is truly amazing that "physicians" of any persuasion, whose profession cannot be called a "science," and who every day encounter new mysteries and new obstacles, which they can neither solve nor overcome, should have the effrontery and the overwhelming audacity to set themselves up as being the *only* true prophets. We have nothing to do with Dr. Lane's quarrel, nor do we in the least sympathize with his opponent, whose methods of procedure, according to Dr. Lane's pamphlet, are beneath all notice. But we deeply deplore the fact that one of our leading physicians and citizens should take the stand Dr. Lane has taken with reference to the code. Nothing but good could follow the establishment of a liberal medical code of ethics, embracing graduates of all colleges in good standing.

We sincerely trust to the progressive spirit in this city and on this coast to do its share to this end, and pledge our support and best efforts in this direction. Our aim is a high one, and we have no sympathy with that low and groveling spirit which is influenced by petty and partisan motives.

S.

WITH this number, Volume III of the CALIFORNIA HOMŒOPATH is finished. While the journal is a financial success, still we were in doubt for some time whether to promise another volume or not. It seemed to us that although the need of a journal representing our School, especially now that we have a prosperous College, was generally acknowledged, we feared that our effort did not meet that need as fully as we would like. To a great extent this is due to the apathy of our physicians. They are so averse to putting their experiences on paper and thereby benefiting their professional brethren--yet not correspondingly averse in criticising rather freely the efforts made. What we would sug-

gest is, that in the coming volume more of our practitioners favor us with reports of cases, studies of remedies and diseases, and then we will promise to make the CALIFORNIA HOMŒOPATH more interesting and useful to every one.

We desire to express our sincere thanks to the contributors of the past, and trust they and many others will give us their aid for Volume Four.

In order to disseminate useful knowledge, and to prove that the CALIFORNIA HOMŒOPATH was not a mere evanescent literary effort, but that it was and is imbued with vigorous life and bound to grow, we considered it prudent to scatter it broadly wherever it might find a congenial soil. In this manner many of our readers have been supplied with it during the past three years of its existence. Our object having been largely accomplished, we shall pursue a *new course*, beginning with Volume IV, and shall furnish the CALIFORNIA HOMŒOPATH to *actual subscribers* only. The price, *One Dollar* per annum, is, after all, only nominal; and it is thus placed within *easy* reach of *all* our subscribers. Please send in your subscription for 1886, *with the dollar*.

ORIGINAL ARTICLES.

OVARIOTOMY.

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

[Read before the Los Angeles Homoeopathic Medical Society.]

It is a fact admitted by the surgeons in general, that Ovariectomy is one of the most severe operations. When I have a case of that kind on hand, I take the greatest care of my patient, and the most minute precautions to secure the success of it.

BEFORE THE OPERATION.

Everything having been well taken into consideration in a previous consultation, held with two or more competent

physicians and surgeons, where the diagnosis was perfectly established, and the operation decided as the last resort; then, as soon as my patient gives me her consent, I immediately commence, a few days previous to it, to prepare her to undergo the ordeal. In consequence, I give her good food and such medicines that I think suitable for her case, thus preparing her system for the shock that the removal of the cyst is going to produce.

THE DAY OF THE OPERATION.

Early in the morning of the appointed day, I visit my patient, ordering her to take a bath with lukewarm soap-sud water, into which I pour eight ounces of *Glyco-phenic* an antiseptic preparation invented by Declat, an eminent French physician and surgeon, and an intimate friend of mine. That Declat, by-the-by, is the sole inventor of the surgical antiseptic system, wrongly called "Lister's system," from the Scotch surgeon of that name, who in 1864, described it, and to which the profession has given the name, "the Listerism," when it ought to have been universally recognized as "the Declatism," on account of the priority of the discovery.

After my patient has been thoroughly and antiseptically washed, the bowels emptied by an enema, I order a light breakfast of toast and tea. I then make an examination of the operating room, which, according to my instructions, has been beforehand entirely cleared of carpet, curtains, pictures and pieces of furniture, in fact, that room should be bare, well lighted, and its floor perfectly scrubbed with a strong solution of carbolic acid. All things being to my satisfaction, I set in that room my own patented operating table, and before leaving, I order the nurse to start the antiseptic spray and to let it run for two or three hours, for I like to have the room thoroughly saturated with a 5% solution of Declat's phenic acid, intended to destroy all the micro-organisms that may possibly be in my way during the operation. That room ought, besides be kept at a temperature from 70 to 75°.

The hours of 10 to 12 A. M. are, according to my ideas, the best time to operate. At about that time I come to the patient's house with a staff of no more than five competent

assistants, every one of them having previously been instructed of his special duty, viz:

One to have charge of the anesthesia.

One the handling of the sponges, *responsible for their number and their cleaning.*

One to hold the abdominal walls.

One to sponge the blood.

Finally, one to hand the proper instruments to the operator and to help him ligate the blood vessels.

Among instructions given to my assistants the day of the operation, I politely request them to abstain from visiting patients affected with zymotic diseases, and not to wear their usual clothing, in order to avoid the intrusion of *microbes*. Before entering the room, every one of us have to wash hands in a 5 % solution of phenic acid or of a solution of one to one thousand of bi-chloride of mercury. Our coats and hats are also to be left outside the room.

I provide to have on hand for that operation, viz: one quart of artificial serum, according to Dr. Peaslee's prescription; one yard adhesive plaster, full width; a few suppositories of one grain each of extract of opium, one roll of cotton wadding; two yards and a half of fine white flannel; one of my own patent abdominal belts; my German inhaler, for anesthesia; one pound chloroform (Squibb's); 16 ounces of Declat's glyco-phenic, (a ten per cent. solution); some antiseptic gauze; one ounce of collodium, with a camel's-hair brush; one ounce Monsel's solution of iron; one pound undiluted alcohol; four ounces carbolyzed olive oil, 5 per cent. strong; four ounces of the best old French cognac, (brandy); half a dozen safety pins; one nail brush; finally, my satchel, containing my apron and all the necessary instruments, which previously are to be bathed in a 5 per cent. solution of phenic acid.

Besides my operating table, the room should contain:

A stool without back; a little table for instruments and other little things; two large pitchers full of a 5 per cent. phenicated water; one bucket of clean, cold water, previously boiled and strained; a large pitcher of hot water; one wash-tub to be placed under the operating table; one new and clean empty bucket; half a dozen quart size earthen

bottles, full of boiling water, tightly corked, ready for use, and kept warm under a blanket.

In the kitchen should be plenty of hot water, ready upon a heated stove; one new, double, thick, warm blanket; finally, the towels, chemise, sheets, comforters and pillows must be perfectly clean.

Everything being ready, the operator, escorted by the assistant having charge of the anesthetic, will step in the patient's bedroom, which should be removed from sight of the necessary paraphernalia for the operation, in order not to weaken her nerves.

The operator, in front of the patient, must encourage her during the inhalation of the chloroform; he ought to engage her to breathe well, and to count aloud one, two, three, &c., as long as she can, to help the effect of the anesthetic.

When the patient is completely under its influence, she is brought by the assistants upon the operating table, around which all the other assistants and the operator take their proper place.

THE OPERATION.

The first thing to be done by a careful operator is to shave the parts, if the hair is in the way; after that, with a catheter, the contents of the bladder are to be evacuated.

The place where the incision is to be made, should be first anointed with some of the carbolized oil.

The incision is to be made upon the median line, under the navel extending close to the pubic arch, which, except under peculiar circumstances, must not exceed four or five inches. The cutting must not be done in a hurry. Layer after layer is to be cautiously divided, until the peritoneum comes to view; then with the help of a small forceps, a portion of the peritoneum is seized, which should be sufficiently perforated to allow the passage of an urethral male steel sound, to ascertain if there are adhesions upon the abdomen and where they are. This settled, with a Director the peritoneum is carefully incised to the necessary length, provided, of course, all bleeding of the wound has ceased. The incised portion of the peritoneum is, after that, kept in close connection with the abdominal walls with the help of large Serre-fines.

The cyst being then exposed to full view, with the help of Dr. Borck's ingenious cyst elevator, the tumor is transfixed, and the instrument left *in situ*, to be supported on each side of the incision. Between its prongs the Spencer-Well's large trocar is introduced in its interior, and with the help of the long rubber tube, the contents are emptied in the tub under the operating table, being careful not to let any of the fluid escape into the abdominal cavity.

The sack having been emptied, if there are no adhesions, the pedicle, no matter where it is attached, has to be very tightly ligatured by a strong, double and transfixed ligature, after it has been powerfully seized between the blades of the clamps, either of Spencer-Well, Thomas, Dawson, Altee, or any other model, more or less the favorite of the operator.

The ligature of the pedicle having been made to satisfaction, and the stump returned into the abdominal cavity, after the section and the removal of the empty cyst, the perfect cleaning of all the parts has to take place, and the closing of the abdominal wound must then be done.

For that purpose I proceed by uniting with five or six interrupted sutures the abdominal walls, the peritoneum included. These sutures can be made either with silver thread, or strong, waxed, China silk, silver pins, or carbolized catgut, leaving at the lower end of the wound a small opening for a glass drainage tube. When the wound is closed it has to be covered with a coating of collodium, protected with cotton batting, antiseptic gauze, flannel bandage, and over the whole my abdominal belt pretty tightly fitted.

Bowels are to be kept quiet with opium suppositories. If after the operation the pulse is weak, a sub-cutaneous injection of fifty to one hundred drops of the old cognac will soon improve that condition, and in order to prevent the sufferings following such a serious operation, sub-cutaneous injections in the cellular tissues of one hundred drops of Declat's nascent phenic acid, with an addition of one-quarter of a grain of morphia between every four or eight hours according to circumstances. After having changed the patient's soiled clothes for dry and clean ones, she is then placed in her bed, surrounding her body with the warm earthen bottles of water to keep her comfortable.

AFTER-TREATMENT.

The aim of the surgeon, after such an operation, is to obtain union of the abdominal wound by first intention, have no peritonitis, no septicemia. For that, cleanliness, a great deal of attention, care and precaution are indispensable. If any complications happen, in spite of all, of course it ought to be treated according to the symptoms.

To secure his success, and to guide him for his after-treatment, the operator must also take into consideration, the following circumstances, viz:

The age and constitution of his patient; the amount and location of adhesions that he has encountered; the quantity of blood lost; finally, the duration of the operation.

The patient's room must be kept dark, quiet, and always with an atmosphere impregnated with phenic acid; the operator or his favorite assistant, or the family physician, has to visit the patient often, and watch the pulse and the temperature of the body very carefully. If they both rise too high, use sub-cutaneous injections of Declat's ammonia-phenic acid solution, 100-drop doses daily, or two or three times a day, according to circumstances. You can depend upon it that will soon lower both, particularly if you add to each of such an injection half a drop of tincture of aconite.

The patient must observe a severe diet; but, if without fever, should be fed with egg-noggs, milk, beef-tea, and the like, in small quantities.

To prevent the peristaltic motion of the bowels, suppositories of opium are to be used, morning and evening, for about a week; and if flatus torments the patient, a rubber tube is to be used to help their expulsion.

To allay sufferings, acetate or sulphate of morphia, or codeia, should be used in sub-cutaneous injections.

My private experience has taught me that by observing these rules eight or ten days after the operation, the abdominal sutures can be removed; the union is then perfect.

Now, if contrary to all expectations, on account, probably, of some constitutional conditions, the wound heals by supuration, then sub-cutaneous injections, always of 100 drops each time, of Declat's sulpho or iodo-phenic acid solution will be of the greatest benefit to bring on convalescence sooner.

Now, supposing that the cyst, instead of being unilocular, is multilocular, then only, several punctures are to be made in order to reduce its size and facilitate its removal.

In case the cyst is attached by one or more adhesions, as is often the case, they are to be detached, one after another, either by tearing, by the help of the knife-handle, the scissors, or by the red-hot iron. In that case, the operator must avoid getting nervous, and for the protection of the intestines, he and his assistants must frequently lubricate their hands with the artificial serum. Of course this serious complication will increase the danger and lengthen the cure or convalescence, but, for the benefit of patients and surgeons, I will say that by the use of the well-understood antiseptic treatment of Dr. Declat's phenic acid, the cure in most all the cases proves successful, for since I have used it, I am happy to state that I have not lost a patient after such a severe operation as ovariectomy, and I have had cases that were so complicated, that my assistants did not expect to see the subject alive forty-eight hours after the operation.

In conclusion, I will say that there is considerably more to say in a lecture concerning ovariectomy, but I have had to condense it, the chairman of the surgical bureau having limited my paper to a certain number of lines, and hence I have mentioned only the most important points.

REPERTORY TO URTICARIA.

By JAMES W. WARD, M. D., SAN FRANCISCO.

Late of Hahnemann Hospital, New York.

It has come to pass of late that several cases of Urticaria have applied for relief, following subsequent to a brilliant cure by Arsenicum 30.

These cases presented so much of variation in character and concomitants, that this little aid was prepared for personal use. Perhaps it may serve others as it has served me.

It is hoped that its incompleteness may stimulate others to add their knowledge to the gathered fragments, and thus perfect what otherwise would be imperfect.

URTICARIA IN GENERAL:

Aconite, Apis, Ars., Bapt., Baryt. c., Bell., Berb., Bov., Bry., Calc. C., Calc. ph., Carb. veg., Cepa., Con., Cop., Crot., Cycl., Dios., Dulc., Gamb., Graph., Hepar. Sulph., Hyper., Ign., Kreos, Lyc., Lycps., Mag. C., Mag. Sulph., Marum, Merc. v., Merc. prot., Mezer., Natr. mur., Nitr. ac., Pallad., Phos., Psor., Puls., Rhus tox., Sang., Sars., Sep., Spong., Stram., Sulph., Pet., Urt. u.

INDIVIDUALS: *Children*—Calc. C.

LOCALITIES:—*Whole body*—Bapt., Bov., Carb. veg., Crot., Merc. v., Natr. mur., Nitr. ac. *Head*: Psor. *Face*: Nitr. ac. *Forearm, left*: Lycps. *Hands*: Hep. sulph., Hyper. *Thighs*: Cepa. *Leg, right*: Lycps.

DEVELOPMENT:—*Annually*: Rhus tox. *Summer*. Puls. *Before nausea*: Sang. *Violent exercise*: Con., Natr. Mur. *Eating meat, after*: Ruta. *Eating crabs, after*: Pet. *Eating mussels, after*: Cop. *Eating pork, after*: Puls. *Eating pustules, after*: Puls.

FORMS.—*Red*: Apis, Ars., Bell., Bry., Cepa., Cop., Natr. mur., Spong., Stram. *White*: Calc. C. *White lumps, red areolar*: Dulc. *Oedematous appearing*: Apis. *Pale*: Urt. u., *Large*: Ars., Bov., Natr. mur. *Irregular shaped*: Bapt., Natr. mur. *Elevated*: Ars., Bry., Calc. C., Cop., Urt. u. *Wheals*: Kreos., Urt. u.

TYPE:—*Chronic*: Lyc.

AMELIORATIONS—*Air, cold*: Calc., C. Dulc. *Heat, external*: Rhus tox. *Wrapping up warmly*: Rhus tox. *Rubbing*: Dros., Urt. u. *Scratching*: Berb., Dros., Ign. Mez. *Perspiration*: Apis. *Exercise*: Ign.

AGGRAVATIONS—*Time*: *Day*, Lyc. *Evening*, Jamb., Kreos., Lycps., Nux. v., Psor. *Evening, before retiring*: Lycps. *Night*: Cycl., Gamb., Merc. v., Puls.

CIRCUMSTANCES:—*Warmth*: Bov., Dulc., Lyc., Psor. *Warmth of bed*: Carb. veg., Merc. v., Mezer. *Air, open*: Nitr. ac. *Air, cold*: Rhus, Sang. *Getting wet*: Rhus. *Scratching*: Apis, Ars., Baryt. C., Dulc., Gamb., Hepar., Mag. sulph. Merc. prot., Sep., Sulph. *Rubbing*: Dulc.

Draught of air: Ign. *Exertion*: Con., Nat. m., Psor. *Cool bathing*: Puls. *Undressing*: Puls. *Warm weather*: Apis. *Change from warm into cold air*: Sars. *When one cannot sweat*: Apis. *Tbucking*: Apis., Bell., Bry., Hepar. s., Mezer.

ACCOMPANIMENTS.—*Menses delayed*: Puls. *Menses profuse*: Bell. *Gastric derangements*: Nux. v. *Diarrhœa*: Dulc., Puls.

CONCOMITANTS. SENSATIONS:—*Like flea bites*: Acon., Dulc., Marum. *Itching, simple*: Acon., Ars., Baryt. c., Bov., Calc. c., Carb. veg., Crot., Dros., Graph., Lyc., Marum, Mag. Sulph., Merc. V., Nitr. Ac., Nux V., Pallad., Phos., Puls., Ruta, Sang., Sep., Spong., Stram. *Itching, corrosive*: Berb., Calc. C., Cop., Con., Dulc., Gamb., Kreos., Mez., Natr. Mur., Psor., Rhus, Sulph., Urt. u. *Stinging*: Apis, Bov., Crot., Dros., Dulc., Mag. C., Natr. M., Urt. u. *Stitching*: Berb. *Smarting*: Apis., Berb., Hyper. *Soreness after scratching*: Dros., Sulph. *Burning*: Apis, Ars., Bapt., Baryt. C., Berb., Bell., Calc. Ph., Carb. Veg., Dulc., Gamb., Graph., Mag. Sulph., Marum., Mez., Nux. V., Rhus tox., Sep., Sulph., Urt. u. *Prickling*: Apis., Baryt. C., Bry., Cepa, Dros., Lycps., Natr. M. *Biting*: Lyc., Gamb. *Crawling*: Pallad. *Tingling*: Sulph. *Scorched*: Urt. u. *Gnawing*: Dros. *Sensible to touch*: Hepar. *Unchanged by scratching*: Acon., Baryt. C. *Unchanged by rubbing*: Bov., Sep., Baryt. C. *Scratching changes eruption to other places*: Berb., Cycl., Mez. *Consequences from suppressed urticaria*: Psor., Stram., Urt. u.

ESAPHE IN DIAGNOSING ABNORMAL CONDITIONS OF THE FEMALE PELVIC ORGANS.

By WM. BENSE CLOWE, M. D., WALLA WALLA, W. T.

That prince of instruments, the vaginal speculum, when required for surgical operations, cannot be too highly extolled; but the baneful effects of its use in unskillful hands is becoming more and more apparent every day. In any extensive gynæcological practice scarcely a day passes but what some unfortunate female presents herself for treatment for

vulvitis, vaginitis, urethritis, who have tolerated the use of the speculum for diagnosing and treating flexions, versions, etc. I am prompted to a few thoughts on this subject, because I have just now had a serious case in charge, fresh from the hands of two unskillful operators, but not of my school, happily.

Miss A, age sixteen, suffering with amenorrhœa; for several months had been treated with Ferrum, Strychnine, Cinchona, and Cantharidal blisters, notwithstanding she is a girl of full habit, until her stomach became deranged and ejected all nourishment.

She was advised that reflex irritation was to her an emetic, and that it proceeded from an abnormal position of the uterus. She reluctantly submitted to an examination, even though it was sanctioned by her parents, and an attempt "to see," with the bivalve, was fruitless, on account of the natural condition of the anatomy of the parts. Like hounds after the prey, her professional advisers determined to manipulate under the influence of an anesthetic, which they did, and after forcing a passage to the uterus, found it to all appearances normal in position and form. The development from this cruel and unskillful procedure quickly brought about a Pudendal Hæmatocele, and your correspondent was called to care for the case.

I have given enough of the history of this case to embellish the point. Esaphe, I aver, is the only intelligent and humane manner of diagnosing abnormal conditions in this region, when the surgeon is satisfied from symptomatology and history that such exist. The finger, well cleaned and annointed, can, in the majority of instances, be passed over the hymen to the os, without a rupture or much pain. The position of the uterus is positively determined without disturbing it, which cannot be avoided altogether with the speculum. If the os is flabby or lacerated, if the mucous membrane is deprived simply of its epithelium from the effects of cervical secretions flowing over it, or if it be ulcerated from specific causes, the educated touch of the finger discloses it. If a flexion or version in any of the positions exist, it is readily known; if a prolapsus in any of its three degrees exists it is also readily known; if a tent or stem is

to be introduced, with the patient in Sims' position, it is easily done, carrying it along the finger, which is a guide to the os.

Thus we proceed, by esaphe, for all characters of diagnosis, finding conditions just as they exist, without disturbing the organs, or wounding the approach thereto. If we use the speculum, if the uterus is retro-verted or flexed, the blade will certainly carry the os higher and the fundus lower, and if anti-verted or flexed, carry the os backward and the fundus against the bladder, and when the operator is weary endeavoring to engage the os, and the patient has, in a measure, overcome her humiliation at the unnecessary and trying exposure, and can ask to be dismissed, the artist (!) withdraws his tongs, and pronounces hers a curable case of cervical ulceration. She confides in his superior (!) knowledge (!) and skill, (!) until the treatment proves a failure, and she then goes the rounds of all the shops, sharing her means and losing her health. Folios can be written on this subject, but I have, no doubt, already taken too much of your time, space and ink.

I will say, in conclusion, the case referred herein recovered by the ordinary treatment for Hæmatocele, and regained a normal menstrual flow under the influence of our long-used and trusty Pulsatilla, 3x.

PROVING OF OREODAPHNE CALIFORNICA.

By FLORENCE N. SALTONSTALL,

At 9:20 A. M. took three drops of "Umbellularia Californica," 3x, followed by sensation of heat, slight headache and tingling in the extremities.

At 10:20 took three drops. No noticable change in symptoms.

At 11:20, sensation of great weight in head; too heavy to hold up; eyelids heavy, but cannot keep them closed on account of the constant twitching; complete lassitude; dull pain in the cervical region; must press eyelids down to obtain

relief; pain left side cervical vertebræ, extending into head and down spine.

12 M. Eructations, with nausea and shuddering; great weight and dull aching pain in the cervical and occipital regions; must move the head and neck constantly and press the hands upon the back of neck to try and obtain relief, but none ensues.

12:10. Heavy forced respirations, with heaviness in the cervical region.

12:15. Pain in left ear and left side of head.

12:20. Took three drops. Vertigo, as though falling backward; relieved by lying down; fell asleep and awoke at 1:05 P.M.; relieved of all symptoms except aching in the cervical region.

1:20 P. M. Took three drops. Vertigo and heavy, dull headache relieved.

2:20 P. M. Took three drops. Head becomes heavier, with heavy, drooping eyelids.

2:30 P. M. Falling asleep of left foot, with burning, tingling sensation through entire limb.

2:45 P. M. Head so heavy, must stop reading.

2:45 P. M. Impossible to keep eyes open; though constant twitching in upper eyelids continues. Head so heavy, feels as though would crack in the middle of the cervical region, where there is a sharp pain extending into occiput and ears and down spine.

2:50 P. M. Eructations with nausea; a stupid, numb feeling all over; sharp pains shoot through frontal region.

3 P. M. All symptoms cease except the dull aching in cervical region.

6 P. M. Still present, the dull, aching pain in the cervical region, extending into occiput and ears and down to left scapula. Constant desire to relieve by moving head and shoulders, but movement does not benefit. Awoke next morning with same sensations in head and neck, which gradually wore off during day.

SELECTIONS.

THE CLIMATE OF SAN DIEGO.

BY GEORGE WILLIAM BARNES, M. D., SAN DIEGO, CAL.

Interested as I am in the success of the great work now being published, "A System of Medicine," edited by H. R. Arndt, M. D., good motives will be accorded to me in reviewing a single paragraph in which some erroneous statements and unjust conclusions are set forth regarding the climate and healthfulness of San Diego, Cal. On page 273, Vol. I of that work, in making a comparison of San Diego with Santa Barbara, it is stated that the former place "is a little warmer than the latter, and is subject to sudden changes. The rainfall is ten inches. Malaria and rheumatism abound here, but not in San Bernardino, seventy-five miles from the sea, where the air is warm and dry and pleasant." It is further stated, in the same connection that "the State Board of Health of California, after a careful consideration, has reported favorably on two localities for the establishment of a sanitarium for consumptives—one in the Sierra Madre valley (villa), in Los Angeles county, in almost the extreme southern part of the State, and the other on Atlas Peak, in Napa county, just north of San Francisco, at an elevation of 1500 feet."

Instead of being "subject to sudden changes," a marked feature of the climate of San Diego is its equability and exemption from extremes and sudden changes of temperature, as will be easily shown by meteorological records and the testimony of candid and intelligent observers. Malaria does *not* abound here, as no instance of fever from malarial cause has ever been known to occur in San Diego or its vicinity. Rheumatism does *not* abound here. In a practice more or less active, of nearly fifteen years, but two cases of acute rheumatism have come under my observation, one of which was in a person subject to frequent attacks before coming, and the other a case contracted on a sea voyage, and developed before coming on shore. Cases of chronic rheumatism are also rare, except in invalids resorting here. And instead

of San Bernardino being exempt from malaria and rheumatism, it is a statement which no resident of that place will call in question that malarial diseases, and also rheumatism, are quite common there.

In submitting the proof of what has been stated above, I may, at the same time, refute the equally erroneous assertions of a correspondent from Banning, California, who, in his letter, published in the *Medical Counselor*, of April 1, 1885, makes the remarkable statement that "San Diego is an old and very dead town. The new railroad gives its people some hope, but I have no confidence in its growth. Were it not for the yearly influx of invalids, the place would be nothing. * * * Those who simply seek a genial climate, who are free from bronchial affections, and who possess some capital, can probably make some money in any of the towns mentioned, except San Diego."

It is frequently remarked of visitors to California, that oftentimes a stay of a few hours at a given place is sufficient to enable the writer to treat exhaustively of its climate and resources, accumulating a vast amount of information in an incredibly short space of time. But the more prolific writers still are those who write with equal facility of places they have never visited, often obtaining their information, if information it be, from industrious representatives of rival localities. That such jealousies of San Diego exist, on account of the excellencies of its climate, its natural advantages and growing commercial importance, is attested by thousands who reach here, despite the adverse and even persuasive influences they are compelled to encounter.

San Diego is not an "old and very dead town," but a new, live and flourishing one. It dates its beginning in 1867, and now contains more than 4000 inhabitants. Its most rapid growth has been within the last five years, and it is now growing much more rapidly than at any former period in its history. The "hopes" which the new railroad give it are now being realized in a large degree, as signs of prosperity on every hand, and facts and figures attest. Evidences of the material prosperity of the place will not here be offered, but will be given to all who may request them.

Corroborative of the views briefly presented above, I wish

to add the testimony of disinterested and reliable observers. The writer is familiar with the investigations of the State Board of Health, referred to above, through their full report and conversations with the President of the Board while here. He knows that the claims of this place as a suitable locality for a sanitarium for consumptives were seriously considered, and without questioning the wisdom of the selections upon climatic principles alone, he knows that geographical considerations had something to do with the final decision. The sentiments of the Board regarding San Diego may be learned, to some extent, by the following extracts from their report.

“The prominent features of the place (San Diego) may be stated to be an equable summer temperature, with light winds from the west and northwest, and an agreeable range between day and night, while the winter is so mild that frost seldom does damage to vegetation. * * * The humidity of the place is due mainly to its proximity to the coast, but this is considerably less than at some more northern settlements. It is this element of climate—its lower relative humidity—which has seemed to constitute one of the chief advantages of this section of the State in a sanitary point of view, in the winter season especially, over other towns along the coast. To this must be added the mildness of temperature, and its exemption from sudden extremes. * * That the climate of San Diego and its surroundings does exert a favorable influence over some forms of phthisis in the early stage there can be no doubt. Abundant evidence of the fact is shown by the history of many persons now resident there—histories which seem to include among other factors the one all-important one of a correct diagnosis. A greater number of such cases may be met there than in almost any other portion of the State. Such, too, is the testimony of the intelligent medical gentlemen living there, and to whose courtesy and assistance the thanks of the committee are due. As compared with Summit Hill (Sierra Madre Villa) in Los Angeles county, the temperature of San Diego is, according to the table given above, 11 degrees less in July, and 5.5 degrees less in January. The range between these months is 5.5 degrees greater at Summit Hill than at San Diego. Even as

compared with Atlas Peak, while the mean temperature of the latter is 1 degree less in January, and 9 degrees greater in July, than at San Diego, the range has been shown to be 14 degrees greater; in fact, the extreme annual range of the thermometer, taking the months of January and July as a basis, is less at San Diego than at any point now under review from which statistics have been received. * * * *

Low fogs seldom visit San Diego, but the upper atmosphere is often misty in early morning, the sky brightening at 9 or 10 o'clock, A. M. Such was the case for two or three days in August of the present year (1884). Strong winds are not common. The prevailing direction of the current is from the northwest and west, increasing in velocity from early morning until 3 or 4 o'clock, P. M., when they gradually decline to a gentle breeze. During the hours of highest temperature the air is not oppressive; the nights are cool and refreshing. Malarial fevers do not originate here. The average rain-fall is nine inches."

Appended to the above report is the following table, containing meteorological data from a few prominent points, all within fifty or sixty miles of San Diego, furnished by the San Diego Society of Natural History:

	JANUARY, 1876.					JULY, 1876.						
	San Diego..	El Cajon...	Viejas.....	Pine Valley	Julian.....	Oakwood..	San Diego..	El Cajon...	Viejas.....	Julian.....	Oakwood..	Pine Valley
Mean temperature.....	.51	.47	.42	.36	.8	.47	.65	.67	.72	..	.66	.63
Maximum temperature..	.65	.65	.62	.56	.55	.55	.74	.95	100	..	.94	.98
Minimum temperature..	.39	.30	.30	.17	.28	.32	.57	.54	.52	..	.56	.40
Monthly range.....	.26	.35	.22	.39	.27	.33	.17	.41	.48	..	.38	.58
Greatest daily range....	.22	.31	.20	.39	.23	.26	.13	.33	.32	..	.31	.37
Mean daily range.....	.13	.19	.14	.18	.11	.13	.10	.20	.23	..	.23	.27
Mean of hottest day....	.59	.58	.59	.47	.47	.56	.69	.75	.83	..	.75	.80
Mean of coldest day....	.48	.43	.42	.30	.30	.40	.62	.63	.58	..	.62	.54
Mean relative humidity	.77	.86	.66	.69	.77	.74	.59	.73	.52	..	.72	.51
Lowest relative humidity	.37	.44	.19	.19	.32	.19	.28	.23	.2	..	.31	.15
Rain, in inches.....	2.47	3.83	4.00	7.04	11.64	6.17	0.05	0.02	0.01	..	0.00	0.0
Number of rainy days...	.10	.12	.9	.13	.11	.12	.1	.1	.1	..	.0	.0
Prevailing winds.....	n.w.	s.w.	w.	s.	s.	n.	w.	w.	w.	..	s.w	w.
Number cloudy days....	.3	...	.4	.4	.5	.1	.12	.5	...	..	.5	...
Altitude, feet.....	.62	500	2500	4200	4500	800	...	...	...	..	...	...
Distance from sea, miles.	.5	.12	26.	.40	.40	.17	...	...	...	..	...	...

The late Professor Louis Agassiz, who visited this place in 1872, while on the Hassler Scientific Expedition, was here

on the arrival of Col. Thomas A. Scott and party, representing the Texas Pacific Railroad Company. A "railroad meeting" was held, at which Professor Agassiz was present, and, being called upon to speak, said: "You have heard from the lips of a practical man, of the great commercial advantages you possess by reason of your geographical situation and the merits of your beautiful and secure harbor; he assures you of an important future. I do not know why I should be here except as a listener. But, as he has done me the honor to call upon me, I will say that in his enumeration of your peculiar advantages, he has failed to allude to one which to me seems of very great importance. Perhaps, as a scientific man, I may lay more stress upon it than is necessary, but I hardly think it possible. I have seen many parts of the world, and have made some study of this subject. It is the question of climate—of your latitude—that I refer to. You are here on the 32d parallel, beyond the reach of the severe winters of the northern latitudes. You have a great capital in your climate. It will be worth millions to you. This is one of the favored spots of the earth, and people will come to you from all quarters to live in your genial and healthful atmosphere."

Dr. Wm. C. Dabney, an eminent medical gentleman of Charlottesville, Va., after visiting Japan and other quarters of the globe, spent several months here in consequence of a chronic pulmonary trouble, upon the advice of Dr. J. L. Cabell and Dr. Hammond, the latter an old army surgeon who had been stationed in all parts of this State. He bears this emphatic testimony, in an article in the *Philadelphia Medical News* of April 21, 1883: "While there I gained rapidly in flesh and strength, and my health has continued good ever since. That San Diego is the best of the health resorts on the Pacific Coast, for those who require a dry, equable climate, I have no doubt." After giving a table of clear, fair, cloudy and rainy days, he says: "There are some points which are not mentioned in the above figures, which are of very great importance. One of these, and, according to my own experience, and that of other health-seekers whom I met, by far the most important, is the diurnal variation of temperature. Nothing is more uncomfortable, certainly, to

an invalid than a sudden fall in the thermometer. At Santa Barbara I saw the thermometer fall, on one occasion, nearly 30 degrees (from 90 to 62) in three hours; and while, of course, a fall of this magnitude is not nearly so much felt when the temperature is high as when it is lower, it is sufficient to cause a decided chilliness and necessitate a change of clothing. * * I was, therefore, led to the conclusion that, of all the California health-resorts, San Diego and its vicinity was unquestionably the best."

The following figures, compiled from official records of the United States Signal Service, will be conclusive upon the question of variability of temperature:

HIGHEST, LOWEST AND AVERAGE DAILY RANGE OF TEMPERATURE AT SAN DIEGO, BY MONTHS, FOR THE YEAR 1880.

	Highest.	Lowest.	Average.		Highest.	Lowest.	Average.
January.....	27°	10°	18.0°	July.....	14°	7°	9.9°
February.....	26	6	16.9	August.....	19	7	10.4
March.....	24	8	16.0	September.....	26	7	12.4
April.....	26	2	13.5	October.....	30	4	14.1
May.....	30	8	14.2	November....	25	8	18.6
June.....	19	6	11.9	December....	29	7	15.1

ATMOSPHERIC PRESSURE IN 1880.

Greatest monthly range of barometer.....	Inch.	0.59
Least monthly range of barometer.....	"	0.22

MAXIMUMS AND MINIMUMS OF DAILY TEMPERATURE AT SAN DIEGO IN FIVE YEARS—1876 TO 1880 INCLUSIVE.

Maximum.			Minimum.		
	No. of Days.			No. of Days.	
52 to 55 degrees, inclusive.....	14		32 to 35 degrees, inclusive.....	9	
56 to 60 " ".....	192		36 to 40 " ".....	51	
61 to 65 " ".....	493		41 to 45 " ".....	168	
66 to 70 " ".....	503		46 to 50 " ".....	392	
71 to 75 " ".....	447		51 to 55 " ".....	406	
76 to 80 " ".....	120		56 to 60 " ".....	415	
81 to 85 " ".....	29		61 to 65 " ".....	334	
86 to 90 " ".....	11		66 to 70 " ".....	52	
91 to 95 " ".....	15				
99 " ".....	1				
100 " ".....	1				
101 " ".....	1				

HIGHEST AND LOWEST TEMPERATURE AT SAN DIEGO IN EACH YEAR FOR THIRTEEN YEARS.

Highest.	Lowest.		Highest.	Lowest.
1872.... 87.0 degrees.	37.0 degrees.		1879.... 99.0 degrees.	32.0 degrees.
1873.... 85.0 " "	3.70 " "		1880.... 84.0 " "	32.0 " "
1874.... 90.0 " "	39.0 " "		1881.... 85.0 " "	36.0 " "
1875.... 88.0 " "	38.0 " "		1882.... 83.4 " "	34.2 " "
1876.... 88.0 " "	39.0 " "		1883.... 101.0 " "	32.4 " "
1877.... 94.0 " "	40.0 " "		1884.... 91.5 " "	36.0 " "
1878.... 100.0 " "	35.4 " "			

It is shown by the above figures that, during eight of the thirteen years, the temperature did not rise above ninety degrees, nor fall below thirty-five degrees. In the three years of exceptionally high temperatures, the rise in the thermometer was coincident with and manifestly influenced by fires prevailing over large areas in the vicinity.

That portion of the Pacific Coast extending from Santa Barbara to San Diego has long been known to possess unusual attractions as a sanitarium for invalids at all seasons, and particularly in winter, by reason of its equable, genial climate, dry air, exuberant vegetable and fruit products, and the interesting variety of scenes which it presents. In consequence of the bold promontory of the Sierra Nevada, which abuts upon the ocean at Point Conception, this portion of the coast is exempt from the raw winds with their attendant fogs and mists, so prevalent north of it, while snow and frost sufficient to injure the most tender plants are almost unknown.

San Diego is within the belt of the great vineyards and orange-plantations of California, and these fruits are raised in great variety and excellence. Oranges, lemons, limes, figs, almonds, pomegranates, guavas, olives, apricots, apples, peaches, nectarines, raisins, and in fact all the fruits common to temperate and semi-tropical climates, may be had here in great perfection, and strawberries every month in the year. Daily newspapers, telegraph, excellent public schools, commodious hotels (now taxed to their utmost capacity), modern conveniences in household structure, and all the accompaniments of American civilization, so necessary to the comfort of residents and the convalescence of invalids, are here found almost to the same extent as at the East.

The following is a record of observations of sixteen months made at San Diego by the writer, showing maximum, minimum and mean of monthly temperature, daily variations and relative humidity. The average relative humidity between sunrise and sunset is estimated by the Signal Observer, at this place, to be about 9 per cent. lower than the mean of these observations:

METEOROLOGY OF SIXTEEN MONTHS AT SAN DIEGO.																	
1871.														1872.			
Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year.	Jan.	Feb.	Mar.	April	
Mean temperature.....	52.90	51.91	57.00	58.82	63.44	63.73	69.30	70.52	67.67	64.59	57.26	56.41	61.13	51.04	54.42	54.97	57.15
Mean temperature at 7 A. M.....	46.06	45.59	51.67	56.00	62.11	60.77	66.53	67.08	64.00	60.12	51.60	50.68	56.86	44.16	48.91	51.6	54.55
Mean temperature at 2 P. M.	62.06	60.85	66.37	65.85	69.42	70.08	75.55	76.90	74.63	73.11	66.38	65.16	68.86	60.82	62.12	64.11	63.61
Mean temperature at 9 P. M.....	50.60	49.37	52.98	54.00	58.85	60.45	65.85	67.61	64.40	60.55	53.9	53.40	57.71	48.14	52.15	53.43	53.05
Mean temperature, hottest day.....	62.33	57.50	67.00	66.83	67.33	65.83	76.50	76.83	72.00	75.66	63.12	62.66	76.83	56.00	57.33	61.66	66.00
Mean temperature, coldest day.....	43.66	48.33	51.83	52.66	59.50	61.33	65.50	65.66	62.83	58.83	51.83	50.66	43.66	47.16	52.50	52.50	53.33
Maximum temperature.....	74.00	69.50	86.50	76.00	75.00	73.50	83.00	86.00	87.00	88.50	79.00	82.00	88.50	72.50	69.50	73.50	75.00
Minimum temperature.....	33.00	39.00	43.00	46.00	56.00	57.00	62.50	60.00	58.00	49.50	41.00	41.00	33.00	36.00	42.50	44.00	48.00
Mean daily range.....	15.95	15.55	15.51	12.33	10.60	9.80	10.00	10.24	11.00	13.00	15.60	15.11	12.80	16.30	13.80	13.30	8.00
Greatest daily range.....	27.00	27.50	32.00	23.50	17.00	15.00	13.50	15.60	18.00	31.00	29.00	32.50	32.50	30.50	23.00	26.50	19.00
Highest temperature of wet bulb..	60.00	64.00	65.00	64.00	63.50	64.50	73.00	72.5	69.50	78.50	60.00	61.00	78.50	62.00	59.50	62.00	61.00
Greatest difference of dry and wet.	17.00	17.00	27.00	16.00	14.00	10.50	14.00	15.00	19.00	21.50	19.50	25.00	27.00	22.00	13.50	17.50	15.00
Mean relative humidity, 7 A. M.....		890	809	863	781	816	796	822	858	731	687	719	801	754	816	796	756
Mean relative humidity, 2 P. M.....		570	670	587	591	573	580	584	585	612	544	526	587	575	654	587	555
Mean relative humidity, 9 P. M.....		900	799	847	827	802	795	794	835	754	773	763	808	819	858	797	775
Lowest relative humidity.....		270	220	110	340	403	460	448	335	190	115	120	110	90	361	23	276

Of 7308 observations made at the United States Signal Office at San Diego, at 612 of them no wind was blowing, with a daily average during the same period of 144 miles, or only six miles per hour. The highest velocity was 423 miles, less than eighteen miles per hour. The least daily velocity was eighteen miles, or about three-quarters of a mile per hour.

San Diego is now enjoying a growth as rapid as desirable for permanence. With an intelligent and cultured population, occupying a magnificent site gently rising from the water's edge to elevations of 300 feet or more, affording fine building sites now being occupied by handsome residences commanding a fine view of the harbor and the ocean and islands beyond, with an undulating and gradually rising country and distant mountains within our own territory and in Mexico in the rear, it has, apparently, all the qualities most desirable for an asylum for those who would flee from the inhospitable winters of the Eastern States, while its summers—with no oppressive heats by day or sweltering nights—are equally pleasant and beneficial to a large class of invalids. Residents of the heated interior in summer often avail themselves of the opportunity of obtaining “a breath of fresh air” in this “city by the sea.”

But this communication, commenced with the purpose of correcting a few “misapprehensions,” has been continued, *currente calamo*, till it has, I fear, assumed undue proportions. I will add an extract from the *Resources of California* of last year:

“The construction of the California Southern Railroad, 130 miles from San Diego to San Bernardino, connecting with the S. P. R. R. at Colton, the large extension of telegraph lines, the purchase and sub-division into small farms of several large Mexican grants, the great increase in the cultivation of the vine, and other fruits, the erection of new buildings and the establishment of new industries sufficiently attest the energy and enterprise of the people of this county. * * * San Diego possesses a great advantage in its beautiful bay, the only safe natural harbor, except San Francisco, on the whole coast line of the State.”

As at most places where health and pleasure-seekers congregate, we here meet with those who have made the rounds of the most noted resorts in our own and foreign lands. It is a compliment to San Diego that some of these have taken up their residence in it, and others have given enthusiastic expression of admiration of the place as to its climate and pleasantness for residence and sojourn for tourists. The following is but a specimen of which hundreds might be collected. Dr. Frank Cowan, a somewhat noted traveler and lecturer, and author of the "City of the Royal Palm," and other poems, who has traveled, chiefly for his health, for more than a year, and has made the circuit of the earth, in a recent letter to the writer, says: "Indeed, I look upon the short stay I made in your worthy little city, as one of the happiest episodes of my long and varied travels, and shall not fail in my future wanderings in your neighborhood to make another sojourn in your midst."

CLINICAL ITEMS.

OLEANDER; ACCIDENTAL PROVING AND VERIFICATION.

By J. F. GRIFFEN, M. D., Williamsport, Pa.

Mrs. S., while arranging her hot plants, in bending over stuck the point of an oleander leaf into the inner canthus of her left eye. Soon after there was great congestion and photophobia in that eye, with lachrymation and intense pain, shooting stitches, and *a sensation in both eyes as if drawn back into the head*. Inspection did not reveal anything in the eye. The wound was so slight that it did not occur to her to speak of the accident. She thought she must have taken cold in the eye, but did not know how. *Euphrasia* 200 gave no relief; when, getting the history of the case, I administered *Oleander* 1m, Fincke (the highest I had). One dose relieved the pain entirely for 12 hours, when it returned. One more dose completed the cure.

A few weeks later I was called to a girl aged about 10, who had been afflicted with periodical headaches for months, occurring at that time every Wednesday morning on rising, lasting all day, *with a sensation of the eyes being drawn back in the head, and needle stitches in the eye-ball.* She took *Oleander* 1m F. in water, a teaspoonful every two hours, with entire relief of the pain by the time three doses were taken, and has had no return of the headache, now eighteen months since.

I am not aware that the symptom of *a sensation of the eyes being drawn back in the head* has ever been noticed under that remedy before.

MAMMARY TUMOR CURED WITH CARBO AN.

By PROF. J. T. KENT, A. M., M. D., St. Louis.

Mrs. H. has had several children; she is about 35 years old; she has always had much difficulty with all her confinements. The last one was comparatively easy, and yet it was tedious, owing to an elongated cervix. With the first she had an abscess in the mamma (r) and it was badly treated, so that the cicatrix has always been a source of trouble. Preparatory to her last confinement I prepared her as best I could, guided by her symptoms. The child is now some two months old and she is suffering with a hard lump in the right mamma. When I first observed the threatened trouble after the milk began to form, she took Graphites without benefit; also Phytolacca, but only temporary relief followed. The milk mostly dried up, and she now has a nodular lump with retraction of the nipple, and there are lumps in the axilla; she complains of burning and stinging in the lump; and her menstrual flow has come on. She says she has always menstruated during lactation. The flow is dark and clotted; when she goes to sleep she perspires freely; she seems greatly prostrated after a moderate loss of menstrea; she is somewhat cachectic.

For a choice of remedy we might arrange:

Burning in Mammæ.—*Apis, Bell., Calc., Carbo an., Iod., Led., Mez., Selen., Laur., Phos., Lyc., Tarant. c.*

Stinging in Mammæ.—*Apis*, *Berb.*, *Carbo an.*, *Con.*, *Kreosote*, *Graph.*, *Gratiola*, *Ind.*, *Iodine*, *Kali c.*, *Laur.*, *Lyc.*, *Murex*, *Nat. m.*, *Phos.*, *Rheum.*, *Sang.*, *Sepia*.

Nodosities in Mammæ.—*Bell.*, *Carbo an.*, *Colocy.*, *Con.*, *Graph.*, *Lyc.*, *Nit. ac.*, *Sil.*

Cancer of Mammæ.—(*Minton*), *Bell.*, *Carbo an.*, *Coloc.*, *Con.*, *Graph.*, *Lyc.*, *Nit. ac.*, *Sil.*

Perspiration during Sleep.—*Carbo an.*, *Cicuta*, *Chin.*, *Dros.*, *Euph.*, *Ferr.*, *Jatroph.*, *Merc.*, *Nux*, *Phos.*, *Puls.*, *Selen.*, *Thuja*.

Great Exhaustion after Menses.—*Alum.*, *Carbo an.*, *Chin.*, *Ipecac*, *Phos.*

Menses during Lactation.—*Calc.*, *Sil.*

Neither of the last remedies correspond to the balance of the symptoms. But it will be seen that *Carbo an.* and *Phos.* cover the case, and the menstrual flow, which is *dark* and *clotted*, is not so characteristic of *Phos.*, as *Carbo an.* The exhaustion after the flow is more marked in *Carbo an.* than in *Phos.* though both have it in a marked degree.

“*The flow weakens her; she can hardly speak; blood dark; (Guiding Symptoms)* under *Carbo an.* 3m, one dose dry, was administered. Four weeks, burning and stinging all gone; glands in axilla nearly gone. After the dose the cutting pains became worse for a few days. Medicine repeated in thirty-nine days. The lump has disappeared.—*Hom. Phys.*”

INDICATIONS FOR FOUR REMEDIES IN REFLEX PAIN IN LEFT CHEST.

By S. E. BURCHFIELD, M. D.

1. *Actea rac.*—*Rheumatic* or *neuralgic* patients with much *nervous irritability*. Pain under the left mamma, reflex from the ovaries or uterus, which indicate a condition of irritability. Tenderness of last cervical vertebra. Tendency toward spasmodic affections, chorea, etc.

2. *Conium mac.*—*Depression of the nervous system*, with tendency towards paralysis. Dysmenorrhœa with pains ex-

tending to the left chest. *Induration* and *enlargement* of the *ovaries*, the left mammary gland more often the seat of this reflex pain.

3. *Lilium tig.*—Irritability of the heart. Pain in the left mammary region through to back with *displacement of the uterus*, accompanied by bearing down pains in abdomen and groin, relieved by supporting the vulva, or the lower part of the abdomen.

4. *Ustilago maid.*—Especially suitable at climacteric period, and to tall, slim, fair-complexioned women, with clear, white skin. Pain in the left mammary region in intermenstrual period. Ovarian *congestion* with *burning* pains.

Cactus, *Spigelia*, *Arsen.*, *Digit.*, *Cannab.*, *Tabac.*, etc., have pains in left chest but concomitant with some affection of the heart.

Phos., *Sang.*, *Bry.*, *Phelland.*, *Acon.*, *Bell.*, *Sulph.*, etc., have pains (stitches) in the left mammary region, but from pleuritic or pulmonary troubles.

Bry., *Cimicif.*, *Rhus.*, *Rhod.*, *Ranunc.*, etc., have pains in muscles of left mammary region due to strains, rheumatism or neuralgia.

Platina has headache before and during windy weather and when lying on the left side and in the fresh air. Pains accompanied by numbness often caused by emotions.

(Phosphor. has also headache during windy weather.)

Agaricus sensation of something hard like a board, under the skin. Burning in palms and soles—spinal irritation.

Kali carb. sometimes necessary to follow with *Platina* is an excellent remedy for menses that are too profuse and too early.

CORRESPONDENCE.

EDITOR CALIFORNIA HOMŒOPATH:—*Any one* having treated cases of *Purpura*, which they can report in detail, showing the homœopathic applicability of any remedy, are respectfully urged to send the same to

DR. WINTERBURN,

Editor *American Homœopathist*, 29 West Twenty-sixth St., New York.

NEW YORK, August 1st, 1885.

EDITOR CALIFORNIA HOMŒOPATH:—At the meeting of the Institute held in St. Louis in June last, the following preamble and resolutions were unanimously adopted:

“WHEREAS, It is the sense of this body that the editors of the *New Cyclopedia of Drug Pathogenesis* have faithfully carried on the work given them to do, under the rules laid down for their guidance by joint action of the American and English National Societies: and

“WHEREAS, We do not deem it practicable for the Institute to subscribe for a full copy of the *Cyclopedia* for each of its members, nor in connection with the British Homœopathic Society to accept the proprietorship of the work, sharing in the same in proportion to the numbers of members in each body: therefore,

“Resolved, That we authorise our Treasurer to subscribe for four hundred (400) copies of the numbers necessary to complete the first volume of the *Cyclopedia*, and to pay to the publishers net cost of the same.

“Resolved, That we authorise our Treasurer to receive subscriptions from our members for the numbers ordered by the Institute, putting the price at the actual cost.

“Resolved, That with all confidence in the British Homœopathic Medical Society, we would be pleased to have it accept the proprietorship of the *Cyclopedia*, with the pledge of our support to the extent specified above, believing that such ownership under the immediate direction of the English Editor would result favorably to all concerned.”

The first volume of the *Cyclopedia* will comprise four Parts. The first has already been published and is in your hands. The remaining three will be issued as speedily as possible, and will be mailed, postpaid, direct from London to subscribing members at the cost price of 67 cents each, or \$2 for the three Parts.

Please inform me, therefore, as soon as possible, whether you will be a subscriber or not; and if you do subscribe for the three numbers of the *Cyclopedia*, be so good as to remit the amount of \$2 (with your dues, if any are unpaid), *at once*, so that I may have the funds in hand to pay for the 400 copies ordered, as soon as they are published.

Hoping for a prompt reply, I am, yours fraternally,

E. M. KELLOGG, *Treasurer*.

EDITOR CALIFORNIA HOMŒOPATH:—I receive your valuable journal regularly, and rejoice to see its vitality and the usefulness of the articles contributed. Here, in far-off New Zealand, the homœopathic literature of Europe and America meet, as it were; for on my table you would find the CALIFORNIA HOMŒOPATH, *American Journal of Obstetrics*, the *British Monthly Review* and *Homœopathic World*, and the *Australian Medical Gazette*. Also, the *Lancet*, from a library.

Our climate is as genial as ever. Our mean annual temperature is 57 degrees, and our annual rainfall about 42 inches. Our sky is as clear and sunny as that of the Pacific slope, and the frequent lakes do but impart an invigorating tone to the atmosphere, and sweep away all mineral and vegetable miasmata. Invalids would find the district of Auckland most delightful during the months of September, October, November and December. For the first three months of the year the heat is great, though tempered by sea breezes, and of a somewhat enervating character, especially when the northeast wind prevails. For those afflicted with chronic bronchitis and asthmatic complaints, and with any sort of sore-throat, or laryngitis, Auckland offers the best climate I know, and I have lived for health objects in three quarters of the globe.

Our mortality is low; and the drainage of this city of 30,000 inhabitants is improving every year. Nature has provided the main arteries of drainage in the shape of gullies everywhere running down into the sea. Typhoid fever exists here and there, at the change of season, but is becoming less and less each year. Zymotic diseases are mild and infrequent, though the public school system is as democratic and compulsory as in the United States. We are greatly concerned just now about the continuance of our Pacific Mail line of steamers, the contract for which terminates in November. Auckland should not be more than 18 days from San Francisco, if steamboats of suitable size and horse-power were put on the route. And our Fiji and Samoan neighbors are anxious to share our regular and quick communication with your magnificent country.

I note the growth of your promising Hahnemann Medical College with much pleasure. You need a Medical Club likewise; and I should hope that the rules would not be as bigoted and exclusive as the Auckland Medical Association, which, by an expressly-framed law, excludes homœopaths, and expels any member who shall become a homœopath. I have recently taken the M.D. degree of the New Zealand University, *ad eundem*.

Hoping to send you a few cases now and then for practice, I remain, yours fraternally,

J. MURRAY MOORE, M. D., C. M., L. M., M. C. R. S., Etc.

SPANISH FORK, UTAH, September 22nd, 1885.

EDITOR CALIFORNIA HOMŒOPATH:—Some short time ago I had a case very similar to the one described by Dr. E. S. Hayward. While a Mr. McK. was driving his family home from Provo City in his gig, one evening, the axle-tree broke as they were crossing the D. and R. G. Railroad track, throwing him out upon his elbow, which, strange to say, was not much injured; but some time after the accident he felt a slight pain in lumbar region, gradually increasing to severity. Allopathy was tried, and found not to be equal for the

occasion; and my services as a homœopath was solicited. Arnica was given with no benefit. I then substituted Rhus Tox 6x and lotion, with the most happy results. The pain left him in about two weeks, and a few doses of Sulph. 6 brought up the rear. I have no doubt Dr. E. S. Hayward will find his remedy in Rhus. and Sulph.

DR. JOHN COOK.

Personal Notes, Locations, Etc.

CENTRALIA, Washington Territory, is a good opening for a Homœopathic Physician. Address Mrs. S. A. CAPPS, Centralia, W. T.

DR. R. H. CURTIS, Professor of Anatomy and Surgery, has returned with improved health from a short trip to the Sandwich Islands. We are glad to welcome him back, as endeavors were made to secure his valuable services in the Kingdom of Kalakaua. We congratulate him, as well as the Directors and Faculty of the Hahnemann Medical College of San Francisco, upon his safe return.

OUR friend PROFESSOR W. A. DEWEY, M. D., whose versatility has enabled him to render valuable services, as a member of the Faculty, to the *Hahnemann Medical College of San Francisco* during the two years of its existence, has removed for the winter to Petaluma. Our best wishes accompany him, and we hope to see him back next spring.

LOS ANGELES must be either a very good place for location or a very unpromising one, judging from the report of the Postmaster to the publishers of this journal. It seems that Drs. Barclay, Moore, Benchel, Wellman, Base, Forman, Langstadter, Morgan, Barney, Dodge and Riley have all left to seek other fields for labor.

DR. F. P. GREEN has located in this city, at 202 Stockton Street, Room 4, where he will devote himself exclusively to the practice of Diseases of the Eye and Ear.

DR. E. H. RUSSELL, formerly Resident Physician of the San Francisco Homœopathic Hospital, now practicing at Visalia, has largely increased his popularity as a physician by taking unto himself a wife. Dr. and Mrs. Russell were married October 1st. Our best wishes accompany them.

W. E. KEITH, M. D., for many years a resident of Franklyn Falls, N. H., has located in San Jose. Dr. Keith comes highly indorsed from his native State.

DR. DE DERKY has returned to this city and resumed the practice of Medicine and Surgery. Office and residence, 422 Van Ness Avenue.

DR. R. L. HILL has removed his Office and Residence to 564 Fourteenth Street, Oakland, Cal.

THE death of DR. HENRY N. GUERNSEY, of Philadelphia, takes from our ranks an old veteran and eminent leader of our school. Dr. Guernsey represented implicit faith in the universality of the homœopathic law of cure. He was a master in *Materia Medica*, which owes to his genius the development of the "keynote" system of studying it. His lectures in this department are classical, and his work on Obstetrics are still the authority in our school. Guernsey was a noble figure among the real great men of our school, and his life and practice are indelibly stamped upon the history of Homœopathy in this country.

WE understand that the venerable Dr. A. E. SMALL is about publishing a work on Theory and Practice. Forty-five years of active practice, and a long experience as a medical teacher, will be the basis of the doctor's work. Of course it will be a success.

VACCINE VIRUS.—Those of our readers who want a reliable article can be supplied at all times by BOERICKE & SCHRECK, San Francisco.

HAHNEMANN COLLEGE OF SAN FRANCISCO.—The second course of lectures was finished end of October. It was a most satisfactory course in every respect. A good class of ladies and gentlemen graduated. Particulars in next number of *California Homœopath.*

CHOREA THERAPEUTICS, according to Dr. C. B. DREWS, consist in the administration of *Agaricus*, *Tarantula* and *Mygale*. He uses the 6x 3-4 times daily, and regulates the diet, which is an important factor in the treatment.

J. T. MARTIN, M. D., has located at Woodland, Cal. He could not have selected a better place. We wish him success.

NEW PUBLICATIONS.

Special Pathology and Diagnostics, with Therapeutic Hints. By C. G. RAUK, M. D. Third edition, revised and augmented. Philadelphia: F. E. Boericke.

A third edition of this classical work will be welcomed by every homœopathic practitioner who is at all acquainted with any of the previous editions, and few there are indeed, among practitioners of homœopathy, who are not. We know of no book in either school of medicine at once so concise and accurate. The author's rare gifts of condensing the researches of others, giving all the essentials and yet rendering them at once readable and enjoyable, gives

to this volume its intrinsic value. We know, for instance, that the author condensed the whole of the two volumes of "Ziemssen on Diseases of the Nervous System," in such a perfect manner that every essential fact can be found in the 114 pages of this volume. The principal feature of the new edition, and an invaluable one, is the addition of a *digest* to all such chapters which present a list of therapeutic hints of three pages and over. How much this will aid in finding the similimum in each case, no one who has not tried to wade through some twenty-five or fifty remedies can know. As the author himself expresses it, in giving the reasons for preparing this laborious part of his work: "First, to assist the accurate prescriber in his arduous task of finding the required remedy quickly and safely; and secondly, to induce my young friends to study closely their cases, in order to keep out of the ruts, so easily trodden, of prescribing for a name." The publisher's part of the work is done in the best possible style, characteristic of the Hahnemann Publishing House. It is a fitting external embodiment of a wholly excellent book, and, altogether, it is the *beau ideal* of a homœopathic text-book—one worthy of the present vigorous and prosperous life that homœopathy enjoys throughout the land.

A Treatise on the Decline of Manhood; Its Causes and the Best Means of Preventing their Effects, and Bringing About a Restoration to Health. By A. E. SMALL, M. D. Third edition. Duncan Brothers.

A judiciously written book on the causes that induce premature decline of manhood and of the best means of removing their effects is really a great desideratum. We believe Dr. Small has succeeded in giving us, however briefly, such a work. It is entirely based upon his large experience in practice, and as such is a valuable contribution to our literature. This edition has been entirely re-written, and much new matter added. We especially commend the careful perusal of Chapter VIII to all married people. The application of the author's teachings to life would do much to make us a healthier, and, certainly, a better race. It is a book for both physicians and laymen. The therapeutic indications are eminently practical and useful.

Inebriism; a Pathological and Psychological Study. By T. L. WRIGHT, M. D. Columbus: Wm. G. Hubbard.

This work is an analysis of the inebriate constitution, especially with reference to the alcoholic proclivity. The author first gives a study of acute intoxication, showing the primary and secondary effects of alcohol, and the relation this holds to the production of the neurotic temperament. He then devotes several chapters in studying the phenomena of the neurotic constitution and dipsomania in its mental attributes and relations. The physical and psychical effects of alcohol are very fully dwelt upon, and altogether it forms a most interesting volume. For sale by the author. Address Dr. T. L. Wright, Bellefontaine, Ohio.

Electrical Medication. By A. W. TIPTON, M. D. Chicago: Ch. J. Johnson.

This is a revised and enlarged edition of "Clark's New System of Electrical Medication." After a brief and generally accurate symptomatology of the various diseases, the author gives explicit directions for the electrical treatment plain enough for every tyro to follow. This part is all that can be

desired. He adds to the various chapters recipes of domestic and old school practice, and, in order to make it as complete as possible, he further adds lists of homœopathic remedies; but no indications, and hence almost entirely valueless. The book is sadly in want of an index, in order to make it at all available for reference. It has a "contents," but entirely without system or reason, for we find Glaucoma next to Hydrophobia, and this following Cystitis. As it is, it looks too much like a book written for purposes of advertisement, while, in reality, there are enough of practical suggestions in it to make it worthy of a better interpretation. It is elegantly gotten up; beautiful type and paper. For sale by the author. Jacksonville, Illinois.

A Text of Materia Medica, Characteristic, Analytical and Comparative.
By A. C. COWPERTHWAIT, M. D., Ph. D. Third edition, revised and enlarged. Chicago: Gross & Delbridge; 1885.

This edition of "Cowperthwaite's Materia Medica" is certainly the most practical hand-book for the student and practitioner. It is just the book for the office table, to turn to on any doubtful point in deciding the remedy. Its great advantages over other Materia Medicas, to our mind, consists first in its comparative arrangement, and then in making the characteristic symptoms more prominent by changes in type. Both of these points we always missed in "Hering's Condensed"—the book that probably formed the basis of the original edition of this. The present volume is enriched by the addition of nearly 100 remedies, not included in the former editions; and a valuable pronouncing index, prepared for it by Dr. J. E. Gross. These additions and other changes will add materially to the usefulness of the book, and render it still more acceptable to the profession. We bespeak a very large sale for it, as it certainly deserves. The publishers have done their share in giving us an acceptable volume.

Report of the State Board of Health of the State of Tennessee. 1880-84.

A very interesting volume, published by the State of Tennessee. Among the valuable papers therein contained, we noticed especially the one on Ozone and its relation to public health, by J. D. Plunkett, M. D.; School Hygiene, by D. F. Wright, M. D., and the Natural Divisions of Tennessee in their Relation to Disease, by J. M. Safford, M. D. In the appendix the possible coming of cholera is discussed and directions for its management given. These would be much increased in value if the author had made himself acquainted with the therapeutics of homœopathy in relation to that dread disease, for surely the experience of the past is entirely in favor of the vast superiority of homœopathic treatment over that of the old school in the different cholera epidemics that have visited this country and Europe.

Publications of the Massachusetts Homœopathic Medical Society, 1884. Vol. VII. Boston, 1885.

We have every reason to be proud as a school of the published reports of our State Societies. Among those that contain articles of real merit and original thought the publications of the Massachusetts Homœopathic Medical Society take first rank. The present volume has excellent reports by the

Committee on Electro-Therapeutics, on Diseases of Children, on Obstetrics, on Zymotic Diseases, and on Surgery, Gynæcology, etc.

C. Wesselhoef's study of the question: Is the Homœopathy of Hahnemann the Homœopathy of to-day? is very wholesome reading, and his other contribution to this volume on "Control-tests and Drug Provings" should be read carefully by all homœopaths, especially those entering upon the provings of drugs. Dr. J. H. Sherman has a suggestive article on Diet in Dyspepsia. These are but a few of the many excellent articles in this volume of proceedings.

A Few Thoughts on Inflammation, considered in the light of Pathology and Patho-genesis. By PROF. E. C. FRANKLIN, M. D. St. Louis.

"I believe that there can be no precise and scientific method of treating inflammation till we have learned to compare the pathological and other changes which exist from the beginning to the end of this morbid process with the patho-genesis of our remedies founded on the groundwork of *similia*." Prof. Franklin therefore scouts the idea of Gilchrist, that "Every remedy of the *Materia Medica*, with but few exceptions, may be considered as having more or less applicability to inflammation." This doctrine he considers erroneous and unscientific, and he gives some breezy expressions concerning it. Altogether the essay is very enjoyable reading, and the attempt to apply scientific methods to our selection of drugs in opposition to the mere mechanical covering of external symptoms very laudable.

The Baby—How to Keep it Well. By J. B. DUNHAM, M. D. Chicago: Gross & Delbridge.

A little book dedicated to the mothers of America and intended to give them brief and plain directions on the subject most dear to their hearts. It is a practical guide for them in the preservation of the health of infants, especially in preparing wholesome food and providing for their comfort generally. It deserves wide circulation among heads of families.

Hay Fever and its Successful Treatment by Superficial Organic Alteration of the Nasal Mucous Membrane. By CHAS. E. SAJOUS, M. D. Illustrated. Philadelphia: F. A. Davis, 1885.

This little work by Prof. Sajous, Instructor of Rhinology in the Post-Graduate and Spring Courses of Jefferson Medical College, is an essay read before the Philadelphia Laryngological Society.

All will be glad to receive this new contribution on Hay Fever, for any light that can be thrown upon the treatment of this very obstinate affection will be welcome. There is no doubt that the local treatment as suggested by the author, of cauterizing by means of galvano-cautery or acids the hyperæsthetic portion of the nasal mucous membrane, thus overcoming the transmission of impressions made upon their surface to the nerve centers, will be found an effectual method of stopping or preventing an attack, but we believe that constitutional treatment by Homœopathic remedies, according to the totality of the symptoms, will do more to eradicate the tendency than anything else.

An Address on Cholera Infantum. By WM. P. WATSON, A. M., M. D., Philadelphia: J. E. Potter & Co., 1886.

This is an address reprinted from the Archives of Pediatrics, August, 1885, giving a study of the Etiology, Pathology and treatment of this common disorder of childhood. The dietetic and hygienic treatment is unexceptionable. In regard to the medicinal treatment the author gives some good points, viz.: "It is not advisable to give cathartics at any time." "The use of the various preparations of opium is always attended with more or less danger." "Don't give too much medicine. There is more harm done in giving too much medicine than in not giving enough." This negative treatment is far better than the indiscriminate dosing so often recommended, and is a good preparation for the more specific homœopathic treatment which ought to supersede all others in the treatment of diseases of children, certainly.

Malarial Fever as Suppressed; with illustrative cases. By JOHN HALL, M. D. Toronto: Williamson & Co.

A paper read before the International Hahnemann Association in 1884.

JOURNALS RECEIVED.

Child and State. A Journal devoted to Child-Saving. San Francisco.

The Medical Advocate. New York.

State Board of Health Bulletin. Nashville, Tenn.

California Medical Journal. Oakland.

The Medical Era. Chicago.

The Periscope and Clinical Review. St. Louis.

American Observer. Detroit.

The Homœopathic Physician. Philadelphia.

The Homœopathic World. London.

New York Medical Times. New York.

Physician's and Surgeon's Investigator. Buffalo.

Hahnemannian Monthly. Philadelphia.

Zeitschrift des Berliner Vereines Homœopatischer Aerzte. Berlin.

Therapeutic Gazette. Detroit.

Homœopathic Journal of Obstetrics. New York.

American Homœopathist. New York.

People's Health Journal. Chicago.

The Clinique. Chicago.

Southern Journal of Homœopathy. Austin, Texas.

U. S. Medical Investigator. Chicago.

Popular Department.

A FEW REMEDIES FOR ENURESIS -WETTING THE BED.

BY DR. BOERICKE.

After due attention to the hygienic and dietetic regulations, which are very important, homœopathic remedies will cure most cases of this sometimes obstinate trouble quite readily. The first remedy and most important is *Sulphur*, and this preferably in the 30th potency, a dose every morning and evening for a week. Just as soon as improvement sets in, stop giving the remedy, or at least lengthen the interval between the doses. The reason that *Sulphur* cures so many cases, lies probably in the fact that it corresponds closely to the "psoric" and scrofulous diatheses, and these cases of "bed wetting" occur generally in this class of patients. It is certainly curative in pale, lean children, with large abdomen, who crave sugar and highly seasoned food, who abhor to be washed, who have any tendency to skin troubles. Such little patients may be ravenously hungry about 11 o'clock, and then show flushes of heat. I always give the remedy first, unless some other is very plainly indicated and sometimes cure the trouble at once, as may be seen from the following case:

Mr. C. wrote to the author some months ago, as follows: "I have a boy who has always been troubled with incontinence of urine, wetting the bed every night if not taken up about midnight, and at times wetting his clothes during the day if he undergoes any paroxysms of fear or laughter. This urine deposits a sediment like iron rust, which, when left in a vessel, adheres and resembles fine grains of sand. Otherwise, his general health is good. About a year ago he was doctored for this trouble by an allopathic physician, but with

no good results. So, after months of trial, we gave it up, and concluded that the only thing to do would be to see if he would not outgrow it." I prescribed Sulphur 30—one dose every morning. Two months after the prescription, his father wrote again: "Since the first week after commencing the medicine, he has not wet his bed or clothes. It seems strange how readily his symptoms have yielded to the treatment."

It is now a year since the boy received the Sulphur 30, and no return of the trouble.

Causticum especially suitable for little boys, of weakly, feeble constitution, dark-complexioned, who have chronic swelling of the tonsils, inflamed eyelids, who pass the urine during first sleep.

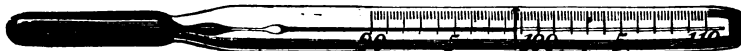
Cantharis is useful, especially if there be any pain or burning sensation while urinating. Edmonds considers this the most important remedy—five drops of the third dil. every night—and it rarely fails to effect a cure in his hands.

Belladonna, in the case of nervous, delicate children, who are restless in their sleep, start easily, moan and scream, and who may have scrofulous glandular swellings.

Verbascum is often curative. The little patient is apt to be sleepy after meals, complains of headaches, and frequently has a hoarse, dry cough. He is often hoarse, especially towards evening.

Equisetum.—The little patient seems to have gotten into the habit of wetting himself by day and night. There does not seem to be any special cause for it; simply a bad habit. *Equisetum* helps to overcome it.

Benzoic acid.—Sometimes the urine has a very penetrating odor. It is also highly colored. When this offensive, penetrating odor is present, Benzoic acid will be found a very efficacious remedy. It will change the character of the urine, and if not, remove the entire trouble. Some other remedy, like Sulphur, Sepia or Graphites, will effect a perfect cure.



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