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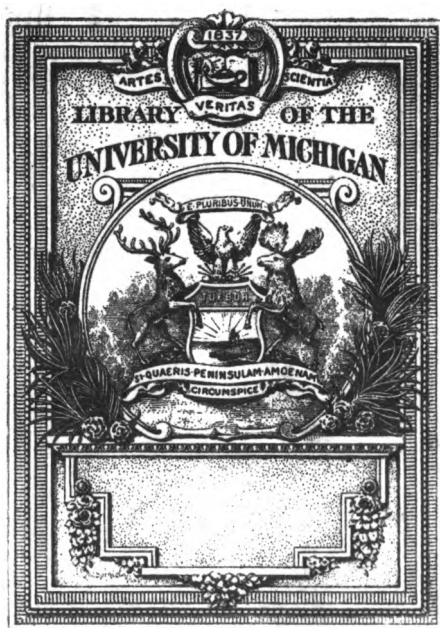
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# THE Medical Call

Vol. I.

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## Helps to Hear.

BY JAS. A. CAMPBELL, M. D., ST. LOUIS.

Which is the more preferable, blindness or deafness? is a question which is sometimes discussed. Certainly either is a calamity, but observation teaches that while the deaf are less helpless, the blind, as a rule, are the happier of the two. At first thought this statement may seem strange, but the fact remains, and a satisfactory explanation may be offered. When one loses his sight he becomes helpless, and must depend upon some one else for assistance in all his life relations; his very existence hinges upon this, and hence the blind surrender themselves most completely to their surroundings, and find their happiness within themselves; while the deaf man, seeing with sharpened eyes all that is going on around him, and hearing nothing, becomes suspicious and morbid and hence unhappy. Again the blind receive a universal sympathy which is not extended to the deaf.

The deaf are to be found in every community, and their various troubles and annoyances are well known. With this fact in mind it is my purpose, in this paper, to present to you a brief review of some of the numerous mechanical helps to hear, for it is a subject not well understood. It is not only interesting but it is also of much practical importance, for the physician will frequently be applied to for advice and aid in these cases, and, it being a subject so

entirely out of the usual every-day practice, the information given is usually vague and unsatisfactory.

A brief review of the physiology of hearing is essentially necessary before the subject can be properly introduced and understood. The parts of the organ of hearing, briefly given, are the auricle or external ear, the meatus auditorius externus or outer canal, at the bottom of which is stretched the membrana tympani or drum-head. Next comes the tympanic cavity, containing the ossicula auditus, or little chain of bones extending from the membrana tympani to the foramen ovale in the internal tympanic wall. Then comes the inner ear or labyrinth, in which the terminal filaments of the auditory nerve are expanded; and finally the auditory nerve itself taking origin in the base of the brain.

And this is how we hear. Sound is the result of air vibrations. The pitch of the sound depending upon the rapidity of these vibrations. The sound wave strikes the auricle, which is presumed to have some collecting function, it is then conducted through the external meatus, strikes the membrana tympani, which is thus set in motion. The vibration is transmitted to the little chain of bones, through which it is conducted to the membrane which covers the foramen ovale and articulates with the base of the stapes. The vibration is also transmitted to the foramen rotundum, and through these paths is continued on to the filaments of the auditory nerve distributed in the inner ear. The impression thus received is conveyed on through the audi-

tory nerve to the brain centres, and there perceived as sound.

We may then divide the organ of hearing into two parts, recipient and conducting, which consist of the series of parts above enumerated. Any break or interference in any of these links will interfere in a greater or less degree with the hearing. But as will be readily understood, the auditory nerve and nerve centres are the important parts of the auditory function, and as long as these remain intact so long may sound be perceived.

There are two ways in which sound may reach the auditory nerve, either by the usual channel as above given, through the external ear, drum head, ossicula, etc.; or, the sound vibration may be conducted through the bones of the head directly to the nerve itself. For instance, a vibrating tuning fork placed at any point upon the head can be heard very readily; and likewise the ticking of a watch is very plainly perceived when it is placed between the teeth. This is because the sound vibrations are conducted directly to the nerve of hearing through the bones of the skull.

All mechanical aids to hearing are of value, either because they intensify the sound, and thus overcome some obstruction in the pathway of the conducting apparatus, or because they open up a way for the transmission of sound through the other channel—the bones of the head. Under the first class, or those which intensify sound, or aid in completing a defective or obstructed link in the external or middle ear, we include all forms of ear trumpets, speaking tubes, artificial membrana tympani, or other mechanical apparatus adjusted on or in the external ear; the most important of which I here present to you for your inspection, and for brief explanation.

Ear trumpets are of various forms; the size, angles, curves and shape in each are presumed to be the most perfectly adapted in acoustic properties. We have the conical, the long, double curve, square, telescopic, the Martineau and a host of others. These are all held in the hand and are only variations of the same principle. In ancient and rural times the horns of animals were

used, and in many cases they answer every purpose.

The conversation tube is, as its name implies, for conversational purposes. The principle is exactly the same as in the trumpet, but the conducting tube being flexible, it is more convenient, less unsightly and answers for conversational purposes better than the trumpet. The speaker talks directly into the receiving end of the tube.

The ear trumpet of Haswell and the Martineau are somewhat similar, and are adapted to lecture rooms or church. They consist of a collecting chamber covered with a perforated disc, and are very serviceable.

The "Auricles" of the celebrated Itard fit into the ears, and are kept in place by a spring passing over the head, which can be worn concealed under a cap or bonnet.

Many other forms of ear trumpet have been suggested and made, some having a vibrating membrane stretched across their calibre, which is supposed to possess some advantages. In fact, almost every possible form has been exhausted by the suggestions of ingenious, ambitious and persevering aurists.

A small metallic arrangement to be worn concealed in the outer ear and called "Invisible," has been before the public as an instrument of great value as an aid to hearing. It is presumed to assist the hearing by keeping open the collapsed, flabby walls of the external auditory canal; theoretically it looks well, but practically it is one of the best failures ever invented.

The "Otophone" is a clamp to fasten behind the ear causing it to project farther from the head, and thus better collect the sound waves. This is indeed often an instrument of great practical utility.

Another very valuable mechanical aid in certain forms of defective hearing is the artificial membrana tympani. This is said to have been employed more than two centuries ago, but not as an aid to hearing; they were then used to protect the ear from external injury. In 1841, a gentleman who was deaf, living in New York, first made known the fact that his hearing was very much improved, by moistening a small vial of paper and then introducing it into the external meatus, down to the drum-head.

This fact was given to the profession, and from it originated the various artificial membranæ tympanorum now in use, three different forms of which I present for your inspection, namely, Toynbee's, Lucæ's and Gruber's. They are presumed to aid, by remedying a relaxed condition of the articulating ossicula, and at times by modifying and equalizing the drum-head tension. Hence it is only adapted to certain definite forms of defective hearing, generally only to be determined by direct experiment. This indeed applies to all kinds of ear-trumpets; no one form may be said to possess universal excellence over the rest; each must be adapted by trial to the individual case. Sometimes one and sometimes another will be found to answer the purpose best. Thus no unvarying rule can be made regulating the choice of a particular form of ear-trumpet most suited to any particular case; direct trial alone will best determine.

The above will represent the first-class of mechanical aids to hearing or those used in or upon the external ear.

Under the second heading, or those which utilize the bones of the head as a pathway for the transmission of sound to the inner ear, are to be placed the now well-known Audiphone and Dentaphone. The first originating in Chicago and the second being made in Cincinnati.

It has been stated above, that if a watch was placed between the teeth its ticking could be heard, because the sound vibrations are transmitted through the teeth, bones of the head and thence to the auditory nerve. The Audiphone in its application takes advantage of this fact. It consists essentially of a diaphragm of hard rubber, thin and elastic, presenting a collecting surface of about one square foot, something like a fan in form, with a handle for holding it. The upper edge is placed under the upper central incisors, and by pressure upon the handle, or by means of a cord attachment, the instrument is made to present a convex collecting surface to the speaker, and hence a concave face to the person using. If the auditory nerve is intact, and no obstacle prevents the transmission of the sound through the bones of the skull, this instrument will often be of much service

and aid defective hearing very materially in certain individual cases. The fact, that this instrument has gone before the public, through the medium of the newspapers, as a miraculous restorer of the deaf, without qualification or restriction has made it one of the greatest disappointments of the day. Dr. E. T. Ingalls, states in the Chicago Medical Journal, that Messrs. Sharp & Smith, of Chicago, had tried it in 150 cases and not a single one of them was benefitted. Notwithstanding this, there are certain cases where it is of use, which fact I have more than once demonstrated to my entire satisfaction. The value of the Audiphone depends entirely upon the condition of the auditory nerves and their being in a state to receive the sound waves conducted through the bones of the head, independent of the external and middle ear.

Without going farther into historical description of the Audiphone, I will state that its value depends upon a principle long known and well understood by aurists for years gone by. And even as an instrument it is old, for as early as 1770 a translation of a book by Prof. Buchner, of Halle, appeared in London, entitled "An easy and very practicable method to enable Deaf persons to Hear;" and one of the few novelties of this book, is the account where a partially deaf person was enabled to hear, by having a thin slip of wood touching his own upper teeth and also those of the person speaking.

The Dentaphone is a novel instrument involving the same acoustic principles as the Audiphone, and is applicable to exactly the same class of cases. It consists of a little chambered box about the size of a large watch, with an open side piece similar to the mouth piece of the telephone. In this little box is a vibrating diaphragm, through the center of which passes a silken cord about twelve inches long, connecting the diaphragm to a small plate of wood. To use the instrument the wooden tooth-piece is placed between the teeth, and the instrument, held in the hand, is directed toward the speaker, and the silken cord is rendered tense. The tones of the speaker's voice are received upon the vibrating diaphragm, are conducted through the cord to the wooden tooth-piece, and thence

through the teeth and the bones of the head to the auditory nerve, and are thus heard by the listener. This instrument is small, weighs but one ounce and a half, and from its small size can easily be carried about in the pocket. As mentioned before it is applicable to the same class of cases as the Audiphone, but as a rule it is of less value.

Dr. Knapp,\* of New York, after careful experiments with the Audiphone, gives a tabular list of fourteen suitable cases, from which it seems that all but two of the cases were benefited in varying degrees by it; but in every case, the improvement was less with the Audiphone than with the ear-trumpet; the difference being largely in favor of the ear-trumpet.

**Manzinita**—Dr. W. H. Kimberlin (*Med. Brief*) recommends this new agent in granulated eye-lids. He says "it acts much better than either zinc, silver, copper, gold, mercury or hydrastis, and with less pain or reaction. Yet it acts better alternated with them. I use the fluid extract of the leaves, paint it on with a brush after averting the lids. Purulent flocculi will immediately form, which should be washed off with any excess of medicine with a camel-hair pencil or dropper. The lids then replaced, in a few moments all smarting ceases. I repeat twice—once a day on second and fourth days." Try it.

**Erysipelas**—Dr. E. Freeman in the *E. M. Journal*, Cincinnati, Ohio, mentions several cases of erysipelas cured by the external application of tincture veratrum viride. He had the skin painted with it every four hours and covered with a dry bandage.

The medicines given were quinine and iron, with beef tea and nourishing diet. Under this treatment all swelling was arrested by the first application of the veratrum.

**Cornus Circinata**—(Green Osier)—Dr. Patchen, of Kirksville, Mo., claims that the tincture is nearly a specific for scrofulous ulceration. Add 20 drops to half a glass of water and give two teaspoonfuls four times a day.

For the Medical Call.

## The Hygiene of the Voice, from a Musician's Standpoint.

BY RICH. J. WILMOT.

Speaking and singing are physical acts, which are well or ill performed according as certain known physical conditions are fulfilled or disregarded; and it is to the credit of art that the training by which the best teachers of elocution and singing seek the fullest and strongest tone, with the least expenditure of force, is recognized by the physician as promoting not only the development of the exercised organs, but as conducive to the general health of the system.

It would be impossible, within our present limited space, even to outline the discipline which results in vocal culture; but we can yet call attention to a few very serious and very common faults, by which not only a good voice is marred, but the seeds of serious disease are often sown, and by correcting which even incipient disease is not unfrequently exchanged for robust health. The first of these faults is insufficient breathing. The voice is a wind instrument, resembling in this respect a church organ; the lungs serving the purpose of the bellows which collects the outer air, and of the reservoir which conserves it for future use, with this difference, that in the voice the bellows and reservoir can only be refilled while the instrument is silent. It follows, therefore, that at each opportunity of breathing the lungs should be filled to their utmost capacity.

For ordinary purposes of life this mode of breathing may be dispensed with, and indeed many persons never, at least except in sleep, fill their lungs to anything approaching their greatest possibility. Physiologists tell us that this defective habit of breathing deteriorates by excessive use the upper portion of the lungs, and by want of healthy exercise the lower.

In singing or continued speaking, owing to the necessity that the lungs should be filled rapidly, breathing should take place through the mouth; but as the air so received will be almost of the same temperature as the outer air, singing or speaking in a cold room or in the open air (except in

\*Archives Otolaryngology, vol. IX-X.

summer) should be avoided. In ordinary breathing, the passage of air through the nostrils raises its temperature so nearly to that of the system as to admit of the lungs receiving it without shock. Another grave and almost universal fault is (to describe it without musical technicalities) the neglect of the sectional divisions of the voice: Any voice in singing naturally, all its notes ascending from the bottom, will experience at certain places a change of physical sensations. The points where these changes occur are called nodes or bridges, and the notes between any one of these nodes and the next above or below it form what is called a register. Of these registers, the most important are the chest (the lowest), the middle, and the head register (the highest). The other registers are but subdivisions of these. The chest register is that in which a man, and the middle that in which a woman ordinarily speaks. A woman sometimes in speech employs the chest register, and a man the middle, in imitation of the other sex; and some men, without any affectation, furnish splendid examples of the middle register in hearty laughter. The head voice, which for our present purpose we may consider as peculiar to women, is only employed in speech for the final syllables of certain words intended to be heard at a distance, as a call to dinner, &c., &c. The fault we would indicate is the speaking or singing a pitch proper to one register, with the sensations, and consequently the quality of tone, proper to the register below it. This fault is shown by the laryngoscope to produce an angry and inflamed appearance of the vocal cords and the region of the throat in their immediate vicinity, increasing in intensity and extending the more the limits of a register are forced upwards. But as none of these symptoms manifest themselves where the sensations and quality of a register are carried downwards to the notes proper to the register below it, it is safe to adopt the following rule: Whenever a pitch, either spoken or sung, can be obtained at anything near the required power in two registers, that is, with two different sets of physical sensations, it will always be safer, in the absence of reliable guidance, to use the higher.

Children, in our opinion, should not use the chest register either in speaking or singing; and even should this be overstated, there is yet no doubt that for a child to declaim a piece entirely in the chest voice places a strain on an immature organ which very few women of ripe years could endure.

The next fault we mention is the use of the small, hacking cough, written in fiction a-h-e-m. It is most erroneously believed to be a means of clearing the throat; but the actual fact is, that while removing or relieving nothing, it irritates the delicate linings of the throat, inducing the very tickling sensations it was intended to relieve. It will usually be found that the determination to resist it will in a short time remove its supposed necessity. The throat may be lubricated by occasionally swallowing; also the very moderate use of salt, raw egg or slippery elm, &c., &c., may be found beneficial.

Passing over other faults which can hardly be discussed without illustration, we speak lastly of overwork. Most of the exertion of body or brain which ends by breaking down its subject, is in itself healthy—it is only harmful because excessive. Remembering this, we should regulate vocal work with a view to exercising without absolutely fatiguing the voice. It must, however, be admitted that some radical defect in the use of the vocal organs, and not excessive practice on a good method, is answerable for most sore throats.

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**Treatment of Ozena**—A patient having been affected with a muco-purulent fetid nasal discharge for a year, Dr. Walfrau employed twice a day for five minutes at a time, aspirations of a solution of tannin and glycerine (two per cent.) preceded by irrigation of the nasal fosse with one litre of a solution of sea-salt. In a fortnight afterwards he tried a solution of acetate of alumina at first one-half per cent. and then one per cent. Gradually the nasal secretion became less in quantity and fetidity, the number of inhalations were reduced, and the patient cured in six weeks.

SPECIALIST.

**DIPHTHERIA.**

This disease having invaded and being still prevalent in various parts of the west, it is an opportune time to reproduce the indications for some of our best tried remedies. These are mostly from Guernsey.

Avoid fatiguing the patient by *too much treatment*; do not force food upon the child, but try to please its appetite; allow as much ice or iced-water as may be desired. Select the remedy with the greatest accuracy, and good results may be looked for in most cases, and often will be met with even in the worst forms of the disease.

**Apis Mel.**—Great debility characterizes the case even from the outset, absence of thirst; scantiness of urine; the membrane has a dirty gray color; the pulse is very quick—at least 140; puffiness about the eyes; an eruption appears upon the skin which itches and stings.

**Arsenicum.**—The membrane is dry-looking and wrinkled, and may cover the entire fauces; very foetid breath; great dysphagia; very great prostration; the child frequently wants water, but in small quantities at a time; great restlessness, particularly after midnight; warm drinks are sometimes desired instead of cold drinks.

**Belladonna.**—The throat has a highly inflamed appearance, is very red and shining; drowsiness; the eyes are very much injected; the face is flushed; there is throbbing of the carotids; the pulse is very rapid; the child complains of chilliness occasionally; great difficulty in swallowing, with pain running up into the ear.

**Bromine.**—When the disease commences in the larynx and comes up into the fauces, and in some cases in which it runs down into the larynx, and produces a croupy cough, with much rattling of mucus. In either case there is rattling of mucus in the larynx on coughing, and the cough has a croupy sound.

**Capsicum.**—When, if a description can be given, the throat smarts as if from cayenne pepper; the diphtheritic deposit covers a considerable portion of the fauces. There is a sensation of constriction on swallowing.

**Cantharis.**—There is marked disturbance of the urinary organs; frequent desire to urinate, with burning and cutting pain; the membrane appears in patches on the posterior wall of the throat, with burning in the throat.

**Kali Bi.**—The disease extends into the throat (and bronchia), producing a croupy cough in paroxysms, with expectoration of viscid, tough mucus, which may be drawn out into long strings; tough and stringy discharge from the nostrils; pain in the left ear; swelling of the parotid and submaxillary glands; eruption on the skin, which looks like that of measles, the tongue is red, raw and shining.

**Lachesis.**—When the disease first makes its appearance in the left side of the throat, and there remains or extends from thence to the right side. The throat is very sensitive to touch or pressure.

**Lachnanthes.**—If the child has a very *stiff and painful neck, drawn to one side*, with diphtheria.

**Lycopodium.**—When it appears first on the right side, and from thence inclines to spread to the left, or it begins in the nose and extends down into the throat.

**Mercurius Sol.**—Profuse salivation; profuse perspiration; offensive breath; swelling of the submaxillary glands.

**Mercurius Prot.**—Great difficulty in swallowing, with great pain in the throat; the salivary glands are very much swollen and painful; very offensive smell from the mouth, and fetid discharge from the fauces and nares; Swelling of the cervical glands.

**Sulphur.**—The whole back part of the throat, posterior to the palatine arch, appears to be in a condition of ulceration and sloughing; very quick pulse; flashes of heat; frequent sinking spells.

*Phosphorus, Phytolacca, Croton Tig, Cubebs, Muriac Acid, Nitric Acid, Carbolic Acid, Permanganate of Potash, Baptisia, Ammon. Carb, and Ignatia* may also be indicated.

**Lac. Caninum.**—In malignant cases particularly with great prostration and entire loss of appetite.

### Creosote in Chest Affections.

Dr. Reuss, of Paris, has just made the remarkable (!) discovery that Creosote has a beneficial effect in certain cases of phthisis pulmonalis. This remedy has been used by homœopathists for the last forty years in this malady with the most gratifying results. As it is a somewhat neglected remedy with our physicians, it may not be amiss to direct attention to it, and ask a reference to the *Materia Medica* on the subject. The symptoms under "Respiratory Organs" are indeed very suggestive. It is amazing to the student of homœopathy to note with what refreshing audacity the average allopath endeavors to appropriate the results of our prowess, as his own.

### The Cæsarean Section.

On May 22, S. S. Lungren, M. D., of Toledo, Ohio, performed this operation for the second time upon the same woman, delivering a living male child—the mother having "a better getting up than the average case of labor." The child delivered at first operation, a girl, is now five years old.

"The whole number of cases of the Cæsarean Section in the United States is 113, with 49 recoveries. The whole number for North America is 121, with 56 recoveries. There have been 28 early operations, with 21 recoveries, and 23 children out of the 28 were born alive. There were 19 cases in which the sutures were used to close the uterine wound. There have been nine women operated upon twice in America and seven saved. Mother and child both saved in two instances."

Dr. Lungren is a Homœopathist.

**Felon**—Dr. I. H. Stearns, (*St. Louis E. M. Journal*), says the following treatment should abort a felon in twenty-four to forty-eight hours. Wash the part for a few moments in a solution of carbolic acid until it is softened and bleached; wipe dry and apply collodion several coats. Now, in drying, the collodion contracts and causes an even pressure, and pressure according to a physiological law causes absorption.

### Treatment of the Bad Odor from Foot Sweat.

Change the stockings twice a day, and place the stocking-feet for some hours in a jar containing a saturated solution of boracic acid. They are then dried and are fit for use again. The boracic acid effectually destroys the smell. But to kill the bacteria in the stocking is not enough. The leather in the bottom of the boot is wet and sodden, and smells as vilely as the stocking. This difficulty is got over by the use of cork soles. Half dozen pairs will be sufficient. A pair must only be worn one day unchanged; at night they are placed in the boracic jar, and are put aside the next day to dry. The boracic acid solution should be applied to the skin also.

### Dr. Sinclair, Manchester, England,

in a lecture upon "some effects of long continued lactation upon the Ovaries and Uterus," submits the following propositions:—

1. Lactation tends to prevent conception by its influence on the ovaries in retarding their return to the state in which ovulation is perfect.

2. After weaning, the evolution of the ovaries becomes more rapid than it is during any period of lactation.

3. After long continued lactation its sudden cessation is liable to be followed by a rapid evolution of the ovaries and uterus, giving rise to ovarian and uterine hyperæmia.

4. Long continued lactation may cause super-involution of the ovaries and uterus, resulting under favorable circumstances, in complete or partial prolapse of the uterus. —*Times and Gazette*.

**Jamaica Dogwood**—This new remedy is said to be capable of producing sleep and relieving pain. It was found to relieve toothache when taken internally or introduced into the carious tooth. We have no proving of this remedy but think it worthy of trial. Dose from 3 to 5 drops of the tincture.

### Placenta Prævia.

The following contribution to the report of the Bureau of Obstetrics at the last meeting of the American Institute of Homœopathy, contains the latest views of Dr. George S. Walker, on Placenta Prævia:

"We used to be taught, and the error has not been altogether corrected yet, that we should temporize with a patient flooding from placenta prævia until we deemed it dangerous to her immediate life, and then introduce the hand, turn and deliver by the feet. Prof. Simpson's proposition to separate the entire placenta and wait for natural labor was a slight improvement upon the old method, and is still applicable in some cases. The laws now laid down for the treatment of placenta prævia are very different and more definite. Among the elite of the obstetric art, there is very little difference of opinion on this point, save in minor details.

If you are *sure* you have a case of placenta prævia, and there is a sudden and severe hemorrhage, no matter in what month of pregnancy, premature labor is to be induced without delay. If the child is non-viable, that is previous to the seventh month, and the hemorrhage is slight, and the os uteri undilated, we may temporize, recommending absolute rest, cold applications, and the use of specific remedies. If necessary, dilate the os by sponge tents, or better, by laminaria tents, and follow in an hour or two with Barnes' dilators, or tampon the os and vagina, but only for an hour or two.

Be on the alert. Do not leave your patient for more than an hour at any one time. If there be any abnormal position, now is the time to rectify it by external manipulations. Remove the tampon or dilators, and as soon as possible rupture the membranes with a metallic or stiletted gum catheter; and draw off the water *gradually*. Do it *slowly*, or you may induce inertia of the womb. If the placenta is only partially over the mouth of the uterus, before puncturing separate the bleeding side with your finger, then reach above and draw that portion to the opposite side, or if central, and it resists the catheter, make a hole through the placenta first with a porcupine quill or its equivalent. As soon as the

water ceases to flow through the catheter, withdraw it, and enlarge the opening with the finger. If the head or breech presents, put on the binder and use uterine compression. Ergot should be given unless the birth be a cross one. Promote the pains in every possible way, for if active labor comes on, hemorrhage is impossible. If the head does not present, as is frequently the case, we should make the attempt to turn by the bi-polar method, and in case of failure introduce the hand and bring down the feet.

To sum up: in placenta prævia with severe hemorrhage at any period of pregnancy, induction of premature labor is the rule; water to be evacuated slowly. In cases of mal-position, turn by the bi-polar method if possible, and keep ever in mind the extreme danger of thrusting the hand within the womb. Resort to it only in the last extremity. In cases when placenta prævia is complicated with other dystocias, the ordinary rules of obstetric art are applicable.

By the old treatment one in three of the mothers die, and more than one-half of the children. By the improved treatment not more than one in ten of the mothers are lost, and the mortality of the children is greatly reduced."

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**In-Growing Toe-Nail**—Dr. Fanning, (*Med. Brief*) gives what he terms a most happy plan of treatment for this painful affection. He applies a solution of caustic potash of the strength of three drachms to water one ounce twice daily. The granulations soon recede and then he raises the nail and inserts a wedge-shaped piece of cork. This ends the trouble.

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**Hiccough**—Dr. Conant reports in the Counselor a case of hiccough in which he says the abdominal muscles were excessively tender, the mouth dry and parched, pulse 120, expression of face anxious and troubled. He put five drops of a saturated solution of bromide of potash in fifteen teaspoonsful of water, and ordered a teaspoonful every half hour. After the third dose the annoyance ceased and did not return.

## Relation between the Sex of the Fœtus and its Pulse-rate.

[NOTE.—We insert this article on account of its interest as an inquiry into a field not much cultivated. The author's name we would be glad to announce but do not know to whom the credit belongs.—Eds.]

A few years ago the writer read the rather interesting announcement that the sex of the child in utero might be prognosticated by simply counting its pulse, as it was stated that the female fœtal pulse was more rapid than the male. After several experiments to test the truth of the assertion the conclusion was reached that there is not a sufficient uniformity in the pulse to afford a criterion by which to judge of the sex. Considering it therefore as a subject of small practical importance only a few of the observations made, were reduced to writing. The following cases were observed at the Home for Friendless Women in this city, the name of the mother being given.

| MOTHER.  | SEX.           | PULSE-RATE. | (Taken during interval of pain.) |
|----------|----------------|-------------|----------------------------------|
| Alice,   | boy,           | 132         |                                  |
| Clara,   | boy,           | 120         |                                  |
| Mary,    | girl, (feeble) | 112         |                                  |
| Mrs. W., | girl,          | 130         | (Case from private practice.)    |

Of about twelve other observations made, but not recorded, the figures corresponded as between the sexes very nearly with those above given, but the average frequency was greater. I quote the following from *Obstetrical Journal*, of Gt. Britain and Ireland. Dr. Engelhorn of Leipzig reports in the *Archer für Gynäkologie* "thirty seven cases in most of which the observations were repeated several times on different cases. Remarkable variations of the pulse-rate of the same fœtus were observed amounting sometimes to a difference of more than twenty beats. Extraneous influences had been eliminated as far as possible by taking observations only when the woman was resting quietly, and when the fœtus was also quiet. The average frequency in the case of boys was 137.7 in girls 140.8. The difference thus shown is of so trivial an amount, as compared with variations at different times, or associated with the causes, as to be of no avail for the diagnosis of sex. There were also several instances of very rapid pulsations in boys (as 150-160) and very slow in girls, such as 128. With regard to the variation of the fœtal pulse-rate

at different times some relation seemed to be shown between it and the maternal pulse-rate, although there were not unfrequent exceptions to the rule. But taking all the cases together to maternal pulse-rate between 60 and 80 correspond a fœtal pulse-rate of 134.9; while to maternal pulse-rates between 80 and 100 corresponded a fœtal pulse-rate of 143.9.

The author suggests, that in the absence of any vascular or nervous connection between mother and fœtus, the relation between the pulse-rates thus shown may depend upon differences in the amount of carbonic acid in the blood, affecting the vaso-motor centers of the fœtus. Many observers have noticed a similar acceleration in the fœtal pulse, when the mother is suffering from an acute febrile condition.

A relation between the size of the fœtus and its pulse-rate might be thought probable, since such a relation holds both in the case of different animals and adult human beings. The explanation of the latter fact, which has been suggested, namely, that it depends upon different rates of loss of body heat, is only hypothetical. The idea that such a relation exists seems to be confirmed by the author's statistics, for he finds that to a length of the fœtus between 16 and 18 inches, corresponds an average pulse-rate of 147.9; to a length between 18 and 20 inches, (45 and 50 cm.,) an average pulse-rate of 137.9, and to a length of over 50 cm., (about 20 inches), an average pulse-rate of 126.6. To this rule, however as to others, there are frequent exceptions. In conclusion, the author decides that the tempting idea of diagnosing the sex of the fœtus by means of its pulse-rate, is not justified by experience."

## Fœtal Ascites.

In the evening of Nov. 26, 1870, I was called to see the wife of Elias Simonton, colored. Found her in labor, and according to her "count" she had passed her "time." Labor progressed as usual, except that the pains were quite severe until the head reached the perinæum, whereat all progress ceased. Matters having remained thus for about ten hours, the pains meantime being very severe, and symptoms arising that

pointed to the direct intervention of art, I called my friend, Dr. Edic, in consultation. By the aid of forceps we soon succeeded in delivering the head, when another unaccountable delay occurred in our attempts to deliver the body. However, by dint of pretty hard traction, the body was finally drawn through the genital orifice. The cause of obstruction was now evident in an ascitic condition of the foetal abdomen.

From the sloughy patches observed upon the skin we concluded that death had occurred probably two or three weeks before delivery; and this corresponded nearly to the time at which the mother expected to have been confined. There was no rupture of the perinæum, but a slow convalescence. We observed no evidence of syphilis in either the parents or the foetus.

In a paper read before the Societe Anatomique, in February, '76, M. Porak records a case in which labor was obstructed by inflammatory Ascites in the foetus of seven months. No signs of syphilis in the patient or her husband could be discovered.

From the sixth to the seventh month of pregnancy the size of the abdomen increased in an extreme degree. She suffered from abdominal pains and the legs became oedematous. Labor commenced on the evening of December 22. The midwife ruptured the membranes, and the head rapidly descended to the vulva, but there became arrested. Not being able to produce any effect by traction on the neck, the midwife, after six hours, twisted round the head until she was able to separate it from the body. She then brought down the arms and pulled them off in succession. A doctor was then called in who performed version, and in attempting to extract the body, tore off the legs. The woman was at length removed to the hospital in a state of extreme prostration, the uterus no longer contracting, tongue and lips covered with sordes. The placenta was detached and hung by the cord outside the vulva. M. Porak, introducing his left hand within the uterus, found a fluctuating swelling in the abdominal region of the foetus. He introduced a sharp-pointed crotchet, piercing the swelling, and fixing the instrument in the pelvis of the foetus, extracted the trunk without difficulty. A large quan-

tity of transparent inodorous fluid escaped at the time. The mother never recovered from her prostration, and died December 25. The foetus did not appear to have been long dead, there being no maceration of the epidermis.

The above is the only case of the kind which I have ever found recorded.

W. F. MORGAN.

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For the Medical Call.

### "Cosmol-Tannate" in Catarrh.

F. L. PEIRO, M. D., CHICAGO.

There are those in the profession who decry all local applications in the treatment of diseases of whatsoever character, claiming that constitutional drug-medication alone is sufficient. Well, I make no issue with so respectable a class in our ranks, being assured of the sincerity of their belief, but if years of observation in the treatment of catarrhal affections have taught anything it is the absolute necessity of topical applications to the affected surface—whether to sloughing tissues or hypertrophied membrane only.

The question that engrossed my attention has been in reference to the best form of application—that is, the most permanent and effective. Of the many commended, watery solutions, tinctures, powders, inhalations, and the spray, have not been productive of the general good we are wont to expect.

The indiscriminate use of the atomizer is valueless; the general use of "douches" is far worse, from their liability to extend inflammatory action into the eustachian canals.

Tinctures injected into the nasal fossæ generally prove exceedingly painful and detrimental. Watery solutions pass too quickly for permanent good, and the insufflation of powders is not generally practical because impossible to force it into the superior fossa where hyperæmia is most frequent and so painful as to necessitate relief. Inhalation—as mistakenly practiced by some—is useless, when the upper portion of the cavity is sought to be reached. With these objections in view I, some two years

since, began the use of what I now for the first time term, for the want of a better name, "Cosmol-Tannate," as expressing its component elements, of cosmoline and tannic acid, an ounce of the former to 120 grains of the latter, thoroughly triturated in a mortar, placing in receptacle for use. (A little spermaceti is added in warm weather to maintain proper consistency. It can be perfumed to fancy with any of the various oils—I prefer the oil of roses.)

A little of this pomade is taken up on the point of a flexible probe, and by illuminating the cavity, is deposited in the desired part, whether the middle or inferior fossa, anteriorly or posteriorly. The advantage I have observed over other methods of using tannic acid for hypertrophy of erectile tissues and other membranous portions of the nasal cavity, so almost invariably found in chronic nasal catarrh, is the more perfect and permanent contact of the remedy to the affected parts by reason of its slow dissolution, and the lubricating action of the compound, softening the membrane, preventing irritation and suffering. With ladies and children who fear physical pain its value will not be overlooked.

It is not claimed as a panacea for all cases and should be applied judiciously, but if used as directed for the purpose indicated it will, I feel assured, be found by others as by myself, the most efficacious and pleasant astringent of which I have any knowledge.

To the general practitioner it will prove valuable because of the good he can accomplish and the impossibility of harm occurring from its use. In cases where much "stiffness" is the prominent symptom it should be applied once each day—better in the morning, with such constitutional remedies as the individual case may require.

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For the Medical Call.

### Can the Children Be Saved?

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BY DR. W. JOHN HARRIS, ST. LOUIS, MO.

In calling attention to the present death-rate among children, it is not necessary for me to have recourse to statistics to prove the great mortality of the little ones.

The fact is too well known to all, and is of such vital importance as to merit our careful attention.

Why do the children die? and is it in our power to lessen the present death-rate? are questions that demand our attention, and which, if successfully answered, will well repay us. To improve the health of the children we must, in very many cases, go back to the mother. Farther back than the nursery must we go—even to "Nature's nursery," before the child has made its entrance on the world's stage.

How truly, and to what extent, are the sins of the parents visited on the children, in the shape of disease, is too well known to all physicians to need comment here. When the little ones make their entrance into the world, they are too often only the shadows of what they should have been. The great prevalence of uterine diseases, and all the succeeding nervous troubles among the women of the United States to-day, has its natural consequence in the weak and enfeebled children. The great advances during the past fifty years in gynecology, and in the treatment of diseases of women and children, is only kept pace with by the diseases of the one and the debilitated condition of the other. Doubtless there is much that could be said against the present system of dress with some of our women, but which we will not stop to discuss now. All the dogmas of fashion, that tend to debilitate our girls, should be cast aside.

When a woman has from 10 to 30 pounds of merchandise dragging round her waist, it is impossible for her to carry or nourish her unborn babe. Then the use of tonics, stimulants, nervines and opiates all react on the child. Against the use of stimulants or opiates for mother or child, we must enter our protest. The results of this constant "dosing" can not be estimated; yet how few mothers appreciate this great truth, at least in their earliest experiences of motherhood.

A prominent London physician says, "the babies of London are always intoxicated, from the time they are born till they are weaned." Then we have thousands of mothers—so called—who fly from the blessings of nursing their own children. Their

love is microscopic,—it would require a very powerful glass indeed, to discover that any love had ever existed. I speak of the miserable creatures who, endowed by nature with teeming strength and blooming health, blessed by good fortune with riches that place them beyond want; give themselves to the lowest enjoyments; do service in the train of the most ridiculous and ruinous passions; who look upon children as a curse, or, at least, as very troublesome blessings, and give them up wholly to the care of uncultured or even corrupted nurses and servants. Oh! ye nurses and servants! how many children have been ruined physically and mentally through your neglect! What their negligence leaves uninjured must indeed be strong. The mothers that can trust their children entirely to these make-shifts of maternal guidance, are not worthy the sacred name of mother. Would that they would copy the example of Cornelia, and consider their children, their “jewels.”

The great cause of the death among children is, that so many have such little vitality that when disease comes the debilitated system can not resist its ravages. Although the diseases of children are very much less fatal under our treatment than under that of the old school, there is very much to be accomplished yet. In Scarlatina we see the wonderful benefit of our practice over the old school; in Rubeola, Dentition, Summer complaint, and all the diseases to which children are most subject, we have more success in treating them under our system of practice; but what we want is strength within to resist,—a positive force to combat disease. We must adopt all possible sanitary and dietetic measures for the constant and permanent improvement of the children. With these debilitated constitutions we must have constant watching on the part of the mother, and instead of “*patching*,” in case of sickness, we must have patient care and *cure*. To accomplish this end, we need that the mother shall second the physician in his efforts to cure, and this not only by giving the remedy as directed, but by following careful and judicious dietetic measures.

To raise the standard of vitality—to improve the general health of the children, is our only certain and sure way of reducing,

to any material extent, the present mortality among them. To accomplish this, the parents must make an effort in the right direction as well as the physician, and this not only after the birth of the child, but by preserving the health of the mother especially, both before and after conception.

By rightly following nature's laws, by abstaining from sexual congress during pregnancy, and by the mother keeping up the standard of her own health, may we hope to accomplish some good in the way of giving the children sound bodies, and within the body a sound mind. The aim of the mothers must be to *live for their children*. The aim of the physician to teach the mother what to do to prevent disease, and, when it does get foothold, by careful medication to *cure* and not to *patch*.

Thus shall we build the constitution up, give good vitality and disease resisting power, and materially lower the present mortality among the children.

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For the Medical Call.

### **Malignant Diphtheria.**

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F. L. PEIRO, M. D., CHICAGO.

The positive opinions of some, and beautiful theories of other writers, relative to the causation of diphtheria have, as must be apparent to medical observers, this year been set at naught by its appearance in localities remote from large cities, where the sanitary influences so desirable have been as nearly perfect as can well be conceived, both as to eligible location and personal cleanliness; and yet in these very country towns and villages, where no stagnant waters are; where the breezes of heaven waft their purest breath, and the sun sheds its most health-giving rays, have we found the ravages of diphtheria the most extensive and malignant, while in so large a city as Chicago, accredited with possessing the germ for nearly all ills to which human flesh is heir, diphtheria in particular, the people have suffered from its ravages to a singularly limited extent, as shown by statistics and weekly mortality reports. Now, why this is so I shall not attempt to define, assured that any reader

is fully as capable to do so as myself, but the difficulty of solving the problem should actuate us to redoubled efforts until we have attained a more correct and invariable data than hitherto. My attention, as counsel with several physicians, in different parts of Illinois and Iowa during the summer months, has been especially directed to various phases of diphtheria which constitute its most dangerous form.

The insidious manner of its development, almost totally lacking those general premonitory symptoms we naturally expect in the regular conduct of its onset; the usual gradation from lassitude to fever, head-ache and chill, violent febrile action and attending inflammation of the laryngeal and pharyngeal soft tissues; the incubative process requiring the stereotyped three to five days for its definite determination were in nearly all cases observed markedly wanting. The child playing as usual would retire after a generally hearty supper; to be awakened by a sense of heat and suffocation before morning, rendering a physician's attention necessary before day, indeed in this respect quite resembling the advancement of croup. But an examination of the fauces and character of respiration soon relieves all doubt, and the presence of malignant diphtheria is only too apparent. The rapid formation of the pseudo-membranous patches and of all other symptoms incident to the dreaded disease were beyond all the recognized course of its usual development.

With this rapid transition the vital forces kept pace, and the necessity for nourishments and stimuli were early and urgently demanded.

The tendency to cerebral and spinal congestion were very marked and within the first twenty-four hours from first evidences manifested a persistent tendency to paresis reflex in character, evinced by impairment of nerve-action exhibited by early aphonia and aphagia.

The false membrane, too, progressed with equal celerity and in character and extent early assumed dangerous proportions. The malignancy of the attack was manifested by the rapid development of the specific character of the deposit, assuming at once, seemingly, the thick, deep, bluish gray

lusterless formation with the angry engorged base we are wont to observe in all cases of great gravity. A marked absence of gradation of development, from a light filmy patch on the tonsil and fauces, becoming denser and more firmly adherent, etc., as witnessed in ordinary and milder types was observable. The tendency to gangrene was in nearly every case quite remarkable and hemorrhage frequent.

But the space this article is to occupy forbids further details, and the reader may be more impatient for a reply to his two practical questions. "What did you do? and with what result?"

When seen before the state of collapse, when evidence of possible relief were at all obvious, the warm bath—as warm as could be borne—was immediately resorted to, adding to the water half ounce of *Aqua Ammonia*, keeping the patient in, covered over with a woollen blanket to retain heat as long as seemed satisfactory to the little sufferer. And it was pleasant to note the look of relief expressed by the patient, at times actually passing into a calm, sound, refreshing sleep from which alone he would awake with evident benefit. So pleasant was the effect of this hot bath that a decided aversion to removal was frequently manifested. From the bath tub into "hot pack," a woollen blanket wrung in hot water and wrapped around the body, renewed as necessary to keep up artificial temperature. The degree of heat and duration of the applications must be left to the discretion of the physician, if his manner be gentle he will seldom experience opposition from the patient.

*Gelsemium* 1x every ten minutes was the remedy first given, as a rule, with marked beneficial effect in reducing the thermal and cardiac exaggeration. *Atropia* 3x usually exhibited every one or two hours according to urgency, relieved present nervous irritation, and pain in fauceal region, indirectly ameliorating both respiration and deglutition. Never for a moment forgetting the importance of nourishment, beef tea and chocolate were constantly kept ready for administration at available periods.

The most prominent inflammatory action having subsided *Merc. Biniod* 3x every four hours generally sufficed to bring the patient to a state of convalescence when *China* 3x and good nourishment was relied on to effect a complete cure.

But occasionally improvement did not take place so readily, more serious aspects confronted us, profuse bleeding from surfaces uncovered by sloughing membrane to such an extent as to threaten life, would occur to be dealt with, and here the insufflated pulverized *Per Sulphate of Iron*, (Monsel's salt), proved an invaluable agent in arresting the hemorrhage. Occasionally detached membrane demanded removal from the larynx threatening asphyxia.

Again, cases were met in which our best endeavors proved utterly unavailing. But in justice to the generous physicians with whom I came in contact I must state the large mortality was among those cases for whom *counsel* was called, hence more urgent and doubtful than ordinary cases for which additional advice is seldom essential. And though, as will be noted, the treatment pursued was not as successful in tangible results—in saving life—as may be expected by some, and of course desired by all, I may observe that so far no form of treatment has yet been devised by any one, of any school of medicine, which has in malignant diphtheria, been attended with uniform success, and even Homeopathy with its grand law and great practice, with growing experience comes the inevitable conviction that in our present state of knowledge there are diseases, or stages of maladies that we know not how to cure, and those who think otherwise will only require to wait until opportunity afford them the necessary observation, and their experience will then surely corroborate our own.

### Hahnemann's Method of Cure.

Hahnemann says: "The principle according to which the treatment of every case is conducted, is essentially the same in all cases, although its application differs according to the symptoms of the case. Every special case of disease being a group of distinct symptoms, and different from those of

any other group, the investigation of a remedy which shall be applicable to any given group has to be conducted in a perfectly distinct and independent manner. I here subjoin a few simple cases of cure.

Mrs. S., laundress, forty and odd years old, had been laid up three weeks, when she consulted me on the first of September, 1815.

1. At every movement, especially when treading, she has stitches in the pit of the stomach, coming, as she expresses it, from the left side; the stitches are worst when making a mis-step.

2. When lying down she feels quite well; she has then no pain anywhere, neither in the side, nor in the pit of the stomach.

3. She can not sleep after three o'clock in the morning,

4. She relishes her food, but after having eaten something she feels an inclination to vomit.

5. When this inclination to vomit comes on, the water accumulates in her mouth, and runs out of it, as in water-brash.

6. After every meal she has several empty risings.

7. She is of a vehement temper, disposed to be angry. When the pain is violent, she is covered with sweat. Her menses are regular, and had ceased a fortnight ago.

No other abnormal symptoms.

As regards No. 1, *BELLADONNA*, *CHINA* and *RHUS TOX* produce stitches in the pit of the stomach, *but none of them only during motion*, as in this instance. *PULSATILLA* (see symptom 345) causes indeed stitches in the pit of the stomach during a mis-step, but such stitches are a rare alternate effect of *PULS.* Moreover, *PULS.* has neither the same gastric symptoms as here indicated in the relation of No. 4 to Nos. 5 and 6, nor is it analogous to the temperament of the patient. *BRYONIA* is the only remedy which produces pain from motion, and especially stitching pain, and likewise stitches (in the pit of the stomach) under the sternum when raising the arm, (95); during a mis-step it likewise causes stitches in other parts, (341, 400). The negative symptom, No. 2, is especially corresponding to *BRYON.*, (430); but a few medicines (except *Nux V.*, and an alternate symptom of *RHUS TOX.*, neither of which remedies corresponds to the rest of our

symptoms), have no pain in a state of rest; this absence of pain corresponds, however, especially to BRYON. (430 and many other symptoms).

No. 3 indicates several drugs, also BRYON. (475),

Symptom No. 4, so far as the "inclination to vomit after a meal" is concerned, indicates several other drugs, (IGNATIA, NUX V., MERCURY, IRON, BELLADONNA, PULSATILLA, CANTHARIDES), but is not so constant and usual with either of those drugs as with BRYON., and is much less accompanied with relish of food, (164).

As regards symptom 5, several drugs, among which BRYONIA, cause an accumulation of saliva resembling water-brash, but those other drugs do not produce the other symptoms of our group. BRYONIA, therefore, deserves the preference in this respect.

The empty risings (of air merely) after a meal, (symptom 6), exists in but few drugs, but in no drug is it so constant and characteristic as in BRYONIA, (143, 149).

No. 7. One of the principal symptoms in diseases is the temper of the patient, (Org., § 230, 231); also in this respect BRYONIA corresponds perfectly to the present case.

From all these reasons BRYONIA deserves a preference over every other remedy in this case. \* \* \*

I gave her one drop of the tincture of BRYONIA. Cured."

Mr. W., a weak, pale man of forty-two years, whose business was at the writing desk, consulted me on the 5th of December, 1815; he had been sick five days.

1. On the first evening he was attacked with nausea and vertigo, without any visible cause, accompanied with eructations.

2. Sour vomiting at two o'clock in the night.

3. Violent eructations in the three nights following.

4. On the sixth day eructations of a putrid and sour taste.

5. Sensation in the stomach as if the food lay raw and undigested in the stomach.

6. The interior of the head seemed to him enlarged, hollow, gloomy and sensitive to pain.

7. The least noise affected him painfully.

8. He is of a mild and placid temper.

Remarks to:

No. 1. Some drugs cause vertigo with nausea, among which PULS. (2), which causes vertigo in the evening (4), which only a few drugs do.

No. 2. Vomiting of sour and sour smelling mucus is caused by STRAMMONIUM and NUX V., but not in the night. VALERIAN and COCCULUS cause vomiting in the night, but not sour. IRON is the only drug which causes vomiting in the night, (54, 55), and may even cause sour vomiting, (59), but it does not correspond to the other symptoms of this group.

PULSATILLA not only causes vomiting in the evening, (312, 316), and nightly vomiting generally. (317), but it corresponds also to all the other symptoms of the present group.

No. 3. Nightly eructations indicate PULS., (263, 264).

No. 4. The foetid, putrid (230) and the sour eructations, (268, 269), likewise indicate PULSATILLA.

No. 5. Only a few remedies cause a sensation as if the food remained raw and undigested in the stomach, but none so completely and strikingly as PULSATILLA, (286, 287, 291).

No. 6. IGNATIA (2) produces this symptom, but none of the other symptoms. PULS. has this symptom likewise, (35, to compare with 38, 80, 81).

No. 7. PULS. produces this symptom, (905), as well as an excessive sensitiveness of all the other organs, for example, of sight, (90). NUX VOM., IGNATIA and ACONITE, produce likewise intolerance of noise, but they correspond to none of the other symptoms of this case, and least of all to

No. 8. PULS. is, more than any other drug, capable of producing mildness of temper.

This patient could not have been cured more easily, certainly and permanently, by any other remedy than PULS. Being weak and worn out, he only took half a drop of the 16th potency of PULS. toward evening. On the day following he was restored. \* \* \*

In looking out a remedy, it is sufficient to note the initials of the drugs producing the first symptoms, recollecting the conditions in which the symptom is produced. This same proceeding is followed with each of

the other symptoms, and that drug which contains the most striking and characteristic symptom of the group is the remedy." (Preface to V. II., *Mat. Med. Pura.*)

The method here being so simple, and the result so precise and satisfactory, is well worthy our imitation.

### Notes from Practice.

BY DR. A. B. STOCKHAM, CHICAGO.

CASE. Mrs. N—, engaged my services for the seventh confinement, stating that I might expect a tedious case as in all previous labors the skill of physicians had been baffled. She had lingered in labor from 48 to 96 hours, attended with convulsions and other distressing symptoms. Summons came for me on a bright June morning at 5 o'clock. She had had irregular pains all night, was very nervous and had great dread of her sufferings, having no hope of relief for at least two days. I found no dilatation and pains assuming the character of false pains.

I gave her Aconite and *Cimicifuga* hoping to arrest the pains until relaxation could be produced and left her. At ten o'clock returned armed with one of Dicken's most voluminous of novels for two days pastime. Found the pains increased in severity attended with rigidity of os, still no dilatation and pressure of uterus upward, although a woman of great self-control she could not repress the most piercing screams. Administered a hot sitz bath, increasing the temperature until most copious perspiration was induced, after which enveloping her in blankets told her to go to sleep while I sat down to Dickens. She obeyed orders, slept soundly, having pains about every fifteen minutes and instead of the screams she would exclaim "What relief" "Heaven surely can be no sweeter than this rest," "What a blissful change." I would say, don't talk, don't bear down, sleep all you can and still read Dickens. About one expulsive pain came on, examination revealed full dilatation of cervix and head advancing. At 3:30 P. M. the child was born, no spasms, no instruments, no medicine after the birth. This is only one of many that I have relieved in the same way and always find it

effectual if there is no mechanical obstruction. I believe this hot bath would save thousands of instrumental deliveries. I never had a more grateful patient than this one. The only unpleasant sequel in this case was, I did not finish my novel and have not to this day.

CASE 2. Mrs. L—, primipara, aged 33, a severe tedious labor with slow dilatation. Gave the hot bath with the happiest effect, patient, nurse or an old woman all went to sleep. Pains continued but for two hours did not awaken patient. The most profuse perspiration continuing. When expulsive pains came, labor was completed in one hour. It was, however, almost immediately followed by violent hemorrhage inducing fainting. Examination revealed placenta attached, the fibres so interwoven into that of the uterus that the least attempt at removal caused the greatest suffering. She pleaded so hard for rest, and while waiting for chloroform, I grasped the placenta and brought it down in the cervix to prevent its contraction. This gave relief and there being no symptoms of internal hemorrhage I decided to leave it for a few hours. The placenta was expelled in about twelve hours without assistance, and the patient made a rapid recovery. At the time I thought the excessive relaxation from the bath caused the flowing, but I now think it was only exposure of the blood vessels from the partial adhesion of the placenta. Its removal from the body of the womb allowed the organ to contract upon the exposed blood vessels and arrest bleeding. Have used the same means with other cases since with similar results. I would like others to test this method of managing adhered placentas, I never hasten the delivery of the after-birth unless there is hemorrhage. It can remain forty-eight hours without injury.

Still if it was expelled from the uterus and simply lay in the vagina as it often does, I should think the attendant reprehensible for not interfering.

CASE 3. Miss L—, at Home of the Friendless,—seduction under promise of marriage, for several months showed marked symptoms of insanity. Day in and day out she cried and wrung her hands lamenting her

condition, one of the members of the board took her to her own house for a few weeks, when under genial influences she in a great measure recovered her cheerfulness. She returned to the home and engaged in labor with the rest of the inmates. When first notified that she was in labor I found the head far down in the vagina having already passed the superior strait, but the cervix not dilated sufficient to admit a finger. I feared trouble, ordered a hot foot bath and quiet. This was at 6 P. M., I left for two hours, on my return found her sitting in a small rocking chair braced by both hands and feet screaming incessantly. There seemed not one instant pause between the pains. I put her in bed and found the head so low it could almost be grasped by the hand while the cervix was not dilated to the size of half a dollar. Of course I feared rupture of the uterus. I gave Bell., placed hot bricks about her and kept digital pressure upon the head, at 10:30 the child was born large and healthy. Good contraction followed and she seemed all right only that she was very apprehensive, she would not recover and constantly asked if she was out of danger. We attributed this to mental derangement or to the fact that another woman was in hard labor in the same room. She got little or no rest that night. The next day seemed as well as most patients after delivery, only lacking the power to sleep. The next night got some rest, but the following morning I found her hot and feverish, but no soreness or tenderness, and no symptoms to suppose it was more than milk fever. At seven o'clock in the evening I was summoned in great haste to find the patient dead. She had shown symptoms of restlessness in the afternoon but nothing alarming to an experienced nurse, until about an hour before she died. Was dissolution the result of the brain affection or was it sphacelus of the uterus from undue pressure of the foetal head? Can any one explain it?

**Lachesis**—"WORSE AFTER SLEEPING."—That is true, but it is not the whole truth, it misleads. The symptom should read thus: "the patient's sufferings waken him from sleep." Many symptoms of *Lachesis* seem to grow worse, or to set in when the

will of the patient becomes inoperative in sleep and he is awakened by them. The remedy seems to profoundly affect the involuntary functions and the will power must supply the deficiency.—C. B. Gilbert, M. D., in *Med. Advance*.

Read before Missouri Institute of Homœopathy, June 2, 1880.

### Parturition Without Pain.

BY JOSIE JOHNSON, M. D., ST. LOUIS, MO.

I here present a few of my ideas concerning the treatment of mothers during gestation. I want to say to my co-laborers in this great work, that you cannot instruct your patients too much in regard to their conduct during the process of forming a new being, both morally and physically, to take their places in after years; so instruct them that their children may have no occasion to wish they had never been born. If every mother would conform to the best conditions of maternity, call in the best aids, and place herself in the best surroundings, what a splendid race of men and women we would soon produce. The roughs, rascals and murderers will never be hung out of the world; but in a few generations they could be bred out, on the same principle that stock-raisers employ to breed out poor or defective animals. I find a great many ladies who do not know that their whims, fears, anxieties and unrest will react on their children, and give character to their organizations, and that the next generation will be no improvement on themselves. I have given this subject and its bearings the deepest enthusiasm of my nature, and I do know that the mother's whole life, during the period of gestation, is devoted to the forming of the little one: every thought, every desire, influencing it to a greater or less degree. It is a well-known fact that a strong desire of the mother for certain articles of food, if not gratified, will produce the strongest love in the child for the same; feelings of intense love or hatred for persons, will produce the same marked feeling in the child. The mother stamps the embryo being with future glories or miseries, as the case may be, with her own mental state. If she so wills, she can produce an eloquent orator, a poet, minister, lawyer,

artist, or doctor; or she can produce a misable, peevish, quarrelsome vagabond. We reap as we sow. We can not have revengeful and murderous feelings and born a child with noble and generous impulses. We can not implant the germ of a murderer and develop a minister after birth. The physical powers and mental strength are organized during conception and gestation. After the child is born you can not add new qualities, but you can cultivate and bring out powers that are lying dormant in the organization; you can never make a theologian out of a skeptical brain. I have so many times wondered, when I have heard ministers pleading with hardened sinners to "flee from the wrath to come," why they did not raise their voices in behalf of the unborn generations, and teach the people to born their offspring morally good, with less "original sin" to be washed away by tears of repentance and baptism. It would do more towards improving and regenerating our race than all the creeds and sectarian dogmas ever invented. It seems to me the men of God have failed, to a great extent, in their mission, when they fail to warn their hearers that if they give way to bad passions, revengeful feelings, and petty jealousies, that they will stamp their children with their own short-comings, and thereby enlarge the kingdom of the evil one, they are working so hard to overthrow; for certainly theologians must know, if they read the Holy Book understandingly, that this subject was understood and practiced three thousand years before Christ. Samson's ante-natal history shows that he derived his great strength from his mother's regimen. An angel visits the earth in her behalf, and informs her what to eat and what not to drink; repeats the same advice to her husband, appearing a second time, and attributes his giant strength to his mother's diet.

Hagar's revengeful state of mind while she was enciente with Ishmael, and his hating everybody, and everyone's hand being against him, and the character of the Ishmaelites throughout the history of that warlike nation, certainly enforces this natural truth. She felt very much elated over the prospect of giving Abraham an heir, and no doubt became insolent and overbearing towards

her mistress, and thereby aroused revengeful feelings in Sarah's breast. They had a quarrel, which resulted in Hagar being driven into the wilderness to starve; and her child became a wild man, hating and being hated by everyone.

Mary was in a very happy state of mind during Christ's nativity. She lived in a hilly country, and breathed deeply of the free and healthful air of that beautiful clime, and was full of spiritual exaltation and heavenly peace. Could a nervous, fretful, fault-finding, tightly-laced woman have given birth to that embodiment of divine purity and truth?

Hannah and Samuel furnish another example. Her devout piety and holy thoughts transmitted to him a love of the sanctuary. Sacred history admits this principle, even in its application to the brute race. In the account where poor, loving Jacob served Laban seven years for Rachel, and was given her sister instead; and then served another seven for the woman he loved. Laban tried to compromise his baseness by offering Jacob all the speckled cattle. It seems that Jacob was a good reasoner, and got the better of his father-in-law. He placed speckled rods at the bottom of the watering troughs, keeping the cattle up until they were nearly famished with thirst, and then let them mingle at the watering places. This would bring to their minds a speckled fluid. He repeated the experiment often enough to deepen the impression and an increase of speckled cattle was the result. As often as Laban changed his wages, (which was ten times), Jacob as often changed his mode of action, by preparing causes that would produce a corresponding result in the animal economy.

I do not see why the Sacred Book should detail these things so minutely, unless it was intended that future generations should profit by them. As our spiritual advisers are too modest to call attention to this all-important subject, it falls to the lot of physicians, whose virtue is never to get out of *patients to preach as well as practice*. If every physician would explain the beautiful laws of maternity to the prospective mother, direct her in the right way of eating, think-

ing and acting—if you have the ability to inspire her with confidence in you, she will follow your advice and instructions faithfully, and will extend this knowledge to all her lady friends, and in this way these truths will become known.

I would like to add my testimony to Dr. Holbrook's system of fruit diet for pregnant women. I have given it a very fair test in my practice, and now have no trouble with constipation, hemorrhoids, or nauseated stomach, although in previous pregnancies the patients had experienced considerable annoyance and suffering. Child-birth is rendered comparatively easy, the great trouble being to keep my patients in bed over three days. Had one case, where the child was born without any pain. Have never had occasion to use instrumental interference. The children are well formed, have beautiful complexions, and are robust in health; which latter fact is bad for the doctor, but a good thing for the parents and children. I repeat the old adage, "Prevention is better than cure;" it is much better to born our children into the world morally good and physically strong, than to hang them out of existence for their constitutional immoralities, or dose them out for inherited disease.

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For the Medical Call.

### Case in Practice.

BY W. H. JENNEY, M. D., KANSAS CITY, MO.

**CASE.** Child 10 months old, suffering with vomiting, hiccough, colicky pains, so that the limbs were frequently drawn to the abdomen; constipation straining, but no passage. Enema brought away scybala, greenish; stranguary pain and passing urine which was scanty and colored. Child had to be held and carried; could not get to sleep; every time it lay down would roll the head, and occasional strabismus, throwing the head back, vomiting sudden and violently; no sleep for 48 hours. Gave Apis. and Bry. Intense thirst, drinking greedily and grasping everything in the same greedy manner. Gave Hyos., Cham. and Coffea for the nervous condition; gave Arsenicum for thirst, but no results.

Family came to my care from Allopathic doctors; everybody discouraged, and I was very much afraid of hydrocephalus—acute, as there was tuberculosis of the mother. Finally gave two pills of Glonoine, 3 att. to relieve the congestion of the head, and in ten minutes child fell asleep and slept well all night; and since, if nervous and distressed with nausea and desire for drink, etc., a dose of Glonoine allays all bad symptoms, and allows the child to take nourishment without vomiting.

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### The New Antidote to Arsenic.

BY PHIL. HOGLAN, PH. G.

In the *Journal* for August, page 430, a formula is given for the preparation of the hydrated sesquioxide of iron, which Dr. McCaw recommends in preference to all others for two reasons, viz: it forms the surest antidote, and the ingredients are always accessible. By consulting the formula the reader will see that the second reason is plain, and it was for the purpose of testing the accuracy of the first reason that the following experiment was conducted. I prepared the antidote as directed by mixing the bicarbonate of sodium and the water and adding the tincture of iron; the mixture was placed on a filter and allowed to drain for a short time when a thick magma was left. A small quantity of this magma was mixed with a solution of arsenic containing half a grain and, after stirring the mixture and filtering, *not a trace of arsenic could be discovered* in the filtered liquid by sulphuretted hydrogen, or by Marsh's test, thus demonstrating that the formula in question produces an antidote, which is among the surest, if, indeed, not the surest of all antidotes.

While on the subject of antidotes to arsenic, I was induced to try the efficacy of the hydrate of magnesium recommended as an antidote by Bussy, though disapproved by others (*U. S. Dispensatory*, 14th ed., p. 30). The *National Dispensatory*, 2d ed., p. 887, states: "As an antidote to arsenious acid freshly precipitated magnesia ranks next in value to freshly prepared sesquioxide of iron." I dissolved about an ounce of

sulphate of magnesium in a little water, gently warming the mixture. Water of ammonia was then added in slight excess and the mixture placed on a filter and allowed to drain. A portion of the magma left on the filter was mixed with a solution of arsenic; as in the experiment with the sesquioxide of iron, after stirring the mixture and filtering, Marsh's test gave *not the slightest evidence of arsenic* in the filtered liquid, thus showing that the hydrate of magnesium freshly prepared is an excellent antidote to arsenic, and possesses also the advantages claimed by Dr. McCaw for the sesquioxide of iron, viz; that the ingredients, epsom salts and hartshorn are not only on hand in the apothecary shop but are frequently kept in the family, thereby insuring the preparation of the antidote in time.—*Am. Jour. of Pharmacy.*

### Carbuncle.

Its extension, and, indeed, its progress to mortification, can be prevented by ARNICA; and if this is given every two hours, for only two or three days, a rapid recovery takes place at once; while externally, nothing is necessary, unless it be a little cold cream dressing.

How many men die every year in consequence of the allopathic treatment of carbuncle, and from the prejudice of their physicians against the doctrines of homœopathy! But if judges do not recognize ignorance of a law as any justification of crime, why is it permitted to professors, and to their disciples who swear by them, to sacrifice human life, on account of an *intentional want of knowledge of homœopathy*?

Cases of this kind are so numerous and clear that they need no further exposition.

GRAUVOGL.

### Chemistry in Medical Colleges.

CLIFFORD MITCHELL, A. B., M. D.,  
Professor of Chemistry in Chicago Homœopathic  
College.

The teaching of chemistry in medical colleges, during the past twenty years has not been productive of satisfactory results.

The plain truth has been, that, until lately, the average graduate has known less about chemistry than about anything else.

Before entering the medical college the student has "talked over" the various studies with his preceptor, and that fountain of all human knowledge and foresight advises him to let chemistry thoroughly alone.

"Study your anatomy, your physiology and your materia medica, but 'get through' on chemistry any way you can." Such are the golden words of advice offered the callow aspirant for medical honors. We have no difficulty in understanding the disfavor with which chemistry has been regarded in the medical college—it is due mainly to three causes:

1. The prejudice of the medical faculty in general against the study.
2. The inherited, traditional, dread with which the student regards the subject.
3. The methods of instruction chosen by teachers and lecturers in this branch.

In discussing the prejudice of the medical faculty in general against chemistry, its value and place, we are obliged to confess that this prejudice is wholly grounded upon ignorance. I have yet to meet an educated physician who shares in the prevailing hostility against this most useful study. In fact, if any graduate of a medical college tells you that "Chemistry doesn't amount to anything," you may take it for granted that he does not know the symbol for Sulphur.

Time will remove the prejudice by removing those entertaining it.

The self-complacent veterans who know of no chemical difference between Caustic potash and a hard-boiled egg will clog the wheels of science but for a few years longer, when their places will be supplied by men from the laboratories of our better appointed colleges, and the grotesque and amazing prejudice against chemistry will have forever disappeared.

However soon this desirable state of things may be brought about, the past results of such a prejudice have been unfavorable to the progress of chemical education. Faculties of medical colleges have said: "We know nothing about chemistry, why, therefore, spend money on laboratories and on chemical apparatus?"

This is to say: "We know all there is worth knowing, and it is nonsense to teach the student anything that we do not know, for it must be of no account."

As a result of such modest reasoning the appropriations for chemical instruction, etc., in the colleges, if any at all, are too small to enable the unfortunate lecturer to do justice to his subject, the students find it dry, and the faculties say with complacency: "It is no use to try to teach a medical student chemistry." Nothing is said about how much "use" it is to teach students anatomy without dissection or without a skeleton.

"Ye can not make [a silk purse of a sow's ear." Gentlemen of the faculties, you can not make a skeleton out of three teeth, nor a full set of chemical apparatus out of three test tubes.

When we consider the second cause of previous ill-success in teaching chemistry, we see no reason why the student should not dread the subject. Has he not been told by preceptors that chemistry is of *no practical value*? Has he not been told by fellow-students and graduates that chemistry is *difficult*? Consequently he makes up his mind before he has seen a chemistry that "he has never liked the subject."

The remedy for this is, first, to kill off, metaphorically speaking, uneducated preceptors, which Time in its beneficent workings will soon do for us, and then, to improve the methods of teaching chemistry. There are three methods of *not* teaching chemistry now in vogue. The first method I will name the *Sleight-of-Hand* method, regretting to say that it is almost universally held to be the exclusively correct way in which chemistry can be taught consistently with the dignity of a wealthy and prosperous college.

In this method of instruction the lecturer is merely a sleight-of-hand performer and the students his audience. Each lecture requires the labor of half a dozen men for its preparation. When all is ready the lecturer comes forward and in a truly magnificent fashion turns out cakes of ice from a red-hot crucible with the ease of a prestidigitateur taking canary birds out of a boy's ear; he blinds his audience with phosphorus

burning in oxygen, deafens them by explosions of fulminates, and sickens them with odors of sulphuretted hydrogen. His performance is greeted with cheers by the dazzled students who leave the room quite deprived of special sense.

So much for this entertainment, forgotten as soon as over—not as skillful as the jugglery of Hermann, not as amusing as the antics of Humpty Dumpty, and not as instructive as the columns of the *Daily News*.

A second method of not teaching chemistry I may call the *Dry-as-Dust* method. It is quite the reverse of the *Sleight-of-Hand* method; the lecturer never shows experiments and, on the whole, neither says nor explains anything. He delights, however, in quizzing and examining and will go without his breakfast to catch an unfortunate on something never mentioned in the lecture-room.

In consequence of no previous instruction the quizzes become daily funerals for which one after another of the class are ruthlessly slaughtered and the lecturer himself as hearse-driver, rides with them to the vault of despair. At the end of the year the highest mark is found to be forty per cent. or thereabouts, and so the farce goes on.

A third method I may style the *Go-as-you-please* method, or a "wreck of former greatness."

An instructor, perhaps not overly good as a teacher, starts out at the beginning of the year determined, like a new broom, to sweep everything clean before him. He soon becomes discouraged at the stupidity of one or two of the class and relaxing all efforts to try to teach, goes on at headlong speed over the course, chiefly for his own amusement, the students tumbling after him at different distances along the line, the best ones twenty lengths in the rear and the worst, entirely out of the race from the start, devoting their time to sound and undisturbed slumber.

At the end of the term the instructor on looking over the examination papers at first contemplates suicide, but finally marks the student one hundred who spells oxygen with three g's and defines water to be an unstable compound of sulphur and carbon.

At the end of the second term the instructor saves himself the trouble of looking over the papers at all, and gives every one ninety-five per cent. on general principles.

If you will cast your eye over the different medical colleges in this country you will recognize, here, the "Sleight-of-Hand" method, there, the "Dry-as-Dust" method, and, elsewhere, the "Go-as-you-please" method of teaching chemistry.

These then are three methods of *not* teaching chemistry; these are the ways by which chemistry has become the most unpopular subject in the medical college course.

The question then arises, "how can the study be made popular?"

The answer is, "by laboratory work in addition to lectures."

The outsider may wonder at the simplicity of this reply, but it is unfortunately true that there is more than one medical college in this country where the students never see the inside of a laboratory, and in the past laboratories were still greater rarities—one cause of the prejudice against chemistry.

Work in the laboratory shows the student, better than four courses of lectures, that chemistry is essentially a *practical* study. As soon as he perceives this to be so, the work becomes desirable; for a physician must needs be a practical man as he deals with practical things.

How may the dread of the subject, felt by the student, be removed?

By teaching chemistry.

The Sleight-of-Hand method does not teach chemistry; the Dry-as-Dust method does not teach chemistry; the Go-as-you-please method does not teach chemistry.

Put the student at his ease in the subject by assuming that he knows nothing whatever of chemistry; this is the most charitable manner of treating him; next, let the instructor arrange, condense, and simplify the subject matter, arduously complicated by text books, and *explain* it to the class. The teacher should work as hard as the student. Chemistry is not difficult when well taught, and if the average student fails to comprehend the main points of importance, it is the fault of the teacher—nothing else. The fact that chemistry is a difficult study

to teach has come to mean that chemistry is in itself difficult.

Assuming, therefore, that the student knows nothing of the subject and certainly will not, unless the teacher bestirs himself, begin by establishing the outlines of the present theory of chemistry as a foundation for all future knowledge; it is not necessary to give, in so doing, a complete course in chemical physics and worry the medical student with the coefficient of expansion of gases, but by all means drill him in the quantivalence of the elements so that he may subsequently be able to write the formulæ of every compound used in medicine and, this too, not from memory but from calculation.

He then will know the exact constituents and the proportion of them and of every chemical compound he prescribes.

After mastering quantivalence let him study the metals, their characteristics and compounds, especially those of the latter used in medicine. It is not necessary in so doing for metallurgy and mineralogy to be tediously acquired; it is not necessary for the medical graduate to be able to discourse upon the comparative advantages of hot and cold blast furnaces. We do not expect the Leadville assayer to be able to analyze urine, no more should we expect the physician to be cognizant of the different methods of treating refractory ores.

The attention of the medical student, then, should be particularly drawn to those preparations of the metals which are used in all schools of practice, their medical synonyms, solubilities, and, in short, everything known about them. In organic chemistry, where the field is so very wide, the teacher should not allow his fancy to stray among the pleasant paths of dyeing and tanning, but should confine himself chiefly to the organic poisons, the anæsthetics, and the medicinal principles of the various organic substances.

Follow the course on organic chemistry by one on urinary analysis, teaching the latter chiefly in the laboratory and requiring the student not only to test for albumen and sugar, but to make a thorough *analysis* of the urine, separating the normal as well as the abnormal constituents; in the lecture-

room the clinical significance of urine should be thoroughly taught—both of the normal and of the abnormal constituents.

In toxicology much judgment must be exercised by the teacher in separating the chaff from the wheat; it is a waste of time to read the student long details of poisoning cases and leave him to draw his own deductions, for he never will—rest assured of this.

The subject must be greatly condensed; as far as possible, poisons rarely used may be omitted that more time may be given to a consideration of Arsenic, Strychnia, and Morphia. Have the student thoroughly master the symptoms, fatal dose, and treatment of these three giants of destruction, and the best methods for their detection.

Laboratory work should be carried on as often during the week as college hours will allow; begin the course with a few simple tests for the metals and gradually lead the student into qualitative analysis; subsequently introduce him to urinary analysis, qualitative and quantitative, and cause him to poison some superfluous cat or mangy dog in the neighborhood, remove the viscera, bring them to the laboratory and isolate the poisonous principle,

A course in chemistry, followed out in the main according to the directions given above, has been tried in this college, and while room for great improvement may still be found, nevertheless much of the dread on the part of students for the subject has been removed and real interest in the laboratory work excited.—*Med. Counselor.*

### **The Diploma Traffic—What the State may Rightfully do against Medical Impostors.**

BY J. P. DAKE, M. D.

In view of the evils of medical imposition, and the ease with which medical diplomas may be obtained, it should be earnestly inquired, *What ought the State to do in the premises?*

To reflect upon the people—to say that they *want* to to be humbugged—that they must look out for themselves—will not do. If they are ignorant they should be enlightened by those having the ability to do the beneficent work.

To reflect upon legislators—to say that they are indifferent to the evils complained of—that they are in league with impostors, and deaf, alike to the groans of the wronged and appeals of the medical profession—will not do. If they heed not the petitions every year sent them—if medical men and medical organizations memorialize in vain—it is because the action asked for, the bills brought forward, are not consistent with individual rights, nor adequate to the public need.

To tell legislators that a medical diploma is a *sine qua non* to the safe and successful practitioner of medicine, is to tell them what they know to be false.

Beginning with such an assumption, and going on to ask for the erection of a medical inquisition to examine the credentials of all practitioners of medicine, and to determine which will entitle the holder to treat the sick and which will not, it is no wonder that the intelligent representative of the people hesitates and refuses to vote for the measures asked for.

In various parts of the country he is acquainted with practitioners never favored with college privileges, never the recipients of medical diplomas, who are highly successful, and much esteemed by those well acquainted with the quality of their practical work; and to authorize a censorship that may condemn such men to an ignominious retirement, or subject them to an examination by their competitors for medical patronage, he will not readily consent.

When every preacher of the Gospel is silenced if unable to exhibit a diploma from a theological seminary, or unwilling to undergo an examination in theology and church polity conducted by some of his fellow preachers; or when every lawyer is driven from the bar who holds not a diploma from a law school—then it may seem consistent with him to support the medical censorship advocated by some members of our profession.

November 3d, 1801, the great and good Benjamin Rush, in his introductory to the class, in the University of Pennsylvania, said:

"Conferring exclusive privileges upon bodies of physicians, and forbidding men of equal talents and knowledge, under severe penalties, from practicing medicine within certain districts of cities and countries, are inquisitions, however sanctioned by ancient charters and names, serving as the Bastiles of our science."

These are noble words, breathing the spirit of freedom and of truth.

You ask, "What, then, is to be done, to check the selling of diplomas and the impositions practiced upon the people by ignorant and designing men? Can the State do nothing?"

I answer that the State can and ought to do much, in this way.

In regard to schools, let it be enacted that no institution shall confer the degree, *Doctor of Medicine*, that has not a specified, necessary curriculum, a session of a specified length, and then only upon candidates coming up to a certain standard of scholarship upon examination.

No amount of legislation can ensure anything like uniformity, or equality of excellence, in teaching or learning, in medical schools.

Some will be more thorough than others. Some will excel in one department, and come short in another; so that differences must exist.

To meet this and other difficulties the State can also enact the following laws:

1. That no practitioner of medicine or surgery, in any of its departments, shall practice his profession one week, in any place, without appearing before the County Clerk for registration.

2. That in a register provided for the purpose and kept open to all citizens for inspection, he shall record his name, with all titles or insignia of learning thereto attached, and then a statement of the place where, the time when, and the preceptor with whom, he began the study of his profession.

3. That he shall also record the name of the school or schools of science and medicine in which he was a student, mentioning

the time of entering and leaving such institutions, and what degrees, if any, he took at any one of them.

4. That he shall also record the name of every place at which he has been engaged in the practice of his profession, when he went to such a place and when he left it.

5. That to his record, thus made, he shall subscribe his name, under oath that each and every statement written is strictly true.

6. That upon complaint by any citizen that a false record has been made, the physician making it shall be arrested, and upon conviction, punished, as provided by law, for perjury.

Such laws the Legislature can enact without infringing the rights of any citizen; and they would give to every community the much needed information regarding the medical studies and experiences of those essaying to practice the healing art.

As medical schools differ in excellence, and their diplomas in value, each medical man would have all deserved credit allowed him, by reason of his record.

If he had been at the best schools, and if he had been long in practice, the facts would appear.

If he had been at the poorest, or at none at all, he would have just the measure of reputation earned—no more, no less.

If the people desired the physician who had spent the longest time in study, or been at the most celebrated seats of learning, or had the largest professional experience, they would know which to select.

With such information, provided in an authentic manner, the citizen would be able to form an opinion, in advance of a practical trial, of the probable qualifications of a medical man. If with such light he preferred the uneducated and inexperienced practitioner, it would be at his own risk; he alone, and not the State, would be responsible for the circumstances.

I am persuaded that were we to unite in asking our Legislatures to enact such laws, they would heed our call, and provide light for the people and so relief from the evils of bogus diplomas and bogus doctors.—*Hom. Times.*

### Albumen in Urine.

Seibold gives the following test for Albumen in Urine: Add solution of Ammonia to the urine until just perceptibly alkaline; filter, and add diluted Acetic Acid very cautiously until the urine acquires a faint acid re-action, avoiding the use of a single drop more than is required. Now place equal quantities of this mixture in two test tubes of equal size, heat one of them to ebullition, and compare it with the cold sample contained in the other test tube. The least turbidity is thus distinctly observed, and gives absolute proof of the presence of Albumen.—*Buffalo Med. and Surg. Journal.*

### Fatal Asphyxia occurring at Remote periods after Anæsthesia.

In the *Gazette Des Hopitaux*, No. 80 and 103, an account is given of a case which occurred in Prof. Richel's practice, of a patient who having inhaled chloroform during amputation of the breast without any immediate ill effects, was seized on the second day after the operation with bronchitis, with suffocating breathing, which proved fatal. Four similar cases occurred in M. Richel's practice which pursued the same course, one of the features in common being their occurrence in obese persons.—*Med. Times and Gazette.*

### Balsam of Peru in Pruritus.

In a communication to the *Deutsche Medical Wochen*, Dr. Auesbach, of Berlin, states that having, in common with so many other practitioners, found the balsam of Peru a most valuable remedy in itch, he has for some time past used it in the treatment of pruritus with the greatest success. After the first rubbing into the parts affected, great relief is obtained, and in a few days a cure results. He relates a very obstinate case which, after resisting all kinds of treatment for years, was speedily cured by the balsam.

The Nov. number of *Investigator* relates the cure of snake bite (copperhead) with Iodine Tincture in two grain doses every hour. The patient, a boy nine years old, made good recovery.—(F. E. Harpel, Danville, Pa.)

### Exercise for Girls.

Moderate exercise in the open air is doubtless beneficial. But excessive dancing and skating are both injurious to women, especially before they have acquired the full measure of their physical powers. Horseback exercise, which seems a successful means of strengthening the English constitution, is oftentimes too violent for their less robust transatlantic cousins. The American soil and climate have given a temperament to the race quite at variance with that of the European family, and which requires widely different treatment.

### Friction in Insomnia.

Nervous persons are, more than all others, subject to sleeplessness. To obtain a little sleep they have recourse to narcotics, which always end by having a pernicious influence on the health. We can recommend to such a very simple method, and which infallibly procures the repose many seek by other means; this is the rubbing of the body, or friction, before retiring, either with a coarse woolen cloth, or, if preferred, with a friction brush.—*South. Med. Record.*

### Chian Turpentine.

The Medical Committee of the Middlesex Hospital, in England, passed the following resolution:

"That as the results of a prolonged and careful trial of Chian Turpentine in the treatment of cancer, prove the drug to be quite useless as a cure for that disease, directions be given to the dispenser not to obtain any more of the drug for cancer patients."—*Drug. Cir.*

FROM the *Investigator*, Nov. 15.—We learn that our co-laborers in the state of Nebraska are awake to the necessity of securing the enactment of some wholesome law to protect the people of that state from the rapacity of quacks and charlatans. The practice of medicine is now in several of the states regulated by law. This restraint is in the interest of the physician as well as the state. The law in Missouri is rigid, and its operations are very satisfactory.—(Address of the President, Dr. C. L. Hart.)

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WE wish our readers a HAPPY NEW YEAR.

CUSTOM has sanctioned the practice on the part of those who venture into the field of medical journalism, of announcing the objects of such publication. With a few brief statements to our friends, we start out and take our chances for public favor. We believe that fixed indications, which point to the remedy with absolute certainty, are actually necessary before success is obtained in practice. Galen says, "The indication is the evident necessity for a fixed course of action." Jousset amplifies thus: "In order that the physician or surgeon may act as he should, the necessity for such action must be evident. It is this necessity alone which permits the physician to carry the heavy responsibility of the treatment of the sick."

Recognizing and fully believing in the law of cure promulgated by Hahnemann as being the best known to the world, it is freely admitted that each prescriber must and ought to be the sole judge for himself as to the potency and dose. Further experience and wider observation are necessary to determine with absolute certainty these matters.

We intend to make THE MEDICAL CALL a live journal—one that will be a help to the busy practitioner. A deep interest will be taken in all that pertains to the practice of medicine in all its departments. We expect during the year, from our correspondents, reports of cases with full treatment of each individual case, to make the journal of great usefulness. Subscriptions, and short articles of not more than 500 words or one page in length, interesting to the profession, are respectfully solicited. We hope to make THE MEDICAL CALL a welcome visitor to thousands.

Will the friends of THE MEDICAL CALL hand any extra numbers they may receive to persons likely to read and appreciate them?

We hope that every person to whom this number is sent will subscribe at once, and send fifty cents in registered letter or postage stamps. This number is well worth the money, saying nothing about the three succeeding numbers.

**To Advertisers.**—We cordially invite the attention of advertisers to the advantages presented by this journal. We propose to circulate it extensively, and make it a live and useful publication. Thirty thousand copies will be circulated during the year among the best physicians of every State in the Union. Advertisers will receive the MEDICAL CALL free.

### Intra-Uterine Injections.

The method of healing diseases of the cavity of the uterus by introducing medicated fluids therein is not new. But owing to the diverse views of the ablest gynecologists, not only in America, but in Europe, the subject is one of very great interest. At the 1879 meeting of the American Gynecological Society, the subject was very fully discussed, and equal ability was arrayed with opposing views. It was held that the element of peril was reduced to the minimum by providing for the free escape of the injected fluid. In a discussion upon *Lacerations of the Cervix Uteri*, at the recent meeting of the American Institute of Homœopathy, it was very generally agreed that at the present day there is too much gynecology and not enough careful medication. This latter view is so reasonable as to arrest the attention of every thoughtful practitioner.

### Doctors' Bills.

The past few years have worked many and great changes in the ordinary methods of conducting nearly every kind of business. Notably, since the recent panic, commercial enterprises have been based upon a cash system it is claimed to the great satisfaction of all concerned. Credits now, if extended at all, are short. It is safe to say that the great bulk of business is for cash, or a time not exceeding thirty days.

The time-honored custom of annual settlements has justly fallen into desuetude, as relating to mercantile transactions.

The practice of medicine, though an art and a science, is no less a business pursuit; and the most successful physicians are, as a general rule, good business men as well. And, indeed, in order that the physician may be untrammelled by financial embarrassments, thereby being able to devote his undivided attention to the cure of the sick, frequent collections and prompt payment would seem to be necessary and desirable.

I know a physician of thirty odd years' practice, of whom it is said, "he never collects a bill and never pays one." Some years ago I knew a physician in large general practice, well advanced in years, who told me he never kept any books, not even a memorandum of his practice. After a very active and useful life, he died at the age of about sixty, himself poor, and leaving a large family without any inheritance. His uncollected earnings were many thousands of dollars, and owing to his lack of method in conducting his business, unavailable by his family. By ordinary business prudence a large part of this amount would have been available.

During a somewhat extensive personal experience, covering the past sixteen years—including as this period does, times of plenty, of scarcity, of inflation and of panic—the writer flatters himself that he has learned some things not found in any Therapeutic manual, nor taught in the curricula of our colleges. Doubtless other physicians have learned the same lessons very much sooner. It is this: to present and collect all bills every month. Persons of moderate income, notably laborers and mechanics, are paid every week or every month. Thus they are enabled to buy for cash, or on short time, their family supplies, without inconvenience or hardships. If they can do these things, they can also pay the doctor in the same way. But should the doctor's bill be permitted to run and accumulate for one year, the aggregate amount would be so large that this class of persons would be wholly unable to meet it; and therefore, perhaps, be disinclined to pay any part thereof.

Within the past two years, the writer can say that a large majority of his patrons have asked that their bills be presented monthly; they want to pay them while small. It is found, in compliance with this demand, that bills are paid cheerfully, and without hardships. The physicians, by universally inaugurating this "new departure," could speedily create such a public sentiment as to relegate the medical dead-beat to obscurity, converting dead-heads into good paying patrons.

Monthly presentation of bills enables the good to pay, and the bad and doubtful are compelled to pay or are shut off from further service. This method will not prevent each one from granting such services as charitable worth may require; but this will be at his own option, and define sharply the line between charity and deadheadism.

### Homœopathic Medical Colleges.—

During the College year of 1879-80, our eleven schools had 1,192 students, with 387 graduates. The whole number of alumni belonging to these Colleges is 4,922. This year one more school is added to the number of last year, viz: The College of Homœopathic Physicians and Surgeons, St. Louis. The faculty of this College is the same as that which conducted the Homœopathic Medical College of Missouri last year; this latter institution now having an entire new faculty. All the colleges report increased numbers of students, with full faculties composed of the best talent to be secured. And still the demand for educated Homœopathic physicians seems to be as importunate as formerly.

### Hydrocele.—Operation for Radical Cure.—Failure.

It is more gratifying to the surgeon's pride to report success than failure. Out of his failures, however, instruction may as likely come as out of success. And, indeed, it appears that were failures more frequently recorded, it is highly probable that their discussion, and a full consideration of the causes rendering the operation futile, would redound to the benefit of the profession at large.

Gross names five principal operations—incision, excision, cauterization, the seton, and injection. *Electro-puncture* is also mentioned. Of these, the first three are nearly obsolete. He adds: "The use of the *seton* for the radical cure of hydrocele originated with the Arabians, and was much in vogue in the fourteenth century. The operation which I prefer to every other, both on account of its simplicity, its freedom from danger, and its *never-failing certainty*, is performed in the same manner as the meth-

od by injection, except that the puncture is made a little lower down."

PACKARD does not mention this method, but gives a minute description of the operation by injection. Surgeons generally accept Gross' dictum on the *seton*; and a large majority of the operations at the present day are done after that method.

CASE.—July 13, 1880. J. L., æt. 40. Hydrocele left tunic of several years' duration. Has been tapped once—about a year ago. The sac rapidly refilled. On this day, the patient having been placed in a hard-bottom chair, with the assistance of Dr. Chamberlain, I introduced a trochar and drew off about eight ounces of serous fluid, and completed the operation by introducing the seton in the usual manner. The seton remained *in situ* three days, until the scrotum became quite hard, and very nearly as large as before the operation. The inflammation was not immoderate and subsided in eight or nine days. The patient was confined closely for two weeks. At the end of this time the sac began to refill again, and he resumed his work. Will some one point out the cause of failure?

IN July, 1881, the *International Homœopathic Convention* will be held in London. The American Institute has appointed a committee, consisting of Drs. I. T. Talbot, of Boston, E. M. Kellogg, of New York, and B. W. James, of Philadelphia, to make arrangements for the attendance of members of the Institute. The plan of this Convention is to correspond in essential particulars to that held in Philadelphia in 1876. The Convention is to be open to all medical men who are qualified to practice in their own country.

IN a recent paper presented to the British Medical Association, Sir Henry Thompson gives the result in fifty-four cases of stone in the bladder. Forty-six cases were relieved at one sitting by lithotripsy, two by multiple sittings, and six by lateral lithotomy. Among these fifty-four cases were three deaths, two in cases of lithotripsy at one sitting, and one after lithotomy.

**Ovariectomy.**—On June 11, Mr. Spencer Wells performed this operation for the one thousandth time.

**Rhus Aromatica—A Case.**—Mr. H. was taken in October last with an irresistible desire to urinate every ten or fifteen minutes, passing only a few drops of high colored urine, followed by burning pain in the urethra. Complained of a "letting down sensation in region of the bladder," after which a few drops of blood passed. Many times the urine was preceded by a flow of mucus and followed by considerable blood. The patient expressed himself as having, while urinating, a "desire to raise upon tip-toe and pull hard on something." My experience with *Rhus Aromatica* in several severe cases of urinary trouble, induced me to give it another trial. Not having the tincture on hand, we added 20 drops of the fluid extract to half a glass of water, and directed one teaspoonful every hour. In twenty-four hours all the severe symptoms were removed and the patient made a good recovery.

**The Missouri Institute of Homœopathy** now has about fifty active, energetic members. The society is now fairly beyond an experiment, and is steadily growing in numbers and interest. The fifth annual session will be held in Sweet Springs, due notice whereof will be given. Wm. D. Foster, Secretary, Hannibal.

**Water Tastes Sweet.**—Lately, in two cases of *malarial fever*—typhoid type—this curious symptom has been encountered and has been persistent. Allen (*Symp. Register*—TASTE) gives *Taste*, sweet, aggravated after water—*Kali 6*.—to water, *Coccus C.*, *Oxalic Ac.* and *Philandrium*. None of these remedies seem to cover either of the cases. What is the remedy?

**Our Record.**—We have in the United States six thousand registered homœopathic physicians, twenty-three state societies, seventeen homœopathic medical journals, thirty-eight homœopathic hospitals—twenty-seven of these contain 1,682 beds, and in the past year have treated 14,749 patients, with a mortality of 377, or about two and a half per cent. The twenty-nine homœopathic free dispensaries have treated 117,564 patients. Twelve homœopathic colleges, ninety-two local medical societies, seven medical clubs, medical schools for teaching special subjects, a publication society, etc., etc.

**Shepherd's Purse** (*Bursa Pastoris*).—This new agent has been used to relieve incontinence of urine in old people, especially in women. During the past year I had occasion to use it in two cases, and was much pleased with its action in relieving the difficulty. Twenty drops of the tincture in four ounces of soft water was the strength used, giving one teaspoonful every hour during the day. It relieved both cases completely. It has been mentioned as being a valuable stimulant to promote menstruation, but we have had no experience with it as an emenagogue. It is worthy of further trial.

**New Journal.**—A prospectus of *The Homœopathic Physician*, a monthly journal to be issued the first of January, 1881, by Bedell & Brother, N. Y., is on our table. It is to be devoted to pure homœopathy, and edited by Dr. E. J. Lee, of Philadelphia. From the array of names of men of well known ability, the editor ought to be able to give us a very superior publication.

### Artificial Anus at Umbilicus.

#### A RARE CASE.

A colored boy aged eleven years. The history is:—About the middle of last May he had measles. The eruption did not come out well, although there were no untoward symptoms during the course of the malady. He did not convalesce well; and it was soon noticed that he was dropsical, had constant thirst, loose bowels, watery discharges, could not lie down at night on account of difficult, short and quick breathing. Arsenic 200 every three hours for several weeks. Thirst and dropsical effusions disappeared. During the past month he has complained of umbilical pain. There was a very little protrusion at that point, no hernia and only slight sensitiveness on pressure. On October 22d, without any unusual symptoms, the abdominal wall gave way, and an artificial anus formed. The matters evacuated consisted of yellowish water, pus, and whitish feces. The mother states that more than one pint escaped within the first two hours. He is now greatly emaciated. Has good appetite, bowels act

freely. It should be added that his bowels have at no time been obstructed. He is now wearing a compress over umbilicus, which is removed from time to time as he complains of pain. The discharge continues. Silicea 6x night and morning.

The boy has continued to sink steadily since the abdomen opened, and died Nov. 16th, from exhaustion. For several days preceding his death he has had a watery diarrhoea. The fistula has not discharged anything since Oct. 31st. No post-mortem was allowed.

PROF. PARSONS, of St. Louis, has assumed editorial charge of the surgical department of the *Clinical Review*. From his well-known ability as a writer and his skill as an operator we may expect that he will inaugurate a "boom." We extend our ~~res~~ and wish him success.

### Obstinate Vomiting in Pregnancy.

In cases of obstinate vomiting which had resisted all other means, the application of a ten per cent. solution of Nitrate of Silver to the vaginal portion of the Cervix Uteri has proved promptly effective. The solution is kept in contact for five minutes, then the parts dried with cotton wool. It may be repeated at intervals of two or three days.

### Fracture of Both Bones of the Leg.

#### A CASE.

As showing what apparently slight causes may sometimes result in fracture the following case is cited.

P—, aet. 41, German, a man of rather feeble look, come under notice September 12, 1880. Several persons were gathered in a social company. Getting very affectionate—"result of divers beers"—they sat around in a circle, with arms about each other, singing, etc., when this subject slipped from his chair to the floor, a distance probably of fourteen inches, resulting in a long oblique fracture of left tibia at middle third, and a similar fracture of left fibula at upper third.

The fractures were reduced. The third day the leg was put into plaster of paris splint and swung to the ceiling.

CHARGE THE CLERGY?—A controversy has for some time been in progress relative to the propriety of charging the clergy for professional services. From what has already appeared it seems that custom is not uniform in different localities. One physician collects his fees from the clergy the same as from other patrons. Another gives gratuitous service. What is the correct rule? The Code of Ethics is silent. It would be interesting to know the origin of gratuitous service to the clergy, and how wide-spread is the custom; whether it is distinctively American, or does it obtain in other countries.

### BOOK DEPARTMENT.

WE are under obligations to Dr. I. T. Talbot, of Boston, Mass., for a copy of the Report of the Bureau of Organization, Registration and Statistics to the American Institute of Homœopathy, at its session held in Milwaukee, June 15, 1880.

DIRECTORY of Homœopathic Physicians of New England: Otis Clapp & Son, Boston, Mass. Thanks.

WE hereby acknowledge, with thanks, the receipt of a copy of the address, with compliments of the author, delivered before the Joint Convention of the Western Academy and Minnesota Institute of Homœopathy, Minneapolis, June 10, 1880, by G. S. Walker, M. D., St. Louis, President of the Academy.

THE Transactions of the meeting of the American Institute of Homœopathy, held at Milwaukee, June, 1880, is out in a substantially bound volume of 738 pages. It presents a marked improvement upon its predecessors, and great praise is due to the efficient Secretary, J. C. Burgher, M. D., Pittsburgh, for its prompt appearance. The back volumes are now all out, save the "Centennial," and such arrangements were entered into at the meeting above mentioned, with Dr. J. C. Guernsey, of Philadelphia, as will insure [the early appearance of the Transactions of the World's Convention of 1876.

A GENERAL SYMPTOM REGISTER OF THE HOMŒOPATHIC MATERIA MEDICA, by T. F. Allen, M. D., Author of Encyclopedia of Pure Materia Medica. New York and Philadelphia, Boericke and Tafel.

This great work is now upon our table. It is a vast improvement upon all similar efforts in this direction, and fills a long felt want of the student of Materia Medica. The publishers deserve great credit for the admirable manner in which the work is executed. This volume completes the Encyclopedia—a work which ought to be in the hands of every practitioner of our school.

DR. J. W. PRIMM, of Hannibal, Mo., has devised a very useful and convenient little blank book for clinical record. It is a considerable improvement on Dr. James' form. The book is strongly bound in cloth, and can be conveniently carried in vest pocket. Each has space for fifty cases, with three pages each for history. To the whole is prefixed a lettered index.

### OUR ADVERTISERS.

Our friends Munson & Co., 411 Locust street, St. Louis, issue the *Bulletin* in an abridged form for November, with the promise of a fat number for January 1. They assign as a reason for this that they are too busy to write—big trade. We commend this Pharmacy to all, where can be had pure medicines, at the lowest prices and prompt attention to orders.

**Lactopeptine.**—This new remedy, manufactured by the New York Pharmacal Association, for dyspepsia, indigestion, etc., is coming very prominently before the notice of the profession. The advertisement of this house, giving the formula for the compounding of Lactopeptine, appears elsewhere.

**New Remedies.**—Our pharmacopœia is being constantly enriched by the addition of new agents from different kingdoms. Among the many houses engaged in this branch of pharmacy, Messrs. Parke, Davis & Co., of Detroit, are pre-eminent for the number and variety of preparations they compound out of our indigenous growths. Their advertisement appears elsewhere.

THE attention of our readers is directed to the advertisement of Boericke & Tafel. This enterprising firm have now in successful operation fully equipped Pharmacies in New York, Philadelphia, Baltimore, Chicago, San Francisco, Oakland, Cal., and New Orleans. The houses in New York and Philadelphia are also extensive publishers. To them we are indebted for many of our most valued Homœopathic works. Their remedies are pure, and patrons are sure of fair and courteous treatment.

MILLER, TERDENG & Co., is the Largest Wholesale and Retail Drug Firm, and one of the Oldest in this city. They are out with a new Illustrated Catalogue of Surgical Instruments and Appliances of 210 pages, which will be sent free on application. They also keep a full line of Physicians' Supplies for their increasing trade.—Their advertisement appears in another column.

### REMOVALS.

Dr. W. A. Glover, from Elmira, N. Y., to Hannibal, Mo.

Dr. H. C. Morrow, from Shelbyville, Ind., to Sherman, Texas.

Dr. J. S. Clark, from Olney, Ill., to Mason City, Iowa.

Dr. O. W. Roberts has removed from Palmer to Ware, Mass.

Dr. P. B. Hoyt has removed from Paris, Ill., to Norwalk, Ohio.

Dr. Emlin Lewis has removed from Wichita, Kan., to Buena Vista, Col.

Our friend Dr. N. Zilliken, from Milton to Chester, Ill. The Doctor is an Honorary Member of the Missouri Institute, and an active worker.

**For Sale.**—We know of a practice for sale, worth cash, from \$3000 to \$4000 a year. Successor personally introduced, and possession given first of May, 1881. A live town and growing practice:

~~42~~ Business Established in 1835—The Oldest Homœopathic Pharmacy in the United States.

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# BOERICKE & TAFEL, HOMŒOPATHIC PHARMACY IMPORTING AND PUBLISHING HOUSE, NEW YORK, PHILADELPHIA, BALTIMORE, NEW ORLEANS, CHICAGO, AND SAN FRANCISCO.

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Our Pharmacies are under the Management of competent Superintendents of long experience in our employ, and are devoted exclusively to the sale of Homœopathic Medicines and Books.

The Remedies are prepared at our Laboratory in Philadelphia, which is presided over personally by a member of the firm, and from there they are distributed to the several establishments as wanted. Thus the Superintendents of the Branch Pharmacies, relieved from the laborious manipulations incident to the preparation of medicines, are able to devote their whole attention to the filling of Patrons' orders, which rarely are on their hands for over twenty-four hours. By this arrangement our friends may be sure that preparations of our well-known standard quality are furnished alike at all the branches.

Mother tinctures of plants indigenous to either North America or the Continent of Europe, are conscientiously prepared from fresh succulent plants, the former by ourselves, the latter are imported, already made, from reliable Pharmacies. All alcohol used or sold in the Laboratory or in our Pharmacies is carefully re-distilled, and warranted pure. Our triturations are each triturated two full hours. Corks are specially cut for us from selected material in Europe, and are unusually fine.

In short, the profession may rest assured that we shall ever jealously guard the high reputation which our remedies have attained, and that, whilst striving to excel in quality, we furnish them at as moderate rates as are consistent with the employment of none but the best material obtainable.

BOERICKE & TAFEL.

In ordering, mention MEDICAL CALL.

# THE Medical Call

Vol. 1.

QUINCY, ILLINOIS, April, 1881.

No. 2.

For the Medical Call.

## **Destruction of the Membrana Tympani, and Application of the Toynbee Disc.**

BY A. S. CORE, M. D., QUINCY, ILL.

Case No. X. Age, 24. Came in for treatment, complaining of a discharge from both ears; stating that the discharge had existed since at about one year of age, and that it could not be stopped; had been informed that if the discharge was stopped death would be the result. I see that the patient is fairly nourished. State of hearing for a watch,  $\frac{1}{8}$  in the right ear, and  $\frac{1}{16}$  in the left ear. The tuning fork is heard best when placed on the incisor teeth or vertex. On examination of the middle ear with the Otoscope, I find that the membrana tympani is entirely destroyed; the ossicles intact at the foramen ovale, but greatly drawn down from their natural positions, and adhesions extending from the point of the handle of the malleus to the base of the bone, drawing it down firmly and closely to the posterior wall of the middle ear; this condition existing in both ears, with a very fetid discharge of pus.

With the Rhinoscope, could be seen, in the post-pharyngeal space and at the opening of the eustachian tubes, a granulated surface, with dry crusts on some of the eminences of the parts. Nasal passages, anteriorly, were normal; throat and larynx normal. I attempted to inflate the eustachian tubes, both by Politzer's method and the eusta-

chian catheter, but could not. I then made direct application to the parts of the post-pharyngeal space, with the brush, of a solution containing two per cent. of the chloride of zinc; syringed the ears well, and applied a weak solution of permanganate of potassium. In about one week I was enabled to inflate both the eustachian tubes, and in about one month all discharge had stopped and the parts began to assume a healthy appearance; hearing had been improved so that the patient could hear the watch at the distance of  $\frac{1}{8}$  in both ears, with considerable improvement in common conversation. Before the eustachian tubes were opened, all tones on the lower register were heard with an autophonous sound; after the tubes had been opened, and retained so, the autophony ceased; but tones on the lower register were not appreciated quite as soon as those of the middle or upper register, but always normal. The patient at no time complained of any unpleasant sensation caused by hearing her own footsteps on the pavement, or the heavy rumbling sounds of the street. I now applied the Toynbee discs in both ears, and after some manipulation of the discs, so as to have them set easy and cause no pain, I found that there was a point somewhere on the malleus or its attachments, of the right ear, that when the disc was placed right it would increase the hearing, so the patient could hear the watch at a distance of  $\frac{3}{8}$ . I tried the left ear and found that the same result could be attained in that ear. The next day, when the patient had become accustomed to the discs, the watch could be

heard at a distance of  $\frac{1}{2}$ , and could converse in ordinary conversation, common tones, as well as any one. I now informed the patient that it would not be necessary to call so often, and gave instructions to take the discs out at night, and clean them, and introduce them again in the morning, until the ears had become well accustomed to their presence. This advice was disregarded, the patient being so well pleased with the result thought it would not be necessary to change the discs so often, and wore them for ten days or two weeks without any change; as a result, they caused an irritation, and re-established the discharge. After the discharge was again stopped, or partially so, I found that cotton-wool pellets, saturated with glycerine, would answer almost the same purpose as that of the discs; but they were harder to adjust, and would not retain the moisture or their place so well.

The patient, when last seen, had no discharge from the ears, and could hear very well when using the discs; the hearing for the watch, without the discs, was the same as when the discharge was first stopped.

The Toynbee disc is the *sine qua non* for all aural catarrh. I regard its greatest use when there is entire or almost complete destruction of the membrana tympani, and the ossicles still remaining. In perforations, falling, acute suppuration, with no great destruction of the membrana tympani, I prefer to use simply a disc, cut from sizing or parchment paper, slightly moistened, and placed over the perforation. I have several times seen perforations heal under the use of the paper discs, with no other treatment than gentle syringing with warm water.

About the introduction of the discs, see Toynbee's text-book—except after it is in position I often find it advantageous to apply the air-bag to the external meatus, and by a quick blow drive the disc against the remains of the middle ear. The full improvement of hearing is rarely attained at once, it may be half an hour, perhaps longer, after the introduction of the disc, before any change is observed. After the surgeon has once trimmed and fitted the disc, the patients, if intelligent, need experience no inconvenience in introducing them them-

selves. My observations have been that the greatest improvement in hearing has more often been a benefit for the voice than for the watch.

For the Medical Call.

### Compound Fracture of the Skull— Depression of both Tables, with Symptoms of Compression.

BY A. A. WHIPPLE, M. D., QUINCY, ILL.

In the evening of November 26, 1879, I was called, with Dr. Learned, of Cuba, N. Y., seven miles in the country, to see a man, fifty-four years of age, who, while at work alone in the woods, was struck on the head by a falling tree, and was picked up where he fell, several hours afterwards, in an insensible and almost frozen condition. When we arrived he was getting pretty well warmed up. There was total loss of consciousness; dilatations of the pupils, which responded slowly to the action of lamp-light; action of the heart slow, but the pulse full and soft; respiration slow and labored; frothing at the mouth and puffing at the lips; immobility of all the voluntary muscles. On further examination, I found, first, a scalp wound two inches in length, with a flap peeled back one inch, down to and including the pericranium, leaving the bone denuded of its periosteum. Enlarging the wound both ways with the scalpel, I discovered a fracture of both tables, extending from a point near the sagittal suture, one and one half inches anterior to the junction of the sagittal and lambdoid sutures; forward in a slightly curved line (convexity to the right) to a point on the right of the parietal bone, three-fourths of an inch from its anterior superior angle, and equi-distant from its anterior and superior borders; thence at an acute angle one and one half inches in a straight line toward the right external auditory meatus.

The central portion was depressed so that the bones overlapped each other. Without resorting to the trephine, but with the elevator as a lever, the depressed bone was brought up, as near as possible, on a level with the other side. The scalp was shaved two or three inches each way, the wound well cleaned and closed by narrow adhesive

strips. A cloth folded four double, saturated with arnica water, one drachm to the pint, was placed over the wound, and kept constantly wet. Aco. and Arnica, 3x, a few pellets in half a glass of water, of which a teaspoonful was given alternately every hour. He soon began to show symptoms of returning consciousness, but it was not until December 1 that he could give any clear explanation of the accident. He was then allowed to sit up in an easy chair a few minutes for the first time. Same remedies continued in the 30x, and at longer intervals. On the 3d of December he complained of pains in the hips of a rheumatic character, but the remedies were not changed. On the 6th he still had the pains in the hips and back. Rhus. Tox. and Arnica, 30x, were given every three hours alternately. December 12, improving; continue same remedies at still longer intervals. December 18, found him out in the dining room; says he is well every way, only "a little weak in the knees."

I omitted to say that on two or three occasions he was given a dose of Bell., 30x, which relieved the headaches; omitting other remedies when we did so. Dr. Learned saw the case after December 3, at which time I left for Chicago.

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For the Medical Call.

### **"The Remedial Power is Nature." Self-Helpfulness.**

BY M. AUGUSTA FAIRCHILD, M. D., QUINCY, ILL.

In my daily contact with chronic invalids, there comes to me no more powerful or essential fact than the one contained in this heading. While it may not at first thought seem entirely *apropos* in this place, a journal addressing itself professionally to professional people, yet further consideration will, I am sure, bring admission of the importance that we realize more fully the necessity for extended enlightenment and willing acceptance of this truth. Our patients come to us without having wrestled with one question that really affects their welfare. They have not been taught such mental gymnastics, but rather to remain passive in our hands, to cultivate and main-

tain a state of inertia—to *act* only so much as will enable them to open mouth and swallow.

But as our patients are individuals, are born with mind, they must sooner or later submit themselves to the empire of mind, and engage in the labor of thinking for themselves, just as being born with a mouth and vocal organs they must speak for themselves; with a stomach, they must eat for themselves; with a pair of lungs, they must breathe for themselves. It matters not what their life-work has been or is, what their profession or trade or calling, the time will come when they can not escape this "will of God," as expressed in man's mental and physical organization.

If this be true, and it is, what should follow? A general desire, in fact, an universal love in the profession for imparting to the laity such information as will lead to an activity and alertness which demands nothing less than a solution of the grand problem of life and health.

Realize, you medical men and women, that these patients under your care are the children of your own medical creation. Are they ignorant, wayward, lawless, and wilfully bent on pursuing destructive ways? You have made them so. You have hindered their *self-work*. You have done so by failing to awaken and foster thought, to create interest, and to fire enthusiasm.

The work of the medical profession today is thus made irksome, and plodding, and helpless; it unlocks few mysteries, and generates little force. Itself depressed to the dead level of mercenary interests, what wonder there should rush upon it such a flood of charlatanism and unprincipled quackery, as threatens to sweep away even the "old time landmarks".

Truth is destined to conquer and possess all territory. If adventure be emboldened, the very "spirit of things" will be caught and detained and appropriated to the use of the soul. There is no exclusiveness. Profession and laity are each made up of individual souls, and each must help himself or he will have no help. The medical profession can help itself; each member can help himself most by giving most to others. Let the mission of the teacher be

recognized. To create in the soul a mental hunger, by inspiring struggle, and effort, and a reaching-out for light. Then, I think, the laity in turn will help itself by demanding of the profession "such" things as can be received by the illumination of reason.

And further, each individual soul will recognize the fact that whatever it gets comes from self-effort. "Mind gets nothing from family relations—rank, wealth or power." I might add, or from mere teachers or books.

The royal thing is, to battle with and exhaust every obstacle, to remove everything that obscures the light, and thus by professional radiance becoming sufficiently general, the firmament of the laity will give positive hint of the suns which illumine "but to bless."

This doctrine of self-help must be accepted by the profession and laity, by *individuals* composing each. Then will the brilliancy of effort on the part of one be reflected back in a thousand sparkling rays, helpful to light up the paths of each.

And so—medical people will no longer bear the onerous and ungracious burden of listening to the constantly unthinking and irrational appeal for the exhibition of power and skill, which no mortal ever does or ever can possess. For power to save the people *in* their sins, and for skill to so transcend all mental and physical laws as to escape the fixed and glorious doctrine of universal *self-helpfulness*.

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For the Medical Call.

### Fissure of the Anus.

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BY DR. ALFRED F. TRAFFORD, RED BANK, N. J.

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1. Called on Mrs. L., December 27, 1880. Found she had fissure of the anus of one years' standing. Gross says that it is better to scarify the parts than to cauterize; but in this case I used the caustic, (Lunar); called on the patient again in three days after the operation and found that it had been effectual.

2. Another case, that of a Mr. W., was similar to the foregoing, but more aggravated. Was called August 6, 1879. Examined the fissure and used the caustic. Called on the

patient again in a week and found the fissure only partially healed. A second cauterization proved entirely successful.

3. **Aconite for Bleeding Piles.**—I do not believe in specifics but I have used Aconite, 1c, in a large number of cases for bleeding piles with uniform success, and I may say it has never yet, in my experience, failed to produce a cure.

4. **Hypertrophy of the Tonsils.**—Within the past year I have treated three chronic cases of hypertrophy of the tonsils. Prescribed several remedies that seemed to be strictly indicated, without good results. Finding the patient no better under the treatment, began using Baryta Carb., 1c trituration. Powder morning and evening until pronounced cured.

5. **Sprains.**—The best application for sprains is Spirits of Camphor. The parts affected should be wrapped up in absorbing cotton or red flannel, and saturated with a solution of one oz. Tinct. Arnica to seven (7) ozs. Spirits Camphor, at least three times a day. The Camphor is the remedial agent, the addition of the Arnica is only intended to give color to the solution.

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For the Medical Call.

### The Physicians' Legal Liability.

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BY J. Q. BROWN, QUINCY, ILL.

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Perhaps the courts have not yet defined *exactly* the limits of the physician's liability to his patient. The profession doubtless are familiar with the legislation designed as a protection against malice and imposture; but outside anything suitable for the consideration of the criminal assize, lies a wide range of cases wherein the complainant was held to have the right to recover damages against his medical attendant. All these cases may probably be grouped as negligence; for the injuries complained of were unintentionally inflicted by the practitioner.

A physician undertaking a case does not impliedly agree that he will use the highest possible medical skill. He does not undertake to effect a cure at all events; nor does he undertake to do as much toward a cure as some other physician might have done; nor is he responsible for every error of judgment, although he be forced to admit that

if he could have the case again he would treat it differently. But he is bound, not only to use his best practicable efforts to effect a cure, but in so doing to use a fair, reasonable amount of skill; or, in other words, that what he does will conform to what is done in similar cases by the mass of physicians reputable in their profession. He must, too, possess the average amount of medical knowledge and physical aptitude, lack of which qualifications lays the bungler liable as if, possessing them, he had failed to use them.

Two cases in the *MEDICAL CALL*, Vol. I, No. 1, may illustrate the extremes of the rule. In Miss L.'s case, page 16, the physician, no doubt an able and conscientious one, seems to have rendered a large, perhaps exceptionally large amount of attention, such as fully warranted him in the impression that the result would be favorable; yet from some occult peculiarity in the frame of the patient, undetected by her experienced attendants, she suddenly died. Here no responsibility can possibly attach. But in the case on page 10, cited from Porak—although in this case, too, the irregularity in contour, either of the parent or of the child, contributed to the fatal result, the midwife, from those very peculiarities, was put under obligation to proceed with extraordinary caution. Having had six hours' opportunity to procure scientific appliances or consult with other experts, she did not do so, but tore the infant piecemeal by main strength from the body of the mother. If the writer correctly understands the case, only the operator's pecuniary worthlessness should have protected her from being held responsible for the death.

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For the Medical Call.

### Cases Treated.

BY D. V. VAN SYCKLE, M. D., CANTON, MO.

**Measles.**—I was called to attend three children immediately after the eruption had disappeared, and found them laboring under bronchial catarrh, throats badly swollen, skin bluish dusky, children constantly trying to pick something out of their mouths and throats—every symptom unfavorable.

Gave them the several homœopathic remedies, *BELL.* and *PULSATILLA*, but found no improvement made upon the throat complications. I then began to look about for a remedy that would clear out the throat and take hold of the croupy cough, and found it in *KALI CHLOR.* Do not be horrified at the dose, for I dissolved two drachms of the crystals in half a glass of water, and gave one teaspoonful every hour to each patient. Next morning I found my little patients decidedly better. The sequel, instead of being unfavorable, was encouraging. The mucous membrane, instead of being dry and roughened, was clean and moist. No renal trouble followed its use. For such cases, laryngeal complications, I think *KALI CHLOR.* is the sheet anchor.

**Weaning.**—I have had a number of cases of hysteria, and also quite a number of very intractable cases of indigestion produced by long continued nursing of the child; some cases where the child was two years and others three years old. The system had become so much weakened that the patient experiences constant pain of a dyspeptic nature, and also globus hystericus, very frequently of long continuance. We can very readily and easily give a prognosis in such cases, and it would be in a majority of cases unfavorable to the health of the patient in the future. The profession should raise a warning voice, and by all means prevail on mothers to wean their children when one year old.

**Rheumatism.**—I desire to ask the experience of the profession, through the *MEDICAL CALL*, the best treatment for muscular rheumatism. During the winter months it has proved a very stubborn disease in my hands. I have used electricity with some success in connection with proper medication, but as yet have not felt satisfied with the results. The experience of those who have discovered some new remedy or treatment that will give relief in this most painful of diseases, will be gratefully received.

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A PHILADELPHIA quack informs the public that he is not at all exclusive. "If a patient wants it gentle and mild, I'm a homœopath, and when anybody wants thunder and lightning, I'm an allopath."

For the Medical Call.

## The Training of the Voice.

BY RICH. J. WILMOT.

In spite of the proverb, which says that "use is second nature," we call much natural which is simply habitual. The difference, however hard to trace, is yet real and radical, and its detection is often a matter of vital though unsuspected importance.

To walk is natural, the peculiarities of our gait are only habitual. To thirst and to quench our thirst are both natural, while intemperance is simply a very bad habit.

Now however natural the thirst of the drunkard may appear to its victim, it is shown to be only that second nature that comes of use, by the facts that the lower animals are free from it, and that among men it is restricted to a minority; and, farther, that its worst victims have, at one time, been unconscious of its existence.

Again, nothing is apparently more natural than the splendid physical development of a blacksmith; whereas, in fact, the majority of blacksmiths commenced their career with no more of the elements of physical strength than are possessed by most of us, and many a weakling would have developed the power of a blacksmith, with a blacksmith's training, and farther, many a blacksmith was only saved, by his systematic and vigorous exercise, from becoming a weakling.

While, therefore, we may justly regard the muscle of a blacksmith as a gift of nature, we must not suppose it an arbitrary gift, but should regard it as nature's benediction on healthful exercise; and, while our own muscular weakness may be justly considered natural, it is only the penalty attached, by nature, to the neglect of the same exercise.

We often hear it said, that "Singers are born, while other artists are made." We shall know better the value of this observation if we add the parallel and say, singers and blacksmiths are born, while other artists and artisans are made. This proposition, as it regards the blacksmith, is no more false than as it regards the singer. Both exemplify a natural organism in a state of healthy development; both, in most

cases, could describe most of the steps by which it has been accomplished. The only difference (and it is one which has misled many of us), being, that in some cases the development of a singer is, in part, accomplished by an unconscious system of training in early childhood.

The conclusion is therefore irresistible (and certainly true) that, just as by healthful exercise, taken judiciously and systematically, all healthy people may obtain a fair muscular development; so, by healthful exercise neither excessive, injudicious nor spasmodic, all healthy voices will obtain a fairly pure tone, and will speak or sing with comfort to themselves, and pleasure to those who hear them.

Nor is this position shaken by the consideration that occasionally (once or twice in a generation) wonderful voices are met with, who commenced their studies with faultless purity of tone, and sometimes extraordinary flexibility.

But such instances, besides being rare, are generally veiled in obscurity as to their earlier years. So that it by no means follows that because we, or even they, are aware of no previous training, therefore there was none. On the contrary all, especially all young people, are continually receiving influences in the matter of vocal tone, many of which are, unfortunately, very bad. This view is proved by the fact that the average voice, among the educated and refined, is an immense improvement on the average voice among the ignorant and coarse; and it is possible that the exceptional voices, we have alluded to, generally obtain their excellence by unconsciously imitating some good voice at the age when such imitation would produce its best and most permanent results.

We will now consider in what the training of the voice consists, and, the better to understand this, we will glance at the principal organs called into exercise by the act of speech. The first of these we shall mention, is called the larynx, and is thus described by a contemporary: "Looking down the throat, while breath is freely flowing, we see a small open passage, triangular in shape, below which the rings of the wind-pipe come into view. We know that this

triangular opening is the glottis or opening between the vocal chords. The two chords form the sides of the opening, coming near together in front and separating as they extend backward.

"Suppose you separate the first and second fingers and set your neck between them, they will very fairly represent the horizontal direction and the angle of the vocal chords while you are simply breathing. But, to produce tone, the chords spring together, just as you might close the fingers, or nearly close them.

"The comparison will be more exact if you imagine, to use an Irishism, that the fingers are web-footed; that is, that the chords do not detach themselves from the sides of the throat, but draw out webs or folds of the membrane which lines the whole windpipe, and thus close the throat and cut off, in greater or less measure, the flow of breath.

"Against these indrawn chords, or webs, or shelves, or bands, the impeded current of breath presses with more or less force, as the breathing effort is stronger or less strong. The escape of breath is proportioned to the size of the opening. But when the vocal shelves are protruded from the walls of the throat so far that they receive considerable pressure from the current of outflowing air, they shake, or vibrate, and make a noise."

This noise is the primitive sound of speech.

When the vibrations of the larynx follow each other at a uniform rate, for a space of time long enough for the ear to appreciate, the result is called pitch, and a succession of sounds possessing this quality, constitutes song.

When the walls of the throat abnormally approach each other, or even tend to do so, the voice assumes that unpleasantly peculiar quality of tone known among singers as "throaty." It will easily be detected by an expert teacher; but an inexperienced pupil will have to take such a teacher's word for its existence, and can only remove it by establishing a system of sensations in the throat apparently the exact reverse of those he now experiences. Some who manifest this fault strongly in singing, are almost free from it in speech. In such cases its correction is

usually easy; but when it largely permeates the speaking as well as the singing voice, it becomes, with ripe years, almost incurable, and when children have received it from their parents, the chances of its removal are incalculably diminished.

Practice on the long vowel "i" (as in *find*) will be of great benefit, and the utterance of the vowels, and indeed of most others, will be assisted by prefixing to them the consonant sounds "sk," "st," "pr" or "fr," so that *sky, style, prize, fry* are exceedingly useful words for practice.

Before leaving this branch of our subject, we must add that the fault, besides being actually injurious to the organ, is so diametrically opposed to a pure tone, that no one should spare any pains that may be necessary for its removal.

We come next in natural order to the subject of breathing. Under this head we will only add to our remarks in No. 1, page 4, that while the lungs should be filled completely and rapidly, they should empty themselves gradually, as within certain limits it is true that the smaller the quantity of breath used in producing the vibrations of the larynx, the purer will be the tone. It is hardly possible to describe here the sensations attending this government of breath, but we may say in brief, that they are experienced chiefly in the region of the waist, and are not unlike those of drawing a belt a little tighter.

With regard to the register of the voice, we can reaffirm all we said in No. 1, page 5, only adding that when in singing we would pass from one register to another, we should make the change between notes considerably removed (say a fifth) from each other, until a clear idea has been obtained of the sensations peculiar to each.

While each register should be allowed its own peculiar characteristics, these should never be exaggerated, as by so doing, not only are violent contrasts of tone induced, but the difficulty of transition from one register to another is greatly augmented.

In singing high notes, care should be taken first, that the conditions of register for the notes sought have been fulfilled, and, secondly, that we do not allow sheer force

and loudness to attempt what judicious management alone can achieve.

Most persons practice too high and too loud. The real work of training, in most voices, is accomplished within a compass of from an octave to an octave and a half. The notes exceeding this compass, if nature has given them, will come almost spontaneously from the development of those within it, and where nature has withheld them, can not be obtained at all without overstraining the organ.

With regard to power, one meets with such a variety of defective habits, that no rule can be given applicable to all cases; but it may safely be said that a voice should not habitually be used at anything near its greatest strength. The exception, however, being that where the voice has by habit, become abnormally subdued, or veiled, nothing but its greatest attainable power will correct the fault.

We come next, to the influence on tone, exerted by all the organs between the larynx and the top teeth, which we will include in the general term, the mouth. This stands to the larynx in the relation of a violin to the string, or a drum to the parchment. The tone of a violin depends, not on the quality of its string, but on its own vibratory character; and this depends, in any instrument, not only on the material of which it is composed, but to a far greater degree on its formation. Flat surfaces vibrating less freely than concaved. This we find illustrated by a violin, a drum, and a bell. The vibration from a silver dollar bearing no comparison with that possible from a piece of metal the same size in bell form. It is this principle which renders a flat roof less desirable for oratorical or musical purposes, than one arched or dome-shaped. From all this we gather that power and beauty of tone depend chiefly on the height and general proportions of the dome formed by the roof of the mouth; and this, experience proves to be, in most cases, in a very great degree under control of the individual. It is governed by a muscular system which, like all other muscular systems, seems perfectly rigid to those who have never used it, but becomes, with exercise, more and more obedient and efficient.

We may gather some idea of the importance of this organism from the fact that some good voices can, at will, reproduce the peculiarities of most bad ones, and that the chief agent in this mimetic capacity, is a conscious adjustment of the roof of the mouth. The teeth, during the utterance of vowels, should be well separated, to an extent differing doubtless in different cases, but yet greater than most people, without training, suppose to be necessary.

The tongue should, without constraint, lie flat in the mouth, or nearly so, and the absence of sensation in this organ may generally be considered good, at least a sensation of hardness, suggestive of a tension of the muscles in its back part, is very bad; so, also, is the raising of the tip, or the sides near the tip during the utterance of vowels. Indeed this fault can render positively unpleasant a voice of the greatest possible beauty.

The lips should be free and unconstrained, rounded as much as possible into a smiling form, and never drawn down on the teeth.

The face should never be allowed to undergo contortions, as the muscular action producing them is generally the result of sympathy with some defective muscular action in the mouth or throat.

During a prolonged note the chin should not be allowed to move; particularly an involuntary movement while the note is softening should be both expected and avoided.

It must not be supposed from the above outline of our subject, that we believe nature's gifts absolutely without variety. On the contrary, we feel that an endless diversity, both in kind and degree of beauty, is among her uniform characteristics; but, as in other things, the better her laws are understood, the less capricious and more reasonable they are found to be, as our voice will generally be what our own habits, endeavors, and antecedents have made it; and considering the immense extent to which its quality is influenced by the example of others, may it not be among our duties to form such habits as will render our example a blessing to those within the sphere of our influence?

For the Medical Call.

**Mistakes.**

BY F. L. PEIRO, M. D., CHICAGO, ILL.

We must recognize that failures in determining the just conditions of certain cases occur to all practitioners, and by such failures are we generally taught more than by success; but that there are instances in which proper care in examinations would avoid premature conclusions, and result more favorably to patient and physician, the following reports will show:

R. H.; boy; age, 12; of healthy appearance and excellent surroundings. His father states the son has been ailing from childhood; has always had a "stiffness about the head;" can't breathe well; snores loudly at night, and his breathing is attended with wheezing. Has been under the care of various physicians, (two of whom I know to be excellent practitioners). He says most of them pronounced his boy's case to be one of chronic nasal catarrh, and applied treatment accordingly. Two of the several doctors pronounced his a case of asthma. It were easier to guess what the boy did not have done and remedies given, than to venture a surmise of what he did endure. The usual snuffs, douches and constitutional remedies were not wanting; inhalations and atomizing were equally resorted to; but after several years of effort the boy remained unimproved.

A careful rhinoscopic examination revealed a complete congenital stenosis of the left nasal cavity, by a wide, triangular cartilaginous band, midway antero-posterior, forming a perfect barrier to the passage of air or any other substance, and, by its lateral pressure, caused the deviation of the septum to such an extent as to seriously impair the normal function of the right cavity.

The laryngoscope could show nothing more serious than a dry mucous membrane, and some enlarged mucous follicles caused by buccal respiration, hence the wheezing mentioned.

An operation for the removal of the singular development was followed by complete restoration of the nasal fossæ, not only of the side from which the superfluous

substance was removed, but by removal of the pressure the septum returned to its proper position, and hence the right side also restored to normal condition.

Miss A. T.; age, 16; blonde; healthy; complains of no special pain, but of inability to breathe or smell through her nose. The bridge of that member is slightly depressed, giving it *retroussée* appearance. She has sought the opinion of several physicians—old school and new—and taken various remedies for catarrh of the nose, and finally gravitated into the hands of my worthy colleague, Dr. C., who generously presented his patient for examination.

General indications pointed to no special cause for this want of physiological function, nor did a careful observation of the anterior nares, with specula, determine any particular trouble than such hypertrophy of the membrane, as frequently found, present. It was only after frequent and patient examinations with the rhinoscope that a loose mass was observed filling both posterior nasal fossæ, the substance, in form and color, more nearly resembling racemes of white currants than anything else I can compare. Very naturally multiparous polyps were suggested, as are not infrequently observed, but there was such marked peculiarities in the structure as to render a decision at the moment of doubtful value.

Determined to be fully assured before an operation was attempted, I proceeded to dilate both alæ with a nasal bi-valve speculum, to their fullest extent, and explored the cavity with a "teaser," made by splitting the ends of a small copper wire, introducing it into the substance desired to examine and twisting the wire with a view of detaching parts for inspection—(done as we did when boys, twisting rabbits out of hollow logs, you know!) The first effort resulted in the removal of shreds of substance which required a little force to extract. This not proving painful to the patient, greatly to our surprise, exploration was continued until all was brought away, which, when washed, proved conclusively to be wads of "*ravellings*" from the cut edge of cotton cloth. The young lady appeared to suddenly remember that years ago, when a child playing with her mates, she had in-

sented the substance, and fearing to tell her parents had endured the pain and subsequent inconvenience to the day of the operation. Daily syringing with a weak solution of Calendula and warm water soon relieved the little existing inflammation, and in five weeks the sense of smell returned and respiration through the nose is now perfect.

Mr. Geo. C.; age, 37; bachelor; residence, Chicago. When visiting some friends last November, partook of various dainties offered him, and, as he expressed it, "Had a jolly good time," chatting, laughing, etc. The same evening he began to feel some inconvenience about his throat—thought he had taken "cold" on going home. By early morning was coughing considerably, throat much irritated, sore, and feeling quite badly in general. He consulted a physician next morning, and, briefly, had kept on treatment by various physicians—old school and new—until through coughing and nervous anxiety he became so emaciated and feeble as to be compelled to relinquish business. His friends presented him to me as a confirmed consumptive, and he looked it! Yet his family history was remarkably free from such tendency; two brothers, whom I know a little, certainly looked the very picture of health, but phthisis can be acquired, and so it seemed in this case.

To my surprise, percussion and auscultation elicited no marked symptoms of tubercular deposits; with exception of limited mucous rales in first division of the bronchia, no pathological condition was apparent from apex to base. Bearing in mind that laryngeal deposits may occur when absent in other organs, a thorough laryngoscopic examination was made. The tonsils were congested and enlarged, the uvula engorged and pendulous, the velum and pharynx partook of the local hyperemia, fauces very irritable to touch, mucous follicles greatly enlarged, and a sense of dryness and desire to swallow and cough constant. Epiglottis very vascular and thickened, with slight erosions on the laryngeal surface. The vocal cords were only slightly infected, the arytenoids a trifle tumefied, trachea normal. The question that would not down was what, then, is the matter? Having decided

to re-examine more carefully, if possible, I carelessly heated the laryngeal mirror too much, as upon application in pressing the uvula upward out of the way, the patient started with pain, and at the same moment the epiglottis raised up above the base of the tongue, and looking on each side, more by accident than from thought, I observed a peculiarly whitish-red substance in the left vallecula, crowded down into the corner of the epiglottis, resembling a small abscess the size of a small bean. A pair of long toothed spring forceps were introduced, the abscess grasped with a view of bursting it, when the tumor became detached, and on inspection found to be a grain of partially popped corn that had become imbedded. Atropia, 3x, every two hours for four days allayed the nervous irritation and cough. The patient is now attending to business perfectly well, and his physician has the credit of having performed a miracle that a tyro in medicine could have done quite as well if patient enough to investigate the cause.

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For the Medical Call.

### Measles—Cases.

BY C. C. WAKEFIELD, M. D.

Measles and complications have engaged the attention of the physicians of the community for the last two months. They have been of a severe type, with a tendency to any weak part of the system, but with proper care no bad results need be feared. The type has been varied in different cases, and as a rule was ushered in by fever, thirst, chills, and a dry, hard cough, which soon involved the stomach, causing nausea and pain. Several cases had nasal hemorrhage.

In those cases in which the bowels were involved, I invariably found that purgative medicine had been used earlier in the case, and these were the most severe cases and made the slowest recoveries. My line of treatment was to allow the bowels to have *absolute rest*, and in most cases there would be no action for several days, and in some cases a week. The symptoms usually called for Bry., which I gave in the 3x dilution. In some cases Drosera, Acon. or Puls. were called for, and usually had the desired

effect. Cold water, even ice water, used by the patient as desired. As for the variations:

CASE I.—J. S.; male; age, 22. Was called January 7, at eleven P. M., and found the patient suffering from retention of urine; was in the premonitory stage of measles, with great fever, thirst, restlessness, dry skin, etc. An old school doctor had been called, who had used a catheter. Tried the bladder but found no great accumulation of urine, but great soreness and irritation of bowels. Aconite, 3x, 10m., in one-half glass of water, teaspoonful each hour. January 8, ten A. M., case much better; had a passage of urine and feces before morning, with great relief, followed by a rapid recovery.

CASE II.—G. S.; age, 28; strong, hearty young man. Exposing himself during this cold weather, was taken with chills, followed by fever. Took a large dose of cathartic medicine for "billiousness," and was terribly sick for some days—"liver sick." Saw him the eve after he had taken the cathartic medicine; for the hard, dry cough, thirst often and large quantity, exposure to dry, cold wind, fever, dry skin, etc., gave Acon. 3x. By the next day the symptoms were changed, the fever not so great, with more moisture to the skin; thirst had changed, and water was more seldom called for. The greatest complaint was from the stomach and bowels, for which one dose Nux., 3x, was given. The patient was covered up well in bed, and Bry., 3x, in water, given to bring out the eruption. This treatment gave the greatest relief in a few hours. Some days afterward, from exposure which caused him to have a deep cold and cough, with pain in the chest, congested eyes, fever, no thirst, and hard chills, with prostration, etc., I was again called, and gave Bell, 3x, on pellets. Convalescence followed rapidly, and health became complete. This was a severe case, and only to the prompt action of the remedy can the success be attributed.

CASE III.—Laura S.; age, 2½ years. A scrofulous child that was just recovering from "chicken pox," which had involved one eye. In this case the premonitory stage was light, but later the glands of the throat became swollen and interfered with breathing. The eyes became very sensitive to

light, and exuded a sticky, yellowish matter, which glued the lids down. The child, usually restless, became very quiet and did not want to be disturbed; with no appetite; sleeping most of the time; nose obstructed and breathing through the mouth; low fever; no thirst. Mec., 3x and 6x, was given, with external applications to the throat. The eyes were frequently washed with tepid water. The child rallied slowly, and with the use of Puls. and Lycopodium, 30x, in the course of ten days recovered fully.

CASE IV.—Lizzie B. Was called January 27, in haste, to see her. A strong, fleshy girl of nineteen years, of moderate intellect, who had been getting along well, but got up too soon; "had gone to her brain," and "she was crazy;" talking incessantly; religious mania; fears of her salvation; would repeat everything said in her presence, even in a whisper. Was rational when I saw her, and gave me her symptoms well. The nervous system seemed to be strained to the highest point of susceptibility. A hand laid on the bed cover, ever so lightly, would annoy her. Hard, full pulse; menses had appeared at the middle of the period; breathing natural and regular. During her "crazy spells" three persons were required to keep her in bed. Sulph., 30x, in water, every hour; the patient to be kept very quiet.

January 28, was called again, as she was again "bad." Found her more rational than yesterday; nerves not so sensitive; had slept some last night; more appetite; spell not so hard as yesterday; complained of pain in the top of her head; no evidence of congestion as yet. Bell., 3x, in water.

The parents became alarmed and had an allopath called the next day, who went, taking counsel with him. They were almost driven off the place by the patient, but said "the measles had gone to her brain and she would not recover," and left some medicine which the patient would not take, but would call for mine. She became quite well in a few days, much to the credit of homœopathy.

These were severe cases, and if space would permit I could give more to show the necessity of care in selecting the proper remedies.

For the Medical Call.

### Erysipelas—Case in Practice.

BY NELSON ADAMS, M. D.

Mr. N.; aged about 38; nervous, sanguine temperament. Was in good health on the evening of April 3, 1880; on the morning of the 4th felt slight pain in the head and right side of the neck, about one inch below and back of the ear. During the day the pain increased. At five o'clock P. M., erysipelatous inflammation spread over the entire right side of the face and head. Pulse, 100. Gave Aconite, 6, ten drops in two-thirds of a tumbler of water, a teaspoonful every fifteen minutes for one hour, then discontinued two hours, then repeat the remedy, to be continued in the same manner until ordered otherwise. At nine o'clock A. M., the 5th, both eyes were closed, and the inflamed surface presented a fiery red appearance; pulse, 120; tongue dry and red. Aconite continued. A topical application was applied to the inflamed surface, consisting of the proportion of one spoonful of Alcohol to three of water, and to that was added two drops of the 6 of Aconite to the spoonful of the lotion, and applied by wetting four thicknesses of cotton cloth and enveloping the inflamed surface, and renewed frequently. At nine P. M., the swelling and redness have continued to extend, assuming a deep, dark red color. Same treatment continued. At seven A. M. of the 7th, pulse 125; pain in the head much worse among the parotid and salivary glands. During the day pulse run up to 130. Treatment continued. At six A. M. of the 8th, swelling at a stand-still; pain in the head not as severe. At seven P. M., pulse 100; swelling decreasing; all the symptoms more favorable, as far as I could see. At two A. M. of the 9th, the patient had a sinking chill; had great distress from severe cramp-like, burning pain in the region of the cardiac orifice of the stomach. The extremities cold, the pulse very feeble and fluttering; purple appearance of the hands and feet; cold perspiration over the body; frequent attacks of nausea. Gave Arsenicum, 30th, the one-quarter of a grain every fifteen minutes. In thirty minutes was

much better, and within the hour the chill had entirely disappeared.

The reaction brought the pain back with an increased heat and redness of the inflamed parts. At nine A. M., of the 9th, pulse 140, attended with a low, muttering delirium. Gave Bell., 6, ten drops in two-thirds of a tumbler of water, a spoonful every fifteen minutes for an hour; then discontinued an hour; then gave an hour, and discontinued two hours, and so continued the time to give; and also reapplying the lotion as at first. At nine P. M., delirium gone, pulse 120, swelling decreasing. At seven A. M. of the 10th, eyes partially opened, pain in the head gone, some appetite, little perspiration, tongue moist and of natural appearance. Same treatment continued. From this date the patient makes a rapid recovery. Dismissed on the 16th.

For the Medical Call.

### Practical Hints to be Observed During Labor.

BY W. H. JENNEY, M. D., KANSAS CITY, MO.

In preparing a patient for the act of parturition, we should take heed that due protection to the bed has been observed, inasmuch as this contributes largely to cleanliness during the process and subsequent thereto. My practice now is to have a bag—say two and a half feet wide and four feet long, made of any cotton cloth capable of holding two or three bushels of wheat bran; this bag having been previously prepared and kept ready for the occasion. The bran should be of the freshest, care being taken to have it perfectly dry before being placed in the bag. When your patient is ready—at the beginning of the second stage of labor—place the bag beneath her; this she is to lie upon. The advantages of this are two-fold: First, the bran absorbs all fluids as fast as discharged, thus relieving the woman of much of the discomfort usually experienced without such precaution. Second, it supports and gives firmness to the patient's back, as well as lessening heat in the summer, and preventing chill in winter; finally, the patient, after becoming settled in one position after delivery, will find it difficult to move about—the bag being read-

ily kept in place as long as desirable, and this will depend wholly upon the amount of the discharges.

Reflex symptoms from the natural pains of labor, which frequently set in and detain us, may be mostly overcome or ameliorated by inserting the index finger into the dilating os uteri, and, during the pain, passing said finger around the os, thus aiding the dilatation. We often hear a patient complaining of heat in the head, oppression of breathing, nausea, sinking at the stomach and the like; in fact, almost any of the many reflex troubles—outside of false pains—may be banished by this simple manipulation about the os uteri; thus saving much time to yourself and much annoyance to your patient.

Again, when the head presses upon the perinæum, do not push the presenting part backward during each pain, from fear of having a ruptured perinæum, but introduce the finger and aid in distending the parts by movements backwards and forwards between the expanded tissues and the head. At last, when the final and expulsive pains arrive, you may gently support the perinæum, then and thereby averting untoward results. If the parts seem dry and unyielding, lard may be used as a lubricator.

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For the Medical Call.

### Query Answered.

IN MEDICAL CALL, page 29, "Water Tastes Sweet," you don't give a very clear record of the case, but for that one symptom you will find that PLUMBUM, M., is the remedy intended. I will give you the symptom as taken from *Lippe's Mat. Med.*, 47, 48 and 49: Violent thirst, especially for cold water; sweetish taste; sweetish eructations; gulping up of sweetish water. Also see if the patient brushes the hair with a brush made of lead wires; if so, stop it at once.

Union City, Ind. F. D. GRABILL.

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**Our Newness.**—The *Allgemeine Homœopathische Zeitung* has just commenced its one hundred and second volume. It is published at Leipsic, and has been the leading homœopathic journal in Germany for a round half century.—*Homœopathic World*.

For the Medical Call.

### Epistaxis.

BY G. H. PARKHURST, M. D., BROOKLYN, N. Y.

Who has not found occasionally a case which will not yield to the apparently best selected remedy? Such I had eighteen years ago, and meeting the man one day had the mortification to learn that he had tried, at the suggestion of a neighbor, Hop Powder as a snuff. Since then I have repeatedly tried Lupulin, 1st Trit., both internally and locally, without a single failure. However, I would not expect it to tie an artery.

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**Epidemics.**—People are very apt to blame public officers when such epidemics as diphtheria and small-pox commit any very serious ravages in a particular district. The blame never lies with them so much as with the ignorance of the people. Everybody knows something of the devastating character of epidemics,—that they often carry off the best-loved of a family, and that they have some connection with uncleanly habits, or unsanitary conditions under which communities live. But their knowledge is not sufficiently full as to precautionary measures to be taken. Recently, two children were taken with diphtheria in Fulton county, New York state, and died. Shortly after a family visited this house, and some children, who were among the visitors, actually slept in the same bed lately occupied by the dead. Thus the disease was spread, and the mortality which followed was very great. This was all traceable to what some might designate as culpable neglect on the part of those who should have shielded their children from disease. Unhappily the hand of the destroyer, as it appears in epidemics, generally falls heaviest on those who are in no way to blame for its spread.—*Herald of Health*.

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**Thymol.**—This is said to act usefully in cases of catarrh of the bladder, and in diarrhœa of children, in doses of three to five drops of a one per cent. solution daily.



in height and breadth, and each of these dimensions has its three grand divisions, which are subdivided into four others, thus comprising the whole extended figure within a perfect square, whose root is twelve.

"The female figure is smaller than the male, but of the same proportions.

"The boundaries of the upright grand divisions of the figure are indicated in nature at the extremities, and on the back, front and both sides of the figure.

"The whole width of the figure is indicated within the extended finger tips—the middle third embracing the chest and shoulder muscles. The sixths and twelfths in this plane are very distinctly marked.

"Divisions into sixths of the whole figure is very obvious as shown in the drawing, and the same may be said of the twelfths—though these minor divisions are not all equally clearly marked externally on each of the four sides of the figure." \* \* \*

### **Proofs of Medicinal Presence and Efficacy in Attenuations Above the Sixth Decimal.**

Dr. Lippe uses the following language: "Homœopathy was introduced into the United States about fifty years ago. The early pioneers, as we well remember, had only the thirtieth potency at their command. The only shop in the United States where homœopathic medicines were for sale, was in Broad street, Philadelphia, kept by J. G. Wesselhœft, and this bookseller imported them from Europe. With these thirtieth potencies as their only outfit in the way of medicine, but with a full knowledge of Hahnemann's teachings, and strictly following the rules laid down in the *Organon* in the application of the principles governing the homœopathic healing art, did these early pioneers enter upon their mission to cure the sick. Our skeptics of the present day, then, should remember that the foundation upon which homœopathy has been so rapidly and so successfully builded in America, was laid by the successful use of the thirtieth potencies. Had the experiment, though such it was not considered, failed at that time; had it been proven that the thirtieth potencies had no curative pow-

er, homœopathy would to-day have been a thing of the past. Had it not been for the triumphant successes which attended the use of these potencies in the hands of those pioneers, the young members of our profession to-day, instead of attempting to unsettle facts most thoroughly established fifty years ago, would have been entirely ignorant, save from history, that such a school of medicine ever existed. How ungrateful, then, and foolish, so to assail their own birthright, and to attempt to tear down the foundation upon which they themselves are builded, and to which they owe their professional existence."

Not only is there therapeutic power in the thirtieth potency, but pathogenetic power as well. Hundreds of authentic provings with the thirtieth potencies recorded, in which the positive and distinct pathogenesis of the drug, as afforded by poisonings and by provings of the crude material, are verified. If, then, the thirtieth potencies have been proved to possess pathogenetic power, their therapeutic virtues must be acknowledged. Nor can we overcome the facts of these authentic provings by sneering at motives, or by calling into question the veracity or reliability of the prover. Take, if you please, the proving of *Rhus Rad.*, 30, made by Dr. Joslin. Note the rheumatic character of the pains produced, even to the retaining of the *Rhus* peculiarity, worse when first beginning to move. Also observe the skin symptoms giving the peculiar eruption with much burning and smarting, so that Dr. Joslin himself remarks that "the effects apparently produced by the thirtieth, agreed in character and location very closely with those caused in many by the contact of the legs and feet with the leaves of the living vine."

Can it be said that such symptoms were the result of the imagination? Not at all. This, 'tis true, only argues as to the pathogenetic power; but we need not go far to establish the curative. My own experience, aside from that of scores of others present, guarantees the fact that this class of symptoms have been very many times removed by *Rhus*, 30, nor is it necessary to prove a fact so positively well known. Yet in this connection, pardon a single case: Dr. Hup-

field reports the case of a colored woman, aged 33, who had had rheumatism for five years, suffering every day, and at times very severe attacks. The chief characteristics being "excessive pain and stiffness of the limbs," the latter especially on rising after being seated. Four doses of Rhus tox, 30, produced a radical cure. A few special cases and I will close.

Dr. Fanning reports the following: A woman, aged 28, after an attack of typhoid fever under old school treatment, had a chronic diarrhoea alternating with constipation, lasting over a year; the chief peculiarity of the diarrhoea attacks was a sensation of something pulling at the umbilicus, with actual retraction at the navel. A few doses of Plumb. met., 30, gave an immediate cure.

Dr. Brown, of Binghamton, reports the case of a lady having paroxysms of excruciating pain at the stomach, as if "sticking the parts with a knife," which had lasted under allopathic and homeopathic treatment over a year. One dose of Phos, 30, cured immediately.

Dr. Bates reports a case of constipation, with no desire for stool or ability to pass stool, cured with one dose of Alumina, 30.

Dr. Lawton, of Wilmington, Del., furnished the following remarkable case: A lady, subject to periodical attacks of renal colic, which had always yielded to Lyc., 30, (Tafel), sent for medicine, saying, "you know just what I want, Doctor; it is one of my old attacks." I sent her one powder of Lyc., 30, to be dissolved and taken in water, a teaspoonful every half hour until relieved. I also sent a second powder (Sac. lac.) to be dissolved and taken after the first had been discontinued. In about three hours I was sent for to come immediately, the patient being a great deal worse. Found her symptoms all aggravated, while she was tossing from one side of the bed to the other in great agony. I asked if she had been better at any time since taking the medicine, and was told that after taking *two* doses she felt relieved and thought she could sleep. In the meantime her medicine became again due, and she took another dose. From that time she became uneasy, and continued to grow worse every time the medicine was repeated. I decided that she was getting

aggravations from Lyc., and stepping to the bed gave a few pellets of Camph., 30, dry on the tongue. In less than a minute she was relieved and had no return of the pain.

From my own case-book a few cases:

Three cases of facial paralysis—two of long standing and one recent; each cured within ten days, the recent case in three days, with Caust., 30.

In a low case of typhoid fever, fifteenth day. Patient unconscious, trembling of lower lips constant for five days. One dose Arnica, 30; in half an hour the trembling ceased and did not return, and on further use of the same remedy consciousness soon returned and the patient made a rapid recovery.

I had always been afraid to rely on the higher potencies in the treatment of croup, until upon one occasion I found myself several miles in the country with my Aconite vial empty. The thirtieth was all I had, so I prescribed it, and instead of waiting half an hour or longer as I had previously done, for the much desired perspiration and the accompanying relief, I only had to wait five minutes, and I saw the most rapid and beautiful results I have ever witnessed. To this day Aconite, 30, in such cases, has never failed me. \* \* \*

A case of intermittent of six months' duration under old school treatment. Shaking every day or every second day, at irregular intervals; chills and heat mixed; pale, yellow, cachectic look. Prescribed Ars., 30. Not another chill occurred, and the patient recovered at once.—COPPERTHWAIT.

### The Action of *Ceanothus* on the Spleen.

BY JOHN H. CLARK, M. D.

The following case came under my notice soon after the publication of Dr. Burnett's observations on *Ceanothus*, and as it appeared to me to resemble closely the cases that had received benefit from that medicine, I determined to give it a trial. As *Ceanothus* is at present but little known, cases exhibiting its action are valuable, and it has occurred to me that this one might be read with interest.

Mr. F.; aged fifty-two; carpenter; tall, spare, rather dark; very active and very steady; of good family history, his own children being strong. He lives in a very healthy, though somewhat exposed situation. He belongs to the better class of artisans. On March 5, 1879, he came to me complaining of a pain in left side. He described it as an aching in the region of the left sacro-iliac joint, coming round to the ribs in front, and extending upward as high as the fifth. With the pain there was a sensation of cold water dropping under the arm. The pain was relieved when he could get rid of flatus, with which he was troubled. He had had the pain for two years, during all of which time he had not been able to lie on his left side. Latterly the pain had been getting worse. The tongue was clear, appetite good, bowels rather costive. On examining the chest I found the heart and lungs normal. There was tenderness to pressure for an inch beyond the free border of the left free ribs, and dullness on percussion over the same area, the dullness passing under the ribs for a distance of two inches. Patient had never had intermittent fever, and did not suffer from chills. I diagnosed splenic enlargement, and ordered him to take *Ceanothus Amer.*, 1, pil. i quater die. He began to take this on the 7th, and on the 12th reported, "Pain in the side decidedly better; the medicine acted at once; can lie on the left side now." On examining the affected region I found the tenderness very much diminished. What pain there was, was chiefly in the back.

REPEAT.—On the night of the 12th, after partaking somewhat freely of lentil soup, he had a sensation of fullness, and this was followed by an attack of urticaria. There was, however, with it no increase of the pain. On a former occasion, after eating heartily of that food, a similar urticarous attack ensued, and at the same time the pain in the left side was considerably worse.

Now the pain in the side is better, tongue clean, bowels regular, appetite good. The eruption has disappeared, but he feels oppressed in breathing, and faint. I left off the medicine for a time, and gave *Nux Vom.*, 1, pil. i quater die. Better altogether. No indigestion. Eats well. He has the pain

sometimes—principally on Saturdays and Sundays, when he is at rest. He can lie on the left side with perfect ease. There is no dullness anterior to the margin of the left free ribs. I repeated *Ceanothus*, 1, as before, leaving off the *Nux*, and he had no occasion to return.

About a twelve-month afterwards I saw his wife, and heard from her that he had kept perfectly well. Such are the facts of the case, and to my mind they afford clear evidence of the power of *Ceanothus* to affect the spleen.—*Homœopathic World*.

### How to Feed Fever Patients.

Dr. Chas. Gatchell, of Milwaukee, in *Med. Counselor*, says that care and judgment in the management of the dietetics is as important as the medicinal treatment itself, and a certain plan must be observed. The instructions which follow, will apply to almost all the acute fevers. It is well to keep in mind a few general

#### RULES.

Give no solid food to a fever patient. Let the food be simple, but nutritious. Give food at frequent intervals and in small quantities. Let a fever patient have all the cold water he wants to drink. Remember, also, that those fever patients who have been judiciously nourished will make the best recoveries. Solid food, given during a convalescence, will often cause a relapse. If the patient be properly nourished from the outset, there will be little need of alcoholic stimulants. If the patient's mouth be foul, the lips, teeth and tongue covered with "sordes," before giving food cleanse the mouth with cool water containing a little lemon juice, using a swab or the corner of a napkin. When a patient is weak and lying on his back, it is exceedingly tiresome for him to take food or drink a spoonful at a time; even this slight effort wearies him. At such time none but liquid food should be given, and this through a bent glass tube. Food for fever patients should be fluid in form, easy of digestion and highly nutritious.

#### MILK.

No better form of food than this can be chosen if it agrees with the patient. Give to the patient regularly every two hours a

teacupful of milk. This may be fresh from the cow, or scalded, or ice-cold, to suit the fancy of the sick one. When but little food can be taken, it is a good plan to have a pitcher of iced-milk, and when the patient complains of thirst give him this instead of water. The best way of administering it is to let the patient draw it through a bent tube. If the milk disagrees, or is thrown up curdled, a tablespoonful of lime-water to a cup of milk may prevent this.

#### BUTTERMILK

May be given instead of sweet milk. It is both refreshing and nutritious. It should be fresh, and, like the milk, given in small quantities, frequently repeated. Its tendency is to allay fever. To some patients milk is repugnant; to others its continued use will render it so. Its use may then be varied by giving gruel. The perfection of gruels should be, according to Mrs. Austin, "thin, but not too thin; thick, but not too thick." For the first three days of the fever, if the patient receives oat-meal gruel, the waste of tissue, which occurs during that time, will be fully met. The oat-meal, however, should be thoroughly well boiled. If it be underdone, more harm than good will follow.

### Chloroforming During Sleep.

The possibility of chloroforming a person in sleep, without waking him, having been disputed in a recent murder trial, Dr. J. V. Quimby, of Jersey City, was led to test the question experimentally. The results were presented in a paper before the section of Medical Jurisprudence at the meeting of the American Medical Association, a few days ago. Dr. Quimby made arrangements with a gentleman to enter his room when he was asleep and apply chloroform to him. This he did with entire success, transferring the person from natural to artificial sleep without arousing him. He used about three drachms of Squibbs' chloroform, and occupied about seven minutes in the operation. The second case was a boy of thirteen, who had refused to take ether for a minor operation. Dr. Quimby advised the mother to give the boy a light supper and put him to bed. She did so, and Dr. Quimby calling when the boy was asleep, administered the

chloroform and performed the operation without awakening the boy. The third case was a boy of ten years suffering from an abscess, and the same course was pursued with equal success.

Two important inferences may be drawn from these cases, Dr. Quimby said. Minor surgical operations may be done with perfect safety and much more pleasantly than in the ordinary way; and, secondly, a person somewhat skilled in the use of chloroform may enter a sleeping apartment and administer chloroform with evil intentions while a person is asleep. Hence the use of this drug in the hands of a criminal may become an effective instrument in the accomplishment of his nefarious designs.—*Medical Advance.*

### The Practical Method of Cure.

The faithfully practiced precepts of the homœopathic method of cure, as it is taught in my writings and those of my disciples, have hitherto manifested to all men, and in a very decisive and striking manner, their natural advantage over the allopathic method, both in regard to acute diseases, as well as epidemics and sporadic fevers.

But there remained the chronic diseases which afflict humanity, and the number of which continued to be immensely large.

The manner in which those diseases had been treated by allopathic physicians, has only served to increase the sufferings of such patients. By employing a quantity of disgusting mixtures, compounded by the apothecary out of large portions of violent medicinal substances, whose separate effects were unknown; or by using all sorts of baths, violent diaphoretics or expectorants, pretended anodynes and sedatives, clysters, ointments, fomentations, fumigations, vesicatories, issues, fontanelles, and especially those everlasting purgatives, leeches, blood-lettings, and methods of starvation, and various other medicinal torments, the disease was either made worse, and the vital energies, despite of the intermediate use of pretended tonics, were more and more diminished; or else, in case a striking change had been obtained, another nameless medicinal disease, being much worse and more incurable than the original natural disease, was

substituted in the place of the previous disturbance; whilst the physician consoled the patient by saying that "the old disease had been happily removed; that unfortunately a new disease had indeed made its appearance, but that he was confident he would conquer this new disease as successfully as the former." And in this way nothing was done except to modify the forms of the same disease, to increase it by the additional sufferings consequent upon the use of improper and noxious medicines, until the complaints of the poor patient ceased with his last breath, and the relatives were consoled by the delusive excuse, "that every known remedy had been employed in the case of the deceased."

By following the method which I had recommended and which is much more conformable to nature, \* \* \* the disease yielded in a great measure to a very small dose of that remedy which had been found capable of producing upon a healthy person the existing series of morbid symptoms.—*Hahnemann*.

### Chronic Diarrhoea Cured by Jalap.

BY ADRIAN STOKES, M. D.

A single woman, aged seventy, came to me on the 6th of October, 1879, and said she had, for seventeen or eighteen years, had diarrhoea daily. The stools were usually six or eight per diem, sometimes in the night, attended by extreme urgency, and leaving some degree of tenderness afterwards. Being crippled by an anchylosis of the right wrist, she was much dependant on her servant, and as she had not always a servant, she was liable to irregularity in getting her food, and often it was not well prepared when she did get it. She lives in a lone cottage in a country lane, some four miles from my house, and had some difficulty in getting conveyed to and from it. I saw her a few times at long intervals, in which time she got Coloc., 1, Phos. Ac., 1, Hyo. A. and Nux, 1, with but little alteration of her state. I saw nothing of her from the end of November to March, 1880, but heard of her cottage having been entered by tramps, who half strangled the poor woman and robbed her of a few shillings, in

January. When she again came to see me she had become much emaciated, and the diarrhoea constant, six or eight times in twenty-four hours, motions dark, very offensive, and of gruelly consistence, attended and followed by much griping and some tenesmus; Nux, 1. April 26, reports the same state; Verat. A., 1, to be followed by Jalap, 1st trituration. May 11, reports the number of stools to be two per diem. Pain much less, motions formed. June 1, still has some looseness, but is much better, and improving in looks as well as comfort. Jalap, 1, to be taken occasionally.

From that date I saw no more of my old patient, until having occasion to be near her dwelling a month ago, I called to see how she was. She told me she had had no further trouble with her bowels after Jalap, and had been quite comfortable ever since. She had become stout, and looked in capital health.—*Hom. World*.

### A Plea for Anæsthesia in Labor.

Dr. D. M. Barr, of Philadelphia, sums up as follows: 1st. The claim of the parturient woman for anæsthesia is unequalled by any claim in the wide world. 2d. These claims will not have received a fair response until the anæsthetic is as common in the lying-in chamber as upon the operating table. 3d. A proper anæsthesia is more directly indicated and more safe in the ordinary obstetric patient than in the surgical patient, case for case. 4th. We have an anæsthetic mixture (ether, three parts; chloroform, one part; alcohol, two parts), capable of producing perfect immunity from suffering without intoxication, without vomiting, without reaction or dangerous sequences. 5th. The babe offers no contra-indication, since its safety is not jeopardized. 6th. Labor is not hindered, but rather hastened by the anæsthetic. 7th. Anæsthesia offers no contra-indication for the use of any medication which would be indicated in its absence.—*Med. Observer*.

**Lemon Juice.**—One common sized lemon contains five and a half drachms of juice, equivalent to about twenty grains of Citric Acid, and about eight drops of Essential Oil.

## The Next Meeting of the American Institute of Homœopathy.

Prof. Dowling, of New York, President of the Institute, and chairman of the executive committee, to whom were referred arrangements for the time and place of the next meeting, announces that it will be held at the Brighton Beach Hotel, commencing June 14, and lasting four days. Brighton Beach is located directly upon the ocean, within a few miles of the city of New York. The Hotel, which is one of the grandest in the world, is kept by James Breslin, Esq., well known to the traveling public as the former proprietor of the Grand Union Hotel, at Saratoga Springs, and at present proprietor of the Gilsey House, New York. Mr. Breslin pledges himself to do all within his power to make the stay of the members as pleasant as possible. Should he be lacking in seeking accommodations for the large number expected to attend, provision will be made for them at the Manhattan Beach Hotel, distance but two or three minutes by a railway along the beach. He has dining accommodations for 1200. A banquet will be given to the members of the Institute and their friends who may be present, and arrangements will probably be made for an excursion (and supper on board) through the bay and East River, via Hell Gate, to the Homœopathic Hospital on Ward's Island. Those proposing to attend the International Congress, which meets in London on July 11, will have ample time for the voyage after the adjournment of the Institute. The President trusts and believes this will be the largest and one of the most interesting meetings of the American Institute of Homœopathy ever held.—*Clinical Review*.

## Concerning Country Doctors.

[A Court Decision.]

A country surgeon is not bound to the exercise of that high degree of art and skill possessed by eminent surgeons living in large cities and making a specialty of the practice of surgery, but only to that reasonable degree of learning, art and skill ordinarily possessed by others of his profession, having regard to the advanced state of the science.—*Ex*.

## Texas for Invalids.

The town of Boerne is situated in a valley, on the east side of the river Cibolo, in Kendall county, Texas, surrounded by beautiful mountains, presenting scenery most grand and picturesque. It is on a stage road, 30 miles northwest of San Antonio; is 1050 feet above the level of the Gulf, protected from northerly hills in winter and open on the southwest for cool breezes in summer. The thermometer, barometer and hygrometer point it out theoretically as the home of the invalid. A long residence here, a judgment from practical experience, and ample opportunity for personal observation, corroborates the statement. No authentic case of consumption can be referred to as having originated here, but many cases in which recoveries have occurred. We have ample facilities, in first-class hotels, for the care of both sick and well, by hundreds, and being connected by stages daily with the outside world, we feel that we can, with pride and pleasure, claim for our mountain home its proverbial name of "The Italy of America for invalids."—*J. S. West, M. D., in Med. Herald*.

## Bromide of Potassa Aggravation.

—Mr. Prowse, of Cambridge, says that Salicylic Acid applied locally, is a very effective and certain remedy for the pustules and peculiar ulcerations that are caused by the prolonged use of Bromide of Potassium. He uses a saturated solution of the Acid—one grain to the ounce of water—and applies it frequently, and where possible, constantly by means of lint and oiled silk. He states that he has seen sores as large as the palm of the hand, due to the bromide, heal soundly in less than seven days under the use of this lotion.—*Brit. Med. Journal*.

**Pilocarpine in Diphtheria.**—In a year and a half Dr. Guttman treated eighty-one cases of diphtheria by Pilocarpine without losing a single case. Recovery in mild cases taking place in from one to three days, the very grave cases in from nine to eleven days. He administered the alkaloid internally with Pepsine dissolved in Chlorhydric Acid and water, which controlled intestinal catarrh, and dissolved the membrane characteristic of the disease.—*Med. Gazette*.

### Hydrastis.

In the sore mouths of both mothers and children we think this drug is almost unrivalled, and when "the thrush has gone through the child," as the nurses say, and appears as an intertrigo on and about the genitals and adjacent parts, this drug is second only to sulphur. We often advise the use of corn starch, medicated very lightly with hydrastis, as a toilet powder for such cases, with the happiest results. This same powder is also homœopathic, and very relieving to those mild forms of erysipeloid rash which sometimes characterizes debilitated states of the system. In chronic bronchitis this drug is simply magnificent. There is a dry, hard cough with much laryngeal irritation, or else a loose, but hard cough with much naso-pharyngeal catarrh, and in almost all cases marked prostration, loss of appetite and constipation. We find it most useful for the aged; and we must say that we have the best success with several drop doses of the tincture several times a day. With this treatment we have cured many very alarming cases.—*Dr. C. M. Conant, in Medical Counselor.*

**Consultation.**—If you call counsel, do so as soon as the necessity arises; request the services of a physician in whose judgment as a physician and in whose honor as a man you can have confidence; meet him with frankness and on terms of absolute equality—no more, no less; do not expect too much from him, be not satisfied with too little; report to him at an early date the condition of your patient after the consultation, and do not hesitate to secure further visits if the condition of the patient warrants it. If you are called in consultation, make yourself as useful to physician and patient as circumstances permit; do not whitewash ignorance or carelessness, but if occasion for censure presents itself, offer your censure privately to the physician who deserves it; keep a strict watch upon your movements, your looks, your every word; make no statements which you can not make conscientiously, and which you are not willing to stand by; avoid everything which looks as if you were seeking to find fault with the treatment given, or as if you

were paid for endorsing, blindly, every act of your colleague.

Last of all: if you call counsel, call a gentleman, or none; if your services are demanded, be sure you go to meet a gentleman—or stay at home.—*Med. Counselor.*

**Biliary Calculi.**—In the June number of the *Medical Brief*, in answer to a question as to the best remedy for relieving biliary calculi, Dr. J. W. Babbitt, of Ypsilanti, Mich., replies that upon the advice of Dr. Pitchers, of Detroit, took the then new remedy, which relieved him of over one hundred crystalized globes as large as a marrowfat pea, at one evacuation. Since that time he has treated more than a score of cases with the best results. Remedy, *Sweet Olive Oil*, six to eight ounces. First, empty the stomach by emetic or by fasting, the latter preferable. Twenty or thirty minutes after swallowing the Oil, which will give time for it to pass into the duodenum, recline on the left side with the hips elevated higher than the shoulders. The Oil will find its way into the ductus communis and reach the enemy in their castle, to-wit: the gall bladder. Every calculi will be lubricated and slide out of the fount and through the intestines. Now to be certain that the desired result has been obtained, let the stools be dejected into a vessel half full of water, and the little green globes will be found floating upon the water.

**Itch—Scabies.**—At the Vienna Hospital the patient is rubbed all over with soft soap for half an hour, takes then a tepid bath for another half hour, is dried, and when in bed rubbed all over with a solution of two parts Styra to one of Glycerine, packed, left several hours in his pack, takes then another tepid bath, and after a few such procedures is discharged.

HOM. THERAP.

**To the Alumni.**—All alumni of the old college, desiring the *ad eundem* of the new, will please send in their names at once to the Registrar, Dr. Philo G. Valentine, St. Louis, Mo.—*Clinical Review.*

### Graduates.

Sixteen graduates of the St. Louis College of Homœopathic Physicians and Surgeons were awarded diplomas last night at the Pickwick Theater. The ceremony was of more than usual interest, owing to the matriculation of five young lady students who ranked the same as their masculine companions. The graduates formed the first graduating class of the St. Louis College of Homœopathic Physicians and Surgeons, the reconstructed title of the old College of Homœopathy. On the stage were seated the following gentlemen, composing the faculty: Dr. G. S. Walker, Dean; Dr. P. G. Valentine, A. M., Dr. S. B. Parsons, Dr. Adolphe Mehlmer, Dr. C. W. Spaulding, Dr. James A. Campbell, Dr. J. G. Cummings, Dr. W. A. Edmunds, Dr. J. M. Kershaw, Prof. I. D. Foulon, L. L. Band, Robert E. Carr, President, and Rev. John Snyder, Secretary of the College.

The valedictory of the pupils, delivered by Eugene A. Guilbert, paid a complimentary tribute to the faculty and his associates in study. Then followed the award of diplomas by Robert E. Carr, President of the Board of Trustees. In presenting the diplomas the President congratulated the students on their advancement and alluded to the promising field of homœopathy which was only partially explored, as awaiting their efforts to unfold new riches for the benefit of mankind.

Prizes were presented to those mentioned below for superiority in the study of materia medica: First prize, Eckel medal, E. Doty; second, gold prize, Eugene P. Guilbert; third, silver prize, Julia F. Haywood; fourth, Bockstruck prize, Geo. M. Haywood; fifth, book, H. J. Armbruster.

A special premium called the Kershaw silver prize, was awarded to Geo. M. Haywood. The presentation was made by Prof. I. D. Foulon, who accompanied the mechanical portion of the task with a few appropriate expressions of a humorous nature that elicited hearty appreciation.

At the conclusion of the awards, the valedictory on the part of the faculty was read by Dr. C. H. Goodman. It proved a very able disquisition on the art of healing from a homœopathic stand-point, and in the dis-

cussion of the topic, modern house-building in conjunction with sanitary science was adverted to in a masterly style.—*Globe-Dem.*, March 11.

**Neuralgia.**—The *London Lancet* says the great prevalence of neuralgia should be regarded as a warning indicative of a low condition of health, which must necessarily render those who are afflicted with this painful malady specially susceptible to the invasion of diseases of an aggressive type. Neuralgia indicates a low and depressed state of vitality, and nothing so rapidly exhausts as pain that prevents sleep, and agonizes both body and mind. It is worth while to note this fact, because, while the spirit of manliness incites the strong-minded to patient endurance and suffering, it is not wise to suffer the distress caused by this malady, as many are now suffering it, without seeking relief, forgetful of the danger it bespeaks and the constitutional danger of which it is a warning sign.

**Rhus Tox Poisoning.**—As an external application in Rhus Tox poisoning, Dr. J. H. Kleckner, in the *Ind. Med. Investigator*, says that Olive Oil, two ounces, and Salicylic Acid, one drachm, well mixed, makes a good application. The next day after it was applied he found to his great surprise that the swelling was entirely gone and not a single vesicle to be discovered, but instead, the face, that the day previous had presented such a frightful appearance, had assumed its natural look, with the exception of a slight degree of unnatural redness.

**Burns and Scalds.**—The *Paint, Oil and Drug Reporter* says that mutton tallow is as good, if not better than linseed oil, or linseed oil and lime-water, for burns and scalds. Muslin cloths dipped in melted mutton tallow are laid over the burned space and held in place by woolen bandages. Under this treatment the healing is unexpectedly rapid. Fresh churned butter, unsalted, answers as well as mutton tallow.

**Hygienic.**—"Where the sun does not enter, the doctor does," is an old Italian adage, based upon hygienic law.

### Homœopathy in Texas.

The following extract from a communication to the *Galveston News*, relative to the law organizing the Medical Department of the University of Texas, clearly indicates that the cause of Homœopathy is receiving attention in that state:

\* \* \* \* \*

"There is a point, however, in this connection, that the writer desires to call particular attention to, as worthy of serious consideration. There are different schools of medicine, whose votaries are located at various points in the State, demanding equal recognition at the hands of our law-makers. Each has received its rights in the medical departments of universities of other States, and the Board of Regents will have to consider the claims of at least two of the schools of medicine when they come to organize this department of the University of Texas, and I take it that it is eminently proper that this be the case. Advances are being made in the science of medicine as in all other branches of science, and when the Empire State of Texas founds a medical university it should be upon the broad basis of liberality, equal rights for all, and the proper teaching of the principles and practice of both the allopathic and homœopathic systems of medicine. They are taught equally, side by side, in other States, and for the best interests of the citizens of our State, and of the medical men who are given to the people by the Medical Department of the University of Texas, they should be taught equally here.

"As a medical man, I am heartily in favor of Galveston having the Medical Department of our University, and I am heartily in favor of the present Galveston Medical School becoming the Medical Department. I am also heartily in favor of its graduates being thoroughly versed in all that is good in allopathy and homœopathy, that they may be of the greatest possible benefit to suffering humanity. C. E. F."

**Prurigo.**—Invariably aggravated by cold and equally relieved by warmth, especially in bed. Cured by *Rumex Crispus*, 12.—*Dr. Bernard-Hardenpont, in Hom. World.*

**Eucalyptus in Bronchitis.**—Dr. Bell says: The *Eucalyptus Globulus* has remarkable anti-catarrhal virtues. The only preparation which I have used has been the tincture prepared by several of our most eminent druggists in Edinburgh, and I have seldom prescribed more than a teaspoonful mixed with a wineglass of water, twice a day. In several cases of bronchitis, with profuse expectoration, I have witnessed remarkable benefit after a very brief use of the remedy, evinced by a rapid diminution of the discharge, and also by a corresponding improvement in the general condition of the patient.

**Pruritus of Pregnancy.**—Prof. M. A. Pallen, M. D., in the *Medical Gazette*, uses Thymol, fifteen grains; Vaseline, thirty grains; Powdered Brick Clay, three ounces. Dissolve the Thymol with the Vaseline and rub it up with the Clay. This is to be applied to the pruritic parts, washed off every day or two, and re-applied. Dr. Pallen's experience has been that, excepting those cases depending on trophic nervic causes, this prescription will always effect a cure. He advises its use also in herpes and similar eruptions accompanying later months of gestation.

**Boracic Acid.**—Neuman prescribes an aqueous solution in parasitic skin diseases, an alcoholic solution in itching due to urticaria and pruritus, an ointment in all forms of eczema. It may also be dusted over a part in powder. The ointment is of the strength of ten parts in fifty; the solution, of ten to twenty parts in three hundred.—*Der Practische Arzt.*

**Vomiting Caused by a Misplaced Uterus.**—Dr. Graily Hewitt related a case, at a recent meeting of the Clinical Society, of London, of a young lady, aged 20, who suffered from a sick stomach and vomiting during a period of ten months, induced by a displacement of the uterus. The uterus was restored and the patient recovered.—*Maryland Medical Journal.*

**Pains in the Stomach** relieved by lying down—Causticum.—*Investigator.*

### Treatment of Hydrocele in Children.

In the *Courier Medical* Dr. Ange gives a method of treatment which he has applied a great many times to children aged from two to eight years, and *never* had recourse to tapping to effect a cure. His method is sufficient to cause absorption of the fluid. It consists in applying daily, or every other day, Elastic Collodion to the sac, or along the cord if it be a hydrocele of the cord. The same means tried upon a young man aged eighteen, and upon several adults, failed in each case. From this it appears to be only applicable to children.—*S. B. Parsons, in Clinical Review.*

**Prolapsus Ani.**—Gelineau pencils the prolapsus with Liquor Ferri Sesquichlorati, allows it to dry up and returns the prolapsus, introducing at the same time into the rectum some lint moistened with a diluted solution of the same drug, equal parts, and fastens a tampon moistened with the same fluid to the anus with a T bandage. The following day the lint is carefully removed and a small quantity of a very diluted solution of Liquor Ferri Sesquichlorati injected into the anus and the external tampon removed. On the fourth day the patient may take some Castor Oil. In children the penciling must be done with a weaker solution, no lint introduced but only the tampon applied.—*N. A. J. of Hom.*

**Prolapsus Ani Complicated with Hemorrhoids.**—He was losing much blood, which caused great debility. I replaced the bowels within the sphincter. A truss or support, which consisted of an abdominal portion and a part for the support of the rectum, consisting of an ivory ball for the base of the bowels to rest upon. I then put the patient on material doses of *Collinsonia Canadensis*. From that time the improvement was remarkable.—*F. A. Capen, in Mass. Trans.*

**Pauna.**—The root of *Aspidium Athamanticum*, native of Cape of Good Hope, is said to be the best remedy for tape worm; six grammes in three doses sufficient.—*Medical Herald.*

**Gall-Stone Colic.**—In December, 1854, I discovered that China is the specific for gall-stone, and the periodical colic, yclept bilious colic, produced by the passage of a calculus through the duct of the gall-bladder, and by other causes is permanently prevented. During this long period of twenty-three years, I have treated hundreds of cases of gall-stone without failing in a single case to make a perfect cure.

Mrs. W., of G street, had periodical colic for years, occurring every few weeks. I gave her China, 3d, in pills, six pills at a dose, once a day, till ten doses were taken; then every second day, till ten doses were taken; then every third day, till ten doses were taken. She has had no return of the colic in nearly four years.

Mr. L. D. S., suffered from periodical colic for many years. I gave him China, 4th, six pellets at a dose, once a day, till ten doses were taken; then every second day, till ten doses were taken; then every third day, till ten doses were taken, etc. He has had no return of the disease in about five years.—*D. Thayer, Mass. Trans., vol. iv., p. 792.*

**Veratrum Viride**—Controls and stops vomiting (other symptoms being similar) more quickly than Bell. or Ipecac, and many cases of sick headache with or without vomiting; it has proven curative when Sanguinaria and other remedies have failed. Another grand sphere of its usefulness is in hemorrhages from the nose, lungs, bowels or uterus, when the blood is dark red or when there is any nausea present. When given low this remedy acts promptly; when administered high it acts more permanently, but less actively than when low.—*H. M. in Med. Investigator.*

**Diagnosis between Capillary Bronchitis and Phthisis.**—There is not unfrequently some difficulty in forming this diagnosis. The thermometer is of much use. In capillary bronchitis, I have found that the temperature does not have the afternoon, or evening rise so common in phthisis; on the contrary, the temperature is highest in the morning.—*BRAITHWAITE.*

**Arnica**, when *Bryonia* fails in intercostal pains resembling rheumatism.—*Investig.*

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## EDITORS:

W. D. FOSTER, M. D. O. H. CRANDALL, M. D.

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## Treating the Sick by Contract—The "Annual Plan."

The MEDICAL CALL assumes that the average citizen has heard of instances where physicians enter into an agreement to render their services to sick persons, or to families, for a stated amount per annum. This being a free country, it is further granted that each individual possesses the undoubted right to govern himself as he likes in this matter. Indeed, it might be admitted

that the physician has, abstractly, the right to heal all his patients gratuitously; but should he entertain a due respect for the cultivation of the liberal sciences, and the welfare of his brethren, such a course would be fraught with grave consequences, and be subject to the most serious condemnation of every right-minded person. The basis of fees is admitted to be in accordance with the value of services rendered. The *value* of a service depends upon its character, and the excellence, skill and ability with which it is performed. So that every act must have an intrinsic value, measured by the benefits of its consequences to the recipient thereof. Hence it must be a complicated problem to determine the annual sum to be paid where this custom obtains. By what system of averages, etiological influences, or other method of estimation can it be determined in advance, what amount or kind of illness, or how many or the character of the casualties which may befall any individual, or any family within the year? There is no known law determining these details. Therefore, there being no way of thus knowing the nature of the obligations to be met during a stated period in the future, there can be no way of equitably fixing upon the amount of compensation required. Every physician who enters into this kind of contract, in the end, either defrauds himself or his patrons. It defeats the laws of compensation, and advances the practice of medicine one more step toward that chaos on which practice of medicine tottered for more than two thousand years.

Orientalists inform us that the Chinese compensate the physician so long as they are well; as soon as they become ill the doctor's labor begins, and his compensation ceases. Surely as rational a proceeding as our modern "annual plan." It would seem that a proper and just estimate of the dignity of his profession would be sufficient to deter every conscientious practitioner from this objectionable practice. A great and good man has said, "The first and *sole* duty of the physician is to restore health to the sick. This is the true healing art." This sentiment can not have deeply penetrated the soul of those who bring down their noble art to the level of trade and barter!

**Map Tongue**—Is often indicative of considerable irritation, or mere partial inflammation of the stomach; likewise it has been observed in lung diseases. The remedies mostly indicated in this peculiar condition are NAT. M., LACHESIS and TAR-RAXACUM.

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### Eczema.

A case—child two years old. The eruption involved the entire scalp, both ears, the greater part of the face, forehead and one eye. The discharge was enormous; yellowish, purulent and very offensive. Graphites, 200c, one dose, six powders blank—one every night. After the lapse of one week the discharge less copious and less offensive. Graphites, 200c, six powders, one every other night. After two powders no more medicine so long as improvement continued. Cured.

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**World's Homœopathic Convention, 1876, Vol. II.—History.**—The editor desires us to state that the above work is completed, and has been sent out. If any one entitled to receive a copy has not done so, he will please notify Dr. J. C. Guernsey, 1923 Chestnut street, Philadelphia, Pa.

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**Journal Changes.**—The *News* (St. Louis) is transformed into the *Medical Herald*. Edited by Drs. Goodman and Taylor. It is to be made of "extracts from the current medical literature, special reports, original articles and general clinical news." pp. 24.

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**State Meeting.**—The seventeenth annual session of the Homœopathic Medical Society of Ohio, will meet in Toledo, May 10 and 11, 1881. The coming session promises to be one of great interest. Dr. H. E. Beebe, of Sidney, Ohio, is the secretary.

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**Illinois Association.**—The twenty-seventh annual meeting of the Illinois Homœopathic Medical Association will be held in Galesburg, May 17 and 18, 1881. Dr. T. C. Duncan, President, and Dr. E. A. Ballard, Secretary.

**News Items.**—Don't fail to report for the MEDICAL CALL a good case, giving full treatment in detail, or write up a paragraph, of news which will be of interest to the profession: Items of personal interest, good locations, society proceedings, removal of physicians. Keep a record of interesting cases and send them for publication. Short articles always wanted.

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### The International Homœopathic Convention.

**NOTE.**—The following telegram from Dr. A. C. Pope, of London, England, to Dr. I. T. Talbot of Boston, was forwarded to us for publication:

Dr. Edward Hamilton, of London, England, has resigned the presidency of the convention to assemble in London on July 11, 1881, and Dr. Richard Hughes has been appointed in his place. The many American physicians who met Dr. Hughes at the Philadelphia Convention, in 1876, will be glad to see him occupy this position; and those who know the active interest he has exhibited in it from the first, and the amount of work he has already bestowed upon it, as well as his great professional and executive ability, will recognize the fitness of making him its president. The convention promises to be one of unusual interest and importance, and it will be a favorable time for our American brethren to visit England.

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**Volume III.**—We learn from a postal card, received from Dr. J. C. Guernsey, that he is devoting every moment of his time, night and day, that can be spared from his practice, to the completion of the remaining volume of 1876.

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**Spigelia.**—Pain from left nipple through to back, spreading up into left shoulder, and down the arm; sharp, interfering with respiration. Spigelia, cc, relieved at once.

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**Notice.**—Authors or others desiring extra copies of this journal, should make their requests known at as early a period as practicable.

**Chronic Rheumatism.**—We have treated several cases of this disease during the winter months and found all of them quite obstinate. In one case, Mr. J. S. had been suffering from the first of October to the tenth of February, and by the advice of his physician had been taking from five to ten grains of Salicine every four hours during the day for the whole time. No other treatment was recommended except now and then a dose of compound cathartic pills thrown in by way of variety. When this patient first applied for treatment he was suffering with pain in the right hip, running down the right leg to the ankles; pain in the small of the back and left shoulder; could with great difficulty move around. Although the pain was often severe, very little swelling was perceivable about the joints. We commenced the treatment by giving three grain doses of the 1x trituration of *Alstonia Constricta*, every two hours, which we continued in alternation with *Rhus Tox* for four days. A vapor bath was given at bed time every night while taking this prescription. At the end of four days the patient came to the office to show us how high he could kick with the right leg, which had been lame so long. He seemed to be free from pain or soreness, with a good appetite, and soon resumed business.

**Urinary Calculi—Case.**—Child, aged 16 months; troubled for several months with deficient secretion of urine; dark colored, red and white sand mixed on diaper; passed only once or twice in twenty-four hours, with screaming and threatening spasms. *Lycopo.*, 30th and 200th, relieved. A recurring attack was treated with *Sarsaparilla*, 1200th. There has been no further trouble for past eight months.

**Thanks.**—We acknowledge the receipt of an invitation to the Annual Commencement of the St. Louis College of Homœopathic Physicians and Surgeons, March 10, 1881. Pressure of business prevented our attendance, but we are glad to present our readers with an account of the interesting exercises on that occasion.

**Carbolated Cosmoline** in scalds is unequalled.—*Invest.*

**Meeting.**—The Nebraska State Homœopathic Society will meet the second week in May next, at Omaha.

**A New Cupping Apparatus.**—One principal feature of improvement over all others consists in the new regulating patent valve attachment, which is simple and perfect in its operation, very durable, and will not get out of order. The CALL can speak from personal experience of the practical utility of this method of cupping. Read advertisement for clubbing rates.

**"Helps to Hear."**—Our leading article in January number is from advance sheets of a work which Dr. Campbell expects to present to the profession soon.

**Prevailing Diseases in Hannibal, Mo.**—Measles are epidemic. The disease at its onset in December being very severe in its development. As the epidemic has progressed, however, the attacks are milder, and most cases get well without serious complications. Many persons who have previously had well defined attacks of measles, have had, during the winter, clearly marked attacks of *ROTHELN*, or *spurious*, or *French measles*. These are preceded by no premonitory symptoms, run their course in five to seven days, and are unattended with sequelæ.

**Homœopathic Medicines.**—Boericke & Tafel, of New York, have placed their medicines on sale at the dental depot of Durant & Oehlmann, in this city, where may be found some of the principal remedies used by homœopathic physicians, and put up and sold in original packages. Send for list and prices.

**Prof. Wilmot.**—No one would suppose that the author of "Hygiene of the Voice," which appeared in our January number, and the "Training of the Voice," which we publish in this issue, has been blind from his early boyhood. Yet such is the fact. Both articles are well written, showing great familiarity with the subject, which could only be obtained by hard study, thorough instruction and years of experience in teaching.

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### Missouri Institute of Homœopathy.

At the annual meeting of this Institute, held in Hannibal, Mo., on the 2d and 3d days of June, 1880, the following members were appointed on the Bureau of Surgery: Wm. D. Foster, M. D., Hannibal, chairman; S. B. Parsons, M. D., 1226 Washington Ave., St. Louis; E. C. Franklin, M. D., Ann Arbor, Mich.; A. S. Everett, M. D., Denver, Col.; R. Wilson Carr, M. D., Sedalia, Mo.; H. W. Westover, M. D., St. Joseph, Mo.; E. A. Grievaud, M. D., 1402 Olive St., St. Louis. Members of the Bureau are requested to communicate with the chairman in regard to matters under consideration.

WM. D. FOSTER, Gen'l Sec'y.

**Eruptions.**—Where children are afflicted with eruptions behind the ears, back of the head and bend of the knee; where the eruption is moist, and apt to become purulent, Graphites is my favorite remedy. Moisten one drachm of good sugar of milk with ten or twelve drops of the 4x dilution of Graphites and have it thoroughly triturated, then give a three grain powder, dry, on the tongue, every two or three hours during the day. In addition to the above internal treatment, I have used the Oleate of Zinc Ointment externally, with the happiest effect. The ointment allays all irritation and itching.

**S. S. Bliss.**—(Formerly Bliss & Sharp and Bliss & Torrey). Surgical instruments, etc. This house has acquired well-merited fame for the excellence of the instruments sold, and for fair dealing. Catalogues sent on application. 70 State St., Chicago, Ill.

**Halsey Bros.**—We note with pleasure the prosperity of this old and widely known pharmacy. This house is too well known throughout the land to require more than mention.

**Parke, Davis & Co.**—Keep apace with the wants of those who are investigating the new remedies. See new advertisement on second page of cover.

**H. C. G. Luyties' Pharmacy.**—This old and well known St. Louis house still keeps abreast of the times. See advertisement.

**American Homœopathic Pharmacy.**—A complete stock of high and low potencies, including Swann's, and general outfit for the homœopathic physician. New York and Brooklyn. Send for circular and prices.

### BOOK DEPARTMENT.

**I. HOW CONDENSED MILK IS PREPARED; ITS USE AS AN ARTICLE OF DIET FOR INFANTS.** By Joseph C. Guernsey, M. D., Philadelphia, Pa., 1879.

**II. REPORTS FROM EMINENT AUTHORITIES ON THE USE OF CONDENSED MILK.** By Joseph C. Guernsey, M. D., Philadelphia, Pa. Chicago: Wm. A. Chatterton & Co.

These are eight page pamphlets, reprints from papers read by the author before the Hom. Med. Society of the County of Philadelphia. The process by which the milk is made, as well as the observations from many practitioners as to its utility, are here given. A wide familiarity with the facts here announced would do much to overcome the prejudice now prevalent against the use of this admirable substitute for the mother's milk.

**MEDICAL AND SURGICAL HISTORY OF THE WAR OF THE REBELLION.** Part II., vol. 1. Medical History. By Joseph Janvier Woodward, Surgeon U. S. Army. Washington: Government Printing Office. pp. 869.

This is the fourth volume already issued of this valuable work, which is "prepared under the direction of Joseph K. Barnes, Surgeon General United States Army." Of the three preceding volumes, two are surgical and one medical. The whole is to be complete in six volumes—three surgical and three medical, so that two volumes are yet

to be published. The author, in the introduction, says: "This volume treats of the Alvine Fluxes. \* \* \* Not only do the Alvine Fluxes usually cause more sickness and mortality among troops during war than any other group of diseases, but the circumstance affords a better opportunity for their study than can commonly be obtained in times of peace, so that it has heretofore happened that many of the most important accounts of these disorders, whether in ancient or modern times, have been the fruit of military experience. When I came to study carefully the documents and pathological specimens relating to this subject, which had been collected by the industry of our medical officers during the civil war, I formed the opinion that they were well worthy of presentation in detail; and when I began the task of interpreting them by the aid of previous experience, I was led to believe that the time had arrived when modern observations might profitably be contrasted with the records of the past, and the historical basis of the dominant opinions of the present day be subjected to careful and critical scrutiny.

"This I have not hesitated to attempt. The great medical library which my colleague, Surgeon John S. Billings, has been enabled, by the liberal policy of the Surgeon General of the Army, and the annual appropriations of Congress, to collect for the benefit of medical officers and of the medical profession of the country, has afforded me opportunity for the study of the ancient and modern literature of the subject not heretofore enjoyed by any American medical student; and I have endeavored to make the best use I could of the resources at my disposal. I have not, indeed, attempted to present a complete analysis of the literature of the Fluxes. Such a work would have occupied several years of study in addition to those already expended, and the practical results could hardly be hoped to repay the time and labor required. But I have endeavored to trace all the more important opinions to their sources, and to weigh the observations by which they are supported.

"In view of the many errors of fact scattered through the text-books, some of which

have been repeated for ages, by authors copying from each other, I early resolved that, so far as possible, I would cite no authority not before me when I wrote; and that, for the convenience of subsequent students, I would in every case give not only the name of the author, but the edition and page to which each citation referred. In the few instances in which the incompleteness of our growing library has compelled me to depart from this rule, I have explicitly stated the fact and mentioned the actual source of my information." \* \* \*

This work throughout is in plain type, printed on beautiful, heavy paper. The author has adhered to the plan sketched out in his Introduction with great fidelity. This volume is indeed an encyclopædia on the subject of which it treats. It contains forty-four elegant cuts, many of them colored after nature, which are of great interest to the student. By the production of this volume the indefatigable author, through the excellence and exhaustive method provided, has placed the entire medical profession under a lasting debt of gratitude.

**DIPHTHERIA: A CONSTITUTIONAL DISEASE; ITS LOCAL MANIFESTATIONS, CLINICAL HISTORY, AND TREATMENT.** By Dr. Frederick H. Hubbard. New York: Wynkoop & Holtenbeck, Printers, 121 Fulton Street.

This is a sixteen page *brochure*, very nicely printed, and presents the subject in a very inviting manner from the allopathic standpoint. Our old friend epitomizes the leading indications thus:

"1st. Efforts to destroy activity of the morbid product within the system.

"2d. To excite normal and vicarious elimination of accumulated poison.

"3d. By judicious alimentation, sustain the powers of the general system; placing it in the best possible condition for transmitting tone to its impoverished periphery.

"4th. Facilitate the detachment and discharge of morbid exudations in the throat.

"5th. Disinfection and prophylactical measures."

**IS CONSUMPTION CONTAGIOUS? AND CAN IT BE TRANSMITTED BY MEANS OF FOOD.** By Herbert C. Clapp, A. M., M. D. Boston and Providence: Otis Clapp & Son. 1881. pp. 170.

In his introduction the author says: "Con-

sumption is such a fearfully common and fatal disease all over the world, that few questions can be more practical than those on our title page, which involve very important methods of its propagation. \* \* \* Some of the more important practical results to be obtained by a judicious agitation of this subject, are the following: 1. That no person, particularly if young, should be allowed to sleep in the same bed, or even (if it can possibly be prevented) in the same room with a consumptive. 2. That no person should be allowed to remain for too long a time in too close or too constant attendance on a consumptive. 3. That ventilation, as perfect as possible, should be secured. 4. That the most rigid inspection of all meat that comes into our markets, particularly at the slaughter-houses, and of all the cows which furnish us milk, by competent government officials, beyond the temptation of bribes, should be insisted on for public safety."

In chapter I., the author quotes from various sources, definitions of the terms *contagious* and *infectious*, and adds: "The main point which we desire to keep in view in this investigation is, not the theoretical exact classification of consumption among diseases, but whether consumption can, in any way, under certain conditions (we do not now speak of heredity), be communicated from one person to another. \* \* \* Therefore we shall use the word *contagious* in its broadest sense; that, indeed, in which it is now *popularly* used almost everywhere, as synonymous with *communicable*, *transmissible*, 'catching.'"

When considering the history of this malady the author (chapter ii.) quotes freely from ancient and modern physicians; from which is seen that this, like a multitude of other questions of interest to the world at large, is far from being settled. Writers, whose opinions are entitled to equal weight, differ very widely in their views, and each asserts his own convictions with the positiveness common to medical men. Much good may result from a consideration of these opinions, by stimulating an increased earnestness on the part of future investigations.

After giving an account of "contagion

among cattle," (chap. iii.,) the author (chap. iv.) cites a number of "cases" which he deems illustrative of the contagion of consumption. Many of these are very interesting, and may be used with profit to all.

In his "deductions" (chap. v.) based upon a consideration of the twenty-five cases cited, the author makes a very logical argument, going far to support the theory of contagion. His observations upon *heredity* may be somewhat new to our readers. He says, p. 101, "That consumption can be transmitted from parent to offspring is one of the best established facts in medicine, and is not likely to be called in question; but that the agency of heredity in the production of the disease has been greatly exaggerated, not only by people in general, but also by physicians, is equally true. This question of heredity is really the greatest obstacle in the way of the acceptance by most persons of the doctrine of contagion. \* \* \* Statistics show that heredity is powerless to explain more than a small proportion of the existing cases of consumption." "The final conclusion flowing from this analysis of the family history of four hundred and forty-six persons is, that *phthisis in the adult hospital population of this country is, to a slight amount only, a disease demonstrably derived from parents.*"—Dr. Walshe, London.

Chap. vi. considers the second question, whether tuberculosis is transmitted by means of food, and pretty conclusively establishes this proposition in the affirmative.

The "Inoculability of Tubercle" is adverted to (chap. vii.) wherein are adduced the latest views of Conheim, who finds "that it does not make much difference how the tubercular matter is introduced into the system, whether under the skin, in the pleural or peritoneal cavities, or in other ways," inoculation is almost sure to follow.

The book is printed in clear type, cloth binding, and ought to be read by every practitioner of medicine.

TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876. HISTORY OF HOMŒOPATHY. Vol. II. Joseph C. Guernsey, M. D., Editor. Philadelphia: Sherman & Co., Printers. 1880.

This volume presents the history of the "World's Homœopathic Convention, held

in Philadelphia, 1876, under the auspices of American Institute of Homœopathy." After long and many vexatious delays this useful book is at last on our table, and will be most cordially welcomed by every member of the Institute. The indefatigable Treasurer, Dr. E. M. Kellogg, deserves our warmest thanks for his prompt distribution of the volume to subscribers.

This history contains 1128 pages, is well printed in clear type, and is divided into a great number of sections; to which is added an index.

The first section contains "The History of Homœopathy in Germany." In the several supplements appended thereto, are contained detailed statistics of Hom. Literature, Physicians, Hospitals and Dispensaries, Societies and Clubs, Pharmacies, and a Review of German Legislation. Also a very interesting history of the celebrated Leipsic Homœopathic Dispensary—the oldest in the world. Next follows a "Historical and Statistical Report of Hom. in Great Britain and Ireland." Successively and in the order named, follow similar comprehensive reports in relation to Homœopathy in France, Austria, Switzerland, Russia, Belgium, Spain and its Colonies—including Cuba and Jamaica, Sweden and Norway, the Cape of Good Hope, Mexico, Australia, New Brunswick, Brazil, the United States—including twenty-nine states and the District of Columbia, and Italy. Appended to the report on the U. S., is a list of all Homœopathic works, original and translations, published in this country, including medical journals. This is a valuable reference for the student.

The volume closes with a copy of the "Report of the Bureau of Organization, Registration and Statistics," as presented to the American Institute of Homœopathy, June, 1880, giving a full list of all the societies, clubs, miscellaneous organizations, including colleges, hospitals and dispensaries, journals, and a list of the Directories. The whole constituting the most complete and reliable history of Homœopathy now extant; and those not familiar with the detailed facts herein collated, would be greatly surprised at the great strides made by our cause in all parts of the civilized globe. The exhibit of the progress of our school

of practice on this continent, and especially in the United States, will be read with great satisfaction by every lover of Homœopathy.

The American Institute, and the Homœopathic physicians everywhere, are under lasting obligations to the editor for the ability and promptness with which he has executed his difficult and laborious undertaking.

**NOTES OF HOSPITAL PRACTICE.** By Samuel M. Miller, M. D., of Philadelphia, who is also the publisher. (See advertisement).

Is a compact and handsome volume. It is essentially a manual of therapeutics. The sale of over 6000 copies in thirteen months is a strong argument in its favor.

### **Received.**

We acknowledge the receipt of the following books, journals and papers. Owing to the pressure upon our columns we are unable to comment upon their contents at length in present issue, but will take pleasure in future numbers to refer to the excellences they contain. We appreciate these courtesies and will reciprocate.

Homœopathic Journal of Obstetrics. Quarterly. Henry Minton, A. M., M. D., Editor. A. L. Chatterton, Pub. Co., N. Y.

Homœopathic World. Monthly. J. Compton Burnett, M. D., F. R. G. S., Editor. Homœopathic Pub. Co., London, Eng.

The Physicians' and Surgeon's Investigator. Monthly. A. A. Hubbell, M. D. and C. F. Howard, M. D., Editors. Physicians' Association, Publishers, Buffalo, N. Y.

The Medical Brief. Monthly. J. J. Lawrence, A. M., M. D., Editor and Proprietor, St. Louis, Mo.

Chicago Medical Times, (Eclectic) Monthly. Wilson H. Davis, M. D., Editor and Publisher, Chicago, Ill.

The Herald of Health. Monthly. M. L. Holbrook, M. D., Editor and Publisher, New York.

The Homœopathic Physician. Monthly. E. J. Lee, M. D., Editor. Bedell & Brother, Publishers, New York.

The Bistoury Quarterly. Thad. S. Upde Graff, M. D., Editor and Publisher, Elmira, New York.

**The Clinical News. Weekly.** Samuel M. Miller, M. D., Editor and Publisher, Philadelphia, Pa.

**The Medico-Chirurgical Quarterly.** John Butler, M. D., Editor and Publisher, New York.

**The Mothers' Magazine. Monthly.** E. T. Farr, Editor and Publisher, New York.

**Leonard's Illustrated Medical Journal. Quarterly.** C. Henri Leonard, A. M., M. D., Editor and Proprietor, Detroit, Mich.

**The Homœopathic Times. Monthly.** Egbert Guernsey, M. D., Alfred K. Hills, M. D. and J. B. Gilbert, M. D., Editors, N. York.

**The Clinique. Monthly.** T. S. Hoynes, M. D., Business Manager, Chicago, Ill.

**The Homœopathic Expositor. Quarterly.** Edward J. Morgan, Jr., M. D. and Alva M. Baldwin, M. D., Editors, Ithaca, New York.

**The Word. Monthly.** E. H. Heywood, Editor and Publisher, Princeton, Mass.

**The Western Agriculturist. Monthly.** T. Butterworth, Editor and Publisher, Quincy, Ill.

**The Teacher. Monthly.** Eldridge & Bro., Editors and Publishers, Philadelphia, Pa.

**The Poultry Monthly.** Ferris Publishing Co., Albany, N. Y.

**A Fountain of Light. Weekly.** Ida M. Merrill, Editress. Mrs. Dr. Merrick, Publisher, Quincy, Ill.

**The Hartford Call. Weekly.** Means & Hoffman, Editors and Publishers, Hartford, Lyon Co., Kan.

**The Home Companion. Monthly.** H. C. Mewton, Editor and Proprietor, Troy, N. H.

**The Medical Advance. Monthly.** T. P. Wilson, M. D., Editor. J. P. Geppert, M. D., Ass't Editor. Advance Co., Publishers, Cincinnati, Ohio.

**Homœopathic Courier. Monthly.** W. C. Richardson, M. D., Managing Editor. H. L. Verdier, Publisher, St. Louis, Mo.

**The Monthly Review of Medicine and Pharmacy.** Richard V. Mattison, Ph. G., M. D., Editor. Keasby & Mattison, Publishers, Philadelphia, Pa.

**The Clinical Review. Monthly.** Philo G. Valentine, A. M., M. D., Editor and Publisher, St. Louis, Mo.

**The American Sketch Book. Monthly.** Mrs. Bella French Swisher, Editor and Publisher, Austin, Texas.

**The Medical Counselor. Monthly.** H. R. Arndt, M. D., Editor. W. A. Chatterton, Publisher, Chicago, Ill.

**The Valley Farmer. Monthly.** Alex. Y. Lee, Editor and Publisher, Staunton, Va.

**The Manufacturers' Exchange. Monthly.** Gran. M. Evatt, Editor, and Business Manager. J. W. Skinner & Co., Publishers, Quincy, Ill.

**The Independent Medical Investigator. Monthly.** John S. Marsh, M. D., Editor, Greenfield, Ind.

**The Medical Gazette. Weekly.** Edward J. Birmingham, A. M., M. D., Editor. Birmingham & Co., Publishers, New York.

**Homœopathic Bulletin. Bi-monthly.** Munson & Co., St. Louis, Mo.

**The Peoria Medical Monthly,** Thos. M. McIlvaine, A. M., M. D., Publisher, Peoria, Ill.

**Hoynes's Annual Directory of Homœopathic Physicians in the State of Illinois, 1881.** Also containing an alphabetical list of Homœopathic physicians residing in the states of Indiana, Missouri, Kansas and Wisconsin. Free to physicians. Price 50 cents.

**Mutual Aid Advocate. Monthly.** John W. Hoffman, Editor and Proprietor, Pekin, Ill.

**Quarterly Bulletin.** Boericke & Tafel, New York and Philadelphia.

**Our Union Monthly.** Margaret F. Winslow, Editor. Esther Pugh, Publisher, N. Y.

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**Dr. W. John Harris,** of St. Louis, Mo., has returned from Europe, and removed his office to No. 3045 Easton Ave., with Dr. Collisson. Hope the Doctor will find time to write a few lines for the CALL.

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SEVERAL advertisements received too late for comment. Will give them editorial mention in our next.

# THE Medical Call

Vol. I.

QUINCY, ILLINOIS, July, 1881.

No. 3.

THE MEDICAL CALL does not endorse, nor hold itself responsible for the opinions or doctrines of its contributors; but will allow, and expressly invites the fullest expression of opinion from all quarters. The editors will, from time to time, present the newest and freshest facts of practical importance.

## For the Medical Call. Chian Turpentine.

BY W. JOHN HARRIS, M. D., ST. LOUIS, MO.

Having received many inquiries as to what good results I observed from the use of Chian Turpentine while in Europe, I send you the following for publication in your journal:

During my stay in London I visited the Cancer Hospital, and also the Middlesex Hospital, especially to see the results obtained from the administration of Chian Turpentine. At both of these places the results obtained did not appear to be much more favorable than what I had previously seen from the use of other agents; but I am convinced that in some cases the treatment was not persevered with long enough, and in others some other remedy was used at the same time. Now it appears to me, that with such a disease as cancer, that it is a self-evident fact that the remedy must be persevered with for some time, and above all, the physician must assure himself that the remedy is properly assimilated and not passed off through the bowels without being used; as was the case with some patients in London, where the Turpentine had been administered in the form of pills.

My visit to Prof. Clay, at Birmingham, was most satisfactory and pleasant, and it is with the utmost gratitude that I testify to his earnest desire to bring before the profession what he has observed during the administration of Chian Turpentine, and the results obtained from its continued use in all forms of cancer.

From what I saw there, I am convinced that where the remedy is persevered with, and provided it is administered in such a manner as to be readily taken up and assimilated by the patient, that the following important results are to be obtained:

*First*, there is a great lessening of pain—so much so, in fact, that *all* the patients I saw there assured me that they suffered very much less after being placed under Chian Turpentine, without any opiates, than they did while using other remedies and at the same time taking Morphine.

*Second*, the enlargement and great sensitiveness of the axillary glands in breast cases, and of the inguinal glands in uterine cases, very rapidly disappears.

*Third*, it destroys the offensive odor much more effectively than any local disinfectant heretofore used can do. This was most marked in the wards of the Queen's Hospital, at Birmingham, where Prof. Clay's plan is followed out, as compared to the wards of the Cancer Hospital, London, where Carbolic Acid, Stramonium Ointment, etc., was being used locally.

*Fourth*, there is an immediate arrest of growth in the very worst cases, and with

the milder cases a gradual diminution of the local formation.

From what I have seen *myself*, there can be no question that the results, specified under the four headings as above, have been, and can be obtained from the proper and careful use of Chian Turpentine in true forms of cancer.

With a continued use of the remedy I am firmly convinced that many cases can be entirely cured, and that even the worst forms in their advanced stages can be greatly benefitted. And here it is well worth remembering, that the remedy is a new one; that as yet we are learning how to administer it, and trying to find just what is the best mode of preparing it so that it may be readily assimilated after being taken into the stomach.

That we do not always adopt the best way the first time, is well illustrated in Prof. Clay's own treatment. At first he used the remedy made into pills, and then an ethereal solution, the formulas and mode of preparation of which have both been published, I believe, so that it is unnecessary for me to repeat them here; but finding that sometimes the pills were undigested, and that with some cases the ethereal solution produced distress of the stomach, he was constrained to adopt some other method of giving the remedy. When I visited him last January he was giving it in this way: The Turpentine being kept in a cool place and having become quite hard, he succeeded in grinding or triturating it into a fine powder. This has to be kept in a very cool place or it becomes soft and runs together again. Having obtained the powder he made a confection of Chian Turpentine, 1 part; Honey, 2 parts; Conf. Liquorice, 1 part. This makes a mass of about the consistency of honey, and not at all unpleasant to the taste, as the liquorice very effectively masks the peculiar resinous taste of the Turpentine. Of this confection a teaspoonful is administered to the patient three times a day, and produces little or no unpleasant effect upon the stomach of the patient.

Since my return home I have made an alcoholic solution, which will, I believe, be much less distressing to the stomach than

an ethereal solution; at least I am going to try it thoroughly, and in fact am now giving it to two cases of uterine cancer.

Another way is by making a trituration of equal parts of Chian Turpentine and Sugar of Milk, and which will, I feel sure, be a most effectual way of administering it.

Prof. Clay kindly furnished me with some of his own notes, from which I copy the the following:

"The first effect of Chian Turpentine, generally, is to diminish the cancerous infiltration. Hence the arrest of the growth, relief of pain; and in cancer of the uterus, rectum and stomach, arrest of hemorrhage. In cancer of the stomach I have not known the hemorrhage to return, but in cancer of the uterus and rectum, after the medicine has been taken for some weeks, when the cancer cells have become mainly destroyed, the blood vessels appear to be exposed and hemorrhage is likely to occur. In cancer of the uterus no operative treatment should be employed, such as excision of the os uteri, or the use of the curette."

"To guard against hemorrhage, when it is secondary, the application of the following powder by insufflation, daily or every alternate day, is recommended. Take of Tannic Acid half an ounce, Sulphate of Copper, in powder, ten grains, and Morphia, six grains. Mix and keep dry. Six grains to be used by insufflation. If the powder has been used daily for a fortnight, it should then be used every other day only, unless hemorrhage supervenes. Before using the powder the vagina should be syringed with a mixture composed of half vinegar and water."

"It is advisable to smear the outlet of the vagina with Vaseline before using the vinegar. If the hemorrhage is excessive, it may be necessary to syringe the vagina once or twice daily with the tincture of Perchloride of Iron and water, in the proportion of one part of the tincture to four parts of water."

"The patient's bowels should be regulated by a mild laxative, if necessary, and if diarrhoea or sickness supervenes, they should be promptly arrested. If pain is experienced when the Turpentine has been taken for some weeks, an *occasional* sedative may

be required. In the early stage of the treatment this is rarely necessary."

The above extracts very clearly point out Prof. Clay's treatment, and indicate the results to be expected.

We have a case of uterine cancer under treatment, where the whole cervix is obliterated. She is a patient of Dr. Wm. Collisson, of this city, and has been taking the Chian about five weeks now, and during that time the improvement has been very marked, and there is every appearance of an ultimate and permanent cure.

I would earnestly ask all your readers who have any cases of cancer, to give the Chian Turpentine a fair and thorough trial. It is a new remedy, and we may not yet be giving it in the right way. Should anyone desire to use it and not be able to procure the genuine article, I have a small quantity yet remaining and shall be pleased to let them have a little to begin with.

Any cases under treatment I hope will be fully reported; and should any of your readers desire to write for information on any point not made quite plain in this letter, allow me to say I shall consider it a pleasure to answer all such enquiries.

For the Medical Call.  
**Coccydinia.**

BY PROF. E. C. FRANKLIN.

Mrs. B., aged 35, suffered from retroversion of the uterus for the last nine years, having been produced by repeated miscarriages.

**SYMPTOMS.**—Constant weight in the back, tenesmus of rectum, pains increased on walking, vaginal irritability, menses delayed, severe pains in the rectum increased by defecation, occasional attacks of tenesmus of the bladder and a general irritability of the brain and spinal cord, which amounts almost to insanity during menstrual activity; the face bathed in perspiration, cephalalgia, pulse weak, irregular and fluttering, with excruciating pain at the point of coccyx.

**PHYSICAL SIGNS.**—Vaginal examination shows absence of the cervix from its normal position, with enlargement, and the os looking towards the upper plane of the pubis

and resting near the symphysis; a hard, round mass, in passing the finger backwards, is found resting upon the rectum. The rectal touch, the uterine probe, and the heavy globular mass, leave no doubt of the existence of retroversion. Attempts were made for restitution, but the uterus seemed to be bound down to the posterior wall of the vagina by its weight and old cicatricial adhesions. The anterior wall of the rectum is thickened, indurated, and a perfect nidus of irritation is presented to the feel, and the agony produced by touch is unbearable.

**RESTITUTION.**—After anaesthesia, the bladder and rectum evacuated, and placing the patient in the knee-elbow position, I introduced my finger into the rectum, and with Sim's uterine reposer inserted to the fundus, began the process of reposition. With this, I partially succeeded; but after dividing two or three adhesive bridges that antagonized my efforts, I at last replaced the uterus to nearly its normal position, and there retained it by decubitus and tampons of cotton covered with Glycerine and a few drops of Belladonna. This position was continued for two days and fresh tampons applied daily. The third day patient was placed on her side and dressings continued till the seventh day, when upon examination the uterus was found to be almost normal in position. A few doses of *Cimicifuga*, *Lilium* and *Sepia*, at intervals and different periods, completed the cure so far as the reposition of the uterus is concerned. The rectal troubles gradually disappeared, but there remained a most excruciating pain at the point of the coccyx, which seemed to withstand every remedial agent employed, and the trophic symptoms produced, completely shattered her health and undermined her constitution. So severe was this irritability during defecation and change of posture, and the peripheral pains produced were so extensive, that I concluded to remove the terminal bone of the coccyx. The operation was performed by making an incision down to the extremity of the coccyx, dividing the muscular and ligamentous attachments, and removing the bony extremity, which I found carious and partially disconnected from its fellow. The pain after operation was severe, but was readily con-

trolled by dressings of *Hypericum*, which was continued for seven days, with *Aloes* and *Sepia* internally, when the patient was pronounced cured, and in three days she returned to her home in better health than she had been for several years.

For the Medical Call.  
**Notes from Practice.**

BY A. A. WHIPPLE, M. D.

In the April number of the *MEDICAL CALL*, page 37, the doctor asks the experience of the medical profession in the treatment of rheumatism. It seems he has not been as successful in finding the "sheet anchor" in this disease as he had in that of measles.

The "best treatment" I know of for rheumatism, or any other disease not of a surgical or chemical nature, is to select your remedies in each case in strict accordance with the law of therapeutics, as expressed in the formula "*Similia similibus curantur*."

It matters not what may be the name of the disease; if we wish to be successful in its treatment we must study the symptoms of each case, then select a remedy, the pathogenetic action of which will produce similar symptoms. When we have the selection made in this manner, it is not usually best to give the drug in two dram doses. I presume the history of a case or two treated recently will not be out of place.

**CASE.**—Male, laborer, age 41, has been confined to his bed four days. Every joint in both lower extremities is swollen and very painful; not very much redness. The disease commenced in the right foot, extending to the ankles, knee and hip; then in the left one in the same order, and is now beginning in the arms and shoulders. The pains are deep-seated, as if the bones or periosteum was attacked. The least movement causes intense suffering. The pains are aggravated at night and in a warm bed. Perspires freely, but it gives no relief; especially during sleep perspiration is exhausting. Temperature, 101°; pulse, 100; tongue, broad and flabby, coated a dirty yellow; no appetite; much thirst, and very restless; bowels constipated. Was thoroughly drenched with rain the day before he was taken sick.

If it was necessary to give a name to this pathological condition, we would say, acute articular rheumatism; but after all, the secret of success in bringing about normal conditions, lies in our knowledge of *materia medica* and therapeutics. In the case before us shall we apply "Mexican Mustang Liniment," "St. Jacob's Oil," or any other of the thousand and one never-failing remedies? or shall we follow in the footsteps of our "regular" neighbor, giving Quinine, Salicin and kindred drugs, with hypodermic injections of the Sulphate of Morphine, and flying blisters *secundum artem*? or coming to the use of drugs homœopathic to the case, shall we employ Aconite because there is fever, thirst, restlessness, pain and the acute nature of the attack? or Bryonia, on account of the aggravation from movement? or Rhus Tox, where disease seems to be caused by getting wet? No. In this case, Merc. is the drug whose pathogenetic action corresponds with all the symptoms in the case, better than either of the others mentioned.

Profuse perspiration, but giving no relief, even aggravating the weakness, is a strong indication for Merc. always. The dirty yellow coating of the tongue, the thirst, restlessness, anorexia and nightly aggravations, especially when warm in bed, point to this remedy.

Merc. Sol., 30x, was given, a few pellets in half a glass of water, teaspoonful every two hours. Next morning there was marked improvement in all symptoms. Continue remedy every four hours and the third day one dose, after which no more medicine was given. Recovery was complete in six days.

I will mention another case in which Merc. proved curative, which came under my care only a few days since. The patient, a woman about fifty years of age, was confined to her bed several months, five years ago, with rheumatism, and expected the same siege again. When I was called she had been in bed two days, and was suffering greatly, not only physically, but mentally. She had commenced the treatment herself by taking freely of Quinine. When asked why she had taken it, she answered, because the physician gave that before. That was logical reasoning, to be sure. Was

it not just as scientific as it would have been to pay a physician two dollars to prescribe it and a druggist another dollar to "put up" the medicine? Every joint in the right upper and lower extremities was swollen, red and very painful. Temperature, 102°; pulse, 110; no thirst; no appetite; tongue coated a dirty white; headache constant and severe. Bry., 30x, was prescribed first, and used two days, but under its use the disease continued to grow worse. The left foot, ankle and hand were now becoming inflamed and painful. Bry. evidently is not the remedy. Perspiration is profuse and exhausting, especially at night, and on this symptom I gave Merc. Sol., 30th. The improvement was prompt, and in just one week she was up attending to her household duties.

The next, Mr. G., age about 35. Six months before I was called to see him he was taken with a sharp pain in the lumbar region of the spine, on throwing a stick at a dog. The pain and inability to move became more and more marked, and a physician was sent for, who diagnosed rheumatism, and treated the patient to a course of "scientific medicine," (Cathartic pills and Quinine). The patient, however, did not improve, although for six months the routine treatment of cathartics and cataplasms, opiates and liniments were faithfully applied. The pains are excruciating of a drawing, lancinating character, extending from the lumbo-sacral region of the spine, down both extremities to the feet, mostly along the course of the great sciatic nerve. The right side is, and has been, more painful than the left, and by trying to favor that side for months, there had come to be a double lateral curvature of the spine. There was enlargement and marked tenderness over the spinous processes of the lower lumbar vertebrae.

The characteristic symptom in the case was, that the pains were always better when moving around slowly on the feet. Many a time he would get out of bed at night and walk the floor for relief, although he suffered excruciatingly when getting in or out of bed, and always on first moving.

These were "key note" symptoms for

Rhus Tox, "worse on beginning to move, better from continuing motion."

Rhus, 30x, once a day was prescribed, and the patient made a good recovery. The pains were relieved in a few days, the spinal curvature disappearing in a few weeks.

No topical application of drugs was allowed in either case after I commenced the treatment. I do not say that I never allow local applications, for in many cases it may be necessary in order to satisfy the patient and friends. Should it seem necessary to use them in any given case, then I would use non-medicinal applications, or the homeopathically indicated drug.

For the Medical Call.

### The Physicians' Criminal Liability.

BY J. Q. BROWN, ESQ.

It may gratify some curiosity to present a few allusions of some supreme courts to the physicians' criminal liability. It was once held that a practitioner was indictable for manslaughter whose patient died through want of skill. But the modern doctrine appears to be that if a man undertake the office of physician in good faith, and makes no misrepresentations as to his medical experience, and honestly pursues what he considers a beneficial course of treatment, he can not be adjudged a felon. In considering the case of a grossly ignorant quack, having three remedies which he called by most ridiculous and bombastic names, who persistently gave emetics to his patient until he died, it was settled that if one assuming the character of a physician, administer with an honest intention and expectation of a cure, he is not guilty of felonious homicide, though the patient die through his ignorance. Again, where the defendant, a botanical physician, administered lobelia, from the effects of which the patient died, it was decided that if he prescribed with an honest intent of curing the patient, but through his ignorance of the medicine he used, the effects of which the patient died, there is no manslaughter committed. But if there was a reasonable presumption that the practitioner administered the medicine out of a willful, obstinate rashness, he was

guilty of manslaughter, though he might not have intended any bodily harm.

A very recent opinion, reversing the judgment of a lower court which had sentenced a "Baunscheidist," who acknowledged that he knew nothing about the composition of his medicines, says that the interests of society are subserved by holding a physician civilly liable in damages for the consequences of his ignorance, without imposing on him criminal liability when he acts with honest intentions.

The law is established, as given above, in three of the states bordering on Illinois.

For the Medical Call.

### Burns and Scalds.

I see in the April Number (for a copy of which please accept my thanks) various applications recommended for burns and scalds, such as fresh mutton tallow, unsalted butter, and Carbulated Cosmoline.

I have obtained beautiful results in severe burns by the use of Tincture of Stinging Nettles (*Urtica Urens*), which is certainly homœopathic. In my own case, a cloth saturated with the tincture and applied to a severe burn, removed all pain instantly. It soothes the pain and removes the inflammation as if by magic. I also find it very useful in chilblains, hives, and similar troubles, characterized by *stinging*, smarting pains.

CHARLES H. SHELTON, M. D.,  
Jersey City, N. J.

For the Medical Call.

### Rheumatism.

In answer to the question on rheumatism in the last MEDICAL CALL, although not of the "profession," I desire to state that I have known of several very severe cases being cured by the use of a liniment prepared as follows: 1 oz. Gum Camphor, 1 dr. Oil Wormwood,  $\frac{1}{2}$  pt. Alcohol. Rub with this thoroughly three (or more) times a day.

My son had muscular rheumatism. Everybody in the house *knew* he had, for he could not be touched without screaming. He grew worse under "regular" treatment. I was told of the liniment, tried it, and in three days he was around as usual. I know of similar cases cured.

I like your journal very much.

MRS. JENNIE PATTERSON.

For the Medical Call.

### For Burns or Scalds.

A strong solution of Soda in water applied and kept applied, will cure burns immediately, relieving pain and burning in a few moments; and for old burns that are not disposed to heal, a plaster made of pure Castile Soap of the consistency of paste by the application of a little water and heat, cures in a few days; excludes the sore from the air, and stimulates the granulating process and disinfects at the same time; fact. Don't fail to use it. It is the best, most cleanly, and most soothing application you can find or use.

**Epistaxis.**—I see in the April number of the MEDICAL CALL that Lupulin is an extolled remedy for nose-bleeding, and would add that Terebinth, one dose of 15 or 20 drops, drank at once in a little sweetened water, will stop the bleeding almost instantly. I have tried it in extreme cases, where the blood was almost colorless, with perfect success.

**Erysipelas—A New Remedy.**—The Tincture of Veratrum Viride is the latest and best remedy to apply to erysipelatous inflammations. Put it on every two or three hours. Paint the surface, and give internally the same remedy in solution, or Rhus Tox, or Apis. Mel. It reduces the swelling, and changes the character of the affection in a few hours.

A solution of Sulphate of Magnesia, 1 oz. to a pint of water, applied in same way, or oftener, answers equally as well, and is worthy of attention.

A. P. DAVIS, M. D., Dallas, Tex.

For the Medical Call.

### Acute Rheumatism.

A case of acute, or inflammatory rheumatism, in a young girl, proved very distressing. Among the prominent symptoms were high fever, great heat, great sensitiveness, great apprehensiveness. Put out the hand to take the pulse, to touch the patient, or even approach the patient rapidly, and she would scream out with the pain. (I think the fear produced an attempt at motion, hence the cry). There was slight swelling and some redness of the joints. Parts af-

fected were the joints of both upper and lower extremities, shoulders, elbows, wrists, knees and ankles.

Used the ordinary remedies for forty-eight hours, with no benefit, apparently. Saw something must be done, or else dismissal would follow; and this, too, notwithstanding the favorable knowledge of my skill with other members of the family. After consulting Hale (my best counsel in nearly all emergencies) and some others, I concluded on Apocynum Andros. In twelve hours she was better. In twenty-four hours her greeting was, "Doctor, you needn't come any more, I am all better now." In four or five days she attempted to go out upon the piazza, but her foot being sensitive, she fell and broke the clavicles.

This symptom of great sensitiveness and great apprehensiveness I have not found so marked in any other case in a practice of twenty years. G. H. PARKHURST, M. D.

Brooklyn, N. Y.

For the Medical Call.

### The Psychical (Mental) Mirror.

BY W. R. CONDELL, M. D.

We are liable to be prejudiced against the study of the "mental symptoms," (or of disease as reflected by the mind), until we have some true knowledge of the mind.

The prejudice arises from the traditional idea of the mind, (the absurd notion in which we have been educated), that is, the metaphysical idea which makes it a nonentity; and, truly, there can be no necessary relation between a nonentity and practical pathology and therapeutics.

But, in the light of knowledge, all preconceived prejudice, at least, to the study of the mental reflections of disease is dispelled.

We know that mind has its physical side.

We may compare this physical correlate, in its relations to other parts of the nervous system, to the "recording instrument" of the central telegraph office in Chicago or New York in relation to all the complex system of lines centering there or connected with them. That "recording instrument" is the index of the state of the country or the world, in both their morbid and normal variations.

So, the cephalic ganglia, of which the centers of conscious intelligence are a part, is the "recording instrument" of all actions morbid or normal, in the micro-cosmos—man.

As such, ought they to be able to give a better account of the existence of morbid conditions throughout the system?

The diseased action of one nervous center may be communicated to another nervous center by sympathy, through a communicating fibre. In mental derangement this may be from one encephalic ganglion to another, or from a diseased organ in another part of the body to the encephalic ganglia. Mr. Maudsley says, that where the disorder of the mind is sudden and temporary, the disease of the hemispherical ganglia (those of intelligence) is sympathetic with disease in other ganglia.

The following case in this class came under our observation some years ago:

CASE 1.—Mr. E., aged about 60; had frequently conversed with him at his store and found him perfectly rational; seemed to be in fair health; but was consulted by a member of the family in regard to certain paroxysms of mental derangement to which he was subject. He would suddenly, without any warning, become violent, as when sitting at his meals at table, in which case he would seize a knife or plate and hurl them at the other members of the family. The attacks were only momentary, and a slight jar would serve to restore him, when he would have no recollection of what had transpired. In his normal condition, he was the kindest of husbands and fathers.

In regard to mental sympathy with disease in other organs, Mr. Maudsley says: "Suppose a morbid center of irritation in some abdominal center, with which the brain is in sympathetic organic relation, to give rise to persistent excitation of the intercommunicating nerve, it is certainly not more wonderful that disturbance of cerebral activity should be produced, than that reflex movement should follow the stimulation of a centripetal nerve."

He gives a number of morbid conditions of other organs than the brain, frequently found in the insane, as phthisis, diseases of the heart, inflammation of the intestinal

mucous membrane, prolapsus uteri, ovarian cyst, etc. [Phys. and Path. of Mind; pp. 384 and 406].

For the Medical Call.

### Epileptiform Spasms.

BY D. F. HALLETT, M. D.

Mrs. W., aged 35, bilious temperament, was afflicted with epileptiform spasms on an average of three times in a fortnight. This had continued uninterrupted for five years. Had been treated continually for it in this country and in England, where she lived up to two years ago, and realized no benefit. The appearance of the fit was simply clonic spasm, unconsciousness, and a profuse secretion of tears, which ran down the cheeks in a stream. While visiting another patient in the family, I witnessed one of the spasms, and was asked if anything could be done for it. I said I would try, and thought of Pulsatilla as a remedy. Gave one small vial of pellets saturated with the 3x dilution. It has now been three months and there has never been any return of the trouble to this day.

For the Medical Call.

### Cases from Practice.

BY C. C. WAKEFIELD, M. D., MONROE CITY.

CASE 1.—June 23, 1880. Child, aged five months, weak and badly nourished; vomiting of milk, immediately after swallowing it, in thick curds, (*Æthusa*, 3 Ed.) thin, greenish diarrhoea, alternating with whitish discharges, severe pain in bowels in latter part of night, great thirst. Has had Soothing Syrup, etc. Does not sleep after 3 A. M. Profuse sweat of head—wetting the pillow. Bell., 3x, and Calc. Carb., 30x.

July 3.—A painful tumor came on the hip, relieved by Hepar. S., 30x—prevented supuration. Under the continued use of Calc. Carb. the child passed through the teething process, and grew into a stout, healthy child.

CASE 2.—June 18. A nursing boy, one year old, open fontanels. Has vomited and had diarrhoea since yesterday; peevish and irritable; not much pain; vomiting thick curds; thin, whitish stool; listless expression; teething; profuse sweat of head; no

sleep after 3 A. M. Calc. Carb., 30x, every hour, for several days.

These two cases, wherein Calc. Carb. was so strongly indicated, shows the prompt action of the remedy.

For the Medical Call.

### Item.

There are not a few patients or persons who can not use milk, or bread and milk as an article of diet. Those of a bilious temperament—with many—milk will produce either a headache or constipation. To avoid one or both conditions, I am in the habit of ordering the following milk-formula: Salt,  $\frac{1}{2}$  teaspoonful; sugar, 1 teaspoonful; water, 1 or 2 wineglasses; milk, 1 pint; bread, products of corn or rye. This I have found an acceptable and delicious article to many with a weak and delicate stomach.

O. S. SANDERS, M. D.

### The Question Answered.

C. CARLETON SMITH, M. D., PHILADELPHIA.

The following question was put, to the homœopathic profession at large, by Dr. T. P. Wilson, in the *Medical Advance*, December, 1880, p. 283:

"What can be done for the instant or rapid relief of our patients suffering acute pain? Will those who do not use narcotics please answer and illustrate?"

As I do not, and never have, used narcotics in the course of an active practice extending over a period of nineteen years, I feel that I, for one at least, can with propriety answer this question.

When called to a case in which I find very acute suffering from pain, no matter what the nature of these pains may be, provided they are cases requiring purely medicinal treatment and not mechanical, I calmly and deliberately sit down and examine the case before me with the greatest minuteness and care, never heeding that oft-repeated clamor of the attendants, so often heard in the sick-room, that "something must be done or the patient will die." The greater the suffering the more particular am I in my examination, in order to get at the proper homœopathic specific in the most direct way. One of the greatest blunders that a homœopathic prac-

itioner can be guilty of in such cases as these, is to allow himself to be dictated to in the sick-room, and thereby make haphazard prescriptions for the purpose simply of deluding those present into the belief that he is really doing something for his patient, thereby losing many precious moments, prolonging the patient's sufferings, and spoiling his case into the bargain. I have no hesitation in asserting that a physician who, upon being ushered into the presence of such cases as these now under consideration, simply glances at the patient whom he had never, up to this moment, heard of before, much less seen, pulls out his pocket case and gravely asks for a half-glass of water and a spoon with which to prescribe, does not by any means show his smartness, but on the contrary he exhibits his ignorance and is unworthy, by his own showing, of the name of physician. Nor, on the other hand, does the physician who on the spur of the moment applies a sinapism or calls for turpentine with which to anoint his patient, or chloroform to render him unconscious, exhibit very great learning; but on the contrary, he betrays both his weakness and his total unfitness for the work before him.

When people undertake to push me in the sick-room, I plainly but politely tell them that I must know exactly what the patient requires in order to relieve him of his great distress, before I prescribe, and if I am not allowed to make the proper examination with this end in view, which is a duty I owe both to myself and patient, I must respectfully refuse to have anything further to do with the case.

From what I have already written, you will perceive that I prefer, and do rely upon, the strictly homœopathic remedy in each and every case of emergency, and wholly abjure all palliatives with the occasional exception, sometimes, of hot or cold water. I never keep narcotics in my office, nor do I carry them in my pocket case; and I can ask no better satisfaction than I have enjoyed in the practice of my profession, in relieving acute pain, no matter how sudden its onset, quickly and permanently.

ILLUSTRATIONS.—I was called to visit a gentleman eight years ago, suffering from the

passage of a urinary calculus down the right ureter. The agony which he endured, shown by his writhings and the cold beaded sweat upon his pallid face, I shall never forget. He had several attacks of a similar nature previous to this, within a period of two years, each on the *right side*. I gave him, after careful study, a single dose of Lyc., 30, in water. Almost instantly after the drug was swallowed the patient turned over on his left side, with his face to the wall, and fell into a sound, peaceful sleep, so sound and so quiet that his good wife thought he was dead. After he reposed in this way for one hour he got up, passed his urine freely, which before was voided in drops and loaded with red sand; and never, from that day to this, has this sufferer had another attack. Are there any palliatives which excel this treatment?

Another case was that of the passage of gall stones in the person of a Miss of 18 years. I found her in bed screaming fearfully, tearing her hair, and rolled up in the shape of a ball like a hedge-hog, so great was her agony. China was the remedy here, which she received in the 20 M. potency, repeated a few times in water; relief soon came, and the next day when I called, the young lady herself opened the front door and ushered me into the house with her face wreathed in smiles. The symptoms leading me to the use of this drug were, first, icterus, and added to this there was *extreme depression and want of breath*, with desire to be fanned, pain in region of liver worse from least touch.

Again, I was called one evening to see a little five year old girl afflicted with parotitis of the most aggravated type. Both sides were involved, and the pain was so exquisitely severe that the sufferer sat up in bed screaming constantly, keeping every one at a distance for fear of being touched. She could not bear the band of her night dress to come in contact with any portion of her neck, and would not allow me to point my finger at the swollen glands without screaming and becoming almost convulsed with pain and terror combined.

Now what palliative could be placed upon a surface like that? There is but one answer to this question: *Not any*. Lachesis

2 C., in water gave immediate relief, which was followed by sleep, and the following day I was not only allowed to touch the neck but also to knead it with my fingers as though it had been so much dough.

Some years since I stood at the bedside of a young woman to whom Dr. Hering had been called in great haste. The nature of the case was puerperal convulsions. The tongue being protruded between the teeth and the jaws locked, the face purple and the breathing stertorous, the doctor remarked that no remedy could be administered by the mouth. What did he do? resort to some palliative? No: the grand old man took from his pocket-case a tiny vial containing a few pellets of Opium, 2 C., which he held to one of the nostrils of the patient, while he closed the other with his finger. After a few inhalations the spasms ceased instantly and the storm was calmed.

Would Morphia or any palliative have acted better than the remedy whose pathogenesis was similar to the characteristics of the case?

Adjuvants in the shape of narcotics and local appliances of a medicinal character do not belong to the homœopathic mode of cure as handed down to us by the master, yet we find that they invariably follow in the wake of that class of so-called doctors of homœopathic medicine who are continually being graduated from institutions ostensibly Hahnemannian, but within whose walls, notwithstanding, Hahnemann's "Organon" is *never studied*, or even commented upon.

If a man turns his face away from the light, he is in darkness; and of such are those who wilfully turn their backs upon the law of the similars.—*Hom. Physician.*

### Hot Water Compress in Tetanus.

—Warm or hot baths in tetanus have frequently been found to give great relief; but in many circumstances it is practically impossible to give them. In view of this in the treatment of tetanus, Dr. Spoerer has successfully employed hot water compresses. He dips a large enough piece of coarse flannel in water of a temperature which can just be borne by the hand, and applies the compress to the occiput and along the spine. —*Med. Press and Cir.*

### For the Medical Call. Tobacco Amaurosis.

BY JAMES A. CAMPBELL, M. D., ST. LOUIS.

The question as to what influence tobacco has upon the eye, is one which frequently comes up. Without dissent it is generally admitted that tobacco smokers, snuff takers, and they who are engaged in the manufacture of tobacco, are liable to local conjunctival irritation and sometimes inflammation, directly traceable to the local influence of the weed.

Further than this, it is also believed by many high authorities on the subject, that the use of tobacco, from its toxic influence, may produce functional, and at times, organic derangement of the nerve of vision.

To this latter distinctive form of eye trouble the term Tobacco Amaurosis has been given. And although the existence of such a condition from such a cause has been warmly opposed by no less distinguished writers than Sclberg, Wells, Carter, etc., the objections urged, which by themselves might seem quite convincing, are based almost entirely upon theoretic grounds, and are opposed by such other high authorities, and an array of so many stubborn facts, that "Tobacco Amaurosis" has earned a fixed place in the nomenclature of eye diseases.

Two recent cases coming under my care may be given in brief for example and confirmation.

CASE 1.—Herman B., aged 38, by occupation a bartender. Never had any trouble with his eyes until about six months before he came to me; then for the first time noticed that his sight began to be a little dim, as if a light shade was before him. He could not see at a distance as well as formerly. The eyes were a little sensitive to light, especially gas-light. Did not sleep quite well—was rather nervous. Smoked ten or twelve cigars each day, drank a little also, but not very much. Examination showed that his vision was  $\frac{1}{3}$ , which was not improved by any glass. The ophthalmoscope showed the optic disc a yellowish, dirty pink, with blurred outlines. Retinal veins full, arteries diminished in size, with a dark red fundus. The case was di-

agnosed Tobacco Amaurosis. The use of tobacco in any form was forbidden, and Nux V., 3rd trit., given three times daily. He made rapid progress for the better, and when last examined, after about six weeks, was fast approaching a normal condition.

CASE 2.—Jno. D., aged 42, cigar maker. Eyes began to fail him a few months before I saw him. A dimness before the sight, could not see things so well as before; not much, if any, pain. Appreciated that vision was gradually growing worse. Had used tobacco for many years, "smoked a great deal." Examination showed vision to be  $\frac{1}{16}$ , not benefitted by any glass.

The ophthalmoscope revealed changes in the fundus similar to those described in Case 1, but the discs were not so discolored, and were of a deeper red color.

Tobacco was prohibited, and Nux V., 3rd trit., given as before. The result was a steady improvement for the better, until in about two months the vision was again normal.

Now comes the confirmatory part of it. The patient had always expressed himself against the theory that tobacco was the cause of his trouble, because he had used it all his life, with no previous bad effects. Having full faith in his own views, strengthened probably by his own desires, he again commenced the use of tobacco, but found that after about six weeks his sight again commenced to be affected. Convinced at last, he applied for treatment a second time, which was followed by the same success which attended the first.

**Small Pox.**—The following remedy for small pox is going the rounds: Edward Wells, of the *London Mercury*, is willing to risk his reputation as a public man "if the worst case of small pox cannot be cured in three days, simply by the use of Cream of Tartar dissolved in one pint of hot water drank at intervals when cold. It is a never failing remedy. It has cured thousands, never leaves a mark, never causes blindness, and avoids tedious lingering."

THE MEDICAL CALL is first rate. More than fifty cents worth on first page.

EDWIN GILLARD, M. D.

For the Medical Call.

## Fracture of Ribs—Lung Complications.

BY NELSON ADAMS, M. D.

Was called on the morning of the 7th of May to see Mrs. —, aged about 55, who, by a fall (about four hours previous to the call) had two ribs fractured, liver and spleen much injured, and all the other organs adjacent more or less affected. The family on both sides are predisposed to consumption. All that have died of this generation have died of consumption.

**TREATMENT.**—External application for the injury, 21 parts water, 7 Alcohol and 3 parts Arnica. Internal, Arnica, 6, ten drops to two-thirds teacup of water; a spoonful every two hours for twenty-four hours. From the 8th to the 10th symptoms about the same. At 7 A. M. of the 11th some increased arterial circulation, attended with increased soreness of the affected side; 7 A. M. of the 12th all the symptoms more unfavorable. Pulse 125, skin dry and hot, cough violent and tearing, with little expectoration, urine reddish, turbid, depositing a copious sediment, and not under the control of the patient, but flowing freely every time the patient coughs; liver considerably swollen. Gave Aconite, 6, ten drops in a teacup two-thirds full of water, a spoonful every fifteen minutes for an hour, then discontinued two hours, then repeated and give as at first. External remedy continued. On the 13th at 7 A. M. pulse 125, other symptoms about the same. At 7 P. M. some typhoid symptoms (cerebral) with low, muttering delirium, tongue dry and dark in the center, with red eyes. Treatment continued. 14th, 7 A. M., pulse 130, cough about the same but more expectoration, of a green-yellowish hue; delirium and other symptoms about the same. Gave Phos., 6, the same as Aconite. At 7 P. M., delirium more violent. Gave Bell., 6, same as Phos. At 7 A. M. the 15th, diarrhoea discharge of the appearance of coffee grounds, followed by great prostration; pulse feeble at 120. Gave Ars., 12, half grain doses every hour. 7 P. M., no more discharge from the bowels, delirium somewhat abating, soreness of the affected side on the decrease. 16th, 7 A. M., patient

better except the cough and expectoration, expectoration profuse and very fetid. Gave Arum-Triphyllum, 6, as Phos. and Acon. 7 P. M., remedy continued. For the profuse night sweats following such a condition of the lungs, I gave Ars., 30th, one gr. powder every four hours through the night, dating from the 16th, as long as the chills continued. 17th, 7 A. M., discharge from the bowels not as profuse and not as dark; discharge of the urine now under the control of the patient and of lighter color; delirium gone, and the appearance of the tongue much improved; a good deal of tenderness yet remains in the side that received the injury. 7 P. M., symptoms about the same. Remedies, continue Arum and Ars. 18th, 7 A. M., pulse 110, rather small in volume, all the symptoms rather improving except the cough and expectoration. 7 P. M., patient the same. Gave Stannum 30th, grain powder every two hours. 19th, 7 A. M., pulse 100, slight chill the past night. Discharge from the bowels more natural, cough and expectoration about the same; remedy continued. 7 P. M., gave Phos. from this time until the 26th. I visited the patient once daily, and the remedies prescribed were Phos. Arum. and Stann., as the symptoms each day indicated. The patient is now making a rapid recovery with the prospect of restoration to health.

### The Cough of Aralia.

BY J. C. BURNETT, M. D.

*Aralia Racemosa* is not an accepted homoeopathic remedy, and Dr. Allen did not insert Dr. Jones's little proving in his *Encyclopædia*, but he has put it into the *Appendix*.

It appears that the plant has a great reputation in the United States as cough medicine, and Prof. E. M. Hale very properly says that this warrants us in expecting that it has at least some specific affinity for the respiratory organs. The common people have in some way found out that the "spike-nard" is good for coughs, Hale comes and makes a note of it. A step farther is made by Dr. S. A. Jones, who made a proving of it in 1870, and thus lifted the popular cough medicine out of useful empiricism on to the scientific basis of Hahnemann's induction.

I happened to read Jones's proving in Hale's "New Remedies," some six or seven years ago, and I was much struck with the character of the cough. I fancy the thing that helped to impress it upon my mind was the fact that I had had, just at that period, a lady under my care who was suffering from a cough that came on after lying down at night. I had been tinkering away at this cough and could not cure it; so I blamed the damp house in which the lady resided, and its proximity to a brook prettily hidden among the willows close by. Hyoscyamus, Digitalis, and a number of other remedies came into play, but the cough would not budge a bit. Need I tell the heartrending tale that the patient lost faith in her doctor (the writer) and in his much-vaunted pathy, and set about healing herself with quack medicines and orthodox sedative cough mixtures? Of course I felt humiliated, and I therefore made up my mind to read my *Materia Medica* a little more diligently. It was quite evident that the cough was a curable one, for the most careful physical examination failed to detect anything besides a few moist rales that tallied with the very moderate amount of expectoration.

Failures are very instructive at times.

Just after having received my *conge* from this lady I was reading Hale's "New Remedies," and came across Dr. S. A. Jones's proving of *Aralia Racemosa*, where he says: "At 3 P. M. I took ten drops of the mother tincture in two ounces of water. An interesting book caused me to forget my 'dose.' The events of the night jogged my memory very effectually."

He goes on to say that he retired to rest at midnight, feeling as well as ever, but he "had no sooner lain down than he was seized with a fit of asthma."

I put down the book—Hale's "New Remedies" was not quite so thick then as it is now—and said to myself, "That's Mrs. N.'s cough, that is just how she does. She lies down, and forthwith begins to cough, to get labored breathing, and to—make her poor hard-toiling husband wish he were a bachelor;" at least he might have wished it for aught I know to the contrary.

A little time elapsed, and the writer was

sent for to see one of this coughing lady's children with eczema. The bairn's common integument having been prescribed for, I timidly inquired about that cough. "Oh," said Mrs. N., "it is as bad as ever; I have tried everything, and do not know what to do." I sat down and wrote:

"R Tc. *Aralia racemosa*, 2." It cured; not because *Aralia* is good for coughs, and has an affinity for the respiratory organs merely, but because it is capable of causing a cough like the one that was to be cured.

This happened somewhere about six or seven years ago, and I have since cured this kind of a cough with *Aralia* whenever I have come across it, and at a rough guess I should say that would be thirty or forty times.

CASE 2.—*Tussis Aralia*.—A lady came under my observation last summer. She resides in the West End of London, and had been under competent homœopathic treatment for her throat, and had certainly derived benefit, but still her cough did not leave her, so that she was on the point of removing from London and going to the south, whereof she is a native, she and her friends having become apprehensive lest her chest should become affected. Her cough was not identical with Mrs. N.'s, but the only difference was that it *did not come on till after a first sleep* of not long duration. Patient would go to bed quite well (so did Mrs. N., and so did Dr. S. A. Jones) and lie down and go to sleep, and, *after a short sleep*, would wake up with a severe fit of coughing that would last an hour or more.

*Aralia*, 3 cured it entirely in a few days, and she gave up all idea of returning to the south.

CASE 3.—*Tussis Aralia*.—A child of not quite six, gets croupy coughs in damp weather that usually yields to Dulcamara. Occasionally, however, there remains the kind of nocturnal cough described in Case 2, viz: she will go to bed, lie down, fall off to sleep, and presently awake with a violent bout of coughing. Originally, before thinking of *Aralia*, I had in vain given Hyoscyamus, Gelseminum, Aconitum, Spongia, Hepar, Dulcamara, Phosphorus and Bryonia. Then the early nocturnal character of the cough

determined me to try *Aralia*, and with prompt effect.

CASE 4.—*Tussis Aralia*.—An asthmatic gentleman of fifty years of age, with moderate emphysema of the lungs, has long been under my care. At first he was almost always short of breath on exertion, and had bad nocturnal attacks of dyspnoea and cough. A prolonged course of constitutional treatment has at last partially cured him, but when he catches a cold he gets an attack of bronchial catarrh with *early nocturnal cough*.

It would be tedious to give the treatment of his whole case, but it will suffice to say it consisted principally of antipsorics and hepatics.

One day this gentleman said he wished I could give him a medicine *for his cough*, to have by his bedside at night, because otherwise when he caught cold (as at this time) he would go to bed quite well, fall asleep, and presently awake with a violent fit of asthma that would last from one to two hours, more or less; then he would get up a little phlegm and go to sleep again.

I prescribed one-drop powders of *Aralia*, 3x, *pro re nata*. The next time I had occasion to see this gentleman he exclaimed, "I thought those powders would have killed me. I took one as you directed, when my cough became much more violent than I have ever known it, but it soon ceased, and has never returned."

He keeps some of these powders by his bedside ever since, and on various occasions they have helped him, thus far unfailingly. He has not had an aggravation since the first time of using them.

These cases are samples only, but they teach a useful lesson; to give more than these would be irksome.

It will be seen that *Aralia*, although a new remedy, is a comparatively old friend of mine, and I can confidently commend it for *early nocturnal cough that occurs either immediately on lying down, or more commonly after a first fore-midnightly sleep*.

Prof. Samuel Jones's cough was immediately after he had lain down, but it will be noted he did not retire till midnight, whereas all my patients, I believe, went to bed before. From a fairly extensive experience of *Aralia* as a cough remedy I have formed

the conclusion that it is homœopathic to its cough by reason of its *time* and *patient's recurrent position*.

It is *no good*, I believe, in coughs occurring *at any time* on lying down, neither does it avail in a cough caused by a relaxed uvula; neither will it, as far as I am aware, cure any lung lesion whatsoever beyond bronchial irritation and catarrh. And most positively it is *no good at all* in the after-midnightly, or 2 or 3 A. M. dyspnoea and cough of genuine asthma. In such cases I have given it in vain. But for the previously described variety of cough it is a *remedium probatissimum*. Here, for the thousandth time, we see the exactness of our homœopathic science. In conclusion, my thanks to Prof. Hale for introducing my now dear friend *Aralia*, and my still greater gratitude to Prof. Samuel Jones for the more intimate scientific acquaintance. As homœopaths we owe a deep debt of gratitude to drug provers.

**Infantile Diarrhoea.**—Dr. Guerin, of France (*Med. Record*), has been in the habit of treating infantile diarrhoea by mixing the milk in the nursing bottle with Charcoal powder. He usually adds half a teaspoonful of the powder to one bottle of milk. The infants take the milk readily, and in a few days the greenish stools of the little patients change to a dark yellow, while their consistence become increased. In addition to the admixture of powdered Charcoal, the milk is diluted by one-half or one-third of its bulk of sugared water. He has frequently seen intractable summer complaints yield in a few days to this treatment.

**For Arsenic Poisoning.**—A very handy and efficient antidote can be made by adding *Baking Soda* to dilute Tincture of Iron, forming Sesquioxide of Iron and common Salt. This illustrates how readily ferric chloride adds its chlorine to another substance.—C. H. Shivers, M. D., Haddonfield, N. J.

THE MEDICAL CALL contains more practical knowledge and good sense than any I have ever seen. JASON TURNER, M. D.

## The Study of the Materia Medica.

There are three points in which the student is apt to be puzzled in his study of the *Materia Medica*. These will now be considered.

1. Where a drug has two apparently contradictory symptoms, *one* of which is characteristic. Such as aggravation and amelioration from same cause; or both constipation and diarrhoea, and so on. Thus *Arsenic* has aggravation and amelioration from lying in bed; this appears contradictory until it is remembered that *Arsenic* is aggravated by *rest* in bed, and ameliorated by the warmth of bed. *Mercurius* presents the same apparent anomaly, under opposite conditions, being also agg. and amel. by lying in bed, but here the agg. is from the heat and the amel. from the rest.

Again under *Sepia* we read "aggravation (of headache) from least motion;" in another place we find "continued hard motion relieves headache." This we know is a peculiarity of *Sepia*, that a slight, easy motion aggravates, while violent motion, such as skating or dancing, alleviates. A somewhat similar peculiarity is that of amelioration from hard pressure, while a mere touch or slight pressure aggravates pain. This symptom occurs most prominently under *Bell.*, *China* and *Nux Vom.*

Many drugs have opposite conditions, such as constipation and diarrhoea, great thirst or thirstlessness, etc.; these are alternatives, one being the primary, the other the secondary effect. One is generally characteristic of the drug; the other less important. Thus *Arsenic* has prominently great thirst, wants to drink little and often, yet it also has thirstlessness; *Pulsatilla* has generally thirstlessness, but it has also great thirst. Now great thirst is characteristic of *Ars.*, while thirstlessness is just as characteristic of *Puls.*; the opposite conditions—lack of thirst for *Ars.* and great thirst for *Puls.*—being the unimportant, or less characteristic, symptoms.

Again, *Opium*, the time honored remedy of allopathy for diarrhoea, causes constipation when used in massive doses, as its primary effect; while later action produces diarrhoea. Thus, while allopathic empiricism found *Opium* useful in bowel com-

plaints, only as a check for diarrhœa, homœopathic law shows it to be useful for both diarrhœa and constipation. An example, furnishing a striking rebuke to those who claim that our law *restricts*.

2. Another difficulty for the student is where two or more remedies have the same symptom, and equally characteristic, differing only in character or in concomitants. How to diagnose, how to tell when a symptom, shared by many drugs, is indicative of one, is the question. This difficulty can always be met in practice, by comparing the characteristic symptoms of the case to be cured, with those characteristic of the drug. Not one symptom, nor yet two, but the totality—the totality of the characteristic and peculiar symptoms.

In studying the *Materia Medica* we may learn to diagnose similar symptoms of different remedies by studying their concomitants or by the conditions under which they appear or are influenced. Thus, to illustrate, both *Rhus* and *Pulsatilla* have restlessness and under both it is very characteristic. In both the patient *must* move though it pains him to do so. Thus far they are alike; but the *Rhus* patient finds *momentary* relief from this change, the *Puls.* patient finds *none*. A *Rhus* patient is improved by slow continued motion (though worse on commencing to move), out doors if not cold; the *Puls.* patient is improved by slow motion out doors if it does not *heat*.

Another illustration is found in the *Puls.* and *Sulph.* desire for air, or dislike for a too close room; both want door or window opened. Under *Puls.* this occurs often in labor or other trouble foreign to chest; under *Sulph.* it is from a respiratory trouble. *Arsenic* and *Puls.* have a similar thirst. The *Arsenic* thirst is, for small and frequent drinks, caused by a great burning, while *Puls.* patient desires to moisten, or cleanse, the dry, clammy mouth. *Arsenic* patient takes large amounts of water which he vomits *immediately*; *Puls.* has at times great thirst for large quantities which are not thrown up. *Phosphorus* also has this great thirst, but here the water is not vomited until it becomes *warm* in the stomach. *Silicea* and *Magn. Mur.* have a headache better from wrapping head up warmly. The *Sili-*

*cea* pain is better in doors and from rest, while the *Magn. M.* pain is better from exercise in the open air; in fact compels one to walk about, and is worse when lying.

*Ant. Crud.*, *Ant. Tart.*, and *Cina*, patients don't want to be touched; they are not sore, nor does touching hurt them; it is peevishness. While *Bell.*, *Arn.*, and *China*, patients are so sensitive, from pain or soreness, that they don't want to be touched or even for one to come *near* them, for fear of rough handling.

3. A third difficulty is where a symptom occurs under two drugs (or more), but is characteristic of *one* only. In the case just illustrated the symptom was found under two or more drugs, but there it was characteristic of *both*, as (the instance there given) the restlessness of *Rhus* and *Puls.*

In illustration of this point we may mention the weak, empty feeling in abdomen found under *Phosphorus*; other drugs (*Merc.*, *Sanguin.*, etc.) have this symptom, but it is most prominent under *Phosphorus*.

Most of those prominently characteristic symptoms, commonly known as "key-notes," come under this head. Nearly all of these "key-notes" are found under more than one drug, but they are generally characteristic of one only. Take, for instance, the great desire of children to be carried on the arm, which is so characteristic of *Chamomilla*. This is found under *Ant. Tart.*, *Ars.*, *Cina.*, *Ignat.*, *Kali.*, *C.*, and *Puls.* *Aconite* has amelioration from being rocked or carried fast; *Cina*, also, has amelioration from being rocked; *Ars.* wants to be carried fast, *Puls.*, slow. *Bromium* wants to be carried fast on account of dyspnoea, often indicated in croup.\* These prominent symptoms are useful as guide-posts pointing out the right path; which path, if followed, may lead to the right remedy.

But one must be cautious not to prescribe from one single indication; still less should the careful physician prescribe one invariable remedy every time a key-note crops out. *There is no one symptom which invariably indicates the one remedy.* Each case of sickness has its peculiar symptoms; each drug has its peculiar symptoms; these

\* For this, and many other indications, the writer has to thank Dr. Ad. Lippe.

should be compared, and when a drug is found whose characteristic symptoms are similar to those of the disease, then, that drug is the simillimum.—*E. J. L., in Hom. Phys.*

### The Place of Selenium in Incontinentia Urinae Diurna.

In an article by Dr. Burnett on *Selenium* after having prescribed *Ferre phos* unsuccessfully, he says:

I set about the prescription afresh and looked up some other anti-enuretics of the peculiar medical people yclept homœopaths. But first it was necessary to find wherein the *Ferrum* was weak in similarity. It seems to me that the urine in the ferric pathogenesis is primarily *light colored*; we read—"Urine more colorless than usual." Now, the urine of my little patient was *darker* than normal, reddish. It is true that we get a red urine from *Ferrum*, but that is not its primary effect; rather is it the secondary effect, and, of course, the urine would be red if the ferric proving be pushed far enough to get hæmaturia.

In the pathogenesis of *Selenium* we read—"Involuntary dribbling of urine, while walking," and *redness* of the urine is quite a marked symptom.

It thus seems that the difference in the character of the urine is worthy of attention.

So *Selenium* was prescribed on May 19th, and four grains of the third centesimal trituration were given three times a day.

In three weeks patient was well, and returned to school. He continues well to date.

Of course *Selenium* is not so exhaustively proved as *Ferrum* and I may be wrong in offering the *color* of the urine as a *differentia* between the diurnal enuresis of the two metals. At present I note in my scrap book:—

Incontinence of the urine by day, urine *light*—*Ferrum*; *ib.* urine *dark*—*Selenium*.—*American Homœopath.*

**Nitrate of Silver Stains.**—Ten parts Sal-Ammoniac and ten parts Corrosive Sublimate in one hundred parts of water, will remove Silver stains from the hands and linen without damage.—*Am. Jour. Pharmacy.*

### Jaborandi.

"*Pilocarpia* in doses of one-tenth of a grain, given thrice daily, will cure profuse night sweats."—*Ringer.*

**Scalp.**—Prof. Peck cured ten cases of alopecia out of fourteen cases.

**Digestive Organs.**—For salivation from diphtheria, no remedy known to man can equal it, the profuse flow of saliva being dried up in a few hours, almost as rapidly as if the gland was a sponge filled with water, and you had used your hand to squeeze the water out; and I presume it will do the same for mercurial salivation.

For mumps, it must prove a specific.

Loss of appetite, with bitter taste.

Empty, gone feeling in the bowels.

Thin, watery, copious diarrhoea, with slight nausea.

The *Muriate of Pilocarpin* injected hypodermically, in doses of one-fifth of a grain, produces the same effects identically with those of *Jaborandi* taken internally; but the effects of *Pilocarpin* are more promptly produced and much more lasting; and when sweating fails to take place under the operations of *Jaborandi*, it is invariably excited by *Pilocarpin*; and it is less apt to produce vomiting. It has also produced cold on the left side of the body. DR. W. H. BURT.

**Raspberry Syrup.**—One pint of juice and two pounds of sugar. Choose the fruit, either white or red; mash in a pan, and put in a warm place for two or three days, or until the fermentation has commenced. All mucilaginous fruits require this, or the sirup would jelly after it is bottled. Filter the juice through a flannel bag, add the sugar in powder, and stir until it is dissolved; then allow it to boil two or three minutes, take it off and let it get cold, then take off the scum and bottle it. The addition of a few table-spoonfuls of good fruit sirup to a glass of cold water produces a refreshing drink for invalids, and also a nice summer beverage. This is nice made of strawberries, currants, cherries, or gooseberries.

You are giving us much reading for small pay. With best wishes,

J. P. DAKE, M. D.

For the Medical Call.

## Remedial Motion, Not Exercise.

BY M. AUGUSTA FAIRCHILD, M. D.

Since it has become so prevalent a fashion among physicians to prescribe exercise as a remedial measure in chronic ailments, and since the word appears to carry so vague a meaning to the invalid's mind, it seems to me that whenever a prescription is given in which the advice to "exercise" forms any prominent part, an explanation of what the physician means thus to convey should be also given.

Invalids, it is well known, limit their efforts for restoration only by their pecuniary and vital capacity. "So long as there is life, there is hope."

All the resources of orthodox medicine are first taxed; then the various pathies; and receiving little benefit, or not so much as is satisfactory, the disappointed invalid begins the chase after the "*ignis-fatuus*" of advertised remedies; and if haply there is a fragment of vitality left, it is brought a suppliant at the feet of Hygeia.

There a few facts are picked up, and with new hope the weary and exhausted system is applied to in various and most desultory forms of exercise, often producing the very results thus sought to be overcome.

My experience with chronic invalids, and observation of these facts, leads me to value a strictly correct and closely drawn line between *Exercise* and *Remedial Motion*.

Exercise has been placed as one of the factors of "Nature's *Materia Medica*." I think it more proper to put Remedial Motion in its place. Exercise is scarcely at all to be prescribed for the chronic invalid. And why? Because it calls out for expenditure too much of nervous power, which in all cases of chronic invalidism is irregular and unbalanced, and exhaustion and feebleness is the result.

Of course when this unbalance maintains, it is not diminished, but rather increased by additional call made upon the nervous forces.

Voluntary exercise being under the control of the will and sustained by will force, is not remedial, and for that reason, while passive motion answers medical indications so com-

pletely in all chronic ailments, that the surprise is and will continue to be, that the "missing link," or overlooked factor in the remedial methods in this day of light and of scientific acquirement, was not earlier discovered.

It fulfills not only general but special indications, which all schools of medicine recognize. It simulates health states, promotes circulation of the fluids, and interstitial change, growth, repair and nutrition, by conveying injected matter and oxygen to all the channels capable of receiving material for the support of vital change, and prompting return currents to the organs of excretion, where waste products are disposed of. Now, in all cases of chronic affections, we know there is decided unbalance—defective action; there is action, for pain is the result of *action*—but it is not in accordance with physiological states—it is pathological, and to control pathological action is the physician's endeavor.

And further. It is known that all the remedies that were ever adopted by allopathic, homœopathic, eclectic, hygienic, or whatever school or kind were adopted, because of their efficacy in promoting motion—such motion as will modify and control where the activities are too great, and inspire to action where it is deficient.

In fact, as medicines do not and can not impart vitality, what else can they do but call out the *action of the vital system* in resisting them?

If these same indications can be and are answered by the *transmission of force* to the system, to increase the product of nervous and muscular power, thus swelling the product of vitality, with the *least amount of expenditure*, then we do wisely for our patients and beneficently for humanity, when we adopt such methods, and teach the difference between seeking to reach a point of health and strength by means that are exhaustive of vital force, and of attaining the highest possible health conditions, through means that expend only a minimum of force.

Exercise is for the healthy, for those whose systems are capable of sustaining health by so much of nerve expenditure as is profitable, because there is balance between the muscular and nerve force.

Remedial motion is for the invalid, whose loss of balance and whose limited power render useless and even damaging the adoption of measures which do not look to the promotion of the interior work of the system at such points as need special application of transmitted energy.

In mere exercise, the strong points receive the stimulus of motion equally with the weak, and thus is the unbalance confirmed.

Remedial motion *selects* and applies force only where needed.

(To be continued.)

For the Medical Call.

### Club Foot.

BY F. A. BISHOP, M. D.

The advance which has been made in the past few years in the treatment of this affection, is such that few cases now come to the surgeon that can not be relieved; and as the deformity is so great, it is the duty of physicians to see that every case which comes under their care has proper surgical treatment. There is no excuse for neglect; because it is a well known fact that Nature, unaided, has but little power to recover from a condition of this kind when it is once established. The delicate harmony which should exist between one set of muscles and their opponents has been destroyed and deformity is the result. The very position taken by the parts is that which tends to develop the stronger and paralyze the weaker. It is here that Nature gives a loud cry for help; and affections which a few years since were considered irremediable, have been found to be completely within our reach. I will report an illustrative case:

Anna B., aged 3 years, was brought to my office in November, with a right congenital talipes equino-varus. At birth it was noticed that her right foot turned in. This deformity gradually grew worse. The right foot and leg became smaller and colder than the left. They consulted several medical men and used a number of washes, with no relief. As she grew older the position of the foot prevented any attempt at walking, but she would, however, get around with the aid of a chair, although she could

bear no weight on the right limb. They had tried to use a cumbersome club foot shoe, but it only served to aggravate her trouble, and they abandoned its use. After some argument they were persuaded to consent to an operation, and on the 16th of December following, I divided the tendo achillis, tibialis anticus, and the plantar fascia. This permitted a complete straightening of the foot, which was then held in position by applying rubber to take the place of the paralyzed muscles, after the manner of Bartwell's method. She was soon able to walk on the foot, and by exercise the weaker muscles developed, and the warmth of the limb was re-established. After a few months the supports were removed from the limb entirely, and although the right calf is still smaller than the left, yet the position of the foot is perfect, and a stranger could not detect the deformed limb when she walks.

In closing, I would call the attention of the profession to the fact that a large proportion of the deformities of a muscular nature, are capable of being partly, if not wholly overcome by proper surgical treatment.

**Corns**—how to remove them.—Saturate a small piece of cotton with Alcohol, apply it to the corn for a minute, then with a sharp scalpel or knife carefully separate the corn from the healthy tissues, which is easily done by a careful handling of the knife and gentle pulling with forceps, while the parts are being immersed with Alcohol. If the Alcohol dries away while operating, apply the saturated cotton again, and I frequently find it necessary to apply this several times before the operation is completed. The Alcohol not only lessens the sensibility of the parts, but it facilitates the separation of the hard corn from the soft and tender tissues. *This cures*, and that without drawing a drop of blood, or producing any pain, except what results from pulling on the corn with the forceps. After raising one edge, it is about like removing a piece of adhesive plaster.—*Am. Med. Journal.*

Your journal is valuable and worth more money.  
J. H. WAX, M. D.

**Diarrhoea.**

This disease is so common during the summer and fall months that we think it not out of place to reproduce the indications for some of our principal remedies. These are mostly from Dr. I. D. Johnson.

**Aconite.** Stools frequent and scanty, watery, whitish or slimy. Nausea and sweat before, and tenesmus during stool. Vertigo or fainting on rising up. [Bry.] Restlessness and intense thirst. If caused by checked perspiration, or exposure to a cold dry wind.

**Aloes.** Stools yellow, fecal, copious and watery. Is driven out of bed early every morning, [Sulph.] Before stool, a feeling of weight and fulness in the pelvis. During stool, tenesmus and heat in the rectum and anus. Loud gurgling in the abdomen as of water running out of a bottle. [Gum. g.] Diarrhoea worse after eating.

**Ant. Crud.** Stools watery, and profuse with deranged stomach. Tongue coated white. Violent vomiting of bitter, bilious, or slimy mucus; worse after eating or drinking. After overeating.

**Apis Mel.** Stools greenish, yellowish, slimy mucus, or yellow watery. Sensation in the abdomen as if something would break, when straining at stool. Tongue dry and shining; little or no thirst, [Puls.] Edema of the feet. Aggravation in the morning.

**Arg. Nit.** Stools green, fetid mucus, passing off with much flatus. Nausea with loud eructations. Vomiting of glassy, tenacious mucus. Aggravation at night; after midnight, and after eating sweet things.

**Arnica.** Stools slimy mucus, or brown fermented, like yeast, [see Ipe.] Bitter or putrid taste in the mouth. Putrid eructations, as if from bad eggs. [Sulph.] Aversion to food; bad breath. Mechanical injuries.

**Arsenicum.** Stools thick, dark green mucus, or brown, black, watery. Involuntary stools, [Bell. Carb. v. Ferr. Hyos. Rhus. Sec.] Diarrhoea excoriating the parts, [Cham. Gum. g. Merc. Puls.] Great weakness, fainting, and rapid exhaustion, [Verat.] Restlessness, constantly changing from side to side. Great thirst, but drinking little, [Chin.] Vomiting after eating or drinking. Worse after eating anything cold [better after, Phos.]

**Belladonna.** Stools thin, green mucus, or white watery mucus, small and frequent. Clutching pains in the abdomen. Pains which come on suddenly and cease as suddenly. Sleepy, but can not sleep, [Opi.] Sudden starting and jumping during sleep. Worse 3 p. m., and after sleeping.

**Benzoic Ac.** Stools watery or light colored; copious; very offensive, [Psor.] Strong smelling urine, mostly dark colored. Feels weak and exhausted.

**Bryonia.** Diarrhoea in hot weather, or when induced by taking cold drinks when the system was heated, [Podo.] Stools brown, thin fecal, or undigested, smelling like rotten cheese [like rotten eggs, Cham. Psor.] Nausea and faintness from sitting up. Thirst for large quantities of water, at long intervals. Aggravation in the morning; from motion; after suppressed exanthemata.

**Calcarea Carb.** Diarrhoea of scrofulous persons. Swollen, distended abdomen, with emaciation and good appetite. Stools whitish or watery, [Phos. Ac.] Chronic diarrhoea, with clay-like stools. Profuse sweat on the head when sleeping, [Merc.] Feet cold and damp. Difficult urination; urine clear, smelling strong and fetid.

**Carb. Veg.** Stools light colored; involuntary; putrid; cadaverous-smelling. In the last stage, and where the vital powers are greatly exhausted, [Ars.] Emissions of large quantities of flatus, inodorous or putrid. Restlessness and anxiety. Worse 5 to 6 p. m.

**Cham.** Stools green, watery, corroding with colic. Hot, diarrhoeic stools, smelling like bad eggs, [Psor.] Bitter taste with bilious vomiting. Very impatient, can hardly answer one civilly. Children are very fretful, and must be carried all the time. One cheek red and the other pale, [Acon.] Worse at night.

**China.** Stools yellowish, watery, whitish or blackish; spasmodic colic relieved by bending double. Painless, undigested, offensive stools, with much distension of the abdomen, [Ars.] Great weakness and inclination to sweat. Emissions of large quantities of fetid flatus. Thirst, drinks often, but little, [Ars.] Aggravation at night, after eating, and every other day.

**Cina.** White, papescant stools. Disposi-

tion to pick and bore at the nose, [*Phos. Ac.*] White, turbid, or jelly-like urine, [*Phos. Ac.*] *Restless sleep, frequently changing position, and waking with cries.* Grinding of the teeth during sleep, [*Podo.*] Troubled with worms.

**Colo.** Stools *saffron-yellow, frothy, or thin, slimy, and watery*, [*Sul. Ac.*] Before stool *cutting colic*, great urging. Feeling in the abdomen as if the intestines were being squeezed between stones, relieved by bending double. Bitter taste in the mouth. Aggravation after taking the least nourishment.

**Croton Tig.** Stools *yellow, watery*, or greenish-yellow, *expelled with great force*, [*Gum. g. Jatro.*] Aggravation after *drinking, while eating.* Gaggling, with vertigo. Colic and writhing around the umbilicus.

**Dulcamara.** Stools yellowish, greenish, watery or whitish. Colic before and during stool. Gripping pain in the region of the navel, with vomiting of mucus. If caused by taking cold. Aggravated in cold damp weather, [*Nux. m.*] *Dry heat of the skin.*

**Ferrum.** *Painless, watery, undigested stools*, [*Chin.*] Bowels feel sore as if bruised. Emaciation, debility, good appetite, [*Cal. c. Iod.*] Vomiting the food soon after eating, [*Bry.*] The least emotion or exertion produces a red flushed face.

**Gelseminum.** Diarrhoea, induced by *sudden depressing emotions, fright, grief, bad news*, [*Opi.*] Stools the color of tea, dark yellow. Desire to be quiet.

**Gambogia.** Stools *yellow or green, mixed with mucus; very offensive.* Before and during stool, strong urging, with hot, pinching pain. *Loud gurgling as of water in the bowels*, [*Aloe.*] Feeling of great relief after stool, as if an irritating substance were removed. *Rapid expulsion of the stool.*

**Hellebore.** White, jelly-like mucus stools, with urging and tenesmus, [*Colch. Podo.*] In protracted and dangerous cases, during dentition. Hydrocephalus. *Vomiting of green or blackish substances.*

**Hepar Sulph. c.** Painless or chronic diarrhoea. Stools *light yellow, green, slimy, undigested.* Sour-smelling diarrhoea. Better after eating, [*worse after, Ars. Cro. t.*] Hot, sour regurgitation of food. Feeling of fulness in the stomach, with desire to loosen the clothing, [*Chin. Lyc.*]

**Hyosc. Nig.** *Painless, yellow, watery diarrhoea.* Involuntary stools without consciousness, [*Bell. Carb. v.*] Diarrhoea during typhoid fever, and in lying-in women.

**Iodum.** Especially in chronic diarrhoea. Stools *watery, foaming, whitish.* Patient feels better after eating, [*Hep. Lyc.*] Restlessness, continually changing position. Emaciation, with good appetite. Scrofulous.

**Ipecac.** Stools *grass green mucus; fermented.* Before and during stool, nausea and colic. Vomiting of yellow, green, or jelly-like mucus, [*Verat.*] Paleness of the face and coldness of the extremities. *Flatulent colic.*

**Iris Vers.** Painful, green, watery stools, worse at night, about 2 or 3 a. m. Burning in the rectum and anus after stool, [*Aloe. Gum. g.*] Periodical diarrhoea. Vomiting of *sour fluid, with burning in the mouth and fauces.*

**Jatro.** *Profuse watery diarrhoea, gushing out like a torrent*, [*Gum. g.*] Noise as of a bottle of water being emptied in the abdomen, [*Aloe.*] Vomiting of bile or watery albuminous substances.

**Kali Carb.** Chronic diarrhoea, with *light, gray, fecal stools*, followed by burning in the anus. Painless diarrhoea with much rumbling in the abdomen. Little sac-like swellings on the upper eyelids in the morning, [*under lower lids, Apis.*]

**Lep. Virg.** Stools *black, papaceous, tar-like, very fetid.* After stool, sharp, cutting pains, and distress in the umbilical region. Worse afternoon and evening. After exposure to wet, damp weather, [*Dulc.*]

**Lycop.** Chronic Diarrhoea. Stools thin, brown, pale, fetid. A feeling of great fullness in the stomach after eating but little, [*Chin.*] Pain and tenderness of the stomach, relieved by loosening the clothing. Red sand in the urine, [*Phos.*] In weak, dyspeptic persons. Aggravation about 4 p. m., and in the morning.

**Mag. Carb.** *Sour smelling diarrhoea* of children. Stools resembling the scum of a frog-pond, or green, slimy, and watery. Before stool, cutting and pinching pain in the abdomen. *Sour vomiting*, [*Nux. Puls.*] *Oedema of the feet up to the calves.*

**Mercurius.** Stools *dark green, slimy, frothy, or bloody.* Frequent urging and te-

*nemus*, during and after stool. Cutting, pinching pain in the abdomen, with chilliness, [*Ars. Puls.*] Violent thirst for cold drinks. Aphthæ in the mouth and increased flow of saliva. *Sour-smelling night-sweat, particularly about the head, cold on the forehead.* Worse at night and in hot weather.

**Nux Mosch.** Stools *thin, yellow, like stirred eggs.* Before stool, cutting pain in the abdomen. Loss of appetite and *great drowsiness.* Colic worse after eating or drinking, [*Ars.*] The *tongue is very dry*, it sticks to the mouth. Worse at night, and in cool damp weather, [*Dulc.*]

**Nux Vomica.** Frequent small *watery, brownish, mucous* stools. Colic and tenesmus before and during stool, with *relief after.* Dysenteric diarrhœa. Symptoms *worse early* in the morning. Nausea and sour, bitter vomiting. After use of quack nostrums, and alcoholic drinks.

**Phos.** Chronic, *painless* diarrhœa, worse in the morning, [*Podo.*] Stools *undigested, watery, with little white flakes or lumps like sago.* Gradual loss of strength, [not debilitating, *Phos. Ac.*] Vomiting of what has been drunk as soon as it becomes warm in the stomach. *Sleepy in the daytime, particularly after meals.*

**Phos. Ac.** *Painless* diarrhœa. Stools *whitish-watery*, or yellowish, very offensive. Great rumbling in the bowels, [*Lyc.—Vide Gum. g.*] Very indifferent, wants nothing, and cares for nothing. Frequent *emissions of pale, watery urine.* Profuse perspiration at night. Absence of debility.

**Puls.** Stools *greenish, yellowish, like bile.* Very changeable stools, [*Sulph.*] Before stool, rumbling and cutting pain in the bowels. Diarrhœa, *worse at night*, from eating fruit, or ice-cream, [fruit with milk, *Podo.*] Bitter taste after eating. Craves cool, fresh air, worse in a warm room, [better, *Ars. Rhus.*] Chilly even in a warm room. White-coated tongue; loss of taste; thirstlessness.

**Sulph.** Stools very changeable, *yellow, brown, green, undigested.* *Early morning diarrhœa*, without pain, [*Rumex.—With pain, Aloë.*] Before stool, urging and cutting colic. Constant heat on top of the head, [coldness, *Verat.*] Sour or bitter vomiting. Frequent, weak, faint spells. Drowsiness during the

day, and wakeful at night. *After suppressed eruptions.*

**Verat. A.** Stools, *profuse, watery, blackish or greenish.* Severe pinching colic before and during stool. After stool, *great weakness* and empty feeling in the abdomen, [*Sul. Ac.*] The suffering causes a cold sweat to stand on the forehead. Violent vomiting of frothy mucus. Intense thirst for cold water. *Excessive weakness*, [*Ars.*]

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**Curing Snake Bites.**—Dr. Upshur, of Carrollton, Miss., writes to the editor of the local paper:

I saw a statement in your paper in regard to the use of Ammonia as a cure for snake-bite. I desire to add my testimony. I have practiced eight years in the Yazoo swamps. I have attended many cases of snake-bite, both of rattlesnakes and moccasins. My treatment has invariably been to cut down freely with a bistoury, dilating the orifices made by the two fangs. After permitting a reasonable amount of bleeding, I stuff into the wounds the dry salt of Carbonate of Ammonia. At the same time I give a tolerably strong solution of the same internally, say five or eight grains every fifteen minutes, until a drachm has been taken (less, if sufficient). Upon dissolving, the Ammonia is freely communicated to the blood, and through it to the tissues previously visited by the poison. The latter, as is the case with all animal poisons, being of an acid reaction, the powerful alkali, on overtaking it, instantly neutralizes it, destroying its specific properties. I rely upon this treatment always, and I have never had any trouble with such cases. The whiskey treatment is adjuvant only, and I attach but little importance to it.

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**Naphaline.**—Dr. Cassiday (*Med. Counselor*) found this drug in the 3x trituration extremely useful in whooping cough, repeated at short intervals. It cuts short the paroxysm, and lessens their frequency in a short time. It has surpassed my expectations in a disease which has been exceedingly obstinate heretofore under any form of treatment. The indications for its use are: excessive spasmodic cough; paroxysm lasting a long time.

### Our Journals.

**THE CLINIQUE.**—In the treatment of morbus coxarius Dr. W. H. Burt recommends the use of the extension splint, as he has in his practice seen positive evidence of its value. It has been his practice to give Silicea in each of its stages, as he does not limit its use to the suppurative stage only. For a sustaining or tonic treatment give Phos. Ferrum or the different preparations of Quinine.

**Biliary Calculi.**—Dr. W. C. Barker treated a case of biliary calculi in a female fifty years of age, who had excruciating pain in and extending from the hepatic into the epigastric region, accompanied by bilious vomiting and slight icterus. He prescribed one powder of Podophyllin, 1x trituration, to be taken before retiring, and four ounces of Olive Oil to be taken in the morning. The result was the passage of half a dozen huge gall-stones. He reports seven cases of gall-stone colic treated in the same way, with the same good result.

**HOMŒOPATHIC PHYSICIAN.**—Dr. W. M. James reports several cases of quinsy which show the great difficulty in selecting the proper remedy in every case. The first case he cites, the only reliable indication that appeared for the remedy was *profuse perspiration*. Perspiration quite oily. Gave Merc. V. C. M. In twelve hours relieved and in twenty-four hours cured without suppuration. The next case he failed to select the right remedy and the tonsil suppurated. A month later the same patient was affected in a similar way in the left tonsil. Again he failed and abscess began to form. Further questioning brought out the following symptoms: Flushes of heat, frequent waking from sleep at night, weak, faint feeling at the stomach. Gave Sulphur 2cc, and in twenty-four hours she was cured without abscess maturing.

**HOMŒOPATHIC COURIER.**—A case of chorea in a girl ten years old, reported by Dr. C. Schumacher. The patient had been suffering for four weeks, convulsive motions were perceivable almost as much during the night as by day. † Stramon, 6th to the 30th, three times a day cured the case in twenty days.

### Milk as a Cause of Tuberculous Diseases.

Mr. Fleming, veterinary surgeon to the Royal Engineers, has insisted upon the urgent necessity that exists for preventing the consumption of the milk and flesh of diseased cattle. In a paper recently read by him at Norwich, Eng., he has adduced further proof of the extreme danger to the public from this source, and these proofs are certainly startling and worthy of notice. We learn that tuberculosis among cattle is greatly on the increase, and especially in the higher bred stock; some authorities going so far as to assert that five per centum are affected. As dairy cows are never inspected as to their state of health, as they furnish by far the larger proportion of phthisical bovines, there can be no doubt as to the gravity of the question in its relation to human tuberculosis. As the pig, an omnivorous creature like man, and bearing a close analogy to the lord of creation in other respects, is most readily affected by feeding with milk or tubercle, there is every reason to think that mankind, and particularly children, may be as susceptible as the porcine tribe. It is somewhat strange that though the note of warning was sounded so frequently and so long ago it should not have excited attention. It is not too late now to adopt precautions if what is reported be correct. It is high time that the sanitary condition of milk and flesh producing animals was ascertained. At present there is ample scope for free trade in these diseases and death-dealing articles of food. What with private slaughter houses and unvisited dairies, there is no check whatever.—*Sanitarian*.

**Iris Vers. in Nausea.**—Mrs. G., just returned from a trip around the lakes, complained of constant nausea, accompanied with violent retching and vomiting at short intervals, and intense headache. No appetite, and tongue slightly coated. Iris relieved promptly. In gastric or bilious headache, and in diarrhoea, it has few equals and no superiors.—*Dr. F. F. Cassidy in Med. Coun.*

THE MEDICAL CALL is a call worth having.  
DWIGHT SILLMAN, M. D.

## Catarrh of the Bladder in the Female—Treated Successfully by Dilatation of the Urethra.

BY A. V. BARNES, M. D.

I had a very interesting case a short time since, and as the treatment was so eminently successful, thought it might be of assistance to some of the readers of your monthly. Mrs. F., one of our wealthiest ladies, had been suffering severely with chronic catarrh of the bladder for some weeks. She had terrible tenesmic pains in the bladder, constant desire to void urine a few drops at a time, anæmic, distressed expression, "complete loss of appetite, et cætera." She had employed several of our best physicians, and, as she said, they had exhausted the *materia medica*. She had been fed on Opium, Belladonna, and all kinds of diuretics until she was about disgusted. As she was six months advanced in pregnancy I made a careful examination, thinking it might depend on pressure, but everything seemed normal in that respect. So after testing the capacity of the bladder, I dilated the urethra and paralyzed the sphincter muscle so as to very readily admit my index finger. Of course all this was done under the influence of Sulphuric Ether. The bladder was gently syringed with Liq. Calcis one pint, Acid Carbol. half a drachm, for three days, and my patient has not had a semblance of pain since. I saw her this morning, three weeks from the date of operation, and, under the influence of *tonics* and a generous diet, does not look like the same woman.—*Peoria Med. Journal*.

## Purpura Hæmorrhagica.

Mrs. J. F. S., a widow, aged 60 years, had complained for several days, of lassitude, diminished appetite and general malaise, followed by bleeding from the mouth and nostrils. When seen by Dr. Shough, the following symptoms were present: Paleness of the skin; an anxious, alarmed, and confused expression of countenance; bleeding very freely from the mouth and nose; tongue coated and covered with dark blood; phlyctenæ in the buccal cavity. *Hamamelis*, 6, was given for twenty-four hours, without effect. An alarming pro-

tration, and an increase of the bleeding from the mouth and nose ensued, to which was added a discharge of dark coagulable blood per anum, and hæmaturia. I was called in consultation and found the pulse to be 67 to 70; skin dry; tongue thickly coated with sordes and dark blood; blood oozing from its side and under surface, as well as from the gums and the whole epithelial or mucous lining of the mouth, palate, tonsils, and fauces; three isolated phlyctenæ of the size of a large lima bean, resembling thrombi, on the right, and one on the left, inside of the cheek, which were very prominent and from which dark blood oozed freely. Blood was passed per anum without fecal admixture; and the urine contained black, rather ropy blood, which constituted about three-fourths of its entire quantity; ecchymotic spots or petechiæ were very numerous on the upper and lower extremities, and were increasing in number. *Phos.* was given, but on the next morning the symptoms had rather increased. She now had no appetite; extreme prostration; fainting when raising the head; the pulse was unchanged. *Terebinth*, 6, enabled the patient to make a speedy recovery. The bleeding preceded the appearance of the ecchymoses on the lower extremities. On the hands and forearms they were observed on the first visit, and continued to increase.—*H. Detwiller in Penn. Trans.*

**Sore Nipples.**—When cracked nipples are not caused by constitutional disease, they should be freely washed with tincture of Benzoin. Under this treatment they will generally heal in from five to ten days. The Benzoin forms a varnish over the surface of the cracks, and this protects them during the act of nursing. The great advantage of the treatment is, that it in no wise interferes with lactation.—*E. M. Jour., St. Louis*.

**Remedy for Lockjaw.**—A correspondent of the *Scientific American* says: "Let any one who has an attack of lockjaw take a small quantity of turpentine, warm it and pour it on the wound, no matter where the wound is, and relief will follow in less than a minute."

### Alexis St. Martin's Death.

The celebrated case of Alexis St. Martin is familiar to most medical students, and now after a long and emphatically eventful life—after contributing so much of interest to the profession and humanity in general, he has ceased from torture and gone home, be it hoped, to happiness.

Alexis is no more. He gave the world its first and best lesson in stomach digestion and the digestibility of various substances used as food—laid the broad and deep foundation for the rich harvest of anti-dyspeptic remedies now so much lauded, and surely, through sufferings, has earned for his name a place among the record of human benefactors. It is reported that he died in great distress. Inasmuch as he suffered and mankind has been greatly benefitted, let us hope he has retired to more blissful abodes, while his share of enjoyment may be as proportionately enhanced as his pains made him an invalid here.—*St. Louis E. M. Jour.*

**Loss of Milk.**—A few weeks since I attended a woman in confinement, who told me that she inevitably lost her milk a few days after her child was born. The same thing happened on this occasion, about two weeks after confinement. I gave 3x trituration of *Fragaria Vesca* as recommended by Dr. Charles Mohr (*Penn. Trans.*), and with satisfactory results; the milk returning in full quantity. Dr. Ramage, of Mansfield, reported to me the use of a decoction of the plant in the case of a cow in whom the mammary secretion had ceased. The result was prompt.—*Dr. Childs in Med. Times.*

**Sure Cure for Corns.**—Some German druggist gives the following as a sure cure for corns:—Salicylic Acid, two drachms; Ext. Cannabis Indica, one scruple; Colloidion, two ounces. Apply with a camel's hair pencil.

**Homœopathic Colleges.**—The Homœopaths report 11 schools; 158 instructors; 1,215 students; 363 graduates; 39,800 volumes in library; \$349,000 in grounds, buildings and apparatus, and \$95,471 receipts from tuition fees.

### Facts in Physiology.

There are 240 bones in the human body. The average number of teeth is 32. The weight of the circulating blood in a grown man is 28 pounds. The heart beats 75 times in a minute. It makes four beats while we breathe once, and sends 10 pounds of blood through the arteries every beat. Five hundred and forty pounds, or more than one hogshead, of blood passes through the heart every hour. Twenty-four hogsheads and four gallons pass through the heart every twenty-four hours. The average weight of the adult man is 140 pounds 6 ounces. A man breathes from 17 to 20 times a minute, or about 1,200 times per hour. In the lungs are 174,000,000 cells, and the area of lung surface is thirty times greater than that of the entire body. The center of gravity is about one-third the distance between the umbilicus and os pubis. The average height of all nationalities is about five feet, five and one-half inches.

**Felons.**—J. P. Siddall, M. D., Indianapolis, Ind., says: I have been using for the last twenty-five years a remedy which I have never known to fail to abort the disease and process. It consists of strong *Aqua Ammonia* and water, equal parts. Apply a bandage and keep it wet with the above mixture, and in a few hours, usually, improvement will have set in. I do not, of course, use this mixture after the felon has broken or opened.—*Therap. Gaz.*

**Whooping Cough.**—Dr. Wilde says he can cure any case of whooping cough within eight days, by the following treatment: The patient is not to leave the room, and at every access of coughing is to hold before his mouth a piece of cloth folded several times, and wet with a teaspoonful of the following mixture: Ether, ninety parts; Chloroform, thirty parts; Turpentine, ten parts.—*N. E. Med. Gazette.*

**Bright's Disease.**—The idea is advanced that Bright's disease is often caused by the immoderate use of ice water. The people of this country drink more ice water than any other, and we have 75 per cent. more of Bright's disease.—*Albany Journal.*

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## EDITORS:

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## Antiquities of the Medical Art.

From Text Books on Allopathic Practice.

The progressive spirit of the age has infused itself into the mechanic arts and every conceivable kind of industry. Many old and well-tried methods have justly fallen into oblivion, and are replaced by fitting substitutes devised by ingenious, practical minds. These observations apply as well to the arts as to the sciences—save and except the ART and SCIENCE of MEDICINE. Though drastics are now less fashionable than twenty-five years ago, yet the *peccant* matters are driven out by the exhibition of the more inviting *capsule*; instead of the fly-blisters, the seductive liquid vassicant is applied with camel's hair brush. Venesection, though practically abandoned, is strongly advised in the books, and occasionally resorted to by the gentle moss-back. The "expectant plan"—a reliance on the *vis medicatrix na-*

*tura*—gains favor in the eye of the fashionable world; the doctor does nothing. The sugar-coated granule occupies the ground formerly occupied by the nasty pill, and the nauseous, noxious mixture.

Upon careful scrutiny of the text books of to-day, the inquirer is struck with the query: Whence originates the modern practice? Certainly not in the accepted writings of the school. In the late editions of works upon Practice, are advised blistering, emesis, venesection, catharsis; yet no one heeds the advice. Herein is illustrated the truth that the schools and writers are far behind the practitioners, and that need is urgent for a revision of the entire mass of medical doctrine and practice. The effete, antiquated theories of the past ought to be expunged and give place to the facts of modern investigation. And so of the practice. The necessity for a remodeling of the whole literature of the old school is apparent.

## Kansas City Medical Society.

The Homœopathic physicians of Kansas City, met at the residence of Dr. W. H. Jenney, Twelfth and Broadway.

Upon the motion of Dr. Taylor, Dr. Peter Baker was made chairman. The object of the meeting was stated to be, among other things, the election of delegates to the American Institute and the Western Academy. Dr. Taylor was elected secretary.

Dr. W. H. Jenney was unanimously elected delegate to the American Institute of Homœopathy; Dr. W. E. Taylor, delegate to Western Academy of Homœopathy.

At this stage all present were invited to partake of the bountiful refreshments provided by the doctor's accomplished wife.

This business being dispatched to the great satisfaction of all concerned, Dr. Jenney made some stirring remarks in reference to the high and advancing position of homœopathy in Kansas City, and called attention to the duties of the hour. The doctor's remarks excited very lively satisfaction.

The delegates were instructed to invite the American Institute and Western Academy to hold the Annual meeting in 1882 in our city.

The following physicians were present

and participated in the proceedings of the meeting: P. Baker, M. D.; H. A. Barber, M. D.; W. H. Jenney, M. D.; E. B. Holmes, M. D.; G. W. Wilson, M. D.; W. D. Gentry, M. D.; W. E. Taylor, M. D.; Thos. Voice, M. D.; W. D. Foster, M. D.; J. J. Miller, M. D.; S. H. Anderson, M. D.; E. Osborn, M. D.; —. Penfield, M. D.; E. S. Northup, M. D.

A unanimous vote of thanks was extended to Dr. Jenney and ladies for the pleasant evening's entertainment.

THE MEDICAL CALL was substantially remembered.



Prof. E. C. Franklin.

DR. E. C. FRANKLIN, the subject of this sketch, was born in Flushing, Long Island, March 12, 1822, tracing his lineal descent through the family of Benjamin Franklin. He was educated primarily at the district school in the township of Flushing, and entered Trinity college, Hartford, in 1837, and in 1842 he matriculated in the medical department of the University of New York, as a private pupil of the illustrious Valentine Mott, and graduated in 1846. He commenced the practice of allopathy in Brooklyn the same year, and soon became the principal in a somewhat protracted medical controversy with Dr. Cox, a celebrated homœopathist of that place. In 1849, Dr. F. removed to California, and in 1851 was placed in charge of the Marine Hospital in San Francisco, where he remained until the institution was finally abandoned by the state. In 1860 he was appointed Demonstrator of Anatomy in the Homœopathic

Medical College of Missouri, and soon became engaged in the somewhat remarkable discussion entitled "Medical Science and Common Sense," in which he vanquished the hero of big doses, Prof. M. L. Linton, of the St. Louis Medical College. In 1861 he was appointed surgeon to the Fifth Regiment Missouri Volunteers, called out by the proclamation of the president, and remained in the service till 1864. Here he became noted as a surgeon of ability, and made a history which has reflected honor upon the cause of homœopathy. In 1867 he published a treatise entitled "The Science and Art of Surgery," which has been made a text book in all the homœopathic colleges in the United States. In 1871 he was appointed surgeon to the Good Samaritan Hospital, and in the reorganization of the college in 1872 he was reappointed to the chair of surgery, which he retained till 1878.

In 1874, he originated and advocated the formation of the Western Academy of Homœopathy, and was elected to deliver the first public address in October, 1875, which outlined its aims, purposes and action in the great world of medical thought and progressive movement. The same year he was elected vice president of the American Institute of Homœopathy, and its president in 1876, during the centennial meeting at Philadelphia.

In 1876 he wrote a monograph on spinal curvature, in which he had been engaged for some time, and which early called attention to the treatment of those hitherto intractable diseases, and assisted in giving an impetus to the homœopathic profession in the successful management of that dreaded malady. In 1878 he was appointed professor of surgery in the homœopathic department of the University of Michigan, and by the board of regents was made dean of the college, which position he holds at the present time.

Here the doctor is doing a great work, and has assisted in placing this college in the front rank of homœopathic colleges in the United States. He has entered upon this field of labor with all the enthusiasm of his nature, and feels that the success and prosperity of this school will be the crowning effort of his life. He carries with him

the best wishes and endorsement of the homœopathic profession in the United States, and we hope he may be spared to see his darling project realized in its fullest extent.

Prof. Franklin performed, during the war of the rebellion, some of the grandest operations known in surgery, and made a reputation which has stamped him as the Father of Homœopathic Surgery, and long may he live to enjoy the fruits of his labor and wide experience.

### Proceedings of the Western Academy of Homœopathy.

The Western Academy of Homœopathy held its seventh annual session at the Palmer House, Chicago, commencing June 8.

The meeting was called to order at 2:30 p. m., by Dr. C. H. Vilas, of Chicago, president of the association, who appointed the following committees:

*Auditing Committee.*—Dr. G. W. Foote, Galesburg, Ill.; Dr. H. W. Robey, Topeka, Kan., and Dr. T. C. Duncan, Chicago.

*Committee on Credentials.*—Dr. W. C. Barker, Waukegan, Ill.; Dr. A. C. Cowperthwaite, Iowa City; Dr. M. Ayers, Rushville, Ill., and Dr. John Harris, St. Louis.

The next proceeding was a report from the various scientific bureaus. The Bureau of Sanitary Science, Climatology and Hygiene was first called. Dr. G. W. Foote, of Galesburg, Ill., chairman, read a paper on "Ground and Water Pollution." The paper dwelt in particular upon the great danger to the community from the innumerable privy vaults and cess-pools, the foul contents of which polluted the soil and infested the atmosphere with their poisonous exhalations. Another cause of disease was attributed to the rotting of the plank sidewalks, which is quite extensive in large cities. The doctor considered the natural streams constituted the best and most effectual drains of the land, and there should always be an effort to utilize them in the construction of sewerage. The paper was discussed by Dr. John Harris, of St. Louis. He stated that in London 100,000,000 gallons of filth was daily emptied into the Thames, but the river was unable to carry it off. Companies had been formed for the purpose of utilizing the sewage contents,

but they had not proved a success. In other parts of England, large quantities of quick-lime and coal tar were used as disinfectants. This ended the discussion; and there being no more papers, the bureau was declared closed and Dr. Foote reappointed chairman for the ensuing year.

The next report was from the Bureau of Obstetrics, Dr. Julia H. Smith, Chicago, chairman. A paper was read by Dr. Sarah C. Harris, of Galena, in reply to one presented last year on use of Morphia in threatened abortion and miscarriage. Dr. Harris was opposed to Morphia in these cases; depended largely on Belladonna to control violent uterine hemorrhage. Discussion followed by Dr. J. H. Miller, who endorsed the Belladonna treatment, and thought there was no need for the administration of Morphia. Dr. W. C. Barker never gave Morphia in such cases, thought Belladonna a failure when the flow was dark, and instead used Camphor; when the flow was light colored gave Secale. Dr. H. W. Robey related a case where Morphia had been given, and the threatened miscarriage prevented for a time, but subsequently came on, the child being still-born.

Dr. Lelia G. Bedell read a paper criticising some of the obstetrical writers on the unscientific manner in which they treated the subject of generation.

Dr. Julia H. Smith presented a practical apparatus for the support of the breast when full of milk.

Dr. A. E. Higbee, of Minneapolis, was appointed chairman of the Bureau of Obstetrics for the next year.

The Academy then adjourned until evening.

#### EVENING SESSION.

At 8:45 the association was called to order by President Vilas. In the absence of Mayor Harrison, who was to have met and addressed the assembly, Dr. A. E. Small was called upon. He made a few well chosen remarks, which were greeted with warm applause. Dr. Vilas called on Dr. E. M. McAfee, of Clinton, Ia., first vice president, to respond on behalf of the society, but he declined. The president then offered a few remarks, congratulating the Academy on its increasing membership and prosper-

ous condition, and warmly welcoming them to the city of Chicago.

Following was a paper on the "Organon of Hahnemann," by Dr. Richard Hughes, of Brighton, England, read by the secretary, Dr. C. H. Goodman. He also read a short notice of a new sphygmograph, invented by Dr. Dudgeon, of England.

The Board of Censors then made a report, through Dr. J. H. Miller, who recommended the following physicians for membership in the Association: Drs. E. M. P. Ludlam, E. H. Pratt, H. M. Hobart, W. H. Burt, T. S. Hogue, and Mary C. Farnham, of Chicago; Drs. Geo. M. Hayward and Julia Hayward, of St. Joseph, Mo.; Dr. S. E. Hullett, of Palestine, Ill.; Dr. John Stiefel, of Bucyrus, Ohio; Dr. C. W. Taylor, of St. Louis; Dr. W. H. Parsons, of Glenwood, Ia.; Dr. A. P. Bowman, of Keokuk, Ia., and Dr. Edgar Schmidt, of Quincy, Ill.

Dr. L. D. McIntosh gave a short exhibition with a solar microscope, for which he received a vote of thanks from the society.

The report from the Bureau of Statistics, Registration and Legislation, was next called, and Dr. J. W. Harris read a paper on "The Condition of Homoeopathy in England." This closed the report, and Dr. T. S. Hoyne, of Chicago, was appointed chairman of the bureau for the next year.

The Academy then adjourned until 9 o'clock the next morning.

#### SECOND DAY.

The association was called to order at 10 o'clock by Dr. E. M. McAfee, vice president.

Dr. J. H. Miller, of the Board of Censors, reported the following names for membership: Drs. E. T. Bailey and Mary P. Weeks, of Chicago; Dr. H. M. Bascom of Ottawa, and Dr. L. P. McComber, of Atlantic, Ia.

Dr. W. C. Barker, of Committee on Credentials, reported the following delegates representing state societies: Dr. Hall, of Topeka, Kansas Medical Society; Dr. E. M. Harpel, Denver, Medical Society Col., and Dr. L. A. Bishop, Fond du Lac, Wisconsin State Society.

The report from the Bureau of Clinical Medicine being next in order, Dr. W. J. Hawkes, chairman, called on Mrs. S. C. Harris, who read a paper on "Hyperemia of the Kidney." She called special atten-

tion to the use of Apis in the treatment of this disease.

The paper was discussed by Drs. W. J. Hawkes, W. C. Barker and S. E. Wisner.

There being an absence of some of the members, a continuance of the bureau was asked for until afternoon.

The Bureau of Surgery was next called.

Dr. A. S. Everett, of Denver, chairman of the Bureau, called on Dr. E. H. Pratt, of Chicago, who read a paper on "Concussion of the Brain." Numerous instances were mentioned of injury to the brain from a fall or blow which at first was overlooked, the physician accepting the statement of the patient that he was all right, and therefore neglecting to make a sufficiently thorough examination.

The views of Dr. Pratt were endorsed by Drs. T. C. Duncan and H. P. Cole.

Dr. Geo. A. Hall said, in case of an injury to the head, the patient should be placed on his back, friction and warmth applied to his lower extremities, the head kept cool, a light diet and absolute quiet prescribed for several days, until the danger from brain congestion had passed.

Dr. Hall then made a report upon "Cancer of the Rectum."

Dr. W. H. Caine, of Stillwater, Minn., read a paper on the "Operation of Tracheotomy in Membranous Croup." He mentioned an instance where he had performed the operation, and the case terminated successfully.

Various opinions for and against the operation were expressed by Drs. H. P. Cole and Hawkes of Chicago, Hill of Rockford, and Campbell of Peoria.

Dr. A. S. Everett, of Denver, read a paper on "Fractures of the Tibia and Fibula."

The bureau being closed, Dr. W. H. Caine, was appointed chairman for the next year. Academy adjourned until 2 P. M.

#### AFTERNOON SESSION.

The proceedings of the Academy were resumed at 2:30 P. M. Dr. C. H. Vilas in the chair.

The Bureau of Psychological Medicine and Anatomy was then called.

Dr. U. H. Penoyer, chairman, read a paper on the "Effects of Temperature on Nervous Troubles."

Dr. H. B. Fellows, of Chicago, read a paper on "Epileptoid Headaches." Discussed by Dr. Harris of St. Louis, and Dr. Harris of Galena.

The Bureau of Clinical Medicine was then recalled.

Dr. Goodman, of St. Louis, read the details of a peculiar experiment which had recently been tried in that city: An old Italian thought that his youth might be renewed, if transfusion of blood from a young person could be kept up for some length of time. The experiment, however, was a failure.

Dr. Hawkes, of Chicago, read a paper on "Clinical Medicine."

Dr. W. L. Breyfogle, of Louisville, Ky., was appointed chairman of the bureau for the ensuing year.

A report from the Bureau of Gynecology was then called for.

Dr. M. M. Eaton, of Cincinnati, the chairman, was not present, but sent a paper on "How the Young Physician Became Proficient in Diagnosis and Treatment of Diseases of Women." Referred to the Publication Committee.

By special invitation, Dr. R. Ludlam spoke of "Uterine Lacerations," illustrating his remarks by India ink sketches. He also exhibited an ovarian tumor which he had recently removed.

Dr. R. Ludlam was appointed chairman of this bureau for the next year.

The Bureau of Ophthalmology and Otolaryngology was next called.

Dr. C. H. Vilas, chairman, reported a case of congenital absence of the auricles; also a deformity of the eye-ball existing from birth.

Dr. Wisner exhibited a patient suffering from exophthalmic goitre. The case was discussed by Drs. Vilas, Ludlam and Fellows. The bureau was then declared closed, and Dr. Campbell, of St. Louis, was appointed chairman for the next year.

The Bureau of Pædology being next in order, Dr. Sarah C. Harris, chairman, called upon Dr. T. C. Duncan, who read a paper on "Anal Fissure in Children."

Papers had been sent by Drs. Brooks and Ordway, of Hot Springs. The titles were "The Primary Education of Children," and

"The Beneficial Effects of Calcareous Waters upon Children Suffering from Eczema."

Dr. Harris made a report upon the treatment of Diphtheria. She relied exclusively on the low potencies in the treatment of this disease.

Dr. H. R. Arndt, of Grand Rapids, Mich., was appointed chairman of the bureau for the next year.

Dr. J. H. Miller then read a report of the Board of Censors, recommending the following physicians to membership: Drs. H. R. Arndt, Grand Rapids, Mich.; E. Manning, Amboy, Ill.; G. W. S. Brown, Dixon, Ill.; W. F. Knoll, Loraine, Ill.; C. C. Shinnick, Knoxville, Iowa, and E. A. Whitlock, Farmington, Iowa.

The Academy adjourned.

In the evening the members of the Academy were tendered a banquet by the city physicians at the Palmer House. Between ninety and a hundred ladies and gentlemen assembled in the parlors, and spent a couple of hours in a generally social manner. Later in the evening they proceeded to the supper room, where an elegant repast was served. The inner man becoming somewhat satisfied, Dr. R. Ludlam was introduced as toast-master.

The first toast was, "To the memory of Hahnemann, Hempel, Dunham, Herring, and the host of fellow-worthies who have gone to their reward." Responded to by the whole company, by rising to their feet and standing a few moments in silence.

The next toast was, "The American Institute of Homœopathy, the oldest and best of the three National medical societies in this country." Responded to by Dr. A. E. Small, who was the oldest homœopath in Chicago, and the oldest member of the American Institute.

The next toast was, "The Western Academy, it was opposed to state rights in medicine, and peculiar that all its fellows should pass through college before entering the Academy." Responded to by Dr. C. H. Goodman, of St. Louis.

Dr. W. J. Hawkes responded to the toast, "The Science as well as the Art of Homœopathy."

The toast, "Our hospitals and colleges, just now at the dawn of the clinical era," was

responded to by Dr. A. S. Everett, of Denver. This exhausted the toast-master's list and volunteer speeches were called for.

Drs. T. C. Duncan of Chicago, W. H. Caine Stillwater, Minn., H. W. Robey of Topeka, and L. A. Bishop of Fond du Lac, responded.

"Our medical literature, green, thrifty and luxuriant, like an evergreen hedge, that is sadly in need of editorial pruning, to let in the light of critical training to give it the form, consistency and comeliness that will make its fields attractive." Responded to by Dr. R. Ludlam.

This brought the exercises of the evening to a close. The entertainment was in all respects a perfect success, every one seeming to have a delightful time.

The closing session of the Academy was held the next morning, Dr. McAfee in the chair.

The Bureau of Pharmacy being called, Dr. L. Sherman, of Milwaukee, read a paper on "Drugs", describing various methods of testing their genuineness.

Dr. Jas. E. Gross, of Chicago, was appointed chairman of this bureau for the next year.

Dr. T. C. Duncan, of the Bureau of Materia Medica, made a short report on the "Preparation of Homœopathic Remedies."

Dr. M. T. Runnells, of Indianapolis, was appointed chairman of this Bureau, for the next year.

The society then proceeded to the election of Officers, and the following physicians were chosen for the ensuing year: President, Dr. E. M. McAfee, Clinton, Ia.; Vice Presidents, Drs. A. S. Everett, Denver, W. J. Hawkes, Chicago, and R. L. Hill, Oakland, Cal.; Secretary, Dr. C. H. Goodman, St. Louis; Provisional Secretary, Dr. H. W. Robey, Topeka, Kan.; Treasurer, Dr. G. W. Foote, Galesburg, Ill.; Board of Censors, Drs. J. H. Miller, Abingdon, Ill., W. C. Barker, Waukegan, Ill., R. F. Baker, Davenport, Ia., C. H. Vilas and T. C. Duncan, Chicago.

An Executive Committee, consisting of Drs. Vilas, C. H. Goodman, A. S. Everett, J. E. Gross and H. W. Robey, was appointed to ascertain the rates that could be obtained for physicians to Denver or Kansas City; also to determine at which of these two places the meeting should be held in next June.

Dr. A. W. Woodward, of Chicago, was elected as a delegate of the Academy to attend the World's Homœopathic Convention, held in London next month.

The Society then adjourned *sine die*.

In the afternoon the members took a carriage ride, a general invitation being extended by Dr. Vilas. The various points of interest about the city were visited, while a number availed themselves of an invitation from Dr. Ludlam to attend a clinic held at the Hahnemann Hospital.

### Our Clubbing Rates with Other Journals.

We will send the Clinical Review and Medical Call, for.....\$2 00  
Homœopathic Physician and Medical Call, for..... 2 00  
Herald of Health and Medical Call, for 1 25  
Medical Brief and Medical Call, for..... 1 30  
Quincy Weekly Whig and Medical Call, 1 25  
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The Clinique and Medical Call, for..... 1 30  
The Medical Advance and Medical Call 2 00  
Medical Counselor and Medical Call... 2 00  
Send cash by postal order, registered letter, or by enclosing it in presence of the postmaster.

**Thanks.**—It affords us no small degree of pleasure to know that our journal is well appreciated, and that many of the physicians are remembering us with substantial aid in the way of subscriptions.

**Removal.**—Dr. W. D. Foster has removed from Hannibal to Kansas City, where he has made a business arrangement with Dr. W. H. Jenney. Dr. Jenney went to Brighton Beach in June, and will remain East for a long rest.

**Missouri Institute of Homœopathy.**—The fifth annual session of the Missouri Institute of Homœopathy, will be held in Sweet Springs, August, 3 and 4, 1881. Members and their families will be entertained at two dollars per day. A large and very interesting meeting is expected. Members of bureaus are urged to bestir themselves for this occasion.

**Western Academy.**—We learn that all papers and essays presented to the Western Academy of Homœopathy at its June meeting, are to be published in a volume of transactions, after the style of the American Institute.

**Homœopathic Medical College of Missouri.**—The year last past has been a successful one for the Homœopathic Medical College of Missouri. The college was first organized in 1857, but during the war its operations were suspended. It resumed at the close of the war, and the number of students, although small at the time, has steadily increased. Diplomas were conferred upon ten candidates, and in addition several *adeundum* degrees were conferred.

**News Items.**—Don't fail to report for the MEDICAL CALL a good case, giving full treatment in detail, or write up a paragraph of news which will be of interest to the profession: Items of personal interest, good locations, society proceedings, removal of physicians. Keep a record of interesting cases and send them for publication. Short articles always wanted.

**Black Walnut.**—Several persons have spoken to us of late about an infusion of black walnut leaves being almost a specific for diphtheria. Will some of our subscribers give it a clinical proving in several cases and write the results for publication in the MEDICAL CALL. We used a tincture many years ago in chronic enlargement of the tonsils, and found it to be quite prompt in its action. The tincture was applied with a camel's hair brush.

### OUR ADVERTISERS.

**Read Parke, Davis & Co.'s** new advertisement, "THE RELATION OF PHARMACY TO MEDICINE," which appears on second page of cover.

**Spirometer.**—No physician should be without one of Jno. P. Marsh & Co.'s spirometers for testing the capacity of the lungs. A table of vital capacity for the different heights and for both sexes, makes it really valuable to the physician. Sent by mail free of postage on receipt of price.

**The N. Y. Pharmacal Association.**—The Lactopeptine made by this company is growing in favor rapidly as a pure digestive. It is useful in dyspepsia, diarrhoea, general debility and wasting diseases of children dependent upon imperfect nutrition. Long experience has shown it to be of great value in cholera infantum. The formula is given on last page of cover.

**Dr. O. E. Herrick's Uterine Supporter.**—This supporter is recommended by some of the best gynæcologists in this country, which fact is a sufficient guarantee of its usefulness. It is composed of soft rubber and silver wire, and can be worn any length of time without producing the least irritation. Its cheapness is also an important item. Read advertisement in another column.

**H. C. G. Luyties' Pharmacy** still continues to dispense pure homœopathic remedies at 306 North Fifth street, St. Louis. This old house keeps everything you want in the way of books, instruments or medicine.

**Dr. McIntosh's Natural Uterine Supporter** is one of the best in point of comfort to the wearer, and is giving good satisfaction. It can be removed or replaced at will by the patient herself. It is made of light hard rubber, brightly polished, and answers all cases of displacements where a supporter is necessary. Read their advertisement on third page of cover.

**Dr. Wadsworth's Uterine Elevator**, made by H. H. Burrington, of Providence, R. I., is simple in construction, easily adjusted, and is highly recommended by the medical profession. Read the advertisement in this issue.

**S. S. Bliss**, at 79 Randolph street, Chicago, keeps a full line of surgical appliances, elastic stockings, trusses, medicine cases, etc. Send for catalogue.

**Munson & Co., St. Louis.**—Homœopathic physicians wanting medicine, cases, books, homœopathic preparations, etc., will find it to their advantage to write or send orders to this old house.

**New Words.**—The new edition of Webster's Unabridged Dictionary, numbering 1928 quarto pages, contains nearly 5000 new words or new meanings of old ones. These words range over the fields of science, medicine, invention, discovery, research, etc., departments which in this age are constantly yielding fresh ideas, requiring new words to express them.

That they have not been hastily compiled is evidenced by the accuracy of and careful study given to their etymology and definitions.

The intelligent reader, or any reader who would be intelligent, will find this feature of the dictionary quite indispensable.

**Notice.**—We always intend to go to press early, and would therefore ask that all communications be sent in by the 10th of September for the October number.

**Physicians** are especially invited to read our advertisements.

### BOOK DEPARTMENT.

**TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION OF 1876. PAPERS AND DISCUSSIONS. Vol. I.** Philadelphia: Sherman & Co., 1881.

Here are 1117 pages of solid matter. This volume completes the reports of the Centennial Convention. It is admirably gotten out, and contains a great variety of interesting essays, papers and discussions. It is edited by Jos. C. Guernsey, M. D., of Philadelphia. The title-page is confronted by an admirably executed steel engraving of the departed Carroll Dunham, with autograph. It will be welcomed by the long waiting members of the Institute.

**CATARRAL DISEASES OF THE NASAL AND RESPIRATORY ORGANS.** By G. N. Brigham, M. D. New York: A. L. Chatterton Publishing Co., 1881.

This little volume of 127 pages is divided into three parts. The first 17 pages treat of the etiology and pathology of catarrh. The balance of the book is devoted to therapeutics. Indications are given for sixty-two remedies, with numerous clinical cases. These, with the repertory, make it a valuable reference book, and will, no doubt, meet with a ready sale.

### Received.

The Growing World. Monthly. Conducted by John R. Coryell.

The Laws of Life. Monthly. Harriet N. Austin, editor. Dansville, N. Y.: Ausfin, Jackson & Co., publishers.

House and Home. Weekly. John De Morgan, editor. New York: Metropolitan Publishing Co., publishers.

The Floral Monthly. W. E. Morton & Co., publishers, Portland, Me.

The Management of Wounds. By David Prince, Jacksonville, Ill.

The New Era. Jane E. Goodwin, editor and publisher, Danville, Ill.

New England Medical Gazette. Monthly. Herbert C. Clapp, M. D., editor. Boston: Otis Clapp & Son, publishers.

The Journal of Materia Medica. Monthly. X. T. Bates, M. D., and A. N. Allen, M. D., editors. New Lebanon: Geo. H. Tilden, medical publisher.

Errick's Fashion Quarterly. New York: Errick Bros. Devoted to literature, home decorations and domestic economy.

The Monthly Index to Current Periodical Literature. New York: Published at the office of the American Bookseller.

Homœopathic News-Monthly. H. C. G. Luyties, publisher, St. Louis, Mo.

The Dental Jairus. Monthly. W. O. Thraillkill, editor and publisher, Sacramento, Cal.

The Medical Eclectic. Monthly. R. S. Newton and R. S. Newton, Jr., editors. N. York: The Eclectic Medical College, publishers.

**Kali Carb.**—A young man, about 20 years of age, with light hair and blue eyes, somewhat emaciated and highly scrofulous, complained of dryness of the throat, aggravated between 2 and 3 A. M.; awakes with a dry cough at 2 A. M.; coughs about an hour; has but little expectoration and what he has is yellow; cough causes gagging. He has hard, caked swellings of the left submaxillary glands. Pulse 86 per minute and weak. *Kali Carb.*—H. N. Martin in Penn. Trans.

# THE Medical Call

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No. 4.

THE MEDICAL CALL does not endorse or hold itself responsible for the opinions or doctrines of its contributors; but will allow, and expressly invites the fullest expression of opinion from all quarters. The editors will, from time to time, present the newest and freshest facts of practical importance.

For the Medical Call.

## The Psychical (Mental) Mirror, II.

BY W. R. CONDELL, M. D., SPRINGFIELD, ILL.

In our former brief article we indicated the action of the encephalic ganglia in reflecting irritation from other diseased organs upon the centers of conscious intelligence, thus causing morbid mental phenomena.

The same ganglia may act as a reflector of irritation in the opposite direction; that is, causes operating to disorder the mind may extend their injurious effects (through those ganglia and the nerves radiating from them) to organs in other parts of the system.

The extent to which psychical states operate as a cause of the various diseases, is not a well defined quantity. When it has been determined, we believe it will be found to be much larger than is usually supposed.

We occasionally observe cases of disease (as tremor, palpitation of the heart, indigestion, debility, emaciation, spasms, paralysis, not to speak of the mental phenomena), whose primary cause, in our best judgment, existed in states purely psychical.

Among those psychical states which tend to produce disease of other organs, are anger, disappointment, mental exhaustion consequent upon over-working the brain, in-

tense excitement, thwarted affection, worry or the pre-occupation of the mind, with thoughts tending to create excessive activity of the lower passions.

There is a correlation between nervous force and mental force. To assert this natural fact is not to declare that there may be no other (higher) element involved in the psychical activity. We only declare that the physical (nervous) force is an essential element in the psychical function. The reserve of nervous energy is a fund of supply to the mental operations as well as to the activity of the physical processes of life. Consequently, an excessive draught upon the general fund of nervous energy, in either sphere of human activity, must result in depression of the power of the other sphere. (See Bain, Correlation of Nervous and Mental Force).

The investigations into the pathology of mental disorder reveal in many cases a correlative organic change in the tissue of the brain.

The conclusion appears to be a logical one that in all mental disorder there is a correlative morbid alteration of the nervous elements.

Where there is a lesion of the brain or spine, various disorders, consecutive thereupon, may ensue in other portions of the body.

Consecutive disorders of nutrition, following nerve lesions, are not attributed directly to suspension of the nervous activity, but to a state of "exaltation," "irritation" or "inflammation." [Charcot, Lect. Dis. Nerv. Sys.]

In experiments, it was found that in complete section of nerves, no disorders directly attributable to such section followed, (only such as were indirectly due to inactivity of the part).

In an experiment upon a rabbit, in which the Casserian ganglion was punctured with a needle and irritated by the electric current, an inflammation of the eye followed. In another experiment upon a rabbit, in which the trifacial was lacerated but not divided, an inflammation of the eye followed. [*Ibid.*]

That where there is an organic lesion of the brain, consecutive disorders ensue in other organs, is easily proven. But where there is an irritated condition of the brain, (and where there is an irritated state of mind of greater or less duration and violence, there must be a correlative condition of the brain tissue), to what extent is this capable of producing, through communicating nerves, disease in other organs?

Is it possible that to the psychical element (when the science of psychology has further developed) we may attribute the origin of some diseases for which no adequate solution has been offered?

The sphere and dignity of sanitary science will naturally be augmented with the development of psychology. Public hygiene embodies the most essential data of a possible social and political reformation.

The unsolved problems which occupy the attention of thoughtful persons, are the prevention of crime, intemperance and infectious disease. How important to any scientific solution must be the data of a rational psychology, based upon a knowledge of the physical correlates of psychical phenomena!

With such progress must increase the importance of the individual physician, constituting him the most desirable counsellor in the boards of public service, municipal administration and the halls of legislation; thus in a two-fold sense answering the demand "to minister to a mind diseased," by removing those general causes of mental deterioration on the one hand, and on the other hand treating those special physical disorders in which a deranged mentality subsists.

For the Medical Call.

### Cerefolious.

BY W. H. FANNING, M. D.

Cerefolious is the new remedy for dropsy. I have been using it for two years with so much success, that I say I have a specific, if there are any specifics. I have tried it in a number of very bad cases, and have come out way ahead of any other remedy. I have cured cases that other physicians have given up to die. I feel confident that it is as much of a specific for dropsy as Quinine is for chills. I have given the remedy to several physicians of our school, and they all speak in the highest terms of it. For scarlatina dropsy it has no equal. Hoping you will find it as I have, as I think it a very valuable remedy, I will report a few cases when I have more time.

NOTE.—Dr. W. H. Fanning will give further facts about this new remedy in our next number.—Ed.

For the Medical Call.

### Puerperal Fever.

BY JASON TURNER, M. D.

Mother of five children; age 35 years; had been confined one week, when I was sent for in great haste, saying she was dying. Cause, too many callers and writing a letter to her absent husband. I found her singing and tearing the bed clothes. Gave her six drop doses of Veratrum Ver. every ten minutes, with plenty of clothing and a hot brick to her feet. She called often and pitifully for cold water, which was refused, as it hindered getting my result—free perspiration. In one half hour she sang less, stopped pulling the bed clothes, and in two hours she was sleeping quietly and free from pain. I continued giving this remedy one to three hours apart for two days. She made a rapid recovery without any further trouble. This same remedy is to be relied on every time. Great caution is required afterwards to prevent taking cold.

**Otorrhoea.**—Child, three months old, cured with three powders of Mercurius Viv., 3x, taken three days apart. The child is now nearly four years old, and has never had a return.

For the Medical Call.

**Homœopathy vs. Allopathy.**

BY A. GIVEN, M. D., LOUISVILLE, KY.

Your postal and the MEDICAL CALL came to hand in due time. You are correct, I began the practice at Woodstock, Ill., in March, 1859.

I practiced allopathy for about twenty-one years, but I was never fully satisfied. I always felt that it was far from a science, therapeutically, and was often productive of more harm than good. The allopathists, however, have done much good for suffering humanity, in spite of their great error in therapeutics.

So far as anatomy, physiology, pathology, chemistry, surgery, obstetrics and gynæcology are concerned, the allopaths are deserving of the congratulations of an afflicted world. They have certainly elevated those practical and useful branches to a high standard.

It is only in therapeutics that they have blundered. I am glad to know, however, that the teachings of homœopaths are compelling them, year after year, to approach nearer to homœopathy. I believe that the day is not far distant when an intelligent and enlightened public opinion will compel the allopathists to acknowledge the true law of cure—*similia similibus curantur*.

I plodded along in ignorance of that law, as thousands are still doing, and it was only by force of circumstances that I was induced to examine its merits. When I cured my patients under the old treatment, it was done homœopathically, yet ignorantly; that is to say, when the medicine acted beneficially it was because it was homœopathic to the disease or symptoms that I was treating. If I had given the remedy in homœopathic doses, my patients would have recovered in half the time; for while the medicine was homœopathic and cured the case, yet by giving an over-dose I retarded its homœopathic action on the diseased organism, and hence prolonged the cure, to the great discomfort and expense of the patient.

After a careful investigation, I discovered that the much-abused homœopaths were right, and that their teachings embraced all that was true in the science of therapeutics.

Believing this, honesty demanded that I should acknowledge the fact.

In May, 1880, I sent in my resignation as a member of the Kentucky State Medical Society, and gave my reasons therefor. That is the paper which gave rise to the comments of the secular and medical press, to which you had reference in your postal.

I believe that there is not an intelligent and honest allopathic physician in the world who will not declare himself in favor of homœopathy, or acknowledge its merits, after he has divested himself of all prejudice, and give the subject a fair and impartial investigation.

Afflicted humanity, a languishing world, the ease and quiet of infants, the ardency of youth, the beauty and gayety of girlhood, the peace and happiness of wives and mothers, and the vivacity and vigor of manhood, all demand, and are speaking in unmistakable language, that allopathic physicians should give up heroic dosing, and come over to homœopathy and help to reinvigorate the human race, and give back to the rising generations that health and robust constitution which characterized those who lived before the days of heroic dosing, and before the nervous centers were poisoned and enervated by the too free and frequent use of mercury, opium and whisky, three favorite agents of a majority of allopathic physicians.

For the Medical Call.

**Climate of Texas.**

BY A. P. DAVIS, M. D.

I have been in Dallas, Texas, since the first of May, this year. Many cases of diarrhœa have occurred among children. Two of our school have been busy nearly all the time, and several of the old school also. Many little *earth born* have gone to join the "angelic host," and left parents to mourn their loss. This seems to be an unfavorable climate for little children and women. Something seems to be in the way of recovery. Many parents are leaving here and going north to spend the summer, in order to save their little ones from an untimely grave. This calls from me the question: Why can not they be cured here? The

parents are acclimated. The temperature is nearly the same all the time, except at night, when a woolen blanket is a luxury. The water is good, and every comfort that can be had any where can be had here. Then why advise parents to "pull up," stop business, and travel up North, under the impression that they will recuperate only in a northern climate? Do not children die up there? Are not *diarrheas* as fatal and deaths as numerous as they are South? If parents would exercise as much sense in their selection of a physician as they do in selecting mechanics and clerks and *business* men in other departments, the ratio of mortality would be very much lessened. The only reason for people going North with children, is that there are more homœopathic physicians there. To such I would say, there are three of our school now in Dallas, and ere long another one will be with us, when no excuse can be offered for emigration.

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For the Medical Call.

### A Cure by Eupatorium Aromaticum

BY G. H. PARKHURST, M. D.

Being called one evening to see a girl about six years old, I found her with a raging fever, pulse frequent, face flushed, severe headache, pain in the epigastrium and vomiting of bile. Acon. alone, and afterwards alternated with Mercurius, produced no improvement. Gelseminum for twelve hours, Verat. Viride for twelve hours, were followed by no improvement.

The condition of the child was now truly alarming. Spots of green bile were numerous on her garments and on the bed clothes. She had wandering pains, nose pinched at point, fever and headache unabated.

I proposed consultation, to which the mother agreed. Wrote a note requesting a neighboring physician to meet me at the bedside in an hour.

Gave Eupat. Aro., spoonful half hourly and went on to see a more distant patient. On my return the mother greeted me with smiles instead of the serious countenance of an hour before.

She said, "You hadn't got to the corner before I saw an improvement in her." I

found the child asleep and the fever abating. No vomiting after giving the first dose.

The consulting physician not having arrived, the mother suggested the consultation be postponed. She said, "I don't want any; I am satisfied the way she is doing." So I called and told the doctor.

*Moral: Never be late at consultation.*

The improvement was continuous; the recovery rapid. In three days I dismissed the case.

The Eup. Aro. was suggested to my mind by the appearance of a small sore (vesicle) in each corner of the mouth.

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For the Medical Call.

### Questions to be Answered.

BY J. A. HUTCHINSON, M. D.

I have received three copies of the MEDICAL CALL. I left Racine some months ago for the purpose of re-locating here. As the magazines followed me I concluded to subscribe, as I am well pleased with the work. I must confess it is the first work on homœopathy that has received anything like careful attention from me. Some points given in your journal I am now testing, which, if they prove true, will modify, somewhat, my practice.

Will you, in your next issue, give me a remedy for sick headache? These are the symptoms: Violent pain in the head, nausea and vomiting, with a taste and smell, described by the patient, as resembling the contents of a swill pail. She suffers a great deal, and is the first one I have met giving this peculiar description. I am anxious to effect a speedy cure, as something depends.

Further, will Spongia cure goitre?

NOTE.—1. SICK HEADACHE.—From the symptoms described, should think BRYONIA, very high, the remedy. The patient is probably catarrhal. SANGUINARIA has some of the conditions referred to, but the symptoms are very meagre upon which to base an opinion.

2. Spongia WILL cure some kinds of goitre,—those where indicated; and sometimes when the indications are not very plain. It also sometimes fails, when apparently indicated, owing doubtless to some undeveloped constitutional dyscrasia. Altogether, it is worth a patient, fair trial. We have cured several cases with Dr. Gunther's Goitre Remedy, which can be obtained at any Homœopathic Pharmacy.

For the Medical Call.

### Tissue Remedies—A Success.

BY A. P. DAVIS, M. D.

Called to see a Mrs. B., suffering with dysmenorrhea, and prescribed usual remedies; flow ceased; menstrual colic ensued; severe congestive headache; restlessness amounting almost to rage; excessive sensitiveness to touch. The case was a desperate one, and loud vociferations for relief rent the air. It intensified; I gave Aconite, then Bell., then Bry., then Ign. Finally patient said she must have Morphia. I yielded to her request, but informed her that it was contrary to my will, and that it would not do any good. What could I do? She was unyielding. "Morphia she must and would have." I gave Acet. Morph., quarter grain doses every half hour—five doses—at the end of which time she was no better. I then gave Bry. and Ign., in alternation, every hour—twelve hours; pain in head and abdominal soreness no better; pulse, 120; temperature, 103 F. Tongue thick, furred, yellow; pains intense; face flushed; restlessness at its height. I then gave Magnesia Phosphoricum, 6x, two grains every half hour. Second dose relieved pain, and in four hours all fever, pain, headache and soreness removed. Patient slept well all night, and was up and about next morning. I was happily disappointed in the use of this remedy.

I have long since been satisfied that much uncertainty existed in our understanding of the true cause of many of our failures in affording relief to suffering humanity. There are so many circumstances and contingencies attending the success of our system that I almost give up the idea of being a doctor, or even trying to be. I do all I do conscientiously. I have been in the profession for twenty years, and trying in my weak way to do all I could for my fellow men. I have had great confidence in medical writers—in the "provings" of the various writers, and in full confidence gave the indicated remedy, and many times results shook confidence in the remedy—my judgment and everybody else—and often wondered if there were no "Balm in Gilead," if there were no physician there.

I am conscientious; I believe that we ought to have *true* men at the helm. Dreamy, loony, hair-splitting theorists ought to have no place in our ranks, especially as leaders, on whom, often, valuable lives depend. Let us have logical, practically demonstrated facts.

Now in conclusion, permit me to say, that I have tried Schussler's Tissue Remedies in quite a number of cases here, in different diseases, acute and chronic, and with entire satisfaction. One case of pneumonia, which yielded in a short time, and a number of cases of cholera infantum, diarrhoea and flux, besides a great many chronic cases. It will not be time lost if our school would think more seriously of these valuable medicines. My experience with them is altogether satisfactory. They must be closely studied and *positively indicated*, and the happiest results follow.

For the Medical Call.

### Case from Practice.

BY J. M. FACKLER, M. D.

CASE I.—Mrs. W. was thrown from a sleigh in January, 1881, and received a severe injury of the left shoulder. She was treated by several old school physicians, until June, when I was called. I found her to be about forty-five, of nervo-bilious temperament. She told me that she had been confined to her bed ever since her injury. I found her left arm atrophied from the shoulder to the hand; the muscles soft and flabby; some pain in the shoulder. She told me that she was perfectly discouraged, and that she had a constant fear that she never would be able to be out of bed. Nights were sleepless; had fearful dreams; every little noise or disturbance, or bad news, would make her worse; had a constant dread that something awful was about to happen; was afraid to have me called for fear that I would say that I could do nothing for her. Tongue was red and cracked; had flushes of heat that would make her face and neck very red, followed by profuse perspiration; stomach full of wind, with palpitation of the heart; bowels so constipated that she told me she had not had a passage since she was injured, without tak-

ing physic. All food distressed her; she was very irritable; everything was going wrong. After getting all of the above symptoms I came to the conclusion that they were all produced by her mental condition. I reasoned the case with her, and assured her that in a few weeks I would have her out of bed. This class of patients needs to be got entirely under the physician's will, and then they respond to treatment as if by magic. You must get their entire confidence, and then your treatment is easy.

I gave her directions as to diet, and ordered enemas for the bowels, and gave her Chamomila, 200th, every three hours during the day, and at bedtime one dose of Aconite, 200th, and if she was wakeful during the night to repeat the dose. After the third day of treatment her bowels became regular and remained so; her stomach improved rapidly; all of her mental symptoms disappeared, and in three weeks she was out riding, and has been well ever since. I had the arm well oiled with old bacon every day, and now the limb is entirely restored.

For the Medical Call.

### Symptom Register.

BY STACY JONES, M. D.

After reading Hahnemann's sample cases of cure, in Vol. I., No. 1, of the CALL, I picked up Allen's Register to see how we would make out in finding the remedies in it.

First, Mrs. S., the laundress, cured with Bry. Stitch in stomach pit worse when making a false step; *no Bry.* When lying down she has not the stitch; *no Bry.* With inclination to vomit, water accumulates in the mouth; *no such symptom to be found.* When the pain is violent, she is covered with sweat; *no such symptom in the Register.*

Second case. Mr. W., the weak, pale clerk, cured with Puls. In the evening, nausea and vertigo. with sour eructations; *no such symptom in the Register.* Sour vomiting in the night, violent eructations in the night, eructations of putrid and sour taste; *no Puls.* under these heads in the Register. Sensation as if the food lay raw and undigested in the stomach; *this symptom can not be found*

*in the Register.* Interior of the head seems to him enlarged; this symptom is not in the Register. The least noise affects him painfully; no such general condition of aggravation is given in the Register.

Hahnemann's method of prescribing is indeed simple, and the results precise and satisfactory, and well worthy our imitation; but where is the Repertory that will direct us to the remedy?

NOTE.—*Materia Medica Pura.* Hahnemann. Translated by Hempel. New York: Wm. Radde, 1846. Extract from Preface to Vol. II.

For the Medical Call.

### Cerebral Inflammation Averted.

BY WM. E. LEONARD, M. D.

Mr. Q., aged eighteen, some two years since, received a severe scalp wound, the entire left temporal and parietal regions being stripped of flesh. Although the physicians pronounced no fracture, the bony parts underneath the cicatrices now present prominent ridges and depressions. Since the injury an unusual exposure to heat, a jar, or sudden noise, causes severe pain in the left side of the head. Several times this intense pain has prostrated him. His younger brothers have all large brains, and are rapidly helped by Calc. Carb.

JULY 7.—To-day, after riding until noon in the sun, he came home exhausted, feverish, with fiery-red face, rapid, feeble pulse, and sour vomiting. There is most intense pain through left side of the head; he describes it as "terrific," but can not particularize in his suffering; made worse by the slightest motion, jar, or heat in any form. R. Bell., 2c, two doses, two hours apart, beginning about 2 P. M.

JULY 8.—His mother reports that for two hours after the first dose he had a "fearful diarrhoea," and after the second, lay in a semi-conscious state *all night*, awakening much better and brighter, but with vertigo and slight, dull headache. These symptoms gradually disappeared, until he was able to go to work again on the fourth day. Since then he has driven much in the hot sun, but with less pain in the head than ever before.

There is not the slightest reason to doubt

the accuracy of the mother's report, for she is unusually intelligent and observing. I therefore record it as a case of rapid relief by the homœopathic medicine. Morphine, or any anodyne, would have cost him his life, as I believe.

QUERY: Was the partial unconsciousness a natural result of the sudden relief of the congestion by the diarrhœa, or was the *second dose one too many*.

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For the Medical Call.

### Case from Practice.

Mrs. H., aged 33 years, fair complexion, stout figure. Had fever for several days, with chills and heat in afternoon. Gave Gelsem., 3x. Now the attacks became tertian, from 7 to 9 A. M., characterized by hard bone pains, thirst before and after chill, and heat; vomiting after drinking, or at close of chill; light sweat. Eupat. perf. (tincture in water) was now given, which lessened the severity, but did not cure. Having known good effects from the high potencies, administered Eupatorium, 200th, in water during apyrexia. No more attacks, and speedy restoration.

GEO. WM. WILSON, M. D.

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For the Medical Call.

### Chian Turpentine.

BY W. JOHN HARRIS, M. D.

In answer to an article of mine on Chian Turpentine, which appeared in the last number of your journal, I have received a great number of requests for both large and small quantities of the drug. As far as I possibly could, I supplied the first applicants; those who wanted sufficient for a continued trial were charged what it cost me, but many received what I could spare gratis. On my return home yesterday from Wisconsin, I found a large number of letters awaiting me with requests for packages of "Chian," and I would like to say to the writers, through your journal, that my absence from home is the reason their communications have not been answered, and that it is quite beyond my power to supply them all.

My object in offering to send any was to

have more physicians watching the action of the drug, so as to find out its true value as soon as possible; but I had no idea there would be so many applicants having cancer cases under treatment. If I had sufficient for all it would give me pleasure to supply all correspondents, but what now remains is needed for cases under treatment here.

I have received a circular from E. S. Kelley, Pharmaceutist, Hotel Berkeley, Boston, Mass., who announces that he has several preparations of Chian Turpentine, all made from the drug that he imported himself. The sample of the trituration he sent seems to be a sound article, and hence I would refer all who desire to procure a supply to him.

I feel hopeful that some good will come from this wide-spread interest in the treatment of cancer, and that some cases may be entirely cured, to the end that we may be encouraged to further efforts in the treatment of this terrible disease.

Will all those who have tried the remedy please report their cases to the MEDICAL CALL.

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For the Medical Call.

### Cases in Practice.

BY J. H. JOHNSON, M. D.

No. 1—WHOOPIING COUGH.—I have seen many cases of whooping cough cured by Iodide Ammonia, in one eighth grain doses; never knew it to fail. Also succeeded with it in nervous coughs, where I had failed with many other remedies.

No. 2—ERYSIPELAS.—Mrs. G., for several years, on the approach of warm weather, had an attack of erysipelas, affecting her feet so she was unable to even wear stockings, but wrapped her feet in cloths; had been treated by the wise men and the elders without benefit. I gave a lotion of Cantharides one drachm, water one pint. After three or four applications it disappeared and has not troubled her since. I find the above the best I ever used for erysipelas.

No. 3—EPILEPSY.—While in the oil regions I met a man who had been troubled with epileptic fits. They came often and

severe. About three years ago he became engaged in the manufacture and using of nitro-glycerine. Since then all traces of epilepsy have left him, and he is strong and in good health. Therefore, why is not Glonoin a valuable remedy for epilepsy. Those that inhale nitro-glycerine gas at the starting of wells, are affected much the same as during an attack of epilepsy or sun stroke.

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For the Medical Call.

### **Morbus Brightii Chronic.**

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BY H. D. CHAMPLIN, M. D.

I was called to take charge of an interesting case sometime since, where the patient was troubled with nightly fever, accompanied by delirium. It seemed to come on soon after the patient fell asleep, in the early part of the evening, and continued through the entire night; sleep was light, with frequent awakenings, when there was great difficulty in inducing the patient to remain in bed. There was incontinence of urine only at night. During the day there was entire absence of any of above symptoms; head was clear, skin cool, pulse and temperature normal; but the patient was losing strength slowly every twenty-four hours.

His former physician, an old practitioner, had been trying for a year to control this "nightly fever and delirium," by administering now one remedy and then another, but without success.

On seeing the patient, and learning what had been done, I prescribed one (1) powder Belladonna, 3x, to be taken after retiring. The effect was marvelous; the patient slept all night, and on continuing the Bell. one week longer at same time, both fever and delirium disappeared, nor was there any recurrence of them up to the time of his demise, some six months afterwards.

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**Bad Effects of Tobacco-Using in Youth.**—Dr. Magruder, Medical Examiner U. S. Navy, says that one out of every one hundred applicants for enlistment in the navy is rejected because of irritable heart arising from tobacco-poisoning.—*San. News.*

For the Medical Call.

### **Catarrhal Deafness—Cured.**

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BY WM. E. LEONARD, M. D.

S., six years old, a pale, light complexioned, healthy lad, is brought by his mother with the following history:

A few days since he took a severe "cold," the chief symptom in the beginning being a hard, dry cough, aggravated by going into the open air. Later there appeared a severe otalgia of right side, lasting until relieved, suddenly and entirely, by a neighbor's suggestion—a drop of Aconite tincture placed directly into the ear. Since then he has been very deaf, especially at intervals, in both ears. The cough has been less severe, and the nose occasionally stuffed up, relieved by a discharge of thick yellow matter. The mother prescribed from her domestic case, Dulc. 6x, for four days, but without relief, although she thinks the deafness may be a little better this A. M., out of doors. R. Pulsat., 10m, one dose, Jan. 24, '81.

Several weeks later the mother appears on another errand, and reports that her son heard much better before the day was over (Jan. 24), and that three days later he had "canker sore mouth" for several days, after which the deafness was entirely gone.

It would be a personal favor if some specialist would explain the action of the Aconite. The Aconite prescription is a common one here among the drug-mongers and the people.

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### **Influence of Strange Sights on Pregnancy.**

Already much has been written on "the influence of strange sights on pregnancy," and I propose contributing one article, touching a very striking case of that kind. Some years ago, about 1868, I was requested to see a child teething, and while talking with the mother about the child's condition my attention was directed to one of the little fellow's eyes, the mother remarking the while that "about one half of that eye is darker than the other half, and always has been since I noticed the color of his eyes." His were dark enough to be

called black. On close inspection, I found that the eye resembled an eclipse so closely that the impression at once entered my mind that probably the mother had been looking at the sun during an eclipse, and upon inquiry, elicited the fact she had looked long at an eclipse of the sun during the early months of utero-gestation. It was a complete fac-simile; the line of disk of the eclipse being perfect and smooth. I may add it was not discernible at about the distance of one yard from the eye, and did not extend outside the colored part of the eye.—J. G., M. D., in the *Brief*.

### How to Prepare Cow's Milk for Babies.

A lady, who was unable to suckle her babes, reared a large family of healthy children according to the plan so carefully laid down by Dr. Cummings, in his little volume called "Food for Babes," published by Randolph, New York, 1859. This work being out of print in this country, and her copy nearly worn out in service, she offers a synopsis of its contents to the *Herald of Health*, for the benefit of those needing such information.

The book has recently been republished in Scotland, and it is hoped that it may reappear in this country, for there is much useful matter in it not to be found in the outline here given. Happy the mother who suckles her child! But how can a feeble woman whose digestion hardly suffices for the support of her own body be an efficient nurse? Her milk is likely to be deficient in important materials. A strong, healthy woman, supplied with as much wholesome food as she can eat, can not do more than supply her child; and generally loses weight while suckling. A vigorous child takes about three and one half pounds of milk daily; or 1,200 pounds a year. Supposing a woman to weigh 132 pounds, she gives nine times her weight in the course of a year, and, as many mothers give less than half this amount, their children must suffer, unless a good substitute be found. This can be found only in the milk of animals, and not in starch, flour, or similar substances.

#### ARTIFICIAL HUMAN MILK.

The question is how to modify cow's milk

to make it suitable for a new-born infant, it having been found to disagree in its pure state. There is, in the first place, too much casein, or cheese, in cow's milk, and the child cannot digest it; to reduce it to the true proportion, nearly twice as much water as milk is necessary; to be exact, it must be eighteen parts of water to ten parts of milk; but this would reduce the quantity of butter also, without which the child would not thrive. The milk to be diluted must therefore contain more butter than ordinary milk, which must be obtained by setting aside, say, three quarts of milk, and at the end of four or five hours remove the upper quart; the upper third of any quantity of milk contains fifty per cent. more butter than the ordinary milk of the cow. The same result can be obtained by taking the "strippings," or latter half of the cow's milking. This milk, when diluted with one and a half parts water, and properly sweetened, resembles ordinary human milk.

#### VARIOUS DILUTIONS FOR VARIOUS AGES.

Mother's milk for new-born babes is so peculiar as to have got a special name, *colostrum*. It gradually loses these peculiarities. For colostrum, or milk prepared for the first two weeks of a child's life, must contain more butter—the upper eighth, instead of the upper third must be used. From two quarts of milk, which has stood four or five hours, skim off carefully half a pint; or the last tenth of milk just stripped from a cow. For example, if a cow gives five quarts, the last pint may be used. This milk must be largely diluted with water, according to the following schedule. Milk is to be made more nutritious as the child advances in age, regard being had not to mere age, however, but to the condition of the child; the schedule being arranged to suit vigorous children, and will not suit feeble ones, who must be kept back on the scale.

If the milk be too strong, indigestion will follow, and the child will lose instead of gaining strength. When particles of casein, or curd, pass through his bowels unaltered, a milder quality or lower grade should be substituted. A feeble child of six months may require the food suited to a vigorous child of six months. For constipation, in-

crease the richness of the milk—put in more cream. In cold weather, or if milk is kept on ice, it may stand an hour or two longer before the upper third is removed; or the upper fourth may be taken, or set five quarts instead of three to get one quart.

The water used in diluting milk should not be hard; nor should it be boiled. Add it to the milk, and heat it by putting the bottle in warm water.

#### SCHEDULE.

| AGE.                 | MILK.  | WATER. | WHOLE QUANTITY. |
|----------------------|--------|--------|-----------------|
|                      | Gills. | Gills. | Gills.          |
| 2 to 10 days.....    | 1½     | 3½     | 4½              |
| 10 to 20 days.....   | 1¾     | 4½     | 6               |
| 20 to 30 days.....   | 2½     | 6      | 8½              |
| 1 to 1½ months.....  | 3      | 6¾     | 9¾              |
| 1 to 2 months.....   | 3½     | 7      | 10½             |
| 2 to 2½ months.....  | 4      | 7½     | 11½             |
| 2½ to 3 months.....  | 4½     | 7½     | 12              |
| 3 to 3½ months.....  | 5      | 7½     | 12½             |
| 3½ to 4 months.....  | 5½     | 7½     | 13              |
| 4 to 4½ months.....  | 6      | 7½     | 13½             |
| 4½ to 5 months.....  | 6½     | 7½     | 14              |
| 5 to 6 months.....   | 7      | 7      | 14              |
| 6 to 7 months.....   | 7      | 7      | 14              |
| 7 to 8 months.....   | 8      | 6      | 14              |
| 8 to 9 months.....   | 8½     | 6      | 14½             |
| 9 to 10 months.....  | 8½     | 6      | 14½             |
| 10 to 11 months..... | 8½     | 6½     | 14½             |
| 11 to 12 months..... | 9      | 5½     | 14½             |
| 12 to 15 months..... | 9½     | 5½     | 14½             |
| 15 to 18 months..... | 9½     | 5      | 14½             |
| 18 months.....       | 10     | 5      | 15              |

Eight large spoonful are about a gill.

#### SWEETENING.

Use loaf sugar enough to make it as sweet as undiluted new milk, a teaspoonful to a quart. If too sweet, it will cloy the appetite, and not enough food will be taken.

#### TEMPERATURE.

The milk should be heated to one hundred degrees Fahrenheit; test it once, and try it on the cheek, which should regulate it subsequently.

The mode of feeding should be by suction from a bottle; with the long rubber tubes which are attached to the improved nursing bottles the infant can lie down, and will fall to sleep quietly in his crib.

#### QUANTITY.

For the first ten days about one to one

and a half pints a day should be given; before the end of the first month the child will take more than a quart daily; at the age of three months he may require two quarts daily. After that time the quality will change more than the quantity. The child will need half a pint at a time every three or four hours, which should be sucked in about ten minutes, and he will pass six or eight hours at night without feeding.—*Herald of Health.*

### Boracic Acid in the Treatment of Otitis Media Suppurativa Chronica.

BY GEO. S. NORTON, M. D.

Boric or Boracic Acid may be obtained by adding gradually one part of strong Sulphuric Acid to three parts of crystallized Borax, dissolved in twelve parts of boiling water. On cooling, the Boric Acid separates out in shining crystalline scales. Formerly all the Boric Acid of commerce was obtained in this manner, though now much of it is obtained in a free state from lagoons in the volcanic district of Tuscany. The Acid was first isolated by Homberg, in 1702.

Boracic Acid crystallizes in nacreous laminae, which are translucent and have an oily feel. The solution has a faint acid re-action and a bitter taste.

As it is necessary to have the crystals reduced to a fine powder when you use it in the ear, let me recommend you not to pulverize it yourself, unless you have an unusual amount of leisure time. Boericke & Tafel furnish a very fine preparation by grinding the Acid for several hours. \* \* \*

After cleaning the ear carefully with a weak solution of the Acid, Bezold blows a quantity of the fine powder over the suppurating surface and then closes the meatus with antiseptic cotton.

This mode of application I tried, but found inconvenient and only moderately successful, though I must confess I did not give it a thorough trial and did not possess the best instruments for applying the Acid. It seemed to me as if the dry powder, mixing with the discharge, formed a crust which only irritated and allowed the pus to collect under it. Considering, now, that the ob-

jects to be attained were the keeping of the antiseptic upon the diseased surface and the exclusion of air to a more or less extent, and also having much confidence in the therapeutic value of Vaseline, I adopted the following method of treatment. The ear is first carefully cleansed from all discharge by the use of cotton on a probe. A small quantity of cotton is then taken, saturated in vaseline, most of which, however, should be pressed out, so that the cotton is only moist. This, being held by a pair of forceps, should be dipped into pulverized Boracic Acid, allowing as much to adhere to the cotton as possible. Now introduce into the ear, pressing it down upon the perforated membrani tympani, and allow to remain there a varying length of time, according to the nature and amount of discharge. For instance, if the discharge be very profuse, so that the pledget of cotton becomes saturated in twenty-four hours or less, it must be removed and re-applied every day. In the majority of cases every second day will suffice, and I have cases in which the Acid has been allowed to remain in the ear undisturbed from three to seven days. These, however, were cases in which there was only slight discharge, either at the beginning or in the last stages of the disease.

At the same time that I use the above local treatment, I give the indicated remedy internally. The most common remedies which I have found useful have been *Calc. phos., Silic., Hepar., Pulsat.,* etc.

So far, the cure has been very prompt under the above treatment, in nearly every case not exceeding two or three weeks. Discharges from the ear which have been present for several years, and in one instance for life, have been quickly relieved.

—*The Medico Chirurgical Quarterly.*

### **Rhus Tox. Poisoning.**

I had recently a case of rhus poisoning in my practice that was cured promptly and most satisfactorily by giving Gels., 3x, in pellets No. 35, internally (four pellets at a dose), every three hours, and at the same time using a local application of the mother tr. of the same strength of ten drops to the ounce of water.

H. A. STONEX, in *Hom. Courier.*

### **Impure Ice as a Cause of Intestinal Diseases.**

That period of the year when ice (which is now used by all classes to an extent entitling it to rank as a *necessity* instead of, as formerly, a *luxury* of life) is employed in various beverages to the amount of millions of pounds, can not delay much longer, so that a few words of caution in regard to the purity of this article will be reasonable.

It is popularly believed that water frees itself from dangerous organic matter, as it does from some saline contaminations, during the process of freezing, and also that the vegetable or animal germs of typhoid and other zymotic fevers are killed, or, at least sterilized, by congelation of the water in which they exist. Both of these ideas, however, are unquestionably erroneous, as has been repeatedly proved by various experiment which ignorant hotel-keepers try, without the least intending it, upon their guests, on a scale which would make the boldest vivisector stand aghast before the suffering inflicted, even if it were only upon the brutes which form the subject of his researches.

Such was notably the case in an epidemic of intestinal disorder which occurred at Rye Beach, N. H., a few years since, of which an excellent account was published in the report of the Massachusetts Health Board for 1876, by Dr. A. H. Nichols, who attended most of the persons suffering from the malady. It appears that early in the season a mild form of gastro-intestinal disturbance made its appearance among the guests of a particular hotel at this watering-place. The symptoms were, in general, giddiness, nausea, or vomiting, diarrhœa, and severe abdominal pain, accompanied by fever, loss of appetite, and mental depression. The disorder was at first attributed to the well-water of the place, which is strongly impregnated with sulphate and carbonate of lime and magnesia, but the peculiar grouping of the patients almost exclusively among the sojourners at a single hotel, accommodating about three hundred, whilst occupants of another hotel and of neighboring cottages, to the number of about seven hundred persons, were free from illness, strongly indicated some specific local origin. The

well-water was almost immediately suspected of sewerage contamination, but, on inquiry, it was found that the wells were all sunk in an elevated ridge, safely removed from drains, cess-pools, and other sources of pollution. Moreover, it was also ascertained that in some cases the individuals affected, being suspicions of the water, had limited themselves to other beverages; but, as afterwards transpired, had not hesitated to use ice, either melted or otherwise. The drainage system of the establishment, which had recently been put in complete order, was found almost faultless, and the milk supply of unquestionable purity; but, on the attention of the examining physician being directed to the stock of ice used in the hotel, conclusive proof of its dangerous quality was promptly obtained. A resident of the place stated that on tasting a portion of the ice the previous winter, he had experienced nausea and distress for the remainder of the day. Two gentlemen having taken a quantity of ice with them upon an excursion, during which they drank the water formed from it, were made violently ill. Both the house in which the ice was stored and the water from the melted ice gave off a decidedly disagreeable, or even offensive odor. Finally, a visit to the pond from which the ice had been gathered disclosed the fact that much of its water was dark-colored, foul, and highly contaminated with filthy marsh-mud and decomposed saw-dust. Chemical analysis showed that both it and the suspected ice contained a large excess of organic and volatile impurities, including 0.04 of a grain per gallon of albuminoid ammonia. The crucial test, however, of injurious quality pertaining to this ice was afforded by its disuse in the hotel, coincident with which was noticed an abrupt amelioration of the symptoms in all who had previously been ill, and the entire absence, so far as known, of any new cases. The ice was partaken of during a period of six weeks by about five hundred persons. Of these, the majority escaped slight or temporary attacks of illness; and twenty-six adults manifested grave, continued, and characteristic symptoms.—*Med. News and Abstract.*

### Intermittent Fever.

Intermittent fever, ague, bilious chills, liver chills, etc., etc. This to the practicing physician, homœopathic, is an important subject. Heretofore a stumbling block, and well it should be, for I claim that the principle on which we, as homœopaths, made our prescriptions, was a false one. We are in the old school rut. The principle is an absurd one, to give a remedy between the paroxysms only, and let the poor patient suffer during the chill and fever. Having had thirty-seven years' experience in treating intermittent fever in all its forms, allopathic, allo-homœopathic, and lately, for four years, what I claim homœopathic idea. Give the remedy, well selected, once in two or three hours during the intermission, and once in from twenty to thirty minutes during the paroxysms. In following this plan, selecting the remedy carefully, I have not had a case pass out of my hands, or to have over three chills after the first dose.

Seventy-two hour chills I have never failed in a single case with *Sabadilla*, 30. Forty-eight hour, *Quin.*, 1; *China*, 1; *Cedron*, 1; *Ipecac*, 1; *Nux vom.*, 3, and *Canchalagua*, 3, etc. Chills once in twenty-four hours, *Ars.*, 3 or 2; *Boletus* and *Capsicum*. The remedy being chosen upon two or three leading symptoms. Outside of our *materia medica* I take Johnson's Key in selecting my remedy.—*W. C. LEECH, in Advance.*

### \*Clinical Medicine.

December 18, 1881, was called to see Mr. H., æt. 72, in great haste. The messenger said he was very bad, and might not live until I could get there. It was a cold December night, snowing and sleeting. I found him sitting by the stove, and all the doors and windows open. His eyes were white, glassy, and staring; breathing quick and hurried; pulse small, feeble, and irregular, with a profuse cold sweat all over him, and rolling in great drops off his forehead and down over his face; his stomach hard, full, and very much distended; constant nausea and sickness of the stomach, and could not vomit. His wife said he had eaten heartily of buckwheat cakes for supper,

\*Read before the Ohio State Homœopathic Society.

with other victuals. Digestion was suspended as a result.

What, now, was to be done? flashed through my mind. The man must have speedy relief or he will die. No stomach pump with me and two miles to my office to get one, with no time to lose. The man would no doubt die before I could get back, even if I had thought it best to go after it; but in much less time than I write this I decided that his life must hang upon the simillimum and truly characteristic remedy the symptoms named above, viz; must have the doors and windows open to get his breath; profuse cold sweat all over and standing in large drops on his head and face; engorged stomach, with sickness and nausea; white and glassy eyes; labored and hurried respiration, are all characteristic of Pulsatilla. I called for a glass, with a little water in it, and put into it a few pills of Pulsatilla, 6m potency, and gave him one teaspoonful; staid and watched him.

In four minutes he began to breathe easier, and the cold sweat was checked. In eight minutes the cold sweat had all passed off. In ten minutes his sweat was warm; pulse more regular; breathing more natural, and not so hurried and labored. He could answer questions in a whisper. In fifteen minutes he began to belch flatus from the stomach; breathing easier; pulse softer and more regular; eyes more natural; good, gentle, warm perspiration; stomach softer and more natural. In twenty minutes the above symptoms increased, and he was raising large quantities and long peals of flatus, and complained of sickness of the stomach. I gave him a vessel and told him to heave in it. He did heave; for with but one slight effort he threw up a large quantity of undigested buckwheat cakes (or batter), meat, and other articles he had taken for his supper about four hours before, after which he laid down, and the doors and windows were closed. I gave him one more dose of Pulsatilla and went home. Next day he was up, attending to his business as usual.

Mr. A. H. D., aet. 83, for over a year has been raising large quantities of a thick, light-colored, tenacious mucus, nauseating and sickening. They said he would raise

from one to two quarts in twenty-four hours; in the habit of taking nostrums of all kinds; bowels very much constipated, for which he had been using cathartics. The following symptoms characterized my remedy: A discharge of yellow pus from the left eye, and said his eyelids stuck together in the morning after sleeping; a discharge of hot water from the eyes; burning in the hands and feet. May 3, 1881, commenced treatment. Gave him one dose of Sulph., 10m potency. May 4, rested better; did not raise so much; had four operations from the bowels, principally of mucus; gave Placebo. May 5, dryness of the mouth and throat; tenderness of the stomach; raised but little; one discharge from the bowels; appeared same as before; gave Carbo; dose, morning and evening. May 6, above symptoms all relieved; said he felt quite relieved, except a fullness of the head; had been sitting up; gave Placebo. May 7, had been out riding; appetite returned; bowels had not moved; slept well and had raised but little mucus; eyes glued together when waking; gave one dose of Sulph., 10m. May 9, reported comfortable, and I stopped medicine.

July 10, 1881, was called to see Miss H., aet. 26; found her suffering with extreme pain in the bowels. She described it a sharp, cutting and grinding pain, and made her sick all over. It being the time for her menses, they had just come on, but very slightly. She told me that she had suffered in that way at every period for the last six years, and generally had to stay in bed from one to two days, and then was very weak for several days afterwards. The cutting, grinding pain, producing sickness and nausea at the beginning of or during menstruation, is characteristic of Gels. I prepared some Gels. in water and gave her one teaspoonful, with instructions to repeat it one hour if not better. In one hour she was better, but took a second dose notwithstanding. In three hours I called and found her quite relieved and comfortable. At the next period she had no trouble, but at the second period she felt that the same would have to be repeated. I gave her one dose of Gels., 1m potency, which gave prompt relief, and all went on well. She has never had a return of her trouble since.

**MORPHINE VS. NUX.**—Rev. S. D. C., a short, thick-set minister, subject to, as he said, of terrible attacks of neuralgia of the stomach, and had never found anything that would relieve him except Morphine. On several occasions his friends thought he would die from it before relief could be obtained. On April 10, last, he was suddenly seized with one of these attacks. Having no Morphine at home he hastily started for the drug store to get some, and by the time he got to my office he was exhausted and could go no further. He came in, holding his hand on his stomach, in the greatest agony, and begged me to give him some Morphine. I told him I had none, but would give him something else. I gave him one dose of Nux vom.—a few pills in his hand—50m potency. In about three minutes he reported himself easier, and in five minutes he said it was all gone.—J. B. OWENS, M. D.

### Acetic Acid in Small Pox.

Dr. D. S. Oliphant, of Toronto, writes to the *U. S. Med. Invest.*, June 15, that in 1873 he made a note from *Med. and Surg. Reporter*, as follows: The small-pox making great ravages in the mountain district of Austrian Silesia, the government sent Dr. Roth there to test the use of simple vinegar, which he asserted would destroy the germinal cause of the disease in all cases. He declared that the germ was similar in structure and growth to the yeast germ, and could not live in contact with Acetic Acid. The report he made to the government on his return home was a marvellous one, of an almost universal success. As a prophylactic, he ordered two table-spoonfuls of common vinegar, with or without water, one hour after breakfast and towards evening for fourteen days. For half-grown and feeble persons one half this dose. Fumigate sick chamber twice daily with vinegar evaporated from a heated shovel or plate. Dr. Oliphant gives three cases in which he has employed vinegar in small-pox, both as a remedy and prophylactic, with complete success. He says that he called in 1879 on the editor of the Canada *Lancet*, suggesting publication of these cases, which was declined for want of *sufficient evidence*. Traveling in the fall, he found in the Baltimore

American a full report of special committee on small-pox to Maryland Medical Society, closing with these remarkable words: "Of all the various methods of prophylaxis and cure which have come under the notice of your committee during the recent epidemics, none have proved so successful as the so-called '*Vinegar cure*.'" Dr. O. wishes "some of the brethren would try this method of cure and report progress."

### "Indian" Method of Resuscitating New-Born Children.

CASE 1.—July 9, at 1 P. M., was called in haste to attend Mrs. S., aged 21, in her first labor. According to a midwife's directions, I was requested by the anxious messenger to be sure to bring the forceps along, as without them the child could not be born. When midwives, as a class, give up a case to a physician with the distinct declaration that the forceps must be applied, they prefer that it should be done immediately, and their diagnosis and prognosis thus indorsed by the physicians' actions. Before any examination was made, the midwife said: "Doctor, you should apply the forceps immediately, and not let the poor woman suffer much longer, for she has suffered enough already." Upon my inquiring as to the presentation, she said: "That is all right, only the head is pressing against something, and will not yield, in spite of the severe pain that she has had." Examination for vaginam revealed at once a breech presentation, which I communicated to the midwife in a whisper.

The application of the forceps was out of the question. The patient was turned on her right side to correct the position of the child, and a few doses of Pulsatilla, being followed by Cimicifuga, was then administered. In less than two hours a male child was born, but, to our sorrow, was lifeless, no pulsation being perceived in the umbilical cord. Before dividing the cord, the new method was tried; the patient was requested to take a long breath a few times. When this was being done, the child opened its mouth widely simultaneously with its mother's breathing, gasping for the wanting air. After this was done three times we had the satisfaction of hearing the child cry.

Dr. A. R. Jackson, of Chicago, after having read the suggestive hint in the *Clinique*, writes per post-card: "Your suggestion seems a valuable one, and I thank you for publishing it; will try it when opportunity offers."

CASE 2.—July 25, at 7 A. M., was called to attend Mrs. A. W., a primipara, aged 21, a very stout and tall woman of German descent, in labor. I found her in the first stage of labor, os uteri being soft and dilatable, but having a great tendency to turn toward the hollow of the sacrum. There was a vertex presentation, the child being in the L. O. A. position. The pains were quite severe, following each other in rapid succession. Under favorable circumstances, a speedy termination of labor might have been expected. Not so, however, in this case. What a midwife had prophesied to the patient some time ago when treating her for some uterine trouble—"that she would have a pretty hard time, if she ever should give birth to a child"—appeared to have been a true prediction, on account of the parturient canal being very narrow. At 11 A. M. the os was well dilated, a small quantity of water escaped, and one might have looked for a speedy termination, had it not been for the above-mentioned obstacle. In spite of the very best contracting pains, the head would not advance in the least, seemingly being too large for the passage, and I came to the conclusion that the case could not be left to nature with safety. Accordingly I proposed the use of the forceps as the only means of success. It took some time before the patient was made willing to consent to this procedure, thinking it might injure her. But as she was getting weaker rapidly, and seeing that all her efforts at delivery were ineffectual, she at last consented to the use of the instruments.

At 1 P. M., the forceps were applied. The next few pains, as generally is the case, were expected to bring the child into the world. But our hopes were in vain. In spite of all the force I dared to apply, the head would not yield, all efforts seemed to be useless. After one hour of faithful, but fruitless trial, I gave up all hopes of seeing the child alive, and commenced thinking

of other means to take it away, believing craniotomy the only means of saving the life of the mother.

Not feeling, however, disposed to take the responsibility of such a harsh procedure upon my shoulders alone, I asked for consultation, which was granted. Upon my proposal, Prof. Ludlam was sent for. In the meantime no pains were spared in doing what could be done, whenever a weak contraction of the womb would occur; and to our surprise our efforts were not in vain, for a favorable change took place, and a very large female child was born a few moments before Dr. L. arrived. But the child was still-born, as was to be expected. This gave us another opportunity of testing the efficacy of that new method of *restoring the life of the still-born child through the umbilical cord, by its mother's breathing*. To this purpose the babe was held by a nurse near to its mother, who was told to take a long breath, and to keep doing so. This being done, the child responded to it, giving, after some seconds, evident signs of returning life, and in less than three minutes it was resuscitated, and cried lustily. Besides the oxygenizing through the cord by the mother's breathing, nothing was done to the child save a little cold water being sprinkled in its face.

After the child was resuscitated the cord was cut and the placenta delivered, which had to be done in haste, as the uterine hemorrhage was very profuse. A few doses of China were given to the patient on account of the hemorrhage, and then she was placed in her bed comfortably. Both mother and child are doing well to-day, this being the fifth day after her confinement.—Dr. E. G. H. MIESSLER, in *Clinique*.

EARLY MATURITY.—Mr. Henry Dodd reports in the *London Lancet* the birth at term of a child weighing seven pounds, from a mother fully matured, aged nine years, less two months, when she became pregnant.

PARASITES.—Benzine, applied freely, will destroy, surely and positively, all parasitic inhabitants of the human body.—*South Med. Reformer, Jan., 1881*.

NO APPEARANCE of yellow fever in the United States as yet.

### Whartonian Calculus, with Encysted Tumor of Submaxillary Gland.

The following case which came under my care, may be of interest to the profession, owing to its rarity and the difficulty of diagnosis:

Mrs. R. M., æt. 42, about six years ago, noticed a slight enlargement in the region of the submaxillary gland (right side). To this she paid but little attention, until she discovered its gradual increase in size. For the first three years the growth of the tumor was inconsiderable; since then, up to June 1, it has assumed greater dimensions, extending nearly to the clavicle. Upon examination I found the enlargement semi-fluctuant. An examination of the buccal cavity revealed the whole course of Wharton's duct tumefied, and to the right of the frænum linguæ I detected a hard, round substance, which I diagnosed as a salivary calculus. She complained of no special symptoms, except a sensation of pressure after eating, due, probably to an accumulation of saliva which could not escape. She had been treated by several physicians, with more or less benefit to her general health; but now the tumor had increased in size, to such an extent as to cause considerable neuralgic pain, and vomiting—or inclination to vomit—after eating. The recumbent posture, with the tumor tightly bound, seemed to be the more comfortable to the patient. The foregoing symptoms I concluded were due to pressure on the pneumo-gastric or recurrent laryngeal nerve, or both.

**TREATMENT.**—On June 7, the patient being fully anæsthetized, I made an incision over what I supposed to be a calculus, and extracted one weighing 8 grains, oval in shape. Endeavored to pass a fine probe into Wharton's duct, for the purpose of gaining a passage for the submaxillary secretion; but was unable to do so. I considered it better to wait a few days. Finding no natural discharge of saliva, on June 12, an anæsthetic being again administered, I dissected the tumefied tissue as far back as possible. Still the tumor did not diminish. On the 16th I aspirated, drawing away three ounces of fluid, which was nearly all albumen. I again aspirated on the 18th, drawing away

two ounces, greatly to the patient's relief. On the 20th aspirated again, and injected a solution of Iodine and Glycerine. There was no need of a second injection, the patient becoming entirely cured.

The deductions which might be drawn from this are: Probably the nucleus of this calculus was a piece of consolidated mucus, around which earthy salts were deposited. The duct being thus obstructed, sub-acute inflammation was the result, eventually occluding the whole duct. The gland continuing its function, saliva was secreted but not evacuated, and from constant irritation an exudation of liquor sanguinis, or hydrocele fluid was thrown out, causing the peculiar appearance. The treatment being analogous to that of the radical cure of hydrocele, and being perfectly successful, would lead to that belief.—W. E. PUTMAN, M. D., in *Medical Times*.

THE use of rubber bands in place of sutures in the treatment of lacerated cervix uteri, is defended by Dr. C. E. Herrick against an adverse opinion recently expressed in the *Medical Monthly* by Dr. J. H. Warren, of Boston. Dr. Herrick says: When a patient presents herself at the office, and, upon examination, I find her with a lacerated cervix, I immediately freshen its edges, and slip a rubber band over the cervix to hold it together, and if it is not too far, I send her home with the simple instruction to keep moderately quiet for a week and to use daily injections of from a gallon to one half gallon of hot water. At the end of a week or ten days, I remove the rubber band and expect to find union, and with a single exception I have always done so. In one case I had to repeat the operation before I got union.—*Va. Medical Monthly, April 1881*.

**Lacerated Perineum.**—Mrs. B., M. D., has practiced sixteen years and never yet had a case of lacerated perineum. "Why? Because I use sweet oil freely—hot, if possible. To prevent laceration of cervix use a tampon of cotton saturated in warm lard or oil mixed with three drops of Bell. tincture. It is easily applied and will rapidly relieve all tension."—*U. S. Medical Invest., Feb. 1881*,

**Biliousness.**

The term biliousness is an exceedingly indefinite one, and may mean one or several conditions. Except for the fact that the word is in general use both among physicians and others, we would not use it at all; but as it is, and can not be eradicated from popular use, we will devote this article to its consideration. It would be a difficult task to mention all the phenomena and symptoms known as biliousness, and quite unnecessary, as most persons are familiar with them from their own experience or observation. There is generally more or less indigestion, constipation, lack of appetite, perhaps at times headache and torpidity of the liver, coldness of the feet, pain under the shoulder-blade, distressing dreams, etc. People do not, however, die of biliousness, but live on till old age unless other diseases supervene. We have been informed that life insurance companies do not in the least object to insuring bilious persons, indeed rather prefer them. The reason is, they are apt to be more careful of their health than others. They can not go beyond a certain point without an attack of their malady. As a rule, bilious people have plenty of endurance, and are capable of doing a great deal of work. On the other hand, they are not, as a rule, happy people. They suffer more than their share considering the triviality of their complaint. They are not good laughers, not full of fun and frolic, but sober, sedate, slow of speech and thought, and have a sad, depressed look on their faces. They do not look on the bright side of life, but see darkness ahead and around them, and prize life only moderately. In spite of all this, they accomplish perhaps as much as the jovial and jolly, and quite as frequently leave their mark in the world. Now and then a gleam of hope and sunshine crosses their path, and they get visions of the beauty of life and the grandeur of the universe, and then they lapse back into their old state, and rather enjoy their dejection, and are almost angry if anybody else is happy. The fun and frolic of life makes them miserable. The joy and mirth of children they would suppress.

Biliousness is believed to be a disorder of the liver. This organ is out of order, peo-

ple say. It secretes too little or too much bile. It forms too little sugar. It don't do its duty to the fatty and albuminous matter that passes through it. Most of this is, however, conjecture. The yellow tinge to the skin and eye would seem to indicate that the bile is not properly secreted, and thus the blood is not quite purified, and so slightly poisons the person by its presence; but even this is conjecture. According to our opinion, biliousness includes what in strictly scientific language would be considered derangements of the stomach, as, for instance, acute dyspepsia, or catarrh of the stomach, torpidity of the bowels, and also torpidity of the liver.

The causes of biliousness are many, and may be enumerated as follows;

1. Over-eating.
2. The use of improper and unwholesome food, as hot bread; the excessive use of sweets and fat.
3. Hard and impure water.
4. An atmosphere laden with poisonous gases, and especially malaria.
5. A sedentary, indoor life.
6. Too little exercise.
7. Worry and over-work.
8. Too little sleep.
9. The use of strong tea and coffee.
10. Constipation. Other causes might be mentioned, but these are the principal ones.

The cure of biliousness is perhaps as easy as the cure of any condition of ill health, and rests mainly with the sufferer. The habits of life must be made rational.

Rich, concentrated, greasy food must be avoided, and so far as possible vegetables, fruits, and the best brown Graham or unleavened bread, eaten with a moderate amount of flesh. A diet that secures a free open movement of the bowels every day is of itself generally sufficient. One of the most common causes of biliousness is a faulty diet, and this must be corrected at the beginning. Pies, cakes, and all fancy dishes must be dispensed with. Hot bread and biscuit must not be used. In their season all the best juicy acid fruits, when they agree, may be used freely.

M. L. HOLBROOK, M. D.

### Cases Cured by Metals.

BY WM. P. WESSELHOEFT, M. D.

**CUPRUM MET.**—C. F., æt. 65. Robust, healthy man.

November 19, 1879. Was attacked three days ago, very suddenly, with watery running from the nose, asthmatic breathing, spasms of suffocation, cough with gagging and expectoration of tough, tenacious mucus.

The attacks come on very suddenly every hour or two, and are worse nights, waking him suddenly with coughing and gagging.

There are coarse mucus rales throughout both lungs, occasionally sibilant, but characterized mostly by coarse bubblings, which can be heard some distance from the bed.

He is very anxious, and fears he will choke to death in one of these attacks. These paroxysms of dyspnoea pass off very suddenly after a furious effort at gagging and coughing, followed by a great prostration. Then follows an interval of comparative ease, and he gets, perhaps, a little nap between the attacks, but the bubbling respiration is constant all the time.

Has disgust for all food, with some nausea. Tongue thickly coated white. No thirst. Pulse 100.

Has been under allopathic treatment, but steadily growing worse.

Had a similar attack, but much less distressing, fifteen years ago, from which he slowly recovered after many months, and during which his life was despaired of.

I gave *Antimonium tartaricum*, c. m. (S.) in water, a teaspoonful to be taken every two hours, at 8 o'clock P. M.

Next morning, November 20, has had not quite as many coughing and gagging spells, but the dyspnoea and rattling breathing are fully as severe. Complaints of terrible sinking faintness in abdomen with constant nausea, and the same aversion to food.

I had studied the case very carefully the evening before, and determined to give *Cuprum* if *Antim. tart.* produced no decided change.

I selected *Cuprum* chiefly on account of the paroxysmal character of the attacks, coming suddenly and decreasing suddenly;

the convulsive spasmodic gagging, and the coarse mucus rales.

This metal was given in a single dose, c. m. (S.) potency. It proved to be the simillimum. He had not a single spasm afterward, slept the night through, and on the 26th of November not a vestige of rattling remained in his lungs, and he went his way rejoicing.

**CUPRUM MET.**—C. A. F., aged six weeks, a grandson of the above patient.

February 16, 1880. When two weeks old, was attacked with spasmodic cough and dry, stuffed nose. The latter symptom was so distressing, that the child had the greatest difficulty in nursing. Indeed, the mothers' milk was mostly given him by the spoon, after being pumped from the breast. The child was thought to have the whooping-cough, and had been treated by a homoeopathist without material change; the cough and obstructed nose remaining the same. As the mother was suffering greatly with pain in her breast and nipples, owing to the frequent and unnatural process of obtaining nourishment for the child, my first thought was to relieve this obstinate nose trouble by *Sambucus*. After using this remedy for thirty-six hours (in solution, every three hours) there was not the slightest change.

During this time, however, I had opportunity of observing several paroxysms of coughing. The attack was preceded by short, whistling breathing, followed by violent paroxysms of coughing, the face becoming a deep red color, the child's body rigidly stretched out. All this reminded me of *Cuprum*, remembering at the same time the success of the remedy with the grandfather three or four months before. I gave the remedy in the same potency, in water, every three hours a teaspoonful during twenty-four hours. The effect was quite as gratifying and astonishing as before. The child was discharged cured on the 22d of February, and could take the breast without difficulty.

On the first of April, 1881, a little more than a year after this attack, he had another similar, but lighter one. The same remedy relieved in the same potency.

Hahnemann mentions "stuffed nose" as one of the prominent symptoms cured by

this remedy, in his introduction to *Cuprum* ("chronic diseases"). It may become a valuable remedy in the very common trouble of infants, usually called "sniffles," when other remedies fail. I have not yet had occasion to test it.

Although both of these cases were of an acute nature, one of them having lasted only three days, the other four weeks, yet I can not well conceive how its direct curative effect of the metal in both cases can be denied, unless remedial action is declared untrue in any potency above the 6th trituration, because it can not be seen under the microscope. I, for one prefer the test in disease. In my humble opinion, it was *Cuprum met.* alone, potentized from the 3d trituration, which effected the cures, because it was the *most homœopathic* remedy to both cases. The preparation used convinced me that the fluxion potencies are as reliable as those prepared by succussion.—*Hom. Phys.*

### Diseases of Infants.

BY C. LIPPE, M. D., NEW YORK.

For the selection of the proper homœopathic remedy for infants, we have only the symptoms observed in the patient for our guide; and at times, by those symptoms we can discover the kind of pain and the locality.

First is to be considered the countenance, for by the wrinkles, lines, color and expression the attentive observer ascertains often the anatomical seat of the trouble. Wrinkles and lines on the forehead lead us to suspect brain difficulties; between the forehead and upper lip, chest troubles, and about the chin, abdominal complaints.

Wrinkles on the forehead call our attention to *Cham., Hell., Lyc., Rheum., Rhus., Sepia., Stram.* Knitting the brows, to *Rheum., Viol.-od.* Wrinkles on the face, to *Calc., Hell., Lyc., Stram.,* on the lips, to *Amm-c.* Blueness of the nose, *Hydroc-acid;* paleness around the nose, *Cina.* Fan-like motion of alæ nasi, *Lyc.*

Aged expression, *Hydroc-ac.*

Anxious expression, *Aeth. Bell., Cupr.*

Bewildered expression, *Pb., Stram., Zc., etc.*

The sudden contraction of the muscles of the face and the quick passing expression

of pain will give us an indication of a short, sharp, shooting or stitching pain; if the trouble is related to the chest, the pain will be of the stitching variety; if to the abdomen, shooting; this kind of pain is accompanied by a quick, loud cry, if the infant has not been much weakened by the disease; the weaker the patient becomes, the cry is at first hoarse, then almost extinct. If the child moans constantly, the pain is more of an aching or of a dull character; if the child only manifests pain on being moved or touched, then we may safely say that the pain is of the bruised variety; *Arnica,* etc. Pain only on voluntary motion will lead us to suspect rheumatic pains, and call our attention to *Bry., etc.*

The position the child assumes both when asleep and awake, and the gestures often also gives us a clue to the kind of pain and the locality.

The upright position of dyspnoea, calling attention to the peculiar conditions requiring such a position, and the position on the side with legs flexed and arms drawn close to or over the chest, which is observed in the last stages of brain affections; one leg stretched out, the other bent; hands above the head, or crossed on the abdomen, all calling attention to the peculiar symptoms belonging to certain remedies which often are of importance in many cases.

The desire to be carried and amelioration from being so carried has so often been observed to be met by *Cham.,* that this symptom has been marked as characteristic under that drug, and in croup the necessity of being carried with a rapid motion has been observed under *Brom.*

The continuous crying of infants may be referred to two reasons, earache or hunger, when not due to mechanical causes.

The peculiar cries are of some importance. The sharp, shrill, single cry of *Apis;* the moaning of *Acon., Bell., Hell., etc.;* the groaning of *Millef.;* whining, *Apis;* the hoarse metallic sound of croup, *Bell., Brom., Hepar, Spongia.*

The tongue gives some peculiar diagnostic signs of the remedy to be applied; black, *Ara., China, Merc., Phosp., etc.*

Bluish, *Dig., Mur-ac., Spig.;* Grayish, *Am-bra, Tart.*

Red all over, *Bell., Tart., Ars., Lach., Rhus., Sulph.*

Red glistening, *Glon., Kali-b., Lach.*

Red, triangular tip, *Phyt., Rhus.*

Red tip, undefined borders, *Rhus.*

Lead colored, *Ars.*

White coat on one side, *Rhus.*; on both sides, *Caustr.*

White coat, middle only, *Bry., Phos.*

White coat on the root, strongly marked, *Sepia.*

Dry red cracked at tip, *Kali-b., Lach., Rhus., Sulph.*

Dry tongue without thirst, *Bry., Puls.*

Soft, with prints of teeth, *Iod., Merc., Rhus., Stram.*

We are always to bear in mind that the Law of cure, as developed and expressed by Hahnemann, must hold good with infants as with adults, and although the selection of the proper remedy is more difficult with infants, yet from their quick rallying powers, we have made our most brilliant and rapid cures. We all know of the almost instantaneous effect of a single dose of the proper remedy in croup. Our only success can be through the strict adherence to that single law, which unerringly guides every one who rigidly adheres to it.—*Hom. Physician.*

### Bed Rooms—How they Should Be Ventilated.

If a man were deliberately to shut himself for some six or eight hours daily in a stuffy room, with closed doors and windows (the doors not being opened even to change the air during the period of incarceration), and were then to complain of headache and debility, he would be justly told that his own want of intelligent foresight was the cause of his suffering. Nevertheless, this is what the great mass of people do every night of their lives with no thought of their imprudence. There are few bedrooms in which it is perfectly safe to pass the night without something more than ordinary precautions to secure an inflow of fresh air. Every sleeping apartment should, of course, have a fire-place with an open chimney, and in cold weather it is well if the grate contains a small fire, at least enough to create an upcast current to carry off the vitiated

air of the room. In all such cases, however, when a fire is used, it is necessary to see that the air drawn into the room comes from the outside of the house. By an easy mistake it is possible to place the occupant of a bedroom with a fire in a closed house in a direct current of foul air drawn from all parts of the establishment. Summer and winter, with or without the use of fires, it is well to have a free ingress for pure air. This should be the ventilator's first concern. Foul air will find an exit if pure air is admitted in sufficient quantity, but it is not certain that pure air will be drawn away. So far as sleeping-rooms are concerned it is wise to let in air from without. The aim must be to accomplish the object without causing a great fall of temperature or a draught. The windows may be drawn down an inch or two at the top with advantage, and a fold of muslin will form a "ventilator" to take off the feeling of draught. This, with an open fire-place, will generally suffice, and produce no unpleasant consequences even when the weather is cold. It is, however, essential that the air outside should be pure. Little is likely to be gained by letting in a fog or even a town mist.—*Lancet.*

### Cervical Endometritis.

Mrs. S., æt. forty-two, menstruates regularly. Has been an almost constant sufferer from neuralgia for the past two years; said she had tried everything that could be recommended, but all to no avail. Her sufferings were becoming monthly more and more intense, and of late she had, on several occasions, seriously thought of committing suicide. Formerly, kind and happy in her family, she was now irritable, moody, hysterical. The pain was most severe on the top and front of the head; there was more or less distress in the back and loins, and withal a profuse leucorrhœa.

Physical exploration revealed the os hypertrophied and of a bright red color, while a tenacious string of white of egg mucous occluded the opening. On removing this plug the canal was found much contracted, so that only the smallest sized sound could be passed. As part of the treatment this constriction was first relieved by the use

of small sized sea tangle tents; then a small roll of cotton soaked in Glycerine saturated with Tannin, was introduced by means of Sim's probe, every alternate day. This the patient was instructed to remove in twelve hours by making traction on the thread attached. After two weeks the Glycerole of Hydrastis was substituted for the Tannin, and the roll introduced twice a week. Slippery Elm irrigations to the cervix, the water being as warm as could be borne, were ordered morning and evening. For the first three weeks, Gelsemium, 3x, was given every two hours; and afterwards Helonias, 6x, four times per day. Subsequently, Hydrastis, 3x, three times per day, was ordered in place of Helonias. Under this treatment the patient rapidly recovered. The neuralgia gradually disappeared, and in less than six months the uterus had regained its natural size.

**Ovarian Tumor Cured by Apis and Lycopodium.**—In June, 1875, I was called to visit Mrs. S., lymphatic temperament, æt. forty-seven, married, but had no children, and had passed the climacteric. Has been suffering for two years with dull, aching, uneasy sensation, and at times soreness in the left inguinal region. Felt herself constantly growing larger on the left side. Was treated for a year and a half by a physician who diagnosed her difficulty, and, as she described it, drew off a small quantity of clear fluid resembling the white of an egg. For a time thereafter she was better, but now she was larger than at any time since she first discovered the tumor.

On examining the abdomen an irregular yielding enlargement about the size of a child's head, was discovered occupying the left lower part of the cavity. Percussion yielded dullness all over the surface of the swelling and left flank; the uterus was found to move independent of the enlargement, and everything seemed to point to ovarian tumor; but to make matters absolutely certain, I resorted to Simon's method of rectal exploration. The patient being etherized, I passed my left hand up the rectum, and with my right on the abdomen, I could distinctly feel a polycystic tumor separate from the uterus and attached to the

left ovary. The diagnosis was no longer doubtful, polycystic ovarian tumor was the difficulty. The rectal examination caused the patient some distress for a few days, which necessitated her keeping her bed.

For the treatment, although this appeared a favorable case for operation, yet as the patient had never taken homœopathic remedies, I decided to first try them. She was put upon Apis Mel., 6x and 12x trit., three times per day for three months.

An examination demonstrated neither increase nor decrease in the size of the abdomen. Lycopodium, 6x trit., was now tried.

In two months the tumor enlargement was found to be surely, though slowly diminishing. Here Lycopodium, 12 trit., was given. At the end of four months the swelling was but half its former size. Lycopodium, 30, was from this time on ordered at intervals, and at eighteen months a thoroughly instituted examination revealed no trace of the tumor.

Four years has elapsed since that time, and to-day the patient is not only well, but "roughing it" with her husband up in the Red river country.—J. R. KIPPAX, M. D., in *Med. Advance*.

### \*Conservative Surgery.

BY J. C. ANDERSON, M. D.

So intricate and intimate are the relations existing between surgery and medicine, and so common and extravagant are the abuses of the former, that the unbiased observer must see the necessity for the strictest surveillance upon the part of practitioners in order to maintain that balance between the two so essential to the best interest of both patient and profession.

The great law given us by the immortal Hahnemann is already redolent with the success achieved in modifying the abuses of drugs so common and disastrous in the palmy days of allopathy. But in trying to steer away from Charybdis, there is danger that we fall into Scylla, in substituting an evil that is equally as disastrous.

The prominence given surgery in our medical societies and colleges tends to stimulate an undue animus in the minds of med-

\*Read before the Ohio State Homœopathic Society.

ical students in favor of this branch of medical teaching.

This herald of ostentation often beguiles many an otherwise successful practitioner into impatience with medicinal cures that would otherwise result.

This may seem like an assault upon a valuable branch of the medical profession, but with all due deference to the science of surgery, so valuable and indispensable in its proper sphere, yet the signs of the times indicate that an undue zeal is developing in this direction that threatens to bring the science of surgery into a degree of disrepute equal to that of the middle ages, when its votaries received the unenviable opprobrium of *skinners*, and to-day there are those who have earned for themselves the equally degrading, if not more appropriate title of *butchers*.

Not long since we heard a boasting pretender assert that in a twenty-five years' practice he had extirpated a sufficient number of uvulas and tonsils to load a one-horse cart. I thought at the time that he might have added, with an equal degree of truthfulness, that in the same time his indiscriminate use of the knife had furnished as many subjects to fill premature graves. However, the fault does not lie entirely with the profession. Public opinion has much to do in cultivating this tendency upon the part of practitioners towards surgical methods.

The man who can make a boastful display of the knife, however impracticable, is vaunted in importance above the most scientific and thoughtful physician.

Another element that often leads to hasty surgical measures is impatience. The American tendency to hurry often betrays many a poor, unfortunate patient into the loss of a limb or even life.

The earnest physician, whose regard for right and the best interests of his profession, standing high above mercenary motives, is hemmed in upon every side by a class of intriguing imitators and stealthful filchers, whose sordid motives pass current with society, and receive a compensation equal to the merit of the most scientific physician. These are some of the subtle influences that

threaten to deteriorate the science of medicine.

While the skirts of homœopathy are by no means entirely clear from these practices, yet that abiding faith possessed by the great majority of the homœopathic profession in the curative properties of drugs, has had the tendency to render them comparatively free from these abuses.

The more skeptical the physician in regard to the curative properties of medicines, the more ready will he be to resort to mechanical measures.

A few cases, briefly stated, may serve to illustrate my point:

A lad, two years of age, had ulceration of the knee joint, completely destroying the articulation and upper head of the tibia. Considerable quantities of spiculated bone had discharged from the opening, and the upper end of the tibia could be pressed back of the articulating end of the femur, along its shaft as far as the soft parts would permit. A number of physicians were consulted, who were divided between two opinions: one was excision of the upper portion of the bone, which would at best induce several inches shortening; the other was amputation. The one involving shortening, the other loss of the limb. As the boy's general health had become much impaired, it was thought a risk to administer an anæsthetic. With this view of the case the parents objected decidedly to a surgical operation, and sought constitutional treatment at the hands of a homœopathic physician, and determined to await the result. Soon there was an improvement, and at the end of six years of patient waiting and perseverance the boy had a sound, perfect and useful limb.

The second case was that of a young man who had both limbs crushed to the knees by the cars. A council of surgeons unanimously agreed that the only practicable thing to do was to amputate both limbs, and preparations were made to proceed to the operation at once. At this point of the procedure the road surgeon arrived, who was an experienced, cool and self-possessed man. Assuming charge, he determined to try and save the limbs, and succeeded to that extent, so that by the expiration of a

few years the patient was so far restored as to experience but little inconvenience from having had the injury.

Thus it is the calm and thoughtful reasoning that saves to a patient an arm or a limb is worth more than all the patent hooks and artificial limbs in all christendom.

To be able to tread our way through the straight and narrow path of scientific practice, requires the most earnest watchfulness on the part of the practitioner.

Hobbies are easy things to ride, but as they always leave the rider just where he started, they should not be chosen as the elements to carry us on to progress.

### **Kumyss in Cholera Infantum and Summer Complaint.**

To those who have the care of a large number of artificially fed children, the approach of the season when diarrheal disorders are most prevalent and fatal, is always looked forward to with anxiety, and whatever new food is offered, that promises to be worthy of a trial, is eagerly seized and used with the hope that sufficient good may be found in it to tide us over in some trying cases.

In the summer of 1878, Dr. Busch placed at my disposal as much of his preparation of Kumyss as I might need for trial. The success met with in its use that season, was such, that I formed a decidedly favorable opinion of it, and have prescribed it freely during the past two summers. In a severe case of choleraic diarrhoea we derive but little aid from medication, the primary cause of the disorder being the food which was put into the child's stomach; for these cases occur almost exclusively among fed children. Our aim is chiefly directed towards finding something upon which the infant can be nourished, and which will not increase the trouble already existing. In Kumyss we have a food which children with high temperature not only take kindly, but crave, its slightly acid taste being grateful to their parched tongues. It is an absolutely non-putrifiable food, is free from sugar, and it is rarely rejected by even the most irritable stomach.

In administering kumyss, the gas should

first be expelled by pouring the contents of a bottle from one pitcher to another. Begin with small doses, gradually increasing the amount; and, when the stomach will bear it, barley-water may be used to quench thirst. Before returning to a full milk diet, it is better for a few days to use one of the prepared foods. While I do not claim that Kumyss is a panacea for every case of choleraic diarrhoea, I can say we have in it a valuable aid to treat this most formidable complaint.

It is not my intention to convey the impression that I administer Kumyss for its curative properties as a medicine, but regard it as a food. Its use in the early stage of a choleraic diarrhoea, will aid in arresting the disease by supplying a nourishment which the infant can retain, and which will readily be absorbed. It works best in cases where the temperature is above normal, from the fact that it must be given cold. Of course many children to whom it has been given have died, but I can say for it that it has never failed me in any case of cholera infantum, except some in whom well-marked brain symptoms had existed before it was administered, to such a degree as to preclude the possibility of a recovery. Even in these cases it is an advantage, for we are giving a food which will not be vomited, and which will satisfy thirst. I know of but one case, provided it had been given according to directions, where a child would not retain Kumyss in its stomach. This was a bottle-fed child, with simple diarrhoea of indigestion. The temperature was one degree below normal, and it required a warm rather than cold food. Nestle's food agreed admirably with this child for about two weeks, when diarrhoea again set in, and it died of general atrophy.

Kumyss may be made as follows:

As soon as the cow is milked, take one champagne bottle of milk, and into this put one tablespoonful of white powdered sugar previously dissolved in water; add one tablespoonful of brewers' or bakers' yeast, and shake thoroughly, but not sufficiently to produce butter. Set the bottle in a warm place, where the temperature will be about sixty degrees Fahrenheit, and let it ferment.

It is difficult to describe its appearance

when ready for use, but this will usually occur in two or three days. The cork must be well tied to prevent its being thrown out by the fermenting liquor. The next making of Kumyss may be prepared from the first when it is four or five days old. One third of a bottle of the old Kumyss may be added to two thirds of the new, or fresh milk. Before drinking, shake the bottle well.—  
DR. ARCH. CAMPBELL.

### Rest After Delivery.

Dr. H. J. Carrigues, (*American Journal Obstetrics*, October, 1880), makes an extended study of this disputed question, and reaches the following results: Anatomy and physiology teach us that the puerperal uterus is large, flabby, anteverted and antelected; that all the surrounding parts destined to support it are distended, soft and yielding; that its interior presents large wounds, bathed in a fluid rich in disintegrated tissue elements; that the placental site is pervaded with large, venous sinuses filled with recently formed clots; that at least the vaginal orifice, and other parts of the obstetric canal, present open wounds; that the processes of regeneration, of transformation and absorption requires at least two months, and that retrogression is most active during the second week. His practical conclusion is "that the upright and sitting posture ought to be carefully avoided until involution has proceeded so far that the uterus has receded from the anterior wall of the abdomen and returned to the pelvic cavity. In order to ascertain this he daily examines the position of the fundus uteri as compared with the symphysis pubis. When he finds it has subsided behind the symphysis he thinks that it finds sufficient support in the true pelvis." This process in different women requires different periods. He has seen it occur in five days, but in most of his cases it took two weeks.

### Sure Death to Flies.

The *Pyrethrum roseum*, or "Persian chamomile," is the powdered leaf of a harmless flower, growing in Caucasian Asia in great profusion, where for centuries it has been used to rid the natives of unwelcome guests from the insect world. It can be purchased

of almost any reliable druggist at about one dollar per pound, all ready prepared for use.

With a finely powdered dust made from these flowers, the mosquito, the house fly, the flea, and the disgusting *Cimex lectularius* may all be put to flight or murdered. It is only necessary to heap up into a little cone one teaspoonful of the drug pyrethrum, touch it with a lighted match and watch the thin blue line of smoke as it rises to the ceiling and is wafted through the air, changing the busy drone of insect life into a weak wail of insect woe. Pretty soon down they come plump on to the table and over your paper, spin on their backs, and then sheath their lancets, curl up their hair-like legs, and are no more.

Smoke from the Persian chamomile, or its dusty powder, is most efficacious, but the purity of the drug must be assured. It must have a bright buff color, be light, readily burned, and give a pleasant, tea-like fragrance; one pinch should kill a dozen flies confined in a bottle, at once; where it fails of these properties it has been adulterated.

In common use in large or breezy rooms, where from great dilution it fails to kill, it nevertheless produces on insect life, through its volatilized essential oil or rosin, undoubted nausea, vertigo, respiratory spasm, and paralysis. It acts upon them through the minute spiracles, the breathing tubes that stud the surfaces of their little bodies, and form the delicate network of veins in their tiny wings. To human beings it is entirely innoxious and not disagreeable.—*Lancaster Farmer*.

**Boys Smoking.**—Mothers have a duty to perform towards their boys in teaching them to avoid tobacco. Some investigations by Decaisne, of Paris, may help them in the discharge of this duty. Decaisne examined a large number of young smokers, and found the following symptoms evidently due to this habit: Palpitation, intermittent pulse, chloroanemia—besides this, the children showed impaired intelligence, became lazy and were disposed to take alcoholic stimulents. The latter effects are worse than the first, and no doubt grow out of them.

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## EDITORS:

W. D. FOSTER, M. D. O. H. CRANDALL, M. D.

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We hereby certify that we have printed over 7,000 copies of the MEDICAL CALL, each edition, for January, April and July, and 9,000 for October, 1881.

D. WILCOX & SONS.

## Volume I.

This number closes Volume I of the CALL. We have published and distributed *thirty thousand* copies during the year. Each number of the CALL contains thirty-two pages of interesting and mostly original reading matter. Each page has over eight hundred words; each number about *twenty-six thousand* words, or for the year we furnish over *one hundred thousand words* of "mighty good" reading for the sum of fifty cents. For this we are largely indebted to our able corps of contributors.

We furnish more and a greater variety of reading matter than any other homoeopathic journal published.

This venture, an experiment on the first of January last, is now an assured success. The journal is on a paying basis, and the editors are consequently encouraged to widen their efforts to still further increase the popularity and usefulness of the CALL.

We have been urged on all sides to change from *Quarterly* to *Monthly*, and make the subscription price \$2.00 per year.

With a view to conform to this widely expressed desire, we now *request all those receiving this number to give immediate notice*

*of their desire to have a Monthly; and all those who prefer the present plan also to indicate their wish.*

Notice is hereby given that after this number the MEDICAL CALL will only be sent to subscribers. For the nominal amount charged for the great amount of interesting items furnished, every homoeopathic physician in the United States ought to be a subscriber.

Those who have not paid for this first volume are requested to enclose \$1.00, to pay for the present and coming year. Those who have paid are cordially invited to renew.

The issues of this journal succeeding, we intend to embellish with fine engravings of our most distinguished physicians, accompanied by brief biographical sketches. The first move in this direction appears in July number, wherein we present an admirable cut of our distinguished and accomplished friend, Prof. Franklin, of the University of Michigan. We are prepared to have engraved any illustration, cuts or photographs which our contributors may desire to furnish us. The purpose of its editors is to make the MEDICAL CALL increasingly spicy, interesting and useful.

Subscribe at once.

## Is He Competent to Judge?

THE MEDICAL CALL has received a communication from an old practitioner of homoeopathy, who has been the recipient of two issues of this journal. He takes us sharply to account for the character of reading we furnish our subscribers, and directs us to make no more *Calls* on him. After favoring him with this number we shall not visit him any more, unless at usual rates, fifty cents per year in advance. Among other things, he affirms that he knew a better homoeopathy than we inculcate in this journal, forty years ago. We fail to see the pertinence of his strictures, and most emphatically deny their truth.

In testimony of our allegiance to, and belief in the doctrines of Hahnemann, we refer to our plain declaration in first issue. Therein we announce our faith in the similar remedy applied in accordance with the indications. That is our belief, practice and teaching. Does our venerable fossil

know of any different or better homœopathy than this, learned forty years ago? That the law of similars is the scientific therapeutic guide, we entertain no doubt; that all physicians are capable of applying it with precision and satisfaction, we seriously question. Our correspondent may or may not be competent to thus apply the law. If he is, we would like to learn if he has any other, or secret method whereby he selects his remedy, except in accordance with the *indications*? If he has, we advise him to get a patent on it, in order that his great discovery may not be lost to posterity.

If our critique infers that our kind of homœopathy is not *au fait* because some of our contributors use and recommend low potencies in the treatment of the sick, we answer that we do not indorse, and are in no way responsible for the opinions of contributors. This journal does not propose to hold any Star Chamber censorship over the doctrines of others, but invites the fullest expression of individual belief and practice. In approval, however, of the practice of those careful, conscientious physicians, who prefer generally the low potencies, we confidently refer to the teachings of an eminent physician who had a knowledge of the very best kind of homœopathy. In a book called *MATERIA MEDICA PURA*, edited by Charles Julius Hempel, M. D., 1846, Vol. 1, page 199, *CANNABIS SATIVA*, we read: "For a long while I have used a small portion of a drop of the *undiluted tincture* at a dose." That man probably knew something about homœopathy before our critique was born. His name is Dr. Samuel Hahnemann. Does our *forty year* fossil consider this good authority? For his further information, and to all whom it may concern, the *MEDICAL CALL* hereby declares a firm conviction that the potency is, and ought to be, a matter of individual, personal judgment. We use all potencies, from the tinctures to the very highest—1mm, and will doubtless use higher when they can be obtained. How high and how low does our *forty year ago* homœopathist use? Those who use only low potencies may be as good homœopathists as those who use the high or highest only.

Liberality, in reference to matters of doubt, is not unbecoming in all men. From

all of which it will appear that our critique is laboring under a delusion as to our kind of homœopathy.

### Natural Labor.

A CASE IN ILLUSTRATION OF SPONTANEOUS CHANGE OF POSITION FROM RIGHT OCCIPITO-ILIAC POSTERIOR TO RIGHT OCCIPITO-ILIAC ANTERIOR (second position of Moreau), during first stage of labor. Pulsatilla, 200th.

Sept. 2, 1881. Summoned at 10 P. M. to see J. F., æt. 25, in fourth labor at term. Patient's health good. Previous labors natural,—one probably attended with similar evolution to that here noted. A vaginal examination instituted shortly after my arrival, revealed the os dilated above the size of a silver dollar, somewhat rigid, pains weak and long apart, membranes intact, head presenting R. O.-I. POSTERIOR. One and a half hours later, the pains coming on regularly and strong, the touch revealed the os rapidly dilating, regular descent of the head, during pains, in position noted. I gave one dose of Pulsatilla, 200th—some globules dry on the tongue. Within one hour, as the head began to press on the perinæum, I gave small doses of Squibb's Chloroform by inhalation. At the beginning of a pain shortly after, the finger plainly detected the rotation of the occiput to RIGHT ANTERIOR ILIAC position. Within a few moments the head escaped from the os and the labor was speedily completed. The membranes were ruptured after the head was delivered. Child a strong, vigorous boy; weight, ten pounds. What agency the dose of Puls. may have had in this evolution I can not say.

WE solicit every physician in active practice to write an article which will be interesting to the profession, for publication in the *MEDICAL CALL*. You may have some improved method of treatment which would be of great benefit to the profession. All improvements in medicine, as well as surgery, should be made known. The *CALL* is a lively journal, and goes to nearly every homœopathic physician in this country. Don't wait for us to write you a personal letter, but write at once. Address all communications to the *MEDICAL CALL*.



Charles Julius Hempel.

CHARLES JULIUS HEMPEL was born at Solingen, a manufacturing town near Cologne, Prussia, on September 4, 1811.

The devotion of his parents and his own diligence enabled him to get the benefits of a collegiate education in his own country; when about twenty-one years old he went to Paris, drawn there by the fame of Thénard, Gay-Lussac, Michelet and other eminent French teachers of that day. Although receiving some pecuniary aid from his family, he was thrown largely upon his own resources and had to make many a sacrifice to gratify his thirst for knowledge.

The genial, pleasant ways of the young student soon won him friends in the foreign land; among them the great Michelet, then busily engaged on his history of France. Recognizing in the young German ability which he could utilize in his literary labor, and anxious to be of service to him, he made him a member of his family for some length of time. When Hempel left the pleasant home of the French savant, Michelet not only secured him profitable employment as a tutor, but remained his constant and warm friend, giving him the full benefit of his high standing in the social and literary world.

To a man like Hempel this intimate association with some of the best minds of that day must have been of incalculable benefit. Some men are fairly ruined, if they attract the attention of those who have reached the higher rounds in the ladder of fame, because they mistake the word of cheer which is spoken to stimulate the beginner in the

race of life, for the applause which belongs to the acknowledged winner; others can bear the honor which comes from intimate association with the great men of the race and dare listen to praise from their lips, because the former keeps alive their desire to "do," to "accomplish," while the latter gives them assurance of the possibility of success. Hempel belonged to this latter class. Grateful for the confidence and friendly interest of men like Michelet, he lived to prove himself worthy of such fellowship. Nor did he fail in after-life to be to others what the French historian had been to him. More than one "seeker after truth" found a shelter under Hempel's roof; and his large, tender heart beat ever in closest sympathy with him, who was without counsel or friend.

In 1835 he emigrated to this country, arriving in New York on the twenty-fourth anniversary of his birth. Soon after his arrival he became intimately acquainted with Maroncelli and other Italian refugees. He resided for two years in the family of the former, giving nearly all of his time to the acquisition of the English and Italian languages, imbibing, in the meantime, views on political and social questions, which played an important part in the formation of his character. His literary acquirements secured him abundant employment and brought him into intimate relations with young writers and journalists, many of whom have since risen into prominence in literature and in politics.

After a residence in New York of six or seven years he matriculated in the Medical department of the University of New York, from which institution he graduated on March 1, 1845, more than thirty-four years old. His inaugural thesis, a copy of which is now before us, is on "Ecticism in Medicine; or, a critical review of the teaching of medical doctrines." It is dedicated to Professor Martin Payne, M. D., and consists in a comparison of the doctrines of the different medical schools, and of a frank avowal of his faith in the law of the similars.

\* \* \* \* \*

The following is a summary of his literary work during the next six years.

1. Hahnemann's Chronic Diseases, with clinical suggestions by Noak and Trinks, 1845-46. 12mo., pp. 1632.
2. Bönninghausen on "Intermittent Fever," 1845. Pp. 56.
3. A Treatise on Arnica, 1845. Pp. 16.
4. Hahnemann's *Materia Medica Pura*, with clinical suggestions by Noak and Trinks, 1846. 8vo., pp. 877.
5. Stapf's Additions to the *Materia Medica Pura*, 1846. 8vo., pp. 292.
6. Rueckert's Therapeutics of Homœopathy, 1846. 8vo., pp. 486.
7. Hempel's Domestic Physician, 1846.
8. Hartmann's Theory of Acute Diseases, etc., 1847. 12mo., pp. 476.
9. Rau's Organon of the Specific Healing Art, 1847. 8vo., pp. 200.
10. Bönninghausen's Therapeutic Pocket-book for Homœopathic Physicians, 1847. 8vo., pp. 504.
11. Jahr's New Manual (Symptomen-Codex), 1848. 8vo., pp. 2003.
12. Hartmann's Theory of Chronic Diseases, 1849. 12mo., pp. 258.
13. New Hom. Pharmacopœia and Posology, 1850. 12mo., pp. 359.
14. Jahr's Repertory of the Skin Symptoms, 1850. 18mo., pp. 515.
15. Jahr's Clinical Guide, 1850. 18mo., pp. 409.

In 1855 Dr. Hempel was married to Mrs. Mary E Calder, of Grand Rapids, Mich.; in 1856 he removed to Philadelphia, having accepted the chair of *Materia Medica* in the Homœopathic Medical College of Philadelphia. In 1859 or 1860 he resigned and came to Grand Rapids, where he spent the remainder of his life, with the exception of occasional visits to the East, and of one year spent in Europe. Although Dr. Hempel was engaged in a large general practice, he continued his literary labors with unabated zeal, publishing the following medical works:

Teste's *Materia Medica*, from the French, 1854.

Tessier on Pneumonia, 1856.

Tessier on Asiatic Cholera, 1856.

Jahr's Diseases of Females and Infants at the Breast, from the French, 1857.

Hempel and Beakley's Manual of Hom. Practice and Surgery, 1859.

Hempel's *Materia Medica*, First Ed., 1859.

Lutze's Manual of Hom. Therapeutics, 1862.

Hempel's *Materia Medica*, Second Ed. 1865.

Jahr's Venereal Diseases, 1868.

Jahr's Forty Years' Practice, 1868.

Jahr's Clinical Guide, 1869.

Bæhr's Science of Therapeutics, 1869.

Many of these works are more than mere translations. Bæhr's work, for instance, contains very copious additions from Kafka. In addition, he also published:

Hartmann's Diseases of Children.

Jahr's Diseases of the Mind.

Hempel's Organon of Specific Homœopathy.

Hempel's Domestic Practice, in French and German.

Some ten years ago Dr. Hempel met with an accident, which was hardly noticed at the time of its occurrence, and was recalled only when the writer was anxiously canvassing the past to find the first cause of the protracted illness of Dr. Hempel. In attempting to get into the carriage, the Doctor's foot slipped and, falling backward, he struck with the sacrum upon the edge of the board side-walk. There was no pain at the time. But within a few months Dr. Hempel was taken with an attack of paralysis of the lower extremities, from which he not only never recovered, but which was the first step of that terrible affliction, which finally terminated in utter helplessness. An examination after death gave evidence of the correctness of our opinion formed during his life-time, looking upon the injury received from the fall as the first cause of the long chain of morbid phenomena which followed.

At the same time his sight commenced to fail him. He was accustomed to spend a goodly share of the night in literary labor, and preferred the bright gas-light to the less trying light of the student's lamp. In his work of translating he was in the habit of marking a certain number of pages as his allotted task for that night; and he rarely sought rest with that task unaccomplished. When his eyes first commenced to trouble him seriously, he attributed the want of perfect vision to an imperfection in his glasses, and consulted many of the best opticians and oculists, attempting to find the exact glasses he needed. He resisted

the very thought of an incurable disease of the eye; nor did he admit to himself the hopelessness of his own case, even after the celebrities of Europe had added their testimony to that of American specialists, until that perpetual twilight had settled upon his vision, which was but the forerunner of the long night which soon came. His visit to Europe was made in 1870; he returned home in 1871. His health had become too seriously impaired to permit his return to practice. He was breaking down slowly, but constantly. In 1874 he could still walk about the city with the assistance of a stout cane and of his devoted nurse and friend. Soon these walks had to be restricted to the veranda of his home, and before long they ceased altogether. About the same time he became totally blind.

But even this complication of afflictions could not impose rest upon the active brain of Hempel. Completely paralyzed, suffering severely from pain, shut off from the outside world, he wrote by dictation, his "Science of Homœopathy," of which a second edition appeared in 1876.—This work is not as extensively known to the profession as it deserves to be.

During the last few years of his life, the desire to prepare a third edition of his work on *Materia Medica* and, if possible, to insure its perpetuity, was uppermost in his mind. He was full of faith that his manner of teaching was best calculated to give a clear understanding of the subject involved. Fully realizing the impossibility of his carrying on the work of revising and re-writing, and knowing well that the silent messenger might bring him the summons to depart at any time, he never wavered in the faith that his heart's wish would be granted; and when the hour of parting came at last, it was made easier by the knowledge that his prayer had been heard.

Around this work his every interest in life centered. How he loved to hear read to him the corrections made, the additions introduced, the modifications adopted, the new manuscript prepared! So feeble that his head needed support from the hands of others; racked with pain in every inch of the frail body; wasted to a very skeleton,

he was ever anxiously waiting for the hour when he could talk with his associate of the prospect of his "Third Edition."—When at last arrangements for its publication had been made, he felt that his work in this world was done. About September 16, he had read to him, his preface to the work and made a number of corrections; he then requested that it be put away, "all ready for the printer." He was at that time laboring under a severe cold, but he alone realized that the end was at hand. Fond of life and of activity, the weary one was glad to throw off the palsied body which chained him to an invalid's couch, and to enter upon that new life, in the reality of which he firmly believed. The last struggle seemed hard. Let us hope that what we call death is less painful to those who are tasting the chilly waters of the dark river, than it is to the heart-broken friend who witnesses the intensity of the struggle, only to realize that he could do nothing but smooth the pillow of the dying one, and pray that the end may come soon!

Hempel died at midnight of September 24, 1879.

\* \* \* \* \*

The life of Hempel is one grand, continuous plea for freedom of thought. He had the assurance that truth would triumph in the end; and it troubled him little to think that, possibly, this triumph might be based upon the downfall of his own views. He was a man who would have strangled his dearest fancy with a smile on his lips, who would have torn from his bosom every faith he ever cherished, if by so doing he could have secured the faintest glimpse of God's precious truth.

Hempel has passed away from the noise, the strife, the clamor of this world. He has left us the memory of a pure, useful, truth-loving, truth-seeking mind. This legacy is the more precious, because we know, that, like ourselves, he had faults to overcome, temptations to resist, angry impulses to smother.

What words are more fitting in this place than the words of Hamlet:

He was a man, take him for all in all,  
I shall not look upon his like again.

—H. R. ARNDT, M. D.

### The National Institute of Homœopathy.

We arrived at Brighton Beach Monday, June 13; weather very disagreeable and chilly. Many M. D.'s arrived the same evening. After the usual congratulations, all retired for the work of the morrow.

Tuesday, 14, at 10 o'clock, the Institute opened with President J. W. Dowling in the chair. After prayer by Rev. Moss, of Brooklyn, the president read his address, which was listened to with marked attention by all present. It was generally admitted to be one of the best ever delivered before the Institute, being plain, practical and just. There was no bias to the high or low potentist, but was eminently conservative throughout. After being referred to the proper committee, 5,000 copies were ordered to be printed for general distribution. After came the report of Treasurer Kellogg, showing that the treasury had been well guarded, and that the Institute had money in the treasury after all expenses were paid. Next in order came the report of Dr. F. R. McManus, the venerable chairman of the Board of Censors, presenting nearly a hundred new names for membership. Following in regular order came the reports of the following bureaus: Organization, Registration and Statistics, J. F. Talbot, chairman; Bureau of Psychological Medicine, T. S. Brown, chairman; Bureau of General Sanitary Science, etc., B. W. James, chairman; Bureau Natural Pharmacy, and Provings, A. C. Cowperthwait, chairman; Bureau of Clinical Medicine, H. C. Allen, chairman.

Wednesday opened up with the Bureau of Pædology, being put in before the regular hour of opening the Institute, and the papers, which were remarkably good, were read to empty seats—no discussion following the papers, as everything was pushed through to make way for a boat ride, given at the expense of President Dowling. The boat started from Brighton Beach at 2 P. M., and returned at 11 P. M. All visited Ward's Island, and were welcomed by Egbert Gurnsey, M. D., by a pretty speech. This Hospital contains 800 beds and is an honor to homœopathy.

Thursday morning opened up with bright sunshine, and at an early hour all was

bustle and hurry, as the grand event of the meeting was to come off, namely, the election of president and minor officers. The meeting opened with the Bureau of Surgery, H. F. Biggar, M. D., of Cleveland, chairman. Exactly at 12 o'clock the meeting was called to order and balloting commenced for president—Drs. V. R. Beckwith, H. F. Biggar, Cook and Breyfogle. Dr. Breyfogle receiving a majority of all votes, was declared elected president for 1882. Bushrod W. James, vice president; Kellogg, treasurer, and Burgher, general secretary. After the election of officers came dinner and rest until the banquet, which came off as usual in the evening.

Friday morning concluded the American Institute meeting for 1881, followed by a supper in the evening at Delmonico's, New York.

And what are we to say of our great American Institute of Homœopathy for 1881? The meeting seemed to lack interest from the start. First, the presidential aspirations were so great, and so much log rolling was being done, that all of the other business of the Institute seemed in obedience to this object. Very little else was thought of, or talked of, if conversation was a guide, but the one absorbing thought: who was to be the next president of the Institute? and it soon became evident that the eastern men had elected the next president, as they were in the majority; and although the choice did belong to the West, and she should have had her say, it was disregarded, and a southern man was elected by eastern parties, so that the next President naturally belongs to the West. And although I do not for one moment approve of electioneering for officers beforehand in scientific bodies, I do think that western men should be true to themselves, and be prepared for their defense hereafter.

Again, the Institute met in sectional meetings, which divided the interest of its members, and broke up, to a great extent, the regular meetings of the Institute. For instance, the Bureau of Obstetrics and Gynecology met in sectional meetings at the same time in different places; many members who wished to be present at both meetings being deprived that pleasure. But

this is all changed for the next year, when the meeting takes place at Richmond, Va. No place but this seeming to be thought of, we did not urge the advantages of Kansas City.

Altogether I should pronounce the meeting of 1881 an experiment, and devoid of interest, as compared with meetings of other years.

**The Fifth Annual Meeting of the Missouri Institute of Homeopathy,** announced for August 3 and 4, at Sweet Springs, but which was postponed, will be held at St. Louis, Wednesday and Thursday evenings, October 5 and 6, 1881, at 8 o'clock, in Parlor 22, Lindell Hotel.

Members of bureaus and others who forwarded papers to Sweet Springs, are requested to present them in person at the time and place above named.

As this session occurs during fair week, it is confidently expected that the homoeopathic physicians of Missouri will turn out *en masse*, and make this re-union a grand and glorious success.

Papers and communications should be addressed to H. W. Westover, M. D., provisional secretary, Lindell Hotel, who will have charge of the records of the Institute.

In behalf of the executive committee,  
WM. D. FOSTER, Gen'l Sec'y.

Kansas City, Sept. 20, 1881.

### Our Clubbing Rates with Other Journals.

We will send the Clinical Review and Medical Call, for.....\$2 00  
Homoeopathic Physician and Medical Call, for..... 2 00  
Herald of Health and Medical Call, for 1 25  
Medical Brief and Medical Call, for.... 1 30  
Quincy Weekly Whig and Medical Call, 1 25  
Homoeopathic Expositor, The Bistoury and Medical Call, for..... 1 20  
The Clinique and Medical Call, for..... 1 30  
The Medical Advance and Medical Call 2 00  
Medical Counselor and Medical Call... 2 00  
Send cash by postal order, registered letter, or by enclosing it in presence of the postmaster.

Physicians are especially invited to read our advertisements.

**The Transactions of the American Institute** at Brighton Beach in June, are promised to those who are entitled to receive the same, at an early day.

The improved style of the late volumes of the Transactions, and their prompt delivery, will do away with what has long been a source of serious complaint. As a large number of the members who live at remote points from place of meetings are prevented from attending, it is only reasonable that these volumes should be promptly delivered, especially as they are always paid for in advance.

**The Homoeopathic Free Dispensary,** now in operation in Kansas City, has been in existence about three weeks. The productive brain of our friend, Dr. Holmes, gave birth to the idea, and it is he who has been the main factor in its success so far. Each day in the week a different physician is in attendance, at the hours of 5 to 7 P. M. On Monday, Dr. W. H. Miller officiates; on Tuesday, Dr. H. J. Beals; on Wednesday, Dr. C. S. Penfield; on Thursday, Dr. J. J. Miller; on Friday, Dr. S. A. Anderson; on Saturday, Dr. E. S. Northrup, and on Sunday, Dr. Holmes "holds the fort."

### BOOK DEPARTMENT.

**THE HOMOEOPATHIC THERAPEUTICS OF DIARRHŒA, DYSENTERY, CHOLERA, CHOLERA MORBUS, CHOLERA INFANTUM, AND ALL OTHER LOOSE EVACUATIONS OF THE BOWELS.** By James B. Bell, M. D. Second Edition. By Drs. Bell and Laird. 1881. New York and Philadelphia: Boericke & Tafel.

The first edition of this monograph, published in 1869, is doubtless familiar to most of the older practitioners of our school. The present edition is very much enlarged. The author, in the preface, says; "The material for a new edition of this little work has been collecting ever since the first was published, and such an edition has long been called for." \* \* \* "Dr. W. T. Laird, \* \* \* has added much from his own collection of material, and to him is due the entire remodelling of the repertory, which, in the first edition, was quite defective." \* \* \* "Dr. Ad. Lippe has contributed two annotated copies and many suggestions." The remedies considered in this

treatise are divided into four classes by the editor: 1. Those which have been thoroughly proved and repeatedly verified in practice. 2. Drugs, which have also been well proved, but whose symptoms, as yet, lack clinical confirmation. 3. The medicine, of which we possess only fragmentary and imperfect pathogeneses. 4. Those remedies whose indications are derived solely *ab usu in morbis*. The important symptoms are italicized, those which are specially characteristic are printed in **black type**. As a result of the additions and alterations above indicated, the value of this edition is enhanced immensely. It is invaluable to the practitioner; the doctrines taught are sound; the indications for the remedies are clear-cut and precise. A careful and patient study of our cases, aided by this book, ought to equip us fully to contend successfully with the class of diseases enumerated. A valuable supplement to this in the study of these cases, is furnished by Dr. J. J. Mitchell, of Newburg, N. Y., in the Schema, published in the Transactions of The American Institute of Homœopathy for 1871, page 467, *et seq.* We most heartily commend these publications, with full confidence that our readers will derive as great advantage from their careful study as we have. With these helps the worst cases can be studied up in a few moments; whereas, without them, many hours would be necessary, especially to the less experienced.

**A TREATISE ON DISEASES PECULIAR TO INFANTS AND CHILDREN.** By W. A. Edmonds, M. D., Professor of Pædology, in the St. Louis College of Homœopathic Physicians and Surgeons. Boericke & Tafel, publishers.

In June last, Dr. Edmonds entered the world of homœopathic literature as the author of the most concise and practical treatise on this very important subject yet given to the profession. It is not an exhaustive work, but a most plain and readily useful one. It contains in brief what Duncan and others have elaborated without necessity or advantage. The ætiological and descriptive portion is sufficiently full for all the demands of practice; while the therapeutical indications embrace only those medicaments as are most generally indicated and required. Furthermore, we be-

lieve it will rarely be found necessary to look beyond these. Clinical verifications alone are to be relied on, and here are the golden grains assayed from the masses of dross and compilation so abundant in similar volumes. We heartily commend the book as the cheapest and best extant.

### Received.

A Catalogue of Medical Books, for sale by J. H. Vail & Co., New York. 1881.

American Institute of Homœopathy. Annual Address. By the President, J. W. Dowling, M. D., New York.

Ovariectomy. By S. S. Todd, M. D., Kansas City. Reprinted from Kansas Medical Index.

The Drug Mill. Monthly. John H. Nelson, editor and proprietor, Cleveland, Ohio.

Infinitesimals. A lecture to the members of the Alumni Association of the University of Michigan. By Prof. T. P. Wilson, M. D.

Female Diseases: the result of errors in habit and hygiene during childhood and puberty. By R. J. Nunn, M. D., Savannah, Georgia.

The Twenty-third Annual Announcement of the Homœopathic Medical College, of Missouri, for 1881-2.

### Personals.

Dr. Jenney has returned from a three months' trip in the East, to Kansas City, and will henceforth devote his attention exclusively to office practice, having been succeeded by Dr. Wm. D. Foster, to whom he has turned over his general practice. Dr. Jenney will hereafter hold himself in readiness for consultations in ear, throat and nervous diseases; will examine patients with laryngoscope, auroscope, etc., for physicians too busy in general practice to attend to the same, or consult with other physicians upon aforementioned specialties.

Dr. C. S. Penfield, of Kansas City, who went to his home in Ohio the latter part of July on account of severe illness, has returned to his field of operations thoroughly restored to health.

The veteran, S. R. Beckwith, M. D., dropped in upon the CALL in August. He is taking a look at the Great West with a view to becoming one of us.

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A QUARTERLY JOURNAL,

DEVOTED TO THE

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EDITORS:

W. D. FOSTER, M. D., O. H. CRANDALL, M. D.

VOL. I.

QUINCY, ILL., JANUARY, 1881.

No. I.

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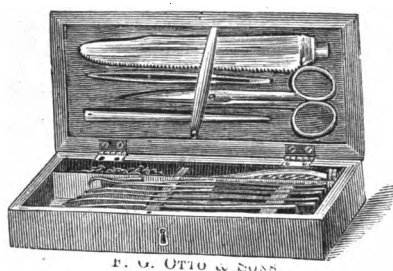
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THE

# Medical Call.

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No. I.

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For the Medical Call.

## CARBOLIC ACID.

### Accidents from its Use—Proper Strength for Solutions—Antidote to its Poisonous Effects.

BY F. B. CLOCK, M. D.

Carbolic Acid is not an old, but comparatively a new chemical, having been discovered about fourteen years ago at the time aniline was first made from coal oil, the same source from which Carbolic Acid is obtained. Since that time it has rapidly come to the front and taken its place as a preparation of much note.

The literature upon the subject of Carbolic Acid up to the present time, has been very meagre. The U. S. Dispensatory says but little, and Parish's Pharmacopoea and other works give no standard formula for a solution, thus leaving the matter of strength to be used to the discretion of the physician, which often proves to be the consequence of very grave disasters.

Two accidents from the use of Carbolic Acid have come to my notice within the past year. One case, a lady living in Charles-

town, who had every symptom of a whitlow appearing upon the finger. A physician prescribed for her a strong solution of Carbolic Acid as a prophylactic, the member to be kept saturated with the solution. The consequence was the death of the finger, and amputation followed. The other case, a gentleman member of a theater troupe, while playing upon the stage, cut his finger with a piece of crockery. He visited a near physician, who dressed the wound, gave him a prescription for a twenty per cent. solution of Carbolic Acid, the finger to be kept wet with the solution. Result, death of finger and amputation followed, caused by the corrosive action of the acid.

We sometimes get poisoning symptoms in cases from absorption with the acid spray, and compresses used in surgical operations, and in dressing wounds, and in all such cases I attribute the accident to the strength of the solution used.

Most pharmacists make a solution to have on hand; some a twenty per cent., others a ten per cent., and these strengths they readily reduce to comply with the per cent. that the physician may write for.

Now, a twenty per cent. solution is too strong for any purpose, other than for sanitary use in disinfecting bad odors, etc.; a ten per cent. solution can be used in many cases with caution, but for general therapeutic use a five, three and two per cent. are the strengths most efficient and safe.

No antidote was discovered for the poisoning effects of Carbolic Acid up to the year 1879, at which time it was found that Sulphate of Soda was an efficient remedy, and

has been used with good success. When the system shows symptoms of poisoning from the use of the acid in surgical operations by the spray, or dressings, it should be discontinued and a five per cent. solution of Sulphate of Soda used instead for a few days, after which time the acid can again be used if desired in a more diluted form.

When poisoned by being taken in the stomach the best known antidote is lime water, freely drank, with mucilaginous drinks and Olive Oil.

### **The Administration of Bi-Chloride of Methylene and How to Administer Chloroform During Confinement.**

BY WILLIAM COLLISON, M. D.

Read before the Missouri Institute of Homœopathy,  
October 6, 1881.

I take the liberty of calling your attention to the apparatus of Dr. Junker for the administration of Chloroform and the Bi-Chloride of Methylene. It consists of three portions—a graduated cylinder for the anæsthetic fluid, holding about two ounces of fluid; this is closed by an air-tight top, through which two tubes enter, a long one reaching nearly to the bottom and connected at the other end with Dr. Richardson's hand bellows; a shorter tube to which the mask, or inhaler, is attached by means of an elastic tube.

In using the apparatus, the receiver is charged with six drachms of the anæsthetic (indicated by corresponding graduations of the bottle). By pressure of the bellows the air is forced through the tube into the fluid, and escapes impregnated with the vapor, through the shorter tube into the mouth-piece, which covers both nose and mouth. Every pressure of the bellows supplies the patient with fresh air impregnated with the narcotic vapor as the expired air escapes through the valve, an important point in this method of administering narcotics, as the patient is never exposed to air that has been already inspired. With this apparatus the operator has full control over the supply of the anæsthetic. The pressure of the bellows may be easily timed with the inspirations of the patient, and the quantity of the

supply regulated by the quality of the pressure. No waste of narcotic fluid from evaporation—the latter often so annoying to the operator and his assistants—can occur, the supply being immediately cut off by leaving the bellows at rest.

The following abstract from Mr. Spencer Wells' work on Diseases of the Ovaries, published in 1872, will be of interest to all:

"The first surgical operation in which Chloro-Methyl was ever used was a case of ovariectomy, which I performed in October, 1867. It was administered by Dr. Richardson himself, and in his report to the British Association in 1868, he says: 'After subjecting myself to the action of the vapor to the production of perfect insensibility, I ventured to administer it for surgical purposes on the 15th of October last.' The sleep produced was of the simplest and gentlest character, and the operation performed by Mr. Spencer Wells, which lasted thirty-five minutes, was quite painless!

When I add, that between April, 1870, and March, 1871, I had thirty-two successive cases of ovariectomy in private practice, without one death, and that the last twenty-four cases of the five hundred, including both hospital and private cases, all did well, every patient having recovered, it must be admitted (as anæsthesia was complete in every case, not one patient having been conscious at any stage of the operation,) that the anæsthetic employed is a good one. In some cases less than two drachms was used, and very rarely more than six drachms. Dr. Junker's apparatus was generally employed. Administered by this apparatus a patient may be kept in a state of perfect unconsciousness throughout a prolonged operation. Scarcely any of the vapor escapes into the room, neither the surgeon nor his assistants are affected by it; a patient very seldom becomes pale, she sleeps quietly, awakes quietly, is not often sick, and seldom has much bronchial irritation referable to the Chloro-Methyl. Indeed, she gains all the advantages of complete anæsthesia, with fewer drawbacks than I have ever obtained by the use of any other anæsthetic."

Such is the testimony of Mr. Spencer Wells, regarding the Bi-Chloride of Methylene when given with this apparatus; and

from his remarks it is evident that the great success is owing to the fact that the patient inspires so little of the actual anæsthetic, the fresh air being constantly supplied, after it has been impregnated with the vapor. This condition is precisely what is required during the administration of Chloroform, while the opposite is true of Sulphuric Ether, where a state of anæsthesia is more easily and successfully maintained by the exclusion of the atmospheric air.

There is another and very important use to which this apparatus can be applied and that is for giving Chloroform during confinement. The amount taken can be so easily and completely controlled, and can even be given without an assistant, the patient taking the rubber ball in her own hand, and pumping until no pain is experienced, when she ceases to press the bellows and the supply is immediately cut off. As soon as she returns to consciousness sufficiently to feel the pains again, she at once recommences the supply, and in this way regulates the supply or quantity taken, by her own necessity.

---

For the Medical Call.

### **Irritable Spine.**

---

BY W. H. JENNEY, M. D.

Miss C. consulted me one year ago for her sister, who had been sick since October, 1878, with what she termed fainting spells, stating that she had been under the care of the best allopathic physicians of Kansas City, and seemed no better than when she commenced treatment. The patient's history is as follows:

"I was taken sick the 24th day of October, 1878, my father being very sick at the time, and being told that he was not expected to live my whole system seemed to give way and I commenced to shake like an ague fit. For fourteen hours this kept up, until it was finally overcome by morphine. After the death of my father, which occurred one week later, I seemed to rally, but this did not last long; the attacks returned again. I was not able to raise my head from my pillow nor feed myself. We employed five different physicians during a period of six months. At the end of this time I was able

to sit up but a few moments; this slight improvement lasted about a month, when I again became almost as bad as ever and remained in bed for six months longer. Many consultations were held over my case, I took all sorts of horrible medicine, and was blistered ever so many times, until they said time was what I needed. For the next year I took but little medicine and had frequent attacks of nervousness; could not sit up any time, and any attempt to step gave me great pain. The physicians finally concluded to have me come to Kansas City and be fed on concentrated food; but my friends thought I had been experimented on enough and concluded to call another physician of another kind of practice."

Here is the case as I found it; great tenderness over the region of the ovaries; painful menstruation; tenderness of the spine; and the patient so nervous that it was with difficulty that I could make my examination. The patient had a fainting spell when I attempted to question her on the start. It was a deplorable case and one of long standing, and I could not give encouragement that she would get well. She had been under the care of the best allopathic physicians of Jackson county, and Kansas City physicians had consulted, but with no success. I commenced the treatment in October and did not see the case until the next May; then the patient came to town to see me, nearly well, but with some tenderness of the spine in the cervico-dorsal region. The case was treated according to the law—*similia similibus curantur*. Having no record of the case I can not give my treatment, nor would it be necessary, as the treatment cannot be new, as it would be in the allopathic practice.

One notable feature in the case I will mention and that was plica polonica. She had very luxuriant hair; it became kinky and twisted so that it could not be combed. Lycopodium cured this difficulty. (The attenuation was the 30th, fifteen years ago; since which time I have filled it up very often and it seems to act better each time.) My patient is now well able to take trips by cars, carriage, or walk, as she desires, without more than ordinary fatigue. One feature of the allopathic treatment seemed strange,

and that was the idea of putting the case on concentrated food, as she at no time lost her digestion, but kept in good flesh. Probably they were waiting for something to "turn up," to let them out; but they did not think that homœopathy was going to do the *turning up*. All praise to Hahnemann.

### The Inhalation of Sulphuric Ether.

BY W. JOHN HARRIS, M. D.

Read before the Missouri Institute of Homœopathy, at St. Louis, October 5, 1881.

It is thirty-five years ago this month that Dr. Morton, at the Massachusetts General Hospital, Boston, proved beyond a doubt that the inhalation of Sulphuric Ether would produce a safe and certain state of anæsthesia. The facts well established by Morton during his experiments are thus summed up by Prof. Henry J. Bigelow:

"That it possessed the power of producing stupor in every case.

"That this stupor could be exactly graduated as to time.

"That it could be increased or diminished, and arrested short of danger, and so made safe.

"That there were certain infallible indications of danger.

"That while thus controllable and safe, it could be made at will so profound that even amputations should not be felt."—*American Journal Medical Sciences*, January, 1876, page 177.

Close upon this discovery of Morton's came that of Chloroform introduced by Sir J. Y. Simpson, of Edinburgh.

Since that time these two anæsthetics have rivalled each other in their great benefits to the suffering—Chloroform probably being more universally used on the other side of the Atlantic and ether having the preference in the United States.

From the time when Dr. Morton first administered Ether, by means of a handkerchief, in the Massachusetts General Hospital, up to the present, a great variety of apparatus has been devised, all aiming to bring about a complete state of anæsthesia in a safe and ready manner.

In the employment of Ether, it must be remembered, that rapid evaporation takes

place, and that by the ordinary methods of inhalation—with the towel and sponge—more of the fluid escapes into the apartment than is inhaled by the patient, the stage of intoxication, or excitement, being thereby much prolonged, and the operator and his assistants frequently getting more than they desire or is good for them.

With your kind permission I call attention to several of the most successful kinds of apparatus:

That of Dr. F. D. Lente, consisting of a mouthpiece attached to a bottle containing Ether.

Dr. E. R. Squibbs' muslin bag.

The apparatus devised by Dr. D. H. Goodwillie, which has been used for some time in the Bellevue Hospital, New York.

But more particularly to Clover's Portable Regulating Ether Inhaler.

The object of this instrument is to induce anæsthesia in part by the diminution of oxygen respired and to regulate the strength of ether vapor, so that it may with certainty produce the degree of quietude wanted and yet not cause coughing or great difficulty of respiration. The advantages are:

1. It has no valve.
2. It supplies the vapor gradually, and of whatever strength is required.
3. It produces sleep in less than two minutes.
4. It does not need to be supplied with Ether during an operation.
5. The recovery is attended with less delirious excitement than when the same degree of narcotism is produced by ether in the usual way.
6. It does not usually need to be warmed.
7. No sponge or felt is used.
8. The Ether left in the inhaler may be saved for another time, and thus make the instrument economical.

The instrument consists of a hermetically sealed chamber containing water, the purpose of this being to maintain a more equal temperature for the steady evaporation of the ether from the chamber below. Attached to the Ether chamber is the mouthpiece, and above this the air bag.

In its operation the air is exhaled into this air chamber and continually re-breathed, thereby producing a partial state of

asphyxia and in this way lessening the requisite amount of Ether.

The proportion of Ether can be entirely regulated by the operator—from one-fourth to half, three-fourths or full. There is less vomiting after giving ether with this inhaler than with any other I know of, and the amount of Ether used is reduced to the minimum.

Since my return last spring we have used it for several operations with the most gratifying results, and to the great comfort of the patient.

As already stated the object is to exclude the atmospheric air, and hence the inhaler is designed for Ether alone, and is, in this respect, directly contrary to that of Dr. Junker, which is intended solely for Chloroform and the Bi-Chloride of Methylen, where it is absolutely necessary to allow the constant access of fresh air.

For the Medical Call.

### The Other Side.

BY C. G. S., M. D.

The reply in the third number of this journal to Dr. Wilson's question, "What can be done for the instant or rapid relief of our patients suffering acute pain," although generally acceptable in theory may sometimes admit of exceptions. No sound homœopathic practitioner will attempt to dispute the theory, but is it always available? Because a man uses a narcotic to alleviate the acute suffering of his patient in an obscure case, is he any the less a homœopath? What is to be done when a demand is made for a physician's services in a case which is new to him, but which, perhaps, his neighbor has been studying for months and which he at last has been able to relieve; would it not be right and proper in extreme cases (and I am arguing only for extreme cases,) to step in and relieve the suffering as promptly as possible, no matter how it is done. I contend that the first duty of a physician is to relieve his patient, but if the case is an obscure one, and the homœopathic remedy not clearly indicated, is it not infinitely better to apply a remedy which may alleviate the pain promptly than to spend precious time in trying to get at

the bottom facts on which to base a prescription which shall be homœopathic.

The article by Dr. C. Carleton Smith, in No. 3 of the current volume of the CALL, is certainly a fair illustration of the supremacy of the therapeutics of our school, but does he not rather overstep the mark in saying that narcotics should never be used, and no matter how acute the suffering of a patient may be, time should be taken to study the case sufficiently to arrive at the similar? Or, to quote his exact words, he "relies upon the homœopathic remedy in each and every case of emergency, and wholly abjures all palliations, with the occasional exception, sometimes, of hot or cold water." If he admits the application of hot or cold water to relieve pain, why not use the sinapism?

The following will, perhaps, fairly illustrate a class of cases, or "emergencies," which may be presented at any moment, and where, I must confess, I do not feel justified in "calmly and deliberately sitting down and examining the case with the greatest minuteness" before I venture to call for that "half a glass of water and a spoon."

Case. I was called out at one o'clock A. M. to see a patient in a family belonging to my neighbor—an old established physician—who had been at work upon the case for several months with varying success—sometimes relieving the paroxysms and sometimes not—but at the time I was called I knew nothing of the case, and on arriving at the house I found a young girl of seventeen or eighteen lying across the bed, head and shoulders resting in the arms of a companion, two other young ladies holding fast of feet and limbs to keep her on the bed, two more looking on, and all in the greatest excitement and alarm. The patient was groaning and screaming with every respiration as only a frightened woman can scream, and no one in the room to answer a question intelligently. I was not the family physician, and here was an emergency, to be sure. "Has she ever had such an attack before?" "No," was the answer from an attendant. "Where is the pain?" I asked of the patient. "Is it here?" "Yes." Then passing my hand down the abdomen an inch or so at a time, I asked "Is it here, and here, and here?" Always the same

answer, "Yes," followed by a scream. According to her account of it, the pain was everywhere, from the stomach to the pubes, and with every respiration came a kick and a scream! Well, what was to be done? Could I stand there, a stranger to every one present, and ask questions by the dozen in my endeavors to get at the indicated remedy? Would not any other physician in town have stopped her infernal racket long enough to get some sense out of the crowd? I saw at once that something must be done, and I did it; but not, perhaps, with the indicated homœopathic remedy! In a few minutes the patient became more quiet, the attendants began to collect their senses, and I was enabled to get at the history of the case sufficiently to give a prescription, which I could not do during the excitement, and which relieved the patient, to the entire satisfaction of the family.

Now, with all due regard for the sound judgment of the writer of the article referred to, I would ask him candidly whether he would not, under the circumstances, had he been in my place, wished for "that narcotic which he never carries in his pocket case." I do not favor the promiscuous use of narcotics, neither do I believe in standing idly by the bedside, studying the "emergency," while the family are drawing unfavorable comparisons between myself and their doctor. Is it not better, under such circumstances, to give relief as quickly as possible, and seek for the curative drug an hour later.

### Climatology.

BY J. C. CUMMINGS, M. D.

Read before the Missouri Institute of Homœopathy, October 5, 1881.

I think that it would accrue more to the benefit of the members of the society not to write an elaborate paper on the above subject, but to throw out suggestions and elicit discussions on the various climates and the most prevalent types of diseases, especially consumption and malarial fevers.

Consulting Mr. Walker's statistical map of the United States, taken from the census of 1870, I find that consumption prevails most in the New England states and parts of

Wisconsin and Iowa, whilst the death rate is least in parts of North and South Carolina, northern Georgia, northern part of Alabama, Blue Mountains in Pennsylvania, mountainous parts of Tennessee and Kentucky, northern Arkansas and southern Missouri. Whilst there is least malaria in the New England states, New York, Pennsylvania, both Virginias, eastern Kentucky, East Tennessee, northern Georgia, parts of Wisconsin and eastern Iowa, there is a great deal of malaria on the Atlantic coasts of the Carolinas, Georgia and Florida. Not much surrounding Austin and San Antonio, Texas. Most parts of the Pacific states and Territories ought to be exempt from malaria. Much more is known of these states and territories now than was possible ten years ago.

I heard Dr. G. S. Walker state that we could divide the United States into three grand divisions of diseases, namely: East of the Alleghanies, consumptive type; between the Alleghanies and Rocky mountains in the Mississippi Valley, malarial type; in the Rocky mountains and west of them in the Pacific states, nervous diseases is the prevailing type.

Looking at Walker's maps we see at a glance that where there is most consumption there is least malaria, and vice versa, most malaria where there is least consumption; still one type does not destroy the other. There are many parts of the United States where there is comparatively little of either, viz: Mountainous parts of Pennsylvania, Virginias, Kentucky, Tennessee, Carolinas, northern Georgia, northern Alabama, and in parts of southwest Texas. Now, if a patient asks me, where shall I go to be restored to health soonest, whether suffering from consumption or malaria, I would not send him into a country where either of these diseases was very prevalent, but would select a country where little of these diseases was known. In every fresh deposit of tubercles, there is an accession of fever, and often of an intermittent type, and if the patient should happen to be in a malarial region his case might readily be mistaken for malaria and so treated greatly to the detriment of the patient. And on the other hand, if a patient suffering from malaria was sent to a country where consumption

was very prevalent, and he had any tendency to consumption, a hectic fever could easily supervene and a deposit of tubercles take place, and the patient die sooner than he would have done if he had remained in a malarial region.

But there are other things that must be considered in selecting a climate for our patients. I find in Walker's map, above alluded to, that more females than males die with consumption. It is well known that woman is very sensitively organized, has more nervous diseases than man; so in selecting a climate for a consumptive woman I would not send her to the Pacific states, where her nerves would be put to their utmost tension. Somewhere I read that whilst invalid men improved in southern California invalid women grew worse. If this is true, it must be because her nervous system cannot bear the climate, for there are so many sunshiny days there that all invalids can spend most of their time in the open air, and *this is a most essential thing for consumptive patients to do*. Another important requirement for a good climate for invalids is an equable climate. There are places in southern California where there are fewer changes in temperature than in any other part of the United States. One more consideration. Some patients are always worse before a rain or snow-storm than in fair weather, while others feel better in damp weather and at night. The latter class of patients would improve more among the northern lakes, and on the seashore, and during the winter in Florida, while the first class would derive more benefit from going to the piny uplands of North Carolina or Texas near Austin or San Antonio. To sum up, most male patients from a malarial district, who are free from heart disease, would be benefitted by going to the Pacific states; women and children to the mountains of Tennessee, Kentucky, North Carolina, Virginias and Pennsylvania; the others to be individualized as above suggested.

CREMATION meets with favor in Bologna. A meeting on the subject was recently had there; the physicians are interested in the matter, and there is so much favor in regard to this method of disposal of the dead that a crematory is to be erected.

### For the Medical Call. Symptom Register.

BY T. F. ALLEN, M. D.

In the October number of the **MEDICAL CALL** Dr. Stacy Jones condemns my Symptom Register because he fails to find the symptoms which Hahnemann cured in some cases quoted in the first number of the journal.

My object in noticing the article is to vindicate the accuracy of the Register in what it professes to be, namely, an index to all the symptoms produced by provings on healthy people. Dr. Jones will, I am sure, appreciate the difference between such a work and one giving symptoms which have been cured in the sick.

Dr. Jones fails to find the following symptoms in the Register: "Stitch in stomach-pit worse on making a false step, not felt on lying down; when the pain is violent she is covered with sweat, with inclination to vomit, water accumulates in the mouth." *Bryonia*.

In Hahnemann's provings no symptoms of a stitch in the pit of the stomach can be found; but Hahnemann was justified in prescribing *Byronia* for his case, for the following reasons: First, Sticking pains are peculiarly characteristic of *Byronia*, especially if aggravated by motion (making a false step). Second, Perspiration during severe pain is a very prominent indication for *Bryonia*.

The Austrian provers, in their re-proving of *Bryonia*, experienced the following closely analogous symptom, (*Encyclopedia Bryonia*, s. 750): "Fine stitches in the pit of stomach on walking about the room, especially noticed on deep inspiration;" and this symptom will be found in the Register, page 1040:

"Stitches \* \* on inspiration, Bry."

"Stitches \* \* on walking, Bry."

Also, under sweat may be found, Bry.; under nausea, Bry.; and under salivation, Bry.

There is no doubt that a section of concomitants would be very useful, but I found that it would nearly double the size of the Register and was obliged to abandon the idea. I trust that as far as *Bryonia* goes, in

this instance, the accuracy of the Register is vindicated. The only symptom Hahnemann could have found was "nausea, with accumulation of water in the mouth." This is in the Register, split to be sure, but still there, and the other symptom of sticking pain on motion (walking) is also in the Register.

In the second case the symptoms complained of by Dr. Jones are as follows:

"Nausea, vertigo, and sour eructations in the evening.

"Sour vomiting at night.

"Violent eructations at night.

"Eructations putrid and sour.

"Sensation of raw and undigested food in the stomach.

"Interior of head seems enlarged.

"The least noise affects him painfully."

Now, none of these symptoms can be found exactly as stated in Hahnemann's provings, and hence they are not in the Register; but the following allied symptoms are in the provings and also in their proper place in the Register:

"Vomiting toward evening.

"Vomiting at night.

"Eructations, if had meat.

"Eructations, bitter, at night.

"Bilious eructations in the evening.

"Vertigo.

"Stomach as if over-loaded.

"Stomach, fullness of."

and many other analagous symptoms.

I apprehend that many physicians expect too much from the Register. It is just what it purports to be, an index to all symptoms which drugs have produced; it professes to nothing more; nor do I think it would be as reliable as it is, if it did profess to more. So far as our provings are genuine they are applicable for the removal of like conditions in the sick, and the experience of scores of physicians and of myself is that when the Register gives us an indication it is almost sure to be reliable.

Did the work contain symptoms from sick people supposed to have been cured, it would be unreliable to the extent that these symptoms were *post hoc* and not *propter hoc*. Although our *Materia Medica* is large it is not half large enough. We can not cease to learn concerning the properties of drugs as

long as obscure and intricate cases of disease appeal to us for relief.

The Register has some errors, but they are not numerous; its alphabetical arrangement seems handy to most physicians, and I feel satisfied that its use will discover new drugs and new uses for old drugs, as well as help to establish the homœopathic law of cure. The supplementary chapter on general conditions (modalities) has been partly prepared for the press. It embraces, for example, in alphabetical order, all the symptoms that occur at night, or morning, or at 4 P. M., or after eating, etc., etc., but while I find it very useful in my own practice and study it would not pay the cost of publication.

For the Medical Call.

### Questions Answered.

BY ALBON L. GARDNER, M. D.

I have just returned from the country and while scanning the pages of your estimable journal I noticed a communication by J. A. Hutchinson, M. D., and from the tone of the same should judge that he had just become "turgescient with the new life," although as a homœopathic physician, like every other, I know how the doctor feels and how anxious he is to get a sure remedy for each of the diseases he mentions, and as I know positively that I can give him the desired information have ventured this hasty communication promptly, lest the symptom hunters fall upon his track and overwhelm him with an army of meaningless symptoms.

Glonoine, the third dilution, on pills, is a sure remedy for nervous or sick headache and will arrest the pain at any stage of an attack. The patient must be required to lie down as soon as the pain commences and take a dose every twenty minutes until the pain ceases, when the remedy should be discontinued and the patient remain recumbent for only an hour, when he or she may be allowed to resume the most arduous domestic duties without danger of relapse. The attacks thus aborted whenever they come on will effect a radical cure in any case in less than one year.

Glonoine, or Nitro-Glycerine, is an article that will not retain its strength longer than

one year, hence the necessity of procuring a fresh preparation every year. Over one-half of the headaches met in actual practice will yield promptly to Glonoine. Pharmacies do not get a fresh supply as often as they should and therefore advise getting the remedy direct from the manufacturers. My rule has been to direct them to put one part of the Glonoine with nine parts of best Alcohol, shake and let stand for a few hours, when the Alcohol may be poured off and the medicine at the bottom of the bottle thrown away. This I call the first distillation. Nitro-Glycerine dissolves readily and completely in Etherial Alcohol.

Bin-Iodide of Mercury in strength the color of the pink rose, which is a little stronger than the second trituration, given in one or two grain doses once a day for the first ten days and then a dose every other day for from two to four weeks and then only one or two doses a week until well, has cured in my hands for the last twelve years every case of goitre that I have been called to treat.

Spongia, the first, will help, but I have never been able to cure a case with it. I have given it higher, with no perceptible effect. If I should try it again, as I probably shall not, I would give the pure article, commencing in small doses.

I have written in a very positive style, but I do not intend to offer any information but what I am sure about, and only wish many more would follow the example and discontinue teaching with so much emphasis that which they have never learned at all. It may seem a singular fact, but I have learned more of practical value from some old half-read, half-breed, plug doctor, who told me about the things he knew, than in any other way, touching the question of prescriptions.

What will break up an attack of quinsey, sure?

I have written hastily, and you are at liberty to correct, condense, or throw into the waste basket, as you choose.

THE Michigan Legislature has passed the act establishing a chair of eclectic medicine in the University of Ann Arbor, Michigan.  
—*Mass. Ec. Med. Jour.*

For the Medical Call.

### Rheumatism.

BY D. VLIET VAN SYCKEL, M. D.

Allow me to address you a letter for information. I have a severe case of muscular rheumatism and have almost exhausted my skill on the case. He has been suffering with pain of the muscles since last winter; supposed that it was caused by shoveling snow where it was banked up. Sometimes the pain is mostly in the muscles of the shoulder deltoid, then partly leaves the arms and shoulders and attacks the muscles of the back and limbs. He is becoming emaciated; atrophy of the muscles; his appetite is good most of the time; no swelling; no appearance of any trouble of the muscles, except a shrinking; suffers most pain immediately after he has been in motion; generally while in motion suffers but little. I have tried to individualize the case and get the characterized remedy, but as yet have failed. Have given him *Rhus Tox*, *Aconite* and *Colchicum*, and some other remedies. Now, what medicine will cause that state of the muscular tissues? Understand me, there is no appearance of inflammation; some little soreness in pressing on the muscles, but no other means whereby you can track the difficulty. I wish you would have the case published in the MEDICAL CALL by way of inquiry. I have had a number of such cases, purely muscular rheumatism. They are very troublesome cases to me. If any one has been successful in treating the disease, I will be very thankful to receive information. Another symptom, he has so little use of the muscles as hardly to be able to hold a hammer in his hand; cannot grasp anything closely enough to hold it. He is a carpenter by trade; about sixty years of age; always been healthy, active, temperate man. Please give me your experience in such cases, as I am very anxious to render the patient benefit.

For the Medical Call.

GENTS—Will some of your many subscribers confer a favor by giving the most approved treatment for hemorrhoids, in your next issue.

J. E. STILES, M. D.

## Bi-Carbonate of Soda in Burns and Scalds.

BY P. G. VALENTINE, M. D.

Read before the Missouri Institute of Homœopathy,  
October 5, 1881.

During the last year I have treated a severe scald and an extensive burn with Bi-Carbonate of Soda (the common baking soda of the shops). A saturated solution in hot water was applied locally on old cotton cloths. The relief was immediate, the pain subsiding at once. The fire seemed to be drawn out so completely that Calendu la Glycerole completed the cure, as it does any suppurating surface. The scald was upon the arm, side and leg of a little girl two years old, who tipped over backward in a high chair at the breakfast table and fell upon the long handle of a two-quart iron vessel filled with hot water and standing in a grate. The force of the fall dashed the water upon the child, causing both a severe fright and a severe scald upon the parts mentioned, the epidermis rising in blisters with extended borders of inflammatory redness. The above local treatment was resorted to, as described above, and not a trace of the accident remained on the third day. On account of the great fright and to prevent the rise of febrile symptoms Aconite 3d was given every two hours for the first day.

The burn was in the case of a lady who was burned on both hands, wrists and arms by the blaze caused by the explosion of a gasoline cooking stove—a stove that seems to be a success both as a *fuel-saver* and a *life-destroyer*. The explosion cooked both of her arms—superficially—set the house on fire, and sent her frantically across the street to my office, where she saluted me with a wild shriek of terrified agony. The explosion obliterated the stove, the fire department extinguished the fire, and I soothed the burning suffering of the unfortunate lady, and overcame her fright, by Bi-Carbonate of Soda and Aconite, used as in the case of the scald. The success was just as beautiful and the after-dressing just the same as in the case of the little girl, though it took six days instead of three to complete the healing. No cicatrix remained.

**Crustea Lactea Cases.**—I have had five cases of crustea lactea in my charge since our last meeting. They all began when the children were three months old. The children were all nursing their mothers, the mothers were all healthy, and the children were all fat and had large heads. In some of the cases the eruption began upon the cheeks, in two it spread all over the body, in three it was confined to the head and cheeks; in some it was glassy and red, in others vesicular discharging serum, in others pustular discharging pus. In all there were desquamating scales and intolerable itching at night, so that the little fellows lost several hours of sleep every night, crying and scratching and rubbing their heads (or trying to). In some the eruption was on and behind the ears, and in all a characteristic pungent odor exhaled from the affected parts. Some lost portions or patches of hair, in all the hair would become matted together with the glutinous secretion in spite of careful cleansing and gentle washing. The selection of the remedy annoyed me much, and for weeks I tried Rhus Tox and Calc. Carb. and Sulph. with disappointment. Finally, I put one of them on Graphites, 6x, trit., two powders a day, and the improvement began at once, especially in the itching, which is probably the most distressing symptom. I then put the others whenever they came in on Graphites, 6x, whether they were sore behind the ears or not, and met with the same gratifying result, namely, a complete cure in four weeks and hair all saved. So delighted were these mothers and so pleased was I at the happy termination of these crustea lactea cases that I could not refrain from reporting them and claiming that, though the time-honored key-note of Graphites may not appear in this distressing malady, Graphites will cure nevertheless.

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AMONG our gravest sins of omission we may count that of failing to fight for the truth when she is attacked by the words of evil men.—*The Union*.

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THE medicinal rule is that an elevation of 4,000 feet above the level of the sea confers immunity from yellow fever.

### The Sixteen Commandments of the Paris Academy of Medicine.

The Academy of Medicine in Paris has condensed into the following sixteen propositions the most important hygienic rules for the care and management of infants. We reproduce them here with the sincere hope that all mothers and nurses will commit them to memory and observe them as faithfully as the ten commandments of holy writ:

1. During the *first year* the only suitable nourishment for an infant is its own mother's milk, or that of a healthy wet nurse. Suckling should be repeated every *two* hours—*less* frequently at night.

2. When it is impossible to give breast milk, either from the mother or a suitable nurse, cow's or goat's milk given tepid, reduced at first one-half by the addition of water slightly sweetened, and after a few weeks one-fourth only, is the next best substitute.

3. In giving milk to an infant always use glass or earthenware vessels, not metallic ones, and always observe the most scrupulous cleanliness in their management, rinsing whenever used. Always avoid the use of teats of cloth or sponge so frequently employed to appease hunger or quiet crying.

4. Avoid carefully all those nostrums and compounds so liberally advertised as superior to natural food.

5. Never forget that artificial nourishment, whether by nursing bottle or spoon, (without the breast), increases to an alarming degree the chances of producing sickness and death.

6. It is always dangerous to give an infant, especially during the first two months of its life, solid food of any kind—such as bread, cakes, meats, vegetables or fruit.

7. Only after the *seventh* month, and when the mother's milk is not sufficient to nourish the child, should *broths* be allowed. After the first year is ended then it is appropriate to give broth or paps made with milk and bread, dried flour, rice, and the farinaceous articles, to prepare for weaning. A child ought not to be weaned until it has cut its first 12 or 13 teeth, and then only when in perfect health.

8. A child should be washed and dressed every morning, before being nursed or fed. In bathing a child, temper the water to the weather, carefully cleanse the body, and especially the genital organs, which require great cleanliness and care; and the head should be carefully freed from all scabs and crusts which may form. Where the belly-band is used, it should be kept on for at least one month.

9. An infant's clothing should always be so arranged as to leave the limbs freedom of motion, and not to compress any portion of the body.

10. An infant's clothing should be studiously adapted to the weather; avoiding at all times, exposure to the injurious effects of sudden changes in temperature without proper covering; but nurseries and sleeping apartments should invariably be well ventilated.

11. An infant should not be taken into the open air before the fifteenth day after birth, and then only in mild, fair weather.

12. It is objectionable to have an infant sleep in the same bed either with its mother or nurse.

13. No mother should be in too great a hurry to have a child walk; let it crawl and accustom itself to rising on its feet by climbing on articles of furniture, or assisted by the arms of a careful attendant. Great care should be taken in the too early use of baby wagons, etc.

14. No trifling ailments in infants, such as colics, frequent vomiting, diarrhœa, coughs, etc., if persistent, should be neglected—a physician's advice should be at once obtained.

15. In cases of suspected pregnancy, either of mother or nurse, the child should be weaned at once.

16. A child ought to be vaccinated after the fifth month, or earlier should smallpox be prevalent.—*N. O. Med. and Surg. Jour.*

WHATEVER builds up the body in making new tissue, bone, nerve, muscle or membrane, is food; but nothing may be called food which does not help repair the waste of the physical frame. Articles of diet having no nutritive qualities are, however, needed by the system.—*Laws of Life.*

For the Medical Call.

## Puerperal Convulsions with Albuminuria.

BY A. A. WHIPPLE, M. D.

I was called in haste at 2 A. M. October 20th, 1881, and found Mrs. F. (age 30, primipara, at eight and a half months of gestation,) in convulsions. The paroxysms returning about every hour from that time until 11 A. M., the patient lying comatose, with stertorous breathing between paroxysms. Bell., Nux v. and Cicuta v., 30th, Gels., both high and low, was successively given, one at a time, in the order named, without any amelioration, but on the contrary, the symptoms were becoming more alarming every hour. Finding on examination no symptoms of labor coming on, I determined to produce manual dilatation and deliver with forceps as soon as possible, believing that to be the only salvation. Calling in consultation Dr. O. H. Crandall, who advised the course determined upon, I commenced producing artificial dilatation at 10 o'clock A. M. There was but one more paroxysm, which came at 11 A. M., and at 4 P. M., I delivered with the forceps an asphyxiated male child, who was resuscitated after a little delay by Dr. Miessler's "Indian Method," which by the way, although a good one, is not new. The placenta was also delivered with the obstetric forceps, as there was no voluntary effort on her part to expel it, and the cord being too slender to admit of sufficient traction. For this purpose the obstetric forceps are preferable to the ordinary placenta forceps. Previous to operating I drew with a catheter two ounces of urine, which was set one side until I had time to test it, as I suspected albumen. My suspicions were correct, for on testing it a few hours later the whole mass was one solid coagulum, not any of it would run out on inverting the test tube. The test was made with both heat and Nitric Acid. The specific gravity was 1030 and acid reaction. The patient continued comatose until the morning of the 21st, but had no more convulsions. The urine contained albumen, varying from one-third to one-half its bulk for the next ten days, after which it gradually diminished until it en-

tirely disappeared about Nov. 25. The reaction was slightly alkaline several days in succession during the fever which followed. The temperature ranged from 100° to 102½°, pulse 110 to 130, during the ten days following delivery. There were no premonitory symptoms (or no complaint made at least,) until a few days before the attack, when she began to have a sense of fullness in the head, and at times intense pain, mostly in left supra-orbital region. The left half of the tongue was swollen, but without pain, and when protruded turned to the left. There was also slight edema of the ankles, noticed only the evening before the attack. Remedies used after delivery until the return of consciousness were Gels. and Arn. 3d, in alternation. After return of consciousness and reaction was established, Aco. and Arn. 3d, followed after a few days by Bry. 30th, which was given on account of a severe headache and a scanty secretion of milk. The amount of albumen present in the urine in this case to me is unprecedented. I have been looking through my library for reports of similar cases, but cannot find one to match. The case reported by Prof. Leavitt, in the August number of the *Clinique*, page 247, in which Prof. Ludlam was called in counsel, he says was "almost solid with albumen." In a large proportion of reported cases of puerperal convulsions, albuminuria is not mentioned, yet I believe it is present in nearly every case. Whether it stands as cause or effect is an open question, but whenever during the latter months of gestation your patient complains of feeling an unusual fullness in the head, with vertigo, or has any dropsical symptoms whatever, test the urine for albumen, and if that is present consider it as nature's "flag" for convulsions ahead.

## To Remove Coffee or Milk Stains.

The *Industrie Blatter* recommends the use of glycerine for this purpose. The silk, woolen, or other fabric is painted over with glycerine, then washed with a clean linen rag dipped in lukewarm rain water, until clean. It is afterwards pressed on the wrong side with a moderately warm iron as long as it seems damp. The most delicate colors are unaffected by this treatment.

## How to Avoid Diphtheria.

BY M. L. HOLBROOK, M. D.

There is an old saying that an ounce of prevention is worth a pound of cure, and in some cases it is worth a great deal more. This is especially true with diphtheria, a disease which makes sad havoc with children in all parts of the civilized world. A few hints as to the best means of avoiding it may prove useful, but in the first place a few thoughts concerning the way in which it is spread will make the subject more clear. The cause of diphtheria is not definitely known, but we do know it is propagated from the sick to the well by some invisible agency. Whether it is a peculiar form of bacteria or germ, as is taught by many, or a special animal poison, is not certain, and it makes little difference, for all practical purposes, which method is true. The microscopist finds what he calls germs in the diphtheritic membrane of the throat, and thinks he has discovered the cause, and the chemist finds a peculiar animal poison, to which he attributes the disease. It may be one, or neither of them. What most concerns us is how it may be avoided. The following hints are those most to be relied upon:

1. Avoid the atmosphere near the disease. Especially is this important for children, whose throats are more liable to take on the poison than those of adults. No matter how mild the case is, keep children away from it.

2. Do not permit any person, nor even a dog or a cat to come to a child from the room where there is a case of diphtheria. The person exposed to it should disinfect his clothing, and bathe his body, and wash thoroughly his hair, and gargle his throat, before he comes in contact with a child after his coming from the sick-room.

3. Do not permit a child to ride in a carriage in which one sick with diphtheria has ridden, until it has first been disinfected.

4. Avoid all causes which cause the throat to become sore, raw, or tender during an epidemic of this disease. In fact, it is well to avoid them at all times. A simple sore throat may become a case of diphtheria very easily, when the poison is in the air.

5. Do not allow any child to wear or handle any clothing worn by a person who has had diphtheria. It is criminal to sell or give away clothing of this sort, without most thoroughly disinfecting it first. An epidemic was recently caused in one of the New England States, and many lives lost, from some clothing from a child which died of this disease being sent to friends from a western city.

6. Never kiss a person with diphtheria (mothers have lost their lives by doing this), nor drink from the same cup, nor blow a whistle he has used, nor use a pencil, or pen, or handkerchief of his.

7. Never send the clothing of a diphtheria patient to the common wash or laundry, where other clothing may become infected.

8. Disinfect all the excretions from one sick of this disease by a strong solution of copperas water before disposing of them.

9. If a child has been exposed to diphtheria by accident, or by any means, at once isolate it from other children, give it a thorough warm bath daily, and clean clothes; put it on a diet of brown bread and milk, with fruit, and wait till all danger is over before removing it from quarantine.

Diphtheritic poison, no doubt, goes for miles in the air from one house to another. The wind carries it, and when there is an epidemic the greatest precaution should be taken. With all our care we are not always able to prevent its spread entirely, but much may be done.

10. Allow no children to attend a funeral of one who has died from this disease.

A few years since diphtheria attacked six members of the grand-ducal family of Hesse-Darmstadt, but no other of the sixty members of the household, no nurse, no physician, was attacked. The *British Medical Journal* infers that "all the cases were produced by direct infection, doubtless by kisses." The *Scientific American* adds: "As every physician knows, it is no uncommon thing for adults to have diphtheria so mildly that it is mistaken for an ordinary sore throat resulting from cold; yet such a person can easily infect a child, and the child become a center of malignant infection. In view of the fatal prevalence of diphtheria, therefore, the kissing of a child upon

the mouth by a person with a sore throat is hazardous, if not criminal; and scarcely less so is the practice of allowing children to kiss their ailing playmates. It would be wise to exercise great caution in this matter, if not to discontinue the practice of kissing upon the mouth altogether." The best preventions are to be found in the hints given, and in most thorough cleanliness about the house, the air, and the drains, water supply, and cellars.

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For the Medical Call.

### Hints to Medical Witnesses.

BY J. Q. BROWN, ESQ.

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The difference between experts and other witnesses is that the ordinary witness is required and allowed to testify only to facts within his personal knowledge, while an expert is required to draw and testify to his conclusions from facts stated by or learned from others. No person is an expert who has not a knowledge of the particular science involved. Yet he is not substituted for the jury, for they are not required to take his opinion as absolutely true, but only as evidence from which they draw conclusions.

A witness is always called and first examined by the party who believes that the evidence to be elicited will benefit his side of the case. Expert witnesses therefore, whose testimony is of necessity to some extent speculative, should be particularly on their guard, lest personal or professional bias, or the manoeuvre of counsel should color their statements.

The expert witness should remember that lawyers have only a superficial understanding of technical terms and that the jury are usually wholly ignorant of their meaning. He may, therefore, cause injury by using a term in a professional way which is understood in a popular sense. Perhaps the best way to avoid this is to insist on both question and answer being stated in the most full and simple language. Even a wearisome minuteness is preferable to too much brevity. And even if the witness be interrupted by an authoritative demand for an answer of "yes or no," if he complies he has a right afterward to explain such an answer. A hypothetical case may be presented to an

expert witness and his opinion demanded thereon, as, "Is such a person of unsound mind?" "Would such an injury produce death?" etc. The witness who answers such a question without due reflection sometimes finds himself in a most embarrassing dilemma. I fear there have been cases where young physicians, having some obtruse question sprung upon them, and thinking that an acknowledgement that the matter was new to them might cause doubts as to their professional skill, have been led to lay down a theory as established for which they have not sufficient authority. Now, unless it be to get rid of a "curbstone client," a respectable lawyer seldom risks a legal opinion without previous actual examination, and neither he nor an intelligent jurymen can have much respect for conclusions which appear to have been reached by guesswork.

The whole system of expert testimony as at present practiced is annoying to the witnesses, unsatisfactory to the court and counsel, perplexing to the jury, and often fails to further materially the ends of justice.

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### Goitre—Argentum Nitricum.

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BY A. H. TOMPKINS, M. D.

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April 2, 1880, I was consulted by a Scotch domestic, about forty years old, of fairly fleshy habit, with strong common-sense, able to tell clearly and concisely what she had to complain of. The following are my notes of her case, taken verbatim from my case book:

Goitre of four years' standing, in the right half of the thyroid gland. At night it sometimes gives her a kind of choking feeling in the throat, and sometimes she complains of a raw feeling inside, and dysphagia. She often has pain in the stomach which lasts all day. After meals much loud eructation of tasteless and odorless gas, preceded by nausea (not vomiting), and accompanied by distress at the cardiac orifice, or thereabouts, as the gas comes through it. Bowels all right. No urinary symptoms. Often wakeful and uneasy at night; from the state of her stomach, she thinks. Drinks neither tea nor coffee. Eats no cake or pastry.

There was no doubt, I thought, that Arg. Nit. was the most appropriate remedy for the stomach symptoms, although it is not mentioned under Goitre. At any rate, Arg. Nit., 8x, she received, and I heard no more from her till August 9, 1881, sixteen months later, when she informed me that the medicine was promptly and entirely successful in removing her stomach trouble, including the loud and painful eructations, and she had been in no need of it since. Now, however, she has a return in a milder form of the same symptoms, and wants the bottle refilled. She has, in the meantime, made no change in place or kind of service. Her habits as regard eating, drinking and sleeping being already good, I advised no change in them. Upon inquiry concerning the goitre, she told me that it soon lost the very unpleasant "choking feeling" and inside rawness, and diminished considerably in size under the remedy. It is still there, however, and varies in volume, being sometimes much smaller than at others; but she has lost the anxiety about its constant growth which she had when consulting me before.

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For the Medical Call.

### **The Application of Medicaments to the Nasal Fossæ.**

BY W. R. CONDELL, M. D.

The following principle may be made available to cleanse the nasal fossæ and apply medicaments to them and adjacent cavities. It differs essentially from the principle involved in the forms of apparatus generally used for that purpose. If the mouth be closed and one nares be closed with the finger and the other with a nozzle joined to a bent tube containing the liquid to be injected (the other end of the tube being tightly closed with the finger,) thus making all the external apertures to the nasal fossæ air-tight, and a deep inspiration be taken, a vacuum will be produced in the nasal fossæ. Remove the finger from the end of the tube and the vacuum will take up the liquid into the nasal fossæ and contiguous cavities. During the process, remember to keep the mouth and other nares closed. The advantages of this method are that the

air contained in the nasal fossæ, which would act as an obstruction to the penetration of the medicament or wash, is removed, and the vacuum also assists in removing the mucous phlegm, etc., from the walls of the cavities.

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### **A Quick Cure of Chills and Fever.**

It may interest your readers to know of the success which my sister had in the treatment of chills and fever. She and her little boy, three years old, contracted the disease while on a visit to Hoboken, New Jersey. At that time they were in excellent health, and had been previously, but the disease seemed to undermine their naturally strong constitutions. The doctors did all in their power with quinine, etc., and afterward, in my sister's case, tried thorough sweating, but that seemed to weaken her and render her more liable to the attacks. In the meantime the child's disease had taken the form of dumb chills.

Finally, after suffering a year, during which time she was never for a moment without the feeling of the disease in her bones, as she expressed it, she took the matter into her own hands. Having read in a water-cure journal the case of a man in the West who cured himself, she decided to try his method of treatment, which was as follows: After the chill, and when the fever was well on, before it reached its height, he immersed his body to the neck in tepid water, having a cold wet cloth upon his head, renewed as often as it became warm. He remained in the bath until his body was at its natural temperature, then getting out, wiped dry and—that was all. No more chills and fever for him. He was cured.

Of course care must be used in treating persons of little vitality, not to have the water too cold, water even moderately warm being much cooler than the body in high fever.—F. H. B., in *Laws of Life*.

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DR. MILLET, a French surgeon, recommends powdered aloes as a dressing for wounds, both as a means of favoring cicatrization and for closing them. It is said to relieve the severe pain of wounds almost immediately, and requires to be renewed only at long intervals.—*Scientific American*.

For the Medical Call.  
**Cases in Practice.**

BY HELEN M. WEEKS, M. D.

In four cases of Rhus poisoning I used Grindelia as a wash, having seen it very highly extolled, but could see no effect from a topical application. The most effective application was tincture of Hamamelis Virginica, one-third water. Wet cotton batting and apply to the affected part; if necessary apply a light bandage of flannel over it. I sometimes steep the bark of Hamamelis and dissolve a little Bi-Carbonate of Soda in the infusion, and apply as above directed. This has never failed in any case. I had a bad case of poisoning of the lower extremities of a boy aged ten years. Tincture of Iodine had been applied, the patient was nearly frantic with smarting and itching, had some fever; one application of the Hamamelis relieved him. In this case I gave no internal remedy. In some cases, however, I gave Rhus high.

Another thing I would like to tell in my experience, and perhaps get severely criticised like all women. I cannot give the philosophy, and so will give a woman's reason—because. Four years experience has taught me the truth of what I say. I have treated scores of cases by the method herein stated. In all uterine troubles, prolapsus especially, I have derived more benefit from the use of a plaster over the umbilicus, about three inches in diameter, making suitable hole in center of plaster. As they become useless, or cease to stick, apply another. If the patient complains of pain in the back, apply one over seat of pain in that region. I hear from all my patients the same verdict, "they are relieved of a distressing bearing down sensation," and more than one has said to me, "I feel as though that plaster was drawing me into place, and I cannot do without it." I have tried them in a number of urinary troubles and they have always proven beneficial. Of course I give the indicated remedy if they need medicine. If any one desires to test the efficacy of these plasters I will give the formula.

READ the advertisements in this number.

**Relation of Foul Air to Consumption.**

"Experiment has shown that if an animal be kept confined in a narrow closed apartment, so that the air supplied is always more or less vitiated by the carbonic acid which it expires, however well fed that animal may be, tubercle (consumption) will be developed in about three months." If this be the case, a large percentage of cases of consumption should be met with among the inmates of badly ventilated schools. But, fortunately, the disease is comparatively infrequent under the age of fifteen, and added to this is the protecting influence of the active exercise in the open air usually indulged in by school children. It is upon the teachers that its blighting effects are most apparent, as they are predisposed by age, they neglect exercise in the open air, and *their mental labor is severe, and worry of mind exhausting*. Of eleven teachers who died during the last eight years within the limits of one county in Pennsylvania, two died of acute disease, one of an overdose of an habitual narcotic, and of nine attacked by consumption, eight died—six ladies and one gentleman; the other, a gentleman, will recover, at least for a time.—P. J. HIGGINS, M. D., in *Popular Science Monthly*.

For the Medical Call.

**Burns and Scalds.**

BY W. H. SANDERS, M. D.

For burns, the accompanying recipe acts as a certain and most effective sedative on the painful and irritable surface. It is also an antiseptic. It renders the wound comparatively painless with promptness, subduing inflammation and controlling suppuration when in excess. Having used the Iodoform ointment with pleasant results, I take pleasure in sending this formula to the CALL, for the benefit of the profession in general and those suffering from burns or scalds in particular.

R.—Iodoform.....2 drachms.  
 Ext. Conil.....1½ drachms.  
 Acidi Carbolic.....10 drops.  
 Ung. Cetacei.....1 ounce.  
 Ft. Unguent.

Sig.: Spread upon soft linen and apply twice a day; cover with oil silk.

For the Medical Call.  
Two Cases.

BY T. M. WATSON, M. D.

Gelsemium has been loudly proclaimed by many authors as a first class remedy for fevers, meaning that it is of general application and common use in their treatment. In my experience, however, it has not been of general utility, but curative only when prescribed where certain conditions are present, which are limited in number but definite in character. As a representative of this class I give the following typical

Case. E. T., aged 20, a railway brakeman, of robust build and usual sound health, prostrate since Sept. 21 with malarial fever. I was called to the case Sept. 28. From the beginning muscular prostration had been a marked symptom; the fever was of remittent type, worse during the afternoon and night; tongue slightly coated white; bowels constipated; perspiration constant and profuse, often standing in large drops on the skin; no headache, no pain; appetite tolerable; very nervous at times, but sleeping a great deal of the time; very helpless and weak, not able even to sit up in bed. To every inquiry he would answer that he was better, declared he had no fever, and became angry if any one said he had; exceedingly irritable and frequently calling for things which, when he received them, he declared he did not want; no delirium, but frequent dreams of dreadful railroad accidents. Prescribed Bry., 3, every two hours. At my next visit, two days after, decided typhoid symptoms were present; the tongue was coated brown and was dry, the bowels loose, with thin, watery yellow stool, with tenderness of abdomen; delirium during the fever, with talking about his business and associates; sweat still profuse. I regarded this as the development of a latent condition through action of the medicine, and gave the same remedy in the 200th attenuation. Under its action the typhoid symptoms quickly disappeared, the bowels became regular, the appetite returned, but the fever only changed into a double quotidian form, with a slight chill at 3 A. M. and 3 P. M., followed by moderate fever for three or four hours, free from headache, general

aching, or gastric disturbance. Shortly after the fever set in the body was bathed in a profuse perspiration, which lasted until the next chilly stage. During the whole period there was thirst for large drinks, but at considerable intervals; the tongue was clean; the irritable state of mind gone; but the patient yet remarkably weak. China, followed by Phos. Ac., was now prescribed, without results, when Gels. suggested itself to my mind on account of the evident nervous character of the disease (I forgot to mention that previous to the attack the patient had been constantly at work on his train, running night and day, and was deprived almost entirely of his sleep) and the entire absence of bilious or gastric symptoms. The whole case was well covered by it and the third dilution was exhibited. The most gratifying results followed. At my next visit I learned the fever had not returned, the sweat was much lighter, general improvement was evident to all, and without a subsequent visit the patient rapidly recovered his health and strength.

The sweat is not always so conspicuous a symptom of Gels., as in this case, but is often profuse, and worse from any exertion.

Case 2. Lizzie M., aged 22, typhoid fever, with the following symptoms: Dark, dusky hue of face, dark red cheeks; tongue at first coated brown, afterwards brown in center, with red, dry edges and tip as if burnt, inside of mouth dry and red; lips brown and cracked, teeth covered with brown sordes; bowels tender and bloated, with thin, frequent, dark colored, very offensive discharges; great thirst; very irritable in temper, cuts off those who speak to her with a spiteful, sharp retort; nose bleeds frequently and profusely; extreme weakness and great muscular soreness; very wakeful, nervous and restless. When asked how she is, she always replies that she is better; offers no complaint; is indifferent to everything about her. First Bryonia, then Arnica, were prescribed, but they seemed to make no headway against the disease. The patient was carefully nursed and fed with suitable diet, but still made little progress, while the red, dry and contracted state of the mouth grew worse day by day. Here was a condition denoting, according to many careful

observers, an absence of the proper acid constituents of the juices of the body. One day I asked her if she would not like some lemonade. She replied, with a look of joy, "Yes, indeed, but I was afraid to ask for fear you would not let me have it." I made lemonade her regular drink thereafter, and she told me she was better with every drink. It was evident, however, without her word. From the beginning she improved with remarkable rapidity, and three weeks from my first prescription she went about the house again.

I use this case for a text to call attention to these dietetic aids (for they are true foods) in treating such cases. These symptoms denote an alkaline state of the system, and call for acids as a natural diet. The same acid, however, will not always answer. Muriatic acid, greatly diluted in water, will very commonly meet the exact want; but, at other times, milk whey, or even hard cider, will be its best form. The patient's taste or craving in these cases will be found the safest guide. An opposite condition of the system is also met in practice, where an alkaline beverage will be as grateful and healing as acid in this. Such cases have broad, flabby, white-coated tongues, and flabby, colorless, appearance of mucous membranes. I recall a case of inflammatory rheumatism I had this fall where the condition described was present and a soda water drink gave prompt relief, and I have used both these agents in a great variety of cases under conditions similar to those noted and always with satisfactory results.

For the Medical Call.

### **Merc. Sol. in Glossitis.**

BY F. F. CASSEDAY, M. D.

Mrs. R., a Norwegian woman, æt. 32 years. A typical case of acute inflammation of the tongue. The tongue was very much swollen, associated with sharp pain, and great dryness of the mouth. The swelling was mostly in the anterior portion. There was headache, restlessness and great thirst, but little fever, except at night. Merc. Sol., 6x, promptly cured.

**Physicians** are especially invited to read our advertisements.

For the Medical Call.

### **Cerefolious in Dropsy.**

BY W. H. FANNING, M. D.

Case 1. John M., aged 26 years, came to me with general ascites, feet and ankles badly swollen, great distension of the abdomen, urine scanty and high colored. Dropsy caused by working in water. Gave him Cerefolious, and nothing else, to test its powers as a diuretic. In a week the swelling and tumefaction disappeared, urine copious and clear, with no return of the dropsy.

Case 2. A gentleman about 60 years of age had been afflicted with Bright's disease of the kidneys for several years. He applied to me for relief nearly two years ago. I commenced the treatment by giving eight drops of the first dilution of Cerefolious four times a day in a little water. This treatment was continued three or four weeks. The albumen gradually diminished, appetite improved, bowels more regular, and the general condition of the system greatly improved. The patient improved rapidly for several weeks, when he was seized with intermittent fever. Upon recovery from this attack of fever, the albumen reappeared in large quantities, and by the use of the Cerefolious soon diminished. I mention this case, not because it is the only one treated with this remedy, but because it was a marked case of degeneration of the kidneys.

From the foregoing the physician will obtain some idea of the sphere of action of this valuable remedy in the treatment of dropsical affections. As the result of my individual experience I would recommend the following rules for its administration:

1st—In cases of acute idiopathic dropsy use the dilutions beginning with the 3x, descending more or less rapidly, according to the progress of the disease.

2d—In chronic or atonic dropsy, use the tincture if necessary, from thirty to forty drops in a glass half full of water. One teaspoonful every hour while awake.

**Rhus Poisoning.**—It is reported in the *Medical Brief* that one part of Spts. Nitro to three parts of water is a specific for Rhus poisoning.

For the Medical Call.

### Chronic Constipation.

BY CHAS. H. BRACE, M. D.

The best remedy I have found in the treatment of the above complaint, where there is no leading symptoms to guide to the selection of some other medicine, is Nat. Mur. 3x, (trit.,) a dose night and morning. The indications for this remedy are: Large, hard, difficult passages; desire for stool, with inability to pass the same; passages dry, hard and crumbling. Now, as ninety-nine persons out of a hundred, who are suffering with chronic constipation, have about the above symptoms, I feel that in recommending it I am not advising its empirical use. It is of great value, especially with women, as we all know that Nat. Mur. is a female remedy, and it can be safely used in the constipation of pregnancy.

### Version by Vertex in Shoulder Presentations.

Mrs. A. was taken in labor with shoulder presenting. After suffering for about fifteen hours under care of a competent(?) midwife the husband became impatient and determined to have aid.

On being summoned to the case I found the arm born, and was informed it had been so from the first. It was almost black and quite hard. There was also a prolapse of the funis, of about twenty inches. Singularly enough the pulsations in the cord were quite perceptible.

Anæsthetizing the patient, to produce more perfect relaxation of the parts and also to spare her the pain incident to handling, I succeeded in returning both the arm and funis and making a vertex presentation.

The labor then progressed normally, and in about forty minutes the mother was delivered of a fine boy, asphyxiated.

By prompt and persistent attention respiration was established, and both mother and child did well.

Some time previous to this one of my own cases made a similar presentation, and in this case, too, I made a version by vertex and delivered with safety to both mother and child.

In this case the anæsthetic was not used. The patient was placed in the knee-face position, and when the abdomen was relaxed, between the pains, I returned the arm, brought the vertex into position, retaining it in my grasp until there came a good pain, when I gently turned her upon her side, and labor progressed normally.

I am aware that the general teaching is to "go for the feet," and make a pedalic version. In a majority of these shoulder cases this is the only way out of the difficulty. Still, for the greater safety of the child the version by vertex is deserving of a trial wherever practicable. In neither of these cases was there any attempt at spontaneous version, although in the first case there had been ample time for the fetus to develop any *acrobatic* tendency he might possess. Perhaps if my faith had been stronger I might have tried Pulsatilla, 200, and waited.—L. C. GROSVENER, in *Hom. Jour. of Obs.*

For the Medical Call.

### Case from Practice.

BY GEORGE W. WILSON, M. D.

J. B., aged 24 years. Had primary syphilis and thought himself cured, when hard buboes appeared, that on the left side, corresponding to the infected site of the prepuce, the larger; they had continued in an indurated condition for some time. He had been mildly salivated four weeks previous. Gave Acidum Nitricum, 6th. After a time, no improvement being apparent, he received Carbo-Animalis, 3d trituration. The buboes were speedily resolved, and he remained cured.

For the Medical Call.

### Hahnemann's Writings.

In your last number, page 102, Hahnemann's way of getting at the right remedy I like. Will you be so kind as to name all of his works that are unadulterated and now in print?

M. NEFF, M. D.

NOTE.—Hahnemann's *Materia Medica Pura*.

" Chronic Diseases.

" Organon.

" Lesser Writings.

These are all in print and can be bought at any pharmacy. They may also be had of any bookseller.

For the Medical Call.  
**Advice Wanted.**

I have suffered since the 18th of last February all a man could suffer from gall stone colic; a return of pain regularly every fourteen days; pains lasting generally thirteen and a half hours; on the 18th of February nineteen and a half hours; the last time the 14th of last October. Have been benefitted from advice in the MEDICAL CALL by taking sweet oil. Can anything better be done for me? Have been benefitted more from Podophillin and Sulphur since the 4th of October than from China. Am very weak and have a strong desire to be cured of this terrible pain. Will the subscribers to the MEDICAL CALL give me advice to free me of gall stones and portal congestion.

Very respectfully,

WILLIAM M. BARDEN, M. D.

**Vaccination in India.**—Although the epidemic of small pox visited the north-western provinces of India in a fearful manner, causing 58,000 deaths in the single year of 1878, all attempts at introducing vaccination as a protective measure were resisted by the superstitious natives. They looked upon small pox as a visitation from a deity, called by them Sitta, whose anger had to be appeased with special sacrifices and plagues. In spite of all this, however, vaccination, although under peculiar circumstances, was gradually introduced among the natives. The Thakens, a tribe that still practice infanticide to a horrible extent, first allowed their female children to be vaccinated, being convinced of its fatal termination, and hoping thereby to get rid of this superfluous progeny. All the sons, however, were carefully guarded. Small pox broke out in four of their villages a short time afterwards, which carried off nearly all the boys, whilst the girls escaped the disease. This unlooked-for termination induced the natives to resort to the opposite practice, compelling the boys to be vaccinated, whilst the girls were left unprotected. Besides this, a large number of cases were observed where children were concealed by their families from the vaccinators; in almost all instances these died, whilst those vaccinated escaped small pox.—*Allgm. Deut. Zeit. f. Brazil.*

For the Medical Call.  
**Acute Cystitis.**

BY A. B. GRANT, M. D.

G. N. J., aged 59 years, was taken with violent acute cystitis with hæmaturia—pain running from neck of bladder to kidneys. Terebinthina 3x controlled hemorrhage in nine hours and all pain and soreness subsided in forty-eight hours.

**The Freezing Cure.**

Freezing may be accomplished by applying a spray of Ether by means of an atomizer, or by a freezing mixture, composed of equal parts of pounded ice and salt, or two parts of snow to one of salt. Mix quickly, put into a gauze bag, and apply to the part to be frozen. In three to six minutes the skin will become white and glistening, when the bag should be removed. Freezing should not be continued longer than six minutes at a time, as the tissues may be harmed, though usually no harm results from repeated freezing if proper care is used in thawing the frozen part. It should be kept immersed in cool water, or covered with cloths kept cool by frequent wetting with cold water until the natural feeling is restored. Felons may often be cured, especially when they first begin, by freezing two or three times. Lumbago and sciatica, as well as other forms of neuralgia, are sometimes almost instantly relieved by freezing of the skin immediately above the painful part. We have cured some obstinate cases of sciatica by this means after other remedies have failed.—J. H. KELLOGG, M. D., in *Phys. and Surg.*

**Diet in Cases of Debility.**—Beat up an egg in a bowl and then add six tablespoonfuls of cold water, mixing the whole well together; then add two tablespoonfuls of farina of potatoes; let it be mixed thoroughly with the liquid in the bowl; then pour in as much boiling water as will convert the whole into a jelly, and mix it well. It may be taken alone, or with the addition of a little milk, in case of stomachic debility or consumptive disorders.—*Sir John Sinclair.*

THE Shetland Islands, with a population of twenty-seven thousand, have but six physicians to attend to their wants.

## The Medical Call.

A Quarterly Journal, devoted to the wants of the busy doctor.

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W. D. FOSTER, M. D. O. A. CRANDALL, M. D.

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THE MEDICAL CALL,  
QUINCY, ILLINOIS.

### Happy New Year.

With this issue the MEDICAL CALL begins its second volume. One year ago to-day its editors were impressed with the conviction that a periodical of this kind was demanded by the wants of the profession. The successful result of our efforts during the year just past have confirmed this opinion. We have printed and distributed *thirty thousand* copies of this journal during 1881. We invite the attention of advertisers to the advantages thus afforded. To our large corps of contributors, personally, we hereby extend our warmest thanks. To them our readers have been largely indebted for the valuable character of the items furnished. At the beginning of our venture the MEDICAL CALL was placed upon the exchange list of all the homœopathic journals throughout the country—with one exception. This courtesy is heartily appreciated, and we hereby solicit a continuance of their favors. The CALL is now on a sound basis, and begins the second year with high aspirations. We wish subscribers, contributors, exchanges, and the profession generally a prosperous, happy new year.

WE solicit every physician in active practice to write an article which will be interesting to the profession, for publication in the MEDICAL CALL. You may have some improved method of treatment which would be of great benefit to the profession. All improvements in medicine, as well as surgery, should be made known. The CALL is a lively journal, and goes to nearly every homœopathic physician in this country. Do not wait for us to write you a personal letter, but write at once. Address all communications to the MEDICAL CALL.

### Pure Homœopathy.

We hear a good deal of late about pure homœopathy, Hahnemannian homœopathy, high potentists, etc. A faction offers high notions in therapeutics; they insist that any remedy below the 55 m. is not homœopathic; that those who prescribe such are mongrels, or eclectics, unworthy the name of homœopathists. There can be but one kind of homœopathy, and that is so broad and comprehensive as to admit all honest searchers after the truth. The doctrine, *similia*, is settled; the potency question is open. It cannot be determined by argument, but by experiment, each for himself. Neither is it a new question; it did not originate with the present generation of physicians; it caused dissensions during Hahnemann's lifetime; it is not likely to be settled during the present, nor possibly the succeeding, generation.

In the CALL for October appear some observations which are *apropos*. The peculiar opinions of men forty years ago are of no more force than those of the present day; neither being of value only in so far as they conform to the results of experience. No one can deny that correct notions on the potency question are vital; without just convictions on this question the law of the similars becomes practically inoperative as a therapeutic problem. The great Hering declares:

"The doctrine of the preparation of the remedies into the so-called dilutions belongs to natural philosophy, in common with the doctrines of magnetism, electricity and galvanism. \* \* \* The doctrine that such dilutions, or potencies, are capable of curing diseases according to the law—*similia similibus*—is a proposition which belongs to biology, and there finds its confirmation; it likewise can only be investigated by experiment, and cannot be estimated without it."

Much that appears on this subject would indicate that great lack of information prevails. This sweeping assertion is based upon a fact announced in a report made to the American Institute at the recent meeting at Brighton Beach, viz: That there are (1881) about 6,000 regular homœopathic practitioners in the United States; that less than one thousand copies of the *Organon* have been

sold in the United States. It is not stated how many copies of *The Chronic Diseases*, *Materia Medica Pura*, or of *The Lesser Writings* have been sold; but it is safe to assume that not more than one out of every six of these physicians have any acquaintance with these works. How any one not familiar with the instructions of Hahnemann can have any just opinions upon the question of potency and dose, is a conundrum to the CALL. We early homœopaths, who were collaborators with the master, or who were at least familiar with his teachings, were of opinion that the 30th centesimal was the standard potency. They were careful, painstaking, conscientious men, and their practice was a marvel of success. Hahnemann used low potencies, and advises their use in a variety of maladies.

"A first attack of epilepsy, brought on by some contrary event, and assuming a threatening aspect either on account of its duration or instantaneous, may be, in most cases, permanently cured by one small dose of the tincture of Ignatia. (I know this from experience)."—*Mat. Med. Pura*, vol. 2, p. 164.

In regard to that class of professing homœopaths who frequently administer crude drugs (contrary to the law of similars) such as Quinia, Blue Pill, Castor Oil, Morphine, etc., yet who, as a rule, try to select the indicated remedy, we can only say that half a loaf is better than no bread, and trust that they may through further observation eventually imbibe such just conceptions of the true healing art as to be enabled to individualize and apply uniformly the potentized remedy.

"When the physician clearly perceives the curative indication in each particular case of disease; when he is acquainted with the therapeutic effects of medicines individually; when, guided by evident reasons, he knows how to make such an application of that which is curative in medicine to that which is indubitably diseased in the patient (both in regard to the choice of the substances, the precise dose to be administered, and the time of repeating it,) that a cure may necessarily follow; and, finally, when he knows what are the obstacles to the cure, and can render the latter perma-

nent by removing them; then only can he accomplish his purpose in a rational manner, then only can he merit the title of a genuine physician, or a man skilled in the art of healing."

### Missouri Institute of Homœopathy.

At the fifth annual meeting of the Missouri Institute of Homœopathy, held at St. Louis, Mo., on the 5th of October, 1881, the following officers were elected for the current year:

C. J. Burger, M. D., Boonville, President.

H. W. Westover, M. D., St. Joseph, Vice President.

W. John Harris, M. D., St. Louis, General Secretary.

W. B. Morgan, M. D., St. Louis, Prov. Secretary.

D. T. Abell, M. D., Sedalia, Treasurer.

S. B. Parsons, M. D., St. Louis, J. Martine Kershaw, M. D., St. Louis, W. C. Richardson, M. D., St. Louis, Censors.

The following chairmen to the different bureaus were appointed by the president:

Climatology and Prevailing Diseases—D. Van Syckel, M. D., Canton.

Obstetrics—W. G. Hall, M. D., St. Joseph.

Ophthalmology and Otology—H. W. Westover, M. D., St. Joseph.

Gynæcology—W. D. Foster, M. D., Kansas City.

Surgery—J. T. Kent, M. D., St. Louis.

Materia Medica—W. B. Morgan, M. D., St. Louis.

Education, Legislation and Statistics—D. T. Abell, M. D., Sedalia.

Psychological Medicine—J. Martine Kershaw, St. Louis.

Clinical Medicine—J. C. Cumming, M. D., St. Louis.

Provings—L. E. Whitney, M. D., Carthage.

Pædology—Josie Johnson, M. D., St. Louis.

The chairmen of the several bureaus were directed to appoint their associates and to report them to the secretary.

The next annual meeting will be held at St. Joseph, Mo., on the second Wednesday in May, 1882.

A CASE of intus-susception is reported in the London *Lancet* to have been cured by inflating the child, *per rectum*, with a pair of common bellows.



**Edwin M. Hale, M. D.**

The subject of this sketch was born at Newport, N. H., February 2, 1829. His ancestors belonged to an old and honorable English family. His father, Dr. S. Hale, is a graduate of Dartmouth college, and a practitioner of medicine. He removed from New Hampshire to Ohio when the subject of this sketch was seven years of age, and engaged in the practice of his profession in the village of Fredonia, near Newark.

At the age of eighteen Dr. E. M. Hale engaged in the business of printing in Newark, and for several years was also a frequent contributor to various literary newspapers, magazines and journals.

While residing there he was attacked with pneumonia, and being averse to allopathic medication, called in Dr. A. O. Blair, then the only homœopathic physician in the place, and one of the pioneers of homœopathy in Ohio. Such was the prompt action of the remedies administered, that Dr. Hale, on his recovery, decided, greatly against the wishes of his father, (who is now a homœopathist, and resides in Oak Park, near Chicago,) to study the new system of medicine. He accordingly entered the office of Dr. Blair, and, after the usual preliminary studies, attended the first session of, and graduated in the Cleveland Homœopathic Medical College. He located in Jonesville, Mich., and shortly after married Miss Abbie A. George, a daughter of one of its most prominent citizens. He remained there

twelve years, gaining a very large practice. He was one of the pioneers of homœopathy in that state. During the time he was located at Jonesville he became associate editor of the *North American Journal of Homœopathy*, and of the *American Homœopathic Observer*, which position, on the latter, he still retains. In 1860 he published a Monograph on Gelseminum, which first introduced him to the profession as an author. His many papers on New and Indigenous Remedies soon made him well and favorably known to his profession.

In 1862 he published the first edition of *New Remedies*, which immediately reached a large sale and wide popularity. In 1864 Dr. Hale was solicited to take the position of professor of Materia Medica in the Hahnemann Medical College of Chicago. He accordingly removed to this city, and entered into a partnership with the veteran A. E. Small, M. D., with whom he remained five years, and assisted in building up a large and lucrative practice.

At the expiration of this time Dr. Hale associated with him in partnership his brother, Dr. Parker H. Hale, who removed to Chicago from Hudson, Mich. This partnership continued up to the time of the great fire.

The second edition of *New Remedies* was published in 1867, and enlarged to thrice the size of the first (1142 pp., 8vo).

With the exception of two years Dr. Hale filled the chair of Materia Medica and Therapeutics in the Hahnemann Medical College of Chicago, from 1864 to 1869. During the two years referred to he was elected to the chair of Materia Medica and Therapeutics in the Cleveland Homœopathic Medical College, but was obliged to decline the honor.

In 1870 he was elected to the chair of Medical Botany and Pharmacology in the Hahnemann Medical College of Chicago, and in 1871 to the position of Special Lecturer on the Diseases of the Heart.

In 1872 his chair was so enlarged as to comprehend the Therapeutics of the *New Remedies*.

In 1873 the third edition of *New Remedies* was published on a new plan, with many additions.

In 1878 Dr. Hale withdrew from the Hahnemann College and took the chair of *Materia Medica* and Therapeutics in the Chicago Homœopathic College, which he held until 1881, when he resigned, and was made an emeritus professor in that institution.

The profession in general give Dr. E. M. Hale the credit of being one of its most indefatigable laborers and a thorough investigator of the curative range of the newer remedies, especially those belonging to the indigenous flora of the United States. In this respect he stands pre-eminent. The profession is indebted to him for the proving and introduction of many of our most commonly used and efficient remedies. Dr. Hale's reputation is not confined to his native country, as is shown by the fact that his *New Remedies* and various other productions of his pen have been translated into the German, French, and Spanish languages. By these means he is well and favorably known in the old country as well as in this.

The key-note of Dr. Hale's success is untiring perseverance and unconquerable energy. He is an honorary member of the State societies of New York, Michigan, and Massachusetts; a member of the American Institute of Homœopathy, the Illinois State Homœopathic Medical Society, and of the Chicago Academy of Sciences; to all of which he has largely contributed in the way of original papers, provings, etc. He is also a frequent contributor to all the homœopathic medical journals of this country and England.

Dr. Hale is one of the most voluminous writers in our school. His principal works, in the order of their appearance, may be named as follows:

1. A Monograph on *Gelsemium* (1861).
2. *Materia Medica of the New Remedies* (pp. 447, 8vo, 1864).
3. *The Law of Dose based on the Primary and Secondary action of Drugs* (1864).
4. *The essentials of a reliable Materia Medica* (1866).
5. *The Materia Medica of the New Remedies*, second edition (1867).
6. *A Treatise on the Therapeutics of Sterility* (1868).

7. *The Medical Jurisprudence of Fœticide* (1869).

8. A Monograph on the Bromide of Potassium (1869).

9. A Pocket Manual of Domestic Practice (1870).

10. An Essay on the action of *Digitalis* (1870).

11. A Monograph on *Ptelia Trifoliata* (1870).

12. A Monograph on *Myrica Cerifera* (1870).

13. *Lectures on Diseases of the Heart* (1871).

14. *The Characteristics of the New Remedies* (1872).

15. In 1875, 1876 and 1877 appeared the third, fourth and fifth editions of his *Materia Medica of New Remedies*, the last edition in two volumes, entitled, *Symptomatology and Therapeutics of New Remedies*.

16. In 1880 appeared his work on *Diseases of Women*, including essays on *Sterility* and *Dystochia*.

17. In 1881 was published his popular work on *The Heart*, and how to take care of it.

CHICAGO, Nov. 12, 1881.

*Editors Call:*—Though you are not responsible for the opinions of contributors, the latter will or should hold you responsible for your opinions when you hand them out to one who asks light of you under the supposition that he will receive something to strengthen his belief in homœopathy, and he gets nothing better than the trash you gave to Dr. Hutchinson in the October number of the *CALL*. If that is the best you have it is a poor place to call for light in homœopathy.

Yours, sorrowfully, E. A. BALLARD.

The *MEDICAL CALL* is sorry, very sorry, that this correspondent did not favor its readers with his treatment for sick headache and goitre. The worst case of nervous sick headache we ever saw, from an attack of which the patient had suffered once every seven days for more than twenty years, (presenting similar symptoms to those in case referred to, p. 100,) we cured with *Bryonia*, 1000th,—four doses—one dose every week.

Dr. Ballard's liver must be disordered. Possibly some of our many thousand readers will kindly advise our neighbor near the

lake "what to take." It may have occurred to him that it is sometimes easier to criticize the prescription of others than it is to suggest better ones. The curative remedy is what our readers clamor for.

Elsewhere are presented further hints for Dr. Hutchinson's cases. The CALL is happy to disclaim responsibility for Dr. Ballard's exhibition of "plantation manners," as well as for his failure to offer anything better on sick headache. It is quite probable that he has improved his fertile brain by reading the many valuable practical hints contained in this journal during the past year. With such superior advantages the MEDICAL CALL is surprised that he has failed to offer something "to strengthen the belief" of Dr. H. and generally illuminate the profession.

#### Missouri Institute of Homœopathy. Bureau of Gynæcology, 1881-2.

William D. Foster, M. D., chairman, Kansas City.

William Collisson, M. D., St. Louis.

W. G. Hall, M. D., St. Joseph.

G. S. Walker, M. D., St. Louis.

R. C. Runner, M. D., Mexico.

M. B. Pearman, M. D., St. Louis.

D. D. Miles, M. D., Boonville.

W. John Harris, M. D., St. Louis.

H. W. Westover, M. D., St. Joseph.

THE December number of the *Hahnemannian Monthly* made its appearance in our sanctum yesterday, as bright as a silver dollar. The last time the CALL saw a copy is beyond the recollection of the oldest inhabitant. We surmised that it might have strayed to Europe with the business manager and failed to connect from that cause.

IN the April number of the CALL we expect to publish a short article entitled, "The Coroner and the Coroner's Inquest," written by a prominent member of the Quincy bar. Other articles will follow during the year on medical jurisprudence. These articles will be practical and we hope profitable to the profession.

THE *Counselor* comes to us in its new role as a weekly. The publishers certainly show a good deal of energy in making this new departure.

#### Our Clinical Scheme.

ALEDO, ILLS., Nov. 4, 1881.

*Editors Call:*—I would like to make a suggestion, which, if you favor, may be of great interest to the profession. Issue a call (through the CALL,) for short essays on the treatment of one or more diseases in each issue, commencing alphabetically, as, for instance, "Aneurism;" a few lines from many different sources on cases actually treated by your subscribers. We are sadly in want of a good modern text-book on practice, and this, when completed, would form a practical cyclopedia of greater value than anything in our literature. All would be willing to contribute a few lines. Let all contributions be stripped of all unnecessary verbiage, and let all the symptoms cured by one drug be stated fully, yet succinctly. When remedies are alternated, let it be made known; also the potency of each remedy. What do you think?

Yours truly, J. W. REYNOLDS.

In pursuance of the foregoing suggestions we begin their execution with this number. We present for consideration *Acne*. The CALL invites contributions from each of our readers, reports of cases expressed in the most terse language, including all varieties of this cutaneous disorder. Careful individualization is the watchword. Give *Acne*; variety; remedy or remedies used; whether in alternation, and potency.

120 WEST SEVENTH STREET,  
CINCINNATI, Oct. 24, 1881. }

*Gentlemen:*—The MEDICAL CALL has come to me two or three times. Please notice I am not a subscriber to it. I will say you get up a very good journal.

Respectfully, M. M. EATON.

Yes, Brother Eaton, you had a complete volume for 1881 mailed to your address. We know you are not a subscriber, but why send us this notice at the close of the volume? Were postal cards more expensive in January when the first number was issued and sent out than now? We think not. Your card reminds us that we are doing missionary work, have furnished you gratuitously more practical common sense reading than is contained in any other journal. We are also reminded that we make a good journal, (please accept our thanks,) one worthy to be bound in cloth of gold and kept constantly before you as a ready reference. As we shall make no more calls upon you we have gently rubbed your name from our list.

WE know from observation and experience one fact in pathology which would have been a bonanza had we properly appreciated it twenty years ago. It may be new to some of our readers, as it is nowhere plainly recorded, so far as we know. It is a strong illustration of the effect of the emotions and passions upon the state of physical health. In case a nursing mother has a violent fit of anger the child will, within twenty-four hours—unless attacked with vomiting or diarrhoea—have violent spasms. We have often been called upon to prescribe for spasms in children, when, after fruitless inquiry as to the cause, we have plumply asked the mother if she had had a fit of anger shortly before. An affirmative reply throws abundant light upon the case. The remedy is to wean the infant or substitute another nurse.

THE proposition submitted to our subscribers (October), having in view the subsequent issue of this journal quarterly or monthly, was decided by them. The majority desire it continued quarterly. Among the reasons assigned for this preference it is asserted that there are already too many monthlies—of their kind; that they like a live, sound, vigorous and fresh quarterly better than a puerile, stale monthly or semi-monthly. In compliance with this widely expressed desire, we shall use our best efforts to make the CALL indispensable to our readers. To this end we renew our request for items of daily bedside experience, and invite the freest interchange of opinions through our columns.

WE are indebted to Dr. Isaac Cooper, of Trenton, N. J., for a copy of the Register of Homœopathic Physicians of that state. As this directory was made under the direction of the State Medical Society it must necessarily be very correct. It gives a full list of the officers and members of the State society.

DR. T. S. HOYNE is preparing his 1882 Directory of Homœopathic Physicians, and would like physicians to report any changes in location during the year.

CORRESPONDENTS will confer a great favor by writing on one side of the paper only.

DR. S. A. BOYNTON, who was lately in the west stated to the MEDICAL CALL many facts regarding the medical and surgical treatment of the late President Garfield that are not generally known. After the report is made by the physicians in charge, which is now in course of preparation by Surgeon Woodward, U. S. A., and will be published under the authority of the War Department, Dr. Boynton will make a statement to the public. We will avail ourselves of an early opportunity thereafter to lay all the facts before our readers.

THE editors of the CALL are glad to know that their elegant English is appreciated; they feel flattered to see their language copied *verbatim* by other journals. If our neighbor in the "Future Great" would be kind enough to give us credit for our efforts we might be willing to still further aid him.

WE are glad to learn that our embellishments in the way of engravings of eminent homœopathists is meeting the appreciation of our readers. With this number we present an elegant cut of our distinguished collaborer, Prof. Edwin M. Hale, accompanied by an interesting biographical sketch.

WE understand that Dr. E. C. Franklin has resigned the deanship of the homœopathic department of the Michigan University and is succeeded by Dr. T. P. Wilson.

WE learn from Dr. R. B. House that no Directory of Homœopathic Physicians of Michigan was published for 1881.

### BOOK DEPARTMENT.

LECTURES ON THE TREATMENT OF INSANITY, AND KINDRED NERVOUS DISEASES. By Samuel Worcester, M. D. New York and Philadelphia: Boericke & Tafel. Price, \$3.50.

This volume is just off the press, and is, in fact, the only one in the language on the homœopathic treatment of mental derangements, except the translations of Jahr's work, written a quarter of a century ago. In no branch of medical science has greater advancement been made during that period than in the treatment of mental diseases, so that a new work on the subject was greatly needed. The author has had a wide expe-

rience in the treatment of the insane in connection with hospitals, and is admirably equipped as a writer on the subject. His work will be found to cover the wants of the profession more fully than anything now in use, to give a correct view of the present state of knowledge regarding insanity and its homœopathic treatment, and to discuss causes, and the critical subjects of restraint and non-restraint in a most rational and intelligent manner. It is a volume of nearly 500 pages, and may be set down as one of the absolute necessities of every homœopathic practitioner's library.

**SPECIAL PATHOLOGY AND DIAGNOSTICS, WITH THERAPEUTICAL HINTS.** By C. G. Rane, M. D. 8 vo., pp. 1,072. New York and Philadelphia: Boericke & Tafel. Half morocco or sheep, \$7.00.

It ought to be especially gratifying to the public and the profession that a second edition of this invaluable work, re-written and enlarged, is now within reach. It is of the utmost importance that the subject matter of such a work should be brought down to the latest date practicable, and that statements made years ago on certain pathological facts should be re-cast in accordance with the most recent knowledge in regard to them. This has all been done in this second edition. At the same time the re-writing of the work has made it possible to add new light to many suggestions and hints and to multiply illustrations, so that the value of the work is greatly enhanced. It thus becomes more comprehensive in its scope, full, broad and clear, while sustaining all the essential features of wise and skillful condensation. It is now a work of the greatest value, not merely with its youth renewed, but improved and strengthened in its age. The profession can now look to it as the leading and standard volume of its kind.

**TRANSACTIONS OF THE FIFTH ANNUAL SESSION OF THE AMERICAN HOMŒOPATHIC OPHTHALMOLOGICAL AND OTOLOGICAL SOCIETY.** Held at Brighton Beach, New York, June 15 and 17, 1881. Short & Forman, Cleveland, Ohio.

This is a very creditable volume of eighty pages, containing a number of interesting articles. The president's annual address is a very satisfactory production, wherein he refers to the progress made in the specialty

in the past generation, including the improved methods of examination, the invention and perfection of instruments enabling surgeons to perform the most difficult and delicate operations. He thinks much is yet to be learned in the diagnosis and therapy of ophthalmic and aural diseases. There are also a number of very readable papers on various medical topics, which show experience and good sense. We commend especially Dr. George S. Norton's report on "Jaborandi—its value in ophthalmic therapeutics," Dr. W. H. Winslow's clinical case of "iron in the eyeball," Dr. J. F. Brown's protest against Stilling's operation for stricture of the lachrymal passages, also Dr. J. H. Buffum's very interesting cases of aural nausea. The book should be read by all classes of practitioners. Single copies will be sent to any address on receipt of fifty cents. Apply to F. Park Lewis, 230 Pearl street, Buffalo, N. Y.

**QUANTUM SUFFICI.** By C. F. Nichols, M. D. Boston: Walter F. Towns, publisher.

This is a twenty-four page tract, being No. 4 of the series issued by the author. It is "a summary of cases chiefly treated by the higher homœopathic attenuations, with comments." The tract is a quaint forcible plea in behalf of rational homœopathy. Among the many interesting cases cured which are cited are several cases of rachitis cured with Gettysburg Salt, m. m. and c. m. Also some cases of osseous growths cured with Calc., 12; goitre cured with Lycopodium, 30 centes; a number of cases of ague cured with Arsenicum, 200; cases of wens cured with Graphites, c. m., 2c, and some cases chiefly treated by Nosodes. Altogether there is a good deal of very good reading in these twenty-four pages.

**TRANSACTIONS OF THE TWELFTH ANNUAL SESSION OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF MICHIGAN.** Vol. I, No. III. Being proceedings of meeting held in Ann Arbor, May, 1881. With compliments of R. B. House, M. D.

This is a book of 145 pages, paper, to which is prefixed a list of officers for 1881-2, to which is added a full table of contents. It is made up of papers—reports of scientific bureaux of the society. Several reports are of great interest, and the whole reflects great credit upon our neighbors of Michigan.

**INTRODUCTORY LECTURE DELIVERED BEFORE THE CLASS OF PULTE MEDICAL COLLEGE, SEPT. 30, 1881.** By Prof. William Owens, M. D.

This lecture contains many good ideas in regard to the action of drugs. It makes good reading and every homœopathic physician would do well to read it.

**PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO. SEVENTEENTH ANNUAL SESSION.** Held at Toledo, Ohio, May 10 and 11, 1881.

A book of 178 pages of well written articles. The secretary, Dr. H. D. Beebe, of Sidney, has our thanks.

**THE NATIONAL TEMPERANCE ADVOCATE.** Monthly. J. N. Stearns, publishing agent, New York. One dollar per annum.

It seems to us that the friends of temperance and reform should give this paper a good wholesome patronage, it is so lively and interesting. It does one good to read it.

**THE YOUTH'S TEMPERANCE BANNER.** Monthly. J. N. Stearns, publishing agent, New York. Twenty-five cents a year.

A paper published especially for children.

### Received.

Boothbay Register. Weekly. B. T. Cox, editor and proprietor. Boothbay, Maine.

Nosodes and High Potencies, with Clinical Cases Illustrative of their Action. By Samuel Swan, M. D., New York.

Fractures of the Inferior Maxilla. By Thomas H. Gilmer, M. D., Quincy, Illinois. Ransom & Randolph, Toledo, Ohio.

Transactions of the American Institute of Homœopathy. Session 1881.

Journal of Science. Monthly. Journal of Science Co. Chicago, Ill.

### Personals.

Dr. H. W. Taft has located at Arlington, Mo.

Dr. W. A. Forster has settled in Nevada, Mo.

Dr. J. W. Primm has removed from Hannibal, Mo., to Galesburg, Ill.

Dr. J. C. Shaw has removed from Eagle Bridge to Hoosick Falls, New York.

Dr. F. Park Lewis has returned from Europe and re-opened his former office at 230 Pearl street, Buffalo, N. Y.

Dr. C. H. Hallowell, has removed from Exeter, N. H., to Solomon City, Kan., and gone into the banking business.

Dr. C. S. Penfield has removed from Kansas City to Chicago. Dr. H. S. Brewer succeeds to Dr. Penfield's practice in Kansas City.

We are pleased to learn that Dr. J. P. Dake, of Nashville, Tenn., is rapidly recovering from his severe attack of typho-malarial fever.

Dr. F. F. Casseday, late of Minneapolis, has formed a copartnership with Dr. T. A. Kimmell, of Kansas City, Mo. Dr. Casseday will continue to devote special attention to eye and ear diseases. Success to the new firm.

**For Sale.**—A practice in Burlington county, New Jersey, on a line of railroad, near a town of one thousand inhabitants. Practice pays fifteen hundred dollars a year cash. Fine house and barns, with twenty-seven acres of land. Without property, \$800; with property, \$6,200. Address, MEDICAL CALL, Quincy, Ill.

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In corresponding with advertisers please mention the MEDICAL CALL.

WM. F. KIDDER, Esq.:

BALTIMORE, May 21st, 1881.

Dear Sir:—Your sample of Hydroleine was received in good order, and tested with the best result in the case of my wife. She commenced its use on the 9th of May, and her weight then was 128 pounds; she finished the contents of the bottle to-day (May 21st), and was weighed on the same scales, weighing 134 pounds. I most heartily indorse and recommend Hydroleine to ALL, as an invaluable remedy in wasting diseases. I consider it a wonderful medicine. You are at liberty to make use of this letter if you choose.

H. W. SCHULTZE, M. D.,  
No. 69 McElderoy Street.

## UNIVERSITY OF MICHIGAN.

HOMŒOPATHIC DEPARTMENT.  
COLLEGE AND HOSPITAL.  
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\*See note p. 64, Prof. VAN BUREN & KEYES, on Urinary Organs.

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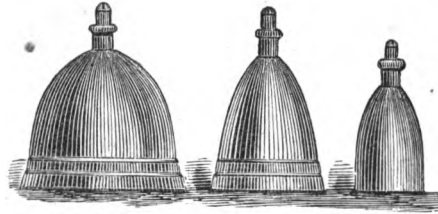
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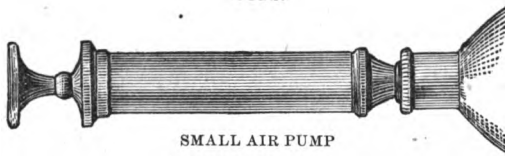
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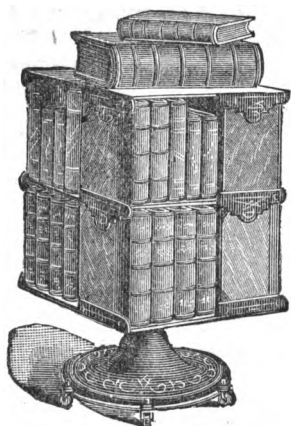
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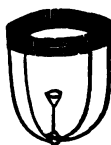
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— THE —

# Medical Call.

Vol. II.

QUINCY, ILLINOIS, APRIL, 1882.

No. 2.

Subscriptions, all exchanges, books for review, and communications must be addressed to  
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Quincy, Illinois.

THE MEDICAL CALL does not endorse or hold itself responsible for the opinions or doctrines of its contributors; but will allow, and expressly invites the fullest expression of opinion from all quarters. The editors will, from time to time, present the newest and freshest facts of practical importance.

For the Medical Call.  
**Otitis in Children.**

BY J. CRESSWELL LEWIS, M. D.

Inflammation of the ear is one of the most neglected diseases of children. Many practitioners ignore the necessity of treating it, and speak of it as of little account. Such a state of affairs is owing to a want of technical knowledge, but, in this day of books and appliances, is inexcusable. It is not only inexcusable, but decidedly wrong; for if the disease is not checked it will probably be stubborn and do lasting injury to the delicate mechanism of the ear, in addition to prolonging the child's suffering.

Otitis may occur at any time, from birth on, no period being exempt. Sometimes it occurs in children a few days old, being caused by the cheesy mucus collecting in the external auditory canal from the amniotic fluid. It may occur primarily in the ear, or may result from inflammation of the throat, extending along the eustachian tube to the middle ear. Particularly is this latter form seen following scarlet fever. A very common cause is chilling of the body from bathing. Direct violence will cause it.

Foreign bodies in the ear will cause otitis in a severe form. Sometimes the cause cannot be determined and the disease can be attributed only to constitutional dyscrasia. In our reading we once came across an interesting paragraph, which was in effect, that where there is a eustachian or nasopharyngeal catarrh existing, and quinine in large doses is administered for some other disease, it is apt to produce a decided and troublesome inflammation of the middle ear, thus proving the deleterious effects of massive doses of this drug. In the majority of cases the disease is in the middle ear. The symptoms are interesting, as the symptoms of all diseases are, to the studious physician. For we should always remember that, (as we once saw stated,) "symptoms are our surest guides and are seen at the time when medical aid is most advantageous, revealing disease long before it is manifested by structural changes."

The child suffering from otitis of the middle ear, will roll its head from side to side, pull at its ear, is restless, cries out and acts as if in great pain, which is certainly the case. It will seek to bore the affected side into the pillow to relieve the pain. The intensity of the pain lasts a few hours generally, sometimes a day or two, and then a discharge of bloody pus will appear and the pain subsides. The pus, in such cases, finds its exit through a perforation in the membrana tympani. The inflammation may extend to the mastoid cells, producing, in some cases, cerebral abscess or meningitis, and then it is accompanied by convulsions, flushed face, frequent, intermittent pulse.

Such, of course, is an extreme case. Otitis of the middle ear is generally a stubborn, troublesome disease, but sometimes yields readily to treatment in the earlier stages. It may be catarrhal or purulent. Catarrhal inflammation, if not arrested, will become purulent.

On being called in to prescribe for a child too young to give a correct description of its symptoms, and finding no trouble in the chest or abdomen, we naturally turn to the head and think, perhaps, the brain may be involved. But if we find no vomiting, no febrile disturbance, no constipation, we may next think of otitis, especially if the history of the case points to the probability of the child having been exposed to sudden changes of temperature. If, coupled with these facts, the child cries out when we press the cartilage of the ear inwards, we may be sure. Where we have inflammation of the membrana tympani, and also of the lower portion of the external canal, we sometimes want to know whether the inflammation of the membrana tympani is caused by inflammation of the middle or external ear. If we have a history of intense pain and decided loss of hearing, we may be sure the disease began in the middle ear; if of little pain and slight loss of hearing, it began in the external ear. This is important, as it materially affects the treatment of the case. The prognosis is favorable in the beginning, but not so promising in neglected cases. Perforation of the tympanic membrane is not so serious as is often thought, and if the opening is small there is not so great a degree of deafness. In fact, where there are evidences of purulent collection in the tympanum and there is bulging of the membrane, it is advisable to make a slight incision to relieve the symptoms and prevent further mischief. Often, although not always, the perforation will heal up when the inflammation subsides.

Inflammation of the external ear is not so dangerous as that of the middle ear. It may be caused by eczema extending into the auditory canal, producing a flow of pus. Furuncular inflammation in the canal is painful and severe while it lasts, but an incision frequently relieves quickly.

The treatment of otitis consists of medicinal and local or palliative means. Local treatment should be of the most simple kind. To gain a correct idea of the case and what treatment is needed, we should make an examination, and pus and wax must be removed before we can do this. The ear must be kept clean if we wish success. Where there is much pain, we find a little warm water dropped in the ear is better than the old-fashioned oil and laudanum cure. For this suggestion we are indebted to Prof. Edmonds in his valuable treatise on diseases of children. Warm hops applied, often give prompt relief, they having a sedative effect.

The following remedies we have found useful, according to their indications:

**ACONITE.** Catarrhal otitis. Fever, restless.

**BELLADONNA.** Shooting, throbbing pains running from the ear to the throat; face red; delirium.

**HEPAR SULPH.** Fœtid pus; purulent otitis. In furuncular inflammation. Eczema of the ear. Where the disease has extended to the mastoid cells.

**MERCURIUS SOL.** In the catarrhal form of the disease and where this runs into the purulent form. Violent pain in ears and face.

**PULSATILLA.** A grand remedy. Moaning, weeping, despondent; worse in the evening. Purulent discharge.

**SILICEA.** Where the disease has involved the mastoid cells. Pus offensive, thick and bloody.

**SULPHUR.** Chronic cases. Purulent otitis. Scrofulous subjects. Furuncular inflammation.

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For the Medical Call.

### Remedy in Rheumatism of Flexors.

BY C. G. S., M. D.

Reply to D. Vliet Van Syckel, M. D., in Vol. 2, No. 1, page 9.

Try Caulophyl, 3x, three times a day; have just about cured a chronic case where flexors of hands were most affected.

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PHYSICIANS are especially invited to read our advertisements.

For the Medical Call.  
**Ancient History.**

The method of preparing homœopathic remedies first taught by Hahnemann is not likely to be improved. From inquiries propounded to the MEDICAL CALL, from time to time, we are convinced that these directions may be new to some of your readers. Following are reproduced such extracts as are pertinent to a clear understanding of the subject, as well as some observations on the potency question.

"All those homœopathic drugs which constitute the pure materia medica are prepared in the manner pointed out below." \* \*

"Of these pulverized substances" (such as Calcareo, Silicea, etc.), "you take one grain; Mercury may be used in the liquid state; of Petroleum, you take one drop instead of one grain; pour this grain into a non-glazed porcelain mortar, having before covered the bottom of it with sand slightly moistened and triturated. Then you take thirty-three grains of Sugar of Milk, and mix them with the drug by triturating the mass with some force for about six minutes by means of a porcelain pestle. Before you triturate stir the mass a little while with a spatula. Having triturated the mass, you stir it again for about four minutes, scraping up that part which covered the bottom of the porcelain mortar and also that which is adherent to the pestle; then you triturate again with great force for six minutes, without however adding anything new. This mass you scrape up again for about four minutes, add another thirty-three grains of Sugar of Milk, stir the new compound for a moment with the spatula, then triturate it for six minutes with the pestle, scrape it up for four minutes, triturate again with great force for six minutes, scrape the mass up again for four minutes, then add the last thirty-three grains of Sugar of Milk, and with this last added portion proceed as with the two former. This powder you enclose in well corked glass, and mark it with the name of the substance and the figures  $\frac{1}{100}$  to show that this is the one-hundredth potency of the substance."

"In order to prepare the degree  $\frac{1}{10,000}$  you take one grain of the degree  $\frac{1}{100}$  and add to it thirty-three grains of Sugar of Milk.

Stir up this mass for a moment with the spatula; then triturate it for six minutes, stir it up for four minutes, triturate again for six minutes, and stir up again for four. After this you add the second thirty-three grains of Sugar of Milk, proceed then as before; afterwards the last thirty-three grains of Sugar of Milk, stir up and triturate again as before, and enclose the mass in a well-corked vial marked  $\frac{1}{10,000}$ ."

"To prepare the degree  $\frac{1}{1,000,000}$  or I, you take one grain of the degree  $\frac{1}{10,000}$ , and go through the process of stirring and triturating in the same way as before, employing upwards of an hour for the preparation of each different potency." \* \* \* "From the million degree of trituration the solutions in the various degrees may be obtained by dissolving those triturated substances in alcohol or water." \* \* \* (Hahnemann, Chronic Diseases, Vol. I, page 189, *et seq.*)

Then he proceeds further and shows how the succeeding potencies are prepared. In a note by the translator we are told that the first degree is marked  $\frac{1}{100}$  or 1; the second degree  $\frac{1}{10,000}$  or 2; the third degree  $\frac{1}{1,000,000}$  or 3. It being shorter, the latter designation is now commonly employed. Such are Hahnemann's directions; explicit, full, and unmistakable.

From the reckless assertions of some self-styled Hahnemannians, who declare that questions of posology are unimportant, the reader might infer that no specific directions about potency were announced by the founder of our school; that while he gave us the benefit of his observations and experiments in other matters, he left this topic without any word of advice. But such is not the case. To enlighten any such, and to clearly show that Hahnemann did employ these lower potencies in the early years of his homœopathic practice, a few quotations may not prove unworthy of attention. It is here observed that many of the practitioners of our time began where Hahnemann began—with the lower potencies. As the physician acquires a more profound knowledge of materia medica and broader experience in practice, he then sees his way clearly to the use of the middle, higher or highest potencies. It will be noted by the student that the master, as he grew in ex-

perience, employed higher and higher potencies. During the later years of his practice he advocated the general use of the 30th and upwards. Here follow some extracts in support of the above:

"AMBRA GRISEA. Take one grain of this genuine Ambra, and prepare it for homœopathic use by means of the processes of trituration and succession which have been taught in the first volume of the chronic diseases. A small part of a grain of the millionth trituration is sufficient for homœopathic use." (*Mat. Med. Pura*, Vol. 1, page 23.) That is the third trituration.

ANGUSTURA. The tincture is obtained by procuring, without any heat, the extract of fifty grains of this powder by means of 1,000 drops of alcohol." (*Ibid*, page 37.) \* \* \* "I have generally used the smallest part of a drop of the billionth potency; I have also used the higher degrees." (*Ibid*, page 39.) That is the fifth potency.

"ASARUM EUROPEUM. A small portion of a drop of the quintillionth attenuation appears the most proper dose for homœopathic treatment." (*Ibid*, page 83.) That is the eighth potency.

"HYOSCIAMUS NIGER. A small portion of a drop of the twelfth potency is a sufficient dose." (*Ibid*, Vol. II, page 147.)

"CHAMOMILLA. A drop of the third dilution is sufficient to cure in every instance; in many cases it acts yet too powerfully." (*Ibid*, Vol. I, page 3.) We generally use the 4m with gratifying results.

Many other quotations could be produced, but these are regarded as sufficient to show the early teaching and practice upon these points. \*

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For the Medical Call.

### Hale, the Obstetrician.

*Dear Call:* I say "dear" because you are among the very best and most useful to me of the many medical journals which come to hand.

Allow me to commend heartily your biographical sketches of prominent homœopaths. They are calculated to do good to all concerned.

In the paper on Dr. E. M. Hale, I think attention might well be called to his labors as a specialist in midwifery. If I am not

mistaken, Dr. Hale is by preference and practice an obstetrician and gynæcologist. Be this as it may, he is the inventor of the best *short* forceps known to me. And as a homœopathic specialist, I find keen satisfaction in feeling that the best instruments are the product of the thought and invention of our school.

This valuable little instrument is recommended by Dr. Richardson in his *Obstetrics*, (page 360,) and its advantages are thus set forth by Dr. Hale: "Its small size enables the physician to carry it in his pocket. Its appearance is not in the least formidable. It can readily be applied in nearly all the various positions in which women place themselves during labor, and thus affords, with but slight show of an operation, very important assistance during the last stage. It can be used to rectify those annoying oblique positions of the head, which, even when the head is resting on the perineum, retards its progress. Here it is used as a lateral lever, as recommended by Meigs. In cases where the head is placed transversely to the lower pelvic strait, it can be used successfully to rotate the occiput under the pubic arch. In face presentations, these forceps can be used effectually to cause the chin to escape more readily from under the pubes, or to assist it in escaping from the perineum. In occipito-posterior positions this little instrument will greatly assist in causing the chin to approach the breast, and allow the vertex to escape more readily. Even in that most natural phase of labor, the occipito-anterior, the attendant and patient are annoyed and fatigued by the tendency of the head to retrograde, or "slip back," at each pain, just at the time when it seems as if it was about to escape from the vulva, or reach a position where it could be grasped by the hand. How often we have waited hours for the escape of the head under these circumstances. We feel that all that is wanting is a little harder pain. We know that if we only had one hand on the head we could extract it, but just as we seem able to grasp it, it slides back into the pelvis. In just such cases these small forceps are a great assistance to both physician and patient."

I have used the small forceps probably

two hundred times, and I think them exactly the thing in their place. They cannot be used with advantage where long forceps are needed: that is, when the head is at or above the pelvic brim. But where instrumental aid is necessary or advisable, with the head low down, every advantage is in favor of Hale's short forceps as compared with any long forceps, (or any other short forceps which I have examined). An instrument maker tells me that he sells more of Hale's short forceps than of any other pattern of the smaller styles, to homœopathic and allopathic obstetricians alike, and that many buy "Hale's Short Forceps" who have no other.

C. M. C.

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For the Medical Call.

### Reply to Dr. Van Syckel.

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BY MALCOM GRAHAM, M. D.

In the January number of the CALL there is an inquiry from Dr. Van Syckel as to the proper treatment of a case which he calls rheumatism.

Instead of answering his article directly I will transcribe a case from my note book and allow him to make his own application.

In June, 1880, there came to my office Mrs. L., aged 32, American, well nourished and generally healthy, who had suffered for the past year with rheumatism of right shoulder, arm and hand. The pains commenced first in the shoulder, then extended to the elbow and finally to the hand. Sometimes there was pain under the shoulder blade. There was a characteristic inability to grasp things and to raise the arm to a horizontal position. She had been under allopathic treatment for a year and received the usual routine of blisters, liniments and physic, with no relief. She could not now dress herself without help. Upon physical examination I found marked anæsthesia of shoulder, arm and hand, with loss of muscular power; complained of constant heavy pain and of numbness of ring and little finger.

Here was a case that a certain line of treatment would relieve if not cure entirely.

1. The anæsthesia could be entirely overcome by a strong faradic current, applied by means of the scourge.

2. The loss of muscular power would be benefited by the same current, but milder and applied by sponges.

3. For the pain a constant galvanic current from shoulder to hand, also positive pole to whole length of spine, negative to pit of stomach, (four to ten cells.)

I used no internal remedies except Sac. Lac. and no external applications whatever besides electricity. There were daily seances for three (3) days and then every second day till twenty (20) were taken, although she was free from all pain after the tenth. She remains well to the present time. Special indications for electrical treatment were anæsthesia and loss of muscular power.

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For the Medical Call.

### Chloral Hydrate and Chloroform in Pernicious Chills—Congestive Chills.

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BY J. C. MORGAN, M. D.

In the *New York Medical Record*, March 12 and 19, Dr. H. H. Kane gives a *resume* of the action of Chloral Hydrate, which so resembles the symptoms of Texas or Louisiana congestive chill, as we saw the malady in the army, that my previous conviction of its homœopathicity to that worst of forms is revived; hence I copy and re-arrange this account, hoping that it may lead somebody to try it, in, say the 6th or 12th dilution, in such a case. Sleepiness; soon so intense that eyelids close; quiet sleep; profound sleep; stertor. Face flushed faintly; then, deeply red; then, purple blotches and streaks; pupils gradually contract; momentary dilatation, when disturbed. Respiration more labored; late, slow; intermittent, or rapid and shallow. Pulse 100 to 120; full; feeble; imperceptible. Temperature, 93½° to 97½°. Eyes, blood-shot. Lips, very dry; bloated. Hands and feet, cold and sweaty. General clammy or viscous sweat. Paralysis of every sense. Death by cardiac and respiratory paralysis.

A case with similar symptoms was recently relieved by Chloroform, internally. See, also, Allen's Encyclopædia for further similarities.

For the Medical Call.

## Case of Malignant Growth.

BY W. JOHN HARRIS, M. D.

On the 24th of October, 1881, Andrew Lind, carpenter, age 64, unmarried, was admitted into the Good Samaritan Hospital. He is a native of Sweden, but had lived in this country for a good many years.

The history of his case, as given by himself to Dr. Comstock, who examined him at the time of his admission, is as follows: Has been sick for four weeks; was taken sick at his home, eighteen miles out on the Olive street road. It commenced with fever and pain in the left side of the chest, but no cough. The attending physician at the time told him it was an attack of pleurisy, but he continued to grow worse, daily losing strength and suffering greater pain in the left side of the chest.

At the present time the left side seems much enlarged, extending below the ribs. There is every indication of some exudations in the left thoracic cavity. Gave Bryonia Album, 3x, every two hours.

Dr. Goodman being in charge of the hospital, saw the patient the following day, and made the following diagnosis:

Malignant growth; intra thoracic, and continued the Bryonia Album.

Oct. 30.—Expectorates blood, dark and offensive; profuse night sweats over the whole body. Sulphur, 3x, every two hours.

Nov. 2.—Patient no better; expectoration still offensive. Carbo. Veg., 3x, every two hours.

Nov. 5.—I took charge of the hospital and found patient in the following condition: After confirming the history as recorded by Dr. Comstock, he stated distinctly that previous to four weeks before his admission to the hospital he had experienced no pain, and had been as well as usual. The enlargement seems to be increasing, there being a difference of two and one-half inches in the size of right and left side. The intercostal spaces were not bulging. The enlargement commencing above the fifth rib and extending into the left hypochondriac region, the most prominent point being over the margin of the diaphragm and nearly on a line below the nipple. The superficial veins

were very much congested in appearance over the whole of the enlargement.

There was dullness on percussion over nearly the whole of the left side; spleen enlarged and diaphragm apparently crowded down below its attachments. Cancerous nodules distinctly felt in front of the trachea, below the larynx. The night sweats are very profuse, coming on as soon as the patient falls asleep. Complaints of burning in the stomach and great shortness of breath. R.—Arsen. Alb, 3x, every two hours.

Nov. 10.—Tongue dry, brown and cracked. Feels very weak this morning; great difficulty in breathing. Same remedy continued.

Nov. 14.—Enlargement on left side steadily increasing; the most prominent point seems to be growing soft, as though fluctuation might soon be felt; tongue dry and almost black. R.—Rhus Tox, 3x, every two hours and ten drops McMunn's Elix. Opium at 7 and 9 p. m. each night.

Nov. 24.—Patient has made but little change during the week, but to-day has an exhausting diarrhoea—the evacuations containing pus and blood. R.—Nux Vom., 3x, every hour.

Nov. 26.—Died at 12 p. m.

The following morning (Nov. 27, 1881,) at 7:30 a. m., post mortem was made by Drs. Parsons, Collisson and myself, Dr. Comstock also being present, who kindly made the following record at the time:

Cadaver moderately lessened in size; skin atrophied. Upon removing the chest walls strong adhesions were found between the pleura and ribs all over the left side, but especially in the upper part of the cavity. Left plural cavity contained about one gallon of exudation. Left lung atrophied to about the size of a fist and crowded to the upper part of the chest, where it was strongly adherent. Right lung contained pigmentary deposits, but was not adherent to the pleura. Heart natural in size, but pericardium and pleura intimately adherent with cancerous deposit. Diaphragm thickened with cancerous deposit to four inches; its individuality being entirely lost. The cardiac end of the stomach and spleen involved in the same mass. On the liver were found cancerous nodules; also through the mesentery, all

wonderfully developed. On the inner side of the sternum were found nodulous masses extending from the xiphoid cartilage to the neck.

The specimen was exhibited to the society and attention called to the rapid course of the disease after the patient first began to experience pain, and to the fact that a growth of this extent and character could only have attained the large size it did without sooner developing greater disturbance, was owing to its peculiar location, and the organs involved at the beginning of the formation.

For the Medical Call.

### Gonorrhœa, and Its Treatment.

BY C. G. S., M. D.

Next to intermittent fever, perhaps, no disease is so exasperating to both physician and patient as gonorrhœa. As a rule, the case does not come into the hands of the physician until the acute inflammatory stage has been fully ushered in, and perhaps quite as often this stage is allowed to pass into the chronic form before the unfortunate one presents himself to the physician at all. Almost every "young buck" around town has the recipe for a "sure cure" pasted to the back cover of his diary or memorandum book, which he passes around to his chums, to be used whenever occasion requires, and the result is that the family physician is not called upon until precious time has been wasted in the vain efforts of the patient to effect a cure by the "dead shot" system. If such cases could be reached in time, as in the first or second stage, there can be no doubt but many otherwise severe cases could be aborted. If we regard the disease as a purely local affection, not complicated by constitutional symptoms, it may be reached, particularly in the *early* stages, by purely local treatment, and even after it has passed the acute inflammatory stage, it is claimed by many specialists, that a vigorous course of local treatment—and that by mild application, too—the disease may be entirely removed in a very few days. The one great trouble is that the patient will not, or cannot—on account of his surroundings while at his business—give the proper amount of attention to his case which it

demands. Marcy & Hunt, in speaking of the treatment of gonorrhœa, quote Dr. Irwin, an army surgeon, who says "he uses nothing but the Chlorate of Potash one drachm to Aqua eight ounces, a portion injected every hour for twelve hours, then gradually diminishing the use of it until about the third day, when all symptoms of the disease usually disappear."

In my own practice I have not had an opportunity to prescribe the above treatment under what I consider favorable circumstances—for the reason above stated, that patients as a rule do not seek treatment early enough—although an occasional conscience-stricken "repeater," profiting by past experience, may do so, still the greater numbers do not.

When the acute inflammatory stage has been ushered in, no remedy seems to give such satisfactory results, in almost every case, as Aconite—in the second dilution. As soon as the acute symptoms disappear, and the discharge becomes copious and yellow, with burning throughout the whole extent of the urethra, Cann. Sat. five to ten drops of the first dilution to the dose, three times a day, seems to meet the condition admirably. When the discharge has considerably diminished, and there is little or no pain during or following micturition, the discharge becoming watery, or transparent, I give Merc. Sol. for two or three days, and perhaps follow it with a few doses of Sulph., 200th, which *usually* terminates the treatment.

During the treatment, and in all stages of the disease, I advise an injection of pure cold water, or the solution of the Chlorate of Potash, immediately after micturition, and as many times between the act as can conveniently be done. This should be strongly urged upon every patient, as the discharge is rapidly absorbed by the healthy membranous surface, if not washed away nearly as rapidly as it forms, and extends the disease over new tissue which might not become involved if the free use of water were indulged in.

**Decimal.**—Who originated the decimal method of preparing homœopathic remedies, and what is the history of the scheme? Who will answer?—D. C. A.

For the Medical Call.

### Rheumatism—Reply to Dr. Van Syckel.

BY J. W. REYNOLDS, M. D.

I would say to Dr. Van Syckel that when he gives his patient the proper remedy for his system—not necessarily his rheumatism—he will be cured. Like many patients who come into our offices, you state little more than the painful symptoms. Every physician treating chronic cases realizes the saying of Dr. Hering, that it is more difficult to examine than to prescribe. The similar remedy will cure—there is nothing more certain than that. The great trouble in most cases is that we do not get sufficient symptoms; do not, in fact, get possession of all the deviations from the healthy state, and so learn the condition of our patient, and not his disease with a name. Then, again, when we have learned all we wish to know, and have selected the right remedy, we do not always furnish the proper potency for the particular case. It may be too low, or even too high, generally the former is the fault. Homœopathy asks for all remedies and all potencies, and sometimes there is a demand for alternation of these remedies and potencies, no matter what a mere theorist may say to the contrary. For my part, I cannot point to a single case of success when deviating from the law of cure. If we would raise crops we must comply with the laws of germination for each individual plant, and if we fail to comply with the conditions of nature, we may take our hoes from the field and sit on the rail fence of despair, waiting in vain for some other supernatural method of “science” to help us out of our difficulty. And we will wait in vain.

In regard to this particular case, I would examine the urine, inquire how he sleeps, learn the symptoms connected with the head and feet, in fact all the organs, and perhaps the key-note to the case may be found in that way. Dr. Hawks mentions a case which came to him from another homœopathic practitioner, wherein the former physician could find no concomitant symptoms. This patient was found to have burning of the feet at night, a key-note for

Sulphur, which cured him. Perhaps you will find that Macrotin or Arnica may be indicated for overstraining the muscles of your patient, or that Rhus Tox in the 30th or 200th may be what you want. We once had a case of rheumatism where Rhus Tox was indicated. The 3d, 2d and 1st potencies had no effect, but the 100th promptly cured. This was an acute case too, and the suffering was so great as to cause fainting when attempting to rise from bed. We have also learned that in Rhus Tox cases in scrofulous patients, where the remedy had little effect, Calcarea Carb. high, resumed the burden successfully. Plumbum is not strictly a rheumatic remedy, and yet it produces atrophy and painfulness of the muscles, with debility of the hands. We hope Dr. V. S. may find a hint here, or from some other subscriber, that will be of service to him.

For the Medical Call.

### Labor Bandaging.

BY H. B. WATSON, M. D.

Beneath are a few remarks with regard to “Labor Bandaging,” which might prove acceptable to some readers of your quarterly:

For several years past I have entirely dispensed with all after bandaging, and find my patients enjoy much better gettings up. Do not have after pains or hemorrhages so often; and as to their form being in any way influenced one way or the other, by the use or want of such compression, conclude that is all a delusion. Now a word in confirmation of the foregoing: In the first place, all the new conditions incident to childbirth are natural, and, as such, nature is competent to provide for and control the same. The bandage oftentimes presses just where it is not required, interferes with the return of the uterus to its primitive condition, occasionally produces prolapsus of that organ, and always discomfort, when nurse with each returning morrow jerks it up, yanks it down, or tightens it too much in one spot or leaves it too loose in another. I have had several mothers remark what a luxury its absence creates; in that they have not “that” to think about, but can turn over or move about the bed

with impunity, and in a dozen or more multiparous, where formerly after pains were exceedingly distressing, the change has been marvelous. Now, why do we resort to such measures? Fancy a cow or a horse going around tightly bandaged, as most women are in the lying-in room, what would Bergh say! I think the time has come when we should cease such empirical teachings and allow common sense to have its sway, and nature to successfully terminate its wonderful work without what often proves a decided drawback.

For the Medical Call.

### Digitalis, Veratrum Viride, Malaria —Conflicting Opinions Regarding Them.

BY R. F. PRIES, A. M., M. D.

Reply to Dr. Ross, in Cal. Med. Journal, January, 1881.

MY BROTHER:—"Homines ad deos in nulla re proprius accidunt quam hominibus salutem dando!" This introductory sentence I quote from Cicero. He wrote it, I suppose, some two thousand years ago. Perhaps some of his friends, afflicted with heart disease, either got cured or killed by Digitalis. Medical men in Cicero's time were all high-toned fellows—patricians—and did the curing and killing without any compensation. You know that, Doctor, remembering the time when you were listening to your lecturer on medical jurisprudence. In our advanced age, when a former bootblack, tired of his business, may hang out a doctor sign and join the ranks of the "regulars," those kind of fellows won't do the killing for nothing; and old Cicero, if he lived, would call out again, as he did once in the Roman Senate to the conspirator Catalina: "*O, tempora; O, mores!*"

When Scipio sat weeping over the still smouldering ruins of Carthage, he had less reason to be sorry than you have. He didn't destroy Carthage; the Romans did; but you killed your patient! You didn't do it purposely, but ignorantly, misled by the shining lights of the regular profession. Your conscience, the never-sleeping Nemesis, bothers you. Methinks, Doc., you are somewhat of an honest, hard-working fellow, anxious for "more light!" That induced me to answer

your call for help. Remember, Doctor, "Every medicine has a duality." Ram that down into your brain; ram it down, deep down, Doc., and don't you forget it.

That is the conflicting opinion regarding the use of Digitalis in heart diseases among the members of the old school—the "regulars"—with the appendix of the Hippocratic oath, and only a regular old quack will use Digitalis in massive doses in valvular diseases with dilatation and aortic regurgitation; because Digitalis in massive doses itself, ten to fifteen drops of the extract dissolved in a tea cup of water, is too much, and must and will cause aggravation and often sudden death, when the high titrations will benefit and often save the life of your patient.

Thou, my brother, I understand, art an eclectic (not bound to swear to the dogmas of any master.) Why don't you lift the veil from the figure in the temple of Sais? Why don't you study the actions of drugs in triturations and dilutions? If you will do so, my brother, your conscience will trouble you no more. You will learn to use Digitalis in heart diseases with the greatest benefit. Don't get mad, my brother, for instructing and correcting you. You have called for it. The Witch of Endor answers you! Listen and profit! I am older than you are. I have sinned as you did, before the light reached me. Rise, my brother, and sin no more.

A Key: With you permission. When the primary symptoms of the case resemble the primary symptoms of the medicine selected, prescribe that medicine in the high attenuations. When the secondary symptoms of both the medicine and the disorder are coincidentally present, the dose should consist of appropriate or material quantities.

If you will study the primary symptoms of Digitalis, and compare it with your case; you will be delighted, and can sing "Nearer my God to Thee!"

**Ringworm.**—By the application of the following ointment twice a day ringworm can be cured.

R.—Chrysophanic Acid..... $\frac{1}{2}$  drachm.

Vaseline.....1 ounce.

Rub it up thoroughly before it is applied.

—Ex.

For the Medical Call.

## Treatment of Acne Simplex.

BY JOHN C. MORGAN, M. D.

This consists of two parts, viz: the mechanical and the medicinal. The former concerns the removal of obstructions to the proper discharge of the sebaceous secretion, on which the inflamed papules depend. The latter relates to the removal of inflammation and to the regulation of nutrition and secretion of the skin. Pathologically, it will be remembered that it consists of obstruction, with inflammation and swelling of the sebaceous follicles. If blackened and uninflamed, the changed follicles are called "comedones."

### MECHANICAL TREATMENT.

If the eruptions consists of minute, dry crusty elevations it is due to the desiccation of the sebaceous secretion *after* it exudes. This may be best removed by a dull table knife, scraping off the crusts without any violence. This should always be done, principally "against the grain" of the cuticular scales, as indicated by the direction of the fine hairs, or otherwise. The subsequent treatment will be as in other cases.

A more severe form is that in which the secretion scarcely escapes from the follicles at all, but, being retained by overlying cuticular scales, irritates, inflames and swells them and the surrounding cutis, into pronounced pimples of reddish hue. These, when pinched, are aggravated, interstitial inflammation and connective-tissue hypertrophy result, (*acne indurata*,) and also, by the rupture of minute blood-vessels, and local retention of hæmatin, the pimples are pigmented.

One of the first rules in the treatment, therefore, is to *forbid* the patient to pinch them. This being the usual form, the remarks on mechanical, as well as medicinal treatment, apply mainly to it. Once or twice a day, according to the requirements of the case, they must, instead, be *clipped*. This is done by means of fine, flat embroidery scissors, or their equivalent, afterward gently pressing the periphery of the pustules with the slightly separated points, and so evacuating them. Comedones, or "black

heads," are emptied in this way, being only the retained sebaceous secretion, with accumulated surface-dust. Night and morning, after such preparation, have a deep basin nearly full of water as hot as can be well borne, and in this submerge the whole face for half an hour, with breathing intervals. Soap, without dark coloring matter, may be used if needful. The subsequent treatment varies for night and morning. That for night consists of a thorough anointing with glycerine, diluted,  $\frac{1}{16}$  to  $\frac{1}{8}$ , in distilled water; it is applied by the hand, also against the grain, (after *thorough cleansing* of this member, for obvious reasons.) For morning, the final treatment is to rub gently with arrow root or corn starch.

### MEDICINAL TREATMENT.

These measures are to be persisted in for months and one of the following medicines given, viz: Bell., 200, Sulph., 200, Eugenia, 200, or Pix Liq., 50m, nightly.

**BELLADONNA.** Young, florid, resolute people; young girls with tardy and painful menstruation and headache preceding it; profuse eruption, but little suppuration.

**SULPHUR.** Similar, but more passive cases; more suppuration and less headache.

**EUGENIA JAMBOS.** Eruption is sore far around; menstrual derangement.

**PIX LIQUIDA (Tar).** Eruption inclined to itch; eczematous proclivities; itching of the vulva; nightly itching.

**CALCAREA CARB.** may be added here, on general principles, but I have not prescribed it. Other drugs are, of course, entitled to consideration, if symptomatically indicated. But this short list has furnished a most effective treatment for this troublesome malady.

In *acne rosacea*, *Rumex Crispus*, low, has proved serviceable, to some extent. I am strongly impressed, by my observation, that the *gouty diathesis* has much to do with this form, and that only drugs suited thereto can cure this most obstinate form. Guaiacum, Colchicum, and Staphysagria are worthy of trial here.

THE New York Ophthalmic Hospital reports for January: Prescriptions, 3,865; new patients, 566; patients resident, 22; average daily attendance, 155; largest, 214.

For the Medical Call.

**Experience with Acne.**

BY A. R. HICKS, M. D.

1. Simplex; Mr. S.; age 19; young man of good habits and good family. When he came to my office his chin, nose and neck above the collar of his shirt was covered with bright shining red-pointed pimples, with a light rose-colored base. I discovered some places where they had dried up, and the cuticle reminded me of the disquamation following scarlatina. I gave him Bell., 6x, trit., one grain three times a day, and used a lotion of fifteen drops of Tincture of Bell. to one-half pint of rain water, to be applied at bed time. Case cured and another family won to homœopathy.

2. Mrs. P.; aged 51; nervo-sanguine; strong healthy woman, never sick in her life; family pure; children clear from all appearance of syphilis; face, nose, neck, covered with bright red papillæ, with a bright red inflamed base. The case had become chronic; had been treated by an old school allopath for eight months. The system showed signs of anasarca, swelling of limbs, etc. I diagnosed *acne rosacea*. Gave her Arsenicum, 30x, two grains morning and night. After a few, say five or six days, I made an ointment of Cosmoline, one ounce; Bin-Iod. Merc., two grains; with instruction to anoint the papillæ every night at bed time. And to the great satisfaction of all concerned, myself included, in five days the pimples were all gone, and after a month, during which time she occasionally anointed her face with the ointment, her face assumed its natural look, with not a trace of the acne.

For the Medical Call.

**Acne.**

BY J. H. WAY, M. D.

In two marked cases of long standing, Thuya Oc., 200, cured in a few weeks. This was acne in the face; red pimples, size of grains of wheat and indurated; a young man about seventeen years. Many cases treated with Arnica, 200, Sulph., 200, and other remedies, as well as Thuya, have been unsatisfactory.

For the Medical Call.

**The Office of Coroner.**

This ancient office hath been known to English people since the time of Alfred, and is doubtless of Saxon parentage. The Coroner is an officer of dignity and authority equal with the Sheriff, and, in early times, was called the Coronator, because he had chiefly to do with cases of the crown, and was, equally with the Sheriff, ordained to keep the peace. He was chosen by the freeholders of the County Court; and, as Chaucer says of Frankeleyn:

"At sessions ther was he lord and sire,  
Ful often time he was knight of the shire;  
A Shereve had ben, and a Coronour  
Was no where swiche a worthy wavasour."

By statute of Edward I, none but "a lawful and discrete knight" could hold the office; and, in the time of Edward III, an incumbent of the office was removed because he was only a merchant. He was required to be a man of sufficient estate to maintain the dignity of his office, and to answer any fine he might incur for official misconduct; and, if he had not sufficient estate for that purpose, his fine was levied of the county as a punishment for having elected an insufficient officer. They were chosen for life, and were removable from office only for cause. They received neither fee nor reward for their services, and to have done so would have been a great scandal and reproach to the dignity and character of the place.

The office and power of the Coroner were two fold. They were either judicial or ministerial; but, as to-day, were then chiefly judicial. His duties were early fixed and determined by the statute of Edward IV, *de officio coronatoris*, which provided, first, among his other judicial duties, that he should "inquire concerning the manner of the death of any person who is slain, dies suddenly, or in prison." This inquest must be held and made *super visum corporis*, for, if the body be not found, the Coroner cannot sit. And he must sit at the very place where the body is found. As soon as he is informed that the dead body of any person is lying within his county, supposed to have come to his death by violence, casualty, or undue means, he shall repair to the place where the dead body is and take charge of it, and summons, forthwith, a jury of six

good men of the place where the body was found, there to assemble at such time as he may direct, and, upon view of the body, to inquire diligently and efficiently into the cause and manner of the death. When the jury are so assembled, he shall name one of their number as foreman of the jury, and, in view of the body, administer to him the oath of office prescribed by statute. To the other jurors he shall then administer the oath prescribed by law for them. It will then become the duty of the jury to proceed fearlessly, faithfully and promptly to ascertain how, by what means, and by whom or what the death was occasioned. In so doing they should leave untried no lawful means to fully and truly determine those questions; because, not only their oaths, but the welfare of the community and the detection and punishment of crime very largely depend upon the will, courage and promptitude with which this duty is performed." Among other things, for example, they should carefully observe the position, condition and appearance of the body in the place where the same was first seen, and fully note the same. In case the body itself, or other circumstances, indicate death by external violence, all the facts, circumstances, or appearances indicating force or violence should be carefully and minutely noted at the very place of finding the body; as, for example, the appearance of the ground or place where the body lay, as to whether there were evidences of the homicide having been committed there, or that the killing had taken place elsewhere and the body been borne thither subsequent to the homicide; foot prints or other marks in the vicinity of the body, and whether of one or several persons, their size and description, their probable age and whether tending; also, whether any weapons, or other means of death, were at hand or near by, and their character and appearance should be observed, and whether, in case any are found, they are likely to have been the means of the death. If fire arms are found, under circumstances indicating they were the means of death, their condition should be carefully noted; also, whether loaded or not, the calibre and character of cartridge

or shot, its position in respect to the body, to whom it belonged, when and where last seen, etc. The body should be carefully examined for external wounds, and if any are found they should be traced to their source with the view of ascertaining what may have caused them. If the wound be made by bullet, the jury should have the missile found at all events, and the same carefully preserved, and all the important or vital parts or organs traversed by the wound should be noted as the post mortem proceeds, under the hand of a skilled surgeon. The examination should leave *nothing further to be done*, but should be made *at once, intelligently, completely, and for all time*, and a minute account thereof carefully preserved. Enquiry should be made as to the associates and companions of the deceased, their character, haunts and habits; when last seen with deceased, and what was their condition for sobriety, or otherwise, as well as that of the deceased. Also, whether he had many or other valuables, and whether they are missing, or otherwise, and, if many, what was their character, number or value. All these should be carefully and particularly ascertained. The names, business, place of residence, and description of all witnesses, to prove any of the above or other material facts, should be noted down. Should it be deemed material, for the detection and punishment of crime, all witnesses may be recognized, as well as the supposed or suspected homicide, for their appearance at the trial of the cause. The supposed criminal may be, by the Coroner, committed to the county jail, without bail, as may the witnesses who fail or refuse to give bail. A full and complete minute should be made of all facts and circumstances, noticed or observed on the inquest, showing, or tending to show, the guilt of any person as the homicide, which memorandum should be delivered to the people's attorney for his information. Attendance of witnesses on the inquest may be compelled by the summons or capias of the Coroner. A post mortem examination should always be had by a competent surgeon whenever there is any doubt or question as to how the death was occasioned. And, where death is suspected of having been occasioned by poison,

examination should be had by a competent chemist and the question fully settled ere it be too late. And he should not do as was done in this city a few weeks ago by a Coroner's jury in the case of a young colored woman who was suspected of having died of the effects of a criminal abortion. In that case the jury reluctantly made up their verdict without any attempt to ascertain how or by whom the abortion was caused, or what disposition was made of the foetus by her supposed paramour. What is such an inquest worth that inquires into and ascertains nothing? The jury should have refused to sign an unsatisfactory verdict, no matter by whom urged or for what purpose. It was their sworn duty to have got to the very truth of the matter, let it touch whomsoever it might. And not to do so was itself a crime.

In short, it is the bounden duty of the Coroner to omit no means to truly ascertain *how, when, where and by what means* the death was occasioned, and, if possible, *by whom* and *for what* the homicide was done, and if he do not this he is of little worth as a Coroner. The Coroner should be *capable* of doing all this, and, if possible, should have a medical and anatomical education of the first order. An "Inquest Record" is, by law, required to be kept in a particular and specified manner. Property found upon or near the body should be taken into the custody of the Coroner and be by him disposed of as the statute prescribes. The body may be delivered to the friends or relatives of the deceased when the inquest is fully ended. If there be no friends or others who will bury the body, it must be buried by the Coroner, at the cost of the county, if deceased had not sufficient means. How much an intelligent and faithful Coroner can assist in the detection of crime can be scarcely over-estimated.

From our observation of the manner in which the average Coroner discharges the duties of his office, at the present day, we are inclined to think that they are of little public utility. And is it not true now, as it was in Blackstone's time, when he writes that, "Now, indeed, through culpable neglect, the office of Coroner hath been suffered to fall into disrepute and get into low and indigent hands?"

LEGIS.

For the Medical Call.

## Modalities of Position in Bed, and of Covering and Uncovering.

BY J. C. MORGAN, M. D.

These are so constantly forced upon the physician's attention, and withal are so important, and often decisive, in prescribing, that I offer a synopsis, arranged for purposes of contrast, of a few only of our remedies, most of which can be committed to memory, thus forming a nucleus for future additions, etc. In making reading provings, also in any new proving, these points should be at once noted.

**Aconitum.**—Lies on back, *Bry., Calc., Kali, Lyc.*

Lies on right side, *Puls., Phos., Lyc.*

Lies with head low, *Bry., Phos., Psor.*

Uncovers, *Calc., Lyc., Puls., Merc., Bell.*

Covers, *Ars., Hepar., Nux V., Sil.*

**Arsenicum.**—Lies on painless side, *Bell., Nux V., Sil., Hepar.*

Covers, *Acon., Hepar., Nux V., Lyc., Sil.*

Lies with head high, *Bell., Puls., Hepar.*

**Belladonna.**—Lies on back, *Acon., Bry., Calc., Kali, Lyc.*

Lies on right side, *Acon., Puls., Phos., Lyc.*

Lies on painless side, *Nux V., Hep. Sil.*

Uncovers, *Merc., Puls., Calc., Lyc.*

**Bryonia.**—Lies on back, *Acon., Calc., Kali, Lye.*

Lies on painful side, *Cham., Puls., Calc.*

Lies with head low, *Acon., Phos., Psor.*

**Calcarea Carb.**—Lies on back, *Acon., Bry., Kali, Lyc.*

Uncovers, *Acon., Merc., Bell., Lyc., Puls.*

**Chamomilla.**—Lies on painful side, *Bry., Puls., Calc.*

**Hepar Sulph.**—Lies on painless side, *Bell., Nux V., Sil.*

Lies with head high, *Bell., Puls., Ars.*

Covers, *Acon., Ars., Nux V., Calc., Lyc., Sil.*

**Kali Carb.**—Lies on back, *Acon., Bry., Calc., Lyc.*

Lies on left side, *Nux. V., Spong., Merc.*

**Lycopodium.**—Lies on back, *Acon., Bry., Calc., Kali.*

Lies on right side, *Acon., Phos., Puls.*

Uncovers, *Acon., Merc., Calc., Puls., Bell.*

**Mercurius.**—Lies on left side, *Spong., Kali, Nux V.*

Uncovers, *Acon., Calc., Lyc., Puls., Bell.*

**Nux Vomica.**—Lies on left side, *Spong., Merc., Kali.*

Covers, *Acon., Ars., Hep., Sil.*

**Phosphorus.**—Lies on right side, *Acon., Puls., Lyc.*

Lies with head low, *Acon., Bry., Psorin.*

**Pulsatilla.**—Lies on right side, *Acon., Phos., Lyc.*

Lies on painful side, *Bry., Cham., Calc.*

Uncovers, *Merc., Acon., Calc., Lyc.*

Lies with head high, *Bell., Ars., Hepar.*

**Silicea.**—Lies on painless side, *Bell., Ars., Nux V., Hepar.*

Covers, *Acon., Ars., Hep., Nux V., Lyc.*

**Spongia.**—Lies on left side, *Nux V., Merc., Kali.*

#### REPERTORY.

Better, when lying with the head high.

Lies with the head high, *Ant., Ars., Bell., Chin., Colch., Hepar., Nitrum, Puls., Spig.*

Better, when lying with the head low.

Lies with the head low, *Acon., Ars., Bell., Bry., Hell., (Hep.,) Lach., Nux V., Rhus, Veratr. Vir., Lyc., Phos., Psor., Puls.*

Better, lying on the back; or,

Lies on the back, *Bry., Acon., Calc., Kali, Lyc.*

Lies on the right side, *Acon., Phos., Pul., Lyc.*

Lies on the left side, *Spong., Merc., Nux V., Kali.*

Better, lying on the painful side; or,

Lies on the painful side, *Bry., Cham., Puls., Calc.*

Lies on the painless side, *Bell., Nux V., Sil., Hepar.*

Better, when covered warmly.

Covers, (*Acon.,*) *Ars., Aur., Clem., Colch., Con., Helleb., Hepar., Nux V., Rhod., Rhus., Samb., Scill., Sil., Stront.*

Better, when uncovered.

Uncovers, *Acon., Bor., Calc., Ferr., Iod., Lyc., Merc., (Puls.,) (Rhus.) Spig., Ver.*

Better, by motion.

Moves about, *Amm. Mur., Aur., Caps., Coloc., Con., Cycl., Dros., Dulc., Euphor., Ferr., Magn. Mur., Meny., Mosch., Phos. Ac., Plat., Puls., Rhod., Rhus., Sabad.,*

*Samb., Sep., Tarax., Valer., Verb., Viol. Tr.*

Better, while resting quietly.

Remains quiet, *Agn. Cast., Arn., Asar., Bell., Bry., Calad., Camph., Cann., Carbo. An., Chel., Cocc., Coff., Colch., Croc., Dig., Graph., Helleb., Hep., Iod., Ipec., Led., Merc., Natr. M., Nux V., Phosph., Ran. B., Rheum, Sarsap., Scill., Selen., Spig., Staph.*

For the Medical Call.

#### Some Criticisms, Etc.

BY R. T. HARMAN, M. D.

The MEDICAL CALL is published for the purpose of giving the most information in the fewest words.

In the case of "Irritable Spine," in January number by W. H. Jenny, M. D., I fail to see any information whatever. What benefit does a homœopathic physician derive by reading: The case was treated according to the law—*similia similibus curantur*? Are not all cases supposed to be treated according to that law? Please let us have the remedies prescribed, and in as small a space as possible.\*

In the case of Puerperal Convulsions, if Dr. Whipple had given the readers of the CALL Dr. Miessler's "Indian method" of resuscitating asphyxiated children it would have made the article much more interesting. Please give us information.†

In the case of "Quick Cure of Chills and Fever," I will say I had a similar experience thirty years ago. I went into the river when the fever was at its height and stayed in till perfectly cool, and that was the last of the chills.

In the case of "Advice Wanted," if Wm. M. Barden, M. D., will take a hot sitting bath for his gall stone colic he will get relief in less than one-fourth the time he names. Try it. I use it in all my cases, and the patient is relieved almost instantly.

\*If the genial Dr. Harman will read my article through on "Irritable Spine," he will see that the notable feature of the case was the attendant plica polonica and that this was cured with *Lycopodium*, 30x. Next?—W. H. JENNY, M. D., Kansas City, Mo.

†The "Indian method of resuscitating new-born children," mentioned in Dr. Whipple's article, is fully explained on page 110, October number, 1881.—Ed.



**Selden H. Talcott, M. D.**

The subject of this sketch was born in Rome, N. Y., July 7, 1842. His ancestry was of the sturdy New England type, one of them being the Governor of Connecticut from 1724 to 1741; another was Attorney General of New York (Dr. Talcott's father's native State,) from 1823 to 1828. His great grandfather was an officer in the revolutionary army. Dr. Talcott's father, Mr. Jonathan Talcott, was a thrifty farmer in Oneida county, a man universally beloved and respected in a wide section of country. Selden H. Talcott received a common school and academic education and in 1864 entered Hamilton College. His patriotism, with him ever an almost over-ruling sentiment, overcame his ambitions as a student, however, and he enlisted in the Fifteenth New York Volunteers, (engineers,) and after a year's service was honorably discharged at the close of the war. He re-entered college (Hamilton) and graduated with honor in 1869. During his academic and college life, Dr. Talcott exhibited *in petto* those qualities of mind and disposition to which he owes his rapidly clustering honors and influence with his fellows. In both school and college he excelled in English composition and oratory, and was for a year editor of the *Hamilton Campus*, a college weekly.

Dr. Talcott at once began the study of medicine after his graduation, and was so fortunate in a preceptor as to read with Dr. E. A. Munger, of Waterville, Oneida county,

N. Y. Dr. Munger was one of the pioneer homœopaths in Oneida county, and will be gratefully remembered as the inventor of one of the best splints for a fractured femur known to surgeons. (See Helmuth's Surgery, page 501). For three years Dr. Talcott studied with Dr. Munger, taking two courses of lectures at the New York Homœopathic Medical College, and graduating from that institution, at the head of a class of thirty-six, in 1872, as their unanimously chosen valedictorian.

During Dr. Talcott's terms at the medical school, the scholarly and genial Dunham lectured on *Materia Medica*, and it is safe to say that the New York Homœopathic Medical College never graduated a physician better fitted to assume the duties of his profession, or one more universally respected and beloved by the faculty and alumni than Dr. Talcott, upon the formation of whose professional status the impress of the great teacher and practitioner is not a little seen.

Dr. Munger at once received his pupil as his partner, and that alliance was speedily followed by another (in 1873) not less auspicious, namely, the marriage of Selden H. Talcott to Miss Sarah A., daughter of Erastus A. Munger. It is perhaps proper to say that this marriage has proved a happy one, Mrs. Talcott being a lady of rare polish, refinement and geniality.

In September, 1875, Dr. Talcott was recalled to New York City to take charge (as chief of staff) of the Homœopathic Hospital on Ward's Island. This institution, started as an experiment, was firmly established under his administration, in a great measure owing to his professional and executive sagacity. During his stay at Ward's Island he also acted as Medical Superintendent of the New York City Asylum for Inebriates and for the Soldier's Retreat.

In April, 1877, he was unanimously tendered by the Trustees of the New York State Homœopathic Asylum for the Insane, at Middletown, Orange county, N. Y., the position of Medical Superintendent of that institution. This post he accepted and still occupies and to the great advantage and credit of all parties concerned. Under his management the asylum has become self-sustaining and its percentage of recoveries,

already very high, has risen still more. In an article upon the institution the *New York Medical Times* says: "At the beginning of the year, November 30, 1880, there were 180 patients in the asylum, and during the twelve months 160 more were admitted, making 340 that were treated. Of these sixty-one were discharged recovered, seventeen improved, twenty-nine unimproved, and fifteen died. The percentage of recoveries on the number discharged is 49.11, and the percentage of deaths on the whole number treated is 4.41. Considering the fact that among the number treated are many hopelessly chronic cases, and some who are taken there for the sake of the extra care and comforts they can have in their last days, the death rate is very low."

During the summer of 1881 Dr. Talcott was invited by the faculty of the Hahnemann Medical College, of Philadelphia, to lecture before their students upon insanity. The invitation was accepted and the following course of lectures was prepared and delivered by Dr. Talcott before large and attentive audiences of students and physicians during the past autumn and winter.

1. The Insane Diathesis.
2. The Brain—Synopsis of its Anatomy—Localization of Function—Pathological Changes Leading to Insanity.
3. Insanity—Diagnosis—Theories of—Definitions—Insanity at Law—Commitment of Patients—When and How Should They be sent to Asylums.
4. Melancholia.
5. Mania.
6. General Paresis.
7. Dementia.
8. Prognosis in Insanity.
9. Treatment, Moral and Hygienic.
10. Treatment, Medical.

These lectures attracted much attention in Philadelphia and have firmly established their author's reputation as one of our best men in Psychology.

Early in the trial of the assassin Guiteau, Dr. Talcott was approached by friends of the prisoner, who found the doctor under a general impression that Guiteau was insane. Dr. Talcott was therefore subpoenaed by Mr. Scoville and went to Washington in November, 1881. A few days study of

Guiteau, and his actions in court and out, convinced this expert that the assassin was sane enough to be responsible and deserve punishment for his crime. Mr. Scoville was duly and fairly warned of this decision and Dr. Talcott was about to return to his duties at the asylum when he was detained by a new subpoena from the Government. In his testimony Dr. Talcott swore that he had treated over a thousand cases of insanity, and gave the following definition of it: "Insanity is a disease of the brain, characterized by derangement of the mind." Dr. Talcott's testimony is full of instruction and fine distinctions about insanity, and as he left the stand the notable band of experts gathered at Washington surrounded him and extended the most flattering but evidently sincere congratulations. It will be recalled that Mr. Scoville displayed a surprising ignorance of all technicalities, which led to some valuable definitions being given. We take again from Dr. Talcott's testimony:

"Q. What difference do you make between delusion and hallucination?

A. A delusion is a false belief and a hallucination is a false perception on the part of the organs of special sense.

Q. What distinction do you make between sane and insane delusions?

A. An insane delusion is a false belief, resulting from disease of the brain. A false religious belief may simply be due to imperfect or false training, without any disease of the brain whatever."

Dr. Talcott has always been a prominent figure in the various medical societies of which he has been a member. In 1875 he was President of the Oneida County Homœopathic Medical Society. In 1876 he was elected honorary member of the New York County Homœopathic Medical Society. At present he is President of the Orange County Homœopathic Medical Society and of the New York State Homœopathic Medical Society. He is also a member of the American Institute of Homœopathy and a corresponding fellow of the New York Medico-Chirurgical Society. In 1879 he was appointed a member of the New York State Board of Medical Examiners by the regents of the university.

Dr. Talcott takes a warm interest in political matters, being a stalwart Republican, but has never been active in any canvass since he became a public servant. As a writer, Dr. Talcott's style is gracefully fluent, and sometimes ornate and oratorical, words are well chosen, sentences well rounded, and arguments well carried out to indisputable conclusions. Besides his lectures we may note as published in pamphlet form, "Phimosia in its Relation to Insanity," "Delusions of the Insane," and "Sleep without Narcotics."

Personally Dr. Talcott is a man of imposing presence, above medium size, steel gray eyes, dark brown hair, and full beard in abundance, with a most erect and commanding carriage. His manners are very affable and winning; his uniform courtesy and attention to the smallest requests of his colleagues is a pleasure to record.

Dr. Talcott is a warm untiring friend and a generous and relenting enemy. A great student, his counsel is always valuable, much sought and never refused to any one. The most prominent trait of his intellectual character and the one to which he owes his executive and professional ability is decision. He decides all questions submitted to him, of management of his institution, of treatment of patients, etc., etc., immediately upon hearing all that is to be said, and rarely, very rarely, does his judgment fail to be the best that could have been made under the circumstances.

Upon the shoulders of such a man, it is evident to impartial observers, is rapidly falling the mantle of professional judgment as one of the first psychologists in the practice of homœopathic medicine. C. M. C.

### The External Use of Jaborandi.—

Dr. Stehman uses successfully a poultice composed of two parts Flaxseed and one of crushed Jaborandi leaves in mammary inflammation, as well as in the inflammatory stages of buboes and in mumps. In order to extract and thoroughly incorporate the active principles of the Jaborandi in mass the leaves were first infused in the quantity of hot water necessary to make the poultice of proper consistency.—*Lancaster Med. Society Trans., in Med. and Surg. Rep.*

For the Medical Call.

### Venereal Memoranda.

BY CLIFFORD MITCHELL, M. D.

**SULPHUROUS ACID IN GONORRHOEA.**—W. D. Wilson, Surgeon Major in the British army, recommends the following treatment for gonorrhœa: Place the patient on low diet and administer injections of Sulphurous Acid, diluted in water, one to fifteen, three times a day, no other treatment being necessary. The injection should be kept in the urethra from three to five minutes. If the patient complains of much pain, or if there is a tendency to chordee, it will then be sufficient to administer the injection once or twice in twenty-four hours. If these instructions are strictly followed the purulent discharge will become scanty at the end of the first day and on the third be replaced by a thin gleety discharge, which also disappears in a couple of days. While the watery discharge lasts administer only one injection daily. The first injection may cause pain, hence it is a good plan to make the strength of the first injection one in twenty, afterwards using one in fifteen. The Sulphurous Acid must be fresh and good.

**PEPTONE OF MERCURY AS A REMEDY IN SYPHILIS.**—Dr. Martineau, of Paris, reports that during October last he made 3,087 hypodermic injections of Ammonio-Mercuric Peptone on 172 patients. The amount used each time varied, .010 gram ( $\frac{1}{4}$  grain,) being the greatest. He and others find that this use of the remedy causes neither pain nor salivation and its effects on inveterate cases of syphilis are quite remarkable.

**NEISSER'S BOUGIES FOR GONORRHOEA.**—Neisser, thinking to have discovered a micrococcus in the gonorrhœal discharge, recommends the use of bougies composed of the following substances: Iodoform, 5 grains; Oil of Eucalyptus, ten minims; Cacao Butter, 35 grains. The bougie should be strapped and padded in such a way as to stay in until dissolved, after which inject a saturated aqueous solution of Boracic Acid or an emulsion of Eucalyptus Oil for two or three days, and follow with injections of Sulphate of Zinc. (The reason for the composition of the bougie is that the supposed gonorrhœal micrococcus is very

sensitive to the action of Iodoform and Oil of Eucalyptus, more so than to that of other antiseptics. While this method of treating gonorrhœa is from Neisser's statistics—a "good way too"—it is hardly an incontrovertible fact that he has discovered the "germ" of gonorrhœa.—C. M.)

**CAUTERIZATION OF CHANCES.**—Clifford Albutt in a lecture recently delivered in England recommended that all chancres be cauterized, observing that in his experience whenever this was done thoroughly and carefully secondary symptoms were usually light if any at all.

For the Medical Call.

### **\*Electricity as a Therapeutic Agent.**

BY CLIFFORD MITCHELL, M. D.

When electricity is used to stimulate and restore power to an inert muscle, a quantitative current is useful, *i. e.*, one of considerable volume. The nervous system being sensitive is susceptible to the action of currents of "high pressure" or of "tension," while those influencing the muscles are currents of "low pressure." Electricity has become first of all widely known and classic in the treatment of paralysis; next we find it of great value as an orthopedic agent, by means of which lesions of form or situation can be remedied with considerable success. Strangulation or intestinal obstruction, irreducible hernia, prolapse of the rectum, falling of the womb, uterine flexion or version require faradisation, which, if applied in sufficient quantity and length of time will very often give complete and unexpected success. Faradisation should be employed to favor the rapid resolution of various traumatic obstructions and swellings which accompany, for example, contusions, whether superficial or deep luxations, fractures, etc.

In metritis, when the uterus is increased in volume, is sensitive to pressure, and the menstrual functions are more or less perverted, faradise the uterus and you will have a grateful patient. The same treatment is of great value after child-birth, to hasten uterine involution. In general then, when-

\*Abridged from a paper read before the "Société de Médecine Pratique" of France by Apostoli.

ever any visceral or splanchnic organ, as the stomach, intestines, bladder, postate, etc., appears to be suffering from any obstruction or swelling, faradisation is indicated.

In hydrarthrosis it is well to try faradisation as an agent to favor absorption, in connection with remedies.

In headache, as, for instance, migraine, apply the positive pole to the forehead and close the circuit in the hand.

For buzzing in the ears, apply a pole to the auditory canal.

In glandular swelling of the neck, strumous, for example, several local applications will do away with the congestion very rapidly. The same may be said of orchitis.

Moderate application of a continued current will bring about cures of certain diseases which defy other methods of treatment, as, for instance, motor difficulties, paralysis, trembling of the limbs, spasms; also, affections of general and special sensibility, as pains, or anæsthesia; further, circulatory disorders, as congestions, vaso-motor neuroses; lastly, disturbances of nutrition, especially muscular atrophy. Aneurisms, vascular tumors, nævi and erectile tumors need the continued current from the positive pole, the negative being applied to some point of the body.

For the Medical Call.

### **Carbolic Acid Poisoning.**

BY CLIFFORD MITCHELL, M. D.

In the CALL for January I noticed a very good summary of the use, action, etc., of Carbolic Acid, together with suggestions as to antidotes in cases of poisoning, etc. Considerable interest is now taken in this subject, owing to the arguments pro and con, regarding the use of the Listerian method of dressing, etc. The author of the article in the January CALL mentioned the soluble sulphates as convenient antidotes for Carbolic Acid. Baumann has shown that a disappearance of sulphates in the urine, from Carbolic Acid poisoning, is due to the fact that sulpho-carbolates are formed, which are not detected by the ordinary methods of testing for sulphates in the urine. At the height of the poisoning the sulphates can not be detected in the urine at all, and

the color (often) becomes dark green with a slight brown tinge. He (Baumann) therefore recommends as an antidote in such cases a soluble sulphate, such as Sulphate of Soda (5 parts to 200 of water,) a tablespoonful every half hour.

In due justice to truth it may be well to mention that some physicians have not agreed with Baumann in his soluble sulphate antidote theory, among them Cerna, who does not believe in it at all. It is desirable, therefore, that whatever readers of the CALL do not find Sulphate of Soda a good antidote should promptly report the same. The old antidote for Carbolic Acid poisoning is Saccharated Lime Water.

The darkening of the urine may take place whether the poisoning be from external or internal use of the acid. As soon as this color appears in the urine caution must be exercised in regard to strength of solutions used, etc.

In regard to the use of the Lister Carbolic Spray in ovariectomy, I notice that after an operation lately performed with its use, renal hemorrhage ensued.

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For the Medical Call.

### Gall Stones.

BY MILLER, M. D.

In your last number Dr. Wm. M. Barden asks advice for gall stones. Please inform him to take Natrum Chloricum, five grains every three hours for one day; wait three days and repeat. If this should not prove a success, take Tincture Semen Carduus Marianus, ten drops every four hours, until relieved.

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For the Medical Call.

### Erysipelas.

BY HELEN M. WEEKS, M. D.

I formerly used as a local application in erysipelas Alspice tintured in New England Rum, which is very valuable, but lately have used Hamamelis Virginica, as it is always prepared and handy to use. It is very soothing and effectual in allaying swelling, smarting and itching. At the same time we should not overlook the indicated remedy, such as Acon., Apis., Ars.,

Bell., Rhus, etc., as the case may require. In the January number of the CALL, page 16, I gave a description of a plaster, which I have used in many cases of uterine disease with good results. The following is the formula:

R.—Sulphur.....one ounce.  
Tar.....one ounce.  
Burgundy Pitch.....one ounce.  
Resin.....one ounce.

Melt over a gentle fire, heat them together with constant stirring until they are thoroughly incorporated. When nearly cold add about six drops of Tincture of Belladonna, unless the trouble is caused by an injury, then I use Tincture of Arnica instead of the Bell.

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For the Medical Call.

### Dr. Van Syckel's Case of Rheumatism.

BY A. R. HICKS, M. D.

A case very much like it I have just cured by Macrotys, 2x, three grains morning and noon, with a two grain pill of Salicylic Acid at bed time. The indication of Macrotys the Doctor will find in Burt's Characteristic Materia Medica, and Salicylic Acid helps me out of some very bad rheumatic cases, given two grains at bed time, along with the indicated remedy, be that what it may. I do not care a fig who cries quack or eclectic, it helps me out and that is what counts here.

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### Warm Milk and Water vs. Boracic Acid and Vaseline, in Otorrhœa.

*Editors Medical Call:*—Yours is a good journal, but one cannot agree with all its contents, of course. For instance, Dr. Norton's recommendation of Boracic Acid and Vaseline, topically, in suppurative otitis media. I always select, in cases not essentially surgical, those palliations and topical applications only, which, being non-medical in ordinary forms, are neutral in conjunction with homœopathic medication; usually, articles in common dietetic use.

Thus, I have prompt and uniform success in aural suppuration, injections of warm milk and water—equal parts—twice daily; with the indicated remedy internally only.

J. C. MORGAN.

For the Medical Call.

### Diabetes Mellitus.

BY J. F. ELLIOTT, M. D.

George H.; age 3½; German. Always been a healthy boy until about one year ago, at which time he commenced crying for sweet things, such as maple sugar, sweet cakes, etc. He was allowed all he wanted and an excessive thirst kept *pari passu* with the increased love for sweet things, until over three gallons of water were drunk daily. The sweets were taken from him, but no diminution in thirst. In June he was taken with a fever; was treated by a homœopath for the acute symptoms, but, as in all such cases, a change of physicians is in order and an allopath was called. He then had that treatment for three months.

I was called November 20. Found patient greatly emaciated, sallow complexion, icterus very prominent, bowels constipated, thickly coated tongue, excessive thirst; took no exercise, but would lie on abdomen and call for water; slept lightly and with a constant murmur for water. Any sound of water would waken him. I restricted him to a half gallon of liquids daily and that in the form of beef tea, soup and milk; also a meat diet as much as possible. Gave him *Murcurius Proto-Iodide*, 2x, four times daily for one week; marked improvement in appetite and bowels, but no diminution in thirst. Examined urine and found 22 grs. of sugar to the ounce. Gave *Uranium Nitrate*, a half dr. tincture to one ounce of water, a teaspoonful every two hours; continued three weeks, with marked improvement; changed to *Phos. Acid Tinct.*, same proportions. Have continued each remedy three weeks before alternating them. Two weeks ago was given all the water he wanted; drank over a quart in twenty-four hours. Sleeps well, appetite good, bowels regular; gained about fifteen pounds. Has had no medicine for two weeks. Two days ago it was noticed that his thirst was increasing. Gave him *Phos. Acid*, but the change is not so perceptible as heretofore.

If any one has a remedy to suggest let us hear from them.

READ the advertisements in this number.

### Veratrum Alb. in Vomiting of Food.

A woman, aged 40 years, several years ago was cook in a large restaurant. Used to be so busy that she had not time to eat without being called away. First noticed that at such busy times her food seemed to cause *pain when passing along the œsophagus*. This was soon after followed by a choking sensation when swallowing food or drink, and then followed regurgitation of a portion of the food eaten. For nearly two years nearly all the food and beverage taken has been thrown up very soon after meals. The vomiting is attended by a *suffocating sensation*, with redness and heat in the face. The patient had become very much emaciated, very weak. A strong longing for food, but dreaded to eat; was very constipated; low spirited; had palpitation of the heart, weak pulse, cold extremities.

I had cured cases of vomiting of food with *Pulsatilla*, *Iris*, *Nux*, *Amygdalus Amara*, etc., but this case presented some peculiar symptoms. The pathological state doubtless was a primary *spasmodic* affection of the œsophagus, resulting in paralysis of that tube. This variety of vomiting is often the result of excitement or emotional causes. In Hahnemann's masterly thesis on the *Hellebore* of the Ancients, will be found symptoms which clearly resemble those above given. My prescription therefore was *Veratrum Alb.*, 3x, five drops thirty minutes before each meal. (Had the symptoms been primary, I should have prescribed the 30th or 200th.) Three days afterwards she reported that the vomiting ceased the next day after the first dose; and two months afterward it had not returned.—E. M. HALE, in *Counselor*.

THE *Homœopathic Courier* announces that, in the future, it will be made a medical journal for the masses as well as for the busy practitioner; paragraphs of a few lines will be the rule and in no case will an article exceeding five hundred words be published in a single issue. Dr. Richardson, heretofore managing editor, retires, and Dr. Lee H. Dowling, Special Lecturer on Chemistry and Electrology in Hering Medical College, takes his place. By the way, where is "Hering Medical College?"—*Counselor*.

### Fluid for Preserving Organic Substances.

M. Wickersheimer, of the University of Berlin, has invented a fluid for the preservation of animal and vegetable tissues, which surpasses anything before known in its power of preserving the color, form and elasticity of specimens treated with it.

The fluid may be injected into the veins of the body to be preserved by it, or the entire object may be immersed in it. In either case the elasticity of the tissues and the flexibility of the joints are preserved.

At a recent meeting of the Philadelphia Academy of Natural Sciences, Prof. Barbeck described a number of skeletons, which showed beautifully the combined movements of the chest, larynx and other parts engaged in the mechanism of breathing. Several skeletons of snakes, which had been treated with the fluid more than a year previously, permitted of undulatory and spiral movements.

Lungs thus prepared may, even after years, be inflated by means of bellows. Such old lungs were seen to swell ten times their size in the collapsed state, the lobes became distinct, the brown color gradually changed into red, and the whole organ appeared as if taken from a fresh body. Sections of delicate tissues and morbid formations, which have been removed by an operation, will appear after months as if in a fresh state and may thus be preserved for future study.

All sorts of vegetable organisms may also be preserved in this fluid. A colony of exquisite fresh water algæ, which had been in the fluid for a year, appeared to be growing in the water.

The Prussian Government has purchased this valuable discovery, and the Minister of Instruction has published it in his official organ for the benefit of the scientific world. The formula for the preparation of the fluid is as follows: In 3,000 grammes of boiling water dissolve Alum, 100 grammes; common Salt, 25 grammes; Saltpeter, 12 grammes; Carbonate of Potash, 60 grammes; Arsenious Acid, 10 grammes. After cooling and filtering, add to every ten liters of the solution four liters of Glycerine and four of Methylic Alcohol.

The method of application differs according to the nature of the object to be preserved. Anatomical preparations, that are to be preserved dry, are immersed into the fluid from six to twelve days, according to their size, and then taken out and dried in the open air. Hollow organs, such as the lungs, etc., must be filled with the preserving fluid, then laid in a vessel containing the same fluid, and afterward with air and dried. Similar animals, such as crabs, beetles, lizards, frogs, etc., if the natural colors are to be preserved unchanged, are not to be dried, but put immediately into the preparation. The same fluid may be used for the purpose of preserving human bodies during transportation or even for more permanent embalming.—*Scientific American*.

### Mammary Inflammation.

Dr. Stehman (*College and Clinical Record*), uses a poultice composed of two parts Flaxseed meal and one part crushed Jaborandi leaves. The leaves were infused in a quantity of hot water necessary to make the poultice of proper consistence, in order that the active properties of the Jaborandi might be more thoroughly mixed with the meal. These poultices were continued for forty-eight hours; at the end of the first twenty-four the breast was flaccid, the swelling reduced, and the pain had disappeared. There was no milk drawn from the breast in the interim, and the most gratifying feature was the fact that the engorged breast was entirely relieved. At the end of the second day the treatment was discontinued, the milk flowed freely and the mother nursed the child from this breast as well as the other. I have used this treatment in a number of similar cases since then and have never seen it fail, if adopted before suppuratation had set in. I have used these poultices in the inflammatory stages of buboes and succeeded in preventing suppuratation. In mumps this treatment proved equally gratifying.

**Colic.**—Phares (*Jour. des Scien.*) treats colic by turning his patients upside down and holding them thus. The mechanical aid thus gained, in giving vent to the gasses is a most efficient element in the cure.

### Macrotys Rac. in Labor.

October 7th I was summoned to prescribe for a patient, a lady of medium stature, light complexion and of a naturally sad disposition, in the eighth month of pregnancy. She was complaining of pain and soreness in the right side, with cramp-like pains in the abdomen. Prescribed Pulsatilla, 3x, a two-grain powder in half a goblet of water, one teaspoonful every two hours, until relief. The next day I was informed that relief followed the first dose, and my services were engaged in her coming confinement. She was the mother of four children and her labors had always been very tedious. With the first child she was in labor forty-eight hours; with the second, twelve and a half hours; with the third, fifty-two hours; and with the fourth over sixty hours. I gave her one powder of Macrotys Rac., 3x, and saw her no more until ten o'clock on the morning of November 5th. She had been then in labor since six o'clock that morning. The pains were weak, but she suffered terribly with her back; "It feels as if some one is trying to twist my back in two." Examination showed the head presenting in the third position; the membranes were tightly drawn over the head, with no bag of waters formed. The os uteri was soft and flabby, dilated to about the size of a silver quarter. In the absence of a pain the child was freely movable in the uterus, showing a considerable amount of amniotic fluid. I pressed the head back with my finger and held it during the commencement of the next pain when a splendid bag of waters formed. Putting ten drops of Macrotys Rac., 3x, in half a goblet of water I gave her one teaspoonful and at eleven o'clock repeated the dose. At twelve o'clock the membranes ruptured spontaneously, flooding the bed. At 12:30 the child was born, and in ten minutes afterward I removed the placenta by traction upon the cord and compression over region of uterus.

At this juncture my patient informed me that the worst was not over, as she always suffered with terrible after-pains. I gave her a powder of Arnica, 3x, in water, one teaspoonful every two hours. She did not have a single after-pain, only experiencing a slight uneasiness as if the pains might

come; she made a good recovery. This labor was six hours shorter in duration than any of her previous labors; and instead of suffering five days with severe after-pains, they were entirely absent. I attribute both of these favorable results entirely to the use of Macrotys Rac. I have used it before with considerable success, but never in so marked a degree as in this instance.—M. E. DOUGLASS, M. D., in *Counselor*.

### Fissure of the Anus.

My method of operating is as follows: Place the patient on the left side, for convenience sake, administer Chloroform until perfect anesthesia is secured. Then after oiling thoroughly both thumbs, introducing first the right, then the left, back to back, well up past the sphincter, and forcibly carrying them laterally outward (using the outspread fingers over the buttocks, as levers, for a purchase,) until the ball of the thumbs comes in contact with the tuberosities of the ischium. You may feel a giving away of the muscles under your thumbs, and may notice some tearing of the mucous membrane but never fear, be thorough, and you will be rewarded by perfect success. Upon returning to consciousness your patient will be subjected to considerable suffering for a short time, of which fact it is well to apprise him before the operation, with the positive assurance that it will occur only that once. To relieve this suffering, warm fomentations will be found beneficial. For after-treatment I would recommend that, prior to stool, the parts be well anointed with Olive Oil or Vaseline, and an enema of warm water be used. Thus a comfortable evacuation will be secured without subsequent pain. This should be continued for six or seven days. From six to ten days will be required to complete the cure, and your patient will forever after bless you.—J. A. STEELE, in *Counselor*.

**Foot Sweat.**—Persons afflicted with profuse perspiration of the feet, and fetid odors of the same, should make a pediluvium of a weak solution of Boracic Acid in Glycerine—ten grains to the ounce. This will arrest the sweating and overcome disagreeable odors.—Dr. Howe, in *E. M. Jour*.

[New York Medical Times.]

**Poem by Dr. Helmuth.**

The following poem was read by Prof. William Todd Helmuth before the New York State Homœopathic Medical Society. The doctor disclaimed all idea of being considered a poet in the following lines:

My friends, I am booked for a poem, I see,  
But what is impossible never can be;  
I am only a surgeon and cannot lay claim  
To poetical pathos, not even in name.  
I may string out some rhymes—but am not a poet,  
And before you have finished this seance, you'll know it.

A poem should be a harmonious strain,  
An artistic production of soul and of brain;  
A music of words, an adornment of thought,  
Embellished by genius and skillfully wrought;  
To speak to the senses in language so sweet,  
That where the ideal and practical meet,  
Is a dim, indistinct, oft invisible line,  
Which even the critics can scarcely define.  
In fact, the old adage in wisdom is laid,  
That a poet is born,—he cannot be made;  
And when I was ushered, a babe upon earth,  
No winged Pegasus stood by at the birth,  
But an old Æsculapian fellow who said,  
"The baby's a boy—nurse, put him to bed."  
I e'en cannot fancy I hold any part  
In that newer poetical school of "high art,"  
By which all society now is beguiled,  
Whose "utterly utter" exponent is—Wilde;  
Whose "liquidly liquid" idea seems to be  
A laxness of fibre, and a weakness of knee;  
Whose damsels all dress in a "limpid sage-green,"  
And "shrinkingly shrink" at the word "crinoline,"  
But bending like willows, droop over their chairs,  
And sing to the poet such languishing airs,  
So "lovingly lovely"—"intensely intense,"  
"Con-sum-mate" in every departure from sense.  
To look at their postures you'd certainly own,  
That somehow or other, arms, legs and backbone,  
By an æsthetic process "sublimely sublime,"  
Having all been deprived of the phosphate of lime,  
Could bend to the zephyr's most delicate breath,  
And never could stiffen—not even in death.

Ah! no; all my life, up to this very day,  
Has been spent in a practical sort of a way,  
And when I've attempted to worship the muse,  
She would hold out her hand—then smile, and refuse,  
And motion me back to the probe and the knife,  
Saying, "Cultivate these to the end of your life."  
So if you expect any poem from me,  
You'll be disappointed as sure as the d—.

**Phantago Major.**—Is reported that the tincture of the leaves of this plant is a valuable external remedy for sore nipples in nursing women, relieving the pain and soreness and healing the excoriations.

ONLY fifty cents for the CALL one year.

**What Determines the Sex.**

It is generally supposed that the sex is determined by the ovary impregnated—the right growing the male and the left the female and depending on the extra activity of the one or the other. A case has occurred in Springfield, Ind., that seems to destroy this theory. Dr. Dunlap performed the operation of ovariectomy upon Miss C., wherein he removed the left ovary with a tumor weighing some thirty-five or forty pounds. About six years afterward she married and in October, 1872, she gave birth to a male child. On the 6th of August, 1881, she came to her second confinement and gave birth to twins—a boy and a girl. In this case the sex in the first delivery sustained the above theory, and the lady was informed by Dr. Dunlap that only sons could be born to her; but the second confinement with two babies and two sexes from one ovary shows this theory to be unreliable.—*Items of Interest.*

**How to Preserve a Cadaver.**—To make two quarts of a preservative fluid, with which to inject the arteries of an animal body, take a pint of whisky and half an ounce of thymol and rub them together in a mortar; then add four ounces of glycerine and two ounces of chloral hydrate; after these ingredients have been well mixed pour into the vessel three pints of water. The compound is then ready for use, and if successfully injected it will keep a subject for several weeks in a state that is not offensive to the sense of smell; in fact, the thymol renders the odors almost agreeable and preserves the soft tissues against putrefaction. The mixture is not costly nor is it injurious to dissecting implements. The animal structures retain their flexibility and do not readily become desiccated in dry weather.—DR. HOWE, in *E. M. Jour.*

For the Medical Call.

**Renal Calculi.**

BY A. B. GRANT, M. D.

L. H., æt 27, has suffered from renal calculi for the past two and a half years; been treated by several allopathic doctors; cured with Eupatorium Purpureum, after Lyc. and kindred remedies had failed.

## The Medical Call.

A Quarterly Journal, devoted to the wants of the busy doctor.

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### "Fatal Errors."—Lippe.

In the *Homœopathic Physician* for February, 1882, page 75, Dr. Ad. Lippe says: "It is a fatal error to attempt to prove the correctness of erroneous propositions by falsified quotations." He then refers to a quotation made in the *MEDICAL CALL*, Vol. I, page 122, from the *Mat. Med. Pura* translated and edited by C. J. Hempel, M. D., 1846, Vol. I, page 199—article, *Cannabis Sativa*—and charges that we misquote Hempel's "mal-translated" language. Then he utters what, in his (Lippe's) opinion, Hahnemann did "really and truly" say.

A reference to the text will show who falsifies quotations, the *MEDICAL CALL* or Lippe. We take Hempel's language verbatim; Dr. Lippe leaves it to the unlicensed imagination of the English reader to infer whence he gets his version. He may, for aught stated, evolve it from his inner consciousness. It certainly is not found in our copy of Hempel's translation. Not content with falsification, Lippe then casts a contemptible slur at the glorious, departed Hempel. It is not our purpose, at present, to enter into a critical examination of the comparative scholastic merits of Hempel and Lippe, mainly for the reason that the latter has furnished so little to the English reader upon which to base any analogy. We are aware that Hempel's translations have been unjustly dealt with, and by none more unfairly than by Hering and Lippe.

A fair minded German scholar, in a recent communication to us, very pertinently disposes of this point. He says: \* \* "And I hold it worthy of remembrance, in justice to the devoted Hempel, that both Hering and Lippe, Hempel's most severe critics, had, for years, been practitioners when

Hempel commenced his work. *Why did not Hering and Lippe do this work themselves rather than wait until Hempel came upon the stage?"* \* \* \* \* \*

The unbiased reader may suspect, from his reference to the *forty year fossil*, that Lippe applies those observations to himself. We disclaim any such reflection; but it is a trite maxim that the greater includes the less. Hence we make Dr. Lippe our profoundest bow for informing us to which geological period he belongs. The fact, we are privately told by a friend, had been gravely suspected before.

The English reader will continue to learn the truth from the "mal-translated" editions of the *Materia Medica Pura*, by Hempel, as well as from thirty or more other works of Hahnemann and others, which his industry and genius have placed in their reach, long after Lippe's memory fades from the earth. When Lippe shall have bequeathed a similar benefaction to posterity, it will be more fitting for him to traduce the dead. No one would be surprised should he next declare that Bouninghausen was a quack, Hering a fraud, Galileo an imposter, Archimedes a lunatic, and Pythagoras a dreamer.

The only purpose the *MEDICAL CALL* had in view in the article which provokes Lippe's wrath, was to show that the occasional use of *low potencies* was not unauthorized. As to this, Lippe asks, "who ever denied any one the right and freedom to use them?" The profession is aware of the fact that a few narrow-minded, dogmatic teachers clearly deny this right and freedom. Thank Heaven, they are few, and so far as known to the *MEDICAL CALL*, they have been, up to this time, unable to seriously damage the fair structure left by the master. The last clause of the sentence which Lippe evolves really reads thus: "The thirtieth potency, which is the highest now in use." Lippe is the man who falsifies the text. It is the high function of this journal to instruct in sound theory and the best practice, not to delude, misrepresent, nor traduce. Dr. Lippe cannot convince this age that homœopathy has made no progress, that nothing has been learned concerning posology, biology and the cosmic forces, which were unknown to Hahnemann and

his collaborators. "*It is a fatal error to attempt to prove the correctness of erroneous propositions by falsified quotations.*" Dr. Lippe may as well forego any further attempts.

### Renal Calculi—Lycopodium, 30th.

March 7.—F. A. M., aet 43, stout, healthy merchant. At 10 o'clock A. M., while at his place of business, he was suddenly attacked with sharp cutting pain in region of left ureter. A regular medicus near at hand injected hypodermically one-quarter grain of Morphia, and stated that he suspected intus-susception of bowels. Mr. M. was carried home and sent for me. I found him at 12, noon, writhing in agony, surface bathed in sweat. Gave Lyco., 30th. A quantity of urine, recently voided, contained bloody globules and a variety of detritus. He states that he has had trouble with his kidneys for years, the urine frequently depositing sandy sediment which adheres closely to the vessel; but that he has never had any attack similar to this. His father has frequently passed calculi. In thirty minutes this patient was asleep. He had one severe paroxysm subsequently, at 4 P. M., lasting about twenty minutes. At 7 P. M. he discharged the stone in the vessel.

### Kansas City Hom. Medical Society.

The homœopathic physicians of Kansas City met at the house of Dr. J. Thorne, on the evening of January 3d.

On motion Dr. J. B. Wasson was called to the chair; Dr. S. H. Anderson was elected secretary.

Present—Drs. Thorne, Wasson, Holmes, Jenney, H. W. Miller, Foster, J. J. Miller, Wilson, Anderson, Nellis, Barber, Voice and Northup.

The meeting was entirely informal, the evening being devoted to a discussion of the interests of the Free Dispensary and matters pertaining to the cause generally. Much interest and enthusiasm was developed, and the meeting adjourned amidst flattering omens of prosperity.

THE thirteenth semi-annual meeting of the Medical Society of Northern New York will be held at Troy, on Tuesday, April 11, 1882.

### Pharmaceutical Preparations.

Those interested in pure pharmaceutical preparations will be gratified to learn that Messrs. Parke, Davis & Co., of Detroit, have successfully repelled the charge of infringement of right in the use of the word TONGA, in a suit brought against them by Allen & Hornburys, of London. It is held in the decision of the court that Tonga is the name of a combination of barks made by the natives of the Fiji Islands for medicinal purposes and has for many years been employed by them as a remedy in neuralgia; that any person has the right to make the preparation and sell it. Read their advertisement on fourth page of cover.

### Our Clinical Scheme.

From the suggestions of Dr. J. W. Reynolds we presented Acne for consideration and treatment in our last issue. How well the profession responded will be seen by reading several well-written articles on the subject, which we publish in this number of the CALL. As we desire to continue the clinical department we present *Anthrox*, or *Carbuncle*, and invite all our readers to contribute a few lines, giving report of cases, with the remedy or remedies and potency used.

WE solicit every physician in active practice to write an article which will be interesting to the profession, for publication in the MEDICAL CALL. You may have some improved method of treatment which would be of great benefit to the profession. All improvements in medicine, as well as surgery, should be made known. The CALL is a lively journal, and goes to nearly every homœopathic physician in this country. Do not wait for us to write you a personal letter, but write at once. Address all communications to the MEDICAL CALL.

WE present our readers in this issue a fine engraving of our distinguished collaborer, Dr. S. H. Talcott, Medical Superintendent, Middletown, New York. The biographical sketches published in the MEDICAL CALL will afford our readers some adequate conception of the vast literary labors that have been performed by the leaders of the homœopathic ranks.

### Physician's Insurance Association.

The attention of our readers is called to the valuable features embodied in the plan of the Physicians' Insurance Association, chief among which is economy of management and absolute safety of the funds, which are deposited in the bank by the members. We hold a policy in the Association and would advise our friends to investigate. Address the Secretary, W. G. Farrar, 24-182 Dearborn St., Chicago, Ill.

THE Missouri Institute of Homœopathy will meet in St. Joseph, Mo., May 10, 1882. We learn that Dr. J. T. Kent, of St. Louis, has resigned the Chairmanship of the Surgical Bureau and Dr. H. W. Westover, of St. Joseph, appointed to fill the vacancy. This will leave vacant the Chairmanship of the O. and O. Bureau, to which Dr. J. A. Campbell has been appointed in place of Dr. Westover.

THE Western Academy of Homœopathy will hold its next annual convention at Kansas City, June 20, 21 and 22. Chairmen of the various bureaux will notify their associates. A grand excursion to Denver, at greatly reduced rates, is being arranged for and other attractions will be offered. All correspondence can be directed to the General Secretary, C. H. Goodman, M. D., 2619 Pine street, St. Louis, Mo.

We desire every physician in the State of Missouri to take an interest in this meeting. Write up a short article on some subject that will be interesting to the profession and present it to the institute. Arrange your business so as to be in attendance with the documents ready for work. Make the meeting a grand success.

THE Kansas State Homœopathic Society meets at Wyandotte, Wednesday, May 3, 1882. A cordial invitation is extended to the fraternity everywhere to be present with them. They expect to have a lively meeting and a grand good time.

**American Institute of Homœopathy.**—A circular has been issued by the executive committee announcing that the next meeting will be held at Indianapolis, Ind., on Tuesday, June 13, 1882.

### BOOK DEPARTMENT.

**ANÆSTHETICS; AND HOW TO ADMINISTER THEM.** By W. John Harris, M. D., St. Louis.

Herein is contained brief precise directions to be followed *before* and *during* the use of anæsthetics; and the signs of approaching danger; reciting methods of resuscitation. A valuable *brochure*.

**BERICKE & TAFEL'S PHYSICIAN'S PRICE CURRENT.** 1882.

This 108 page pamphlet is gotten out in the best style of the printer's art, and contains a list, with prices of everything the homœopathic physician needs. The covers are elegantly decorated.

**A PLEA FOR A STANDARD LIMIT OF ATTENUATED DOSES.** By C. Wesselhœft, M. D., Boston, Mass.

This monograph from our distinguished confrere of the hub will receive further notice in a subsequent issue.

### Received.

The Sphymograph. By J. W. Dowling, M. D. Reprint from Trans. of Hom. Med. Society of New York. 1881. With compliments of the author.

Whitby Saturday Night. Weekly. Edited and published by J. S. Robertson & Bros., Whitby, Ontario, Can.

Mirror of Progress. Mrs. Mattie P. Krekel, editor and proprietor, Kansas City, Mo.

The Treatment of Extrophy of the Bladder, with some Historical Notes and General Considerations. An account of a case. By David Prince, M. D., Jacksonville, Ill.

The Vienna Obstetrical School, and Three Hundred Consecutive Cases of Obstetrics Occurring in Private Practice. By Mahlon M. Walker, M. D., Chairman of the Bureau of Obstetrics for 1882. Reprint from the transactions.

Directory of Homœopathic Physicians of the State of Pennsylvania, for 1882. Compiled and published by L. J. Knerr, M. D., Philadelphia, Pa. Thanks.

The Medical Gazette. A weekly journal. New York. March 4, 1882. \$1.00 per year.

The American Citizen. Monthly. A. Warren, proprietor, Montague, Texas.

**Boericke & Tafel's Quarterly Bulletin of Homeopathic Literature.** New York and Philadelphia, February, 1882.

**The Spectator.** Monthly. T. A. Bland, editor and publisher, Washington, D. C.

**Browne's Phonographic Monthly.** D. S. Scott-Browne, conductor and publisher, New York.

**Illustrated Price List of Munson & Co.'s Homeopathic Pharmacy.** 1882.

### Personal.

**Dr. G. E. Chandler** has removed from Jacksonburg to Muncie, Ind.

**Dr. W. M. Stearns** has removed to Joliet, having accepted the appointment of Hospital Steward of the Illinois State Penitentiary.

The CALL regrets that Prof. Franklin found it consonant with his best interests to resign the office of Dean of the Hom. Dept. of Michigan University. In his successor, however, Prof. Wilson, the interests of homeopathy have an able advocate.

### **Bryonia in Phlegmasia Dolens.**

Mrs. F., aet 24, took cold fourth day after confinement. She did not nurse any of her children—no secretion of milk. The left leg swelled very much; pains aching, sharp and shooting, along track of larger veins; intense thirst; profuse sweat; motion intolerable. Bryonia, 30th and 200th, cured.

**TEUCRIUM** proved curative in one case of chronic catarrh, characterized by the blowing of large light-colored plugs from the nose, a symptom for which I am indebted to Dr. Farrington.—W. T. LAIRD, M. D., in *Counselor*.

**Merc. Prot.**—I have found this a valuable remedy in catarrh for dropping from the posterior nares, when the characteristic thick yellow coating at the base of the tongue was present.—W. T. LAIRD, M. D., in *Counselor*.

A LETTER from Dr. W. G. Hall, dated March 13th, states that Dr. H. W. Westover is improving and in a fair way to recover.

OUR terms for the MEDICAL CALL are cash in advance.

### For Sale Cheap.

A good practice in a rapidly growing city in Eastern Kansas of 4,000 inhabitants, on three good lines of railroad. Good schools, good churches and good society, all in the best county in the State. Homeopathy has been successfully introduced here for twelve years, the last six of which have been by myself. Am the only homeopath in the place. This includes my office furniture, secretary, medicine chest and book case, together with my medicines, carpets, tables and chairs; my entire bathing outfit, consisting of furnace, tanks and bath tubs (long and sitz,) and my electro-thermal bath, with all of the appurtenances thereto. In addition to my private practice I can turn over to my successor the official positions of County Physician and County Coroner. Will stay thirty to sixty days to introduce successor. Satisfactory reasons given for selling. For particulars address, with stamp, John H. Moseley, M. D., Olathe, Kas.

**For Sale.**—A practice in Burlington county, N. J., on a line of railroad, near a town of one thousand inhabitants. Practice pays fifteen hundred dollars a year cash. Fine house and barns, with twenty-seven acres of land. Without property, \$800; with property, \$6,200. Address, MEDICAL CALL, Quincy, Ill.

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Send cash by postal order, registered letter, or by enclosing it in the presence of the postmaster.

**Wine of Colchicum as a Specific.—**

For a good many years I have myself been troubled with pain after passing water—a terrible pain in the urethra. I tried everything laid down in the books without relief, and concluded I would try Wine of Colchicum. I took about fifteen to twenty drops in a small quantity of water and to my astonishment I got relief, and to this day when I have a recurrence of the trouble I resort to Colchicum and have never failed to get relief. I sometimes have to take the second dose, but never have had to take more than two doses. The next patient I had complaining of this trouble I gave Colchicum with the best of results, and have continued to use it up to the present time with the best of success.—J. M. KASSON, M. D., in *E. M. Jour.*

**Medical Fees in London.**

I believe that it is now the habit of the principal London physicians to charge three guineas (\$15) for a visit at the house of a patient, two guineas (\$10) for the first visit of a patient to the physician's office and one guinea (\$5) for a subsequent visit there. After all a man who is believed to have special talents for healing is right to charge highly for it. The abuse seems to me to be this: whereas, any physician may charge more than a guinea, no physician is allowed by the etiquette of the profession to charge less, and yet probably there are many clever young physicians who now have very little practice, and would themselves gain and benefit others were they allowed to charge half a guinea.—*London Truth.*

**Burns and Scalds.**

As no one has given the following excellent remedy for burns and scalds, sore nipples, poison of Rhus Tox, or excoriated surfaces, which I have tested, I give it to your many readers:

Yolk of Eggs, by weight.....five parts.  
Glycerine, by weight.....four parts.

Mix. Apply with a camel's hair brush. This mixture forms a coating over affected parts by one or two applications, excluding the air, leaving no scar.—W. T. CLELLAND, M. D., in *Brief.*

BALTIMORE, May 21st, 1881.

WM. F. KIDDER, Esq.:

Dear Sir:—Your sample of Hydroleine was received in good order, and tested with the best result in the case of my wife. She commenced its use on the 9th of May, and her weight then was 128 pounds; she finished the contents of the bottle to-day (May 21st), and was weighed on the same scales, weighing 134 pounds. I most heartily indorse and recommend Hydroleine to ALL, as an invaluable remedy in wasting diseases. I consider it a wonderful medicine. You are at liberty to make use of this letter if you choose.

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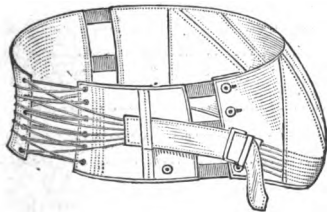
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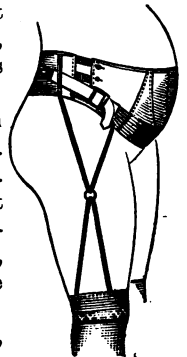


The accompanying cuts will show that it is the only true Supporter in use. It gives an even and gentle pressure over the pubes, and maintains a firm support of the abdominal viscera by raising it gently from the body of the fundus. The figures show that by tightening the straps on the sides, it elevates the abdominal viscera, at the same time lacing and thereby tightening the Supporter. It is simple in its action, and is worn with great comfort.

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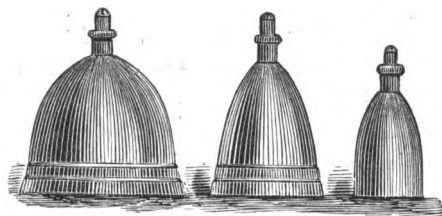
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# A NEW CUPPING APPARATUS.

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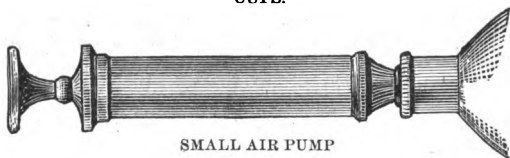
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\*See note p. 64, Prof. VAN BUREN & KEYS, on Urinary Organs.

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# Medical Call.

Vol. II.

QUINCY, ILLINOIS, JULY, 1882.

No. 3.

Subscriptions, all exchanges, books for review, and communications must be addressed to "THE MEDICAL CALL," Quincy, Illinois.

THE MEDICAL CALL does not endorse or hold itself responsible for the opinions or doctrines of its contributors; but will allow, and expressly invites the fullest expression of opinion from all quarters. The editors will, from time to time, present the newest and freshest facts of practical importance.

For the Medical Call.

## CARBOLIC ACID.

BY F. F. CASSEDAY, M. D., KANSAS CITY, MO.

This interesting drug, popularly known as Carbolic Acid, but also termed Phenic Acid and Phenyl Alcohol, has become very popular of late years for local use, through the teachings and labors of Debat and Lister, and very useful in the mechanic arts through the discoveries and exertions of Dr. Grace Calvert and John Bethell. Produced for the most part from coal tar distillation, it is also formed by the action of heat on Salicylic Acid, and can be obtained by the dry distillation of gum benzoin and other resinous substances. It is also found in the urine of the horse, ox and man.

With the exception of its local use as an antiseptic and anæsthetic, the application of Carbolic Acid to the cure of disease has been very limited.

Dr. Eames was the first to recommend injections of the drug for deep-seated inflammations, and Dr. Henter followed this up with an exhaustive series of experiments, and announced that extraordinary success attended the hypodermic injection of Carbolic Acid in glandular swellings and inflammations, phlegmon, erysipelas, poisoned wounds, inflamed burse, hydrocele, etc.

Mr. J. C. Hall, in the *Medical Press and Circular*, of August, 1882, reports two cases of undoubted lupus cured by painting the parts with pure Carbolic Acid.

The hypodermic use of the acid in these cases seems to be very limited among the profession, notwithstanding the fact that many reliable men have borne testimony to its efficacy.

The late Dr. Beebe, of Chicago, maintained to the day of his death that Carbolic Acid would cure cancer, and all parasitic diseases, and he, as well as others, have published evidence, which goes very far to prove that their faith was well founded.

Its internal use among homœopathsists has been very limited, and then mainly for stomach and bowel difficulties. It has been found useful in cholera infantum, diarrhoea, and morning nausea and vomiting.

Dr. N. B. Kennedy, in the March 4th number of the *Medical and Surgical Re-*

porter, cites six very interesting cases cured by hypodermic injections of the acid.

Case one was hemorrhoids in a very delicate woman. The hemorrhoids were as large as a goose egg, and were cured in four sittings by the injection of five or six drops of undiluted acid. This, by the way, is the remedy of the pile doctors, which has grown in the last few years to be such a power in the land. The remedy, whatever may be its source in hemorrhoids, is very efficient, and is fast becoming the favorite remedy in the old school for this disease.

The second patient was an old gentleman afflicted with fifteen large carbuncles on the back and neck, so painful that sleep was well nigh impossible. Five drops of acid in each carbuncle stopped the pain at once, aborted twelve, and only allowed three carbuncles to go on to suppuration. Complete cure in three weeks.

In case of a boy, ten years old, bitten in the foot by a rattlesnake, immediate relief of pain and rapid subsidence of swelling followed the injection of the acid.

In a fibro-cellular, and multi-locular tumor, the latter in a young girl, complete cures were produced by injections of twenty drops of acid once a week. He also reports good results in cases of ulcerated os and cervix uteri. A fifty per cent. solution was applied in the latter cases three times a week.

In using Carbolic Acid hyperdermically or internally, it is of vital importance to have a pure article, and this obtained, any bad result, in the vast majority of cases, will be avoided. Calvert's preparation is considered reliable. It is a little difficult to name the minimum fatal dose of Carbolic Acid, but in all probability four drachms would be a dangerous dose. This valuable drug covers a very wide range of conditions and deserves more attention than it has received.

For the Medical Call.

## Excess of Liquor Amnii a Cause of Dystocia.

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

I have lately consulted nearly all the works on obstetrics, of the various schools, and have been surprised to find how little is said of dystocia caused by excess of liquor amnii. Many do not allude to it at all. Others give it but a passing notice, and all recommend the single expedient of "rupturing the bag protruding from the os." This would be very well if the bag of water always protruded, or even if it could be reached through the open os. There are many cases where neither occurs, yet the retention of the water, causing over-distention, paralyzes the uterus, or renders the pains so irregular and inefficient as to greatly retard labor and even arrest it altogether.

In the early years of my practice I was called to attend a lady in her second confinement. The pains had begun several hours before my visit, but the os was not dilated larger than a silver dollar. I observed that the abdomen was unusually large and the parietes very tightly drawn. During the pains very little contraction could be felt in the uterine walls. The labor went on hour after hour, until the woman became greatly exhausted, and finally the pains died away or only occurred at long intervals. She became very nervous, jactitation of the limbs, and twitching of the facial muscles, and an uncontrollable restlessness set in. I feared convulsions, and was about to give her Chloroform, when it occurred to me that the uterus might be paralyzed from over-distension. Examination showed that the os had not dilated since my first examination. The bag of water could not be felt, but by strongly pushing on the head of the child a small bag formed, which I rup-

tured with considerable difficulty, and then the water would only flow away while I pushed the head upward with all the force I could use. By persevering, however, a pint or more came away, the patient became more quiet, and the pains returned. Between the pains I still continued to push up the head, allowing the water to discharge, and it was only by a continuation of this procedure that the labor was terminated. In such a case as this neither Chloroform, Ether, Ergot, or any other medicine, could have done the least good.

In other cases this method will not answer our purpose, and we are obliged to push the head to one side by introducing one blade of the forceps. This plan has been very successful in my hands in many cases.

I have lately had a case in which both these plans failed. During the early stage of the labor, the small bag protruding ruptured during a pain, but very little came away. The labor seemed to progress favorably for a time. The os dilated sufficiently to allow the head to pass through and almost rest on the perineum. Here the labor was arrested. The pains became irregular and feeble. Great nervous agitation set in. The forceps were applied, but slipped off on strong traction. I had been reading an article on "Ante-Partem Hour-Glass Contraction," in the May No. of the *American Journal of Obstetrics*, and it seemed to me that this case was one of them. I attempted (under Chloroform,) to pass my hand by the head, but could not succeed. An examination of the abdomen did not show the "furrow" below the umbilicus, which is considered the diagnostic sign. It occurred to me that the shoulders at the brim might form an obstruction to the passing of the water. One blade of my medium forceps was passed carefully up into the body of the uterus, and given a lateral-lever motion, when, to my astonishment, I

was deluged with a stream of water, spurting out with great force. Immediately strong pains set in, and labor was soon terminated.

These and many other cases which have occurred in my practice have convinced me that not sufficient importance has been given to this cause of dystocia. Not only should we rupture the bag when the os has dilated, but when it is dilatable. Nor should we be content with merely rupturing the bag; we should see that sufficient liquor amnii passes off to empty the uterus, for in order that the uterine muscles should exert their full expulsive power, little or no water should intervene between the body of the child and the uterine walls.

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For the Medical Call.

### Vaccination.

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BY GEO. W. WILSON, KANSAS CITY, MO.

So much has been written on this subject during the present epidemic of variola, that it would seem but little more could be given as new matter, and that it remained only to review the subject from the arguments for and against the measure.

The history of vaccination is well known. It was introduced by Dr. Edward Jenner, during the latter part of the last century, although it is claimed to have been previously practiced by a layman—one Benjamin Jesty—in his own family, an act which incurred the indignation of his friends and neighbors. Jesty died in the year 1816.

It has been questioned as to what degree, if at all, small pox is influenced by vaccination; for of what the disease consists, essentially, we do not know. That it is, like syphilis, generated anew, we have no doubt; that is, certain predisposing factors—as negative atmosphere, humidity, decomposing substances and the like—combine to produce this

specific accumulating infection, of greater or less virulence, according to the idiosyncrasy or physical character of the recipient. We think it more probable that vaccination is a stronger modifier than a prophylactic of small pox. But in this, as in all other medical evidence, that from clinical experience is the most reliable. According to Dr. Marson, then, who presided for more than thirty years over a hospital for this disease, in London, protection as well as modification was in direct ratio to successful vaccination, as evidenced by the resulting cicatrix. And further observation by Dr. Buchanan, of the London Trade Board, indicated a marvelously decreased fatality since general vaccination, the death rate among the vaccinated averaging five and among the unvaccinated thirty per cent. In our own experience recently, being called to a family having five cases of variola, only one—an unvaccinated child—was confluent and severe; the other four cases, all of whom had been vaccinated, were varioloids. In view of these observations, as a fair example of medical experience, the practice of vaccination should be sustained.

By a not yet large but growing body of physicians, vaccination has been decried and is being ignored. They purpose and propose therefore the administration of Variolinum, Vaccinium, Sulphur, Acidum Aceticum, Antimonium Tartaricum and others; but, in how far these may be efficient clinical testimony is meager and wanting to confirm. Such a course would certainly be preferable to both physician and patient; since the introduction into the system of bovine matter is generally repugnant, to say nothing of the difficulty of obtaining such matter freshly and reliably prepared. Sometime since we read what promises to be worthy of investigation, namely, the production of pustules—on the arm or elsewhere—by means of Unguentum Antimonii Tartarici, the skin

being slightly abraded and the ointment applied until pustulation is developed. This appears to us a rational expedient as a substitute for vaccination, inasmuch as Antimonium Tartaricum is undoubtedly more nearly homœopathic than any known medicine to the eruption of small pox, and consequently the very foremost remedy in its treatment.

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For the Medical Call.

### **Accommodative Asthenopia.**

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BY F. F. CASSEDAY, M. D., KANSAS CITY, MO.

As asthenopic difficulties are often met with, by the general practitioner, as the result of debilitating influences, and following prostrating diseases, such as diphtheria, scarlet fever, typhoid fever, etc., it may be of interest to give a resume of the course and treatment of these abnormal conditions. Accommodative asthenopia results from hypermetropia in consequence of the strong tension of accommodation necessary to obtain distinct vision with ordinary convergence of the visual axes for work, the hypermetrope using nearly all of the available range of accommodation, while the myope and emmetrope use comparatively little. In some cases the hypermetrope requires more than the muscle of accommodation can supply, and in this way is developed the weakness of sight comprised under the term asthenopia. Objective symptoms are almost entirely wanting, the acuteness of vision being normal, and the eyes presenting no anomaly. When the patient tries to read, write or sew, everything is clear and distinct for a moment, but soon vision becomes confused and indistinct, and the type is blurred and runs together—a feeling of fullness in and around the eyes is experienced. The patient closes the eyes, rubs them a little, and after a brief rest tries to work again, with the same result as before. The difficulty

keeps on increasing, particularly if the eyes are strained, and finally all work has to be abandoned on account of the intense tension, and profuse flow, of tears.

In latent and medium grades of hypermetropia, asthenopia develops late in life, but in the higher grades it is developed at an early age. Asthenopia, indeed may appear after exhausting diseases without any hypermetropia. There may be at times a dilated pupil, and hyperæmic condition of the optic disc and retina, but this is not constant.

**TREATMENT.**—The first indication is to relieve the overworked ciliary muscle by the proper convex glass. Conjoined with this it may be necessary to paralyze the accommodation by atropine, so as to rest the eye. For irritability of the eye and other attendant symptoms, the remedies found most useful are Gels., Nux Vom., Macrot., and Bella.

**CASE.**—Miss M., æt twenty years, book-keeper, upon attempting to write, a short time after recovering from a severe attack of diphtheria, found that after writing a few moments the letters ran together and looked blurred, and her eyes filled with tears. The retina was a trifle hyperæmic, but otherwise the eyes presented a normal appearance. Distinct vision could not be obtained with glasses, and as the blurring continued in spite of the most carefully selected lenses, I paralyzed the accommodation with atropine, and prescribed six inch convex glasses for near work and eighteen inch convex for distance. Also gave Gels., 3x, every three hours. I kept the accommodation paralyzed for nearly two weeks, and improvement was constant from the first, although she kept at her work all the time. At the end of three weeks all asthenopic symptoms had disappeared, and vision was normal. She has not required glasses since that time.

**REMARKS.**—This is merely an example of a very common disease, met with fre-

quently by the physician, and my object is merely to point out the line of treatment which will be found beneficial in such cases.

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For the Medical Call.

### The New Clinical Scheme.

BY J. W. REYNOLDS, M. D., ALBEO, ILL.

I was much pleased to see the number of valuable articles written in response to my request. For one, I must say that I feel that I am better posted on that obscure disease, acne, than I could have been from any other source. Still, I am surprised that so few articles were written on the subject. When it is considered how many there are who could have given their experience in a few lines.

I hope the second subject, "Anthrax," will be more effectually bombarded. If a more general interest is taken in this matter, and the whole subject exhausted from A to Z, the result will be a work on practice valuable because of its completeness, and reliable from the application of theories tried in the fire of experience.

I wish to make one more suggestion. As the CALL is published only once in three months, would it not be well to undertake the consideration of more than one disease in each issue? This would hasten the completion of the subject at an earlier date, and, if it should shorten the articles, would add a greater interest to each number. Verbose and grandiloquent essays are of no practical service to any one, neither are medical theories, now as thick as grasshoppers, and only awaiting a favorable time for their demise; but the actual contact with disease by homœopathic medicine, stated succinctly, will carry out the object of this "scheme." If it should appear that the indicated remedy has been used without effect, it will only substantiate the fact of an improper proving, or atten-

uation, or repetition. In such cases assistance from others may be found perhaps on the same page, or may be suggested by the experience of others subsequently. By such means will the absolute truth in regard to medicine be known.

As an illustration of brevity, let us consider the subject of "Anthrax." First stages, Bell., Acon.; when near the brain, Bell.; with high fever, restlessness, thirst, Aconite; when sleepless from pain, Bell. and warm applications. Later stages, to promote sloughing, Hepar Sulph. and poultices; when very sensitive to touch, Hepar. Sulph.; when the surface turns blue, Lach.; when gangrenous, Lach. or Ars., according to indications. As a prophylactic, the totality of the symptoms, which, however, will generally point to Sulphur, high or low. Many cases may require more extensive treatment, as, for instance, when complicated with some dyscrasia, or when some peculiar climatic condition produces an epidemic. Surgery also may play some part in their management, and if so, what advantage has it over the purely medical treatment. An observance of some such rule may give space for other matters.

For the Medical Call.

### **Baptisia in the Typhoid Fever of New Hampshire.**

BY C. H. SANBORN, M. D., HAMPTON FALLS, N. H.

My practice for twenty-five years has been in the southeast corner of New Hampshire. Our autumn fevers are a mild typhoid. While I used allopathic medicines, patients would be sick from twenty-five to forty days. In 1872, I began to use Bryonia, Rhus and Arsenicum and patients got well in from five to ten days. In 1877 I got Hughes' Therapeutics and began to use Baptisia in our fall fevers, and patients are cured in from three to six days. So Baptisia here is a decided success.

For the Medical Call.

### **Some Hints.**

BY J. H. D., M. D.

I have some suggestions for the readers of the CALL, and will give them in as few words as possible.

Dr. Gardner asks what will break up an attack of quinsy, sure. I am always able to break up quinsy, and prevent suppuration with Bell., 3x, followed by Merc. Sol., 3x, trit., given every hour; provided the patient has never had quinsy to suppurate. Once it has suppurated, I am unable to prevent suppuration in a fresh attack.

In answer to C. G. S., pages 5 and 6, January, 1882, number CALL, also to Dr. Jenney's case of irritable spine, allow me to say that these were both hysteria, and for all such kickers as C. G. S. had, a drop or two of strong tincture of Colocynth, or some such bitter and disagreeable dose, with threats of repeating in five minutes if not better, will nearly always stop the kicks and produce prompt improvement, while it does no harm—as morphine will. Then you have time for the remedy. Try this plan. Do not pretend your patient is not sick, allow that she is bad; but desperate cases require desperately bitter remedies.

I remember one case like Jenney's that was cured; first, by a thorough examination and dexterously convincing the girl that I understood the case, and then proper attention to the ovarian irritation and her mental state. Have forgotten the exact symptoms or the remedies.

Years experience convinces me that there is nothing known to the profession like a paste as thick as cream made of Bicarbonate of Soda and water for scalds and burns. Its application relieves the pain instantly. In twelve to twenty-four hours I follow with equal parts of Lime Water and Olive Oil. This latter is one

of the very best applications in simple erysipelas.

Would advise Dr. Barden to consult *Chelidonium* for gall stone colic. It gives great comfort in some cases—more by far than Dr. —'s celebrated China.

But what I desire most to call your reader's attention to is a prompt relief for the severe pain attending some forms of punctured wounds, those which would very soon be followed by tetanus if not relieved. Procure if you can a fresh specimen of the green herb of what the common people call Beggar's Lice, Stick Tights, but what is probably the — In Western New York the common people call it Tony Burr. I wish some of your botanically inclined readers to analyze it and give me the botanical name of it. Procure this I say and bruise it well and apply to the wound. The relief is certain in the course of an hour. This plant needs proving, if it has not already been done, and I hope Drs. Hale and Burt will be good enough to look after this matter and report in the *CALL*.

NOTE.—From the meagre description given by the writer we think the plant is the *Cynoglossum Officinale*, described in the *American Dispensatory*, page 318.—Ed.

For the Medical Call.

### Propylamin in Rheumatic Fever.

BY C. H. SANBORN, M. D., HAMPTON FALLS, N. H.

In January, 1862, I began to use Propylamin in rheumatic fever and I have used it every year since. My whole number of cases of rheumatic fever has been about sixty. I begin the treatment with Aconite and Propylamin, giving two drop doses of Propylamin four times a day for three days. I have had no case which lasted more than a week and generally in three days my patients can walk about without pain. They are cured in three or four days by Propylamin. When I used allopathic medicines my patients were obliged to lie in bed from twenty-one to forty days.

For the Medical Call.

### Allopathy and Homœopathy.

BY G. L. CHAPMAN, M. D., POLO, ILL.

I once heard of a man who caught an eagle and said he had been told the birds would live one hundred years and he meant to keep this one and see. We are told the only reason the man did not "see," was the fact he died first.

In the *Medical Gazette*, (N. Y.,) April 29, 1882, under the head of an editorial is an article from the *N. Y. Medical Times* (Homœopathic). The *Gazette* editor says in effect that the homœopaths are berating each other and the New York State Medical Society should step in and act as peace-makers, since "we have taken them both to our bosom, (meaning both sects of the homœopaths), and if, instead of nestling there until they are quietly suffocated, they fall to fighting," etc.

The *Gazette* editor apparently thinks the allopaths, of which he is an apostle, have now, by a stragetic movement in the shape of a code of medical ethics, enfolded the homœopaths to their bosom, with, as he says, the "pious intention" of suffocating them. Does the editor think they have faithfully tried and found wanting all other modes of putting the children out of the world before resorting to so questionable an expedient as taking "muscular and venomous" nestlings to his bosom? When the editor has accomplished his object and the homœopaths are where the "wicked cease from troubling and weary (allopaths) are at rest," if he will inform the public we will feel obliged, for there are some who would like to attend the funeral obsequies and drop a tear over the untimely departure of the children. We have only one word of advice to offer the editor in his laudable undertaking, and that is to hurry up the matter, lest he earn the experience of the man who caught the eagle, and die first.

For the Medical Call.  
**Menorrhagia.**

BY GEO. E. EHINGER, M. D., KEOKUK, IOWA.

To call attention to a remedy but little known, which may prove to be very valuable in its place, I send you the following case:

Mrs. H.; a widow, with one child; age probably 36-38; of spare habit and feeble constitution. For years past she has suffered from profuse, too frequent and protracted menstruation; is again afflicted with her old complaint, and this time so excessively as to oblige her to keep as quiet in her bed as possible, as the flow would gush forth profusely upon the least provocation; sometimes bright colored and fluid, then again dark and clotted; at first with considerable spasmodic pain, referable to the womb and abdomen, also pains in limbs and back, finally leaving a sore feeling. Ustilago, m., which had often helped me out in her case, utterly failed. Plat., 6-30, helped for a few days, then failed; Trill., China, Secale, Ham., Ipec., and perhaps several other remedies as apparently indicated all failed. The flow had now settled into a more passive drain, at which time a sample bottle of Fluid Ext. of Ergot came into my hand; this I concluded to try in doses of from one to five drops, repeated at short intervals. Ergot was at present indicated, and as dilutions failed, this was given. It soon stopped the flow, and finally followed by China for the debility and headache, all seemed to go on very well for a time—about fourteen days, when she was again taken down, and this time the Ergot, of which she still had some, entirely failed. I now gave her ten or fifteen drops of Capsella Bursa Pastoris tincture in half a glass of water—two teaspoonfuls every 1-2-3 hours until better. She mended rapidly and was soon able to visit me in my office. Not long previous to this case one of our city physicians

had exhausted his skill, and used the prescriptions of kind advisers to no purpose upon his wife, ill in much the same way. Becoming greatly alarmed about her, he asked my advice. Capsella B. P., given in the same way, soon helped her out. The tincture I had myself prepared from the green plant. I hope that this may some time be of equal use to some brother doctor in trouble.

For the Medical Call.

**A New Remedy for Bright's Disease.**

BY C. H. SANBORN, M. D., HAMPTON FALLS, N. H.

In 1880 I cured a bad case of Bright's disease, in a man of 65 years, by the free use of the Poland water. This water is from a spring in the town of Poland, in the State of Maine. It is an almost certain cure for Bright's disease if *patients can drink water freely*. One or two quarts daily is necessary to cure adults.

When I received the January number of the CALL I had a bad case of Bright's disease in a man of seventy years. He could not drink much water and with him the Poland water could not be used. On the 1st of February last his urine was loaded with albumen, his limbs were greatly swollen and were discharging a pint a day—each leg was running at that rate. Apparently he was at death's door and nobody expected him to live a fortnight. I read the article in the CALL about the use of Cerefolious and got a two ounce vial of the tincture. I used about a drachm a day and in a week the albumen and swelling were lessened. I have continued its use for eight weeks, and at this time there is but little albumen or swelling. I am quite hopeful that the patient is cured. Will report further hereafter. But judging by a single bad case, the Tincture of Cerefolious will become the great remedy in albuminuria.

For the Medical Call.

## Rhus Tox Poisoning—Two Cases.

BY R. A. MILLER, M. D., MT. PLEASANT, KAN.

**CASE 1.**—A little girl, aged 10 years, was brought to my office with an eruption over the face, chest and extremities. On inquiry I learned that the trouble commenced when 5 years of age, while rambling through woods in search of flowers. She came in contact with poison oak, when an irritation commenced on the hands and continued to spread and grow worse each year until it extended over the entire body. The eruption would make its appearance on the body and extremities some three or four times each year, commencing in the spring. She had been treated by the old school physicians at different times for four years, with lotions, washes, ointments, cathartics, diuretics and alteratives, without anything but temporary relief, stating that a cure was impossible. (Poor encouragement indeed.) When brought to my office the following symptoms were present, viz: Skin presented a green, yellowish appearance, with an exceedingly troublesome erysipelatoid affection, particularly of the face. The œdema of the face was so great as almost entirely to obliterate the features. These were attended with itching, redness of the skin, a sense of burning, tumefaction, vesication and ultimately desquamation. On account of the constipated condition of the bowels I prescribed for the first week *Nux Vomica*, 3, every six hours, and directed as a local application twice daily, *Virginia Serpentina*. Second week the constipated state of the bowels being overcome, I prescribed *Ars. Alb.*, 3, three times daily; continued same prescription for five weeks, at the end of which time the eruption had disappeared. Skin had cleared up beautifully. System reduced to a normal state, and the little girl had gained fifteen pounds in flesh. No more medicine.

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**CASE 2.**—Mrs. S., aged 45 years, large, fleshy, weight about 200 pounds, light brunette, called at my office, complained of a troublesome eruption over the face, which she thought to be a form of erysipelas, stating that it made its appearance every summer, and continued during the warm months, and was of eight years standing.

**SYMPTOMS.**—In addition to the eruption and œdema of the face, she complained of a disordered condition of the gastric-intestinal apparatus, loss of vitality, cardiac derangement, drawing tearing pains in the extremities, worse in the evening, frightful dreams, cold, clammy perspiration, burning sensation in the blood vessels, excessive anguish and agony, especially at night; sunken, pale, livid, cadaverous countenance; pressure at the pit of the stomach, as if the heart would be pressed out of its position; spasmodic colic, burning, watery diarrhœa, with involuntary stools excoriating the anus. Had been treated by old and new school doctors, eclectic and magnetic doctors, root, herb and quack doctors—all without any benefit.

Prescribed *Ars. Iod.*, 3, every four hours for the first three days; returned feeling much better; continued same prescription three times daily for three weeks, and directed a local application of the pure tincture of *Grindelia Robusta* to be applied to the face with a camel's hair brush. At the end of three weeks returned, feeling greatly benefited; eruption on face gone. There still remained a sense of fullness in the stomach, with sometimes spasmodic pains through the bowels. Prescribed *Lycopodium*, 6, morning and evening, with an occasional dose of *Sulph.*, 3. Returned three months after, complaining of spells of bilious colic, accompanied with facial neuralgia. Prescribed *Bryonia Alba*, 3, a dose three times daily, with a dose of *Sulphur*, 200, once every ten days. It has now been over a year since the last prescription

and there has been no symptoms of a return of the original trouble in either of the above named cases.

For the Medical Call.

### **The Tissue Remedies—(Schuessler's.)**

BY GEO. WM. WILSON, M. D., KANSAS CITY, MO.

These remedies, embracing twelve in number, and compound bodies, excepting one—Silica—deserve much more attention from practitioners than they have so far received, particularly in chronic diseases. It has always seemed to us that, while organic medicines might be efficient in and sufficient for acute affections, these important salts, constituents of the human organism, would be found much better adapted to chronic affections in general, although not exclusively therefor.

The following clinical examples are taken from German physicians' reports, at different periods and in various diseases:

**CASE 1.**—A boy, 17 years old, had been troubled for some time with a purulent swelling of the foot at the instep. This had been twice evacuated by the lancet in the hands of allopaths, but not successfully, inasmuch as the swelling and purulent formation recurred; came to a homœopath for consultation and treatment. After some reflection and study, Silica, 6th trituration, was prescribed, and in two weeks improvement was perceptible, resulting in cure four weeks later.

**CASE 2.**—A lady, 41 years of age, had been recently annoyed with a troublesome eruption, resembling lichen, for which various allopathic prescribing had been useless. Drifting, by circumstances, into the homœopathic clinic, she was given first Clematis, and afterward Graphites, Arsenicum and Sulphur, with indifferent results, for more than nine

weeks. It was then determined to try the tissue remedies of Schuessler, and, as seeming the most appropriate, Calcareo sulphurica was selected, of which a dose twice a day of the 6th trituration was administered. Amendment was quickly perceptible, and a radical cure ensued after its use for three weeks.

**CASE 3.**—A young lady, of 19 years, had for some time been subject to severe and reducing attacks of cramp. These attacks, under allopathic medication and a course of baths, became more frequent and intense, for which no remedies so far prescribed were of any avail. The last resort was homœopathy, and she happened to fall into the hands of Dr. —, who at first prescribed Ignatia, and afterward Cuprum and Belladonna; but these failed to give more than transitory alleviation. Hereupon bethought the medical attendant of the successful employment of some of Dr. Schuessler's medicines in cases of apparent similarity, and he ordered Magnesia phosphorica, 12th attenuation; at first three times and later twice a day. The effect was almost magical; the spasms were lessened both in time and in intensity within fifteen days, and ceased entirely within six weeks.

**CASE 4.**—A boy, 9 years old, from exposure to a cold northwest wind, was attacked with spasmodic croup, followed by a strong, troublesome, barking cough. He became restless at night, and had fever and sweats. Aconitum, Hepar, and other apparently indicated remedies, proved incapable of curing, and so help was sought where help was found—in the remedies of Schuessler—and of these Kali chloratum, 6th trituration, was chosen and administered. Slight relief was observed after a few doses. Gradually but surely the attacks receded, and in a very brief period convalescence was established.

**CASE 5.**—A lad was suffering from parotitis, for which Mercurius, Belladonna and Baryta were given. The chief symp-

tom—subjectively and objectively—was a profuse salivation, and there was likewise some headache. In view of this condition, and at this stage of the case, *Natrum muriaticum* was ordered—a few grains of the 6th trituration every three hours. The patient was relieved in twelve hours, and recovered fully in about four days.

**CASE 6.**—A patient applied for relief from “bilious” symptoms, so-called. There was pressure over the eyes; slightly jaundiced complexion; loose, greenish stools; bitter taste; light-brown tongue. Had taken *Mercurius*, *Chelidonium* and others without permanent improvement. At this juncture *Natrum sulphuricum*, 6th trituration, was given, according to the advice of Dr. Schuessler. There was speedy amelioration, and later recovery.

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For the Medical Call.

### Treatment of Carbuncle.

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BY J. CRESSWELL LEWIS, M. D., PHILADELPHIA, PA.

In the early stages of carbuncle, we have found that the directions of Gross are, if carried out, productive of the most beneficial results. He urges the propriety of subcutaneous division of the indurated tissues in such cases. There usually follows some bleeding, but the patient will be relieved and will not be in as much danger of extensive sloughing taking place further on. When called on later, and the stage of gangrene has supervened, free incisions are the best recourse. We endeavor to keep up the patient's condition as much as possible by administering beef tea and stimulants. In case of carbuncle on the back of the neck, where cerebral symptoms show themselves, as they sometimes do, we must be wary in the free use of stimulants; but even then, if exhaustion is manifest, we would use them in large quantities. The best application, in our

opinion, is a Flaxseed poultice. Iodine painted around the carbuncle has a tendency to prevent spreading of the disease. The syringe, charged with a weak solution of Carbolic Acid, should be used frequently when sloughing takes place, as it is both cleansing and disinfectant. A favorite location for carbuncle is in the posterior cervical region, and in cases where there has been extensive sloughing, and the flaps are unhealthy in appearance, the constant motion of the head and neck prevents healing. The indication for treatment in such cases is rest. We can keep the trapezii muscles quiet by a bandage properly applied. We place the flaps as nearly as possible in opposition and apply a pad of absorbent cotton. Next apply a bandage around the head and running behind the neck and under the armpits, making a figure of 8 bandage. This contrivance keeps the parts quiet and approximated, two things necessary to healing. We have used but few internal remedies in this disease. The most important ones, according to our experience, are *Arsenic. Alb.*, *Carbo. Veg.* and *Silicea*. The indications are as follows:

**ARSENICUM ALB.** Burning sensation, restless, thirst, prostration, better from warm applications.

**CARBO. VEG.** Very dark appearance of the parts, foetid odor.

**SILICEA.** During the healing by granulation. It seems to promote healthy action in the sore.

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For the Medical Call.

### Vaccinated in the Mouth.

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BY C. H. BRACE, M. D., CUMBERLAND, MD.

During the late small pox scare, while every one was getting vaccinated, a small colored child of four years was brought to my office for treatment for “a bealing in its head,” as the mother called it. The child certainly presented a frightful appearance, as the whole head was very

much swollen and œdematous, and the one side so much so that the eye was closed and the nostril occluded; the outside of the one cheek was blue and hot. The appearance of the case was rather puzzling, and so I began inquiries as to the probable cause. I was told that the child had been lately vaccinated, and found a good scab on the arm. The mother said the child was in the habit of eating all of the scabs of any sores she might get, and perhaps she had swallowed her "vaccinate." Upon examination of the inside of the cheek I found a ragged ulcer, and concluded that she had chewed the scab, and having an abrasion on the inside of the cheek had vaccinated herself in the mouth. I put up three powders of Thuja, 6x, and told the mother to give her one of them every six hours, and then bring her back. I saw her again the next day, and she was so much better that I did not think any further treatment necessary, which proved sufficient, as she made a rapid recovery. I had to give the same remedy in three other cases for bad effects of vaccination, and in all of them it worked perfectly satisfactory.

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For the Medical Call.

### **There is Room.**

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BY A. P. DAVIS, M. D., DALLAS, TEXAS.

Success to you in your efforts to supply the "busy practitioner." I hail the visitations of the CALL with as much interest as a paying patient who planks down the cash as prescription or visit is made. Please say to the profession that there is plenty of room in Texas to exercise their brain, muscle, patience, (in procuring patients,) and the spread of homœopathy. There are many good points where men of vim, ability, and a moderate degree of impudence and stick-to-it-iveness, can build up a good practice. Spread out, gentlemen. Breathe the free air of less densely populated territory.

### **Has It a Name?**

Dr. W. T. Laird read a paper before the Maine homœopathists, in which he describes a peculiar disease of the hand, which commences with slight pain and stiffness of the fingers; within twenty-four hours the hand begins to swell, and by the end of the third day is double its original size, with the fingers stiffly extended and widely separated. This swelling, which is at first hard, but soon becomes œdematous, may also involve the forearm and even extend to the shoulder. The affected parts are hot, very sore, and extremely sensitive to the slightest touch. The pain is a dull ache. The skin, although shining from tension, never shows any inflammatory redness, but either retains its natural color, or more commonly is even whiter than normal. A small, superficial abscess forms at the point of injury, discharges its contents, and heals in a few days. The constitutional disturbance is slight, consisting only of headache, moderate fever, and a feeling of general malaise, and these subside with the termination of the suppurative process. The relief of the symptoms is not, however, followed by a corresponding improvement of the local trouble. On the contrary, the disease now passes into a chronic stage, which, if not arrested by proper treatment, may continue for weeks and even months, without any perceptible change. Give internally the 30th or 200th potency of Hamamelis, and keep the limb constantly wet with a lotion composed of one tablespoonful of the tincture to a quart of water, and you will obtain results surprising to yourselves and exceedingly gratifying to your patients. In this manner I have effected prompt and permanent cures in sixteen cases, including one in which the disease had continued six months and amputation of the hand had been advised by the former attendants as the last resort.

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ONLY fifty cents for the CALL one year.

For the Medical Call.

### Medico-Legal Notes.

BY J. Q. BROWN, ESQ.

The object of a statute requiring the sale of poisons to be by a qualified person is not to insure the purity of the drugs, but to protect the public from their being dispensed by persons unaware of the risk and of minor responsibility. Therefore, a person who occasionally sells or gives away dangerous drugs is even more peculiarly within the aim of such a regulation than the ordinary retail dealer. (From an English case.)

A was largely indebted to B, a physician, for medical services, but the entire bill was of such long standing as to be barred by the statute of limitations. A said to B, "I can't pay you now, but I will pay you soon, or next winter. I need what money I have now for building, and it will do you more good to get it in a lump." It was held that this was not a new promise of payment sufficient to enable B to rest a suit upon, and that the new promise proved must be a definite promise. (*Farson vs. Bowden*, North Carolina Supreme Court.)

In a suit by one physician against another for breach of contract not to practice medicine within a given territory, other physicians were not allowed to testify as experts, to prove the amount of damage resulting from the defendant resuming practice. It was said that if the witnesses did not have actual knowledge of the facts, an opinion was a mere guess. (It is difficult to see how any one could know as a fact, how much money the plaintiff would have realized from his practice had the defendant remained in retirement.)

When, after an action was commenced in the Circuit Court against B, a physician, for malpractice, B begins a suit before a justice of the peace against R.,

(the plaintiff in the malpractice suit,) for medical services, in which latter suit R. interposed a general denial of the value of the services, but afterward failed to appear and judgment by default was rendered in favor of B. The Circuit Court case going to the Supreme Court, that tribunal decides that the judgment by the justice of the peace was no defense to the action for malpractice. (Minnesota Supreme Court.)

(It is held by many courts, among them those of New York, that a judgment in favor of a physician for professional services, rendered by a justice of the peace, is a bar to a subsequent action against the physician for malpractice in rendering the services.)

P. was slightly bitten by M.'s dog. The bite was a mere grip, causing no tearing of the skin, or loss of blood. P., having an unfounded fear of hydrophobia, consulted B., a "cancer doctor." B. applied a powerful caustic, causing a malignant sore, excruciating pain for nine weeks, and permanent disfigurement. It is held that even although M. was in error in keeping the dog, he can not be held responsible for the consequences of B.'s treatment. (*Patridge vs. Moss*, 1st District Illinois Appellate Court.)

A physician who falls within the provisions of the Act of 1877 regulating the practice, if he persists in practicing without complying with the provisions of that act, cannot recover fees as a physician. (*Honey vs. City*, etc.; *Ibid*.)

The above excerpts from recent opinions may interest some, although few, if any of them, are strictly within the bounds of medical jurisprudence. Perhaps it should be said that in the last case cited, as in the one preceding it, the reference to the physician was incidental to the main issue. Mary L. Honey had sued the city of Chicago for personal injuries received on account of a defective sidewalk. She had been attended by a "Dr." Hayes, who had been practicing

seven years and had not complied with the pre-requisites of the law. He testified that his bill amounted to \$131, none of which had been paid. It is held that inasmuch as Miss Honey is not legally bound to pay this bill, the jury had no right to consider it in estimating the damages.

For the Medical Call.

### Fracture of Radius by Muscular Effort.

BY J. CRESSWELL LEWIS, M. D., PHILADELPHIA, PA.

One night last winter a large powerful man came into our office, holding his arm very carefully, almost tenderly. He complained greatly of pain in it and said he could not use it. On examination we found he had an oblique fracture of the radius near the middle. The fracture was produced by muscular effort in loading ice. He had received no injury by falling or being struck, but felt the pain directly after throwing a heavy piece of ice on the cart he was loading. Fracture purely from muscular action is rare, and when it occurs in the superior extremity it generally is found in the humerus. Fracture of the radius near the center may occur from direct violence, more frequently from a fall forward. It very seldom is seen as the result of muscular action, hence this brief notice of this case. In such a case the muscles concerned would be, it would seem to us, the biceps, which would draw the upper fragment upwards; the pronator radii teres, which would draw it inwards; the pronator quadratus, which would draw the lower fragment downward and inward; the supinator longus, which, by elevating the styloid process, would depress the upper end of the lower fragment.

PHYSICIANS are especially invited to read our advertisements.

For the Medical Call.

### The Short Cut for the Hysteria Paroxysm.

BY A. F. RANDALL, M. D., LEXINGTON, MICH.

Probably every young doctor has been puzzled to know what to do for the hysterical paroxysm, especially in those cases that are unremunerative. To be called out at midnight for a ride of ten or twelve miles to see a woman "in terrible fits" is peculiarly exasperating, particularly when often repeated. To those whose patients are all of the C. O. D. variety my suggestions may be worthless, as, if said patients desire to play the fool and are willing to pay for it, it seems preferable to humor them to using more heroic measures and getting thereby the "grand bounce." A few cases will illustrate the "short cut."

Case 1.—Mrs. F., young, married, had called me several times for hysterical headache, fits, etc., and one day sent for me in great haste. I found her in a terrible fit. Calling aside the terrified lady who lived in a part of the house, I explained the nature of her malady, and taking a pail of water, tested its efficacy by dashing with considerable force a gill or so into her face. She soon yielded to its persistent application and I left, after giving directions for a repetition of the dose in case of relapse. Another fit was drowned out with a half gallon of water administered in one dose by a neighbor. No further relapse, no further calls, no pay.

Case 2.—At midnight went afoot, as a storm had carried away bridges, three miles out and saw a woman, with neighbors seated on each side to prevent her from injuring herself. Attempting to give her a dose of medicine, I found her jaws firmly set. I explained to the friends that it would be necessary to do something, and so commenced to throw water. Her mouth instantly flew open,

and the jerks began to come thick and fast. "You cursed fool!" she hissed, as I was applying the dose quite frequently, but she soon quieted down. She was called a widow, though it was generally supposed that a young man, her "cousin," who lived in the family, was playing the part of husband. I afterwards, when making an examination, expecting to find an abortion in progress, discovered an intra-uterine fibroid. Received payment.

CASE 3.—Worked very hard to support a large family and a great lazy brute of a husband. Was called out at midnight to see her, five miles from town, and found her with a severe pain in right side of her head, left arm and leg paralyzed. I found that my attempt to flex the limbs met with resistance that did not seem to be altogether involuntary. I informed the husband that a shock might restore her, otherwise she might lie there for weeks. To his utter surprise, at each repetition of the dose her afflicted limbs became more and more flexible, and I soon had the pleasure of stating my belief that she was saved. All this with a serene countenance. A second paralysis her husband cured in the same way.

Whether a permanent and really curative effect will follow this treatment I am not prepared to say, but I have never tried it in vain for the time being. Would like to hear the experience of others. Strange to say, Ruddock only, of all the works in my library, mentions the cold douche for the paroxysm of hysteria.

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For the Medical Call.

### **Dr. J. F. Elliott's Case of Diabetes Mellitus.**

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BY J. W. COYNER, M. D., PEORIA, ILL.

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I have just cured a case of years standing, and will give the gentleman the

benefit of my treatment. The presence of sugar in the blood is the great cause of mischief in this disease, and our efforts in treatment must be directed to prevent its formation. Diet is the great factor in its management; medicines are secondary considerations and will accomplish little or nothing unless proper attention is given to food and drink. Therefore, let your first prescription be a "bill of fare" minus all articles of food containing flour, starch or sugar. A bread made of gluten may be substituted for that made of wheaten flour. Allow patient all kinds of meats, fish, eggs and oysters; of vegetables, greens, lettuce, tomatoes, spinach and cabbage may be allowed, and skimmed milk and butter-milk *ad libitum*. The remedies that have served me best in this disease are Uranium Nit., 2d trit., Phos. Acid, 2d dil., and Nux Vom., 3d trit. But my experience has taught me that all medication is worthless unless the above regimen is strictly observed.

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### **Acidity of the Stomach.**

This is a form of indigestion, and is generally accompanied by slight inflammation of the stomach. To effect a cure, take only one, or, at most, two meals a day for a little while, and let these be small and plain. Find out what articles of food cause the most trouble, and avoid them entirely. Avoid all pastry, no matter how plain it is. A very few articles are better than a great variety. The food should be taken slowly, and thoroughly chewed. Nothing should pass into the stomach, except as fluid or milk. After the meal has been digested, sip frequently a small amount of soft cold water, but not too much at a time. Let tea, coffee and stimulants alone. Foment the stomach daily for an hour with hot fomentations. These consist of cloths wrung out of hot water and placed over the stomach, changing them as soon as cold.—*Herald of Health*.

### Diet in Corpulence.

Joseph Harrass gives some interesting hints on his personal experience in treating corpulence, which may be beneficial to others suffering as he did. He was corpulent, had irregular and feeble action of heart, tendency to fainting, difficulty of breathing, and many disagreeable sensations in the head indicative of nervous exhaustion. Height, 5 feet 6 inches; normal weight, 150 pounds; age, fifty-nine; weight at beginning of treatment, 200 pounds. Began treatment October 8th. Treatment as follows:

Breakfast—Vegetables, brown bread (toasted), water, with lemon juice, and occasionally oatmeal.

Dinner—Vegetables, brown bread, water, and plain pudding.

Supper—Brown bread (toasted), and stewed fruit and water.

No tea, coffee, cocoa, or milk, except skimmed, and only a trifle of butter.

Result:

|                |         |          |
|----------------|---------|----------|
| End of October | weighed | 187 lbs. |
| “ November     | “       | 182 “    |
| “ December     | “       | 177 “    |
| “ January      | “       | 174 “    |
| “ February     | “       | 173 “    |
| “ March        | “       | 170 “    |
| “ April        | “       | 168 “    |
| “ May          | “       | 166 “    |
| “ June         | “       | 166 “    |

Present weight, 150 lbs.

All the distressing symptoms have been relieved, and the patient is so well he can again carry on his business. His physical and mental strength have been greatly increased.

Mr. Harrass says he has suffered no serious discomfort from his diet, except when away from home, and he feels as if he had learned an important lesson as to how to reduce his corpulence—which has been such a source of discomfort—and once more enjoy life.—*Herald of Health*.

Read the advertisements in this number.

### Nourish the Children.

Sir William Jenner points out that each pint of cow's milk contains as much solid matter as a full sized mutton chop, little difficulty will be found in understanding whence a degree of intestinal disturbance is likely to arise in infants fed on cow's milk. It becomes apparent then that the object in preparing cow's milk for infants is to add water and sugar and something that will separate the caseous particles from it. A common mistake in the preparation of cow's milk for infants is over-dilution. The necessary dilution will be best obtained by adding to pure fresh cow's milk, one-third hot water, then slightly sweetening with sugar of milk. If this plan fails it is well to let the milk stand, as soon as received, for several hours, when the caseine, from its greater specific gravity, has a tendency to fall, and the cream to rise. The upper portion should then be used. If this give too much butter, the upper layer of cream can be rejected. In a large proportion of children artificially fed, this plan does very well; still any physician will meet cases where milk will not agree. When cow's milk, diluted and sweetened, cannot be tolerated by infants, it should be mixed with some starchy substance. The starchy particles mixed with the caseine tend mechanically to prevent the coagulation of large masses. Barley water and oatmeal water will answer this purpose admirably in a very large proportion of cases; the former when the bowels are inclined to diarrhoea; the latter when there is constipation. Certain conditions may require lamb, veal, or chicken broth in equal proportions with barley water, at least temporarily.—S. R. GEISER, M. D., in *Advance*.

**Hiccough.**—Dr. M. S. Leslie, of Lexington, Ky., says the best remedy in ordinary hiccoughs is about twenty-five grains of common table salt placed in the mouth and swallowed with a sup of water.

### A Few Hints.

Dr. S. J. Parker, in the *Expositor*, reports the following cases:

CASE 1.—A lad called with a puncture in the foot by a nail. I used *Ledum Palustre* tincture to the wound and the 3x internally. Result—no pus or granulation and no tenderness after twelve hours.

CASE 2.—Mr. ———, residing eighteen miles out of town, called on me several weeks ago. He fell on a sharp stub in the woods and punctured his left arm deeply, three inches above the elbow. I used *Ledum*, as above, with the same result.

CASE 3.—This was one of profuse sweating, unrelieved for four days by several articles of the old school. I gave *Jaborandi*, 2x, with perfect relief in twelve hours.

CASE 3—Was one of miliary eruption that for two days gave no rest to the patient. Cured by *Urtica Urens*, 3c, in six hours.

PROF. G. S. WALKER, after many years of arduous labor as Professor of Obstetrics and Gynæcology and Dean of the St. Louis College of Homœopathic Physicians and Surgeons, has retired from active college work, and Prof. W. A. Edmonds has been unanimously elected to the deanship. The faculty, thereupon, passed very complimentary resolutions of sincere regret, which were ordered to be engrossed and presented to the retiring Professor and Dean. The college then honored itself by electing him Emeritus Professor of the same branches which he had taught with such eminent success.—*Clinical Review*.

**Bite of Serpents.**—A Brazilian physician claims that hypodermic injections of the Permanganate of Potash, on the seat of the bite and where there is œdema, will make a quick and permanent cure.

### Usnea Barbata in Headache.

A physician states in *U. S. Medical Investigator*, No. 284, that while cutting wood he cut down a soft maple, whose top was well loaded with moss. He ate a little of this moss, after which his head began to ache, and he soon had to go home. He could feel the blood press to the brain. Next morning he felt well. This experiment led him to gather some of the moss and make a tincture, which he used successfully in many cases of headache. One young lady, who had been subject to headaches for five years, was permanently cured by a single prescription of the remedy. It seems to be indicated when the pain is over the entire head, with a feeling as if the temples would burst or the eyes would start from their sockets.

### Rice.

Rice is a most wholesome and nourishing food, and might very properly be more extensively used. During the last century Tippoo Sahib, an East Indian general, captured some soldiers and kept them for three years in prison, giving them only rice and water for food. They grumbled, of course, at such fare, but still they remained healthy. After three years they were liberated and returned to Calcutta, and to their surprise found their brother officers, who had been fed on the fat of the land, were dead. All of them were promoted to the vacancies caused by "good living." Boiled rice, with milk, a little sugar, and plenty of fruit, will nourish any one perfectly.—*Herald of Health*.

**Pruritis Ani.**—The following is an excellent remedy for the above disease:

R.—Flour of Sulphur.....1 drachm.  
Petroleum Mass.....1 ounce.

M. Make an ointment and apply at night. In dandruff and itchiness of the parts of the body covered with hair it acts almost specifically.—M. MILTON, M. D., in *Medical Brief*.

## The Medical Call.

A Quarterly Journal, devoted to the wants of the Busy Doctor.

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EDITORS:

W. D. FOSTER, M. D. O. H. CRANDALL, M. D.

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### Our Clinical Scheme.

As we desire to continue the clinical department, we present in this issue ASCITES, ASTHMA and APOPLEXY for consideration, and invite all our readers to contribute a few lines on each, giving report of cases, with the remedy or remedies and potency used.

OWING to sickness in his family, Dr. C. H. Vilas will not go to Europe this season.

WHAT causes children (and older persons, sometimes,) to bite the finger nails. And what is the remedy?

DR. R. WILSON CARR, of Sedalia, Mo., was elected May 16th a member of the board of health of that city.

THE *Medical Brief* comes to us in a new dress, and looks much improved. The subscription price has been increased to \$2.00 a year. It must have had a season of prosperity lately.

MESSRS. BOERICKE & TAFEL announce that, owing to their increasing business, they have found it necessary to seek more commodious quarters. They can now be found at 234 Wabash Avenue, under the Matteson House.

WE solicit every physician in active practice to write an article which will be interesting to the profession, for publication in the MEDICAL CALL. You may

have some improved method of treatment which would be of great benefit to the profession. All improvements in medicine, as well as surgery, should be made known. The CALL is a lively journal, and goes to nearly every homœopathic physician in this country. Do not wait for us to write you a personal letter, but write at once. Address all communications to the MEDICAL CALL.

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SPRINGFIELD, O.

Dear Call:—In my answer to Dr. Wm. M. Barden in the April CALL, I recommended *Natrum Cholenicum*, not *Natr. Chlor.* as it was printed; also *Semen Carduus*, not *Carduus*.

Fraternally,

DR. MILLER.

NOTE.—We are always sorry that any mistake should occur to interfere in the least with the full meaning of any article written by our subscribers. To prevent this in the future write *plainly*, more especially *proper* names and names of *new medicines*.—[EDS.]

THE Middletown, New York, Asylum for the Insane was opened for the admission of patients in June, 1874. It is therefore in the eighth year of its existence and active usefulness. There have been treated at this asylum about 1,100 patients; nearly 900 of these have been discharged, and the remainder—some-what over two hundred—are now under treatment. Of those discharged, over *forty-five per cent.* were fully restored to mental health. The death rate at this asylum has varied from *seven to four per cent.* During the past four years the death rate has averaged a little more than *four and one-half per cent.*

PROF. J. W. DOWLING, after a service of twelve years as Registrar and Dean of the New York Homœopathic College, has retired from the Deanship on account of the arduous duties connected with his private practice. The Faculty and Trustees, on accepting his resignation, passed

very complimentary resolutions, which were ordered to be engrossed and presented to the retiring Dean, as a token of their continued friendship and appreciation of his many years of labor in behalf of the college. Prof. Dowling was elected President of the Faculty and retains his chair of Professor of Physical Diagnosis and Diseases of the Heart and Lungs. Prof. Allen was unanimously elected Dean.

**Anasarca.**—Dr. J. S. Dabney (*N. O. Medical Journal*), claims that Apocynum Cannabinum is one of the best diuretics and hydropogue cathartics that can be used in the disease, as it causes not only marked diminution of the anasarca, but also decrease of the albumen and casts. He claims for it certain advantages: 1—A small quantity only is necessary to produce diuresis, emesis or catharsis. 2—It has an agreeable aromatic taste. 3—It has tonic properties. 4—It is harmless, free emesis resulting on an overdose. While many of these claims seem rather strained, still there appears to be but little doubt that the remedy is of much value in ascites, anasarca, and allied conditions.

It is amusing to learn that Dr. Dabney has recently found Apocynum Can. a valuable remedy in acites and anasarca. We have been using it for the past twenty-five years to our certain knowledge. In dropsy we use it in infusion—one ounce of the root may be boiled in a pint of water, of which half a wineglass, or even less, may be given three times a day. While we are writing this note a letter from one of our correspondents lies before us, in which he reports sixty cases cured with the hemp in the last six years. How is this, neighbor, for the newly discovered remedy for dropsy? There are, in our opinion, more than fifteen thousand eclectics and homeopathic physicians in the United States to-day familiar with and using this remedy for dropsy, as well as for other ailments.

OUR terms for the MEDICAL CALL are cash in advance.

### Personals.

Dr. H. W. Westover has fully recovered from his severe illness, and paid us a pleasant call. He has been rusticated in Independence.

Dr. W. H. Jenney is summering in Norwalk, Ohio—enjoying fishing.

The Kansas City end of the CALL was favored by a visit from that best of genial fellows, Dr. Charles Vastine, of St. Louis—on a brief vacation from business.

Dr. G. M. Dixon, late of California, has located at 918 Main street, Kansas City.

Dr. Edmund Beckwith, of Ohio, has been on an extensive tour through the southwest, looking for a more genial climate. Reports little attractions for homeopathic physicians in New Mexico.

Dr. J. E. STRONG has removed from Clinton to Hillsdale, Mich.

Dr. MARY W. PARLIN has removed from Bay City to Midland, Mich.

**Baptisia.**—Dr. D. Dyce Brown, of London, England, claims that Baptisia can and does cut short certain cases of true typhoid; while, in other cases, for what reason one is ignorant, it only goes the length of mitigating the symptoms, and so rendering the whole illness milder than would otherwise occur.

**Night Sweats.**—We wish to communicate to the profession the fact that we have a specific for night sweats. A bucket full of cold water placed under the bed of the patient, will, in all cases, arrest the difficulty. One application usually removes the trouble, never more than two are necessary. As this treatment may be considered too absurd to instigate any discussion among our brethren, we hope that some of them will quietly test the remedy and give us the *modus operandi* of the cure.—DRS. BEALS & MEANS, in the Investigator.

### Medical Meeting.

The Western Academy of Homœopathy met in eighth annual convention at the Coates House, Kansas City, Mo., Tuesday afternoon, June 20, for a three day's session. Delegates and visitors from nearly all the Western States were present, and many more were expected. They were joined by the local representatives of the homœopathic school of medicine, and everything passed off in a very pleasant and highly satisfactory manner.

At 3 o'clock P. M. the convention was called to order by President E. M. McAffee, of Clinton, Iowa.

Dr. William D. Foster, of Kansas City, then stepped forward and delivered, on behalf of the Kansas City physicians, the following

#### ADDRESS OF WELCOME.

*Mr. President and Gentlemen of the Convention:*

On behalf of the homœopathic physicians of Kansas City I bid you a most cordial and hearty welcome. This is the first occasion on which any such distinguished body of practitioners of our school has honored this town by choosing it as the place for their deliberations. We sincerely trust that your sojourn may be both pleasant and profitable; that the questions which will engage your attention may receive that fair and dispassionate treatment which their importance merit—a course alike creditable to the participants and an honor to the cause we represent.

In chronological order, this town is the fourth in Missouri wherein homœopathy gained a foothold. Our accomplished frater, Dr. Joshua Thorne—who is unavoidably absent—came here in 1859. Instead of the flourishing city of 100,000 people and the massive structures you now behold spread over a vast extent of hill and valley, this pioneer of *similia* found a frontier town in the wilderness. This man, then young and fresh from college, combining first class acquire-

ments with pluck, energy and perseverance, wrung success out of the most adverse surroundings, and is now happily in the enjoyment of a lucrative and appreciative patronage. Long may he live to enjoy the benefits of what he has wrought.

Dr. Thorne's efforts were—six years later—supplemented by the arrival of Dr. John Field, who built up a large practice, won a well deserved reputation; he still remains in our midst and is a millionaire.

In 1868 came Dr. Peter Baker and Dr. Charles Baker. The former is amongst us still; has acquired a fine practice, in which he is actively engaged. He is held in high esteem by the fraternity as well as by a wide circle of appreciative patrons. Dr. Charles Baker removed to Philadelphia some years ago, where he is successfully fighting the foe.

In 1870 came Dr. W. H. Jenney, who, during a period of twelve years, brought the homœopathic practice to the front and won for himself a wide, enviable and honorable reputation. Dr. Jenney is now, temporarily, out of practice, recuperating his depleted energies and resting upon his laurels. He is in Ohio, digging in the ground.

Closely following came Dr. J. C. Cummings, now of St. Louis, and Dr. McCallister, whose present habitation I have been unable to learn.

Since the year 1873 the number of arrivals and departures is not chronicled. Be it said, however, it is legion. At the present time we have altogether about thirty practitioners—all earnestly striving to spread the great truths of Hahnemann.

Finally, the cause of *similia* is flourishing; the physicians are harmonious, and we confidently look to the time, in the early future, when we shall have a hospital fully equipped and in successful operation.

Most earnestly trusting that your ses-

sions may result in great and lasting good to the cause so near all our hearts, strengthen the equipments for alleviating the ills of humanity, and that your deliberations may be harmonious. Gentlemen, I thank you for your courteous attention.

At the conclusion of Dr. Foster's address, Dr. A. S. Everett, of Denver, Col., First Vice President, replied on behalf of the visitors, as follows:

DR. EVERETT'S RESPONSE.

*Dr. Foster:*

To you, sir, as the representative of the homœopathic physicians of Kansas City, it gives me great pleasure on behalf of the Western Academy of Homœopathy, to thank you for this very cordial and generous welcome, which we have already privately, but which we do now publicly receive at your hands. We have long known of Kansas City as a great commercial center—a mighty metropolis—sending its wares and products out all along this great river and valley, and across the broad and desolate plains to the great Rocky Mountain range. But to-day we learn that it is a city of hearts as well as hands; that it is a city of noble, generous and humane impulses; that the homœopathic physicians of this city appreciate the work which this academy is trying to do in molding and shaping the homœopathic trough of the Mississippi Valley. With you, sir, I do entertain the hope that this meeting of the academy may make its influence felt in this community. That it may leave its foot prints upon characters as strong and firm as the rocks which underlie your city upon which it is built. I hope this impress will be so deep that neither wide respect nor time will efface them.

But, sir, I cannot find words with which to express our appreciation of the generous welcome which you have given us. Words are, however, sometimes very light things, and this is nowhere so true as when they express the social side of

human life.

The poet has said concerning words:  
 "Words are lighter than the cloud foam,  
 Of an ocean's restless spray,  
 Vainer than the trembling snow,  
 Which the next hour stills away."

By summer rain drop  
 Is the air so deeply stirred,  
 And the rose leaf that we tread on,  
 Will outlive a word."

But I relegate this whole matter of appreciation of your welcome to every member of this association, who can better and more fully show their appreciation by the shake of the hand and the touch of the elbow, in their social positions with your physicians, which this occasion affords, than by any words of mine.

Dr. H. W. Roby was then made secretary in the absence of the regular secretary, Dr. C. H. Goodman.

The chair then appointed the following gentlemen as an auditing committee: Drs. N. A. Penoyer, L. Pratt and P. G. Valentine.

Drs. G. A. Hall, T. D. Abell and H. M. Bascom were appointed a committee on credentials.

It was moved and carried that a stenographer be employed to keep a record of the deliberations of the convention for publication in pamphlet or book form.

The chair appointed as a board of censors, Drs. R. F. Baker, N. B. Delamater, Mrs. H. Harris, L. Pratt and P. G. Valentine.

Dr. R. F. Baker was made temporary treasurer in the absence of the regular treasurer, Dr. Foote.

A recess of thirty minutes was then taken.

The committee on credentials, on re-assembling, reported the following delegates from colleges, societies, etc., outside of Kansas City, as entitled to participate in the deliberations of the convention:

W. D. Foster, M. D., Kansas City, Mo.

G. A. Hall, M. D., Chicago, Ill., delegate Hahnemann College and Hospital, and Hahnemann Hospital Clinical Society.

A. S. Everett, M. D., Denver, Col., delegate Denver Homœopathic Medical Society.

N. A. Pennoyer, M. D., Kenosha, Wis., delegate Neosho Water Cure.

H. F. Klemp, M. D., Topeka, Kan.

P. G. Valentine, M. D., St. Louis, Mo., delegate St. Louis College Homœopathic Physicians and Surgeons, and St. Louis City Society of Physicians and Surgeons.

H. W. Miller, M. D., Kansas City, Mo.

W. A. Phillips, M. D., Cleveland, Ohio, delegate Homœopathic Hospital College, Cleveland, O., and Homœopathic State Medical Society of Ohio.

W. C. Glidden, M. D., Beloit, Kas.

P. Baker, M. D., Kansas City, Mo.

J. P. Willard, M. D., Jacksonville, Ill.

D. T. Abell, Sedalia, Mo.

J. M. Crawford, M. D., delegate from the Pulte Medical College, Cincinnati, O.

L. Pratt, M. D., Chicago, Ill.

M. D. Delamater, M. D., delegate from State Homœopathic Medical Society, Wisconsin, also delegate from Chicago Homœopathic Medical College, Chicago, Ill.

E. M. McAfee, M. D., delegate-at-large—or a large delegate—Clinton, Iowa.

Sarah J. Harris, M. D., Galena, Ill.

R. F. Baker, M. D., delegate from Rock Island County Homœopathic Medical Society, Davenport, Iowa.

H. W. Roby, M. D., delegate from Kansas State Homœopathic Medical Society, Topeka, Kas.

H. M. Bascom, M. D., Ottawa, Ill.

This list only embraces a few of those who were present from other cities, and does not include visitors and physicians from this city present.

The secretary reported that the proceedings of the society for the past two years are nearly ready to be issued in book form. The publishing committee also reported to the same effect.

The following committee was appointed to report upon the proposition to make certain amendments to the constitution and by-laws: Drs. G. A. Hall, P. G. Valentine and H. W. Roby.

The board of censors reported the following names for membership: Drs. G. T. Shears, Chicago; H. F. Klemp, Topeka; William D. Foster, Kansas City; Mrs. S. S. Pearce, Kansas City; J. M. Crawford, Cincinnati; S. H. Anderson, Kansas City; A. W. Blunt, Clinton, Iowa; H. A. Pennoyer, Kenosha, Wis.

A resolution, offered by Dr. Valentine, providing for the appointment of new chairmen for the different bureaus for the ensuing year, after each have reported, was adopted.

An amendment offered by Dr. Hall was also adopted, confining the papers presented by each bureau to the discussion of one topic.

Mrs. Dr. Harris offered a resolution, which was laid on the table. It protested against the long hours that children are compelled to pass in schools and the overtaxing of their memories at the expense of their other faculties, on the ground that such treatment contributed largely to the production of nervous diseases in the community.

The convention then adjourned to meet in Coates' Opera House at 8 o'clock P. M.

At the appointed hour the members and others assembled at the opera house, but owing to the storm the meeting was postponed until Thursday morning at 9 o'clock.

At 9:30 A. M. the delegates re-assembled, and after the transaction of considerable routine business the Bureau of Materia Medica was opened.

Under this head Mrs. Dr. Susan S. Plarn, of Kansas City, read a paper, which was not discussed.

No paper was presented by the chairman of the Bureau of Obstetrics, which had been made a special order for the

day, and none was presented from the Bureau of Gynecology, and both were declared closed.

On motion of Prof. Campbell, of Cincinnati, it was voted to hold the next annual meeting at Milwaukee.

The following gentlemen were then appointed chairmen for the ensuing year of the several bureaus: Obstetrics, Geo. S. Walker, St. Louis; Gynecology, L. Pratt, Wheaton, Ill.; Materia Medica, T. M. Crawford, Cincinnati; Pharmacy, Dr. Gross, Chicago; Sanitary Science, ———

A motion by Dr. Delamater that the chairmen notify the members of their respective bureaus concerning the topic to be treated by them not later than one week before the next meeting, was carried.

The election of officers was then gone into with the following result:

President—Dr. Baker, of Davenport, Iowa.

Vice Presidents—Drs. Crawford, Pratt and Roby.

Secretary—Dr. C. H. Goodman, of St. Louis.

Provisional Secretary—Dr. J. C. Willard, of Jacksonville, Ill.

Treasurer—Dr. G. W. Foote, of Galesburg, Ill.

As chairman of the Committee on the President's Address, Dr. Hall reported as follows:

The committee having discharged their duty, would respectfully report that they find the able address of the President an exception to the general rule. It is tempered throughout with that spirit of liberality and justice which marks the man and physician. Feeling that it will be read with interest and profit by both the laity and the profession, we therefore recommend its publication in the next volume of the transactions of this academy.

[Signed]

C. H. HALL,  
P. G. VALENTINE,  
N. B. DELAMATER.

On motion of Dr. Hall a resolution of thanks was voted to the local physicians, the press and to Col. Coates for courtesies extended to the members of the academy during the convention.

On motion of Dr. Foote the time for holding the next meeting was left to the discretion of the Executive Committee.

On motion of the same gentleman Drs. Vilas, Everett and Foote were appointed as delegates to the meeting of the American Institute at Niagara Falls in June, 1883.

Drs. McAfee, Arndt, Vilas, Abell and Pennoyer were then elected a Board of Censors, and after voting thanks to the officers for the faithful manner in which they had attended to their duties during the past year, the convention adjourned to meet when the Executive Committee shall call the members together.

### American Institute of Homœopathy.

The thirty-ninth annual session of the American Institute of Homœopathy, held in Indianapolis, Ind., commenced proceedings on the morning of Tuesday, June 13, with nearly 250 delegates in attendance. The convention was called to order by Dr. W. L. Breyfogle, a few minutes after ten o'clock. The annual address was delivered by the President, Dr. W. L. Breyfogle, of Louisville, Ky.

Officers elected for next year: Dr. B. W. James, of Philadelphia, Pa., President; Dr. O. S. Runnels, of Indianapolis, Ind., Vice President; Dr. E. M. Kellogg, of New York, Treasurer; Dr. J. C. Burgher, of Pittsburgh, Pa., Secretary, and Dr. T. M. Strong, of Pittsburgh, Pa., Corresponding Secretary. Board of Censors: Dr. F. B. McManus, of Baltimore, chairman; Dr. R. B. Rush, of Salem, Ohio; Dr. D. S. Smith, of Chicago, Ill.; Dr. T. H. Orme, of Atlanta, Ga.; Dr. Millie Chapman, of Pittsburgh, Pa. Dr. O. S. Runnels, of Indianapolis, was appointed chairman of the Bureau of Gynecology for the next year.

Dr. J. A. Campbell, of St. Louis, Mo., was made chairman of the Bureau of Ophthalmology and Otology. Dr. Guernsey, of New York, was appointed chairman of the Committee on Medical Education; and Dr. Taylor, of Terre Haute, was made chairman of the Bureau of Materia Medica and Provings.

The next meeting of the Institute will be held at Niagara Falls.

KANSAS State Medical Society held its fourteenth annual meeting at Wyandotte, May 3d, and had a fair attendance. The citizens gave them a reception, and an address was given by the President, Dr. Henry W. Roby, of Iopeka.

Officers elect for next year: President, H. W. Gilley; Vice President, A. P. Forster; Recording Secretary, C. H. Hallowell; Corresponding Secretary, S. A. Newhall; Treasurer, G. H. T. Johnson; Board of Censors, J. J. Edic, F. Klemp, P. Diedrich; Committee on Necrology, G. H. T. Johnson, H. W. Gilley, J. J. Edic.

The next meeting will be held at Emporia, Kansas, on the first Wednesday in May, in 1883.

The following preamble and resolution were adopted by a unanimous vote:

**WHEREAS**, After serving for five years as Secretary of the Homœopathic Medical Society of the State of Kansas, Dr. J. H. Moseley has resolved to remove from our midst, the members of the said society hereby

**Resolve**, That our thanks are due to Dr. Moseley for the faithful and able manner in which he has discharged the duties of his office; and while we part with him with sincere regret we would commend him to the confidence and esteem of the community to which he intends transferring his field of practice.

At the last meeting of the American O. and O. Society, at Indianapolis, Ind., the following officers were chosen:

Dr. C. H. Vilas, Chicago, President;

Dr. W. H. Winslow, Pittsburgh, Vice President; Dr. F. Park Lewis, Buffalo, Secretary and Treasurer; Dr. T. P. Wilson, Ann Arbor, Mich., Dr. M. O. Terry, Utica, N. Y., and Dr. J. A. Campbell, St. Louis, Board of Censors.

### BOOK DEPARTMENT.

**A PLEA FOR A STANDARD LIMIT OF ATTENUATED DOSES.** By C. Wesselhoft, M. D., Boston, Mass.

The attempts to prove the inertness, the non-medicinal power of attenuated drugs upon the human organism, have been frequent and varied. All the arguments of sophistry have been leveled at the doctrine of dynamization. The ablest genius of the common school has labored to this end, in vain, for above half a century. The efforts of rhetoricians have been unflagging in the endeavor to convince the popular mind that the small dose is "nil;" they have argued, denounced, ridiculed.

Notwithstanding all this the potentized drug still continues to cure the sick, to the eminent satisfaction of those careful physicians who apply it according to the law, as well as to the unnumbered thousands of beneficiaries of the homœopathic practice.

But, in the plea we are confronted by an argument from an entirely different and unexpected quarter. This plea is made by a ripe scholar, a cultured gentleman, and an accomplished homœopathic physician. His effort, based upon revelations of molecular science, goes far towards a mathematical demonstration of the proposition that the drug reaches its limit at the 11th centesimal dilution; that above and beyond that point *no drug molecule can possibly exist*. The logic by which this conclusion is reached is apparently convincing, certainly a survey of the whole field is made in the spirit of fairness and candor; but to admit the final conclusion does violence to the whole "similia" structure. Merely

because the chemist, the microscopist, and all the aids of physics, fail to detect drug molecules in dilutions above the eleventh centesimal, does not prove to the average mind that such molecules may not exist, nor that cures are not made by potencies far above and beyond that degree.

The readers of the *MEDICAL CALL* are advised to procure this monograph and study it carefully. In it we get a good idea of the tendency of the thought of (part) of the scientific world of to-day. We do not feel called upon to advise our readers to accept or reject—but to read, ponder and inwardly digest.

**A TREATISE ON DISEASES OF THE EYE, FOR THE USE OF STUDENTS AND GENERAL PRACTITIONERS.** By Henry C. Angell, M. D. Boericke & Tafel, New York and Philadelphia. \$3.00.

This book contains four hundred pages of the best information obtainable on the subject. It is completely illustrated. The main purpose of the work is to make the nature and diagnosis of ophthalmic affections comprehensible to the non-specialist, and at the same time teach how to avoid the bad, and how to avail of the good, in the topical, mechanical and surgical treatment of the various defects and diseases of the eye. The treatise is now in its sixth edition, a fact which demonstrates its popularity and proves it to be accepted as authority. Dr. Angell's eminent ability in the profession, and his connection with the Massachusetts Homœopathic Hospital and the Boston Homœopathic Medical Dispensary, have qualified him especially to treat this subject in a manner to claim the attention and interest of students everywhere.

**AN INDEX OF COMPARATIVE THERAPEUTICS.** By Samuel O. L. Potter, A. M., M. D. Gross & Delbridge, Chicago, Ill.

Dr. Potter has done a service to the medical profession in editing an index of comparative therapeutics, with tables of differential diagnosis, a pronouncing

dose-list in the genitive case, and a list of medicines used in homœopathic practice, together with memoranda concerning clinical thermometry, incompatibility of medicines, ethics, obstetrics, poisons, anæsthetics, fees, asphyxia, urinary examinations, etc. Dr. Potter will be favorably remembered as the author of "The Logical Basis of the High Potency Question," and many other essays in defense of the Milwaukee Test. He devotes considerable space to homœopathic pharmacology and nomenclature. The work as a whole is an invaluable handbook. The price of this work is \$2.

**THE AMERICAN HOMŒOPATHIC PHARMACOPEIA.** Compiled and published by Boericke & Tafel, New York and Philadelphia. Price \$3.50.

The publishers have done a great service to physicians by compiling and publishing a handsomely bound book of over five hundred pages on homœopathic pharmacy. It treats at length of the preparation of drugs, the various classes being fully explained. The instructions in relation to the materials of pharmacy are very minute, indicating the care which has been taken by the publishers to make the book complete and accurate. The work is a very elaborate one, and without doubt takes rank with the most valuable publications in behalf of homœopathic pharmacy ever issued. Whether in the matter of remedies in the abstract, or in the details of measure and weight employed in preparation, the book is admirable; and it contains so much that is actually new to general practice that every physician who follows its guidance will make immediate advancement. We commend the book without qualification.

#### THE HEART.

A neat little volume entitled "The Heart, and How to Take Care of It," of which Dr. Edwin M. Hale is the author, is issued from the press of the A. L. Chatterton Publishing Company, of New York. Dr. Hale's lectures on diseases of

the heart are familiar to many physicians. In considering the present theme he demonstrates at length the importance of the heart in the economy of the human organism, and produces a popular treatise inspired by the belief that the public should know more about the heart's functions and the means of modifying the dangers to which it is exposed. Such a handy book will assist materially in proper study of the anatomy, physiology, pathology, hygiene and curative agencies connected with the heart, and will therefore prove a very acceptable addition to the medical literature of the year. Price \$1.

**ELECTRICITY: ITS NATURE AND FORMS.**  
By Dr. C. W. Boyce. W. A. Chatterton, Chicago, Ill., publisher. Price \$1.00.

This little work presents a thorough study of electro-therapeutics, a subject which is attracting the attention of physicians and surgeons at the present time. While it is only a few years since electricity was honorably enrolled among the list of therapeutic agents, it has now become so potent a weapon in combating various forms of disease that information relative to its use and application is constantly sought for by members of the profession. Such rapid progress is being made in this branch of medical science, and the inventions and developments have accumulated so fast that the most recent publications on the subject are required by physicians and surgeons who would keep pace with the improvement and advancement of the day.

#### MARRIAGE AND PARENTAGE.

M. L. Holbrook & Co., of New York, have published a book bearing the title "Marriage and Parentage, and the Sanitary and Physiological Laws for the Production of Children of Finer Health and Greater Ability." It is by a physician who has made marriage and parentage a special study, and who hopes for the time to come when men and women will consult a wise sanitarian before entering

into the marriage relation. The book is carefully prepared, and to all who feel concern about sanitary marriage and sanitary parentage it will be doubly interesting and instructive. The subject is one having the most direct bearing upon the progress, health and happiness of the human family, and it is ably discussed in this volume. Price, \$1.

#### POEMS.

"Scratches of a Surgeon" is the title of a choice little volume of poems of which William Tod Helmuth, M. D., of New York, is the author. The poems have all appeared in print, but this is the first time they have been collected together; and in the collection we can appreciate the gems which sparkle here and there throughout the volume, particularly in the references to the professional life to which Dr. Helmuth is devoted. The book is published by W. A. Chatterton & Co., of Chicago. Price \$1.

**NEW LABEL HOLDER.** Published by Geo. W. Smith, Manufacturing Pharmacist, Cincinnati, Ohio. Price \$1.25.

A handy book of 5,250 labels already cut and gummed for *instant use*. One or more labels can be taken out without mutilating the book in the least. Clipping out labels with the scissors, and dropping them two or three times before they stick is "played out." No more unintelligible hieroglyphics on the corks. Buy Smith's label holder. Do you see?

#### Received.

Lacerations of the Perineum, Abortions and its Lessons. By O. E. Herrick, M. D., Grand Rapids, Mich. Reprints.

The Death Rate of Memphis. By Col. George E. Waring, Jr., Newport, R. I. Reprinted from the American Architect of March 25, 1882.

Hoyne's Directory of Homœopathic Physicians in the States of Illinois, Indiana, Missouri, Kansas and Wisconsin. Circulation 5,000. 1882.

A Directory of Homœopathic Physicians for the State of Pennsylvania. By L. J. Knerr, M. D.

Two addresses by Dr. Selden H. Talcott, and a poem by Prof. William Tod Helmuth. New York State Homœopathic Medical Society, publishers.

### Removals.

Dr. H. Burrows has removed from El Paso to Oberlin, Ohio.

Dr. J. H. Whitehead has removed from Portage to Bowling Green, Ohio.

Dr. W. H. Smith has removed from Wilmington to Morris, Grundy County, Ill.

Dr. J. Cresswell Lewis, removed from 4550 Main Street, to No. 17 Sellers Street, (third house from Main Street,) Frankford, Philadelphia, Pa.

Dr. W. S. Gee, ex-resident surgeon to Hahnemann Hospital of Chicago, has located at Hyde Park, corner of Fifty-third street and Jefferson avenue.

### Physicians' Insurance Association.

The attention of our readers is called to the valuable features embodied in the plan of the Physicians' Insurance Association, chief among which is economy of management and absolute safety of the funds, which are deposited in the bank by the members. We hold a policy in the Association, and would advise our friends to investigate. Address the Secretary, W. G. Farrar, 24-182 Dearborn Street, Chicago, Ill.

**For Sale.**—A practice in Burlington county, N. J., on a line of railroad, near a town of one thousand inhabitants. Practice pays fifteen hundred dollars a year cash. Fine house and barns, with twenty-seven acres of land. Without property, \$800; with property, \$6,200. Address, MEDICAL CALL, Quincy, Ill.

### For Sale Cheap.

A good practice in a rapidly growing city in Eastern Kansas of 4,000 inhabitants, on three good lines of railroad. Good schools, good churches and good society, all in the best county in the State. Homœopathy has been successfully introduced here for twelve years, the last six of which have been by myself. Am the only homœopath in the place. This includes my office furniture, secretary, medicine chest and book case, together with my medicines, carpets, tables and chairs; my entire bathing outfit, consisting of furnace, tanks and bath tubs (long and sitz,) and my electrothermal bath, with all of the appurtenances thereto. In addition to my private practice I can turn over to my successor the official position of County Physician and County Coroner. Will stay thirty to sixty days to introduce successor. Satisfactory reasons given for selling. For particulars address, with stamp, John H. Moseley, M. D., Olathe, Kas.

**For Sale.**—A good paying practice, with real estate, in North Central Ohio, on easy terms. Write to THE MEDICAL CALL.

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We will send the Clinical Review and Medical Call, for.....\$2 00  
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 Herald of Health and Medical Call, 1 25  
 Medical Brief and Medical Call, for 2 00  
 Quincy Weekly Whig and Medical Call, for..... 1 25  
 American Agriculturist and Medical Call, for..... 1 60  
 The Bistoury and Medical Call, for.. 85  
 The Clinique and Medical Call, for 1 30  
 Medical Advance and Medical Call, 2 00  
 Medical Counselor and Medical Call, 2 00  
 Send cash by postal order, registered letter, or by enclosing it in the presence of the postmaster.

# FULTZ'S PATENT POCKET SHOWER BATH.

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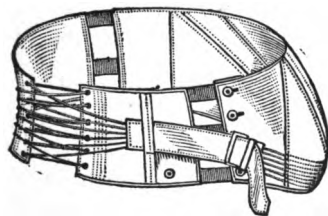
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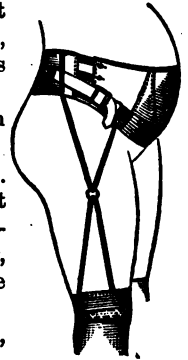


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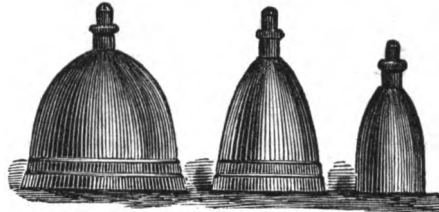
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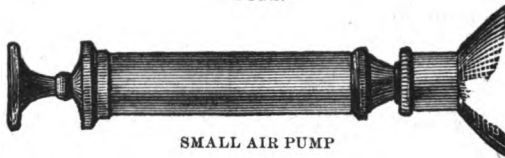
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**SEE PAGE 121.**

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# Medical Call.

Vol. II.

QUINCY, ILLINOIS, OCTOBER, 1882.

No. 4.

Subscriptions, all exchanges, books for review, and communications must be addressed to  
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THE MEDICAL CALL does not endorse or hold itself responsible for the opinions and doctrines of its contributors; but will allow, and expressly invites the fullest expression of opinion from all quarters. The editors will, from time to time, present the newest and freshest facts of practical importance.

For the Medical Call.

## Hypericum Perforatum.

BY J. G. GILCHRIST, M. D., DETROIT, MICH.

On several occasions, within the past ten years, I have had occasion to call attention to the remarkable effects of *Hypericum* in controlling pain after operations. There are certain cases that seem to furnish better results than others, and it seems to me that pain from injuries to bones, or contusion of soft parts is less affected by the remedy than when the injury is a clean cut of the soft parts. It will require associated efforts to reach the exact indications, as one man's practice, no matter how extensive, will not furnish sufficient data. In the past year the remedy has been used after operations of nearly all kinds, and has failed only once. This case was one in which a portion of a rib had been excised, the patient being a notorious hysterical sufferer. A recent case furnished a valuable confirmation. A tumor was removed from the neck of a woman, right side, which was situated very deeply, beneath the scaleni and necessitated much

use of the handle of the scalpel. Owing to various circumstances *Hypericum* was not used. After three hours the pain was intense, and the act of swallowing and moving the head was so painful that every effort was made to keep quiet and motionless. *Hypericum*, 6x, was now given, a few drops in two ounces of water, a teaspoonful given every half hour. The third dose was followed by such an improvement that it "seemed almost miraculous." The next morning pain was entirely gone, and the patient went home. Such a case without the remedy would have suffered intense pain for days.

The effects do not seem to be dependent upon the size of the dose or the dilution. I have had about equally good results whether the tincture or 200th was used. My ordinary practice, however, perhaps somewhat in defiance to popular demand, is to put fifteen or twenty drops of the tincture in about a teacup of water, keeping a cloth wet with the mixture applied to the wound. In minor cases this is suspended in about twenty-four hours, and the remedy given internally, in spoonful doses, about once in two hours, using the sixth dilution. In major cases the external application may be continued for two or three days, or until after the subsidence of the febrile reaction. I would like to have my experience confirmed by others.

Dr. A. P. Williamston, chief of staff, reports 770 patients treated at the Homoeopathic Hospital, W. I., during July, with a death rate of 2.07 per cent.

For the Medical Call.

### Some Interesting Post Mortems— Two Cases of Mitral Ossification and One of Addison's Disease.

BY W. JOHN HARRIS, M. D., ST. LOUIS, MO.

Last June I was called to see the following case, in consultation with Dr. Collisson, of this city. The patient was a man fifty years old, who had lived in Texas for a number of years. He had always been a hard worker, and though a railroad contractor, had generally lived very abstemiously, and never had been addicted to the use of alcoholic liquors. For the past two years has been in the banking business. I found him suffering from terrible dyspnoea he could scarcely breathe. The feet and hands were dropsical and cold as ice. Face bloated and bluish in appearance. Tongue looked raw and sore. Great sensitiveness over the stomach. Expectorates blood and pus, without any cough. Bowels were constipated for some days, followed by diarrhoea for a day or so. Mitral murmur very distinct. Mucous rales over greater portion of right lung.

Dr. Collisson had diagnosed it as a case of mitral insufficiency, with enlargement of liver and ulceration of stomach, which diagnosis I confirmed, adding the above mentioned condition of the lungs.

Of course, with a patient in this condition, all we could hope to do for him was to try and make him more comfortable. He was informed of his dangerous condition, and seemed to fully realize the probability of his early death.

From the careful administration of Veratrum Album, Arsenicum and Carbo. Veg., he obtained some ease, but in spite of constant care he gradually grew weaker, and died on the fourteenth day from the time of our seeing him.

The post mortem was made about ten hours after death, Drs. Collisson and Comstock being present. We found the pericardium contained over ten ounces of fluids, heart very much hypertrophied, especially the ventricles; both ventricles and auricles were filled with black clots of blood. The mitral valve was *completely ossified*.

Both lungs were infiltrated and the left side was one mass of pleural adhesions. The liver was enormously enlarged. The stomach very small and was one mass of ulceration, there being no healthy mucous membrane left.

#### CASE OF ADDISON'S DISEASE.

On May 22d last, August Meisner, age 53, was admitted to the Good Samaritan Hospital. He complained of great weakness, great sensitiveness over the stomach, could not bear the least pressure. Vomits bile, especially in the morning. Bowels constipated.

The skin had a bronzed appearance, especially over the face and abdomen. The general appearance of the body was of emaciation. The urine was very strongly alkaline, and contained over ten per cent. of albumen. His strength gradually failed, he became more and more exhausted, until death relieved his sufferings on July 1st. The post mortem, made soon after death—present Drs. Collisson and Comstock: General appearance of skin bronzed, but particularly so over the face, abdomen and lower portion of back. Body very much emaciated; heart hypertrophied; four ounces of fluid in pericardium; both lungs cedematous; strong adhesions on both sides; stomach very small, with ulceration of mucous membrane—only a small spot of healthy membrane near the pylorus.

Right kidney enlarged and showed evidences of nephritis.

Left kidney small—two inches long, one inch wide and one-fourth inch thick; was of a leathery appearance, with hard, yellow deposits throughout.

Very strong adhesions over both kidneys.

The supra renal capsule on right side very soft and stricture easily broken.

The left presented similar features to the kidney on that side, but contained more yellow deposit.

On June 15th, John Brandt, age 69, was admitted to the Good Samaritan Hospital. Said he had been sick for six months, and that his great trouble was from shortness of breath.

The feet and legs were very much swollen and in a few days after his admission the

scrotum became very much enlarged. The liver seemed to be slightly enlarged.

Heart sounds were very indistinct, but mitral disease was clearly present. Increased area of dullness on percussion, with friction sound at the apex. The case was diagnosed endocarditis, with mitral insufficiency.

The urgent symptoms were somewhat palliated with Arsenicum, Digitalis, Apoc., and doses of Cream Tartar to move bowels; and by puncturing the scrotum to relieve the enormous distention, but the patient gradually sank and died July 18th.

Post mortem, made in the presence of Dr. Comstock, showed: whole body enormously swollen, and the thoracic and abdominal cavities greatly distended. Pericardium contained six ounces of fluid; heart hypertrophied; walls of both ventricles three-fourths of an inch thick; evidences of endocarditis.

Ossification of the mitral valve.

Both lungs infiltrated with tubercular deposit. Left lung somewhat atrophied from pressure of fluid in pleural cavity. Right lung less than half normal size. Adhesions on left side more than on right. Fatty degeneration of the liver.

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For the Medical Call.

### Earth Burial and Cremation.

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BY F. F. CASSEDAY, M. D., KANSAS CITY, MO.

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The September number of the *North American Review* contains a valuable article on the above subject, and it is a topic of so much interest to physicians and students of sanitary science that I will take the liberty of making a synopsis of it for the benefit of the readers of the CALL. In introducing his subject, the writer gives as the causes for the adoption of earth burial the prejudice and superstition of antiquity. Christians considered cremation a pagan custom, and refused to practice it on that account. Another reason contributing to the revival of burial was the belief in the body's resurrection, and that the Christian's body was in some sense redeemed and purified. Again, the innumerable cures said to have been wrought with relics of St.

Stephen serve to explain in a large measure the preference of early Christians for burial, and to illustrate the intellectual capacity of the age.

Burial is a Christian custom, and has endured for centuries, but when we consider its source, and that prejudice, superstition and intolerance have nourished and defended it, and that it is the cause of plagues and epidemics it ought to be consigned to oblivion at once and forever. Modern graveyards, by saturating the ground with foul fluids, which pollute the air and water, are full of disease. They are always liable to imperil the health of the people, on account of the growth of towns and cities.

Brooklyn is to-day a striking example of this, being surrounded by a network of cemeteries, which endanger the health of the city more and more every year. Graveyards are in nearly every instance merely temporary, owing to constant growth and improvement, and in addition to the soil pollution, there is the dissemination of disease germs, caused by the work of exhumation.

Dr. F. J. Le Moyne introduced into this country, and after fifty years of medical practice he is thoroughly convinced that the present method of disposing of the dead entail pain, misery and death upon the living. Inhumation is disgusting and revolting, and no amount of sentiment can conceal the unpleasant truths connected with it. The objections to cremations are largely based upon a misapprehension of the method by which it is carried out. The Sieman's Furnace gives the most rapid and complete results, the incineration of the body being performed by air at a temperature of 2,000° Fah., which rapidly reduces the body to ashes, and consumes all noxious vapors. Sir Henry Thompson reduced a body weighing 227 pounds to five pounds of ashes in fifty-five minutes, at a cost of less than one dollar for fuel. Another argument in favor of cremation is the enormous cost of cemeteries, the reduced value of adjacent property, and the cost of funerals. Then, too, funerals and graveyards are doleful, melancholy and repulsive. Cremation societies have been organized in Italy, France, Germany and the

United States, and in all of these countries men of letters, and members of the learned professions are among its most earnest supporters. Cremation is growing in favor in all parts of the world, and in time it will undoubtedly be the universal method for disposing of the dead.

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For the Medical Call.

### Ascites.

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BY J. CRESSWELL LEWIS, M. D., PHILADELPHIA, PA.

Ascites is an accumulation of serous fluid in the peritoneal cavity. It results from various diseases. Immediately it depends on the modified action of the capillaries, and perhaps lymphatics, of the peritoneum. This might be caused by some morbid process going on in the peritoneum affecting directly its minute vessels, or by some impediment to the return of the blood from them existing either in the course of the portal or systemic veins. Diseases of the heart, kidneys and lungs also produce ascites. The fluid is viscid, transparent, yellow, green or bloody. It is alkaline, containing albumen and fibrine. The amount varies from a few pints to four or five gallons. Fluctuation is a marked symptom of ascites. Dyspnoea, from the impeded action of the diaphragm, is also present in many cases. The stomach and intestines being lighter than the fluid, float on its upper surface; hence the highest portion of the abdomen, according to the patient's position, is resonant, the more dependent parts being dull, with a well marked horizontal line of demarcation. Diarrhoea often occurs, the skin is dry and the urine scanty. When the patient is on the back the liver, being of higher specific gravity than dropsical fluid, falls away from the anterior wall of the abdomen, and a stratum of fluid, with a possible portion of intestine, may give a resonant sound in that locality.

The treatment of ascites is often indicated by the disease causing it. When the accumulation is excessive, we must attack the dropsy itself. Warm baths are useful to promote healthier action in the skin. When the urine is very scanty, evidencing

retarded action of the kidneys, we must give remedies that will act on the urinary secretion. The uriniferous tubules being clogged up with disease products, the kidneys cannot act properly, and it is necessary to give remedies that will cause a good flow of urine, thus washing out the tubules and allowing the organs to perform their function. In such cases we have had good results with Apocynum Cann, in 1x dilution.

### ASCITES.

Purgatives are used by the allopaths, but as a rule they are harmful, for, as we know, there is a tendency to diarrhoea in ascites. Paracentesis must be resorted to in extreme cases. Some authorities aver that remedies act better after tapping than when the belly is distended. This we have not noticed, but shall bear it in mind when we may have occasion to use the trocar and canula. Tapping is generally productive of no bad results, but may produce peritonitis.

The remedies we have found most useful we will mention, many that we have tried proving of little avail.

**APIS. MELL.** Urine scanty and dark; abdominal walls very sore, with the stinging pains peculiar to apis, through the abdomen and back. After scarlet fever and occurring in conjunction with ovarian tumors. 1x, dil.

**APOCYNUM CANN.** Nausea, vomiting, diarrhoea, urine scanty and having a thick deposit. Post scarlatinal dropsy. 1x, dil.

**DIGITALIS PURP.** Dysuria, bloody urine; pulse weak, skin cold and clammy. In cardiac disease. 1x, dil.

**ARSENICUM ALB.** Very weak; marked dyspnoea; tongue dry, great thirst. When cardiac complications are present. 6x, trit.

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For the Medical Call.

### Poisoning from Wild Carrot (*Daucus Carota*.)

---

BY J. C. SHAW, M. D., HOOSICK FALLS, N. Y.

Give Rhus Tox, 3x, ten drops in half a glass of water, two teaspoonfuls every hour for four hours, then every two hours, followed by Sulph., 12x, one powder twice a day. Apply tincture of *Ledum Palustre* with a camel's hair brush every four hours.

For the Medical Call.

**Two Cases of Post-Partum Hemorrhage.**

BY H. W. WESTOVER, M. D., ST. JOSEPH, MO.

The cases about to be reported are intended to illustrate the value of hot water injections in post-partum hemorrhage.

Some writers claim that the use of an anæsthetic favors the occurrence of hemorrhage by causing a relaxation of the uterus. It will be noticed that in neither of these cases was such an agent given, and they are the only cases of hemorrhage that I have seen in over eleven years of practice, during which I have been in the habit of giving chloroform in labor.

November 20th, 1879, I attended Mrs. H., a primiparia, æt. 21, a strong robust woman. The labor progressed favorably, with nothing noteworthy until after the birth of a fine looking boy. It was neither protracted nor precipitate. While waiting for the placenta to be expelled, I kept my hand upon her abdomen, not to produce pressure, but to notice any relaxation of the fundus uteri should it occur.

After about ten minutes contraction was felt; soon the uterus was further contracted, and with the other hand I felt the placenta lying just within the vulva. As it was external to the uterus, I extracted it. While placing it in a vessel and looking to see if it was entire, the patient turned pale and with a gasp straightened herself in bed, and almost seemed dying.

My first thought was that the uterus had relaxed and a sudden gush of blood was prostrating the woman. With one hand on her abdomen I vainly tried to find the uterus to produce pressure. Calling for the hot water and syringe, which I always have at hand, I attempted a vaginal examination, but outside the vulva encountered a large fleshy mass, which proved to be the inverted uterus. With no very great difficulty it was replaced, but it did not contract and blood commenced flowing rapidly. I then cautiously began kneading or grasping the uterus with the right hand, fearing a return of the inversion, and having introduced the nozzle of the syringe with the

left, bade the nurse pump away. Suddenly the uterus deserted the woman's abdomen and reappeared between her thighs. With some difficulty it was replaced and again the red tide was flowing. This time there was no meddling with the fundus, but a steady stream of hot water was kept flowing into the troublesome viscus. The uterus soon responded with good firm contractions. A teaspoonful of fluid extract of Ergot was given, and the patient made a good recovery.

CASE 2. December 23d, 1880, Mrs. S. was taken in her eighth labor. She is an unusually healthy woman; always had rapid easy labors, with no unpleasant features. I was called at 10 P. M.; found the os dilated about one and a half inches; everything seemed normal. With scarcely any pain, but strong expulsive efforts, the child was born at 1 A. M. The secundines followed in a few minutes. The uterus resembled a cocoa nut in the lower abdomen, and the woman felt well. All I did was to ligate the funis and remove the afterbirth from the bed. Seeing no indications for it, no medicine was given. After remaining a full hour, enjoining strict quiet, and ascertaining that the uterus was well contracted, I left. In forty-five minutes I was aroused by her husband, who said his wife was very faint, but as she was not flowing he was in doubt about my needing to see her. Learning that she was yawning, faint and pale, and neither brandy nor camphor, which they had used, caused her to rally, I hastened with him, thinking of concealed hemorrhage. The patient was found almost collapsed, and her abdomen seemed as large as before labor. Calling for hot water, I introduced my hand into the uterus and cleared out an immense mass of blood and clots, introduced the nozzle of the syringe, and injected water as hot as could be borne by the hand. In the meantime had the nurse give a teaspoonful of fluid extract of Ergot. The womb soon contracted firmly, and as soon as the water came away clear, the syringing was stopped. Gave her more brandy and she gradually rallied. With the use of China and a nourishing diet she made a good recovery, and to-day seems none the worse for her mishap.

For the Medical Call.

**Notes from Practice.**

BY CHAS. H. BRACE, M. D., CUMBERLAND, MD.

CASE No. 1. Miss A. P., æt. 24, angina pectoris, of long standing. Symptoms very severe. Gave Arsen. Alb. Cure speedy and complete.

CASE No. 2. Mr. W. H. M., æt. 80, suppressed itch since 1863. Breaks out each spring and fall. Gave Sulph. Acid, and got a very nice cure in three months.

CASE No. 3. Mr. R. S., æt. 32, stricture of urethra of eight years standing. Has been operated upon by three physicians without permanent relief. Gave Clem. Erecta, and made a complete cure.

CASE No. 4. Miss L. H., cystitis, with complete retention of urine, which, when drawn off, had strong ammoniacal odor. Gave Pareira Brava, which relieved at once.

CASE No. 5. Mr. J. F., æt. 78, psoriasis inveterata, of forty-five years standing. Had been treated by thirteen allopathic physicians at different periods. Gave Psorinum, which gave relief from start and cured in five months. Has had no return since, (two years.)

CASE No. 6. Mrs. C. R., adherent placenta. Had been treated previous to conception for inflammation of the womb by escharotics. I removed all of the placenta possible, but found that a considerable amount still remained. Gave Arsenicum and Belladonna in alternation every four hours, as a preventive against hemorrhage and blood poisoning. Patient made a nice recovery without any dangerous symptoms; pulse never went above ninety. (In a number of cases somewhat similar to the above, where I anticipated septic troubles, I gave the same remedies as a prophylactic, and have never had any bad results follow.)

CASE No. 7. Miss A. H., æt. 9, eczema covering *whole* surface of the body. Each morning the mother would find at least a pint of scabs scratched off by child during the night. Gave Graph. and finally Rhus Tox, which cured the case and left no marks or scars.

CASE No. 8. Mrs. W. E. W., hay fever, of years duration. Gave Kali Hyd. with im-

mediate relief. (Gave same remedy to Miss H. G., Miss E. R., and Mr. J. H., with same good results in similar cases.)

CASE No. 9. Mr. I. C., æt. 75, bitten in heel by copper snake. Saw patient fourteen hours after bite, and consequently too late to prevent absorption of poison. Leg was very much swollen and spotted. Patient much prostrated, and had spells of vomiting bile, followed by complete insensibility and collapse. The patient's age and intemperate habits and the length of time since the bite made prognosis very doubtful. Gave Arsenicum and Belladonna in alternation and applied Kali Permanganate to the wound. Patient made a nice recovery in eight days.

CASE No. 10. W. H. R., æt. 50, epilepsy. Spasms twice a week. Has had it from childhood. Could give no history of case. Had great excitement of the sexual system. Gave Stannum, which prevented a spasm for three months. I then repeated the same remedy at each successive spasm, which come at longer intervals until a cure was made in about two years.

NOTE.—These cases are all actual ones, and the initials are correct. Any one who may doubt the cures can have the names by writing to C. H. B.

For the Medical Call.

**Gall Stone Colic.**

BY WM. M. BARDEN, M. D., MANSFIELD, PA.

Having asked the advice of the editors of the CALL for relief from the terrible sufferings of gall stone colic, they kindly give my case to the numerous readers of the CALL, to whom I owe much gratitude for their kind and timely hints of remedies for my relief and cure of gall stone colic. To give fully my symptoms and changes of symptoms during the paroxysm of pain would make too lengthy an article for the CALL. Suffice it to say, my first attack was the 19th of February, 1876, lasting about thirteen hours, with intense pain. My second attack on the 28th of June, 1880, coming on at 1:30 P. M., and lasting until 5:30 A. M. on the 29th, at times cramping. Generally after this a regular succession, and re-

turn every four weeks, then fifteen days intervals, then eight days, till the 18th of May, 1881, so severe, I turned to pure Olive Oil and took eight ounces, and from that until the 14th of October following took of pure Tuscan Olive Oil three quarts and one pint, seven and eight ounces at a time, and only when the pain began. Have had no return since the 14th of October, 1881. Remedies were varied to symptoms, but China with the Oil till November; then took Podophyllin alone through November; then took Sulphur alone through December, and have alternated these two remedies. Am doing well, and have four bottles on hand ready for portal congestion.

Aconite and Sepia have helped me and nicely controlled the pulsating of the stomach. I will state that on the 10th of December, 1880, after passing through fifteen hours of indescribable suffering, and also on the 10th and 11th of January, 1881, of nineteen and one-half hours of terrible pain, and that as a faint idea of the suffering, my whole person came out the color of an orange, and remained so for nearly a week. Secretion of urine, dark blood like, and rotten to look at. My whole group of symptoms were fearful and dangerous in their character of changes; at times great coldness with an imperceptible intermitting pulse during the convulsive pain and vomiting. The advice of Dr. Pitchers, of Detroit, to Dr. I. W. Babbitt, *MEDICAL CALL*, April, 1881, No. 2, and W. C. Barker, July, 1881, No. 3. was good in my case, for I proved them to be so. Some hints by I. H. D., July, 1882, No. 3, I will say, as Paul said to the Corinthians, "All flesh is not the same flesh." The difference in constitution and temperament will not allow any one remedy to be the specific cure for all the ills of every sick person. Am I right? I will consult Chelidonium on a return of colic pains again. I will inquire the effect of Gum Resin Sabina on the secretions of the liver, and what causes the formation of gall stones? The expressed opinion is desirable from the readers of the *CALL*.

A Board of Health has been organized at Hot Springs, Ark., with Dr. L. S. Ordway as President.

For the Medical Call.

### Accidental Provings of *Phytolacca Decandra*.

BY W. JOHN HARRIS, M. D., ST. LOUIS, MO.

Several months ago a large quantity of poke root was being ground up in the laboratory of one of the wholesale drug houses in the city, and so active was the drug that nearly all those engaged in the drug grinding room, and also in the adjoining rooms, were affected more or less with its poisonous action.

One lady, the forewoman, was under treatment for cough and other distressing symptoms for several months after the more acute and characteristic symptoms had passed away.

I had several of those who had suffered the most severely write down their symptoms, and a great similarity can be seen in each case.

ANNIE GUSKIN. Sneezing, rawness of throat, constant coughing, unable to take a long breath on account of sharp pain through the upper part of chest, feeling of suffocation, chilly, then feverish and thirsty, exceedingly weak, very sleepless night, was confined to bed for one day, no appetite, could eat nothing.

MINNIE McHALE. Suffered from sneezing and coughing, felt as though she had taken a severe cold, soreness of throat and lungs, and also of stomach, pain through to the back from the front of chest, extreme weakness, chilly and feverish, she could not sleep, sick in bed for two days.

M. I. PIKE. Suffered from coughing, sneezing and intense soreness of throat, extending downward, complained of feeling very much prostrated, "the same as one feels between the chills and fever of ague," could not sleep, was sick for two days.

Each of the above were very white in the face during the time they were sick, and all had cold hands and feet. When the pain in the back came on they could not walk for ten or twenty minutes. They were all exposed to the drug effects from 7:30 A. M. to 4:30 P. M. of one day—during the process of grinding.

For the Medical Call.

## Was It Scarlet Fever?

BY C. G. S., M. D.

For some years past, our periodicals have discussed the question of abortive treatment of fevers of various types, and almost every month some of our journals present one or more reports of marvelous cures of typhoid—typhus or scarlet fever—to the no small amusement of some of our allopathic brethren, who take but little stock in such claims, and, as a rule, question the power of any of our so-called prophylactics to abort any of the above named diseases, and I confess I am somewhat incredulous myself; but occasionally a case comes under my observation which is certainly entitled to respectful consideration, and for that purpose I beg leave to present the following:

**CASE.** March 22d, was called to see a little girl three years of age, the father saying she had scarlet fever. The history of the case revealed the fact that she had been as well as usual up to the previous evening, but during the night she appeared to have a very high fever, which lasted until morning; but at the time I saw her (2 P. M.) he thought the fever had in a measure subsided. I found her lying in the lap of the nurse; skin hot and dry; face bright red; eyes partially closed, apparently in a drowsy, stupid sleep, from which she was easily aroused; pulse rapid and full; temperature 103; tongue heavily coated a dirty white, through which the papillæ were raised and red; the vellum rather lighter color than normal, but studded with bright red spots about the size of a small pin head, while the uvula and pillars of the fauces were of a uniform redness but apparently of a somewhat deeper color than normal. A suspicious redness or imperfectly developed rash covered the neck and shoulders, which presented the characteristic feature of the scarlet rash where pressure was made. Now add to this the fact that the mother was lying in the same room with as clearly developed a case of scarlet fever as I have ever seen, the rash being out in full bloom, she being under the care of her family physician (allopathic,) and under the cir-

cumstances, perhaps, I may be pardoned for announcing a case of scarlet fever in the child. Gave Bell., 30, every two hours, and directed all the other members of the family—except the mother, of course—to take a dose of the same once a day. March 23d, 10 A. M., temperature of child 101; no redness of surface; no sign of eruption anywhere; tongue almost clean; throat symptoms absent; had eaten breakfast as usual, was dressed and playing with its doll. A sister, two years older, at this visit presented nearly the same symptoms as had been seen the day previous in the other child, but in a less degree. Temperature was 101, but the child was not ill enough to make any complaint. Continued the same remedy as prescribed the day previous, and next morning found the temperature of both children normal, with entire disappearance of all symptoms. Kept the whole family on Bell., 30, one dose each day, for three weeks, and no symptoms have appeared in any other member of the family, although none have ever had the disease; neither were any of the family prohibited from entering the room where the mother lay at any time during her sickness.

Was it scarlet fever?

For the Medical Call.

## Cholera Infantum.

BY R. G. HARRISON, M. D., AUBRY, KAN.

We have just had a severe endemic of cholera infantum, and for reason of some symptoms and peculiarities in nearly all the cases met with, I give them in a general way to the profession. No age seemed to be exempt from the disease between a few weeks and four years. The attacks were very similar in nearly all the cases treated. At the first the child was only a little indisposed, and inclined to be stupid and dull; next a seemingly harmless diarrhœa came on, with the following symptoms: The discharges were almost white or of a very light color, very offensive and cadaverous smelling. Next came darker colored stools mixed with shreds of blood. About this time, from two to four days from the commencement of the disease, the stomach

became nauseated and vomiting was almost incessant. Tongue dry and shining, lips parched, no appetite or thirst, swelling of the feet and ankles, red spots on a clear white or pale skin, vomiting fluid and at times a little watery mucous, great prostration. The treatment found most successful was Ipecac, Apis Mel. and Carbo. Veg. In almost every case recovery was slow. Success attended our treatment in every instance, but with other practitioners of the county, so far as I could learn, the mortality has been about 25 per cent.

For the Medical Call.

### Dyspepsia.

BY GEO. WM. WILSON, M. D., KANSAS CITY.

One of the most frequent affections for which the physician is consulted is so-called dyspepsia. This ailment has almost as many phases as Proteus; but it may, in its simplest form—as distinct from inflammation, ulceration and other organic changes—be termed a derangement of digestion, which may be due to very many causes; as, improper quantity, quality or preparation of food; the use of “hard” water as a beverage; the abuse of condiments, protracted constipation, and the like. More obvious causes, however, are too rapid eating, which interferes with proper mastication; the inordinate employment of fluids at meal times, and prolonged fasting. Every one knows that food should be wholesome, well masticated and thoroughly mixed with the saliva before being allowed to pass into the stomach. The symptoms of this variety are: Weight in the stomach, usually aggravated after a meal; acidity, with almost immediate gaseous eructations; lightly coated tongue; malaise and hypochondriasis. The prognosis of this character of dyspepsia is always hopeful.

**NERVOUS DYSPEPSIA**—a neurosis of the stomach—is characterized by pain, terminating in vomiting, with exhaustion, and seeming to radiate from the spine; it is more common in women, and of hysterical or emotional origin. If the irritation extend to the œsophagus, we have “globus hystericus;” if to the brain, hemicrania.

**GASTRITIS**, or catarrh of the stomach, is often observed as a chronic ailment, with similar origin and symptoms as catarrh elsewhere. The habitual use of too hot, too cold or acrid ingesta, as well as the inveterate use of tobacco and spirits, conduce to this trouble. There is little doubt that iced drinks in summer, while eating, and hot drinks in cold weather, with the depression consequent upon protracted worry and care, are direct principles of causation. Diagnostically, there are: eructations of gas or ingesta shortly after eating; pressure at the epigastrium; sour taste; hard and light-colored, or loose and fermented evacuations, and broad, white and soft tongue.

The treatment of these varieties is often unsatisfactory, yet a few practical therapeutic suggestions should be in order:

First, *small draughts of hot water* may be taken a few hours after eating. In nervous dyspepsia:

**IGNATIA.** Sense of gnawing, or as if food lodged at the cardiac orifice.

**BELL. OR ATROPIA.** Dull pains reaching to scapula, aggravated by least jar; distension of transverse colon.

**BISMUTHUM.** Irritable stomach; great oppression after eating; vomiting of fluids.

**PHOSPHORUS.** Nervous depression; sinking in hypogastrium; relief from cold food.

**CAUSTICUM.** Eructations as from slaking lime; sour eructations or vomiting; pains moving forward; distension after meals.

**PETROLEUM.** Gastralgia from short fasting; satiety from light eating; sense of cold in abdomen.

#### IN GASTRITIS.

**NUX VOMICA.** Aggravation from solid food; soreness of hypochondria; constipation; after stimulating food or drink; in sedentary subjects.

**HEPAR.** Frequent nausea and eructations; constrictive pain after eating; stitches under left ribs; aching in hypogastric regions; frequent longings.

**SULPHUR.** Coldness, spasm or induration of stomach; faint hunger about 11 o'clock A. M.

**PODOPHYLLUM.** Warm, sour eructations; portal torpor; after use of calomel.

**BYONIA.** Dryness of mouth; tongue coated along the middle; loathing of solid food;

constipation, hard, dry stools; after iced drinks or a bruise.

**MERCURIUS CORROSIVUS.** Putrid taste in the morning; fœtor oris; increased saliva.

**HYDRASTIS.** Aching in the epigastrium and loins; acidity; constipation; heart palpitation; dyspnoea.

**ARSENICUM.** Coldness in epigastrium; grass-green vomiting; thirst, but light drinking; burning pain; bitter taste of water.

**CARBO. VEGETABILIS.** Bloating, burning soreness in abdomen; intestinal flatus in evening; vomiting of stringy mucus; thirst for cool water.

**LYCOPodium.** Desire to eat, with hasty satiety; much borborygmus in ileum; burning up the throat; relief from warm food; lithiasis.

**KALI BICHROMICUM.** Sense of weight after eating; thick, yellow tongue; aching in right hypochondrium; scant, pale stools; if alternating with rheumatism; in beer drinkers.

**ACIDUM SULPHURICUM.** Intensely sour mucus eructations; constriction in throat; much debility.

**SODA SALICYLICA.** Excessive fermentation, as if food and drink became gas.

For the Medical Call.

### Why I Use Certain Homœopathic Medicines.

BY C. H. SANBORN, M. D., HAMPTON FALLS, N. H.

#### NUX VOMICA FOR HEADACHE.

In 1856 I bought a hundred dollars worth of regular medicines, and also (by request of friends) a case of homœopathic medicines with Frelich's Book of Practice. From time to time in Missouri, Kansas and New England I gave the homœopathic medicines a careful trial, and they seemed to be a complete failure; so I gave up their use until after the war. Then, as I suffered much from headache when riding in the cars, I was advised to try pellets of Nux Vomica, 3d dilution, as a preventative and a cure of the headache. The Nux Vomica proved to be a perfect cure. For years I have prescribed this medicine for all ordinary headaches with great success, the failures being less than five per cent.

#### SPONGIA FOR CROUP AND SPASMODIC COUGHS.

Ten years ago I found at the house of a patient a vial of pellets of Spongia, third dilution, which had been left by an intelligent minister for attacks of spasmodic croup. I found the Spongia, on careful trial, to be a great success, and I now use nothing else in croup, except a few doses of Aconite or Veratrum Viride if there is much fever. And in the coughs of children I use Spongia more than anything else. In cases of undoubted whooping cough I have used for twenty years small doses of Sulphate of Atropia (1-200th to 1-100th of a grain) twice a day, according to Trousseau's plan. I don't remember as the Atropine has ever failed to cure in a few days. Two or three times a scarlet eruption has attended its use. In my judgment small doses are more likely to cure than large ones.

#### QUININE IN SHAKES IN SMALL DOSES.

Cases of intermittent fever are met with here every year, and during the war they were common enough. I have found so far that every case has been cured by *small doses* of Quinine. I give from two to four grains in the interval, divided into four doses, of which three doses are given on the well day and one dose on the morning of the expected shake. I have known larger doses to fail in the hospitals of Boston.

A novel way of cure was introduced here during the war by a sea captain. It was the use of small poultices on each wrist; the poultices were composed of equal parts of bruised Garlic bulbs, Soot and Castile Soap. These poultices, of the size of half a dollar, were worn on the wrists for a few days. This treatment seldom failed.

#### ARSENICUM IN HEART DISEASE.

A mechanic of good constitution was laid up with disease of the mitral valves and I used different heart tonics, beginning with Digitalis, Ammonia, Sweet Spirits Nitre and Alcoholic liquors. But as something else was needed in the paroxysms of sinking and dyspnoea I tried Arsenicum, third dilution, and Camphor in one drop doses of the mother tincture. I found that Arsenicum was worth more than all other medicines. Since the introduction of Nitrate of Amyl I have used that a good deal.

Let your readers remember to give Arsenicum a trial in heart troubles.

IRIS VERSICOLOR IN DIARRHŒA AND CHOLERA MORBUS.

For two years in July and August I have cured all my cases of diarrhœa and cholera morbus by using Iris Versicolor. The mother tincture or the third dilution work equally well.

ACONITE FOR JUMPING TOOTHACHE.

For jumping toothache and other throbbing pains (neuralgias,) Aconite has proved almost a specific. Probably the rule is that all neuralgic pains in the head, which are made worse by lying down, are relieved by Aconite. And probably *throbbing* pains, where there is no great inflammation, are generally relieved by Aconite.

Who first used Nitro-Glycerine and Sulphide of Calcium?

Within a year great claims have been made by certain regular doctors for introducing Nitro-Glycerine and Sulphide of Calcium into medical practice. Now for ten years I have had Glonoine in my office and Hepar. Sulphur I have had much longer. In the same medical journal (regular,) in which Dr. Bragg claims to be the discoverer of medical Nitro-Glycerine, a certain Dr. October says in a learned paper that homœopathic physicians have made no discoveries in medicine. How's this?

For the Medical Call.

**Peculiar Case.**

BY SARAH J. COE, M. D., WILKESBARRE, PA.

To a young practitioner the first obstetric case is a source of some anxiety. As my first case was somewhat uncommon, it may prove interesting to those who have never met with a similar one.

In April, Mrs. W. (colored) called at my office and said her daughter was soon to be confined; that she had the womb disease, and had flowed some all through her pregnancy. The mother had taken her through three confinements, but the last one, a miscarriage, not a year previous, she had called a doctor, as she was afraid to attend her, the womb being outside the body. She

also said she knew her daughter would die in this confinement, as she had dreamed of seeing the undertaker and the open grave, etc. My first visit found the daughter quite emaciated and suffering with chills, dragging herself around, doing the work of the family. An examination revealed the cervix six inches in length outside the the vulva and distended to at least ten inches in circumference, with liquor amnii. About two-thirds of the surface was deeply excoriated and exuded a bloody serum. The procidentia, she said, was present in two previous confinements, but not to the present extent. Upon inquiry at this and subsequent visits, she informed me that the motion of the child was present and strong, but after results showed she was probably mistaken, as the fœtus at birth showed decomposition had taken place some time before. The use of Ars. controlled the chills for three weeks, until the time of her confinement.

The amniotic fluid was discharged on Thursday, but the child was not born until Monday morning. During these three days the chills returned and there was entire loss of appetite. There seemed to be complete atony of the uterus, and all remedies failed to produce even one expulsive pain. Examination for dilation and presentation was exceedingly difficult, as it had to be made through the six inches of uncontracted, excoriated cervix. The os internum was found but slightly dilated.

Recognizing the difficult situation, I sent for assistance. We used Barne's dilator to the fullest extent with very good results, and gave Caul. followed by Secale. Medicines and dilators produced small expulsive pains, and we recognized a right hip, breech presentation. Forceps being of no avail in such cases, we applied the compound effort of *vis a turgo* and *vis a punta*, as our only hope of completing the labor. After two or three hours the assistant left, saying I would probably have no further trouble. I toiled till the break of day and delivered a large male child, which was so far decomposed that the skin slipped from the muscles beneath. The putrescent odor had been so great for hours that it was almost unbearable. Before the labor ended the

mother commenced to vomit, hiccough and pass black diarrhoeic stools. She rallied partially under the use of Ars. and Verat, but temperature and pulse remained high, and she died the third day, as her mother had predicted.

The cervix never shortened, but remained the whole six inches external to the body.

It was hard for me to lose my first case, but as it was a peculiar one—none on record like it in my works on obstetrics—I had the consciousness of having done as well as I could.

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For the Medical Call.

**Tory Burr—Sheep Tick—Stick Tight—Cynoglossum.**

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BY D. L. E., M. D., BROOKLYN, N. Y.

Observing in the July CALL an article by J. H. D., M. D., giving "some hints," amongst other things, on the above named plant, I feel it a duty to contribute my experience, though as yet small, with its use.

In the western part of New York State the plant is in domestic use for all kinds of sprains, bruises, contusions, and also for open sores, for both man and beast. It is highly valued by intelligent people, especially farmers, for its general usefulness in the horse and cattle stables. They use the plant, particularly the leaves, bruised and applied externally, with truly wonderful results.

I procured a quantity of the entire plant and made a tincture, which has been used frequently by others and myself in about the same cases and ways as Arnica Mont. would have been, and frequently with results more marked and satisfactory.

Internally alone, from the second dilution, in cases of contusion, lameness from blows or strains, shock, sprained joints, etc., some of them very severe, have seen quicker and better effects than from Arnica. I would not detract in the least from the just fame of that grand old medicine, but from experience thus far am forced to believe that Tory Burr is a very formidable rival, and after full proving, and a better knowledge of its powers and uses, will often be preferred.

In several cases of stiffness, soreness, etc., from tumbling down stairs and otherwise, in the swelling and pain attending fractures, and particularly in sprained ankles, the internal and external use is more satisfactory than anything I have ever met with. I would not, however, omit the thorough soaking with warm water, if it could be done at the proper time. The article has been used by several physicians, on my suggestion, and in a variety of cases of this character with a uniformity of favorable results. Its effects are often felt soon after commencing its use.

Some of the tincture and specimens of the whole plant were sent last spring to Prof. T. F. Allen, of New York, who pronounced it Cynoglossum.

I fully concur with J. H. D., who called attention to some of its virtues in your July number, that "this plant needs proving."

Those wishing to give it trial can procure it of J. O. Noxen, at United States Homeopathic Pharmacy, 444 Fulton st., Brooklyn.

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For the Medical Call.

**The Cinhotic Kidney, or Contracting Form of Bright's Disease.**

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BY F. F. CASSEDAY, M. D., KANSAS CITY, MO.

Mr. R., an American, married, set. 72 years, after assisting his son on a hay marsh was taken suddenly with acute pleurisy in left side. Upon examination I found he had been affected for upwards of ten years with an obscure kidney disease, for which he had been treated with indifferent success for a number of years. The most prominent symptoms, which he had noted, were: dull intermittent pain over both kidneys; almost constant escape of urine, which was of low specific gravity and contained a small amount of albumen; great pallor; and but little prostration, except when attacked by acute disease. There was slight dropsy at times in the lower extremities, but most of the time there was entire absence of dropsy. There was an almost constant discharge of urine, so constant in fact that the patient was obliged to wear a urinal at all times. In this respect, and from the low specific gravity of the urine, and the absence of

sugar, the case took on the characteristics of chronic hydruria. The diuresis in this case was due to paralysis of the bladder. The pleuritic pains disappeared rapidly under treatment, and the old gentleman seemed very cheerful, though completely prostrated. He continued to lose strength, and died quietly on the fifth day.

A post mortem examination made six hours after death showed both kidneys in normal position. The right kidney will be described, for brevity, as they were both affected alike. The right kidney was of a very light brown color, of nearly normal shape, about two and one-half inches in length, one and one-half inches in breadth, and one inch in thickness; the capsule was thickened, and adherent, and the surface was rough and granular. The whole surface of the kidney was rough, uneven, and thickly studded with cysts, which were filled with a white pigmentary substance. Both the cortical and medullary substance were almost entirely occupied by cysts, separated from each other by thin, imperfect septa. The tubes were compressed and atrophied. The pelvis was normal in form, but contracted, and its walls were thickened. No microscopic examination was made. The left kidney presented the same appearance, except that the destructive process was not so far advanced.

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For the Medical Call.

#### Clinical Notes.

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BY GEO. M. OCKFORD, M. D., VINCENNES, IND.

**CHRONIC DIARRHŒA.** A man, aged about 35, had diarrhœa, for which he had been treated by an old school physician for some months without relief. The movements would occur early in the morning, were light colored, fluid and painless; there was also present a good deal of rumbling in the bowels; some eructations; frequent passage of fetid flatus. Sulphur 30, was given without any result, and on a second study of the case, it was elicited that the passage of flatus was apt to produce a discharge of feces. This condition plainly indicated Aloe, which was given in the sixth attenuation, with a speedy relief of all the symptoms

and a return to natural movements in less than a week.

**"BILIOUSNESS."** We often meet cases that this term covers. There is headache, coated tongue, loss of appetite, bad taste in the mouth, a feeling of general malaise and generally a condition of constipation, etc. We may combat these symptoms with Nux., Bry., Merc., Podq., and other remedies, but I have found Euonymin, 2x, given four times a day, to be the most efficient remedy.

**COUGH.** After taking cold, a woman of nervo-bilious temperament had a cough which came on after going to bed at night. It was a spasmodic, dry cough and always came on after the first sleep. *Aralia Racemosa*, 2, cured it.

**COUGH.** After vaccination, a weakly boy had a cough, accompanied by stiff neck, coated tongue and loss of appetite. When I first saw him this condition had existed for over four months, and he was brought to the "homœopathic doctor" as a sort of last resort. The cough was very loose with an expectoration of large quantities of yellowish mucous; his pulse was accelerated and breathing a little hurried; his tongue was coated with a thick dirty-colored accumulation; there was almost total loss of appetite and great emaciation. Taking into account the probable cause (vaccination), I gave him *Silicea*, 6, and in three days after taking it the improvement was marked, and a complete recovery followed without the use of any other remedy.

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For the Medical Call.

#### Rhus Tox Poisoning.

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BY J. C. SHAW, M. D., HOOSICK FALLS, N. Y.

When called to attend a recent case poisoned by this vine, I gave Bell., 2x, twenty drops in a glass two-thirds full of water, two teaspoonfuls every hour. I at the same time apply fluid extract of *Serpentaria*, painted directly on the parts affected, twice a day. A speedy recovery will follow. Oil of Cedar applied the same as above will in some cases act as well, and much quicker if there is a dry condition of the epidermis.

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READ the advertisements in this number.

For the Medical Call.

## The Importance of Accurately Stating the Points of Disagreement Between the Low and High Potency Homœopathists.

BY H. M. PAINE, M. D., ALBANY, N. Y.

The July number of the *MEDICAL CALL*, page 88, contains a statement under book notices, which I desire, with your permission, to review, and to suggest such criticisms as your article has incited. Your statements are made in connection with a review of Dr. Wesselhoëft's "Plea for a Standard Limit of Attenuated Doses;" and I am free to say that few single, short articles embrace so many of the points at issue between the two parties of our school.

### AN IMPORTANT PRINCIPLE INVOLVED.

Many homœopathists appear to consider the questions which at present agitate the homœopathic school trivial matters. Their indifference arises from the fact that they are not apparently aware that any important principle is involved. They either ignore the points of disagreement, or else assume that further time and additional experience will harmonize and unite; whereas, it is daily becoming more plainly evident that the use of high potencies represents non-homœopathic practice, hence involves a principle of the utmost importance.

### THE POINTS OF DISAGREEMENT SHOULD BE DISTINCTLY STATED.

If high potency practice is not homœopathic, it should be designated by a non-homœopathic name. If it is homœopathic, it is clear that very different and far more credible evidence of its homœopathicity is required, than any hitherto afforded, before thousands of homœopathic physicians will become convinced of the fact. Whether it is homœopathic or not appears to be the question on which our school is at present divided; therefore, in all discussion bearing on this point it is necessary that this subject be distinctly comprehended and clearly stated.

Instead of this, very many of the articles having reference to the question of the

dose, that have of late been published in some of our medical journals, indicate the absence of a clear perception, on the part of the authors, of the real points at issue between the low and high potency parties. Hence, propositions involving opposite or contradictory statements are frequently blended, or are so set forth as to fail of affording instruction, and confuse instead of rendering intelligible some of the plainest points of disagreement.

### A DISTINCTION SHOULD BE MADE BETWEEN THE POSITION OF THE ALLOPATHIC SCHOOL AND THAT OF LOW POTENCY HOMŒOPATHISTS.

It is also important in this discussion that a distinction be made between the attitude of allopathists toward homœopathy, and the position of low potency homœopathy. Old-school physicians, for the most part, reject homœopathy, chiefly on account of its unfortunate association with that which is visionary and unphilosophical. Low potency homœopathists, however, heartily accept all the principles of homœopathy except the theory of minimum dose and dynamization.

It seems to me that it would be far better, for the present at least, to confine our attention to the divisions existing in our own school. These are the principal questions with which we are immediately concerned. It is a matter of comparatively little moment to us, practically, what a majority of allopathists believe or reject concerning the principles of homœopathy; therefore this element may be very properly left out of view, as one of minor importance.

### THE HOMŒOPATHIC ACTION OF REMEDIES CONFINED TO MATERIAL DOSES.

The first sentence of your notice of Dr. Wesselhoëft's article expresses a palpable error, if it has reference to low potency homœopathy. You say:

"The attempts to prove the inertness, the non-medicinal power of attenuated drugs upon the human organism, have been frequent and varied."

This is evidently aimed at the old-school, hence has no bearing on the questions at issue in our own school. In so far as it relates to the low potency party, it is untrue. We firmly believe in attenuation for subdivision. We are materialists in medicine, not spiritualists. We believe that, within clear-

ly defined limits, the curative power of drugs is greatly increased by minute subdivision and dilution. We accept, as homœopathic, any attenuation which can be demonstrated, mathematically or otherwise, to contain the least molecule of the original drug element; and we claim that the homœopathic action of all medicines is confined to such attenuations. We hold that all treatment by so-called homœopathic remedies, which cannot be proven to possess medicine in a material form, is non-homœopathic, and that cures thus effected should be classed separately.

#### THE THEORY OF DYNAMIZATION NON-HOMŒOPATHIC.

In the next sentence you state that:

"All the arguments of sophistry have been leveled at the doctrine of dynamization. The ablest genius of the common school has labored to this end, and in vain, for above half a century."

This statement has reference, without doubt, to both allopathists and low potency homœopathists. For the former we are not answerable; it is worthy of note, however, that the arguments, such as they are, employed by the old-school, chiefly in opposition to the ridiculous theory of dynamization, have for many years effectually prevented a large portion of its membership from adopting homœopathy.

As regards low potency homœopathists, we deny most emphatically that any reliance is placed on *sophistry* for combating the delusive theory of dynamization. Our main support is derived from the results of long and careful experience. We have tested dynamization thoroughly, and, as far as relates to sound homœopathic practice, have found it absolutely inert and of no practical advantage. There is abundant practical clinical evidence showing the non-homœopathic nature of dynamization. *Facts*, not *sophistry*, prove its unsoundness. Strictly speaking, dynamization has no connection with true homœopathy.

A recent writer truthfully states:

"The theory of dynamization is a bastard offspring of homœopathy, whose ill-favored existence has brought the blush of shame to those who are forced to father it. This doctrine is passing away, soon to be recalled as the astrology of homœopathy. 'Potencies' are giving universal sway to 'dilutions' and 'attenuations,' and leave nothing but a cecatrix upon the history of our school as a token of the falsehood it has perpetrated."\*

\*Article on "High Potencies" by Dr. J. H. Clemmer, *U. S. Investigator*, Aug. 15, 1882, page 183.

"There are only two elements in nature, matter and force. If dynamization has reference to *matter*, which Hahnemann says it does not,\* then surely the sooner it is dropped out of the homœopathic system the better. If it has reference to *force*, the results of the experience of half a century have proved it only a snare and a delusion, having no relevancy whatever to sound homœopathic practice. To assume, therefore, even inferentially, that dynamization and homœopathy have any essential connection, is, in view of plainest evidence, a procedure of doubtful expediency.

#### THE THEORY OF THE SMALL DOSE HOMŒOPATHIC; THAT OF THE MINIMUM DOSE NON-HOMŒOPATHIC.

"The efforts of rhetoricians have been unflagging in the endeavor to convince the public mind that the small dose is 'nil;' they have argued, denounced, ridiculed."

Here again we find a resort to terms which cannot fail to confuse and lead to erroneous conclusions. It is probable that, having in the previous sentence referred to dynamization, the author had in mind the *minimum* dose; and not the *small* dose.

As generally accepted, the theory of dynamization involves the theory of the *minimum* dose, a dose which is not supposed to contain any conceivable quantity of the original drug; one in which quantity has little or no relevancy; one in which the curative power therein contained has been mysteriously developed by a simple process of agitation; one which has been dynamized(?), i. e., freed from all material association with its original drug elements.

The theory of the *small* dose, on the contrary, represents minute subdivision; it is one, however, which still retains an appreciable quantity of the original drug, the inert medium simply assisting the process of reduction.

The difference, therefore, between these two theories, is as great as light from darkness; so great that there need be, in the discussion of the questions which divide homœopathists, no risk of confounding one for the other, or of treating them as if they were identical. One represents homœopathy, pure and simple; the other, from the homœopathic point of view, is an embodiment of error, and error only.

\*Organon, foot note to section 270.

**DYNAMIC PRACTICE WHEN APPLIED ACCORDING TO THE LAW IS NOT THEREBY RENDERED HOMŒOPATHIC.**

"Notwithstanding all this the potentized drug still continues to cure the sick, to the eminent satisfaction of those careful physicians who apply it *according to the law*, as well as to the unnumbered thousands of beneficiaries of the homœopathic practice."

This paragraph enunciates a very common error bearing on the homœopathic application of high potencies. The claim that potentized drugs cure when applied *according to the law*, is the main support of the high potency party. Remove this "stallwart" principle, and the foundation is gone. This is the thin partition which alone separates dynamic practice from rankest empiricism. There is not the slightest credible evidence, however, that the application of the homœopathic law has even the remotest connection with the resultant cure, notwithstanding the greatest possible care may have been taken in the selection of the remedy. No one doubts that cures occasionally result from dynamic practice; it by no means follows, however, that the homœopathic law has any direct or indirect association therewith.

The experience of the author and that of his colleagues may have been such as to warrant the assertion, that high potencies act curatively by virtue of their homœopathicity; on the other hand, the experience of low potency homœopaths confirms them in the belief that the correspondence of the symptoms of the remedy with those of the disease treated, has no influence whatever in effecting a cure. They are accordingly forced to the conclusion that all such cures are brought about by means other than those derivable from the principle *similia*, hence are non-homœopathic.

This is the point which substantially involves the whole question at issue between the two parties in our school; it is somewhat remarkable therefore, that, at the present time, there are homœopaths still ignorant of its essential elements, and who appear to ignore its importance and bearings in their discussions respecting the basal principles of the homœopathic system of therapeutics.

**DYNAMIC PRACTICE, BEING NON-HOMŒOPATHIC, SHOULD BE PROMPTLY DISCARDED.**

The fact that dynamic practice is not dependent upon and has no connection with

the proper application of the law of similars, is a sufficient reason for requiring its separation from that which is truly homœopathic. There is not the slightest objection to it when called by its appropriate name. From a homœopathic point of view, it is not only unessential, but is positively erroneous. Its false foundation having been abundantly and satisfactorily established, it is not safe, wise or prudent to continue any responsible association therewith. The homœopathic school *cannot afford to knowingly advocate error*, and cannot expect to merit or receive the approval of medical men, if, after having discovered erroneous and subversive principles engrafted upon its system of therapeutics, *it has not the courage or firmness of purpose to discard them*.

The author previously quoted has this to say regarding the fallacies of high potencies:

"High potencies are false in preparation, false in theory and false in practice. High potentists in urging their claims in conventions and journals thereby promulgate error, and embarrass the truth of homœopathy. The fact that the high potencies are fallacious is quite sufficient to determine that they are no part of homœopathy. Their support comes from the few who are quite busy in their favorite occupation. Imagine a great lumbering pyramid resting upon its apex, supported by a few Egyptians in order to preserve and perpetuate their idol. Such is the pyramid of high potencies. Iconoclasm is unnecessary. The weight of its own folly will, ere long, wreck this monument of shame."

"This doctrine is based on bold assumption, and conflicts with the grandest principle of modern science, the correlation and conservation of forces. It is in violent opposition to all reason and common sense, and its only effect upon homœopathy has been to impede its progress and stamp it with ridicule. The fallacy of high potencies is stamped upon their methods of preparations, whose history is nothing but a disgrace to all concerned."

The same author expresses the following sound and truthful announcement:

"As I speak in behalf of the low dilutions, I feel that I utter the thoughts and convictions of a large majority of homœopathic practitioners the world over. There is a deep seated sentiment against the fallacies of high potencies, which will not be hoodwinked or suppressed by the champion of dynamization. The day has fully dawned whose evening sun will not retire before this doomed question will be settled, not by us, but for us. There was a time when it was popular to advocate high potencies, and in certain sections it is still popular, but this popularity is being banished by the progress of truth. A new era is upon us. The immediate followers of Hahnemann are passing away. The fossiliferous class is making way for the coming generation of progressive workers. There need be no fears about our law of cure. If that were buried in oblivion to-day, it would be resurrected by the allopathic school to-morrow."

**THE HOMŒOPATHIC SCHOOL TOO CREDULOUS.**

As a school we have been too credulous. We have accepted without challenge the assertions of the high potency faction.

When alleged cures by high potencies have been reported, we have interposed no obstacle, and when the preposterous claim of homœopathicity has been made for them, we have not openly denied the soundness of the assumption.

In a very large proportion of the cases alleged to have been cured by high potencies there has been no evidence of the homœopathicity of the remedy to the condition of the patient, or, if these conditions were complied with, the natural history of the disease under treatment has been overlooked, a fact which goes far to show that the result was brought about by the unaided efforts of nature, while the credit of the cure was ascribed to the medicine.

It is only within the past three or four years that active opposition has been manifested to the presentation of dynamic cases however absurd, unscientific and non-homœopathic.

It is well that at last a spirit of inquiry is being awakened, and is even now holding in check extravagant, illogical and heterodox theories, and is weeding out spurious dynamic practice.

Such statements as the one which constitutes the subject of this paper confuse and sometimes mislead; it is however, evident that they provoke impartial discussion, which necessarily brings more prominently into view the distinguishing characteristics of true and false homœopathy.

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For the Medical Call.

### Decimal.

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BY SAMUEL R. DUBS, M. D., DOYLESTOWN, PA.

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D. C. A. inquires in your April number, "Who originated the decimal method of preparing homœopathic remedies, and what is the history of the scheme?"

In 1839 the author became a convert to homœopathy by being cured of a disease called dyspepsia, but pronounced by Messrs. Chapman, Houston and Jackson scirrhus of the stomach and incurable after many months of treatment. At the same time my wife had been subject to attacks of asthma every month or two for several years, and by advice of Profs. Parrish and Meigs,

bleeding, blistering, etc., had always been resorted to, which brought her to the verge of the grave. As there was no homœopathic pharmacy in Philadelphia, I called on Dr. Lentz—the only homœopath I knew—for some medicines, which he kindly furnished in the twelfth and thirtieth centesimal potencies to the number of thirty. When my wife had the next attack of asthma, which generally came on at night, I gave her repeated doses of the thirtieth and twelfth of Ipecacuanha, when her face became blue, the palpitation of the heart terrific, and the wheezing so loud as to be heard in the next room. I now opened a vein in the arm and drew off about sixteen ounces of blood, applying at the same time a mustard poultice to the breast, and relief followed at once; but was succeeded by great debility and a chronic loose cough that required several weeks' treatment by expectorants to cure.

The next attack occurred about a month after convalescence, and in the meantime, still having faith in the law of *similia*, I prepared in a mortar the first decimal of Ipecacuanha by triturating ten grains of the medicine with ninety grains of Sacc. Lactis for one hour. The attack, equally as severe as any previous one, came on at midnight, and I gave about one grain of the powder every fifteen minutes till four doses were taken. The first dose changed the blue aspect of the face, the second, third and fourth removed every trace of the disease. No weakness and no cough followed the attack. Two or three attacks the next twelve months were arrested promptly by a few doses of the same medicine.

For two years after this I prepared my medicines for the most part by trituration, both centesimally and decimally, from the first to the sixth dilutions, or potencies, whichever you please to call them, and in the treatment of acute diseases I invariably found the decimal scale preferable to the centesimal, during the twenty years I practiced with great success in Philadelphia.

From 1845 to 1850 a number of young physicians of the city and surrounding districts called on me to inquire the secret of my rapidly increasing practice, and my invariable answer was, in administering in all acute diseases decimal potencies of medi-

cine, from the first to the sixth. Many took the hint, profited by it, thanked me again and again, but with the centesimals remained mum.

In 1842 Mr. Raddemacher, who first opened a German book store in Second street, above Race, west side, received from the Central Pharmacy at Leipsic, Saxony, a box of pure homœopathic tinctures, and by my direction prepared for me one hundred potencies each, from the first to the third decimal, although he protested in vain against the scheme as anti-Hahnemannian.

The writer read a paper before the American Provers Union in 1849 advocating the decimal scale for universal adoption, and being opposed by the older members, was not endorsed by the society, but a majority of the younger members at once embraced it, and from this time it gained such a headway that now it is preferred by a large majority of homœopaths of the United States and Great Britain.

The Jenichen craze, which was sprung upon us by Father Hering in 1851, somewhat hindered the progress of homœopathy, but was of short duration, having subsided in 1854, and the hundreds of duped physicians, who had been induced to part with \$50 each for a box, were glad to hide them away in some obscure corner, where they still remain, food for mold and dust.

There were only twelve physicians practicing homœopathy in 1839 in Philadelphia, of whom the writer was the youngest, and therefore felt proud to look up to his seniors for encouragement and support; nevertheless five years brought him abreast of most of them, and ten years found him ahead, when that apparently fatal disease that attacked his stomach in 1839 seized on his lungs in 1858, when he was compelled to retire to his country seat in Doylestown, where by two years rest and the blessings of homœopathy he was again restored to health and usefulness through the medium of Hamamelis, 1x, Nux Vomica, 2x, and Sulphur, 1x, all prepared by the decimal scale.

The Jenichen and Lehrmann craze in Europe has done much to retard the growth of homœopathy in those countries, but when the decimal scale is universally adopted,

the present signs of the times even now portend the universality of the law of *similia similibus curantur* throughout the civilized world.

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For the Medical Call.

### “Congenital Goitre”—Clinical Case.

BY PHIL. PORTER, M. D., DETROIT, MICH.

This condition has of late been discussed and described by our foreign writers under the name of *Struma Neonatorum*, or (*Kropf der Neugeborenen*, *Goitre des nouveau-nés*), but in English literature, except in a short article from the pen of Sir J. Y. Simpson, in the *Edinburgh Monthly Medical Journal* of April, 1855, and one by Dr. J. Crighton, of the same journal, in August, 1856, I have seen very few notices, of any special merit. It may, therefore, be of interest to your readers to have a report of a case that, to me, was of great interest.

I omit the pathological anatomy, etiology, etc., of the disease, owing to want of space. A lady, in excellent general health, had had two abortions at early periods, and a miscarriage at the seventh month. She again became pregnant and was put upon Xanthoxyl, F, two drop doses three times a day, which she continued taking regularly till the time of her delivery, which took place at the full term. Labor was very tedious, but most markedly so during the second stage; for, although the passages were wide, flaccid and dilatable, the anterior fontanelle came too easily within reach of the finger, and the head descended in a state of imperfect flexion. I had great fear lest the perineum should give way during the emergence through the outlet; but, except that the mucous membrane inside the vulva at the posterior extremity of the right nymphas got torn on the prominent tuber parietale, there was nothing else noteworthy in the delivery. Immediately after the birth, I proceeded to examine the child and noticed that there was a swelling of some sort on the front of the neck, and delayed the ligaturing of the cord for a short space, as respiration seemed to be effected only with the greatest difficulty, and with strong convulsive movements of the muscles of the

head and upper extremities. After the cord had been tied and divided and the child handed over to the nurse, whilst I gave my attention to the labor in the third stage, I could hear the rough, hoarse, crackling sound of the labored breathing, which gave an impression as if there was some fluid in the narrowed larynx. On examination, it was at once evident that the swelling, which projected to the level of the chin, and occupied all the space between the chin and the sternum was due to an enlargement of the thyroid gland. The isthmus could be felt passing in front of the trachæ, and terminating in the two lateral lobes, all in their natural relation, and retaining their natural configuration, only all greatly increased in size, the right lobe slightly more hypertrophied than the left. Whilst being moved about, during the process of dressing, the infant had in some positions increased difficulty in breathing, more particularly when it was placed in somewhat of a sitting posture, so as to let the chin press upon the tumor; and, whenever it attempted to cry, the swelling became more prominent. For the first eight hours, the quantity of fluid in the trachæ continued undiminished, but the secretion then began to clear away, and, after twenty-four hours, there was no longer any crackling; although the hoarse, labored breathing continued so loud for some days afterwards as to attract the notice of any one entering the room. Attempts at deglutition during the first twenty-four hours greatly aggravated the difficulty of respiration, but after that period both functions were performed with progressively increasing ease. During the first fortnight, whilst I had the child under frequent observation, there was no marked change in the size of the swelling. There had been a certain degree of congestion at the date of birth, which, during this period, had subsided, so as to leave the neck of somewhat diminished circumference; but the tumor remained firm, and by its protusion attracted the attention of any one in whose arms the child was placed. But when, about four months afterwards, I again had an opportunity of seeing it, the tumor was diminished in size to about half its original bulk; and, as the infant had

thriven well and grown very fat and plump, he simply presented the appearance of having an extra layer of fat in the roll of flesh under his chin. When he is older I shall commence treatment. At present I desire to know how far nature will go toward relieving him of the present abnormal growth.

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For the Medical Call.

### Menopause.

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BY GEO. WM. WILSON, M. D., KANSAS CITY, MO.

"Change of life," or the phenomena exhibited at the cessation of the menses, is the last epoch and an important crisis in the physical life of woman; and it has been asserted that the duration of life is in direct ratio to the duration of the cataménia. This peculiar change is a consequence of the gradual—or sudden, as it may be—diminution of ovarian activity. According to some recent observations (*Clinique*, August, 1882,) made in the obstetrical department of the Homœopathic hospital at Chicago, out of thirty-eight maidens noted, the fifteenth year was the average age of puberty, or the time at which menstruation was established, and to this, if we add thirty years as the mean menstrual course, we have forty-five years as the date of cessation. Some girls begin much earlier, particularly plethoric, well-nourished subjects, and those living in warm climates, while the converse is the case in the anemic and those who live in cold countries. In some cases at this critical stage there is little or no impairment of the former health, while in others there is much suffering and jeopardy to life; usually, however, if this period of revolution is passed in safety, the patient may obtain a renewed and extended lease of existence, reaching into old age, together with the cure or removal of many previous annoyances.

#### SYMPTOMS.

These, as in all deviations from the standard of health, are varied by individuality. The principal are: Ebullitions of blood, with flushes; vicarious hemorrhages (hæmoptysis, hemorrhoids, epistaxis), alternating with leucorrhœa; digestive derangements;

erratic rheumatism; hysteria; amaurosis; polypi, or even carcinoma of the uterus or mammæ.

#### THERAPEUTICS.

Strict hygiene, in all its bearings, should be vigorously observed.

For Flushes of Heat: With throbbing on vertex—Glonoinum, or Amyle Nitrat., by inhalation, (a few drops on a napkin). With nasal catarrh—Sanguinaria. With burning on the vertex; migraine; chills by night—Lachesis. With palpitation of the heart; free perspiration; pallid œdema; shuddering in mammæ—Digitalis. With hæmoptysis; hurried thought and action—Acidum Sulphuricum.

For Metrorrhagia: Sanguinaria or Sepia, Helonias. With dark coagula; uterine hypertrophy—Ustilago.

For Vesical Irritability: Ruta. With venal congestion—Apis.

For Leucorrhœa: Sepia, or Sanguinaria. If corrosive—Ruta.

For Prolapsus Uteri: If atonic; dragging pain at sacrum—Helonias. With faintness at epigastrium; pain on vertex; irritable mood—Actæa Racemosa.

For Hysteria: With much flatulence; in brunette subjects—Acidum Phosphoricum.

For General Congestions: With constipation—Alumina.

#### For the Medical Call.

##### Sun Stroke.

BY J. C. SHAW, M. D., HOOSICK FALLS, N. Y.

I was called to see Mrs. C., aged 43, on July 22d, 1882. Her symptoms were: Head very hot, temporal arteries distended, stertorous breathing, unconscious, hard and full pulse, tending toward convulsions. I at once applied cloths wrung out of hot water to the occiput and gave Glonoinum, 3x, twenty drops in half a glass of water, teaspoonful every fifteen minutes for a few hours, until the severe symptoms gradually eased up, then every hour. Recovered in a few days. The Glonoinum was followed by two grain powders of Sulph., 12x, night and morning.

READ the advertisements in this number.

#### For the Medical Call.

##### Had I Small Pox?

In January last I was quite thoroughly vaccinated. From July 9-28 I treated three very bad cases of small pox. It was very difficult to get nurses, hence my patients suffered for want of proper care, and at times, especially early in the morning, the characteristic smell was quite marked. This was most noticeable on the 23d, 24th and 25th. On the later of these days one of the patients died. The others were now fast convalescing.

On the evening of the 30th I was taken with a slight chilly sensation, followed by some fever; felt terribly tired after riding most of the afternoon, not a common thing for me; was restless all night; could find no easy place to lie. I was at a loss to account for my bad feeling unless it was small pox, as I had not been exposed to either bad weather or overwork. Took Acon and Rhus Tox.

Very similar symptoms prevailed during the day and night of the 31st. About this time I discovered some redness with a few small elevations on the soft palate. August 1st, feeling no better, I gave up work, but by evening felt better, and on the 2d resumed my work. B.

#### The Sexes.

The quality in the number of the sexes indicate two things: first, that it could not happen by chance; that the marriage of one man to one woman was intended.

A recent comparison of the latest census returns and the most trustworthy estimates show that the numerical proportions of the sexes are as follows:

|                         |       |                     |
|-------------------------|-------|---------------------|
| United States.....      | 986   | women to 1,000 men. |
| America (at large)..... | 980   | " " "               |
| Scotland.....           | 1,096 | " " "               |
| Ireland.....            | 1,050 | " " "               |
| England and Wales.....  | 1,054 | " " "               |
| France.....             | 1,007 | " " "               |
| Prussia.....            | 1,030 | " " "               |
| Greece.....             | 940   | " " "               |
| Europe (at large).....  | 1,021 | " " "               |
| Africa (estimated)..... | 975   | " " "               |
| Asia ".....             | 940   | " " "               |
| Australia ".....        | 985   | " " "               |

In a grand aggregate, therefore, of 12,000 men, there is a surplus of about 161 women. It is curious to note the difference in civilized and uncivilized countries.

For the Medical Call.

**Rheumatism.**

BY DR. D. G. VAN SYCKEL, CANTON, MO.

You will remember that I made inquiry in the April CALL as to the most successful treatment for muscular rheumatism. Numbers answered; one had pursued one treatment, another something else, I suppose what they considered the similia for the disease. Nearly everything prescribed by the several solons of medicine I had used in the case unsuccessfully. I either conclude they never had a severe case of the above kind of rheumatism or have been more skillful than myself. I will now give you my treatment of the case after being satisfied that medicine affords no relief in atrophy of the muscles. I began the use of electricity, and found that kind of medication "the thing." After the first use of the battery the patient rested all night, which he had not done before for months. Applied the positive pole to the atrophied muscles, the feet in water as hot as could be borne. I consider the battery a great auxiliary in the treatment of all muscular or nervous diseases. It is necessary, however, that we have some knowledge of the battery and its power. It can be abused as readily as medicine. It is the soft, gentle current we need in curing such cases.

For the Medical Call.

**Schuessler's Remedies vs. Hemorrhoids.**

BY JOHN C. MORGAN, M. D., PHILADELPHIA, PA.

These are, principally, two, viz: Ferrum Phosphoricum and Kali Muriaticum. The former is suited, (in the absence of any specific indications,) to congested piles; that is, to the deeply red, vascular tumors; with spasmodic action of the anal sphincter; sometimes, feverishness. The tumors diminish speedily under Ferrum Phos., 30, every three hours, in water. Kali Mur. relieves inflamed, neglected, firm piles, made so by inflammatory exudation. Doses as for Ferr. Phos.

**Warts.**

The removal and radical cure of warts by giving the similar remedy internally, according to the teachings of Hahnemann, is a proposition, the truth of which has been doubted by many homœopathists, or has failed to excite the attention its importance demands. To the painstaking prescriber there is no doubt about it. The cure is certain. Out of many cases cured a few may suffice to encourage doubters:

1. E. W. A., æt. 50. Has had, for many years, warts on the hairy scalp. They were five; all on the right side of the head; all of the *toothed* variety; would bleed on rough handling; a little inclined to scale off. This man took Sulphur, 200th, night and morning, for six weeks; the warts quit scaling off and appeared in *statu quo*. After two weeks he had Thuja, 200th, night and morning, for four weeks; in *statu quo*. He then had Nitric Acid, 2000th, same way; in four weeks skin clean and warts gone.

2. Miss A. P., æt. 24. Smooth warts on fingers of right hand. Causticum, 200th, cured in three weeks. After about nine months another wart commenced to grow but was gently removed by Causticum, 1m.

3. W., æt. 19. Stout, hearty young fellow, of active habits. Warts on hands, end of nose, forehead; inclined to bleed. Nitric Acid, 2000th, cured in four months. Warts from infancy.

For the Medical Call.

**Coxalgia and Boils.**

BY J. ULRICH, M. D., CHICAGO, ILL.

In two cases treated, where the lengthening of the leg was over one inch, I cured one case in six, the other in eleven days, with Kali Carb., 6x and 30x, and Ferri Phos., 6x, (Schuessler.)

In treating old cases of boils under the calf of the leg I find no better remedy than

Balsam Peru.....one drachm.  
Vaseline.....one ounce.

M. This ointment should be applied with a bandage three times a day.

The medicine should be Kali Chlor., 6x, in solution, every three hours, (Schuessler.)

### Treatment of Small Pox.

Dr. Obermiller, of Toledo, Ohio, says:

1. Keep the patient middling warm, and clean.

2. Give four times a day from one-half to one tablespoonful of fluid extract of Juniper Berries in sugar and water. Children, give less.

3. If there is much fever or costiveness, dissolve one spoonful of Cream of Tartar in one pint of water, add sugar, and let the patient drink as much of it as he desires, until thirst abates or the bowels move.

4. Should the eruptions become painful, let the patient rub the sores with sweet oil or a piece of fat bacon.

In case the extract cannot be obtained, boil a strong tea of the berries, add sugar, and give a larger dose. The berries should be fresh and gummy. Old dry berries are only good for fumigating the sick room.

In several instances I was called upon to attend mothers who were nursing infants affected with the disease. I prescribed extract of Juniper for the mother and allowed her to continue the nursing. The children recovered and the mothers were not infected.

Where the mother had the small pox, I advised her to discontinue nursing the child, and prescribed for both the extract of Juniper, and in all cases the mothers recovered and the majority of the children escaped the disease.

I would be very thankful to physicians who try the above remedy to inform me of their success.

### Wonders of the Body.

Suppose your age to be fifteen or thereabouts. You have two hundred bones and six hundred muscles; your blood weighs twenty-five pounds; your heart is five inches in length and three inches in diameter; it beats 70 times per minute, 42,000 times per hour, 100,800 per day, 36,792,000 per year. At each beat a little over two ounces of blood is thrown out of it, and each day it receives and discharges about seven tons of that wonderful fluid. Your lungs will contain a gallon of air, and you inhale 24,000 gallons per day. The aggregate surface of the air cells of your lungs,

supposing them to be spread out, exceeds 20,000 square inches. The weight of your brain is three pounds; when you are a man it will weigh about eight ounces more. Your nerves exceed 10,000,000 in number. Your skin is composed of three layers, and varies from one-fourth to one-eighth of an inch in thickness. The area of your skin is about 1,700 inches. Each square inch contains about 2,500 sweating tubes or perspiratory pores, each of which may be likened to a little draining tile one-fourth of an inch long, making an aggregate length of the surface of your body of 88,541 feet, or a tile ditch for draining the body almost seventeen miles long.

### Why She was Afraid of the Dentist.

A middle-aged lady entered a dentist's office, seeking relief from the terrific pain that accompanies an aching tooth, and was seated in the luxurious chair, which of itself has almost the power, from its easy and luxurious upholstering, to soothe and comfort tooth-troubled humanity. She folded her arms across her breast as she gazed pleadingly into the doctor's face and said:

"Will it hurt me, doctor?"

"Oh, no," replied the disciple of forcep and filing irons, "not at all if you only sit still."

"But, doctor," continued the garrulous patient, as she leaned back and laid her head upon the rest, "I am afraid you may make a mistake."

"Do not alarm yourself, madam; I am thoroughly acquainted with my profession," and he drew from a little drawer an ugly piece of steel and approached the woman.

"But, doctor, I want you to be very careful to not hurt. The last time I went to a dentist's, he had just commenced pulling with terrific force, when his 'drawers' slipped off and he hurt me awfully. Now, don't you do it."—*Tuscaloosa (Nev.) Times*.

DR. ZOILLO PEREZ, director of the *Journal El Criterio-Medico*, has been elected a member of the Spanish Cortes.

THE Princess d'Oettingen Wallenstein has left 50,000 marks to found a homœopathic hospital in Munich.

## The Medical Call.

A Quarterly Journal, devoted to the wants of the Busy Doctor.

EDITORS:

W. D. FOSTER, M. D. O. H. CRANDALL, M. D.

Subscription, Fifty Cents a year, post-paid.

All advertisements must be paid for quarterly.  
Address all communications to

THE MEDICAL CALL,  
QUINCY, ILLINOIS.

### Hypodermic Use of Phenix Acid.

Those of our readers who have had any experience in the hypodermic use of Phenix Acid in well defined cases of pulmonary tuberculosis, or in undoubted cases of cancer, are cordially invited to give the profession the benefit of their observations through these pages.

All novelties in medicine and surgery are likely to prove very attractive for a time. It is only a few years ago that the medical world was electrified by the declaration that a certain remedy for cancer had been at last discovered. This agent is Carbohc Acid. It was confidently asserted that this drug would surely destroy every species of vibriones, bacteria, micrococci, *et id omnes* genus. The doctor, we were assured, was also armed with an unfailing weapon against diphtheria, scarlatina, etc. An English surgeon achieved a world-wide notoriety—and the profession coined a new word to perpetuate his memory—by erecting a method of disinfecting wounds with a spray of this acid, whereby their treatment was totally revolutionized and vast and hitherto undreamt advances made. The surgical world went mad at the mere name of *Listerism*. Every country doctor, when about to open an abscess, felt called upon by the fashionable demands of the day, to operate under the spray, and introduce a drainage tube into the cavity thereof. This plan of treatment spread to every quarter of the civilized world, and was subjected to the tests of clinical experience. This unbiased arbiter has exploded the theory and condemned the practice. What was, a short time ago, the hobby of every surgeon, whether great or small, is to-day held in contempt by all,

not the least of whom is the man who originated the new departure.

If Carbohc Acid ever cured a case of cancer, the medical world have not found it out. No one believes it ever did. A few years ago Cundurango and Dr. Bliss were sovereign remedies against this scourge of humanity. Where is Cundurango, and where is Bliss now?

We are told by chemists that Phenix Acid is only Carbohc Acid in greater purity and strength. And yet recently we are brought face to face with the experiments of two *savants* in which they confidently assert claims in behalf of the former which were proved groundless in the latter. Are we to believe that results are to accrue from the hypodermic use of an agent, far above and beyond those derived from the use of the same by the mouth, by the external and eternal application thereof? Must the unhappy sufferer be subjected to the tortures and known dangers of the hypodermic syringe to demonstrate again the futility of claims long since exploded in the minds of every thinking medical man? Or have the clinical observations of medical observers all over the world been erroneous, unreliable and delusive? What has become of the short-lived Chian Turpentine? We shall see what we shall see.

"Disease, therefore (those forms of it not belonging to manual surgery,) considered as it is by the allopathists, as *something* separate from the living organism and the vital principle which animates it, as *something* hidden internally, and material, how subtle soever its nature may be supposed, is a nonentity which could only be conceived by minds of a material mold, and which for ages, hitherto, has given to medicine all those pernicious deviations which constitute it a mischievous art."—*Organon*, § 13.

### Premiums.

We have a few complete volumes of the MEDICAL CALL left over for 1881 and 1882, which we offer as premiums to our subscribers. Any person sending us ONE DOLLAR AND THIRTY CENTS will receive the MEDICAL CALL for 1883 and one copy for 1881 or 1882, as they may desire.

No one will be more surprised, on opening this journal, to see the accompanying plate of our illustrious co-worker in the field of homœopathy than Dr. H. N. Guernsey himself. During the past summer we made an extensive tour through the Eastern cities for the double purpose of securing a temporary relief from an active practice, and to interest the representative men of our school in becoming contributors to the MEDICAL CALL. On reaching Philadelphia we, of course, called upon Dr. H. N. Guernsey, but were disappointed in not seeing him. He had sailed for Europe a few weeks previously, to obtain much needed rest and recreation from the fatigue entailed by his severe and exacting professional duties. We trust he will return refreshed in body and improved in health. While in Philadelphia, however, we asked for and obtained an excellent likeness, and a sketch of the life of this well known physician, both of which we take pleasure in presenting to our numerous readers.

RICH HILL, Mo.

*Dear Call:*—Have recently moved from Sheffield, Iowa, to this place. Business has been fair to commence with. There are several homœopathic families here, and I am making more in a quiet way. There are about twenty "regulars" and "irregulars," but I am the only homœopath. Wishing you success, I am,

Yours respectfully,

H. R. W.

NOTE—We publish the above letter to show that our physicians are still at the front fighting for homœopathy against odds. We are glad, doctor, to find you making inroads on the camp of "regulars" and "irregulars" with homœopathic truth. That is just as it should be. Adhere closely to our law of cure, cover your cases well with the single remedy, read the CALL and you will soon stand on the high road to prosperity.

### Our Clinical Scheme.

As we desire to continue the clinical department, we present in this issue *Asthma*, *Bronchitis* and *Spasmodic Cough* for consideration, and invite all our readers to contribute a few lines on each, giving report of cases, with the remedy or remedies and potency used.

### Attention!

The Central Ohio Homœopathic Medical Society has decided to offer a prize for provings. The design is to secure accurate reprovings of some partially tested remedies. The prize will be given to the physician who may present the most valuable proving. All Homœopathic physicians and medical societies are invited to enter the contest. The prize will be Allen's Encyclopedia, or its equivalent in homœopathic publications, to be selected by the winner.

The award will be made by three experts in materia medica, not connected with the society.

Any who desire to conduct such work upon themselves, their patients or friends, are requested to send to Dr. Jno. C. King, Circleville, Ohio, secretary of committee on provings, for circulars containing further particulars. It is hoped that members of our school who desire a more accurate materia medica, and who are anxious for reprovings, conducted upon scientific principles (see circular) will respond to this call.

All work presented will be freely made the property of the profession or promptly returned to the author.

Any one of the three specified drugs may be selected. To obtain full particulars send for circular.

Respectfully submitted,

E. R. EGGLESTON, M. D.,

Mt. Vernon, Ohio,

JNO. C. KING, M. D.,

Circleville, Ohio,

J. W. CLEMMER, M. D.,

Columbus, Ohio,

Committee on Provings.

### The American Public Health Association

will hold its next meeting in Indianapolis, Ind., commencing October 17th, and continuing four days. It is hoped that a large attendance will be present, as an interesting meeting may be expected. Persons desirous of attending will do well to write at once to Dr. M. T. Runnels, chairman of committee of arrangements, for it is thought free passes, or at least very low rates, may be obtained from the railway lines centering in that city.

**Henry Newell Guernsey, M. D.,**

was born at Rochester, Windsor county, Vermont, on February 10, 1817. His father, Joseph Guernsey, a native of New Hampshire, removed to Vermont, and was one of the early settlers of that state; later he became a justice of the peace. Through his mother, Phoebe Jefferson Guernsey, of Massachusetts, our colleague was related to Thomas Jefferson, "the ardent lover of liberty for all men, irrespective of color."

Dr. Guernsey's early days were passed among the "Green Mountains" of his native state, where he grew up a hearty farmer boy. His primary education, begun in the public schools of his native town, and continued in select schools in the same place, was completed at Royalton Academy, Royalton, Vermont. When a little over twenty years of age he left home and went to Pennsylvania, intending to study medicine. Locating in Darby, near Philadelphia, he taught school for a time, and then commenced his medical studies under the preceptorship of Dr. A. E. Small (now in Chicago), who was then practicing in Darby and the surrounding country. He matriculated in the medical department of the Pennsylvania College at Philadelphia, November 1st, 1842, and on November 1st, 1843, he entered the medical department of the University of New York. From the latter college he graduated in the spring of 1844. In 1862 he received an honorary degree from the Homœopathic Medical College of Pennsylvania. Immediately after graduating he began to practice in Darby, but in the summer of 1844 he moved to Frankford, near Philadelphia, where he remained for thirteen years as a homœopathic physician, surgeon and obstetrician. He speedily acquired a very large practice in all three of the above departments, and was the pioneer of homœopathy throughout Frankford, Bridesburg, Whitehall, Fox Chase, Middletown, Milestown, Rowlandville, Nicetown, Olney, Rising Sun, Aramingo, and Richmond. These districts embrace a large area of territory, and he was frequently compelled to cover the whole field daily, though he drove far into the night to accomplish it. He thoroughly established homœopathy in all these places, and now

there are good practitioners of our school in each one of them. He labored here alone, with the utmost zeal, caring more for the establishment of his adopted profession than anything else for ten years, when he associated with him his brother, William F. Guernsey, who had studied under his preceptorship.

Three years later, in 1857, Dr. H. N. Guernsey moved into Philadelphia proper, where he permanently located. Here, too, he acquired an enormous practice, and was of most material benefit in propagating homœopathy, very many families being converted through his instrumentality.

In 1852, during a visit to his native town, in Vermont, he introduced homœopathy very successfully, besides converting an eclectic, the leading physician of the place, to the practice of pure homœopathy.\*

That Dr. Guernsey has been an indefatigable worker in his profession—striving in the double duty of healing the sick and of establishing the practice of homœopathy; that he has been an earnest and able teacher of the principles and practice of homœopathy, pure and simple; that he is zealous and sincere in his devotion to the cause he has espoused, no one who knows him ever doubts; of what he considers "the right," he is a whole-souled supporter; but to what seems to him "the wrong," he is a stern and uncompromising foe. The aid and influence he has given in raising homœopathy to the high stand it now occupies, in this country and abroad, is well known.

In the proving of drugs he has not done much; but, with a diffuse acquaintance of medical agents, knowing from something to a great deal of all the drugs we use, and as a keen and accurate observer of their effects upon the system, he shows rare skill in his ability to discern the "characteristic symptoms" of each one. Indeed, it is the latter quality, his ability to sift out the "key-notes" of a remedy and to skillfully apply the same to a given case, that has won his success as a prescriber. As an authority on *materia medica* and obstetrics, he stands pre-eminent.

\*See Trans. World's Hom. Conv., Vol. II, History of Homœopathy, pp. 494-495.

In June, 1879, his health being badly shattered by his thirty-five years of almost unremitting toil, he was so strongly advised by his friends, professional and lay, to seek repose and recreation abroad, that he yielded to their solicitations and, in company with his faithful wife, sailed for England. He remained away one year, visiting England, Ireland, Scotland, Germany, Switzerland, Italy, etc., returning home much refreshed in June, 1880. In July of the past summer he again went abroad for another much needed rest; he has been spending all his time in Germany on this occasion, and will return early in November.

He is a member of the following societies: American Institute of Homœopathy; Homœopathic Medical Society of Pennsylvania, and its president in 1878; Philadelphia County Homœopathic Medical Society. Honorary member of the following: Hahnemann Medical Institute of Philadelphia; of Cumberland County Homœopathic Medical Society; Hahnemann Medical Society of Madris de Tulio, Spain; Instituto Homœopathic Mexicano; corresponding member of the Massachusetts Surgical and Gynecological Society, etc. He was professor of obstetrics and diseases of women and children in the Homœopathic Medical College of Pennsylvania for eight years—1861 to 1869—and for three years of that time dean of the faculty; professor of materia medica in the Hahnemann Medical College of Philadelphia for three years, from 1871, during which time he was again dean of the faculty. Has been chairman of many bureaus, etc.

He is the author of the following: "The Application of the Principles and Practice of Homœopathy to Obstetrics and the Diseases Peculiar to Women and Young Children." This work of 1,004 pp. has now reached its third edition, the first having been published in 1867. The therapeutic portion of this book has been translated into French and published in Paris. "Notes of Lectures on Materia Medica, delivered in the Hahnemann Medical College in Philadelphia," 234 pp.; "Valedictory Address to the Graduating Class of the Homœopathic Medical College of Pennsylvania, 1864;" "Introductory Lecture, Comprising the Prin-

ciples of Obstetrics and the Diseases of Women and Children, etc.," 1865; "Report on Obstetrics to the American Institute of Homœopathy," 1867; "The Keynote System;" "The Bandage After Parturition;" "Reproduction Physically, Physiologically, and Spiritually Considered;" "Treatment of Disordered Dentition;" "The Homœopathic Materia Medica;" "Before, During and After Parturition;" Uterine Hemorrhage;" "Ovarian Tumors;" "Death Rates in Child-bed;" and, just published, "Plain Talk on Avoided Subjects," being a guide book to old and young, married or single, of either sex.

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### Missouri Institute of Homœopathy —Bureau of Gynæcology for 1882-83.

This bureau suggests for consideration *Lacerations of the Cervix Uteri*. Papers are requested upon *Prevention*—Hygiene, medical and surgical means. *Causes, Symptoms, Pathology and Treatment*.

The members are requested to select the topic each for themselves. It is desired to cover as many topics as possible. Papers upon any other subject pertaining to gynæcology are cordially invited.

Contributions from physicians not members of the bureau will be welcomed and properly credited.

Wm. D. Foster, M. D., Chairman, Kansas City.

G. S. Walker, M. D., St. Louis.

W. H. Jenney, M. D., Norwalk, Ohio.

Wm. Collisson, M. D., St. Louis.

D. D. Miles, M. D., Booneville.

May B. Peerman, M. D., St. Louis.

Wm. G. Hall, M. D., St. Joseph.

R. C. Runner, M. D., Mexico.

W. John Harris, M. D., St. Louis.

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We are pleased to learn that the post-office department has restored Dr. Foote's *Health Monthly* to the mails. We never could see why it was suppressed in the first place. It seems to be doing a good work for humanity in educating the masses in physiology and hygiene.

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SEND along the dollar and have the MEDICAL CALL sent to you for 1883.

The friends of medical education will be glad to learn that the difficulties between the homœopathic colleges in St. Louis have been again amicably adjusted and the faculties fused into one—"The Homœopathic Medical College of Missouri." The "boys" have great fun in these processes. They occur once or twice annually, and when practice becomes dull in the "Future Great," the pent-up genius of the profession effervesces into the projection of a new college. We are now assured, on high authority, that the work recently accomplished will be permanent—that the "fusion" will stick, and that the combined local strength of our school will be enlisted in the success of this old institution.

PROF. WM. C. RICHARDSON has returned from a vacation trip in the mountains of Colorado much rested and improved in health. He writes: "I am busy at a revised edition of my work on obstetrics, and would be thankful to any of your readers for obstetrical hints of any kind. I want to make this new edition a credit to the school. It will be much enlarged, elegantly printed and bound, and up to the times on all points; in fine, a practical and complete work on obstetrics. A companion volume to Ludlam on Diseases of Women and Duncan on Diseases of Children." Send any hints or suggestions to Wm. C. Richardson, M. D., 721 Chestnut street, St. Louis, Mo.

### Our Journal.

On the first of January next the MEDICAL CALL will enter upon its third year. How well we have served the profession during the past two years, is shown by a large subscription list spread over nearly all the states and Territories of this country. We hope to steadily increase its popularity and usefulness. We would be pleased to have subscribers send in their *dollar* as soon as convenient, so we can make some calculation how many CALLS must be issued in January. We have adopted the cash system—*no cash, no Calls*.

THE Massachusetts State Medical Society still refuse to admit qualified women physicians as members.

DR. A. J. HOWE, of Cincinnati, was elected president of the National Eclectic Medical Association at its late meeting in New Haven, Conn.

RENEWALS are now in order for the next volume. Send on your dollar and get in return the brightest, cheapest and best medical journal published for the money.

### BOOK DEPARTMENT.

AMERICAN MEDICINAL PLANTS; AN ILLUSTRATED AND DESCRIPTIVE GUIDE TO THE AMERICAN PLANTS USED IN HOMŒOPATHIC REMEDIES. THEIR HISTORY, PREPARATION, CHEMISTRY AND PHYSIOLOGICAL EFFECTS. By Charles F. Millsbaugh, M. D. No. 1. Boericke & Tafel, New York and Philadelphia.

In the prospectus the author states: "The American plants now proven in the Homœopathic Materia Medica have become not only numerous, but of great promise as therapeutic agents; and the fact that the greater part of them are not official in the U. S. P., has led the author to place them before the profession, in such a manner that their distinguishing characteristics may become known to all who wish to thoroughly understand the agents he uses in the cure of diseased conditions." \* \* \*

"The author has, in every case, drawn and colored the plants represented in this work, *by his own hand, from the specimens as they stood in the soil*; making mathematically accurate drawings, and thus avoiding the misrepresentations of wilted individuals or too highly-colored pen pictures."

"The work will contain one hundred and eighty colored illustrations and complete text of all the plants indigenous and naturalized in the United States; arranged *generically* when bound according to the numerical order of the plates. A preface, a glossary of botanical terms, and complete index, will be given with the last part."

We have before us Part I. of this great work. It contains *Sanguinaria Can.*; *Inula Helenium*; *Apocynum Andros*; *Asclepias Cor.*; *Pothos Fœtidus*; *Iris Vers.* The plates are elegantly colored, and the whole is got out in the most artistic style. When complete it will constitute one of the most attractive and valuable productions of this

enterprising house. The publishers propose to issue the work in *thirty parts*, at one dollar each, one to be delivered every two months, providing ONE THOUSAND subscribers can be obtained. We advise our subscribers to avail themselves of this opportunity to aid in bringing before the profession this important work.

**PHTHISIS PULMONALIS; OR, TUBERCULAR PHTHISIS.** By Gershom N. Brigham, M. D. New York and Philadelphia: Boericke & Tafel.

Dr. Brigham's elaborate work may be called simply an exhaustive essay upon the subject of pulmonary consumption, including its causes, symptoms, character and treatment. It is probably the first, enlarged and sustained effort by a representative of the homœopathic school to present at once an argument upon the pathological questions and the practice involved in the treatment of phthisis. In view of the pending controversies on the subject, and the doubts which have arisen in consequence of disagreements by eminent medical scientists, the work will be perused with no little interest. Dr. Brigham, while advancing and supporting his own theory, has at the same time presented the salient points of opinion among the leading men of all schools—one belief that pulmonary consumption is essentially one of faulty nutrition, another that it is caused solely by inflammation, and still another that it should be classed among infectious diseases. Without endorsing the theories of Dr. Brigham, we can commend his work most cordially. It is simple and precise in statement, and systematic in arrangement; and it will at least stimulate investigation of the subject of which it treats, which is one of grave importance in many localities, where phthisis takes on the form of contagion or seems influenced and aggravated by climatic conditions.

**NEW THERAPEUTICAL AGENTS.** By Willard H. Morse, M. D. Detroit, Mich.: George S. Davis.

Dr. Willard H. Morse, of Pittsfield, Mass., has here given to the medical profession a valuable contribution—not only upon practical therapeutics, but also in presenting the recent discoveries in the science of medicine which tend to advance the materia

medica. That he has covered a wide range of information and research will not be questioned. The work is not strictly devoted to one class of practice. The author, however, has taken occasion to maintain his allopathic loyalty by declaring that "he has countenanced nothing that savors of homœopathy, eclecticism, or quackery, only on the broad ground of general value." A careful review of the volume demonstrates that homœopathy has kept pace with progress, many of the "new remedies" mentioned by Dr. Morse being familiar in practice. But this book on therapeutics will prove acceptable especially for its assistance to the younger members of the profession. The classification is arranged according to application, the medicines being presented under order of the diseases to which they are applicable; thus a glance will determine what remedies may be applied to a given disease. Both old and new remedies are given in independent relation.

**ESSENTIALS OF VACCINATION.** By W. A. Hardaway, M. D. Chicago: Jansen, McClurg & Co.

Dr. Hardaway is a well known professor in the Missouri Medical College, at St. Louis. During the small pox epidemic last winter he was inspired to make a compilation of facts relating to vaccine inoculation and its influence in the prevention of small pox. These facts have now been given to the public in the volume before us, which embraces a brief history of vaccination, chapters on the merits and manner of procuring vaccine virus, and a fund of information upon the subject generally which will be fully appreciated by physicians. The volume is not announced as presenting novel and contending theories on vaccination, but is merely such a compilation of facts as will be of assistance to all practitioners, and as will give the people generally access to much desirable information on the merits of vaccination.

**SOME OBSERVATIONS ON THE THERAPEUTIC USE OF ALCOHOL.** By Alfred K. Hills, M. D.

The pamphlet before us contains the essays by Dr. Hills, published in the *New York Medical Times* for August and September, and reprinted in the present form for

convenience of perusal and preservation. The subject of which the "Observations" treat is an interesting and important one, and has caused much discussion from therapeutical, pathological and physiological standpoints. Dr. Hills' conclusion is that Alcohol, in its many forms and combinations, is possessed of wonderful efficiency for good as well as for evil, and that scientific practitioners are bound to accept the use of it under such restrictions as education will give to produce only favorable results.

**WHAT IS BRIGHT'S DISEASE?—ITS CURABILITY.** By Seth Pancoast, M. D. Philadelphia. Published by the author. Price, \$1.

Bright's disease is regarded by many physicians as incurable in its chronic form. Dr. Pancoast assumes that failure to treat it successfully is due wholly to a wrong conception of its nature and cause. He claims that the primary cause of the malady lies in the organic nervous system which controls the nutrition and growth of the entire organism—and he directly combats the proposition that the disease first manifests itself in the secreting structure of the kidneys. Dr. Pancoast has endeavored to fully demonstrate the curability of Bright's disease. He has at least written an entertaining work on the subject, which has the further merit of being illustrated.

**WHAT TO DO IN CASES OF POISONING.** By William Murrell, M. D., M. R. C. P. Detroit: George S. Davis.

We have had during the year volumes of essays on how to resuscitate the drowned, what to do in cases of sunstroke, and how to act when one is wounded; and now here is a handy vest pocket contribution on what to do in cases of poisoning. Dr. Murrell, the author, is a lecturer on materia medica and therapeutics at the Westminster Hospital. He has compiled a series of straightforward directions for the treatment of the commoner poisons, together with full instructions as to what should be the contents of the antidote bag, which he thinks should be kept by every physician.

Do not subscribe for your medical journals for next year before you consult us. We will furnish them with the CALL at low rates.

### Received.

The announcements of the various medical colleges have been received. Want of space prevents us from making a more extended notice of them.

Quarterly Bulletin of Homœopathic Literature. Bœricke & Tafel, New York and Philadelphia.

What I saw in Ann Arbor. By S. R. Beckwith, M. D.

Some of the simple methods of Hystero-Trachelorrhaphy. By O. E. Herrick, M. D., Grand Rapids, Mich.

Illustrated catalogue of surgical instruments and appliances from Luyties' Homœopathic Pharmacy Company, St. Louis and Kansas City.

Address delivered by Dr. Wm. L. Breyfogle, president of the American Institute of Homœopathy, at its thirty-fifth annual session, held at Indianapolis, Ind., June 13 to 17, 1882.

Eleventh annual report of the State Homœopathic Asylum for the Insane at Middletown, N. Y. By Selden H. Talcott, M. D.

An Old System and a New Science. By F. E. Stewart, Ph. G., M. D.

The *Liberal Age* (monthly), Dr. T. W. Williams, editor. *Liberal Age Co.*, publishers, Milwaukee, Wis.

### Removals.

Dr. Charles Dake, fourth son of Dr. J. P. Dake, of Nashville, Tenn., has located at 618 Third avenue, Louisville, Ky.

Dr. H. R. Wichell has removed from Sheffield, Iowa, to Rich Hill, Mo.

Dr. Sayer Hasbrouck has located at Middletown, New York.

**For Sale.**—A practice in Burlington county, N. J., on a line of railroad, near a town of one thousand inhabitants. Practice pays fifteen hundred dollars a year cash. Fine house and barns, with twenty-seven acres of land. Without property, \$600; with property, \$6,200. Address, MEDICAL CALL, Quincy, Ill.

### Weary Women.

Nothing is more reprehensible and thoroughly wrong than the idea that a woman fulfills her duty by doing an amount of work that is far beyond her strength. She not only does not fulfill her duty, but she most signally fails in it; and the failure is truly deplorable. There can be no sadder sight than that of a broken-down, over-worked wife and mother—a woman who is tired all her life through. If the work of the household cannot be accomplished by order, system, and moderate work, without the necessity of wearying, heart-breaking toil, that is never ended and never begun, without making life a tread-mill of labor, then, for the sake of humanity, let the work go. Better to live in the midst of disorder than that order should be purchased at so high a price—the cost of health, strength, happiness, and all that makes existence endurable.

The woman who spends her life in unnecessary labor, is, by this very labor, unfitted for the highest duties of home. She should be the haven of rest to which both husband and children turn for peace and refreshment. She should be the careful, intelligent adviser and guide of the one, the tender confidant and helpmate of the other. How is it possible for a woman exhausted in body, and as a natural consequence in mind also, to perform either of these offices? No, it is not possible. The constant strain is too great. Nature gives way beneath it. She loses health and spirits and hopefulness, and more than all, her youth, the last thing that a woman should allow to slip from her; for, no matter how old she is in years, she should be young in heart and feeling, for the youth of age is sometimes more attractive than youth itself.

To the over-worked woman this green old age is out of the question; old age comes on her, sere and yellow, before its time. Her disposition is ruined, her temper is soured, her very nature is changed, by the burden which, too heavy to carry, is dragged along as long as wearied feet and tired hands can do their part. Even her affections are blunted, and she becomes merely a machine—a woman without the time to be womanly, a mother without the time to train and

guide her children as only a mother can, a wife without the time to sympathize and cheer her husband, a woman so over-worked during the day that when night comes her sole thought and most intense longing is for rest and sleep that very probably will not come; and, even if it should, that she is too tired to enjoy. Better by far let everything go unfinished, to live as best she can, than to entail on herself and family the curse of over-work.—*Sanitary Journal*.

### Dr. G. H. T. Johnson Thoroughly Vindicated.

About two years ago Mrs. B. S. Welsh, by a fall from a carriage, received a fracture of the right arm near the wrist joint, and Dr. G. H. T. Johnson, one of the most prominent physicians of Atchison, Kan., was called to attend her. Her recovery was partial, and it was charged by her that the failure of a perfect recovery was caused by improper treatment on the part of Dr. Johnson. A suit for \$5,000 damages resulted. The trial lasted a week, terminating in a verdict in favor of the defendant.

The result is regarded by the friends of Dr. Johnson, and by persons who attended the trial and are familiar with the facts and evidence, as a just vindication of Dr. Johnson. All the evidence tended to establish as indisputably true that the fracture was of a very serious nature; that the patient was infirm, aged, and oppressed with mental troubles while under treatment. In short, that all the conditions of the case were against recovery from the outset. The case was bitterly contested, and attracted more attention than has any similar event for many years in that city.

### Lemon Juice.

Prof. Schmale, an eminent pathologist in Bonn, Germany, recommends persons who wish to live to an old age to swallow the juice of from six to eight lemons daily. The citric acid, he thinks, will dissolve and carry off the surplus of food and decaying matter quickly and preserve health almost indefinitely. One man who tried it lived to be 110 years of age. Who will follow his example.—*Ex.*

### Woodland Home.

Extract from the Secretary's Report.

During the past year the family has been uniformly larger than in any previous year, the number ranging from seventeen to twenty-nine; whereas, from twelve to sixteen was the rule during three-fourths of the time in the three years prior to this. At the time of the last annual meeting there were twenty-two persons in the Home. The records show that there have been sixty-four admissions since, making a total of sixty-six. This statement includes the readmission, in several instances, of the same persons. There are, however, upon the books seventy-six names of individuals cared for in the institution during the year, not including the matron and servants. Twenty-eight children have been placed in homes, some of them on trial, and will be, perhaps, in some instances, returned. Seventeen have been bound by indentures and others have been given away by a parent or parents through the mediation of the Home. Several have continued as boarders, some for a part and others for the entire year at moderate rates, while others still have been received for a considerable time without charge. It is a point deserving of mention that much distress has been relieved by this system of accommodation for boarders adjusted to suit the circumstances of each particular case. Under the admirable management of our excellent matron, Mrs. Silvers, aided no doubt largely by the physician to the Home, Dr. O. H. Crandall, the family, although so much larger than usual, has been a remarkably healthy one. Three deaths have occurred, but were of very small infants and foundlings who had received ill treatment before coming into the Home.

NOTE.—The inmates of this Home for children have been under homœopathic treatment during the last two years. We regret that our columns are so crowded we cannot publish the secretary's report in full. It is interesting reading.

DR. EDWARD EMERSON, son of the Concord philosopher, is about to give up the practice of medicine and devote himself entirely to literary work.

### Hygienic Treatment of Consumption.

The following rules are laid down by Dr. B. W. Richardson in regard to this disease:

1. That he or she should have a constant supply of pure and fresh air for the purpose of respiration.
2. The taking of exercise daily in the open air.
3. That such a patient have a uniform, sheltered temperature, with a mild climate, as a residence. The temperature should be about 60° and not vary more than 10° to 15°. Also, the soil should be dry and the drinking water pure rather than hard.
4. The dress should be of such kind as to equalize and retain the heat of the body.
5. The hours of rest should extend from sunset to sunrise.
6. In-door and sedentary occupations should be avoided. Out-of-door employment in fresh air, even in snow, may be advantageous.
7. Cleanliness of body is a point requiring special attention.
8. Marriage of consumptive females for the purpose of arresting the disease by pregnancy is morally wrong and physically mischievous.—*Herald of Health.*

### For Ivy Poison.

A standing antidote for poison by dew, poison oak, ivy, etc., is to take a handful of quicklime; dissolve in water; let it stand half an hour, and then paint the poisoned parts with it. Three or four applications will never fail to cure the most aggravated cases.—*Shaker Manifesto.*

### Coffee in Typhoid Fever.

In the French navy coffee is regarded almost as a specific against typhoid fever, when given in the early stages of the disease. Dr. Guilleme, in his official report, gives a number of cures effected by it. He orders to adults two or three tablespoonfuls of strong, black coffee every two hours, alternating with one or two teaspoonfuls of good claret or Burgundy wine, and asserts that the beneficial effect is immediate. A little Lemonade or Citrate of Magnesia should be given daily, and after a while Quinine.

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7th. We shall continue to engrave and publish the portraits of eminent homœopaths from time to time as we have done the past two years.

8th. Our book department will be reliable, giving scope and contents of each work, short reviews and notices, in which will appear a complete criticism of its merits and demerits.

9th. A column or two in each number will be devoted to miscellaneous items, relating chiefly to personals, removals, meetings, and items of general interest.

10th. It has clinical cases reported expressly for its pages, useful hints, current medical news, short articles, sanitary advice, methods of treatment, and finally everything

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VOL. 2.

QUINCY, ILL., OCTOBER, 1882.

No. 4.

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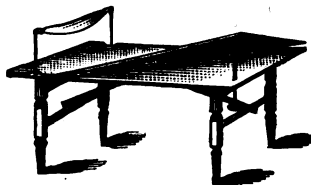
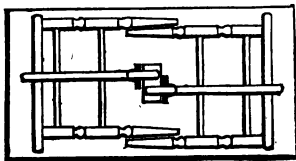
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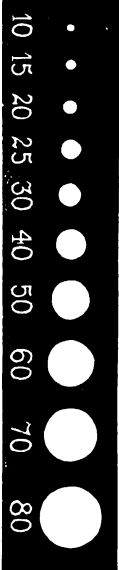
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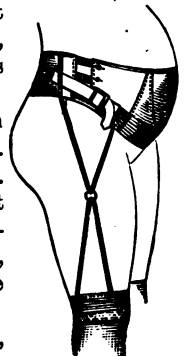
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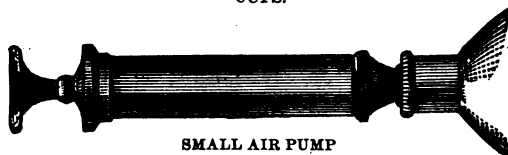
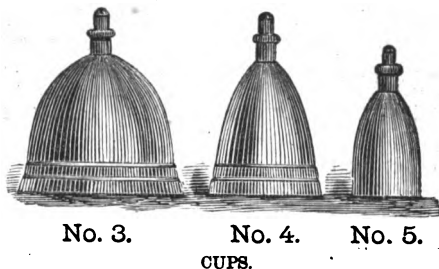
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