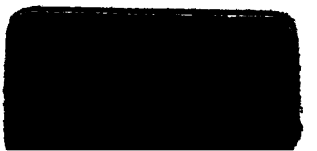


THE

# WESTERN

# HOMŒOPATHIC OBSERVER.

CONDUCTED BY

WM. TOD HELMUTH, M. D.,

AND

G. S. WALKER, M. D.

VOL. III. DECEMBER 15, 1865. NO. 2.

CONTENTS.





ST. LOUIS, MO.:
T. W. USTICK, BOOK AND JOB PRINTER.
1865.

THE

# WESTERN

# HOMŒOPATHIC OBSERVER.

CONDUCTED BY

WM. TOD HELMUTH, M. D.,

AND

G. S. WALKER, M. D.

VOL. III. APRIL 15, 1866. NO. 6.

CONTENTS.





ST. LOUIS, MO.:
T. W. USTICK, BOOK AND JOB PRINTER.
1866.

THE

# WESTERN

# HOMŒOPATHIC OBSERVER.

CONDUCTED BY

WM. TOD HELMUTH, M. D.,

AND

G. S. WALKER, M. D.

VOL. III. JULY 15, 1866. NO. 9.

CONTENTS.





ST. LOUIS, MO.
T. W. USTICK, BOOK AND JOB PRINTER.
1866.

THE

# WESTERN

# HOMŒOPATHIC OBSERVER.

CONDUCTED BY

WM. TOD HELMUTH, M. D.,

AND

G. S. WALKER, M. D.

VOL. III. SEPTEMBER AND OCTOBER, 1866. NO. 11.

CONTENTS.





ST. LOUIS, MO.
JNO. T. & E. T. USTICK, BOOK AND JOB PRINTERS.
1866.

THE

# WESTERN

# HOMŒOPATHIC OBSERVER.

CONDUCTED BY

## The St. Louis Homœopathic Medical Society.

VOL. III. NOVEMBER AND DECEMBER, 1866. NO. 12.

CONTENTS.





ST. LOUIS, MO.
JNO. T. & E. T. USTICK, BOOK AND JOB PRINTERS.
1866

☞ *THE FIRST PART OF THE NEW WORK ON*

## The Science and Art of Surgery,

BY E. C. FRANKLIN, M. D.,

**IS NOW READY FOR DELIVERY.**

Price to subscribers, $3.

## Dr. Gross's Comparative Materia Medica,

Translated and Edited by Dr. Constantine Hering,

IS ALSO NOW READY FOR DELIVERY.

☞ See Prospectus in the present No. of the Observer.

---

# Rohrer's Commercial College

**ESTABLISHED, 1859. INCORPORATED, 1861.**

For particulars, call at the office, or address

## LOUIS ROHRER,

**Nos. 210 and 212 Fourth Street, bet. Pine and Olive.**

"Rohrer's Book-Keeping," published by J. B. Lippincott & Co., Phila., for sale by all booksellers.

---

SECOND EDITION

—OF—

# TREATISE ON DIPHTHERIA

—BY—

## WILLIAM T. HELMUTH, M. D.

Price, $1 25.

The North American Journal says of this work:—"We assure the reader *that we have found more scientific research, and more real knowledge respecting the disease, than is contained in any other work upon the subject extant.*"

The work has received many additions and corrections during its passage through the press. Sections upon Albuminuria, the Manner of Recovery, Unfavorable Symptoms, and Manner of Death, have been inserted, and the treatment brought up to the present state of our knowledge of the disorder.

Send orders to **H. C. G. LUYTIES,**
New No. 306 North Fifth street.

# THE WESTERN
# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, NOVEMBER 15, 1865. NO. 1.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## Experiences with High Dilutions.

BY G. S. WALKER, M.D.

After being accustomed for fourteen years to administering the crude and mixed doses of old Allopathy, it could scarcely be expected by the most sanguine High Dilutionists that I should spring, like Minerva from the brain of Jupiter, full panoplied at once, and assume to place myself among those who call themselves *pure* Homœopathicians.

Full and complete faith in any great principle, or in fully comprehending it, is only arrived at slowly and after much mental labor. Some, by the powers of great intuition, may occasionally find a nearer way to the possession of knowledge, and consequently of belief, but the masses have to "labor and tug and strive." I confess that according to the general rule, I have come up through great tribulation.

The love of my profession, and the untried faith in the so-called Scientific Medicine, for the first part of my career as a physician, urged me to toil and study. Inspired by a devotion worthy of a better cause, I endeavored to penetrate the wilderness of Allopathic therapeutics. Ten years passed, and my love culminated. My faith in the ultimate realization of some good beyond was shaken. I looked around for

clearer land. Darkness and doubt enveloped me. The road, so bright and cheering in the beginning, and which so stimulated my ambition, I now saw led, like that of Bunyan's Pilgrim, into swamps and sloughs and quicksands.

Four years more I groped about in the thick obscurity of old Allopathy, seeking "more light." Finally a ray broke in upon my mental vision as the great law of Similars was presented me. The intense prejudice which I had imbibed from teachers and professional associates in former years had to be overcome. To cast off the trammels and break through the vast net-work which is thrown around every member of the Regular Medical School, requires more than ordinary courage. Even for the sake of opinion, to deliberately sacrifice position among medical men and all the social relations which may have grown up between members of the same profession,

> "Must give us pause. * * * * *
> And make us rather bear those ills we have
> Than fly to others that we know not of."

By the assistance of a Higher Power, I was nerved to the task. Since I have shaken off the shackles which had bound me, and I felt free to investigate medical subjects for myself and of myself, the beauties and comprehensiveness of the great law of *Similia similibus curanter* has gradually enlarged my vision, and now sheds a light upon my medical pathway which grows brighter and brighter as I conform nearer and nearer to that law in the selection of remedies for disease.

During the last six years, crude medicines have been gradually changed for the lower dilutions, and as gradually are the lower dilutions changing for the higher ones.

Some of the observations which have led me by degrees, almost imperceptibly, to have faith in the occasional use of high dilutions, I propose to lay before the readers of our Journal.

Mrs. M., aged 35, bilious-nervous temperament, the mother of several children, had been annoyed by Ascaris Vermicularis (pin-worm) for ten or more years. The itching of the rectum

was almost insupportable. Never for a whole week did the itching intermit for a day. At night, and at the approach and during her monthly periods the symptoms were very much aggravated. She had suffered many things of many physicians, and at least grew no better. Injections of sweet oil palliated the symptoms, and during the last few years she used no other remedy. For several years before my adoption of Homœopathy, I was her family physician, and also during my transition period. From reading Teste on Diseases of Children, I learned the use of *Lyc.* 30th, *Verat.* 15th and *Ipecac.* 9th, for the cure of these parasites. Mrs. M. being a lady of strong natural sense, I suggested that I would like to try the efficacy of some *Homœopathic* remedies which I had been reading about. Notwithstanding her entire disbelief in Homœopathy (as was also the case with myself at the time), she consented, as I assured her the remedies could at least do her no harm. I prepared them, in every particular, exactly in accordance with Teste's directions (p. 288). The *Lyc.* 30th, seven or eight pellets in a tumblerful of water, a dessert-spoonful being given three times daily for two days. The next day after taking the remedy, I happened in the house to see another patient, and as I was coming away she met me in the hall and remarked that she thought the medicine made her a little sick soon after taking a dose. The second day after, I called, as I had promised her, and as soon as she saw me she remarked that the medicine certainly did affect her stomach queerly about twenty minutes after taking it. I laughed at her and told her it was her imagination. I said I would renew it and give her some fresh, as I wished her to continue it. Without her knowledge I prepared it of *Verat.* 15th, leaving her to suppose that it was precisely the same as the first. In four days after, I saw her again, and rallied her upon the idea of *such* medicine making her sick, and wished to know of her if it still had the same effect. She confessed that she had not felt any effects after taking the medicine since I saw her last. She had concluded that it was all her imagination, and forgot all about it, as I had not disabused her mind of the "pious fraud" I practiced upon her. I then prepared the *Ipec.* 9th in the same manner, which she was to take for four days, then leave off the medicine entirely. A week or two passed, and when I saw her she told me she had no itching or unpleasant feeling from the

worms since she had taken the remedies. She considered herself completely cured, and her delight was unbounded. Finally, when her catamenia appeared, the worms again troubled her, and there was much disappointment. I proposed to her to try some other remedy. She consented; and using liquid instead of pellets, to deceive her as to the remedies I was giving her, I again administered *Lyc.* 30th. After two days she declared to me she could not, neither would she, take that medicine any longer, as she knew it to be precisely the same kind of medicine I gave her at first. I then told her all I had done, and she followed as before with *Verat.* and *Ipec.*

Leaving, about this time, to enter the army, I of course could follow up the case no further, until I returned, after two years absence, when I called to see her, and on inquiry found that the worms had not troubled her for over a year after, and then but slightly.

In a subsequent slight illness I took occasion, during her convalescence, to administer two or three doses of *Lyc.* 30th, and she in a few days after told me she believed that it was the same remedy I had given her years before, as she experienced a peculiar feeling about the region of the stomach.

This experience convinced her of the efficacy of Homœopathic remedies, and to-day she is one of the strongest advocates of the law.

### CROUP.

Two children, brother and sister, aged respectively two and five years, had been subject to repeated attacks of inflammatory croup. The attacks generally came on at midnight, and after subsiding in the morning, were always repeated the second night with more or less severity. Many attacks had occurred before I was called to attend them, for which Syrup of Ipecac. and Comp. Syrup of Squills had been administered. One of the parents believed in Homœopathy—the other did not. As I had experience in both, they compromised by calling me.

I immediately administered *Acon.* 3d, decimal dilution, which was followed by *Hep.* 3d and *Spong.* 3d, in the exact order of Bœnninghausen's prescription, but, as will be observed, in a very much lower dilution. The child seemed to be benefited, and the recurrence the second night was always after very slight.

Every two or three weeks, one or the other of the two chil-

dren was a subject of attack. The symptoms of both were very similar, and the prescription was not varied.

After seeing the attacks recur again and again, I felt more and more anxious to break up the disease so that it would not return. But as I had still some remaining doubt whether the medicine had really been the cause of the relief, or whether it was not solely of the *vis medicatrix naturæ*, I concluded to substitute Sugar of Milk for the powders of *Acon.*, *Hep.* and *Spong.* which I had sent them before, and gave strict orders for me to be called if they did not improve in the usual time. At 3 or 4 in the morning a messenger was sent for me. The usual powders were administered, and that case progressed as favorably as the others.

After this experience, I determined to substitute, instead of the 3d dilutions, the 30th. So much benefit had been derived from these powders, that a supply was kept on hand. This time I sent the 30th dilution.

The interval after giving them the 30th dilution, was so long that I had concluded the attacks would never return; but they did, after six or eight weeks. Now my faith was invigorated, I determined to adopt the whole of Bœnninghausen's formula, and I sent five powders of *Acon.*, *Hep.* and *Spong.* of the 200th dilution. They were administered to each of the children in subsequent attacks, and the result was that neither of the children have had a symptom of croup since.

## CHRONIC DIARRHŒA.

Willie B., aged three years, has had chronic diarrhœa for twelve months. Attended eight months, at irregular intervals, by one of the best Allopathic physicians of the city. The mother reports that the diarrhœa was generally checked for a few days after taking the medicine furnished, (most probably some preparation of opium,) but no permanent benefit was derived from the treatment. Becoming disheartened, they abandoned all treatment for several months. Finally, during my attendance upon another member of the family, the mother called my attention to the case, and wished to know if I thought Homœopathic treatment would be likely to cure the child.

Upon an examination of the case, I found the following symptoms: Child running about—playful, with no external

indications of ill health except a pale and slightly bloated face and a very large and tolerably hard stomach. According to the mother's report, the child had from five to eight watery stools every morning, commencing about daylight and ending about 10 o'clock A. M. The stools, not very large, contained undigested food, and were followed mostly with a slight discharge of mucus. At times they were offensive, and generally of a grayish white color. The child complained of no pain unless pressure was made upon the stomach. Appetite almost ravenous, and the desire was mostly for vegetable food. Breath offensive, and tongue coated with a whitish fur.

*Sulph.* 3d was ordered and given three times daily. At the end of a week the stools were lessened remarkably, and the patient in every other way seemed to have improved. The medicine was continued, and at the end of two or three weeks all improvement had ceased, and the diarrhœa was rather on the increase.

*Ars.*, *Merc.*, *Pod.*, *Apis*, *Bry.*, were tried in succession for several weeks, and no benefit whatever derived from them. *Sulph.* 3d was again given, and the diarrhœa was almost immediately improved. Thinking that the medicine had been continued too long before, I had it discontinued in a few days; but the diarrhœa returned.

After several trials with *Sulph.* 3d, I finally concluded to try a higher dilution. Not having any on hand higher than the 15th, I gave that, and found the stools as promptly checked; but in the course of a week after they returned. I tried the 30th dilution, and kept them away three weeks. Finally, being fully convinced that *Sulphur* was the similia, I determined to adopt the mode of those who give high dilutions; and making up 24 powders, the 1st, 12th and 24th of which only contained *Sulph.* 200th, the others being blanks, I ordered one to be given every night at bed-time.

From that hour the child commenced to improve, and, although two years have elapsed, the child has had no more diarrhœa.

(To be continued.)

---

INTERESTING PAPERS on Materia Medica and Surgery have been unavoidably laid over until the next number.

# Thoughts on Allopathic Therapeutics.

FOR THE WESTERN HOMŒOPATHIC OBSERVER.

(Continued from the October number, Vol. II., p. 212.)

In a previous paper, the last subject of consideration in connection with medicine was the artificial magnet; and I cannot take leave of the subject of electricity without some notice of animal electricity, animal magnetism or mesmerism. I will not pause to notice the objections which have been made to these terms, but from their familiarity will upon the present occasion continue their use.

It is difficult to separate the true from the false which are so closely entwined in this subject. Many of its phenomena cannot be denied, and have been, and are again, elicited and witnessed by individuals of the most unquestionable veracity and in every respect fully competent, as they are desirous, to ascertain the truth; and we have equally good reason for believing that even painful surgical operations have been performed upon persons without their consciousness being roused while under the effects of mesmeric sleep.

Anthony Mesmer, about the year 1776, published a thesis in Vienna "On the influence of the planets on the human body." A Jesuit called Father Hehl, about the same time, who had cured some patients by means of the loadstone and some magnetic steel plates, entered into partnership with Mesmer. They, however, soon disagreed. Hehl continued to practice in Germany, while Mesmer (1778) went to Paris, where in a short time he performed such wonderful cures, which he had satisfactorily attested, that his apartments were daily thronged with patients of all ranks, and he acquired much wealth and reputation. Mesmer's doctrine is that "Animal magnetism is a fluid universally diffused, and is a medium of a mutual influence between the heavenly bodies, the earth and animated bodies; it is continuous so as to leave no void; its subtility admits of no comparison; it is capable of receiving, propagating, communicating all

the impressions of motion; it is susceptible of flux and reflux. The animal body experiences the effects of this agent, by insinuating itself into the substance of the nerves, it affects them immediately. There are observed, particularly in the human body, properties analogous to those of the magnet, and in it are discerned poles equally different and opposite. The action and the virtues of animal magnetism may be communicated from one body to other bodies, animate and inanimate. This action takes place at a remote distance, without the aid of any intermediate body. It is increased and reflected by mirrors; communicated, propagated, augmented by sound; its virtues may be accumulated, concentrated, transported. Although this fluid is universal, all animal bodies are not equally susceptible of it; there are some, though a small number, which have properties so opposite that their very presence destroys all the effects of this fluid on other bodies. Animal magnetism is capable of healing diseases of the nerves immediately, and others mediately. It perfects the action of medicines. It excites and directs salutary crises in such a manner that the physician may render himself master of them; by its means he knows the state of health of each individual, and judges with certainty of the origin, the nature and the progress of the most complicated diseases; he prevents their increase, and succeeds in healing them without at any time exposing his patient to dangerous effects or troublesome consequences, whatever be the age, the temperament, or the sex. In animal magnetism nature presents an universal method of healing and preserving mankind."

If all this be true, nothing more remains to be desired. Mesmer, unfortunately, in asserting too much, contributed to bring ridicule and contempt upon whatever truth there is in animal magnetism, the best definition of which is—*a reciprocal influence, existing between individuals in a state of relative harmony, brought into action by the imagination, the will or physical sensibility.* This influence is supposed to exist in a peculiar fluid which, under certain states of each

individual, may be transmitted from one to the other, and is imparted by gestures, words, looks and manual application.

Mesmerism attracted so much notice in Paris that the French Academy considered it deserving of attention, and appointed a committee of investigation, whose inferences were as follows: 1st—Contact of the thumbs and magnetic movements are the means of relative influence employed to transmit magnetic action. 2d—Magnetism acts on persons of different age and sex. 3d—Many effects appear to depend on magnetism alone, and are not reproduced without it. 4th—These effects are various; sometimes magnetism agitates, at other times it calms. It generally causes acceleration of the pulse and respiration, slight convulsive movements, somnolency, and in a few cases somnambulism. 5th—The existence of peculiar characters of somnambulism has not yet been proved. 6th—It may, however, be inferred that this state of somnambulism prevails when we notice the development of new faculties, such as *clairvoyance* and intuitive foresight, or when it produces changes in the physiological condition of the individual, such as insensibility and sudden increase of strength, since these effects cannot be attributed to any other cause. 7th—When the effects of magnetism have been produced, there is no occasion on subsequent trials to have recourse to passes or magnetic manipulation; the look of the magnetizer and his will have the same influence. 8th—Various changes are effected in the perceptions and faculties of those persons in whom somnambulism has been induced. 9th—Somnambulists have distinguished, with closed eyes, objects placed before them; they have read words, recognized colors, named cards, &c. 10th—In two somnambulists we witnessed the faculty of foreseeing acts of the organism to take place at periods more or less distant. One announced the day, the hour, the minute of the invasion and recurrence of an epileptic fit; the other foresaw the period of his recovery. Their anticipations were realized. 11th—We have only seen one somnambulist who had described the symptoms of

the diseases in three individuals presented to her. 12th—In order to establish justly the relations of magnetism with therapeutics, one must have observed the effects on a number of individuals, and have made experiments on sick persons. Not having done this, the commissioners can only say that they have seen too few cases to enable them to form a decisive opinion. 13th—Considered as an agent of physiological phenomena or of therapeutics, magnetism should find a place in the range of medical science, and be either practiced or superintended by a physician. 14th—From the want of sufficient opportunities, the commissioners could not verify the existence of any other faculties in somnambulists, but its reports contain facts sufficiently important to conclude that the Academy ought to encourage researches in animal magnetism, as a curious fact in psychology and natural history.

Throughout Europe it attracted much attention, and some of the most learned and distinguished men became its advocates—Hufeland in Prussia, at Frankford, at Gronengen Doctors Passavant and Bosker published works on the subject. The first physician to the Emperor of Russia, with several colleagues, embraced its doctrines, and the celebrated Orfila thus expresses himself:

"If there exists trickery and quackery in animal magnetism, its adversaries are too hasty in refusing to admit all that has been asserted in regard to its effects. The testimony of enlightened physicians should be considered as proofs.

"If the magnetic phenomena appear extraordinary, the phenomena of electricity appeared equally marvelous in its origin. Was Franklin to be considered a quack when he announced that with a pointed metal he could command thunder? Whether magnetism acts in good or in evil, it is clearly a therapeutic agent, and it behoves both the honor and the duty of the Academy to examine it."

## Correspondence.

NEW YORK, October 27th, 1865.

WM. T. HELMUTH, M.D.:

*My Dear Sir:*—In the third number of the *Hahnemannian Monthly*, a periodical published in Philadelphia, there is a paper styled, "A Review of Helmuth's Diphtheria," by Adolph Lippe, M.D. A reviewer is supposed to possess a thorough knowledge of the subject he undertakes to criticise, and the ability to express his opinion, at least, correctly. I have selected some portions of the review, from which a judgment may be formed whether the author was warranted in assuming the office of a critic.

Your volume is divided into chapters, each of which handles some portion of the subject. So universal a custom, I think it quite probable, is *new* to the reviewer. Under section 3d you narrate the symptoms as they usually occur in a severe case of Diphtheria; this detail is interrupted at those places where marked changes occur in the progress of the disease with the remark, that "Medicines are exhibited at longer intervals, or "The physician prescribes the appropriate medicines," or "Still the well selected medicines are continued." This mode of handling your subject evidently greatly perplexes the reviewer, for he says, "*We* are left to conjecture what the appropriate medicines could possibly be for the case." Why left to conjecture? The presumption is, the reviewer read your book—and if he did, in Chapter VII. he must have seen the treatment in full.

He next inquires—"Where does the author find, in an original Homœopathic work, the principle of a double *or* triple remedy, *all* to be given in alternation, or *all* at the same time?" Of the grammatical correctness of *all*, as applied to a single medicine, no comment need be made—or maybe he supposes the different articles of double and triple compounds remain separate and distinct. The use of medicines in alternation may be found in all practical works. Compound articles have been physiologically proven, and

are among the most valuable articles of the materia medica. In no single instance do you recommend the administration of more than one medicine at the *same* time. I can discover no other reason for the accusation, than that the reviewer imagines the word "*vel*," in your catalogue of prescriptions, to mean "*and.*"

The reviewer then asks—"On what principle is a medicine continued after the disease has *continued to develop itself?*" To which it is replied, on the principle of universal experience, and in accordance with the Homœopathic law. Suppose, for example, in the morning a physician prescribes Belladonna for Tonsilitis, and Belladonna symptoms still manifest themselves during the day and evening, the disease still *developing* itself, surely the physician would persist in the use of Belladonna.

But, my dear sir, the writer of the review rambles so widely from one point of his subject to another, that it is quite impossible to follow. Nor is it difficult to explain why he is thus erratic. The truth is, he knows very little of the subject about which he writes. To sustain this charge, no other witness is required than himself. On page 136 of the Monthly, lines 10th, 11th and 12th, he avows that "The better understanding of the true character of the disease does not assist the Homœopathician, in the slightest degree, in the treatment of the individual case." He further says that "The physician who believes Diphtheria to be a malignant blood disease can for that reason alone never *think* of 'local applications.'" This I deny—the physician may *think* just as much and as often as he pleases, whatever opinion he entertains as to their utility as a part of the treatment.

Nor, therefore, can it surprise that a person, when writing upon a medical subject, declares that it is unnecessary to know anything belonging to it, should consider the ordinary technical expressions of medicine and chemical nomenclature "antediluvian." In your essay you say, "the pre-eminent analeptic properties of the pyrophosphate of iron."

The reviewer observes—"Does it not border on the ludicrous to have such antediluvian phrases served up as '*Homœopathic?*'" Whether this is intended for facetiousness, or whether the approved and universally received language of the learned in medicine and chemistry be ante or post-diluvian, are of course matters of no moment to him who thinks he need not understand the subject about which he professes to write.

The review is remarkable for bad grammar and false arrangement—e. g., "Diarrhœa *and* the passage of pseudo-membrana per rectum *is* not only present at an advanced stage of the disease." I would not be hypercritical; in the ordinary contributions to medical literature, records of cases, &c., careful composition and polished style are not looked for; but when an individual mounts the lofty platform of a reviewer, a strict adherence to the rules of grammar and other evidences of scholarship are not only expected, but demanded.

From the review, however, we learn how a few individuals styling themselves, *par excellence*, "Homœopathicians," (and it is cause for much thankfulness that they have adopted a cognomen,) are able to prescribe without either a knowledge of disease, and indeed with but little knowledge of any kind. This power they derive through the agency of an occult influence called the "*genus epidemicus*"!

According to Hahnemann, the proper selection of a medicine for each case of disease depends upon the accordance of the medicine symptoms with the pathological symptoms, the latter being obtained by physiological proving. Now this, as we all know, is a fundamental rule. But where this correspondence is not found between medicines given by the aforesaid Homœopathicians, the choice is regulated by the "*genus epidemicus.*" To illustrate: the provings of *Bryonia* and *Antimon.-crudum* do not indicate their exhibition in Diphtheria, yet in the 200th—yea, the 2,000th!—*potencies*, in the hands of the author of the review, they were found admirable!—only *one* dose in twenty-four hours, and mind

you, the disease all the while *developing* itself. I can readily understand why much hesitation was felt in putting forth such astounding disclosures—indeed, I sincerely believe they never would have been, had not the faltering courage been strengthened by the "*genus epidemicus.*"

The influence that the "*genus epidemicus*" exercises appears to be boundless, extending its power over both mind and matter. Suppose an applicant for a medical degree in his examination betrays an entire ignorance both of disease and the materia medica; he has only to express his belief in the "*genus epidemicus,*" and the faculty is bound to seal him a profound "*Homœopathician.*" The same approval must be rendered though his Thesis, or he may designate it "a review," ignores not only medicine proper, but all its auxiliary branches—and though it violates all the rules of grammar, contains interrogatories that have no more pertinency to medicine than to a 4th of July oration, and vituperates all other practitioners of medicine as materialists, anti-homœopaths, eclectics, mongrels, &c., &c.

Imbued with these ideas, what a gorgeous future for medical science must present itself to his imagination. With a pellet of the 2,000th of Lachesis in his *left* coat-pocket, one of Lycopodium in his *right*, and other medicines in pockets in "*other sides*" of his garments—a box of "*genus epidemicus,*" instead of saccharum lactis, as a vehicle for each prescription, its presence so controlling each medicine as to adapt it to each "*individual case,*"—Don Quixote for his text, and Rosicrucius for his leader instead of the great Hahnemann,—he feels assured that each and every case of disease will surely be smashed by the modern orthodox "*Homœopathician.*"

I am, very respectfully and truly, yours,

JUNIUS.

---

THE first edition of the Annual Directory of Homœopathic Physicians, Colleges, Societies, Hospitals, Pharmacies and Publishing houses in the United States and the British Provinces, will be issued January 1st, 1866, by John B. Hall, M.D., Homœopathic Pharmaceutist, of Cleveland, Ohio.

## The Hahnemannian Life Insurance Company of the United States.

Some time since a paper was published in this journal, taken from the *British Quarterly*, giving an account of a London Life Insurance Company being converted to Homœopathy, and in view of the facts there noted, there has been inaugurated at Cleveland, Ohio, the Hahnemannian Life Insurance Company of the United States, with a present capital stock of $200,000 and an authorized capital of $1,000,000. This stock is invested and secured by U. S. Bonds, Ohio State Bonds, Real Estate and other first class obligations. Among its Directors are the Mayor of Cleveland and other very influential gentlemen, especially our friends Drs. S. R. Beckwith and J. P. Dake, who is Actuary, and D. H. Beckwith, the latter occupying the position of Medical Examiner. Although this enterprise has been inaugurated in Cleveland, it is proposed (as the name of this Company attests) to be extended throughout the United States, to establish agencies throughout the whole country, and to make such arrangements that every Homœopathic physician can assist in the work in a profitable manner to himself as well as to the Company. At first the majority of the work must be done by the practitioners of our school; and therefore we would urge upon them to use their interests in behalf of this new organization, and to apply at once to the Actuary for information on the subject, as it is designed to render all assistance of pecuniary advantage to those physicians who supply applicants for insurance on their lives. This Company expects and will meet with a most determined opposition, not only from the host of Insurance Companies now in existence, but from every Allopathic physician. Already, we believe, in this city, the agents of the established institutions have agreed to lower the rates of insurance ten per cent. on the usual premium, a fact which may illustrate what they expect will be done by the "Hahnemannian."

We expect, in the future numbers of the *Observer*, to give

more particulars in reference to the regulations of the new organization; in the meantime, a few of its rules will suffice to show the principles upon which it proposes to work:

### PREMIUMS.

This Company will grant Policies upon the lives of patrons of Homœopathy at rates of premium TEN PER CENT. LESS THAN ON OTHER LIVES.

In case any Policy-holder, paying premiums at Homœopathic rates, should change his physician and mode of practice, he will not thereby forfeit his Policy, but will thereafter be charged TEN PER CENT. additional premium, thus changing his Policy to the Allopathic rates.

Premiums on other lives will be the same as required by other first class Companies, as shown in our tables.

### PARTICIPATION IN PROFITS.

All the profits accruing from the business of this Company, after paying interest upon its stock, annual expenses and losses, and adding sufficient to its reserve fund, will be equitably divided among its Policy-holders.

Those policies issued upon "REDUCED PREMIUMS," participate in the profits as well as those which have "profits receivable," the difference being this, that the former draws its dividends beforehand, in the shape of a DISCOUNT, while the latter waits for its profits with the chance of taking less or getting more.

Dividends from "profits receivable," are applied at the option of the Policy-holder:

1. To lessen the annual premium, or to cancel notes held in part payment of premiums.
2. To increase the Policy for life, or—
3. In scrip, payable in cash, as the condition of the Company may warrant, in from one to three years, from time of issue.

## Proceedings of the St. Louis Homœopathic Medical Society.

### CHOLERA.

The Society met, as usual, at the College Rooms, and after the usual business had been transacted, the subject of Cholera was introduced.

Dr. VASTINE made some pertinent remarks on the subject, and was followed by

Dr. FRANKLIN, who stated that from investigation, many facts would prove the atmosphere to be the medium of communicating the disease. He had found *Cuprum* most serviceable when the cramps attacked the extremities, and *Veratrum* the most serviceable when the bowels were the seat of suffering. He had also used with benefit the *Guaco*, a medicine as yet but partially proved, but which acted very well in sporadic cases.

The Chair then called on Dr. HELMUTH for remarks. The Doctor stated

that as yet he had not had sufficient experience in the disease to offer any remarks on the subject, not being in practice during either of the severe epidemics. He therefore desired to learn from those who had had opportunity of witnessing and treating the disease in its severe epidemic forms. He had treated the usually occurring sporadic cases with success by prescribing those medicines recommended by Hahnemann. He believed that during the last epidemic the physicians of Cincinnati had issued a circular, to be distributed among their patients, containing dietetic rules to be observed and medicines to be administered, and they had been very successful in the management of the disease. He believed that at the last meeting of the Massachusetts State Hom. Society, this circular had been read and approved, and thought a similar course would be advisable from this Society.

Dr. TEMPLE. The last epidemic began in this city about the latter part of December, 1848, and continued its ravages during the winter (the weather was very cold, the Mississippi being frozen over,) and until the following August. He noted a peculiar fact—that when the miasmatic diseases made their appearance, the cholera abated. If the disease is seen in its early stages, there is no trouble—a few doses of *Guaco* will relieve it. I prefer the *Guaco* because it appears to combine the properties of *Ipecac.* and *Verat.* In the year 1850, I crossed the Plains to California. The road was a perfect graveyard. Every time we stopped for meals, several corpses were buried. I was called out night after night to treat these cases, and found the disease exactly similar to that I had witnessed in St. Louis. I did not lose a single case, and I treated it in all its stages. When the stage of collapse occurs, which it sometimes does suddenly, *Arsen.* is the grand specific; I used the third potency. I have seen patients speechless, pulseless, with cold feet, cold hands, cold face, in an hour revive, and in forty-eight hours walking about, attending to their business. Of the origin of cholera we know nothing. There are many circumstances that would force us to believe it contagious, although during the epidemics many private societies were formed, and the sick were attended by ladies, and I do not recollect that a single case occurred among them. I believe the great exciting cause is *fear.* More are killed by fear than by the disease, and we are well aware what effect mental emotions may produce on the alimentary tract. The Homœopathic physician has no reason to fear the cholera. From December, 1848, to August, 1849, Dr. Vastine and myself treated 1,553 cases of cholera, with but a small percentage of deaths. During my Allopathic course I never knew a single case recover after collapse had set in. We believe *Guaco* to be the best remedy in the treatment of the disease.

Dr. BAHRENBURG. I knew the epidemic in 1849, and had some experience with the disease. I resided in Cincinnati at the time, and though I was then a minister, I was called—owing to the scarcity of physicians—very frequently to treat the cholera. In the first stages of the disease I invariably gave *Camphor,* particularly where there was no vomiting or purging, but where the extremities were cold, and in some instances where the patient even fell down helpless. With *Camphor* alone I have cured the whole dis-

ease. When a patient was taken, I had him immediately put to bed and warmly covered, and gave *Camphor* until perspiration was produced. I recollect, however, some cases where Camphor was not the remedy—among others, that of my brother. In his case the cramps were fugitive, moving rapidly from one part of the body to the other, until finally they settled in his spine. One dose of *Conium-mac.* relieved him entirely. Cholera I have successfully treated with *Phosph.-acid* and *China.* I also administered Ice in small portions, to allay thirst. I have seen *Iris versicolor* also act very well, and in some instances have known the cold bath produce reaction.

Dr. FRANKLIN moved that a committee of three be appointed to investigate the whole matter, and to prepare a circular containing requisite rules and regulations, to be distributed among the Homœopathists of this city. *Carried.*

The Committee were—Dr. JNO. T. TEMPLE, Dr. T. J. VASTINE, Dr. E. C. FRANKLIN, Dr. WM. T. HELMUTH.

Dr. BAHRENBURG. In Cincinnati, during the epidemic, the physicians had circulars printed, and medicines prepared, with directions, which they distributed among their patients, and which were productive of much good.

Dr. VASTINE. I have a word to say with reference to the use of Brandy and other alcoholic stimuli. I remember being called to see a patient who had been vomiting and purging for some time, and who had taken a quart of fourth-proof Brandy, and yet had sunk rapidly to a collapsed condition. I gave *Arsen.* 3d every ten minutes, and in two hours reaction came on and the patient knew everything around him. Liquor of any kind is not advisable, in any case, or in any condition of Asiatic Cholera.

Dr. TEMPLE. In reference to prophylactics, I would state that while I resided in California, in 1849 and 1850, I used *Camphor* as a preventive. I do not recollect of a case of cholera occurring among those who carried Camphor with them. So far it is an excellent medicine. When the cholera first appeared, I used *Camphor* entirely throughout the treatment, but afterward discarded it because it did not answer the purpose as well as other medicines.

Dr. FELLERER. I witnessed an epidemic of cholera in the city of Munich, where, of a population of about 125,000, about 300 to 400 persons died daily. I was then an Allopathist, and there were at that time but four Homœopathic physicians in Munich. I consider *Ipecac.*, *Verat.*, *Arsen.* and *Jatropha curcas* as valuable medicines. The latter will relieve when the others fail—particularly when the passages are extremely profuse and thin, continue for a long time, the rice-water appearances being lost, and the discharges consisting of *epithelial* matter. In such cases *Jatropia* and *Phosphoric-acid* cure. *Jatropia curcas* will produce on the healthy organism inflammation of the bowels, cramps of the whole body, particularly of the calves of the legs, and even of the tongue, with the passages aforesaid. I have used it with success when other remedies have failed to procure relief. I also give, with benefit, *Camphor* for the primary symptoms.

Dr. LUYTIES. There is another remedy of great importance in the treatment of cholera, which has not yet been mentioned—I allude to *Secale-cor.*—and it will change the rice-water passages to those of a bilious character, in the advanced stages of the disease, even when they have become involuntary.*

Dr. FRANKLIN. There are some very interesting incidents connected with the treatment of cholera. You all recollect our humorous friend, Dr. Lord, of Chicago. He also was practicing as an Allopath in Sacramento, during the epidemic, and we frequently had our jokes together with reference to our different modes of therapeutics. In one week seven Allopathic physicians died of the disease; the week after, Dr. Lord's partner was taken, treated *secundem artem*, and died. Dr. L. himself was soon after taken, and sent for me. I cured him, and he has been a firm Homœopathist ever since. I treated two other Allopathic physicians with success; they also became Homœopathists, and remained so ever after.

Dr. FELLERER. I desire to know the opinion of the Society in reference to the use of cold water. In 1845, in Munich, the patients were allowed to drink as much cold water as they desired; in 1854 many physicians strictly forbade its use, and ordered ice to allay the thirst.

Dr. VASTINE. I have used ice and ice-water, and have seen better effects from the former. I have seen water produce good effects if drank moderately, but large quantities of very cold water I believe to be injudicious.

Dr. FELLERER. It very frequently happens, as was found by the physicians of Holland, that by taking large quantities of water perspiration is induced.

Dr. VASTINE. Water may keep up irritation of the stomach.

Dr. LUYTIES. There can be no doubt, that if thirst be present, the continued use of water at a moderate temperature assists to produce reaction. I know this from my own case. I had the cholera in New Orleans, and drank from time to time considerable quantities of water, with great relief to myself.

Dr. VASTINE. Excessive thirst is not always present; when it is, I believe it generally to be occasioned by the presence of some indigestible article of food in the stomach. I will illustrate this by a case. I was called to a patient late in the evening; she was nearly collapsed; she had been drinking considerable quantities of cold water through the day. I gave the medicines as usual, without any effect. I became convinced that there was something indigestible in the stomach. I told her to take as much warm water as possible; she did so, and in a short time ejected from the stomach about a teacupful of cherry stones. Then *Arsenicum* and *Verat.* acted like a charm.

* In the Western Homœopathic Observer, Vol. I., page 133, is an interesting article on the characteristic indications of *Secale-cor.* in cholera. The writer regards as characteristic the following: "Aggravation from external heat and amelioration from external cold are both strongly marked in *Secale*, and are very apt to be also strongly noted in cholera."—[EDS.

Another case was that of a gentleman. He had taken a late dinner, and had also been drinking considerable quantities of cold water. The medicines did not act well; ordered the warm water, and he vomited undigested pieces of cucumber.

Dr. FELLERER. In 1854 I was called to see a patient, at Barnum's Hotel, who had been given up to die by Dr. Johnson of this city. She had been prohibited the use of water. During the time between the last visit of Dr. J. and my arrival, her husband, believing that death was near, and she being tormented by intense thirst, gave her as much water as she desired. When I arrived, reaction had commenced, and *Arsenicum* cured the patient.

After a few other remarks, and the Committee being empowered to prepare and print the circular aforesaid, the meeting adjourned.

## Editorial.

With this number, the WESTERN HOMŒOPATHIC OBSERVER enters upon the third year of its existence. To increase its usefulness, Dr. G. S. WALKER, of this city, has associated himself with the paper, and we trust that with his assistance the pages of the journal will possess an additional interest.

It is the endeavor of the Editors to conduct the paper on liberal scientific principles, to open its pages to the whole profession; to be neither sectarian or dogmatic upon those points which are being argued by the Homœopathic profession, and to labor in earnest for the further propagation of Homœopathic Medicine.

We trust, therefore, that our readers, while they send forward their annual subscriptions will also supply us from time to time with papers on Medicine and the collateral sciences, and particularly with the records of successfully treated cases, both with the lower and higher potencies; with the single medicines, and with alternated remedies. By such practical facts much light will be thrown upon the vexed questions of therapeutics, and reliable data furnished upon which to found rational and unanswerable conclusions.

Of our "Exchanges" we beg for a continuation of the compliments they confer upon us, and shall be glad to return the same.

To those subscribers who do not regularly receive their "*Observer*," we would urge the necessity of immediately informing the proprietor of any irregularity of reception, that the fault may be remedied; and to Homœopathic physicians in general we would say, that the Editors will use their best endeavors to render the *Observer* worthy of the increased patronage and confidence which in the past two years they have bestowed upon it.

THE WESTERN

# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, DECEMBER 15, 1865. No. 2.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.

## NITRIC ACID.

Translated from the French of A. Espanet,

BY H. B. CLARK, M. D., NEW BEDFORD, MASS.

### HISTORY

*Nitric Acid* was first employed toward the end of the last century in diseases of the liver. Its powerful action on the blood and the nutritive life was early remarked, and its effects upon the salivary glands, simulating those of *Merc.*, suggested the idea of its use in certain syphilitic affections. From these trials it came into use, and afterward into abuse. The results thereof were summed up by Swediaur* at the beginning of this century.

Since then *Nitric Acid* has been administered more particularly in a few inveterate syphilitic affections, in certain engorgements of the liver, in many diseases of the skin, in leucorrhœa, in scorbutic, scrofulous and arthritic affections, in hæmorrhages, in malignant fevers, in diarrhœa, and in intermittent fever to such a degree that Pearson proposed it as a substitute for Quinine.

The physiological experiments of Hahnemann† and the

* Pharmacopeia Medici Practici Universalis. Bruxelles. 1808.
† Traite de Matiere Medicale. Paris. 1864. 8 vol. in-8.

observations made by a great number of physicians, among others F. Hoffman, Alyon, Sandford and Pereira, enable us at the present day to appreciate its action more exactly, without, however, extending a great deal the sphere of its activity.

When we come to speak of alkalies, we propose to show the differences between their action and that of mineral acids (see *Calc.-carb.*) We will only say here, in general, that the diathesis, the dynamic and hematosic alteration, produced by alkalies, offer the following symptoms: Continued lowering of the vitality after ineffectual efforts at reaction; relaxation, with sweat and mucous discharges; secretions excessive; nervous and neuralgic phenomenon; ulcers; cutaneous eruptions, with a superabundance of imperfectly elaborated fluids. The diathesis provoked by the mineral acids consists more particularly in erethism, tension, nervous fever, aphthæ, ulcers and cutaneous eruptions, with discharges of sanious matter and of fluids too much elaborated or too much animalized.

This distinction gives us occasion to say, that in one respect—the state of anemia—all cachexiæ and morbid diatheses resemble each other; but to anemia may be joined circumstances and conditions, organic and symptomatic, which often call for any medicine rather than *iron*, which, as we shall show in treating of that medicine, corresponds neither to all anemias nor all chloroses.

PHYSIOLOGICAL EFFECTS.

Without physiological experiments, Sachs ascertained that *Nitric Acid* had a great influence on the vegetative life. It is certain, on the other hand, that it has but a secondary influence on the heart; its fever is irregular, with predominance of cold and of acid or fetid sweats, and it is always secondary or symptomatic of the diathesis or of the alteration of the blood. The same may be said of inflammations, which always depend upon the diathesic state, whatever their situation, whether of the eyes, ears, throat, or on the skin; they are also always sub-acute, and generally chronic.

This diathesic state is characterized by dryness of the skin and the superabundance of the internal secretions; either of the urine, of the saliva, or of the intestinal or vaginal mucus. It is still further manifested by glandular and periosteal swellings, by aphthæ, by ulcerations of the mucous membranes, by ulcers and certain eruptions of the skin, by the yellowish pallor of the face, by the sunken eyes, the whiteness of the mucous membranes and the flesh in general, by the discoloration of the blood, by extreme muscular weakness with trembling, heaviness of the limbs, and sometimes epileptiform convulsions; by wasting and sensibility to cold, by disorders of digestion, which are accompanied with fatigue, disagreeable warmth, sweat, beating of the heart, anguish, sleepiness, nausea, acid risings, water in the mouth, cramps of the stomach, sensations of heat or of cold, inflation of the abdomen, which is sensitive to cold; diarrhœa, the stools being often badly digested or putrid. The sleep is agitated by nervous excitement of the heart, by erratic pains, and is often interrupted; heavy sleepiness during the day; the mind is unquiet, with tendency to hypochondria; there is irritability and at times fits of passion, at other times profound apathy; often the disposition of nostalgic subjects will be manifested. The nervous system is affected in a similar way to that of the circulatory—that is, secondarily and through the alteration of the fluids, and even of the solids. The pains are tearing, burning, and occupy not only the muscles and mucous membranes, but the deeper parts of the limbs, like the pains of osteocopus. The cephalalgia chooses the summit of the head; it returns with vomiting and paroxysms of vertigo. The following observations apply principally to the nervous phenomena; the pains are aggravated or produced by touch, by cold air and by changes of the weather; they are worse in bed and in the evening or morning; the left side of the body is more commonly affected. The febrile symptoms and those belonging to the nutritive functions are worse at night, from movement, from exposure to the light, and during or after eating. The

*ensemble* of the phenomena of the respiratory, digestive and lymphatic systems, of the heart, of the mucous membranes and of the skin, exhibit a nervous condition which characterizes the action of *Nitric Acid* throughout the course of its evolution until it is completed in its peculiar diathesis; and what is more remarkable, it embraces both elements of vegetative life—eliminative and assimilative, destruction and production—so that in certain organic and vital conditions still unknown, *Nitric Acid*, by its dynamic action, determines ulceration and erosion of the tissues, and checks plasticity, while in others it excites and exaggerates it, developing vegetation and excrescences most frequently upon ulcerated surfaces, as from exuberance of plastic force.

*Nitric Acid* is analogous to common salt (*Nat.-mur.*) in its action on the skin and circulation, producing cachexia; it has similar relations with *Calcarea-carb.* in its influence on the plasticity, and with *Kali-carb.* in regard to its action on exhalant surfaces and mucous membranes. As for erosion and destruction of tissues, more analogy will be found between *Nitric Acid* and *Mercury.* This analogy hold under similar conditions with the other universal acids; they all tend to the same diathesis, and have a very similar influence upon the hematosis and upon the blood itself, depriving it of its fibrin and its color, without increase of serum, contrary to what is observed in the case of many salts, the alkalines in particular. The mineral acids, *Muriatic*, *Sulphuric*, *Phosphoric*, *Nitric*, and also *Muriate of Iron*, are of great service in the hemorrhages of low nervous fevers. They produce the best effects upon the relaxed mucous surfaces, through which escapes the too fluid though not too serous blood. Their effects are the same upon bleeding ulcerated surfaces. This action explains, by the passive congestions and the sanguine stases which it implies, the irregularity and the intermittence of the pulse produced by all these substances—the frequent, feeble and intermittent pulse of *Muriate of Iron*, the intermittent pulse of *Phosphoric* and of *Muriatic acid*, the irregularity and inter-

mittence of that of *Nitric acid*, the irregularity of that of *Sulphuric acid.*

But *Nitric Acid* differs essentially from the others by its development and extension of the plastic force, producing excrescences, ficoid tumors, vegetations, fleshy growths on ulcers, on the edges of solutions of continuity, and upon mucous membranes.

Herein it has relations with *Thuya* and with *Lycopodium*, though the vegetations of the latter, instead of being smooth and shiny, are rugose and fissured. Finally, among the effects of *Nitric Acid* may be reckoned chaps and rhagades, either cutaneous or mucous. Such effects belong also to *Graphites*, *Lycopodium* and to *Sulphur.*

*Nitric Acid* may be considered as one of the medicines whose asthenic and depressing action is the most characteristic. The initial excitant action is not always produced, or it is soon effaced by the tendency to asthenia. There are several medicines, and especially *Mercury*, *Silex*, *Sepia*, and the mineral acids generally, which have with *Nitric Acid* the common symptoms of settled asthenia, mingled with temporary congestive excitement; an alternation of opposite effects as from imperfect reaction, such as over-excitement of the senses, with sensorial weakness; tension, dryness of exhalant surfaces, and relaxation, with hypersecretion; exaltation of the venereal appetite, with impotency; mental agitation which repels sleep and somnolency, even comatose; and to conclude, there is always anemia, cachexia, flushes of heat, changed taste, fetid mouth, putrid secretions, softness, pallor and puffiness of the flesh, asthenic irritation of the mucous membranes, with softening and aphthæ, friability of the bones, colliquative discharges.

(To be continued.)

---

CORRECTION.—In the Proceedings of the St. Louis Homœopathic Medical Society, published in our last, on page 19, sixth line from the top, for "Dr. FRANKLIN" read Dr. TEMPLE.

## Surgical Cases.

### WOUNDS.

BY WM. TOD HELMUTH, M. D.

Severe Wound of the Arm.—Kate M——, a domestic, of full habit and in good health, while engaged in cleaning a window received a very severe wound of her left arm and hand in the following manner: For the better accomplishment of her work, she had gotten outside the window-sash, and was standing on the steep roof of a back building, in which was also a window to admit light to the hall below. While reaching upward, her foot slipped, and in her terror, to prevent being precipitated to the ground, she thrust her left arm through the skylight. The gashes inflicted by the broken glass were very deep, the most severe being about the middle third of the outside of the arm, extending downward and inward across the bend of the elbow, and continuing on the inside of the fore-arm for some distance. I chanced to be in the house at the time, heard the crash of the broken glass and the screams of the poor girl, and without delay hastened to her assistance. When I reached the first landing, which was lighted by the panes of glass in the roof, I saw blood dripping from above to the floor, and as I reached the second landing of the stairs, she was being assisted through the window, with the blood spirting from her arm to a distance of several feet. This was quite sufficient to indicate the severity of the injury, and as soon as she was placed in a convenient position I tied a handkerchief around the arm above the wounds, and examined their depth and severity. The hemorrhage was very profuse, and she was in a few minutes lying literally in a pool of blood. The Radial and Ulnar arteries had both been severed shortly below the bifurcation of the Brachial, the Median-Cephalic and Median-Basilic veins being also divided:—add to this a gash of two inches in length on the inside of the Biceps, another

five inches in length on the lower third of the fore-arm, between the Flexor Carpi-Radialis and the Supinator Longus muscles, and two wounds to the bone on the thumb and two on the fingers, and the hemorrhage resulting will be readily understood.

The first thing thought of was *position;* the arm was elevated; the next, to secure the bleeding vessels, which were tied forthwith; the third step, to remove the pressure made from above by the handkerchief, to arrest the venous hemorrhage. The wounds were then carefully sponged and examined, to ascertain if any portions of the glass had remained in them; and finally their lips were brought together by twenty-seven points of interrupted suture. The arm was placed, slightly elevated, upon a pillow, and the *Calendula lotion* ordered to be constantly applied. During the application of the ligatures (there were three) and the dressing of the wounds, the patient fainted several times from loss of blood. On the second day high fever supervened, which was controlled by *Aconite*, the *cold Calendula lotion* being constantly applied. The cut surfaces healed by the first intention, excepting around the ligatures, which came away in due time. The healing process was very rapid, and, thanks to *Calendula*, was unaccompanied by any untoward symptom.

No surgeon should be without *Calendula.* To repeat here the power it possesses in preventing suppuration and hastening granulation, would be but a work of supererogation. The case is merely reported as one calculated to substantiate what has been before written on the subject.

The solution, composed of a drachm of the tincture to about two ounces of water, is the preparation which is generally used, but Dr. Schneider of Fulda, by whom, it is believed, the especial virtues of the plant in incised and lacerated wounds were introduced to the profession, was in the habit of using a *liquor Calendulæ*, or Calendula tea, and it was this preparation that Dr. Thorer of Görlitz so successfully employed. The following are the directions for preparing the *aqua Calendula*

*officinalis:* "Fill one-third of a clean bottle with petals or leaves of the flowers; the remaining two-thirds with fresh, pure spring water. Cork the vial well and expose it for two or three days to the rays of the sun. The water is by this process rendered slightly aromatic. It is then poured off from the leaves into a bottle, which must be sealed and placed in a lower temperature. While the liquid is being exposed to the rays of the sun, it must be narrowly watched, and as soon as there are signs of incipient fermentation, measures must be taken to arrest it."

There are several interesting cases upon record of the healing virtues possessed by the Marigold. An apothecary named Flügge effected some wonderful cures with it, which are related by Dierbach—indeed, he even went so far as to inflict on himself a severe wound, to convince some skeptics of the powers of the plant.

Dr. Thorer also relates some successfully treated cases; among others, a severe laceration of the lower lip, occasioned by the kick of a horse; another of a boy, Floeder, who was horribly mutilated by machinery; a third in which, after severe injuries, immediate amputation was necessary, and where the Calendula water was of the most essential service; together with others of more or less import, all of which, however, tend to substantiate the same facts. Dr. Schulz reports other cases with similar results. Its almost magical effect, in the treatment of burns and scalds, is well illustrated by a case reported some years back by Dr. Temple of this city. The injury was very severe; the patient had been given over to die, by his Allopathic attendant, from profuse suppuration and hectic, but was saved by the timely application of the Calendula. This case was reported in the *North American Journal of Homœopathy.* The same gentleman also testifies to the merits of the drug, in a similar sphere of action, in an article headed "*Calendula in Plastic Surgery,*" published in this *journal.* Dr. Franklin also bears his testimony to its effects in gunshot wounds and in the after-treatment of surgical operations; his paper,

"*Calendula in Gunshot Wounds,*" being found in the *Observer;* while our co-Editor, Dr. Walker, during his sojourn in the army, was in the habit of constantly employing it after surgical operations, with uniform good results. In conclusion, I may be allowed to give one more case that has lately fallen under my observation, and which is highly interesting as evincing the curative virtues of the plant in injuries to *bone.*

A short time since a man was brought to my office with his hand severely injured. He was a machinist in a locomotive factory, and had caught his hand in a part of the machinery. Upon examination, I found the index and ring fingers cut through about their middle, and the middle finger entirely divided in two places, one cut being transversely across the joint. When the rough dressing, which had been extemporized for the occasion, was removed, it was only with much care that the divided extremity of the finger was not taken off, as it only adhered to the hand by a thin portion of the cuticle. Here then was the question: Was I to remove the severed end of the finger—a practice which a few years since would have undoubtedly been put into immediate execution,—or was I to endeavor to save, for a laborer and a machinist, so important a part of his body? Conservative Surgery and *Calendula* answered the question. I placed a broad splint on the back of the hand, from the wrist to the extremity of the most severely injured finger, and having adjusted the cut surface as neatly as possible, I placed narrow splints on each side, holding them in their position by adhesive straps, placed above and below the wound. To the cut surfaces thus exposed I applied a compress saturated with the lotion of *Calendula,* and ordered the patient to keep the parts constantly wet with the same. The union in a short time was perfect, the suppuration being so slight that it was scarcely perceptible.

I have also recently, in two very severe *burns,* witnessed the effects of the Marigold. A child of about six years, while reaching upward to the mantel-piece, lost her balance and fell forward into a grate. Her clothes instantly took

fire, and when the flames were extinguished by the terrified mother, the face, arms and neck, and superior part of the chest, were most severely burned. An Allopathic physician being in the neighborhood, was called in my absence, and ordered cotton batting, saturated with a strong solution of alum, to be applied. From the account of the attendants, I learned that this dressing was productive of very great relief to the little girl. When I saw the patient, I removed the above dressing and applied the *Calendula*. The effect was surprising, and although in many parts of the affected surface the suppuration was quite profuse, yet the recovery was remarkably rapid and the deformity of no moment.

In another case of severe burn of the arms and body, resulting from the explosion of a steam-boiler, a like good effect was noticed from the use of the Calendula solution.

## Resection of the Shoulder-Joint.

BY G. S. WALKER, M.D.

Excision of joints, for various diseases, and accidents of these parts, was practiced many times by the surgeons of the last century. But it was reserved for the surgeons of the present era to utilize and perfect this particular branch of chirurgical art; so that Resections are now considered an established operation of Conservative Surgery.

Among the many joints of the body which have been subjected to this operation, none has demanded it more frequently than that of the shoulder, and none has been attended with so satisfactory results. Comminuted fractures of the head of the arm-bone, accompanied with laceration, complicated dislocations, caries, necrosis, and other incurable diseases, may necessitate Resection, or the removal of the entire arm. Formerly there would have been but one alternative—namely, removal of the arm by amputation.

Conservative Surgery, however, that endeavors to save every part of the body which can be afterwards rendered useful, has made in this department its most brilliant achievements.

By an operation which ordinarily does not require a superior degree of skill, the mutilated or diseased portion of the bone is excised, and the limb remains. The shortened arm gradually regains, to a great extent, its former "cunning." An artificial joint is reproduced in many cases, and a considerable degree of motion established.

During a service of two years as a surgeon in the army, I was called on to perform this operation many times, and in the early part of my career I learned that instruments for the performance of resections were not furnished by the Government, the surgeons of the "regular" service, as I have been informed, not deeming them, nor such operations necessary. I therefore, previous to being engaged in any battle, gave Tiemann, the noted instrument-maker of New York, an order to fit up, at my own expense, one of his best and most complete resecting cases. These instruments were, I must say in justice to the maker of them, the very best, and excited the admiration and the envy of the army surgeons who examined them and saw them in use.

The following case I give the readers of our journal as an illustration of all these operations and of the difficulties which have to be overcome in performing operations of any kind in the field:

Sylvester B. Crane, Co. H, 13th U. S. Inf., (the regiment formerly commanded by Colonel, now Major General Sherman,) during the first assault upon the intrenched enemy in the rear of Vicksburg, at Chickasaw Bayou, Dec. 29th, 1862, was struck by a "Minie" ball on the point of the left shoulder, just below the Coracoid process. The ball, perforating the integuments, produced a compound and comminuted fracture of the Humerus, immediately below its surgical neck. Passing under the Scapula, the ball lodged beneath the skin at the lower angle of that bone. The head of the Humerus was also fractured through its

longitudinal center into the Glenoid Cavity. The large vessels and nerves were intact, as was also the long head of the Biceps muscle.

The patient, when brought and placed upon the operating table, was still suffering from the first shock of the injury. A liberal allowance of stimulants was administered before bringing him under the influence of chloroform. This, with me, is almost an invariable custom, in surgical operations. To this I attribute, in a great degree, the entire absence of any unpleasant results in my use of anæsthetics. To my medical brethren I can confidently recommend it.

The patient was placed upon his right side, with his head and shoulders well elevated. As soon as anæsthesia was induced by means of chloroform, I made a single incision from the Acromion process through the point where the ball entered, extending it down the arm six or seven inches. After removing all the splinters of the fractured bone, and having the long head of the Biceps pressed aside by a rectangular spatula in the hand of an assistant, I commenced the dissection of the upper fragment by means of a scalpel, the edge of which was kept carefully directed to the surface of the bone.

The difficulties to be surmounted, from this stage of the operation, may be better appreciated when it is known that it became quite dark and commenced raining. We were in the midst of a forest which, for many months in the year, is nothing but a swamp. The soil was saturated by the recent rains, and worked up into black mud by constant tramping. Sheltered by a thin "Fly" only, through which the rain beat and fell upon us in the form of mist, saturating everything almost as completely as if we had been out in the storm itself; the little "stearine" candle giving a dim, flickering light, so feeble that its frequent extinguishment by occasional larger drops of water scarcely added anything to our perplexity. More by the sense of feeling, therefore, than by seeing, the whole upper fragment was dissected from its various attachments. With the lion-toothed forceps

of Mr. Fergusson, the head of the bone was grasped, and securely held by the hand of an assistant. Then with my thumb, or my index finger (according to circumstances) of my left hand, serving as a guide, the palmar surface pressing against the tissues, and the point of the nail in close proximity to the surface bone, with the edge and point of the scalpel between, carefully pressing the cutting edge close to the bone, I gradually, notwithstanding the darkness, succeeded in removing the whole head of the Humerus without wounding either the great vessels and nerves or the long head of the Biceps muscle.

The remaining fractured end, after a partial dissection from its attachments, was elevated upon a metal spatula, and its end sawed smoothly off. Very little hemorrhage resulted, from the beginning to the end of the operation. The wound was well cleansed with sponge and fresh water. The parts were coaptated, a bandage applied to the arm, and by means of a rectangular box-splint the whole was so adapted as to be supported by the neck and opposite shoulder. In this condition he was next day placed upon a steamboat and taken to one of the Government Hospitals, I believe, at St. Louis.

About a year after, when I had resigned my commission in the army, I was accosted on the street in St. Louis by a soldier, whom I did not recognize, but who proved to be the identical subject of the above operation, who wished to congratulate me upon the (to him) extraordinary success of my surgical skill.

His arm was shortened apparently about two inches, and the amount of motion at the shoulder was considerable. Taking the Humerus as a radius, and the point of the Acromion process as a center, there seemed to be a motion at the periphery, or elbow, of at least two or three inches. The improvement would probably continue.

## Organization of the Homœopathic Medical Society of Wisconsin.

At a meeting of Homœopathic Physicians of Wisconsin, held at Dr. Dale's office in the city of Oshkosh, Oct. 18th, 1865, the following gentlemen were present: Drs. Pearce, More, Page, Patchin, Ober, Dale, Clarke, Storke, and others.

Dr. Pearce was called to the Chair, and Dr. Dale appointed Secretary *pro tem.*

Dr. Pearce, on taking the Chair, made some appropriate remarks, and was followed by Dr. Patchin, who in conclusion moved that immediate steps be taken to organize a State Society. Carried.

Dr. Ober moved that a committee of three be appointed by the Chair, to report on the name, a Constitution and By-Laws of said Society. Carried.

Drs. Ober, Patchin and Dale were appointed the committee, and adjourned for private conference. After a short space the committee returned, and reported the following name: "*The Homœopathic Medical Society of Wisconsin,*" which was unanimously adopted; also on a Constitution and By-Laws, which were adopted.

On motion, the Society then adjourned to the Adams House to dinner; after which they proceeded to the lake shore, to examine the abnormal growth of a child's head. The case was very peculiar, and interested all present.

The Society was called to order at 2½ P. M. by the Chair, and proceeded at once to business.

On motion, proceeded to elect Officers for the ensuing year, with the following result: Drs. T. J. Patchin, of Fond-du-Lac, President; L. E. Ober, of LaCrosse, Vice-President; H. B. Dale, of Oshkosh, Secretary; P. Moore, of Neenah, Treasurer; and Drs. Pearce, of Green Bay, M. F. Page, Appleton, and — Swetting, of Berlin, as a Board of Censors.

The following committees were then appointed, to report at the next session: *Venereal Diseases*, Dr. Pearce; *Diphtheria and its Sequelæ*, Dr. M. F. Page; *Typhoid Fever*, Dr. T. J. Patchin; *Infantile Pneumonia*, Dr. H. B. Dale; *Scarlatina*,

Dr. P. Moore; *Dysentery*, Dr. L. E. Ober; *Diseases of Children*, Dr. Swetting; *Cutaneous Diseases*, Dr. Babcock.

On motion, Dr. Dale was instructed to procure photographs of the Milmore child, at the expense of the Society, with a view of furnishing the members and those who desire it with a copy of the same.

On motion—*Resolved*, that this Society cordially invite the students of this State to participate in their discussions and scientific writings. Carried.

On motion, the Society adjourned, to meet at LaCrosse on the third Monday in November, 1866.

T. J. PATCHIN, M.D., President.

H. B. DALE, M.D., Secretary.

## Review.

"THE HOMŒOPATHIC GUIDE, for the use of twenty-five Principal Remedies in the treatment of the more simple forms of Disease, by GEO. E. SHIPMAN, M.D.; together with Directions for the Treatment of Dengue and Yellow Fever, by WM. H. HOLCOMB, M.D., New Orleans, La. Second Edition. Chicago: C. S. Halsey, 147 Clark st. 1865." 12mo., pp. 241.

In medical literature there are some books which are read as matters of study or of duty, others as works of reference, while there are others again, that can always be perused both with pleasure and with profit by the medical student; such works as the Pharmacologia of Dr. Paris, the Practice of Medicine by Dr. Watson, Holland's Medical Notes, Winslow on the Brain and Mind, or Montgomery on the Signs and Symptoms of Pregnancy, and others of the class, are among those which are ever readable and ever interesting—firstly, because the authors are evidently well versed in the subjects of which they treat; secondly, because they are men of letters and have cultivated a pleasing style in their varied compositions; and thirdly, because they draw upon their own originality and experience, while they record that of others.

Of the many works upon Domestic Practice, or the "Family Guides," there is not one that, as a *readable* book, can bear a comparison with the one the name of which stands at the head of this article, and simply for the reason that the authors too frequently endeavor to force upon the consideration of the lay reader too much that is medical, too many technicalities, too many "Doctors'" phrases, a little of anatomy, a modicum of physiology, and a sprinkling of other collateral sciences; too much entirely for the poor mother who endeavors to discover a medicine for her sick child, and too little for the regular medical practitioner. In most works of the class to which we allude, there are too many medicines to be selected from, and too many distinctions in the proper selection of the drugs themselves. Of late years, however, many of these defects have been in a measure remedied, but in none so completely as in the book of Dr. Shipman.

The work tells, in a most concise and agreeable manner, as much of the experience of the author as he desires the reader should know, as much as the title of the book demands, and withal has a pleasantness about it that, from the rather novel manner of expression, one is rather disposed to read on, after he has found what he desired, or indeed, whether he wishes to find anything for any special case or not, he smilingly turns from page to page, to look into the ideas therein expressed concerning many diseases. Let us give a sample or two, and let us urge those who would wish for more, to send to Mr. Halsey and procure the work. Now, we have no more interest in this book than Dr. Shipman has in the syringe he recommends (page 62) to be procured at the excellent pharmacy in question, excepting a desire to circulate a good "Domestic Practice" among our Homœopathic friends.

In the Preface we find the following, which is evident throughout the text:—"The Editor has been guided by his own experience in the selection of the symptoms, to a great extent, and has added some indications which are

deduced solely from experience." He further says, in explaining the object of the work:—"He who purchases this book, buys the right to cure all diseases treated of therein, but not necessarily the might. Let him not therefore complain that he receives an inadequate *quid* for his *quo*, if he fails to cure sometimes, nor relieve his mind by calling the writer a fool and the publisher a knave. * * * No *very* sensible person will ever attempt to treat himself or his family who can obtain the advice of a well-qualified physician. If those fail too often, who make the study of diseases and their remedies the sole business of their lives, what success can they expect who know little or nothing of either?"

There are also, throughout the book, certain little expressions which will often tend to allay the anxiety of the unprofessional. For instance, under "SPITTING OF BLOOD," we find "a very alarming symptom, but in general less immediately dangerous than alarming." Under "CHOLERA": "The first thing to be noticed is, that Cholera is not, or need not be, a cause of alarm, and this for two reasons. In the first place, it always gives notice of its approach (as I have not seen all the cases of Cholera which ever occurred, this 'always' in a restricted sense, but as far as my observation goes, this is true.)"

"CONSTIPATION.—A great bug-bear, which has frightened thousands of people to death. Time was when the bowels must move every day, cost what it might; the people are getting more rational, and 'the profession' are *gradually falling into their notions.*" The Italics are our own.

"CROUP—Is a sound of terror to all mothers, and deservedly so; yet all is not Croup that is called Croup."

"DELIRIUM-TREMENS—Is a mournful, frightful, disgusting, comical disease, just as one sees proper to look at it."

"DYSPEPSIA.—'Live on sixpence a day, and earn it,' was the advice of Dr. Abernethy to his patients, and this embraces about all that can be said upon the subject."

"HYSTERICS.—A Doctor who understands women never

tells one that she has Hysterics—unless he wants to get the case off his hands. * * * Nevertheless the sufferings are real, and so is the disease."

"WORMS.—He who could tell Domestic Physicians—or any other, in fact—just how to know when and where worms are present, and how to make them absent, would be a public benefactor, and deserve to have his name written with Jenner's, the discoverer of Vaccination. I do not think such a man exists; if he does, he keeps the knowledge to himself."

But we have given enough for our readers to understand the general style of the work. The treatment is very concise—for instance, for "WHITLOW, OR FELON":—"Pain, heat and throbbing are the tokens of this affection, which is usually noticed at the end of one of the fingers. I have heard of many cures for it, but never seen but one—the knife. *Silic.* is recommended, also *Merc.* and *Hepar-sulphur*, and external applications without end. The trouble is, there is not always time to wait."

"CATARRH.—Acute Catarrh, or cold in the head, is a very common affection. *Camph.* is the first remedy; then *Ars.* if the discharge be very thin; *Calc.* or *Merc.* if it be thick; *Nux* if it be wanting; *Lyc.* if offensive; *Sulph.* if burning."

There is also a concise description of Dengue and Yellow Fever, by Dr. Holcomb, whose experience in these diseases is acknowledged; together with quite a nice little Repertory and Materia Medica of the twenty-five medicines, which completes the volume.

On the whole, the book is a pleasing and instructive one, and is well adapted to the uses it is intended to subserve. Nobody with sense would look for a complete Manual in a Domestic book.

# Editorial.

## OUR SOCIETIES.

There is no sign that argues more favorably for the increase of Homœopathy than the establishment of new Medical Societies of our School. The amount of good that is effected by such organizations cannot be estimated by the mere record of the proceedings of the body during its deliberations, for there are other great ends attained which outsiders cannot perceive by the reading of medical transactions. We allude chiefly to the feelings of good-fellowship which will invariably grow up between physicians who thus associate with each other.

Man is a gregarious animal, and physicians should be especially so. The actual practice of their profession among large circles of patients has a tendency to separate them from each other. Every patient thinks that *his* medical adviser is the *best*, and will argue the point with his neighbor; often, in so doing, some unguarded expression is detailed which has been made use of by the physician, from which, not knowing the context, great exceptions may be taken by a professional brother; this may lead to a coldness, and the coldness easily ripens into feelings of actual enmity. In many such instances nothing but the *bad side* of the question is seen by both parties, and the breach widens, perhaps never to be closed.

We all have good and bad qualities; perhaps the bad may predominate: but there are some good points to be discovered in every one, if we will only give ourselves the opportunity of searching for them, and a free intercourse with each other will certainly develop the good if it does also the bad.

How many times have we seen physicians change their ideas with reference to their brothers after the meetings of a Medical Society, and as the Doctors walk home, after a well conducted session, how often is the remark made—"Well, Dr. So-and-so is not so bad a fellow after all," or—"I had formed a very different idea of Dr. A. or Dr. B. before this meeting, but he has really turned out quite a trump."

The *oftener* that Medical Societies meet, the *better* will be the feelings established between the members: the more frequent will be the opportunities offered for satisfactory explanations, the more will the learning and practical experience of the members be developed. We are very well aware that sometimes feelings of enmity or jealousy may be excited by remarks and actions made at a *single* convocation, but it is our experience that after a *number* of meetings, the bad feelings generally give place to the good, and a better understanding of the merits of the parties is arrived at. If at one meeting any such unpleasant feelings are aroused, by future pleasant intercourse they are in a great majority of instances dispelled; and if such is not the case, the exception proves the rule. Why should Doctors be jealous of each other? Let us remember—

> * * * "As round and round we run,
> That ever the truth comes uppermost,
> And ever is justice done."

An honorable competition in Doctorcraft is but enlivening. If Dr. A. is so fortunate as to cure a case that Dr. B. could not, the rule will *in time* work the other way, and Dr. B. will certainly lay hold of a case that Dr. A. missed entirely. If Mrs. Jones likes Dr. C.'s manners better than those of Dr. D., the time will come when Mrs. Smith will think Dr. C. an ass and Dr. D. a paragon. If we only look at these matters in the right light, there's actual fun in them! Our friend Mrs. Jones sends for Dr. A., and tells him that she has discharged Dr. B. because he went to sleep while she was detailing to him the color and consistence of her baby's passages; while Mrs. Smith sends for Dr. B., and gravely informs him that she will never send for the odious Dr. A., because he talked so glibly and so egotistically and so foolishly that she could not get a word in edgewise, and forgot all that her affectionate husband had insisted she should inquire regarding the amount of bed-clothes required when the thermometer stands at 58°.

Let local Societies be formed, and let *all* the members strive to be present at *all* the meetings, and then, besides the actual amount of medical information that may accrue, the good-fellowship engendered will result in a *united* effort in behalf of Homœopathy, which in time will certainly be the means of elevating to its proper standing, in the eyes of the community, the whole Homœopathic Profession.

## THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The Lectures in this Institution are progressing with great regularity, and the Class is larger and more satisfactory than any heretofore in attendance.

The Clinics at the Hospitals are held as follows: Good Samaritan, on Wednesdays, from 1 to 2 o'clock; Post Hospital, on Saturdays, from 3 to 4 o'clock; Orphans' Home, on Saturdays, at 11 o'clock A. M. The students are conveyed to and from each of the above charities free of expense, and to those who have been regular in such attendance, a Diploma is granted by the College, at the end of the Course, in addition to the Regular Degree of the Institution. Material is abundant in the Dissecting Room, and the Classes have not only regular hours for dissection, but receive Lectures from the Demonstrator at stated periods during each week.

Professor Smith, of the City University, has placed in the Museum of the College a very valuable chemical apparatus, with which he illustrates his Lectures, which are not to be excelled by any Institution in the West.

With these advantages, and the earnest efforts of a united Faculty, the prospects of the College are bright; and with pleasant feelings of good-fellowship, it greets all other Homœopathic Colleges throughout the country, both East and West, with the best wishes for Christmas-tide and the coming year—1866.

# THE WESTERN HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, JANUARY 15, 1866. No. 3.

**H. C. G. LUYTIES, Proprietor and Publisher.**

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## Materia Medica.

## NITRIC ACID.

Translated from the French of A. Espanet,

BY H. B. CLARK, M. D., NEW BEDFORD, MASS.

(Continued from page 25, Vol. III., No. 2.)

### III.—THERAPEUTIC EFFECTS.

A. *Nervous and Febrile Affections.*—Of the indications for *Nitric Acid*, regard must be paid, first of all, to the manner in which the asthenia is manifested. It is a vital depression, excluding acuteness of fever and phlegmasia, not only as concerns the inflammatory element, but also in regard to all essential excitement of the circulation. The symptomatic fevers of organic lesions, ulcers, caries, mucous or, more frequently, sero-purulent discharges from the nose, bronchia, intestines, or vagina, are appropriate to *Nitric Acid;* they assume slow and hectic forms, and constitute phthisis; there are always colliquative discharges, at least in sweats, which are nocturnal and fetid; or of urine, which is also fetid, turbid, muco-purulent and albuminous. A cold skin, a sensation of habitual cold, remittent exacerbations in the afternoon, intense heat at night, still further characterize these

hectic forms, independently of the general diathesic symptoms, and the local symptoms belonging to the lesion, the local affection.

The asthenia which suits *Nitric Acid* affects the muscular and membranous fibres but secondarily, subsequent to and in consequence of the impoverishment of the blood. This asthenia of the fibre is not characteristic; that which is so, affects the capillary system, the extremities of the veins, the cutaneous and mucous pores, and the extremities of the exhalant and secretory vessels. Such atony is shown in stagnation of the blood, in passive hemorrhages, in mucous, salivary and purulent discharges, which, from imperfect elaboration, rapidly acquire putrid and fetid qualities, rather than acrid and corrosive. Moreover, this atony of the exhalant vessels permits the escape of material which the economy cannot so rapidly replace; thence ensues great emaciation and a certain erethism of the circulatory and nervous systems, which characterizes the last period of the cachexia, and which belongs:

1st—To asthmatic affections, in which *Nitric Acid* is useful in delicate subjects, especially those exhausted by venery when at the same time there is fluent coryza, diarrhœa, abundant expectoration when free from paroxysm.

2d—In the hysteria of nervous or lymphatic women who have been subject to sexual indulgence, in whom the menses are habitually excessive or suppressed from venous congestion of the abdomen, provoking spasms of the womb; in such cases the pains in the sacrum extend to the back and sides, and are followed by risings in the stomach, flatulence and faintness, the slightest sensation of pain being accompanied by trembling, pectoral spasms, and the hysteric ball.

3d—In neuralgia and pains in the bones, also dependent upon the general condition, and manifested by nocturnal odontalgia, migraine, sciatica, and in other rheumatic pains connected with a syphilitic taint; the suppression of a gonorrhœa, the abuse of mercury, or a scrofulous cachexy.

4th—Nervous irritability, resulting from mercurial poison, is also within the range of this medicine.

B. *Ulcerations, Vegetations, Syphilitic and Mercurial Affections.*—Mercury does not always cure chancres nor all forms of syphilis; some it aggravates and renders more obstinate. It is

then necessary to resort to other medicines, among which *Nitric Acid* is the most important.

In muguet and the aphthæ of infants, or of old persons, this remedy will often succeed when *Mercury* is insufficient; it is even to be preferred to the other *mineral acids*, and to *Borax;* it cures promptly the little cutaneous and mucous ulcerations from the base of which arise fleshy vegetations, which bleed easily. *Thuya* is to be preferred when there is neither fetid pus or bleeding of the ulcerated surfaces. If we divide syphilis into two stages, the ulcerative and the productive or exuberant, *Mercury* corresponds to the first, *Nitric Acid* to the second. At the same time vegetations absolutely syphilitic, those usually known as the cauliflower, ought to be treated by *Mercury*, unless it has previously been given for at least a month. Some practitioners alternate *Nitric Acid* with *Thuya* in the fleshy vegetations of chancres of the labia, of the internal face of the prepuce, and of the anus; also for the smooth sycosic tumors, inflamed or otherwise, condylomata, fici, pediculated or pointed, flat tubercles of the mucous membrane. *Nitric Acid* is indicated in the warty excrescences, which are oftentimes treated with *Silex* and *Staph.*, and for the simple soft, reddish warts, which, more than any other sycosic production, exhibits the elective action of *Nitric Acid* on the skin.

All syphilitic affections which resist the action of *Mercury* require *Nitric Acid* or the *Iodide of Potassium;* such as inflammations of the bones, periostitis, caries, especially caries of the bones of the face. In these cases *Aurum* is nearly as effective, as also in obstinate pains in the bones. *Hepar-sulphur* is equally as useful as *Nitric Acid* when there is abundant suppuration, and *Sulphur* in mercurial baldness; but it is doubtful if either can excel it in mercurial salivation.

*Nitric Acid* is furthermore suited to blenorrhagia caused or aggravated by *Mercury*, and to that accompanied with fici or due to vegetations. This sycosic gonorrhœa seems sometimes to require *Thuya;* it is sometimes so obstinate that, like military gout, it requires the use of other medicines to suit the diathesis, local condition, &c.—among them may be instanced *Sulphur, Lycopodium, Argent., Sepia, Hepar-sulph.*

C. *Fissures of the Anus.*—*Nitric Acid* is specially applicable to fissures of the anus, from its elective action on the skin, as well

as its adaptability to syphilitic and mercurial symptoms. These fissures often require other medicines for their cure, for the treatment must be addressed to both elements of the affection, the material lesion and the spasm; for the fissure is but a narrow, elongated ulcer, which determines the spasmodic contraction of the sphincter. Oftentimes this contraction becomes the remaining cause of the ulcer; this is why *Ignatia*, especially when there has been falling of the rectum, has sometimes alone sufficed to cure. This is also a reason why recourse may be necessary to *Nux Vomica*, *Arsenic*, *Plumbum*, *Phos.-ac.*, *Nat. Mur.*, *Mezereum*, *Zinc*, *Thuya*, or *Silex*, according to the accessory symptoms, while *Nitric Acid* will be, if not indispensable, at least probably necessary, and nearly always useful; for, independently of the indications based upon the probability of a syphilitic cause, and upon its action upon the dermoid tissue upon which the fissure is based, it has still further relations with the abdominal venous system, with the hæmorrhoïdal veins, and with the anus.

D. *Irritative and Blenorrhagic Affections of the Mucous Membranes.*—When it accords with the causes and concomitant symptoms, *Nitric Acid* is equal in efficiency to *Lycopodium*, *Kali-carb.*, *Hepar-sulph.* and *Stannum*, in affections of the pulmonary and other mucous surfaces. It sometimes applies, like *Lycopodium*, to lesions of the pulmonary parenchyma, and better than it, to purulent formations in the liver and other viscera, and even in the bones when the caries is of a purely scrofulous nature.

Further indications for *Nitric Acid* may be found in asthenic and colliquative discharges, sub-acute affections of the mucous membranes, perspiration, sweating of the feet and armpits, with offensive odors, in diarrhœic stools which are bilious from hepatic affection or depending upon asthenia, or purulent and bloody from putrid influences or from softening and ulceration; in albuminous, and even diabetic urine; in syphilitic or mercurial angina; in scorbutic stomatitis; in leucorrhœa, otorrhœa, generally when consecutive to syphilitic affections, to bad treatment, to exanthematic fevers; in chronic gastritis with vomiting and regurgitation, crampy pains, diarrhœa; in scrofulous ophthalmia with or without ulceration;—in these cases the action of *Nitric Acid* is aided by *Pulsatilla;* in cases of ulceration with burning and dryness, with acrid discharge of tears or of

muco-pus, *Arsenic* is preferable. *Nitric Acid* is best adapted to cases of ulceration of the cornea with discharge of pus, and in scrofulous caries of the internal ear, in which affections *Sulphur* and *Hepar-sulphur* are also very useful. *Nitric Acid* may sometimes be alternated advantageously with *Phosphorus*, or it may be given alone in *scrofulous ozæna*.

E. *Cutaneous Affections.—Nitric Acid* is suited to liver spots, to syphilides, and in general to all eruptions resting on a copper or reddish-brown color of the skin; it is also useful in the black points which often disfigure the countenance, in humid tetter, in ulcers which resemble chancre, in some cases of mentagra and acne, in *corona veneris* and impetiginous pustules, which are also sometimes cured by *Lycopodium*, *Phosphorus*, *Silicea*, *Dulcamara* and *Hepar*; in the intertrigo of infants and of adults; in chilblains appearing each year on the return of cold weather, with cutting pains. In all these affections the indications for *Nitric Acid* are more easily established when the concomitant or local symptoms are characteristic of its action, when it corresponds to the diathesis, and when there are mercurial or syphilitic affections of however long standing.

Furthermore, such circumstances may sometimes indicate the use of *Nitric Acid* in certain diseases which may seem less appropriate to its sphere of action, such as epilepsy, chronic laryngitis, &c.

Doses.—We prefer to use a mixture of very pure water with one or more drops of the lower dilutions, or even of the pure acid, in dyscratic affections, febrile or otherwise, in apthous and ulcerous lesions, and in mercurial salivation. In such cases, lotions, injections and gargles of slightly acidulated water may also be used. When treating vegetations and fici, it is well, in addition to the internal use of the medicine, to touch the excrescences with a mixture of one part of the Acid to three or four of pure water. Mercurial affections generally require doses of the 1st, 2d or 3d attenuation, administered constantly for several weeks; stronger doses will be required, however, when there is decided asthenia and deficient irritability, either in febrile affections or in neuralgias, and in irritation of the mucous membranes.

## Fragmentary Proving of Croton Tiglium.

[The following *singular* case has been sent to us by a distinguished Homœopathic physician of the East. The lesson it teaches is worth remembering.—EDS.]

A gentleman of this city, who was troubled with an obscure affection of the chest and stomach, was advised by his physician (of the "regular" school), after a long and unsuccessful use of internal remedies, to "rub Croton Oil on the chest." The gentleman, having no critical knowledge of oils, and suspecting nothing harmful under the pleasant name of Croton, procured a small bottle of the article and, on going to bed, rubbed the chest freely with it. He then relieved himself of urine, and got into bed. Immediately he experienced burning and stinging in the virile member (which he had touched with the oily hand), with an ardent desire for an embrace, which was gratified. Soon after this, an exclamation from his wife indicated that she was participating in the effects of the medicine. Her symptom was a terrible burning in the vagina, and she demanded to know "where he had been?" After satisfying her that the offending matter was obtained at a respectable shop, they passed the remainder of the night in assuaging, as much as possible, the effects of their *contretemps*.

Unfortunately, the account of the experiment given by these involuntary provers does not furnish many indications of a practical character.

## The Wayne County Homœopathic Medical Society.

We have received the proceedings of the "Wayne County Homœopathic Medical Society," and congratulate the Association upon its flourishing condition. The meeting was held at Palmyra on the 5th of December, 1865, the President, D. Chase, M. D., presiding. Interesting communications were received and read, and lively discussions on medical topics ensued—among others, the old question in regard to the use of Quinine in the treatment of Intermittent fever. The following is a part of the resolutions in reference to Cholera, which were unanimously adopted:

WHEREAS, a terrible and deadly epidemic is about to visit our land, imperiling the lives of thousands of our fellow-creatures, and by the alarm, anxiety and despair consequent, of thousands more; and as unity and concert of action among physicians tend to lessen such mortality and advance the science of medicine; and since the Reports, now existing in the archives of the British Parliament, show a death rate of 59.2 per cent. under Allopathic treatment, and under Homœopathic treatment of 16.4, as the comparative results of the two modes of treatment during the Cholera epidemic of 1854; and whereas, Dr. Macloughlin, an eminent Allopath of large experience in the treatment of Cholera cases, together with the Government Inspector of Cholera Hospitals, endorsed the Report drawn up by the Homœopathic School of Medicine, containing an account of the method of treatment adopted by them, whereby the death rate was 16.4 per cent.; and since it would seem best to preserve a record of all the cases of Cholera successfully or otherwise treated during the coming season: therefore,

*Resolved*, That a vote of thanks be tendered Dr. Macloughlin for the fearless and open manner in which he expresses his opinions when convinced of their truth and utility, and that we consider the action of Dr. Macloughlin as typical of the true practitioner, who has the interests of mankind and the advancement of the science of medicine at heart: and furthermore be it

*Resolved*, That each practitioner be requested to keep a record of all cases of Cholera treated by himself or that comes under his notice, whether successful or otherwise, the two results to be kept separate, and that a copy of such reports be sent to the Secretary of the County Society to which he belongs, or to the Secretary of the nearest County Society, should there be none in the County in which he resides; and it shall be the duty of the Secretaries of the several County Societies to preserve a copy on file of said report, and to transmit a duplicate copy to the Secretary of the State Society, which copy is by him to be published in the transactions of the State Society.

## Another Hospital.

The Protestant-Episcopal Church of this city is about establishing a charity, which is to be called *St. Luke's Hospital*. The building has been procured, the officers appointed, and a portion of the requisite funds has been contributed. The main feature in the establishment is, that the Board have already determined to set apart wards in which the treatment shall be exclusively Homœopathic, and every patient shall have perfect liberty to select the system of treatment he prefers. This will make four hospitals in this city in which our system is practiced.

# Surgery.

## FOUR CASES OF ANCHYLOSIS.

BY WM. TOD HELMUTH, M. D.

Anchylosis—or, as it is sometimes spelled, Ankylosis—signifies, in surgical nomenclature, an affection of a joint in which motion is either entirely or partially lost.

The derivation of the word, however, does not at all indicate that it should be used in such a sense, as the English word "angle" or "angular" comes directly from the Latin *uncus*, which in turn takes its derivation from the Greek *angkulos*. According to Celsus, the term was used in ancient times to indicate a *contracted* joint.

The loss of motion is occasioned by deposits of a fibrous or osseous character, which are found either within or surrounding an articulation. We have True Anchylosis when motion is entirely lost, which is generally occasioned by ossific deposits; Synostosis being used to designate such a condition,—while False Anchylosis indicates that motion is more or less impaired.

Loss of motion in a joint, in certain cases, may be looked upon as a method of cure, as described by Liston.* Hunter,† in his Lectures on the Principles of Surgery, makes five kinds of bony Anchylosis, and though concise in description, they are very complete. They are as follows: 1st—From lateral attachment, where there is no joint—as the union of the tibia and fibula, of two ribs, or two meta-tarsal or meta-carpal bones. 2d—In the surrounding parts. 3d—Between bone and bone, the ossific deposits taking place in the intermediate substance, as between vertebra and vertebra. 4th—By the capsular ligament. 5th—By the whole substance of the articulation.

There is also another subdivision made by authors in reference to other circumstances—first as to position, angular or straight; or as to complication, simple or compound. It has also been noticed that whenever Anchylosis affects the amphiarthroses, Synostosis is the result, but the diarthodial joints can be affected

* Elements of Surgery, p. 60. 1837. † P. 310.

with either spurious or true anchylosis, although bony union is more frequent in the ginglymoid, and false or spurious Anchylosis in the enarthodial.

The affection in question may be produced by various causes, and all those affections which give rise to inflammations in or around joints, whether arthritic, scrofulous, traumatic or syphilitic in character, are known to be productive of either one or the other form of the disease.

It is not the intention of this short paper to enter into the great variety of adhesions that may take place in and around the various and complicated joints of the human body, but to proceed at once to the detail of the cases in question, after a word or two in reference to the great difficulty in diagnosing the different forms of the disease. In the olden time it was considered as an impossible thing to diagnose true Synostosis from false anchylosis. Mr. Bonnett wrote—"We have no certain signs by which we can recognize bony Anchylosis;" but since the introduction of Chloroform, the diagnosis is made more easy. If anæsthesia had done nothing else, the assistance it renders the surgeon in this disease alone would be sufficient to make it invaluable.

Any one who has had opportunity of examining and treating these cases, is fully aware that so soon as any attempt is made to "*handle*" the limb, the patient, from the consciousness of the suffering he has already undergone, the painfulness of slight motion, the sensitiveness of the joint, and other circumstances, immediately and almost unconsciously resists; the voluntary muscles are put upon the stretch and the limb remains fixed, and the greater the effort made by the manipulator, the greater will be the exertion on the part of the patient to prevent the motion. What a different result is obtained when the patient is fully under the influence of Chloroform! Let me here, therefore, offer some rules which I have condensed from Brodhurst, whose work on the specialty is of the highest merit, and whose success in the treatment of anchylosis is world-renowned.

1. Use always the greatest gentleness in handling an affected joint; let the pressure be gradual and steady.

2. As a general rule, the *sensation* of *solidity*, in bony anchylosis, is unmistakable in grasping the limb, above and below the articulation. *Bony* consolidation in the moveable articulations

is so *rare*, however, that an examination should always be instituted after the full effect of Chloroform has been obtained.

3. *False* anchylosis is *the rule;* and it is so common, that adhesions *should always be held to be fibrous, until they are proved to be bony.*

4. Immobility *alone* is *not a sign* of Synostosis; it not unfrequently exists where the adhesions are fibrous.

5. Immobility will frequently exist until muscular action is entirely subdued by the anæsthetic.

6. Whenever muscles can be thrown into action so as to render the tendons *prominent or tense* about a joint, the *adhesions are not bony.*

These rules are of the greatest possible service to the surgeon when called upon to give an opinion as to the state of a limb which has a stiffened joint, for very frequently upon his decision, in a case of the kind, the happiness of after-life may depend.

In the treatment of Synostosis, much may be done to relieve the patient. Firstly, by the establishment of a false joint. Secondly, by an operation similar to the famous one of Dr. Rhea Barton, of Philadelphia, an angular limb, totally useless, or worse than useless, from its constantly incommoding the patient, and great unsightliness, may be rendered useful, straight and of comely aspect. This operation was performed by Dr. Barton on the hip in 1826, and on the knee in 1838; and Dr. Gibson also successfully resorted to it in complete Synostosis of the knee. Other surgeons have also been successful in the operation. Thirdly, by fracturing—where the osseous adhesions are comparatively slight—the offending tissue, and thus restoring motion.

The latter method, however, must be done very cautiously; and great discrimination must be used on the part of the surgeon in selecting such cases as may be favorable for operation. The older surgeons state positively that "no attempt should ever be made to cure, though every possible exertion should be made to prevent true anchylosis." I quote the words of Samuel Cooper. But Conservative Surgery teaches a different lesson. Cases are upon record in which, by accident, bony adhesions have been ruptured and motion restored.

In false anchylosis, the methods of cure are, forcible extension, sub-cutaneous divisions of muscles, tendons and fasciæ, and

gradual extension. The methods may be exemplified in the following cases.

Case I.—A young woman, aged 27 years, was brought to me with partial anchylosis of the temporo-maxillary articulation, from long-continued rheumatic inflammation. She was of a strumous habit, and the disease had existed for some considerable time. Having had under my care a case of complete anchylosis of this joint—which I reported, some years since, in the *North American Journal of Homœopathy*—I was prepared with the necessary appliances, and immediately resorted to forcible extension. Having placed her fully under the influence of Chloroform, I introduced the jaws of the instrument (which, when closed, resemble an iron wedge, but which are forcibly separated by means of a screw and lever) between the teeth on the affected side, and putting the instrument in motion, succeeded in opening the mouth to its fullest extent. As is usual in such cases, the adhesions gave way with a loud snap, and freedom of motion resulted. Swelling and inflammation followed, during the height of which perfect quiet of the affected parts was enjoined, the parts being rubbed constantly with camphorated oil. So soon as the swelling subsided, a wedge of hickory wood was placed between the teeth during the day, thus keeping the jaws forcibly separated, but she was allowed during the night to have it removed. After two weeks of this treatment, the foreign substance was dispensed with, and she was ordered to talk as much as possible—not a very difficult thing for a female—and to chew constantly through the day portions of hard cracker. By these means motion was perfectly restored.

Case II.—A young, healthy girl, of about twenty years of age, a seamstress by trade, had received a very deep burn in the palm of the left hand. During the healing process, the index, middle and ring fingers were drawn over the palm, rendering them not only useless to her in her avocation, but a source of constant mental irritation from their unsightliness. She could not wear a glove, and generally, in the presence of company, concealed her hand from view. I placed her under the influence of Chloroform, and endeavored to resort to forcible extension; but the adhesions, both by the palmar fasciæ and the contraction of tendons, were so great that I found it was impossible, with prudence, to straighten the fingers. I there-

fore, with a tenotomy knife, made sub-cutaneous section of the tendons, and also in two different places divided the palmar aponeurosis. Her hand was then covered, and she was told to return in a week. At her second visit I found the punctures healed, and having again administered the anæsthetic, straightened the fingers with little difficulty. No apparatus was used in this case, as she was requested to constantly move the previously stiffened joints with the other hand. It is always a rule to allow all punctures to heal before resorting to extension, else, as was often the result in those cases treated by Dieffenbach and others, the slight puncture is converted into a severe laceration.

Case III.—A boy, aged about twelve years, was thrown from a horse and fractured the superior extremity of the ulna. After three months he was brought to this city, with his arm at an obtuse angle, and with slight motion at the joint. The parts were swollen, sensitive and painful, and therefore I resolved upon the gradual extension plan. An instrument was applied, constructed by Mr. Schleiffarth, consisting of two plates of German silver united by a hinge, and both plates bent in such a manner that the superior would embrace the lower part of the humerus, and the inferior the upper part of the fore-arm. These were connected by a screw, by turning which the plates could be brought to any angle required. This apparatus was placed upon the arm, and the parents ordered to turn the screw in one direction in the morning, and the contrary direction at night, with strict directions, however, that *flexion* should be made first. This is also an important rule. By resorting first to flexion, the vessels of importance are not so likely to be injured as when extension is used. The case proceeded well, and the father informed me that after a couple of months perfect motion was restored.

Case IV.—A German boy, aged about nine years, received a severe wound with an axe across the lower part of the condyles of the femur and the upper part of the tibia, involving also the patella. After the wound healed, anchylosis resulted. When I saw the boy, his leg was bent at nearly a right angle; he could not move without his crutches, and his parents were in the greatest state of despondency regarding the deformity. I examined him very carefully, and following the rules already enume-

rated, came to the conclusion that the case could be at least much benefited. Here I resolved to resort to *forcible flexion*, and if this proved impracticable, to divide the tendons and fasciæ, and afterwards endeavor to restore the limb. I placed him fully under the influence of Chloroform, and began to put the tendons on the stretch. When the boy was not entirely insensible, the voluntary muscles would prevent all motion; but so soon as the anæsthesia was complete, very slight mobility was observable. As the flexion was continued, I could distinctly feel the minor adhesions giving way. I still continued the pressure, when suddenly, with a report so loud as to alarm the bystanders, the joint became flexible in my hands. Great sensitiveness and pain and swelling followed; symptomatic fever also was induced, which, however, was controlled by the appropriate medicines. Every day for a week the limb was moved, the patient always having to be placed under the influence of Chloroform. An apparatus similar to that used in fractures of the femur, to graduate extension and counter-extension, was put on the boy's limb, and he then came under the care of Dr. Walker, my time of service having expired at the Hospital. The treatment was continued, the flexion and extension being graduated from time to time, and the boy, without his crutches, runs and plays as other children.

## EPIDEMIC CHOLERA.

BY G. S. WALKER, M.D.

For the third time within the memory of those still living, that most terrible Epidemic of modern times—the Asiatic Cholera—is approaching our shores. Like the star of Empire, Westward it takes its way. From its charnel-house, amid the swamps and lowlands of the East, it has again burst forth and, stalking over Asia and Europe, is spreading terror and dismay in its march of desolation. Within the coming summer it will doubtless be in our midst.

It behooves every true physician to be on the alert, and renew his knowledge of this Epidemic in every possible manner, so that he may be prepared to meet and combat it with the utmost pro-

fessional skill; and also that he may be enabled to give the very best advice to his patrons and the public as to preventives and proper hygiene.

We are not of those who love panics, neither would we wish to add one iota towards the creation of a panic; but we believe that it is necessary to excite the fears of the community, and of corporations, sufficiently to make them realize the danger and prepare to meet it. The soldier who acquits himself best, and displays the greatest bravery in front of the enemy, is he who grows pale with fright before the battle; and not he who is indifferent until the battle opens. The real coward never is panic-stricken until, in the midst of the battle, he sees his companions stricken down beside him; and at the very moment when stout hearts are most needed to stand up against the enemy, his craven fears and trembling knees make him an easy victim. Depend upon it, a certain amount of fear of the approaching pestilence is necessary, to urge our city officers and citizens to do their duty towards the public and themselves. "To be forewarned, is to be forearmed," says the proverb; but it is only true in case the forewarning stimulates to the necessary preparations.

Cholera is no new disease. It existed in India as far back as 1629, being an Endemic Disease confined to the Delta of the Ganges. In 1817 it broke camp and left its usual stamping-ground, invading Upper Hindoostan, spreading from province to province, principally along the rivers and traveled highways, until it not only overran all of Hindoostan, but by 1820 or 1821 it had attacked the principal cities and towns of the whole of Southern Asia. In 1820 it reached the Eastern coast of Africa, and the next year overspread the Chinese Empire. Gradually it extended itself throughout Asia Minor, Persia and Tartary. In 1829 it appeared at Orenburg in Russia. Ascending the rivers and the great thoroughfares of travel, every principal city and town of the Russian Empire was successively the scene of its desolation. It reached Moscow in September, 1820, and, contrary to all theories formed of it, raged there during the entire winter. At length, having visited nearly every city of Continental Europe, it reached over to the Isles of Great Britain and, on the 4th of November, 1831, claimed its first victim at Sunderland. It was not until the following March that it

appeared in Paris, where, in one short month, 20,000 persons succumbed to the destroyer.

On the 8th of June, 1832, it was first seen on this side of the Atlantic, in the city of Quebec. Two days after, it was in Montreal, and thence it pursued a rapid course along the St. Lawrence and the Lakes to the Valley of the Mississippi. New York was suddenly and unexpectedly attacked by it on the 24th of June, as would appear, by direct ship communication, and not from that part which struck the shores of Canada.

From New York it spread up the Hudson, and Southwardly to the Bay of the Delaware and of the Chesapeake. About the beginning of November it reached Charleston. In the following spring (1833) it visited Cuba, and before the end of the year it was in Mexico.

In 1833, during the month of October, it suddenly appeared in St. Louis—spreading down the Mississippi to New Orleans in a very few weeks.

In this country it prevailed more or less until 1834, or for a little over two years from its commencement, when it rather suddenly disappeared from the Continent.

In India, the place of its birth, it still continued as an Endemic disease, limited mostly to the province of Bengal and parts of Northern Hindoostan, until the year 1847, when it again commenced its march of desolation. Before the close of 1847 it again invaded Europe, and advanced regularly Westward as before, pursuing the same general course as it had traveled in its previous career.

In its second advent it reached Staten Island on the 1st of December, 1848—making an interval between the attacks of nearly seventeen years. On the 10th of the same month it was introduced by emigrants into the city of New Orleans. From there it extended up the Mississippi, reaching Memphis on the 22d of December, and St. Louis during the Christmas Holidays.

During the summer of 1849 it followed the emigrants on their way to the Pacific coast, producing considerable mortality. The greatest mortality along this route was in the following summer of 1850, when it was literally crowded with emigrants on their way to the gold fields of California. The whole route was lined with graves of victims of this fearful Epidemic.

In September, 1850, it reached Sacramento and San Francisco

almost simultaneously, by overland emigrants, and by passengers from the Isthmus of Panama. In Sacramento the deaths amounted to nearly one-fifth of the entire population.

Every summer, until 1855, it continued to ravage the Valley of the Mississippi, until many supposed it had become naturalized. In 1855, however, it disappeared entirely from this country, and was soon found to have retired to its native jungles in India.

During the spring of the year just gone, the Cholera was again discovered to be overspreading its usual boundaries. It suddenly appeared in Mecca, on the shores of the Red Sea, in June, 1865, producing an almost unheard-of destruction among the hundreds of thousands of Pilgrims who annually throng that city to do homage to the shrine of Mahomet. On the route from Mecca to Alexandria, which was filled with the worshipers of Islam, it was fearfully fatal. Alexandria, Cairo and Constantinople have been attacked, and from thence it extended to the Christian city of Jerusalem. At this time it is raging in Marseilles, and evidently exists in Paris, although not allowed to be officially announced. A few cases have occurred in Southampton, England. It is not a matter of dispute that the reported cases arriving at Staten Island in the ship Atlantic by the way of Havre, during the month of November last, were real cases of Cholera, though we have no evidence that any cases have occurred in the city of New York—making an interval of a little over seventeen years since its second advent. By report, the disease has also reached Guadaloupe, in the French West Indies, and Vera Cruz, in Mexico.

Sporadic cases have been reported by physicians in St. Louis, but there is no good reason to suppose that they were of the true Asiatic form.

The general course of its progress is always Westward, yet it makes many detours laterally. Preferring to follow streams and the highways of travel, yet it does not entirely disdain to leap over large spaces without victims, and fall suddenly upon an isolated city or town. A singular contrast between Cholera and Epidemic Erysipelas, in their modes of propagation, I myself observed in California in 1850 and 1851. Cholera spread from the cities below into the mountains, not by the line of travel,

which was along the ridges, or the backbone of the mountains, which raised themselves between the rivers, sometimes to the height of several thousand feet, but along the rivers, from miners to miners; whereas Epidemic Erysipelas, which followed the Cholera in 1851, spread from the mountains, not down the rivers, but along the ridges, from ranche to ranche, and only reaching the mountain streams by direct communication of the miners with the ranches scattered at intervals on the ridges of the mountains. The Cholera became milder as it increased its elevations above the sea; the Epidemic Erysipelas decreased in malignity as it approached the valleys and lowlands.

Mountainous ranges act as barriers to the progress of Cholera on some occasions, and on others do not. The Nepaul Mountains, in the Northern part of India, arrested its course for several years, but it finally passed over them, to be completely checked by the Himalaya. In 1849 the Sierra Nevada was a barrier to its progress into California, although the tide of emigration was tremendous; but in 1850 these mountains did not seem to offer the least obstruction. It never surmounted the Alleghanies. Pittsburg and other cities immediately West of these mountains were not attacked by Cholera until 1854, and then it was communicated by the Ohio river by the way of the Mississippi.

Deserts and oceans are crossed with equal facility. Summer is its favorite season, yet it did not disdain to visit Moscow in the dead of winter, with the thermometer far below zero. Cold weather did not stay its approach along the Valley of the Mississippi in the winter of 1848-49.

Densely populated countries favor its advent, but it is not a stranger in some sparsely peopled districts. It is thought by some that its miasm exists in the atmosphere, but opposing winds in no way check its progress. The numerous theories as to its causes and its mode of propagation, although many are ingenious, yet they all fail to satisfy the demands of reason. It defies analysis. It is *sui generis*—inexplicable.

All classes of persons are exposed to its attacks—black and white, male and female, young and old, robust and feeble. Neither does one attack exempt any individual from a second. Its victims, as a general rule, are selected from the lower walks

of life—among those who have not the means of living in a regular way, or of finding shelter except in the more filthy and crowded portions of populous cities.

The course of its march in different epidemics, its duration in a given place, and its general mortality in every city and country which it has visited, are singularly uniform.

If it attacks a city the second time during the same Epidemic, it is usually milder. The recurrence of Cholera in this city in 1854 was an exception, the cases being more fatal than in 1849. The number of cases, however, were fewer.

According to the best Allopathic statistics, the ratio of mortality in the various Epidemics of Asiatic Cholera is about 50 per cent.—that is, one-half die of those attacked. In public hospitals the mortality is a little more, and in private practice a little less. On the Continent, in 1830, '31 and '32, the average mortality in private practice, as far as could be estimated, was 39 per cent., and in hospitals 58 per cent.

In New York, in 1849 and '50, in private practice the mortality was 34 per cent., and in hospitals 53 per cent.

In St. Louis, according to the estimated average of Dr. Reyburn,* it was in private practice from 35 to 37 per cent., or more than one death in 3 cases. In the two hospitals the same authority quotes it at 56½ per cent.

Calculating the general mortality over all civilized countries, from an immense number of statistics collected by Allopathic writers, the ratio of deaths is just one-half. According to their own statements, it seems to make very little difference what remedies were used—the general average of deaths, under their treatment, remained the same.

Under Homœopathic treatment, the mortality, calculated precisely in the same manner, is reduced to almost an incredible extent—the general average of deaths in private and hospital practice not being over 16 per cent. In private practice, 11 per cent., or one death in every 9 cases, is the highest average, and in hospitals 33 per cent. It is fair to allow that the general average would be considerably increased over this estimate if the number treated in Homœopathic hospitals were equal to

* Vide Reyburn's Report on the Diseases of Missouri and Iowa, Trans. of Am. Med. Association, Vol. 8, p. 92.

those treated in Allopathic ones. But it must be observed that the mortality could not be over 33 per cent. if all the cases occurred in hospitals, which is a lower rate of mortality than that obtained by Allopaths in their private practice.

(To be continued, with the remarks of the St. Louis Hom. Medical Society.)

# Editorial.

## "THE NEW ENGLAND MEDICAL GAZETTE."

We are very glad to be able to announce that a monthly Journal, bearing the above title, is about to be issued in Boston. We were well aware that several of the most prominent and active members of the Homœopathic school, residing in New England, had long since known the necessity of establishing a periodical which should circulate freely among the physicians of that section of country, as well as throughout the world, but no very decided steps were taken in the matter until it was broached at the last meeting of the Boston Academy of Homœopathic Medicine; whereupon, with that caution and prudence which characterize the individuals who revolve around the "Hub," a circular was published to ascertain the expediency of entering immediately upon the field of Journalism. To this circular such a hearty response was returned, that the enterprise was immediately inaugurated. But the question then arose, How shall the Journal be placed upon a secure foundation—how shall the interests of all physicians in New England be made to centre in one focus? The plan adopted was most felicitous, and does great credit to the originators. A Joint Stock Company was formed, with a secured capital, under the title of the "New England Medical Gazette Association," with the following Board of Direction: I. T. Talbot, M.D., President; S. Whitney, M.D., Treasurer; H. C. Angle, M.D., Editor; and S. Gregg, M.D., H. L. Chase, M.D., O. S. Sanders, M.D., David Thayer, M.D., Directors. The first number will appear on the 15th of this month, and regularly on the 15th day of each month thereafter, and will contain twenty-four octavo pages.

This Journal will succeed:—because it is securely established before the first number goes to press, because it has an Angel for an Editor, because there is talent enough and pride enough among the New England physicians to see it prosper; and, say we, long life to it.

## OBITUARY.

It is with feelings of great sadness that we have to record the death of A. W. Walker, M.D., of Pontiac, Michigan. Dr. Walker came to Saint Louis to study medicine in 1859, and received the Degree of the Homœopathic Medical College of Missouri in 1861. During his connection with the Institution he endeared himself to all the Professors, not only by his brightness of intellect and capacity for study, but by his cheerfulness of manner,

his zeal for Homœopathy, and his steady and gentlemanly deportment. It was during these terms that a lasting friendship was commenced between the deceased and Drs. Wales, Pratt, McAffee, and others, which we have reason to believe was more strongly cemented in after life.

It was but little more than one month ago that we received a letter from him, bearing still the impress of his attachment to Homœopathy. It speaks for itself—it speaks of youth, health and activity; it speaks of a pleasant future; it speaks a mind anxious to endow itself for the field in which it was to exercise itself;—and as we read it, the thought came upon us, "Here is one that will make his mark." But God ordained it otherwise. We may be pardoned for giving a few extracts from this letter, but we do so to furnish evidence of the man. He writes, in a letter dated November 2d, 1865:

"PONTIAC, Michigan, Nov. 2, 1865.

"DEAR PROFESSOR:—Perhaps you can find time, amidst your twofold duties, to peruse a few lines from one of the students of the Western Hom. Coll. Mo.—one who was with her in her tenderest infancy.

"I have often thought of you with the rest of the Professors then in the College, and always with feelings of pleasure and gratitude. Since I graduated I have been in *active* practice, not being obliged to *wait;* for when I returned with my parchment, I was ushered into a field in which to work—and *work, work*, it has proved to be ever since, and prospects are quite flattering that such is to be the order of the days. Yet they say *Homœopathy* is DYING out! We have eight or nine *Regulars* in our little city, and to-day we would not exchange our practice for all put together. We have all we can attend, and some of the time more. * * * * * * There are no Homœopaths within 25 miles of us, but quite a number are needed. Should you know of any *smart* young man that graduates next spring, one that can be relied upon, send him to Bay City, Mich., which is a fine opening for a good Homœopathist. * * * * * * How many students have you in your present session? Where do you hold forth? If either you or Prof. Temple had received as many letters as I had resolved to write, you would have, long ago, cried out, 'Hold! Enough!'

"I have hardly been away from my practice since I graduated, and I do not see but I am as much tied at home as many others who are much older in the Profession. I would like very much to take *another* Course, having had some practical experience. I have had some cases that to me were peculiarly interesting, and have resolved very many times to give you a short history of some.

"We have had quite a number of cases of *Ascites*, and somehow our Materia Medica runs short,—for we cannot even make one cure, although we can palliate. I mean simon-pure Ascites, where it does not follow any acute malady such as Scarlet Fever, &c. We have tried low and high attenuations. * * * * * * * We are now having Bilious and Typhoid fever, the latter especially, but succeed probably as well as usual.

"Answer soon, and believe me, as ever,

"Yours in the cause of '*Similia similibus curantur*,'

"A. W. WALKER."

This letter was dated Nov. 2d, 1865, and he died on the twenty-ninth day of the same month. His illness was a fever of malignant type, and was but of a week's duration. He leaves a wife and one child, and a large circle of friends, among whom are numbered the entire Faculty of the Homœopathic Medical College of Missouri.

# THE WESTERN

# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, FEBRUARY 15, 1866. No. 4.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## Materia Medica.

## MURIATIC ACID.

Translated from the French of A. Espanet,

BY H. B. CLARK, M. D., NEW BEDFORD, MASS.

### I.—HISTORY.

With the progress of therapeutics, which tends more and more to establish indications upon the physiological action of medicines, it is astonishing that authors should class *Mur.-ac.* so diversely.

Thus, while Professor Trousseau* calls it a simple *astringent tonic*, and then stops, Giucomini announces its virtues *a priori* as a *vasculo-venous hyporthenic.* The first considers only its chemical and mechanical properties; the second divines its dynamic properties, but does not determine its indications.

*Muriatic Acid* has been but little used, though proved by Hahnemann and some of his disciples. Yet its physiological effects accord well with the clinical results obtained up to this time, and justly demand the attention of the practitioner.

It has some analogy with *Moschus* in its febrile symptoms,

* Traite de Therapeutique et de Mat. Med. 6th ed. Paris. 1858.

with *Mercury* in its lesions and its cachexy. But the febrile symptoms of *Moschus* are nervous, from its direct action on the cerebro-spinal system; while those of *Mur.-acid* are the result of its action upon the blood and upon the liquids and solids generally. And, while it has certain analogies with *Merc.*, it is by its diathesis more closely related to the other mineral acids.

## II.—PHYSIOLOGICAL EFFECTS.

The pains of *Mur.-ac.* are tearing, rapid, accompanied by prickling and weakness, or diminished by movement, as if by determining more blood or nervous influence to the part, it was rendered less sensitive. The pains in the joints have the sensation of breaking. There is deep-seated pain in the limbs, heat, painful sensibility of the periosteum, great apathy, fear of movement, oppressive sense of heaviness, tottering gait, extreme sensibility to humid cold.

In premonitory febrile symptoms, cold predominates; feverish heat, without thirst; great agitation, with fever; frequent, intermitting and irregular pulse; dropsical swellings; passive hemorrhages; dryness of the mouth; irritations with smarting; burning; ulcerations of the various mucous membranes of the organs of sense and of the viscera; muscular inertia, extending to the fibres of the intestines and of the muscular membranes; the vegetative life is profoundly affected, more by the venous system than the lymphatic; there is itching and burning, scabby eruptions, furuncles, black pustules, putrid and painful ulcers.

The venous character of the chronic state is manifested by these eruptions and by such symptoms as the following: sensation of burning, which accompanies all irritation of the mucous membranes and cutaneous lesions; hemorrhages by transudation from the mucous membranes; hæmorrhoids with itching, burning and bleeding.

## III.—THERAPEUTIC EFFECTS.

*Muriatic Acid* is useful in many afflictions of persons of broken down constitutions of a venous habit, in whom the muscular system is torpid, or who are affected with partial paralysis; these conditions are found in certain convalescents, in drunkards, in those who have indulged in sexual excesses and in high livers; when there is dryness of the skin, serous collections in

the peritoneum and elsewhere, scabby eruptions without distinctive character, itching of the skin, the arms, the vulva; passive hæmorrhoids, swelling of the ends of the fingers and toes with livid redness and burning pain; torpor and pallor of the fingers; bright redness of the cheeks, pimples on the face; swelling and redness of the eyelids; chronic relaxation of the sphincters; abundance of urine with incontinence; stools difficult of evacuation in consequence of inertia of rectum, or involuntary stools with discharge almost as soon as desire is felt; irritation of vulva and of the prepuce with burning, ulceration with thin and acrid or bloody secretion; impotency; menses too soon; irritation of the mouth with pustules and soft ulcers; scorbutic swelling of the gums; hoarseness and sense of excoriation in the larynx; hardness of hearing.

In order to better characterize some of these indications, we will cite gangrenous angina, in which this medicine has analogies with *Quinine.* It is equally indicated with the latter also in the treatment of cutaneous and mucous lesions, aphthæ and ulcers, when the atony is followed by putrid swelling and signs of decomposition bordering on or symptomatic of humid gangrene. It follows *Merc.* well in malignant aphthæ, and *Staph.* in humid tetter with infectious and sanious secretion. After *Ars., Mur.-ac.* is best indicated in the erysipelatous inflammation of the scrotum in chimney-sweeps.

But it has been most frequently employed in severe febrile affections, when its indications are nearly always those of the most unfavorable prognosis: thus, in fevers and febrile exanthems, when there are dark petechiæ with typhus symptoms, complicated with passive hemorrhages and bloody exudation especially if *Ars.* has been used unsuccessfully.

The febrile symptoms of *Mur.-ac.* correspond to certain typhic conditions of the following character: prostration, decubitus, tendency of the patient to slide to the foot of the bed; fetid, serous diarrhœa; tympanitis, borborygmus, flatulent or involuntary stools; disposition to throw off the clothes, pulse frequent, small, intermittent; alternate flushing of the cheeks, prolonged epistaxis, snoring, agitation and groaning during sleep, lips cracked, mouth dry and fuliginous, saliva viscid, breath fetid, speech embarrassed as though the tongue were paralyzed; and in the most severe cases there is such prostration of the muscular

force that partial paralysis ensues, or paralysis of the lungs is threatened. *Ars.* and *Phos.* are the most analogous medicines, though *Mur.-ac.* is to be preferred when the urine is abundant and clear.

Aphthæ and miliary eruptions show themselves less frequently than diarrhœa: there is no delirium except as the frightful and anxious dreams may give rise to momentary aberration of mind; otherwise passivity of the intellectual faculties and of the senses is the ordinary condition, and is in perfect harmony with the exhaustion of the forces.

This physical and moral tendency distinguishes the cases of typhus, typhoid and severe nervous fevers, which require *Mur.-acid*, from those in which *Moschus* and *Valerian* are appropriate.

Doses.—The doses should be small in proportion to the reactive power of the patient; when this is considerable, a few drops of the 1st to the 6th attenuation in a tumbler full of water may be given by the spoonful every hour. There is more frequently torpor and asthenia to overcome, when we may resort to the pure acid—10 or 15 drops to a quart of sweetened water—particularly in cases of prostration with passive hemorrhage.

## Practice of Medicine.

## EPIDEMIC CHOLERA.

BY G. S. WALKER, M.D.

(Continued from page 59.)

To the popular mind it must seem singular that this immense difference in favor of Homœopathic treatment does not induce physicians of the Old School to more frequently bring these facts to the test of experience. Notwithstanding the better educated of them, and those having the largest experience in the treatment of Cholera, have little or no faith in the efficacy of their remedies; yet their prejudice and their preconceived opinions will not allow them to turn aside from their depressents and stimulants to investigate the sublime truth of that great law of cure—*Similia similibus curanter.* None are so blind as those who will not see. Like Ephraim of old, they are joined to their idols. Their utter want of faith in their own treatment can be well illustrated by a few examples.

Dr. Elliotson, who was at the time Physician to St. Thomas's Hospital in London, and a man of high authority in Allopathic ranks, says, in regard to the treatment of Cholera:

"As respects this country, I cannot but think that if all the patients had been left alone, the mortality would have been much the same as it had been. If all the persons attacked with it had been put into warm beds, made comfortable, and left alone—although many would have died who have been saved—yet, on the whole, I think the mortality would not have been greater than after all that has been done; for we are not in the least more informed as to the proper remedies than we were when the first cases of Cholera occurred; we have not been instructed in the least by those who have had the disease to treat. Some say that they have cured the disease by bleeding; others by calomel; others by opium; and others, again, say that opium does harm. No doubt many poor creatures died uncomfortably, who would have died tranquilly if nothing had been done to them. Some were placed in hot water or in hot air, and had opium and calomel and other stimulants, which altogether were more than their systems would bear, and more than would have been borne if they had been treated even in perfect health. I am sorry to say, that of the cases I had to treat, the patients nearly all died. I tried two or three sets of treatment. Some had calomel and opium in large and full doses; but they died. Hot air was applied externally, and I got two to breathe hot air. It was found vain to attempt to warm people by hot air applied *externally*. They were nearly as cold as before; we could not raise their temperature; and, therefore, I thought of making them *breathe* hot air; but both patients died about the period that death usually takes place. It was said that saline treatment was likely to be of use, and accordingly I tried it on some patients; the result, however, was the same."

Dr. Hughes, of Guy's Hospital, one of the most acute observers, and a man whose medical opinions are much respected in the Old School, in speaking of Calomel, which is the acknowledged sheet-anchor in the treatment of Cholera, says that the results of the Calomel plan were so unfavorable as to produce a mournful depression of his spirits. All, or most all the patients he treated, died. He records that the Calomel plan was thus tried in twelve

consecutive cases by a friend. *All died*—and died more rapidly than ordinarily, though the patients were of varying ages and in different stages of the complaint.

The saline treatment, too, is a favorite one with some, in Cholera, of which Dr. Watson facetiously observes that "it may do for pickles and herring, but *salting* a patient is not always *curing* him."

The interminable jargon and nonsense which characterize Allopathic treatment of Cholera is well illustrated in a work entitled "Cholera and its Cures," by J. Stephenson Bushan, himself a devoted Allopath. An excellent resumé of this part of it, by Dr. Helmuth, may be found in the *Western Homœopathic Observer* for 1865, p. 188.

After fourteen years service in the ranks of the Old School—during which time I saw and treated many cases of Cholera, and saw them treated by others, both in California in 1850 and in St. Louis in 1852, '53 and '54—I acknowledge that the opinions I have cited were my own. I know, too, the more observant physicians of the "regular" school in this city, like myself, confessed themselves powerless in the presence of Cholera.

There is scarcely a drug in the whole range of the Pharmacopœia that has not been tried and discarded. Remedy after remedy is vaunted as an almost infallible cure. They are tried for a short time, and then returned to their former obscurity. The "regular" medical school, like the irritable stomachs of their poor Cholera patients, do not retain a remedy long; it is quickly cast up, to make room for another. Let no half enlightened Homœopathic practitioner think for one moment of falling back upon the broken reed of Allopathy; for the whole fraternity, in the treatment of Cholera,—like a ship at sea without rudder or compass—is continually being driven about and tossed on the billows of doubt and confusion. On the other hand, the Homœopathic physician, relying upon an immutable law of nature, selects his remedies in accordance therewith; and consequently he has but few. Every Homœopathic physician in the world, from the advent of Hahnemann to the present time, has used, and still uses, in the immense majority of cases of Cholera, precisely the same remedies, four or five in number; and if Cholera, for all time to come, would continue to present the same symptoms, they would never be changed, simply because

they are selected in accordance with nature's unvarying laws. It is within the range of possibility, that a still higher law of cure may be discovered—one which may excel Homœopathy as far as Homœopathy surpasses Allopathy; but that a true Homœopathic physician—one who understands the true law which was promulgated by the immortal Sage of Coethen—should retrograde into the crudities and uncertainties of the Old School of medicine, is an absurdity—an impossibility.

The theory of Homœopathy is not only true, but ample experience corroborates it. In no disease is this more manifest than in the treatment of Cholera. Allopathic fledgelings, and older ones too, who have not profited vastly in the school of experience, boast that when Cholera comes, "Homœopaths will be wiped out." These hopes were the same during the last epidemic, but were not realized.

Homœopathic physicians everywhere have offered to test the matter, over and over again, by having half of each hospital apportioned to each School during the prevalence of Cholera. This offer has been made in St. Louis; and if the Cholera comes, it will be made again, and persistently urged.

One of the strongest reasons for their not submitting to this may be inferred from the following extract, taken from a work on "Austria and its Institutions," by M. Wilde, of Dublin, a noted Aural and Ophthalmic Surgeon, whose work on diseases of the ear has an established reputation in the Old School, and who is far from being a friend to Homœopathy. He says: "Upon comparing the report made (by the Government Inspector, who visited the hospital daily) of the treatment in this hospital, with that of the same epidemic in other hospitals of Vienna at a similar time, it appeared that, while *two-thirds* of those treated by Dr. Fleischmann (Homœopathic) *recovered*, *two-thirds* of those treated by the ordinary methods, in other hospitals, *died*. This very extraordinary result led Count Kolowrat, Minister of the Interior, to REPEAL THE LAW relative to the practice of Homœopathy."

Ever since this time, the practice of Homœopathy has been legalized in Austria—before, it was not.

In 1855, the reports of the London Homœopathic Hospital, where a large number of Cholera patients had been treated, was suppressed by the Board of Health (consisting of Allopathic

physicians) because the difference in mortality was so greatly in favor of the treatment in that hospital. On motion of Lord R. Grosvenor, the return of this hospital was also presented to the House of Commons, and ordered to be printed. The rate of death was only 16 in 100, while the other hospitals had to report from 41 to 51 in every 100.

The following letter from Dr. Macloughlin, one of the Medical Inspectors of the Board of Health, to Hugh Cameron, one of the Physicians to this hospital, was inserted in the return to the House of Commons, with the consent of Dr. Macloughlin. Votes of thanks, by several Homœopathic Medical Societies in this country, have since been given to Dr. Macloughlin for his honesty and independence in this matter. (See the January number of the *Western Hom. Observer.*)

Now for the letter:

"You are right. I did tell you that I would report to the General Board of Health the opinion I had formed of the manner the poor Cholera patients were cared for in your hospital, and the success of your treatment; but finding that I could not enter into details relative to your hospital without entering also into details relative to the Allopathic hospitals, which would lead me into considerations foreign to the sanitary question before me, I therefore merely gave the result arrived at in yours, along with the result arrived at in other establishments, reserving to myself the liberty to say more in detail what is the impression on my mind as to your treatment of Cholera cases, when I publish a monograph on Cholera.

"You are aware that I went to your hospital prepossessed against the Homœopathic system; that you had in me, in your camp, an enemy rather than a friend, and that I must therefore have seen some cogent reason there the first day I went, to come away so favorably disposed as to advise a friend to send a subscription to your charitable fund; and I need not tell you that I have taken some pains to make myself acquainted with the rise, progress and medical treatment of Cholera, and that I claim for myself some right to be able to recognize the disease, and to know something of what the medical treatment ought to be; and

"That there may therefore be no misapprehension about the cases I saw in your hospital, I will add, that all I saw were true

cases of Cholera, in the various stages of the disease, and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other.

"In conclusion, I must repeat to you what I have already told you, and what I have told every one with whom I have conversed, that although an Allopath by principle, education and practice, yet, was it the will of Providence to afflict me with Cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of a Homœopathic than an Allopathic physician."

In order to avert the expected attack from Cholera during the coming summer, or at least to modify its malignity, it is incumbent upon our City Fathers to see that every kind of filth is removed from our streets, our alleys, our drains and sinks. All these taint the air and invite Cholera. In order also to have this enforced, and the necessary cleanliness kept up, every citizen should give his hearty concurrence.

Over-crowded localities should be carefully looked after, and tenements whose inmates are too numerous to insure tolerable health in the most wholesome seasons. Cleanliness is next to Godliness, and applies as well to corporations as it does to persons.

Although I believe Cholera to be under certain circumstances contagious, yet I do not have much faith in Quarantine as it is generally regulated. In inland towns like St. Louis, the means of communication are so numerous that a mere quarantine of the steamboats may delay its advent for a few days, but can never keep it completely out.

The Pathology of this disease and the exciting cause are unknown to medical men, and in this paper I do not propose to theorize upon them.

The predisposing causes are filth, low, damp situations, narrow streets, small, illy-ventilated houses crowded with inmates; intemperance, sexual excesses, uncleanliness of person, irregular manner of living, deficiency of wholesome food; too large a proportion of vegetable food, and more especially fruits and vegetables of a watery nature; meats which are hard to digest, as fat pork, smoked beef, and lobsters; excessive fear, anxiety, and everything which tends to depress the mind; irregular meals,

exercise and hours of sleep. The habitual drinker should not suddenly adopt total abstinence; neither should any sudden changes be made in the mode of living. Fasting is as improper as eating to excess. The days of Lent have added fearfully to the mortality from Cholera everywhere. Many instances of this kind are noted in medical works. In Pittsburg, Pa., in 1854, *one* day of fasting and prayer was observed, in order to stay the progress of Cholera in that city, and the result was that the deaths were largely increased during that day and the following one.

Cholera is said to be invariably preceded by premonitory Diarrhœa, or Cholerine of longer or shorter duration. This consists of rather frequent evacuations from the bowels, with or without nausea; there is some uneasy sensation in the region of the stomach; countenance sharp. The stools are in this stage generally dark, and frequently bilious. These symptoms may continue from one to ten days. On an early attention to this stage of the disease, will greatly depend the favorable result of the case.

The attack of the second stage, or that of confirmed Cholera, generally takes place in the night or towards morning, commencing with nausea, or vomiting, and large and copious stools, accompanied with a peculiar feeling of exhaustion. Faintness comes on, the skin becomes cold, giddiness and ringing in the ears. Spasmodic contractions of the muscles of the fingers and toes are felt, gradually extending to the limbs and trunk. Clonic spasms prevail. The *pulse* is weak and increased in frequency; during the purging or vomiting it becomes almost imperceptible. The *skin* is pale, and covered with a profuse cold sweat, and is cold to the touch. The *stools* are in a great proportion of cases colorless, and without fœcal fetor; they are generally compared to rice-water. The stage of collapse, or blue or cold stage, creeps on gradually, so that it is not possible to draw any exact line between this and the former stage. Cessation of the pulse, shriveling of the skin, lips blue; eyes sink in their orbits, and are surrounded with a livid circle; hippocratic countenance; great thirst for cold drinks; tongue moist, whitish and cold; pain and burning in the epigastrium; little or no bile, urine or saliva is secreted, nor are tears shed; the voice becomes feeble and hollow; the spasms are very violent, or else absent.

The duration of this stage varies from a few minutes to twelve, twenty-four or forty-eight hours, or even longer, when the patient dies, or is carried into the next stage, or the stage of reaction, generally known by the term "consecutive fever."

## Surgery.

## OPERATIONS ABOUT THE ANUS.

BY WM. TOD HELMUTH, M.D.

FISTULA IN ANO.—In the first number of the *United States Medical and Surgical Journal* are two essays on this subject, both possessed of much merit, and both by my colleagues of this city. In these productions, the history of the operation and the various methods proposed for its performance are duly considered, and having been perused by most of the readers of this Journal, it would be but unnecessary repetition to repeat in this place what has been elsewhere so ably written. I therefore proceed immediately to the details of some of the cases which have come under my own experience. Merely alluding to a fact (which has lately been brought to my observation by the perusal of a paper published in the last number of the *St. Louis Medical and Surgical Journal*), that cases of what the writer there calls pilous cysts, may be and have been mistaken for fistula in ano. These cases are reported by J. P. Vaughan, M.D., and are so interesting that I may give an extract or two for the benefit of our readers. He writes: "A gentleman, aged 35 years, residing near Glasgow, in this State, consulted me in relation to an affection which, he said, had been pronounced *by several physicians* who had examined him, *to be fistula in ano*. On making an exploration, I found a fistulous opening situated between the point of the coccyx and anus, about an inch from the latter. But when the probe was introduced, instead of passing down obliquely in the direction of the bowel, it took quite an opposite course, under the integuments, along the median line, and after penetrating to the depth of nearly four inches, the end of the instrument stopped at a point on the

Sacrum above its articulation with the coccyx. Around this spot—which proved to be the bottom of the Sinus—there was considerable tenderness and induration. Suspecting the trouble originated in diseased bone, I introduced a grooved director, and slit up the canal its whole length. You may judge of my astonishment when, on sponging away the blood, the cause of the difficulty was found to be a small fasiculus, or sheaf of hair, about the diameter of a crayon or cedar pencil. I use the word sheaf because of its close resemblance to a sheaf of wheat, not only in the arrangement of the hairs composing it, but likewise in the circumstance of its being bound round near the middle by two or three long hairs." Another case is recorded, in which the Doctor gave from his previous knowledge a diagnosis similar to the case found above, at which his professional friends "laughed heartily," but were rather surprised to find the ingrowing hair after the operation. Dr. Vaughan cites a third case, in which the patient "*had been treated for fistula in ano*, a variety of times, *by a variety of physicians*, in various ways." In this case there were two fistulous openings and other cicatrices. Before operating, a similar diagnosis was detailed to several physician. "But," says the surgeon, "I discovered incredulity plainly depicted on their countenances." The operation verified the diagnosis, for a considerable quantity of hair was extracted from each sinus. The following rationale is laid down for the *error loci* in the development of the hair: "The follicle or duct through which the hair penetrates the skin becomes obliterated by adhesive inflammation, while the gland, continuing to perform its function, goes on secreting hair. Unable to find an exit through the natural channel, this hair seeks a new direction through the less resisting, more penetrable subcutaneous cellular tissue."

I have here alluded to the presence of these pilous cysts, because, if my recollection serves me right, I once diagnosed as a blind external fistula, what I am now of opinion might have been a case similar to those above recorded, and because I believe they may be of more frequent occurrence than is generally supposed.

With reference to the medical treatment of fistula in ano, I have yet to see the case which has been *cured* by internal medicature, and I have myself in several instances given my patients

the benefit of the same. In one instance, after nearly nine months trial, I thought that I had succeeded, but the patient became affected with a slight cold, and the sinuses in a day or two became open and as intractable as ever. There are, however, cures upon record, the chief medicines being *Calc.*, *Caust.*, *Silic.*, *Hepar*, *Carbo-Veg.*, *Sulphur*, and others.

The methods of operation are mostly well known to all practitioners, but by far the best, in my opinion, is that recommended by Dr. Gross.

Case I.—James R——, nervous-bilious temperament, suffered from fistula for over four years; had been to an herb doctor, who had endeavored to cure the same by ligature, but without success. Upon examination, I found two sinuses—one on the margin of the external *sphincter ani*, on the right side, and another leading into the first at an acute angle, the orifice of which was an inch and a half below, and was so superficial that it could be divided with the scissors. In this case I resorted to the old operation of passing the finger into the rectum, the curved bistoury into the sinus, and bringing both out together. There is always more or less trouble in the introduction of the knife—particularly if the internal opening is high up, and the sinus small and indurated,—and it is much more easy to introduce a *sharp*-pointed curved bistoury than that with a probed extremity. The patient did well, nothing but a cold water dressing being applied; no disease of the chest made its appearance up to the time when I lost sight of him.

Case II.—In this case the fissure was also *complete*, and there was but a single sinus. I therefore determined to try the method, preferred by some, of introducing a round smooth stick into the rectum and cutting down upon it with the knife, having passed the same through the fistula. This plan I would never recommend, or have recourse to a second time, for the reason that the surgeon in a measure loses the great guide of *touch*. He has nothing but the knife in one hand, and the stick or rectum-bougie in the other. When the resistance is offered, as the cutting begins, he is uncertain whether it is the sinus that is indurated or whether he is pressing his knife with too much force into the wood, and if the foreign substances be first introduced into the rectum, and the curved bistoury into the sinus, there is no certainty that the track of the fistula is fol-

lowed, whether the sharp point of the knife is making a new opening into the gut, or whether it is taking the course of the fistula. If this method of operating is used, it is preferable, first, having well oiled the bougie, to introduce it into the rectum, then through the fistula to insert a director, and make its extremity impinge upon the bougie, and finally divide the tissues with a sharp-pointed bistoury, directing the latter by the instrument already within the sinus.

Case III.—In this case, which had also been operated upon in Springfield, Illinois, the fistula was complete, the internal opening being about two inches within the rectum. The operation performed was the following: The patient was placed under the influence of Chloroform, semi prone on his face, with one thigh flexed on the abdomen—in the position recommended by Sims for the operation of vesico-vaginal fistula. The nates were separated, a grooved director passed through the fistula into the gut; the fore-finger of the left hand was then introduced into the rectum, and the first joint of the finger being bent over the extremity of the director, it was drawn down without the anus, and to prevent its slipping back again, it was pushed aside to the opposite side of the buttocks; a sharp-pointed bistoury was passed along the groove of the director, dividing all the tissues, which slipped back again within the bowel, and the operation was completed. The wound was then stuffed with lint saturated with a solution of *Calendula* and sweet oil, and healed rapidly.

Since writing the above, I may mention that I have received from Mr. Turner, of London, a small and very interesting pamphlet on "Fistula in Ano, a New and Successful Treatment without the Knife or Ligature, by John Pattison, M. D., of London." After giving a concise description of the affection, he states that the chief difficulties in treating the disease are the contraction of the sphincter ani and the presence of the "unhealthy, callous semi-cartilaginous pyogenic membrane," which lines the fistula. His treatment consists of first removing the membrane, and then paralyzing the sphincter; the latter being accomplished by over-stretching the muscle, for it is well known that when a muscle is over-stretched, it becomes paralyzed for the time being and for a considerable time after-

ward. To explain the nature of the treatment, I may give an entire case, merely alluding to the fact, that in every instance the treatment should be advised and resorted to before any other surgical means are adopted.

"Sir Arthur N—, Bart., æt. 63 years, called on me on Christmas day, 1853. He told me he had been suffering from fistula in ano for several years, and about nine months previously had been operated on by a distinguished Scotch surgeon; the operation was not completely successful. He was a very large, fair-complexioned man, of a nervous, excitable temperament, who dreaded to be touched, and flinched from even an exploring examination, to which, however, at length he consented. I discovered close to the cicatrix, about three quarters of an inch from the anus, a small fistula, which I found entered the gut about a quarter of an inch from the anal orifice; and about the fourth of an inch from the first sinus there was another, which joined the first some little distance from its external opening. There was only one rectal opening. Considering this to be a fair case for trying my theory, I fully explained to Sir Arthur my views and intentions. He departed, saying he would see me again in a few days. He did not return until the 19th January, 1854. During this interval he had consulted several of the most distinguished London surgeons, who urged him to submit to another operation by the knife, but, whatever he did, on no account to allow me to experiment on him. Rather than submit to a second period of exhaustion and suffering, he placed himself under my care, it being previously impressed on his mind that as the operation, as far as I knew, had never been performed before, I could offer no assurance as to the results.

"On the 22d January, 1854, and the following day, I injected the sinuses with an infusion of the powdered root of the *Hydrastis Canadensis*, to clean the passages from the muco-purulent discharge; I then filled them with soft cotton thread saturated with an ointment composed of equal portions of sulphate of zinc and simple cerate. On the third application the sinuses were sufficiently opened to allow the introduction of a large-sized probe, and I was thus enabled to fill them with pure anhydrous sulphate. This operation did not cause pain for a longer period than ten minutes. Two days after this I removed the dressing, with a portion of, if not all, the callous lining membrane. I

repeated the same dressing of the pure sulphate a second time, on the 30th January, which was not removed until the 2d February. These dressings were quite sufficient in a simple case, but I was anxious to reduce both sinuses into one sore, and, as it was a first case, to do enough. It was the 7th of the month before this was accomplished. During the whole of this time my patient suffered little or no pain; indeed, he took daily exercise, and regularly attended church on Sundays. Inflammatory action was arrested by the application of cloths dipped in an infusion of the hydrastis, and the bowels were regulated by throwing into the rectum half a pint of a weaker infusion of the same every morning, and on the 13th the parts destroyed by the action of the sulphate commencing sloughing, but it was not until the 15th that all had come away. The time had now arrived for trying if the sphincter muscle could be paralyzed by overstretching. I placed my patient in a proper position, and inserting both thumbs into the anus, I gently but firmly drew them apart towards the tuberosities of the ischium, and retained them there for some five minutes. The muscle was completely paralyzed; its contractile power ceased. I immediately dressed the sores from the bottom with an ointment composed of two parts of Unguentum Resinæ Flavæ and one part Sp. Terebinthini. 16th.—Healthy granulations had appeared. Dressed daily with the same dressings, until the 22d, when I discovered the sphincter had commenced again to act; I therefore at once repeated the operation of the 15th. The muscle was also overstretched again, for the last time, on the 27th; the sinuses healed rapidly, and on the 7th March I had the satisfaction of sending away my patient cured. I had the pleasure of seeing the gentleman again, in the summer of 1861, over seven years having elapsed since the operation. He informed me that he was quite well, and had never experienced any inconvenience since he last saw me. He then allowed me to make an examination, and I could detect no trace of disease.

"My only fear, when I attempted to paralyze the sphincter muscle, was that there would be an involuntary discharge of fæces. These fears, however, were unfounded, as in all my cases none of the patients suffered the least inconvenience from this cause."

## The Cattle Plague.

It appears that the cattle plague, from Pharaoh's "grievous murrain" down to our time, has been constantly known, and during the ninth century it was especially severe. The armies of Charlemagne with their necessary supplies, strewing whole countries with decaying carcasses, are held responsible for the pestilence at that time, as armies are responsible for some other of the fearful scourges of humanity. The *North British Review*, which contains an interesting paper upon the subject, says that the wars of the eighteenth century, also, generated the cattle plague, and that in the three years, from 1711 to 1714, 1,500,000 cattle died of it in Western Europe. It lasted seven years in Italy, and Holland, in ten years, lost more than 200,000 cattle. In eight years after the death of Charles VI. three millions of cattle died of the plague in Central and Western Europe. Between 1745 and 1748 at least 500,000 were destroyed by the disease in Great Britain; and the *Review* says that no method of cure tried in 1865 was not tried in 1745 and found wanting. It is computed that during the eighteenth century, from 1711 to 1796, more than 200,000 of horned cattle were swept away by the plague in Western Europe.

The result of research and comparison is, that the pest proceeds from the steppes of European Russia. The lower part of the Dnieper is bordered by Russian provinces which breed some eight million cattle, among which the plague always prevails. The stock sent from these steppes to Polish and Austrian markets introduce the disease, which then penetrates Europe. The neighboring countries struggle to keep out these herds. Prussia destroys even birds and dogs that might convey the plague, but when it is smuggled in it is trampled out wherever it appears. Austria is not so rigorous or so successful. It is supposed that 100,000 infected cattle pass yearly into Hungary and Galicia, and in the former country it is now destroying sheep as well as horned beasts. The Hungarian cattle known as Dutch beasts are often seen in the London markets, and they are supposed to have brought the present plague into England.

The disease is apparently very contagious. Dogs, sheep, pigeons, hens which have pecked among the affected cattle; the attendants on the sick beasts; ponds and streams into which

sheds of diseased animals have been drained; high winds and public roads along which the herds have been driven—all retain and convey the deadly virus. The disease appears in five or seven days after the poison is taken into the system; and although upon the steppes inoculation has checked the disease, it fails to arrest it elsewhere until it has coursed through seven or eight beasts; and it is remarked that the pestilence increases in intensity and fatality as it spreads northward.

The British Commission appointed to investigate the subject have decided that the only way to arrest the spread of the disease is to prohibit the movement of cattle, thus confining the ravages to one district. It is in accordance with this conclusion that Mr. Wentworth, of Illinois, introduced his bill into Congress forbidding the present importation of cattle. The latest accounts from England make the loss at the present time, in consequence of the plague, about 10,000 a week.

# Editorial.

## HOMŒOPATHIC SURGERY.

The advancement in every department of medical science made by Homœopathic physicians, in the last few years, is very evident by the perusal of the pages of our varied periodicals. But in none of the collateral branches has our school made more rapid strides than in operative Surgery. We venture to assert, that in the past two years an impetus has been given in this direction that was before entirely unknown. Let the inquirer turn over the back numbers of the North American Journal, the British Journal, the London Homœopathic News, the Philadelphia Journal, or the old Boston Quarterly by Birnstill and De Gersdorf, and discover how many *surgical operations* are recorded. There are, it is true, a few items belonging to surgery, but of actual operative procedures of any magnitude scarcely a record can be found. What a different state of things exists to-day! From analogy, we predict that this progress is certain to continue. These thoughts were forced upon us by the perusal of the United States Medical and Surgical Journal. In the two numbers which have appeared, excellent operations are recorded. In a Philadelphia daily paper we read of the extirpation of the parotid by our old friend, Dr. B. W. James, the patient being under the influence of the nitrous oxide, and there is no doubt, that when the surgical history of the late Rebellion is fully prepared, the names of Homœopathic Surgeons will stand pre-eminently bright, not only in respect to the actual number of surgical operations performed, but in the success of the after-treatment. With such evidences as these, the

people of the United States must be made acquainted; and with such guarantee, a petition may be made, that will bear no repeal from the Government, for the introduction of properly qualified Homœopathic Surgeons into the Army and Navy of this country.

## JOURNALS.

In our last issue we noticed the appearance of the "New England Medical Gazette," and in this number we chronicle the advent of another Periodical, edited by Dr. Jaeger.

Now the question arises, have we not a sufficient number of Homœopathic Medical Journals, not only for those who read, but for those who write? Since the "Western Observer" was set afoot—somewhat over two years ago—no less than six periodicals have appeared—viz.: the "American Homœopathic Observer," in Detroit; the "American Homœopathist," in Cincinnati; "the United States Medical and Surgical Journal," in Chicago; the "Hahnemannian Monthly," in Philadelphia; the "New England Medical Gazette," in Boston; and the "Popular Homœopathist," in Elgin. These, together with those already established—viz.: the "North American," the "Homœopathic Review" and the "Medical Investigator," which all still exist—make an array of *printed* matter which is quite appalling, and more perhaps than the interests of our School at the present period require. There is not, as a general rule, a sufficient amount of good original matter written to fill each of these periodicals, and consequently we see, time after time, the same articles appearing and re-appearing from month to month. This may be complimentary to the feelings of those whose contributions are thus handed round, but does it satisfy the demands of those who read? Does it add either reputation or position to the Journals? We think *not.* It would be far better *to merge several of the Monthlies into one, than have the subscribers complain of lack of originality in all.* It has been the effort of the Editors of this Journal to avoid such repetition, and those who will look over its pages will find, that excepting a few articles taken from foreign Journals, the papers, though they may be deficient in all other points, are original in character. But we think that in the West there are now too many Monthlies, and we would most heartily join hands with any one, two or three of our co-laborers in the same field, and issue a good original Monthly. If we could combine Detroit, Ohio, Missouri, and the Illinois Monthly, into one, we believe it would be the better for all the Homœopathists throughout this section of country; more credit would be done to the science of Homœopathy, and more general satisfaction experienced. In expressing these views, we believe we are but reiterating the feelings of the best men of our School, and we sincerely hope that some effort may be made to consolidate our monthly periodicals.

THERE is quite a controversy at the present time raging in Pennsylvania between the Allopathists and the Homœopathists. The former say, "Homœopathy is dead." The latter say, "Nay, it still liveth."

## ANOTHER DISPENSARY.

We are very glad to be able to announce the fact that a Homœopathic Dispensary has been established at Leavenworth, Kansas. The enterprise was inaugurated on the 26th of January, 1866, and regular officers elected. The most prominent citizens of Leavenworth, including many ladies, have interested themselves in behalf of the charity, and are using strenuous exertions to place the same on a secure foundation. Dr. Martin Mayer is the Attending Physician, and Dr. Milton E. Halstead is the Consulting Surgeon.

## DR. GRAY'S MEMOIR OF DR. WILSON.

We have received from Dr. Gray, of New York, a number of copies of his excellent Memoir of Dr. Wilson. The pamphlet is handsomely gotten up, contains a lithographic portrait of the subject of the essay, and is very interesting, particularly in its bearing upon the history of Homœopathy in New York. We shall be pleased to mail a copy to those who desire the same.

## TRANSACTIONS OF THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The third volume of the Reports of this flourishing Society is now ready for distribution. It is handsomely bound in cloth, and contains much valuable information. We have received a few copies, which will be mailed on receipt of 25c. postage.

Dr. Joseph Laurie, author of "Domestic Homœopathy," "Elements of Homœopathic Practice of Medicine," the "Parents' Guide," an edition of "Jahr," and a translation of Bonninghausen's Manual, died very suddenly on the night between the 9th and 10th of December last. His disease was an affection of the heart.

Dr. Wilson, of Grosvenor Square, London, England, has accepted the appointment of Examiner of those who desire the Degree of the Homœopathic Medical College of Pennsylvania.

Dr. C. Dunham, of New York, is now in Cuba. He will return to his home the first of the ensuing month. Dr. Allen has charge of his practice during his absence.

# THE WESTERN
# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, MARCH 15, 1866. No. 5.

**H. C. G. LUYTIES, Proprietor and Publisher.**

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## Obstetrics.

### Rupture of Symphysis Pubis during Labor.


BY S. B. PARSONS, M. D.,
*Demonstrator of Anatomy in the Hom. Medical College of Missouri.*


For the privilege of giving publicity to this case, I am indebted to Dr. Louis Grasmuck, the attending physician, at whose request I visited the patient in company with Prof. Geo. S. Walker, and from whom I gathered, at a subsequent visit, the following facts:

Mrs. B——, æt. 30, mother of four children, short, stoutly built, of nervo-bilious temperament, had enjoyed moderately good health previous to marriage, which took place at her fourteenth year.

No serious illness of any kind occurred since childhood, nor indications that pointed to disease of a chronic nature, nor any discovered abnormality in her general conformation. During her fifteenth year the first child was born—still-born—after a tedious labor of nine days, in which the pains were irregular and unsteady, coming in paroxysms, then ceasing altogether for hours. The attending physician (an Allopath), of the sour-grape kind, became irritable and fractious under the lingering task, using no measures to facilitate its progress until the

morning of the ninth day, when, having called another doctor in consultation, it was deemed expedient, as the child's position was natural, to give ergot in "appreciable doses." This was accordingly done, in decoction, by "half saucerful" quantities, every two hours, and at the end of twelve hours one and one-half pints had been taken in compliance with instructions. The pains had now become intense and constant, and severe local suffering was felt at the symphisis, growing more and more painful at each effort of the uterus. So agonizing were the labor throes that consciousness was lost three hours before delivery, and did not return for some time thereafter; consequently the patient knew nothing at the time of what transpired during those oblivious moments. Slight hemorrhage followed the birth of the child, but the stimulated uterus was firmly contracted in ten minutes afterwards, though occasional after-pains were felt for two weeks. Her recovery was slow, and attended with much suffering from strangury, irritation and inflammation of the labia, constipation, and an abscess which formed in the deep tissues beneath the mons veneris, swelling to near the size of a hen's egg, and opening spontaneously just above the clitoris. For six weeks this condition of things existed, without much variation or alleviation, excepting that the soreness and pains of the vagina had sufficiently decreased to allow her to sit up in a chair, but not to walk, or even step, which caused perfect agony, from the pains the motion produced, at the symphysis pubis and right sacro-iliac articulation. Shooting pains, as well as those of a dull, aching character, now began to be felt along the right pubic bone and down the thigh, which grew worse until the patient was able to walk about the house, two months afterwards, when they gradually decreased, though not entirely, and a new symptom appeared. It was this: Whenever movement of the pelvic bones was made, from walking, or extending the leg, a grating sound was felt, as though the ends of two or opposite bones were rubbed against each other, which created considerable uneasiness in the patient's mind, as well as distress and bodily suffering. By applications of cold water the irritation was partially subdued, but the crepitation remained for quite four months, then disappeared, to reäppear at the second, third and fifth labors, (omitting the fourth,) with all the above mentioned symptoms except the

abscess, and at each successive return lasting the same length of time as after the first delivery. During the interim of pregnancy, and at the time, especially the latter, the pains at the symphysis were almost unendurable, often obliging her to keep the bed in the latter months, where the recumbent posture relieved the weight and tension or pressure of the gravid uterus against the pubes, by allowing it to pass higher in the abdominal cavity, and by thus removing the mechanical irritant, her pains were very much lessened. Prof. Walker, and also Prof. Wm. Tod Helmuth, who afterwards saw and examined the case, upon making an examination per vaginam, readily recognized a deformity of the pelvis in the narrowed, contracted state of the pubic arcade, caused by the pubic bones meeting at a much more acute angle than is observed in the naturally formed human pelvis. The labiæ, clitoris, vestibule and surrounding soft tissues, were highly sensitive and tender to the touch; hot and somewhat tumefied; slightly moist; and upon carrying the finger around to the posterior surface of the symphysis through the vagina, the same painful condition of the parts concerned was found, and particularly when sweeping over the meatus urinarius and urethra. On the anterior surface was revealed a groove, along which the finger could easily be traced, extending from the upper to the lower border of the symphysis, wider below than above—the separated ends of the pubic bones forming its lateral boundaries. If pressure was made against either boundary, the patient would exclaim, "O dear! you hurt me so." By pressing the finger against the body or ramus of the bone, the same reply would be given. Another peculiarity of the case consists in the right pubic bone being a little anterior to the left, which is only ascertained by a vaginal examination, as external explorations do not reveal it. It is an anterior dislocation, with, probably, a proportionate displacement at the sacro-iliac articulation, undoubtedly due to violent uterine action under the stimulus of "appreciable doses" of ergot. Now the question arises, would the symphysis give way, under the above circumstances, if in a perfectly healthy condition, before rupture of the uterus would take place; and if so, would it be fair to allow the existence of this displacement, without obliquity of the pelvis, prior to her first labor? I do not believe rupture of the pubic ligaments ever happens in perfectly sound pelves under the

most energetic and powerful contractions of the uterus; in snpport of which opinion I may adduce the fact, that none of our obstetrical writers make mention of the circumstance, except as produced by blows, falls from a height, being crushed between two heavy solid bodies, &c., which, if occurring frequently in labor, certainly is worthy a space in their publications, and would have been touched upon in discussing the results and complications of midwifery. In every case of separation of the symphysis during utero-gestation or parturition, I contend, there is softening or molecular degeneration in the articular cartilages, which are prone to this textural change, the loss of cohesion being entirely incompatible with the function of the part. Will some professional brother give us a little light on the subject?

## Materia Medica.

### SULPHURIC ACID.

Translated from the French of A. Espanet,

BY H. B. CLARKE, M. D., NEW BEDFORD, MASS.

#### I.—HISTORY.

This medicine, which in former times was extensively used, as is shown by the works of Murat and Delens* and the observation of Dippes, Sydenham and Haller, is at the present day devoted mainly to the preparation of a mineral lemonade which is highly recommended for lead colic.

Besides its external use for atonic ulcers and in herpetic eruptions, as a gargle and by injection in aphthæ and ulcers of the mouth, in certain anginas, and in apthous irritations of the vulva and vagina, it was also, at different periods, prescribed in the form of elixirs, *Eau de Rabel*, &c., against many acute and chronic diseases, such as inflammatory, intermittent, exanthematic, malignant and putrid fevers, and acquired the surname of Antiseptic. It was also employed in pneumonia, phthisis, colliquative sweats, passive hemorrhages, scorbutus, purpura

* Dict. Universel de Mat. Med. et de Therapeutique Generale.

hæmorrhagica, dropsy, *delirium tremens,* epilepsy, chorea, diarrhœa and other mucous fluxes, rheumatism, arthritis, syphilis, scrofula. This was a great deal—too much, indeed,—and the disappointment of closer observers contributed not a little to the abandonment of a medicine which continually proved so uncertain. The contra-stimulist, who saw only in *Sulph.-ac.* a vascular sedative, neglected its special symptoms, and admitted that the diseases in which it proved useful, from epilepsy to scorbutus, were hyposthenic without distinguishing the periods of the disease. But it is curious to observe that at the outset, when the doses were small and well borne, there were really sedative effects; and moreover, these effects were adapted (though fortuitously and by its specific action) to a certain number of diseases which were undoubtedly of a hyposthenic nature, that is to say, really adapted to *Sulph.-acid.*

## II.—PHYSIOLOGICAL EFFECTS.

Notwithstanding the records of science and the provings of the Hahnemannian school, there must be recognized in this medicine a depressing action upon the capillary venous system and upon the ganglionic nerves, through which it acts upon the nerves of relation. It is most truly hyposthenic, and provokes but the slightest sanguine or nervous excitement in its first influence on the organism. Its few febrile symptoms depend upon the erethic excitement of the sanguine system in the cachexy which arises as nutrition is annulled by torpor of ganglionic innervation. The heat is more a sensation than a reality, or rather, it is ephemeral, though tingling and nervous; it is accompanied by palpitations, dyspnœa, itching of the skin, and thirst; the pulse is small and feeble; the open air or cold cannot be borne; sweat appears upon the least movement, and is worse in the morning.

The nervous system also indicates asthenia; there is lassitude with sense of weakness, hesitating movements, tearing pains with feeling of weakness, cramps in the limbs, subsultus of the tendons, despondency, vertigo with pressure, weakness and vacillation in the head. Toothache, and the pains in general are aggravated by cold and relieved by heat; the left side of the body is most affected.

Above all prevails weakness and a state indicative of disso-

lution of the blood; livid spots on the surface of the body, chilblains, œdematous swellings, excoriations, putrid ulcers, hemorrhages, hemorrhoids, irritation of the eyes, ulceration of the gums, which bleed upon the least touch, salivation, spitting of blood, aphthæ in the mouth, general irritation of mucous membranes, depraved taste, excessive hunger, with gastralgia, pyrosis and vomiting after eating; tenderness of epigastrium and abdomen, sensation of fullness and of cold or burning at the stomach, cuttings and beatings in various parts of the abdomen, colics, diarrhœic stools, bloody stools, putrid diarrhœa; urine mucous, bloody or quickly decomposed after micturition; venereal excitement in consequence of vaginal irritation in women, with menstrual flow excessive and too early; leucorrhœa acrid, burning, bloody; seminal flow in men without voluptuous sensation; symptoms of laryngitis, spitting of blood, oppression and weakness of respiratory organs, palpitation and lancinating pain in the heart.

### III.—THERAPEUTIC EFFECTS.

Through its influence upon the venous and ganglionic systems, *Sulph.-ac.* affects particularly the organs of nutrition and the mucous surfaces: the plastic forces are modified in a special manner.

It is adapted preferably, 1st, to lesions of sensibility and contractility; to neuralgias, rheumatoid and arthritic pains, paralytic weakness, cramps and convulsions, when the symptoms are the result of its characteristic cachexy and asthenia; 2d, to venous congestions and hemorrhages, even uterine and hæmorrhoidal, depending upon insufficient arterial and nervous action or due to the venous stasis contingent upon uterine or hæmorrhoidal fluxes, herein embracing hæmoptysis; 3d, to sub-acute inflammations of the bronchia, the intestinal tube, the genito-urinary organs, the eyes, the nose and the skin having a general character of anemia with itching, initial dryness and burning, followed by discharge of serous, acrid, acid mucus, which is badly elaborated and rapidly becomes putrid, or with aphthæ and painful ulcers, bleeding, though pale and of bad aspect; finally, red spots, like ecchymosis or chilblains, flat and painful furuncles.

The following are more particular indications for *Sulph.-acid:*

1st. For high fever in debilitated subjects, when there is great thirst, beating of the temples, and dryness of the mouth. As *Acon.* is the antiphlogistic for sanguine subjects, so is *Sulph.-ac.* the antiphlogistic in cases of cacochymia, of venous temperaments, of broken-down constitutions, of the scrofulous, of those exhausted by repeated hæmorrhoidal bleedings, and in ague patients who still suffer from paroxysms of fever attended with mucous or serous fluxes, bad state of digestive organs, engorgement of the spleen, of the liver, of the glands, or with jaundice.

2d. In passive hemorrhages, even putrid; those, for instance, in the last stage of grave nervous fevers, when the blood oozes from the atonic mucous surfaces and from ulcers. In such cases the indications for *Nitric*, *Muriatic*, *Phosphoric* and *Sulphuric acids* do not vary except in a few symptoms.

3d. In atonic gastritis with over-secretion of gastric and intestinal mucus, venous fullness and embarrassment of the portal circulation.

4th. In the gastro-enteritis and muguet of infants, after *Borax*, and for nearly the same indications; soft abdomen, stools yellow, floculent or minced, borborygmus, slight fever, small pulse, pallor and dullness.

4th. In the last stage of some mucous and catarrhal fevers, of simple coryzas and bronchites, in pale lymphatic subjects, who are much predisposed to such affections, and in whom they are obstinate and characterized by a muco-serous flux, by aphthæ and a gnawing sensation.

6th. In sterility from excess of catamenial flow, in debilitated women.

7th. In epileptiform convulsions of exsanguined persons, especially below adult age; in muscular cramps and lead colic, provided the persons are not irritable; in the hernias of infants with lax tissues; in these cases it is preferable to *Lycopod.*, to *Sulph.*, and even to *Nux Vom.*

*Sulph.-acid* is certainly too much neglected. Its sphere of action is hardly less extensive than that of *Nit.-ac.* If the latter has great importance as an anti-mercurial, *Sulph.-acid*, by virtue of the sulphur in its composition, shows itself more efficacious against herpes; but it is in secondary herpes, or that of mucous surfaces, according to its physiological effects. It has proved successful in muguet, in aphthæ with slight cracks and lateral

excoriations, in chronic itching irritation of the mucous membranes and fissures of the lips. Neither is it without utility in the treatment of some cutaneous affections; in general pruritus, red itching blotches, livid and bluish patches, spontaneous excoriations covered with yellow crusts, chilblains, dry eruptions on the hands and between the fingers.

Doses.—The doses and mode of administration are the same as for *Muriatic-acid.*

## Correspondence.

### Nitrous Oxide as an Anesthetic.

Philadelphia, January 28th, 1866.

Messrs. Editors:—Knowing your disposition to investigate and if practicable, to put into practice, whatever may come up as an improvement in Surgery and Medicine, I would call your attention to the great value of the Protoxide of Nitrogen (*Nitrous Oxide*), or "Laughing Gas," as an anesthetic for use in surgical operations. I have been experimenting with it for some time past, for such purposes, and find it thus far a safe agent, and one that produces anesthesia rapidly, and further, that its effects pass off quickly, thus saving much time in the clinic-operating room. If the gas is pure, no headache or nervousness follows its use, and it is but rarely that a patient is so susceptible to its action that vomiting or nausea ensues. It is a tasteless, inodorous, colorless gas, and produces an exhilarating effect on the system subsequent to its administration, rather than a depressing one, as with Chloroform and Ether. From the results I have obtained with it, I feel confident that it will in a great measure supersede these agents in surgical practice, eventually, at least in such cases as will admit of its administration.

It is prepared from the Nitrate of Ammonia (either the fused or granulated), by heating it in a retort and collecting the gas that results, over water, and allowing it to remain standing a short time, say from one to four hours, over the water, to fit it for use. The Nitrate should be a pure article, and the operation should be conducted by some one who understands chemical

manipulations; for the temperature, in heating the article in the retort, should not be raised above 480°, or else a reddish gas of a different and deleterious character will be produced. The Colton Dental Association of our city, who manufacture it in large quantities for their own use, kindly furnish me with the Nitrous Oxide gas fresh and ready for administration. It ought to be made every twenty-four or forty-eight hours, if you are using it constantly, for it loses its power in a great measure, and I am not satisfied that it is perfectly safe if it stands over two days.

In administering it, a plug of hard wood is placed between the molar teeth, then a mouth-piece attached to a tube, which leads to the India-rubber gas-bag containing the Nitrous Oxide, is inserted into the mouth, and the lips closed tightly over it, while the nose is tightly held by the patient or an assistant. The stop-cock in the mouth-piece being turned, the patient breathes into the gas-bag entirely until anesthesia is produced. Then the nose is liberated and the stop-cock turned so as to shut off the gas. The patient then respires atmospheric air a moment or two; and if it is necessary to continue the anesthesia, again compress the nose at its sides and turn on the gas again for a moment, and so continue alternating the gas and the fresh air just sufficient to keep the patient quiet, unconscious and under the influence of the Nitrous Oxide. When the patient is fully under its influence, a loud snoring generally ensues. In some cases, the pallor of countenance that always ensues upon inhaling the gas assumes quite a livid hue, and the lips become somewhat purple, and to the novice in its use might cause great alarm to the operator; but I have not found that such patients complain of any after-effects of the gas. It must be, of course, used with prudence, and not continued after anesthesia is produced without letting the patient have atmospheric air temporarily, or I suppose asphyxia might result.

If the patient will make two or three long expirations just before taking the gas, so that the lungs will be quite free of air upon the first inhalation of the Nitrous Oxide, he will come under its influence much quicker and better. About one minute is required to bring any ordinary individual under its anesthetic effects, and it passes off in from two to five minutes.

Fraternally yours,

BUSHROD W. JAMES, M.D.

## The Homœopathic Medical College of Missouri.

### A SUMMER COURSE OF INSTRUCTION, GRATIS TO MATRICULANTS OF THE COLLEGE.—HOSPITAL DIPLOMA CONFERRED UPON THE REGULAR ATTENDANTS.

The Faculty of the Homœopathic Medical College of Missouri, being aware that there are very many medical subjects of the highest import to students of medicine, which can only be imperfectly discussed in the short period of time allotted to the Winter Session, have, after due deliberation, determined to open the College for a Summer Course of lectures, in order that those who desire may receive the requisite instruction in these important points.

The Summer Term will begin early in May and continue until the ensuing Autumn. *Regular hospital instruction* will be given during the course, and the Hospital Diploma of the College conferred upon those who have been constant in the attendance upon the clinics. *No charge* will be made either for the course of lectures or admission to the Hospitals; the students being only required to matriculate.

The following named are the subjects which will be taught by the respective Chairs:

1. *Diseases of the Skin.*—T. G. Comstock, M.D. The great importance which attaches to Dermatology, as well as the difficulties of diagnosis belonging thereto, will be fully entered upon by Dr. Comstock, who has given the subject especial attention, both in this country and under the most distinguished dermatologists of Europe; especially Prof. Hebra of Vienna.

2. *Diseases of the Chest.*—E. A. Fellerer, M.D. The most familiar as well as the more obscure diseases of the thorax will receive the attention of this Chair, while auscultation and percussion will be practically illustrated; the student being taught to discriminate between the nicer sounds which can only be appreciated by the practiced ear.

3. *Diseases of Infancy.*—D. R. Luyties, M.D. Not only will all those varied affections which belong to this class of diseases receive that attention which their importance deserves, but plain and practical instruction will be afforded as to the manner of preventing disease and the hygienic treatment of the young.

4. *Medical Botany.*—J. T. TEMPLE, M.D. During the Summer Term the general considerations of animal and vegetable life will be entered upon, and especial attention directed to the medicinal properties of indigenous plants. The class, accompanied by the Professor, will make excursions into the surrounding country, and will be made familiar with those articles of the Materia Medica which flourish during the season; thus pleasure and profit and practical experience will be combined.

5. *Embryotomy and the use of the Microscope.*—G. S. WALKER, M.D. It will be the endeavor of this Chair to elucidate the whole subject of Embryology, so far as scientific research has yet extended. The development of animal life, from the lowest zoöphyte to the highest order of living beings, will be thoroughly taught, and are certainly subjects which should excite the curiosity of every intelligent student.

6. *Diseases of the Genito-Urinary Apparatus.*—E. C. FRANKLIN, M.D. This subject has become an important specialty in surgical science. The student will receive a full and comprehensive exposition of the nature, causes, symptoms and treatment of the various lesions of the urinary apparatus and the operations for their relief. Instruments will be shown and preparations to illustrate the branch will be introduced to the student.

7. *Causes of Disease.*—T. J. VASTINE, M.D. There is no branch of medical education fraught with more interest to the student than the consideration of the influences of those agents upon the body by which diseases are occasioned. In the consideration of this branch, age, sex, temperament, idiosyncrasy, habit of body, climate and diet, with the many and varied exciting causes, will be thoroughly taught.

8. *Comparative Physiology.*—C. VASTINE, M.D. It will be the effort of this Chair to point out a general plan of organic structure and development, and from man, the highest order of created beings, to draw those comparisons of function which enables the physiologist to place in their proper sphere the lower orders of the animal creation.

9. *Regional Anatomy.*—C. H. NIBELUNG, M.D. While in the regular course of instruction during the Winter months the systematic consideration of the different branches of human anatomy are entered upon, it is of the highest import to the student that all the parts entering into the formation of different regions

should be relatively studied. To those who desire to make Surgery a specialty this instruction is absolutely indispensable, while it is a very important consideration to every practicing physician.

10. *Dental Surgery.*—C. W. SPALDING, D.D.S. To those physicians who expect to locate in the country, the proper understanding of a few of the principles of Dental Surgery is often of practical import, while to every physician the appreciation of both first and second dentition, the physiology thereof, and the influence of the same on after life, is a matter of decided import. These subjects will be carefully elucidated by this Chair.

11. *Semeiology of Disease.*—WM. TOD HELMUTH, M.D. While the student familiarizes himself with Symptomatology, it is of great importance that characteristic Semeiology be properly understood. The great characteristic symptoms of every disease, and the absolute importance of such in diagnosis and prognosis, will be pointed out, while at the same time the analogy between them and the pathognomic symptoms of those drugs which have been found curative in such conditions, will be brought forward as additional evidence of the truth of the Homœopathic law of cure.

12. *Post-Mortem Examinations.*—S. B. PARSONS, M.D. A properly conducted and satisfactorily explained autopsy is certainly the mark of a well educated physician. In this branch especial attention will be paid to the decent performance of such, while the preparation and preservation of the cadaver will also receive minute consideration.

13. *Electro-Chemistry.*—Prof. SMITH. This important branch will be fully illustrated by Prof. Smith, whose large experience, extensive apparatus, and the position he occupies as Professor in the City University, will certainly assist in rendering the subject intelligible and entertaining.

In addition to the foregoing instruction, the facilities afforded for practical instruction in Medicine and Surgery by the hospitals, under the immediate supervision of the Professors of the College, cannot be well over-estimated. The Good Samaritan and St. Luke's Hospitals, and the Freedman's Orphan Asylum, are all open to students of the College, making a combination of advantages for the study of medicine rarely offered to the medical student. As has been before observed, an extra Diploma is

granted to those who have been assiduous in their attention to the clinics of these institutions.

WINTER TERM. — SESSION OF 1866-1867.

The regular course of instruction will begin on the fourth Monday of October and continue until the 1st of the ensuing March.

The regular hospital clinics will be held, and those students who have been assiduous in their attention to these practical instructions, will receive the Hospital Diploma of the College.

*Prizes.*—Dr. Franklin offers, for the best anatomical preparation made in the dissecting room of the College, a handsome operating case, and for the second best, a valuable surgical instrument.

During the Winter Term, those who attend the Hospitals *are conveyed thither free of expense.*

FEES.

| | |
|---|---|
| Fees for attending a full course of lectures | $80.00 |
| Hospital ticket | 5.00 |
| Matriculation fee (paid once only) | 5.00 |
| Practical anatomy (paid once only) | 5.00 |
| Graduation fee | 30.00 |
| Beneficiary fee | 40.00 |
| Fees for students having attended two full courses in other Medical Colleges | 40.00 |
| Graduates of other Medical Colleges | 30.00 |

A catalogue, containing full particulars of the course, with regulations of the College, will be issued during the summer.

## Dr. Franklin's Valedictory.

At the Commencement of the Homœopathic Medical College of Missouri, held on the first day of March, an able address was delivered to the Graduating Class by Dr. Franklin, the Professor of Surgery.

After speaking of the change of relation between pupil and preceptor, the arduous duties belonging to the life of a profes-

sional man, and the increase of Homœopathy, the Doctor thus spoke:

"In every course of human action there must be a movement to the development of good or evil, and when elements of error lurk in any system, a mere careless, thoughtless manner, in carrying that system forward, favors the bias in a wrong direction by merely neglecting the impulse towards the right. Giving all honor due to the general character of our noble profession, to the unwearied philanthropy, the energetic pursuit of truth in all its branches, and to the patient, progressive struggle in the path of duty, unallured by brilliant prizes, it must be conceded by all, that much attainable improvement yet remains, before we may hope to witness its utmost limit of perfection. Influenced by such motives, encouraged and sustained in our laborious career in elaborating and perfecting this comparatively new system of medicine, there is presented a theme of the deepest interest, not only to the co-laborers in this field of medical progress, but to all who become objects of its professional care. That *you* may become competent to act well your part in elevating and perfecting this improvement in medical science, it is proper that you receive a thorough course of medical education. Not that species of instruction that merely stores the memory with barely sufficient information for the day of trial, but that clear and comprehensive knowledge, that promises the highest qualification for a future responsible and brilliant career of duty. This depends not only upon the *principles* which form the basis of a thorough course of medical instruction, but the *spirit* in which that instruction is received, by those who seek to pass the portals of the profession. Keeping well their faith towards you, and appreciating the zeal and enthusiasm you have manifested in availing yourselves of the advantages of this institution, the Trustees and Faculty of the Homœopathic College of Missouri have added increased facilities for the acquirement of a systematic and scientific medical education. In addition to the advantages already secured, of a regular medical course by a corps of earnest and competent teachers, actively engaged in imparting the principles of their respective chairs, and the *clinical teachings* that have been presented in the wards of the Good Samaritan, Post and Freedman's hospitals, and the daily clinics held at the college dispensary, they have

inaugurated a summer course of lectures for the purpose of clinical and didactic teaching. This summer term will commence on the first of May and continue to the fourth day of October, when the regular course begins. The objects which originated this additional course of instruction, and which will continue for the benefit of all who seek to increase their fund of medical knowledge, are found in the development of the great resources afforded through the hospitals and public charities of this city, and the complete application of these resources to the various branches of medical instruction. The plan is, to combine to the fullest extent the clinical and didactic methods of teaching, not devoting especial attention to the one at the expense of the other, but aiming to give the utmost practicable extension to both. This has been effected by engrafting the teachings of this medical college upon the privileges afforded by the hospitals already in existence, and through which are afforded more abundant facilities than any other homœopathic college in the country, where this system is not adopted. The Professors in all the practical branches taught in this University, are visiting physicians, surgeons and obstetricians in the hospitals alluded to, and the practice of medicine and surgery will be amply illustrated by cases in the hospital, immediately following their consideration in the lecture room.

"During the past session, clinical instruction has been given three times a week in the Dispensary connected with the College building, and increased opportunities for instructive observations have been afforded you during the occasional hours not otherwise devoted to study. Superadded to all these advantages, you have enjoyed unusual facilities for the study of practical anatomy, and *material in abundance* has been furnished by the Demonstrator to enable you to perfect yourselves in anatomical knowledge and the lesions of pathology."

The lecture (which is now ready for distribution) concluded with some very important and satisfactory statistics, showing the superiority of Homœopathic medication over all other means of cure, and concluded with the following:

"Go on, therefore, Gentlemen, as you have begun, in your responsible and arduous career as *progressives* in the noble art of healing; labor diligently and faithfully; bring to the edifice

of this medical reform, which is being reared by the disciples of Hahnemann, to shelter the suffering of every land, *your* accumulated observation and facts, that man's lost inheritance may be regained, and that you may receive the reward of good and faithful servants."

# Editorial.

## THE COMMENCEMENT OF THE HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The session of the above-named institution closed on the last day of February, and the Commencement Exercises took place on the first day of March. The audience was attentive, and appeared (especially the ladies present) highly interested with the ceremonies, which were opened with a few remarks by the Dean. Dr. C. W. Spalding, President of the Board of Trustees, then made a neat and appropriate speech, and conferred the Degrees upon the graduates. The prizes awarded by Dr. Franklin, for the best prepared dissection, were delivered to the successful candidates by Dr. Helmuth, who also conferred upon the graduates the Hospital Diploma of the College; the exercises concluding with the Valedictory Address by Dr. Franklin. The whole affair was highly gratifying to all concerned.

Arrangements have been made for entering upon a Summer Course of Lectures, to begin early in May and continue until the October following. This summer session is given gratis to all matriculants, Hospital instruction forming a prominent feature in the same.

## THE JOURNALS.

To the physician who keeps up with the times, a perusal of the periodical medical literature of the day is not only indispensable, but becomes habitual. He knows when to expect his Journals, and if, by any "accident of flood or field," the visitor does not arrive, his impatience is only exceeded by his gratification when the paper is received. No matter how hurried he may be, no matter what appointments he has to meet, by some adroit management the periodical is perused. Many a time, on the steps of the Post-Office, is the wrapper torn from the paper, and a hasty glance passed over its contents; many a time, when an important case is on the tapis, is the Journal crammed into the pocket, that he who runs may read; many a time, while dressing of a morning, an item of news or of progress is imbibed with quite a healthful relish. In fact, our School is now growing so large, and our Journals so numerous, that scarcely a day passes without something transpiring with which those interested in the cause are eager to become acquainted. For

instance, our Cincinnati friend, the "American Homœopathist," comes over to us with a pleasant face, and we find a good paper on the Extraneous Hindrance to the Cure of Disease; a little touching-up of the Secretaries of the American Institute of Homœopathy; some interesting cases from Practice; the Proceedings of Societies; Correspondence, and a long Review of Dr. John C. Sanders' excellent lecture on Criminal Abortion; a Miscellany, and an advertisement of Dr. J. T. Boyd's improved Pessary for treatment of Prolapsus Uteri. 'Tis a good number, and well gotten up. Then comes in the "Hahnemannian," containing articles on "Our Materia Medica," Cellular Physiology, and Pathology; the description and plate of Guernsey's Uterine Elevator; the Thesis of the late Dr. Laurie, who received the Degree of the Homœopathic Medical College of Pennsylvania in 1851, at which time he was on a visit to this country; and an interesting paper on the Reduction of Dislocations of the Shoulder-Joint. Herein also is much to be learned. The "American Observer," by the enterprising Dr. Lodge, with a table of contents, embracing thirty-two subjects, is also on our table. Halsey's "Investigator," full of information, spicy Correspondence and good Reviews, speaks volumes of the enterprise of the Western Homœopathists.

The "New England Medical Gazette" contains a paper on Scarlatina Renalis, by Dr. Dunham, in which he makes a very good suggestion with reference to the classification of Scarlatina, viz., that a fourth variety—Scarlatina Renalis—should be added, together with interesting extracts regarding the pathology of the kidney in Scarlatina. There is also an article by B. DeGersdorff, of Salem, on Iodine and Iodide of Potassium, in which the author relates his experience with these remedies in pneumonia and pleuropneumonia, his attention being directed to these remedial agents in 1860, while on a visit to Prague, by Dr. T. Krafka. Our contributor and able translator, Dr. H. B. Clarke, of New Bedford, adds an item towards clinical experience in relation to dose; which, with other articles of interest and the Proceedings of the Boston Academy, conclude the number.

The "American Homœopathic Review," which we have been anxiously looking for since January 1st, has come to hand, two numbers being embraced in one on account of the absence from New York of two of its Editors. We were glad to see our old friend, and read its contents with much pleasure.

"The Popular Homœopathic Journal," Vol. I., No. 1, is also at hand. It looks well, and will do a vast amount of good in the sphere for which it is intended, and which is indicated by its name. But this Journal must be supported, to do good; it must be widely circulated *among the people*, and for this end, for a time at least, it must be assisted by the profession. Let every member, therefore, send on for a certain number of copies, to distribute among his "lay brothers," until they find that it is to them a *sine qua non*.

Besides these, we look forward to our Quarterlies, which, with the new publications expected, will give reading matter to the members of our School for a long time to come.

Among the latter we may enumerate, besides the Materia Medica of Hering, a Text Book on Materia Medica by A. Lippe, M.D., to be published in five

parts; Obstetrics and the Diseases of Women and Children, by H. N. Guernsey, M.D., a work of between six and seven hundred pages; a Text Book on the Diseases of Women, by Dr. R. Ludlam, of Chicago; Abortion, by E. M. Hale, M.D., of about three hundred pages, finely illustrated; and Dr. Franklin's work on Surgery, to consist of two volumes octavo, each containing six or seven hundred pages, and illustrated with numerous engravings. From the character of the authors of all these books, the literature of the Homœopathic School of Medicine will be much enriched, and we look forward to their appearance with considerable impatience.

---

ELEVENTH ANNUAL REPORT OF THE BOND STREET HOMŒOPATHIC DISPENSARY.— This little pamphlet (comprising but eight pages) speaks volumes to the Homœopathic Profession. The Dispensary was founded ten years ago by Otto Fullgraff, M.D., who, with unwearying patience and almost unprecedented success, has managed it to the present date. It now has a branch Dispensary, has eight attending physicians, an oculist, three surgeons, four resident and attending physicians, three dental surgeons, with medical students to assist. It is nominally open from 2½ to 4½ o'clock P. M., although nearly the whole day is occupied in attending to the sick poor. During the past year 24,086 have been treated, and 46,160 prescriptions given. 8,123 out-door visits have been made The statistics for each year, showing the great increase in the usefulness of the institution, are given, but we may only compare the year ending January 1st, 1856, with the same date of this year, as follows: In 1856 there were 521 cases attended, and 1,895 prescriptions given. In the year ending on January 1st, 1866, there were 24,086 cases treated, and 46,160 prescriptions compounded. What an increase is here found! What an example for younger institutions to follow! When we remember that during the eleven years in which this Dispensary has been in operation, there have been 79,819 cases attended, 27,815 out-visits made, and 201,424 prescriptions given, every true Homœopathist, while he rejoices at the increase, must feel thankful to the founder of this truly noble charity. God speed him in his good work! and long may the Bond-Street Dispensary continue to be, not only a monument to the success of Homœopathy, but an Institution where thousands of poor are rescued from disease and death, or from Health Officers and Alms-Houses where brutal treatment and careless drugging hurry them to forgotten graves.

---

FISTULA IN ANO—*A New and Successful Treatment without the Knife or Ligature.* By JOHN PATTISON, M.D. London.

This pamphlet—to which we had occasion to allude in the last number of the *Observer*, while upon the treatment of Fistula in Ano—deserves the careful consideration of every surgeon. After entering upon the description of Fistulæ, their nature, classification, symptoms, and methods of cure by operation, he states that there are many objections to the usual modes of operating,

which he sums up—as severity; the weakness that invariably follows the great loss of blood; the uncertainty of the cure after the suffering has been undergone; constitutional disturbance caused by chloroform; confinement to bed, and the moral effect from the fear of the operation. Now, we have read this pamphlet carefully, and regard the treatment it teaches as certainly far preferable to operation, if as successful. But the objections to the old operation are not very good ones. An operation usually for fistula is not a very severe one, nor is there necessarily a large amount of blood lost—indeed, oftimes the hemorrhage is slight; neither would the constitutional disturbance occasioned by the use of chloroform, or the confinement to bed, or the fear of the operation, be very valid against the knife, because the operation does not occupy much time, and is not, as we said before, comparatively severe. The most weighty objection appears to be in the uncertainty of cure, which perhaps would hold good in reference to all methods. What constitutes the great superiority of Mr. Pattison's treatment, is the *entire avoidance of the knife;* the getting rid of an operation in surgery; the greater certainty of the cure; the little time it takes in its performance; but, more than all, the principles on which his method is based. If, by placing the thumbs within the sphincter and putting the fibres upon the stretch, the muscle is so paralyzed that for the time it does not contract, and draw apart the walls of the fistulæ, allowing them to heal, this is *far superior* to passing in a knife and dividing the tissues in question. The sinuses are treated by first cleansing them with an infusion of powdered *Hydrastus Can.*, and are then filled with an ointment composed of equal parts of sulphate of zinc and simple cerate; afterward they are filled with the pure anhydrous sulphate. This is done sufficiently often to destroy the pyogenic membrane; after which the sphincter is paralyzed by the method before mentioned. The cases adduced, one of which we published in the last number of this Journal, are of the most instructive character, some of them of the most inveterate nature, and what is still more to the point, ALL SUCCESSFUL, excepting in a single case, where *certainly*, to judge from his actions, the patient *did not desire to be cured.*

Every surgeon and every physician should feel thankful to the originator of a process that will cure Fistula in Ano without the knife, and Mr. Pattison's name will be handed down to a thankful posterity. We are not very anxious that there should be any additional cases of this troublesome disease, but at the present writing would be thankful for a case or two to fall into our hands, that the treatment above narrated may be instituted.

---

THE CATTLE PLAGUE—*Its Pathology and Treatment.* By ALFRED C. POPE.

We have received from the Publisher a pamphlet bearing the above title, reprinted from the London Monthly Homœopathic Review, containing an analysis of one hundred and seventy-seven cases treated Homœopathically within and around the city of York. This paper is very interesting, and particularly so to those who have perused an article on the same subject in

the last number of the British Journal of Homœopathy, by Dr. George Moore, who in the paper alluded to contradicts several assertions made by Dr. Wilson in reference to the early detection of the disease by auscultation, and also in other important points. The two modes in which death has most generally occurred are, 1st, by general exhaustion, and 2d, by an apparent serous effusion within the cerebrum, under circumstances which seem to favor the idea of a metastasis to the brain having occurred. The cases treated were 177. Of these, 72 recovered, 98 died, attendance refused to 1, transferred 3, still under treatment 3. The medicines employed were *Bella.*, *Ars.*, *Rhus Tox.*, *Merc.-sol.*, *Amm.-caust.*, *Tereb.*, *Sec.-cor.*, *Phosph.-ac.* and *Merc-corr.*

---

ANOTHER CONTROVERSY.—In Orange, New Jersey, a quarrel between the Old and New Schools of Medicine is raging. In a Report handed in at the centennial anniversary of the State Society by Dr. Wickes, an assault was made upon Homœopathy and her upholders. It was immediately answered, and the "Orange Journal" has several very spicy articles from "our side" which, it is presumed, will for another hundred years quiet the feelings of our respected and quondam friends.

---

HALL'S JOURNAL OF HEALTH, for the past few numbers, has been filled with long articles on Cholera. Pure Calomel and bits of ice compose the treatment. If there is room enough in our next, we desire to give an extract or two from the articles, which are intended to "allay the fears" and instruct the people how to cure the Cholera, but which, in all conscience, are sufficient to arouse a panic and kill the patients.

---

THE demand for the "Proceedings of the New York State Homœopathic Medical Society" has been so rapid, that for the present our supply is exhausted. We expect, however, that in a short time more copies will be placed at our disposal, when we will forward them to those who have requested the same. We would suggest to those who apply, the expediency of giving the full name and Post-Office address. We are in receipt of a letter from Jacksonville which ends with "yours truly"—no *signature* being appended. We can hardly be expected to furnish such correspondent with a copy of the book!

# THE WESTERN
# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, APRIL 15, 1866. No. 6.

**H. C. G. LUYTIES, Proprietor and Publisher.**

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## Surgery.

### CLINIC AT THE GOOD SAMARITAN.

### RESECTION OF THE ELBOW-JOINT.

BY WM. TOD HELMUTH, M.D.

We have before us, gentlemen, an interesting case in many particulars. This patient, ———, aged —, was afflicted over a year ago with severe pain in the left elbow-joint, which continued for several weeks; the sufferings were especially aggravated at night, and neither external applications or internal medication produced any relief; Finally tumefaction, redness and fluctuation indicated the formation of pus on the external aspect of the arm, and the abscess was opened by the physician who then had him in charge. For a short period the suffering was ameliorated, though the pain was sometimes severe. Another fluctuating surface appeared on the inside of the joint, which was allowed to spontaneously open, giving exit to a large quantity of pus. About this period, or shortly thereafter, the patient entered the City Hospital, where he was treated for some time, the surgeons, however, averring that as yet there was no disease of the bone. He remained at the

hospital several months, losing both flesh and appetite, the discharge continuing from both outlets. He entered our hospital, as you are aware, some weeks since. You perceive the immense tumefaction about the joint, with considerable atrophy of the muscles both above and below the swelling. There is undoubtedly caries of all the bones, involving the elbow, with destruction of the cartilages and lateral ligaments. (Dr. Comstock and Dr. Walker here introduced the probe, and distinctly announced a carious condition of the bones.) As I informed you on our last clinic day, there is no kind of medication that would cure this patient; surgical interference of the most grave character is requisite. If he is allowed longer to remain in his present condition, already exhausted by suppuration, death will certainly ensue; and the longer we defer our surgical means, the less chance will there be of success. The question therefore arises, what is now best to be done—shall we amputate the arm at the middle third of the humerus, or shall we resect the elbow-joint? There can be no hesitation which we will choose. At the present time, excision of the elbow-joint is a standard operation of conservative surgery, and the success which has attended its performance, together with the usefulness of the limb, which often remains after the proceeding, are sufficient inducements to the judicious surgeon to attempt the proceeding. Before, however, we proceed to the operation, let us look a little into the anatomy of the parts concerned. As you are aware, three bones enter into the formation of the elbow; and that the joint is a compound one—a ginglymoid and a diarthrodial. On the anterior face of the Humerus we have two muscles, which connect the forearm with the arm. One of these, the *Biceps*, is inserted into the tuberosity of the *Radius;* the other, the *Brachialis Anticus*, is fixed to the lower portion of the coronoid process of the *Ulna.* If we draw a line from the outer side of the axillary space between the folds of the axilla to a point or depression midway between the condyles of the Humerus, (which depression marks the boundary

between the *inner* border of the *Coraco-Brachialis* and *Biceps*,) we have the direct course of the Brachial artery, which you will therefore perceive is comparatively quite superficial in front of the joint, before its bifurcation. These structures which we have mentioned, being in front, are in a measure out of harm's way; but there is yet a point in the surgical anatomy of this joint to which I desire to particularly call your attention; it is the course of the ulnar nerve, which comes from the inner cord of the brachial flexus and lies on the *inner* side of the artery; from this course it diverges, pierces the intermuscular septum, and winding round, passes into the groove between the internal condyle of the *Humerus* and the olecranon process of the *Ulna*. It is necessary to preserve this nerve from injury, as I shall show you as the operation is proceeded with.

There are a variety of methods recommended for resecting the elbow-joint, but the truth is, as in all surgical operations, the size of the flaps and their number, and the direction of the incisions, are to be influenced by the circumstances attendant upon each particular case. Perhaps the single straight incision is, as Druit says, the best theoretically, Moreau preferred the H incision, as does also Professor Hamilton of New York, although the position of the patient (on his belly), as recommended by the former surgeon, I conceive to be inadmissible on account of the danger from the full and prolonged anæsthesia. Manne made two semi-lunar incisions, and Roux recommended the cut to be made in the shape of a T.

We place the patient thus on the table, and having arranged him so that his arm shall project over the side, we elevate his shoulders and administer the anæsthetic. I shall begin by making a straight incision, commencing four inches above the joint and prolong the same four inches below, carrying the scalpel directly through the tissues down to the bone, opening in its course the fistulous orifice. Now keeping the edge of the knife to the bone, I separate the tissues, and introducing the index finger of my

left hand into the lower extremity of the joint, find the head of the radius, loose the same from its connection, and push it through the wound, (the retractor was then placed under the head of the bone by Dr. Walker,) and remove it with the saw. Next we will proceed to remove the condyles of the Humerus. (It was found necessary to prolong the incision upward, on account of the disease extending far up the shaft of the arm-bones. The tissues were very much diseased and infiltrated with pus, and a transverse excision was made across the joint, about two inches in length, at right angles with the first.) After the tissues have been separated, I insert my finger into the angle of the wound, and distinctly feel the ulnar nerve lying in its groove; this now must be pushed over the process, and the lower extremity of the Humerus disengaged and sawn off. The third step is the removal of the olecranon, which I shall take off with the chain-saw; and after having drawn the wound together with interrupted suture, lay the arm on a pillow and dress it with the Calendula lotion.

NOTE.

The operation was completed as described. While going through the hospital to finish the clinic with the students, in an adjoining ward I found a case of vesicular erysipelas on the cheek of a boy from whom I had removed the inferior maxillary bone some months before. Had I seen this case before the operation had been commenced, it would have been deferred. The patient on whom the resection was performed did very well for ten days. An immense amount of diseased and decayed muscular tissue came away. The parts were regularly dressed with Calendula lotion, the chamber well aired, other patients removed from the ward, and in due time healthy granulations appeared. On the seventh day a patient in the next ward, who was under treatment for a severe wound of the foot made by an ax, became affected with erysipelas of the most violent kind; and the day following, a boy, who had an abscess over his eye which had been

lanced a day or two previously, showed symptoms of the disease. These cases gave me great uneasiness, and my fears were too soon verified, for on the morning of the tenth day, when I visited the hospital, I found the patient on whom the operation above described had been performed, showing signs, that could not be mistaken, of erysipelas on the inside of his arm. He was immediately given *Bell.* and *Rhus*, several of the stitches taken away, and only a sufficient strapping allowed to remain to support the parts. For a week the medicines appeared to control the affection, but afterwards symptoms of gangrene appeared, which terminated the life of the patient in a few days. I have every reason to believe—and it is the opinion of the surgeons of the hospital, Doctors Walker, Fellerer and Comstock, who assisted at the operation—that had not this malignant disease made its appearance in the house at the time of the operation, it would have been successful in its result.

## Practice of Medicine.

### EPIDEMIC CHOLERA.

BY G. S. WALKER, M.D.

(Continued from page 71.)

During the prevalence of Cholera, it is of much importance to maintain a tranquil and cheerful state of mind. A craven fear should not be indulged. Nothing contributes so much to overcome the trepidation and terror as strict temperance (not abstinence) and rigid regularity in all the habits of life. Cleanliness of body, careful ventilation, regular and *moderate* exercise, cheerfulness, a good temper, and a conscience void of offence, will enable almost every one to avoid a fatal attack of this terrible disease.

As a general rule, patients should not be advised to leave their homes, to flee from this epidemic, unless they can go where this disease is sure never to come.

Several *prophylactics* of Cholera have acquired considerable reputation, such as Camphor, Sulphur, Cuprum and Veratrum. The greater number of Homœopathicians prefer the use of crude Camphor for this purpose. This may be carried about the person, by placing it in the pocket, or sewing it in the dress. Its active principle is gradually diffused by evaporation, and coming in contact with the poison of Cholera, modifies or entirely destroys its power. Common flowers of Sulphur are said to be a sure preventive. A half teaspoonful put into each of the stockings before putting them on, is the mode recommended by Dr. Hering, who says that not one of the many thousands who followed his advice was attacked. Its simplicity is certainly a great recommendation, and no harm can come from its trial.

The use of Copper was suggested by the fact, that artisans who wrought in that metal were observed to be remarkably exempt from attacks of Cholera. The knowledge of this fact, during the first epidemic, led to the wearing by some of copper plates over the abdomen. Probably there was virtue in them, but the dilutions, especially the higher ones, would be preferable.

*Veratrum* is one of the remedies suggested as a prophylactic by Hahnemann himself, and is rather favored by those Homœopathicians who are inclined to the use of high dilutions. *Cuprum*, however, is mostly given in alternation with it. They should be administered in as high dilutions as the 30th, and repeated alternately twice a week.

Most probably there is truth in the idea that has heretofore been advanced, that the true prophylactic of Cholera, as it may be in all other diseases, is that remedy which covers most completely the symptoms of each epidemic in the locality where it is prevailing. This can only be determined after the disease has reached us, and a few typical cases have been studied.

In the absence of this knowledge, my investigations incline me to the recommendation of *Camphor*, as detailed above.

For the convenience of description and treatment, Cholera has been divided into *four stages.* They are—

1st. The incipient stage—stage of invasion, or Cholerine.

2nd. The active stage, or that of full development.

3rd. The stage of collapse.

4th. The stage of reaction, or consecutive fever.

It is not to be understood that all cases of Cholera have these stages well marked, nor even that in any case it can definitely be determined at what moment it passes from one to the other.

The stage of invasion may continue from one hour to many days. This stage is mostly characterized by fecal instead of rice-water stools. The principal remedies for it are *Camph.*, *Ph.-ac.*, *Ipec.*, *Phos.*, *Verat.* and *Cham.*

It is in the transition from this state into the next, that the use of *Camphor* is so important. Every one ought to be instructed in the manner of giving it, as the time for its use passes so quickly that the precious opportunity may be gone before a physician could be called.

If a patient is attacked with cramps, accompanied with sudden prostration of strength, unnatural expression, cold hands and face, distress, &c., while there may be neither thirst, nausea, vomiting nor diarrhœa, indicate the immediate use of *Camphor.* The patient should be placed in bed and kept warm; he should lie perfectly still, and be kept warmly covered for some hours; the room well ventilated. Lest the patient should be frightened, but few persons ought to remain around him—enough merely to attend to his necessities.

Spirits of camphor, prepared by dissolving one part of camphor in three parts of alcohol—or the common tincture of camphor of the shops will answer—should be given every five minutes, in doses of one or two drops upon a lump of loaf-sugar, in a teaspoonful of water. Friction also may be made upon the legs, arms and chest, with a weak solution of the same.

As the time for the use of *Camphor* passes quickly, the

symptoms that indicate another remedy should be narrowly watched.

There can be but little routine in the treatment of this formidable disease, with a conscientious Homœopathician. The peculiar and characteristic symptoms must be noted in each case, and a remedy selected accordingly. The great majority of cases will require, after the use of *Camph.*, either *Verat.*, *Cupr.*, *Ars.*, *Ipec.*, *Jatropha*, *Guaco* or *Phos.*

The first stage, or that of Cholerine, which may precede the attack of decided Cholera several days, is of the greatest importance as regards treatment. The favorable termination of a case depends much upon the promptest and best treatment being afforded in this stage. This requires mostly the use of *Cupr.*, *Ars.*, *Carb. v.*, *Sec.*, *Verat.*, *Tart.*

The fourth stage, that of Reaction, or Secondary Fever, and the various complications which may follow as sequelæ of an attack of Cholera, are to be met by *Acon.*, *Bell.*, *Bry.*, *Canth.*, *China*, *Kali*,—*Bich. Merc.*, *Nux*, *Op.*, *Ph.-ac.*, *Sulph.*, *Rhus rad.*, *Rhus tox.*

During the whole treatment of the second and third stages, the patient should continue covered up in bed, and be kept as still as possible. This is very important. From time to time, cold water in small quantities may be given, or small pieces of ice may be placed in the mouth, to quench the violent thirst. No other fluids should be given.

The special indications for the administration of remedies are as follows:

*Camphor.*—Most useful at the beginning of the second stage, before there is any decided *thirst*, *vomiting* or *diarrhœa*, sudden prostration of strength, unnatural expression, sunken eyes, and wandering or fixed look, with purple rings around the eyes. Face, hands and feet icy cold and blue. Discouragement, anguish, despair. Dread of being suffocated. Half-stunned and insensible, he moans and cries out with harsh and hollow voice, without making any precise complaint. If questioned, he speaks of burning pains in the stomach and throat, and of cramps in the calves of the legs and in

other muscles. Pit of stomach sensitive to touch. If there be already diarrhœa or vomiting, with thirst, *Camphor* is seldom suitable, and never unless there are also coldness and blueness of the extremities, face and tongue, with tonic and painful spasms in the limbs and calves of the legs; dullness of the senses; moans and yawning; tetanus and trismus; cold perspiration, especially in the face; tingling and numbness in tips of the fingers. It acts best in robust constitutions.

*Veratrum.*—Fleischmann, who treated an immense number of Cholera cases, says he has tried every Homœopathic remedy again and again, and according to his experience, *Veratrum* remains the best remedy in general. This is almost the universal testimony of those who have had the largest experience. The indications are as follows: Violent anguish in the prœcordial region; sensation of a heavy load on the chest, obliging the patient to draw a long breath; sensation as if the bowels were adhering to the spinal column, with drawing pains on turning one's self in bed; vomiting, with violent anguish in pit of stomach, and restlessness; *violent and profuse discharges of rice-water-like fluids, upwards and downwards; vomiting of frothy substances*, with *extreme thirst for cold water in large quantities;* pains which drive the patient to a kind of delirium and madness; external coldness and internal heat; *voice hoarse* and *feeble; cold sweat* of body, and especially of forehead; *cold*, bluish and disfigured face; cramps and violent spasmodic contractions of the calves of the legs, fingers and toes, and of the bowels; coldness of mouth and tongue; cold breath; tongue red, and coated yellow; vertigo; *vomiting after drinking*, with great weakness; suppression of urine. *Veratrum* seems to act better when the weather is cool. The aggravations occur most frequently after midnight or towards morning.

*Cuprum.*—In the second stage, third stage, and collapse, *when the spasms and cramps are very prominent and chiefly confined to the bowels* and *chest*, and when there is great oppression of the chest and dyspnœa; *extreme sensitiveness of the stomach*

*to touch;* stools moderately copious; *convulsive movements of the extremities, especially of the fingers and toes;* face and lips blue and cold; voice *hoarse* or *completely lost;* urinary secretion suppressed; *spasmodic colic* without vomiting or diarrhœa (*cholera sicca*); sinking of the sentient powers; *body cold, skin blue,* cramps tormenting all over; *cold perspiration;* audible gurgling downwards of the beverage; violent vomiting, accompanied with colic and diarrhœa.

*Arsenicum.*—Most useful in the second and third stages. *Rapid failure of strength;* great anguish and *burning pain* in the stomach and bowels; great thirst for *cold* water, *with a desire to drink but little at a time, vomiting as soon as he drinks;* rice-water discharges, with burning pain in abdomen; skin cold and bluish, and covered with a cold perspiration; fear of death; despair; blueness around the hollow eyes; hippocratic countenance; marble coldness of the whole body; violent cramps; excessive debility, especially in children; unquenchable thirst; aggravations at night and after midnight, and by the application of cold. *Dose.*—Hahnemann advised the 30th dilution. Teste thinks, for this disease it should be given in the low attenuations.

*Sulphur.*—Supposed by Dr. Lippe to be a very important remedy in this disease, both as a prophylactic and curative. *The diarrhœa commences between midnight and morning,* with or without pain or vomiting; ineffectual desire to evacuate; *diarrhœa and vomiting at the same time;* numbness of the limbs; *cramps in the soles of the feet* and calves; when some latent psoric taint seems to prevent any of the other remedies from acting.

*Secale.*—In the second and third stages, when *Cupr.* does not afford relief in a reasonable time. Well adapted to aged persons and those of naturally feeble vital powers; in cases where Cholera comes on slowly, attended with excessive coldness; cramps in the chest; hands and toes blue; cold, shriveled skin; aversion to heat and being covered; vomiting; large watery, painless stools during stage of collapse, and in malignant forms of Cholera; painless diarrhœa, with violent and loud rumbling; discharges white and watery; paralysis; vertigo before stool; anguish, cramps in calves, rumbling and nausea before stool. When vomiting has ceased and the stools have not resumed their

natural color, or even when the stools are involuntary, *Secale* will change the rice-water stools to those of a bilious character.

*Ipecacuanha.*—Principally in the stage of Cholerine; seldom useful in fully developed Cholera. Vomiting is its most prominent symptom; slight watery diarrhœa with colic, or nausea; when the attack was owing to eating fat meat, fresh cake or pastry.

*Phos. Acid.*—Profuse watery stools; predominance of a lienteric diarrhœa, with noisy borborygmus; stools yellowish, whitish, green, watery or slimy, with diminished secretion of urine; *clamminess of the tongue, so that the finger adheres when applied to it;* debility; eyes hollow and surrounded with blue margins; much tossing of head; pulse full and rapid; frequent sighing; semi-stupor; pupils contracted; delirium. Useful in the first and second stages, and in the third stage if collapse is not great. Of service also in the consecutive fever, with stupor, difficult speech, deafness, slow pulse.

*Phosphorus.—Rice-water stools, containing grains like tallow;* diarrhœa, accompanied by violent thirst, borborygmi and great weakness; if the thirst is excessive, *the vomiting does not take place till the cold water becomes warm in the stomach,* and the thirst is again intense; tongue coated white; stools liquid, grey, whitish or green, preceded by rumblings; cramps in the calves of the legs; excessive and sudden *debility;* aggravations *after midnight* or early in the *morning.* Most useful in the first and second stages.

*Carb. Veg.—Stage of collapse,* when death seems inevitable, especially after Allopathic drugs. *Pulseless; voice hoarse or lost; cold breath* and tongue; *collapse,* so complete that diarrhœa, vomitings and cramps have ceased.

*Jatropha.*—In the second stage, when there are large watery stools coming away in a gush like a torrent, with excessive, but easy vomiting of a glairy fluid like the white of egg; gurgling noise in the bowels; cramps in the calves of the legs; great thirst; burning in the stomach, with anguish; coldness of the body.

*Guaco.*—Has been used in Cuba and some other places as a prophylactic, and as a curative of Cholera in the second and third stages. The rules for its administration have been derived from clinical observations. I know of no extended

provings. It is recommended most highly in cases of Cholera by Prof. Temple, of St. Louis.

*Acon.*—After reäction, if there be headache, an inflammatory condition of the system, or ischuria. Useful also in the first invasion of the disease, in restoring the pulse and in rousing the vital reäction generally.

*Arg. Nit.*—In Cholera with well marked spasms of the diaphragm.

*Acid. Hydrocy.*—In the stage of collapse,—with no pulse, skin bathed in cold sweat; after sudden cessation of vomiting, diarrhœa and cramps; burning heat in the stomach and orthopnœa.

*Angustura.*—Has been recommended in the diarrhœa and dysentery accompanied with cutting, crampy or drawing aching pains in the abdomen, preceding or following an attack of Cholera.

*Bell.*—In the reäctive stage, when there is headache, hiccough, fever with scanty urine, or typhoid symptoms.

*Cajeput Oil.*—Probably owes its efficacy to the copper vessels in which it comes from the Indies.

*Cantharides.*—At the commencement of reäction, when there is *retention of urine* with ineffectual *desire* to urinate.

*Cham.*—If caused by a fit of ague, chagrin or fear, with bitter taste, pressure in pit of stomach as from a stone, nausea, stools green, sour vomiting, or predominant bilious symptoms.

*Cicuta.*—*Cramps* or tonic spasms in the chest, with continual *vomitings*, and with the *eyes turned upwards.*

*China.*—After exhaustion from loss of fluids, lientery and vomiting of food.

*Colch.*—If the least movement causes a return of vomiting, and if the nausea is accompanied by a great flow of saliva.

*Coloc.*—Intercurrent remedy to mitigate cramps, violent cutting pains in the navel or hips; vomiting of greenish substances; stools green; stools becoming more and more watery; suppression of urine.

*Crot. tig.*—If evacuations are caused by drinks; each time he drinks, he has a stool.

*Gratiola.*—Best remedy for fully developed rapid Cholera. (Wurtzler.)

*Kal. bich.*—Suppression of urine. (Drysdale.)

*Laurocerasus.*—Voice lost, torpor, stupor, slow pulse, rheumatic pains in the extremities.

*Nux. Vom.*—Mostly in the first stage, with pressure and anxiety in the pit of the stomach; cardialgia; obstinate constipation; *violent urging to stool, with scanty discharges.*

*Opium.*—Attack setting in with fainting spell, or caused by sudden fright; also removes stupor.

*Rhus rad.*—Redness of tip of tongue in fourth stage; typhoid symptoms. (Joslin.)

*Rhus tox.*—After reäction. Tip of tongue red; fever with scanty urine. Hahnemann says, "If patient passes into a sort of nervous fever with delirium, give *Rhus* and *Bry.* in alternation."

*Tart. em.*—Violent vomiting, with colic or diarrhœa; throbbings in the abdomen; coldness all over; filiform pulse.

There are several other remedies that have been suggested for Cholera and its complications, but we deem these fully sufficient to conduct any curable case through to a safe issue, provided the symptoms of each remedy are well studied and careful selections made. In regard to the attenuations to be used, I would advise, as a general rule, the 3d centesimal. Of many I prefer the 30th. Only make careful selections, and the higher remedies will afford more success than the lower ones, and still more than the crude tinctures to which some still adhere.

## Proceedings of the St. Louis Homœopathic Medical Society.

### FURTHER DISCUSSION ON DR. WALKER'S PAPER ON EPIDEMIC CHOLERA.

Dr. Comstock. I desire to ask if any gentleman in the Society has any positive evidence of the prophylactic powers of *Veratrum?*

Dr. Walker. It is very highly spoken of by many considered as authority in the profession, and especially by Dr. B. F. Joslin, in his work on Cholera.

Dr. Comstock. There are some medicines, not generally in use, which are applicable in Cholera, one of which, *Jatropia Curcas*, was mentioned by Dr. Fellerer at the last meeting; but there is another medicine, which I saw extensively used in Vienna, by Dr. Wurmb, with excellent success. I allude to *Nicotine*, which was given in the 6th to 30th potencies. There have also been many other remedial agents highly lauded, and I remember one whose virtues were highly spoken of by Dr. Drasche—it was Juniper berry tea. Of course, like many other highly lauded medicines in the treatment of Cholera, it turned out perfectly worthless.

Dr. BAHRENBERG. I notice that in the report of our discussion on Cholera, published in the November number of the *Observer*, a mistake was made in my remarks. I stated that *Ars.* and *Verat.* were to be considered our main remedies in the stage of collapse, while *China* and *Phosph.-acid* were excellent in *Cholerine*—whereas the last word was reported "*Cholera.*" I desire this should be corrected.

Dr. TEMPLE. This subject was fully discussed at a previous meeting. The writer of the paper read this evening, and myself, passed over the same ground in 1849 and 1850, and his experience corroborates my own. It is a singular fact that Cholera is not arrested either by the purest air or the coldest weather. The disease made its appearance here in December, 1848, and continued during warm weather. In regard to the prophylactic powers of *Camphor*, I may state, that so far as I know, there was not a solitary fatal case of Cholera in which Camphor was carried about the person. We are all aware that Camphor is an antidote to many vegetable poisons. I believe, in most cases of Cholera, *Guaco* is the only medicine required. *Phosph.-acid* and *Verat.* are good in Cholerine, but the Guaco will cure the collapsed cases. Under Allopathic treatment, I never saw a case of Cholera cured after collapse had set in, and never shall. *Veratrum*, no doubt, is a great medicine, but cannot compare with *Guaco*. When I crossed the Plains, as I have already stated, the mortality from Cholera was fearful. I did not lose a single case. Now one would suppose, that if there were any point on earth where the malignancy of the disease could be arrested, it would be by the fresh, pure air of the prairie; but such was not the case. It crossed the Sierra Nevada in 1850, and was most terribly fatal for a time in Sacramento, and left almost in a single night. We must, however, always adhere to our law, if we desire to cure our Cholera patients.

Dr. WALKER. I desire to ask Dr. Temple, if there are any other provings of Guaco than the fragmentary ones found in the N. A. Journal of Homœopathy and the Homœopathic Review?

Dr. TEMPLE. I do not know; they are scattered abroad through the Journals; I will look them up.

Dr. FRANKLIN. I related, at a previous meeting, my observation and experience with Cholera in Cuba and Mexico.* In these countries I saw much of the disease, and I can corroborate the testimony of Dr. Temple in reference to the prophylactic virtues of *Camphor*. So great did the reputation of this agent become, that two and three ounces of gold were paid for a few grains of Camphor. While I was in Acapulco, a town of between 3,000 and 4,000 inhabitants, thirty or forty died daily of the epidemic. I traveled forty or fifty miles in the interior, and treated all the cases which came in my way. The disease was very fatal, and there was one peculiarity which I desire to note. A few years before the outbreak of the epidemic, the surrounding country being overrun with soldiers, and syphilis prevailed to an

* The reporter was unable to be at the last meeting until after Dr. Franklin had offered most of his remarks.

alarming extent; and it was a noticeable fact, that those affected with syphilitic diseases, when attacked, rarely recovered. Even in Cuba among the negroes, who were often crowded together, the fatality was not nearly so great as in Mexico. I must say, I have seen splendid results follow the use of *Camphor* as a prophylactic. I have also used *Guaco* with success.

Dr. WALKER. It was remarked in this city that the Cholera was exceedingly fatal among the women of the town. This was probably owing to the irregular manner of living of this class of persons, or also to the taint referred to by Dr. Franklin. It was also stated by some, that no person working in a livery stable was affected with Cholera.

Dr. VASTINE. I had a case.

Dr. BAHRENBERG. Perhaps the exemption of such might be owing to the ammoniacal exhalations.

Dr. WALKER. It was long since noticed that workers in copper were exempt from the influences of Cholera, and therefore many persons wore a plate of copper over the stomach; hence the use of *Cuprum* as a prophylactic.

Dr. COMSTOCK. That those who work in livery stables are exempt from Cholera, is entirely false. In 1849–50, a friend of mine wrote quite an elaborate essay to introduce a new treatment of Cholera. The main remedy was to work in a stable; but my friend was soon led, from practical experience, to abandon his idea. I have attended many cases of Cholera among those who follow such an avocation. I believe in the prophylactic powers of *Camphor*, but not in so great a degree as Dr. Temple.

Dr. WALKER. It has been remarked that other epidemics have been known to precede Cholera, such as Influenza and Intermittent fever. A late writer, in the last number of the "St. Louis Medical and Surgical Journal," states that there was no such thing as Congestive fever before the Cholera epidemics of '32, and he regards them as one and the same disease. Before the epidemic of '49 an Influenza prevailed to a great extent.

Dr. TEMPLE. An able French writer has endeavored to prove that Yellow fever, Congestive fever, Cholera, and even some forms of Intermittent fever, are the same disease; but this I believe to be untrue.

The Society then went into the consideration of other subjects.

## CHOLERA.

BY JOHN HARTMANN, M. D.

[READ BEFORE THE ST. LOUIS HOMŒOPATHIC MEDICAL SOCIETY.]

The object of this essay is to offer some physiological reflections upon Cholera—a disease which, in regard to its origin and its contagious properties, is yet as mysterious as it was two thousand years ago, when Hippocrates, Celsus, Aretæus and others wrote on the same subject. No certain part of the earth can claim priority as the cradle of this pestilence. According to Allen Webb, who learned it from the Indian book, "Sushrata," Cholera was an ancient plague of India; in China it was known under the name *Ho-lwan*.

European physicians of the sixteenth and seventeenth centuries, as Sydenham, Willis, Tralles and others, have described Cholera as a disease that appeared epidemically at several places in Europe. That Cholera must have been from the earliest days a native of the Orient especially, the name of the disease sufficiently indicates; because the term "CHOLERA" is derived from the two Chaldaic words, "*choleh*," meaning disease, and "*rah*," bad; proving at the same time that this disorder appeared to the sufferers of the Orient not less terrible than it does at present to us. There is no disease upon record which has created such diversity of opinion as to its nature and treatment. Some physicians contented themselves with forming hypotheses from which to deduce a theorem, which in time was to be overthrown by others whose sole object appeared to be to prove how much mistaken were the first, and how correct were their own ideas. So every one defended his different opinion. But science gained continually more ground, and gradually more light was thrown upon the subject. The greatest confusion, however, arose from the distinction which was made between Miasma and Contagion, and most of the experiments were made only for the purpose of proving whether Cholera was contagious or not, and to derive therefrom whether the cause of the rapid spreading of the disease was a contagion or a miasma. All these experiments produced the most contradictory effects. For instance, "Namius" inoculated rabbits with Cholera-blood, and C. Schmidt injected the jugular veins of several animals, but both without seeing the expected results. Magendie, who made the same experiment with a dog, noticed, however, symptoms of Cholera. C. Schmidt, not satisfied with his experience derived from Cholera-blood, injected the Cholera-dejection into the stomach of a cat, but again without any result; while J. Meyer, who injected Cholera-dejection into the stomachs of six dogs, has recorded entirely different observations. Dr. Jay, of Warsaw, offering himself as a martyr to science, swallowed some of the vomited matter of a Cholera patient, (certainly no dainty food,) but he did not experience the slightest effects therefrom.

In a communication of Greschen's Klinik, Dr. Heidenhain asserts that the contagiousness of Cholera is an impossibility, basing this assertion partly on experiments, but mostly on the experiences he had opportunity of making during his extended practice in 1831, 1849 and 1853, in Westprussian.

The advocates of the miasmatic character of Cholera support their views by the observed fact, that always, either at the same time or a short time before Cholera makes its appearance, Anthrax or Cattle Plague, Intermittent fever, Flux, or Catarrh, are prevalent diseases; and herefrom they infer that Cholera is nothing else than a species of the same category, created by a miasm similar to influenza. They further state, that the presence of miasm, is proved by the observation that no person, during a Cholera epidemic, is exempt from mild gastric symptoms, and that some of the birds of passage, led by their instinct, always leave those places where Cholera commences.

The truth, however, in these different views of the contagious or miasmatic character of Cholera, lies between the two; because no real difference exists between "Contagion" and "Miasm."

Miasma (a Greek word, the translation of which is "impurity") signifies, in the theory of contagious and epidemic diseases, a morbid matter which infects our atmosphere, and which, consequently, has an injurious influence on the health of many individuals. Different causes originate different miasms; and again, different miasms are the causes of different diseases. So, for instance, "marshy air," mostly called "malaria," derived from the Italian words *mal-aria* (foul air), creates a great variety of chills and fever; endemic influences of primitive forests, prairies, unbroken land, graveyards, &c., create remittent and intermittent fevers, &c.; animalic vapors from slaughter-houses, hospitals, military camps, prisons, emigrant ships, and all places where many persons are crowded together, create typhus, flux; and the thawing wind brings often from the northern polar regions miasms which are followed with diarrhœa, catarrh and fever. Contagion as primitive matter does not exist, and if we speak of contagion *per se*, it means nothing else than miasma attenuated either by winds, which carry them from one place to another, or by the mediation of persons who become infected with miasm and emit the same by perspiration or by dejections; or by such articles which the air finds space to penetrate, whereby the miasmatic matter becomes incorporated with it.

If this explanation of Miasm and Contagion is correct, then the defenders of the doctrine, that Cholera is created as well as other epidemic diseases by miasma, are right. But another question then arises—whether this Cholera-miasma is, as mostly supposed, carried by the stream of the winds from "Calcutta," from "Mecca," or somewhere else, throughout the world?—or whether it is generated, in each quarter where it makes its appearance, by telluric or endemic influences?

The supposition of the spreading of Cholera-miasma by the winds would be lost, if we adopt the theory that miasma, by the high attenuation it reaches by spreading over the ocean, becomes so much weakened that it is insufficient to infect persons on this side of the continent. That Cholera is brought here by the mediation of men or infected articles, is hardly to be supposed; because, if this were the case, then the precautious measures which always were taken to prevent the contact with such suspected mediums, would have been crowned with a better success than we yet have seen.

But the view that Cholera may be generated everywhere, finds great support in the fact, that cases of Cholera are constantly observed even at times when no epidemic is prevailing.

The distinction made between Asiatic and sporadic Cholera is altogether too arbitrary, and not justified by any physiological investigations. The deduction that, because the prognosis of a case of sporadic Cholera is more favorable than that of an epidemic, and that therefore the two cases must be of two different species of disease, is an entire mistake, and only a "*post hoc ergo propter hoc*" deduction; for we might say also that a single case of variola is different from such cases we see during a small-pox epidemic, because the former is mostly milder in its course than the latter. As the difference between variola and varioloid lays not in the species itself, but in the

more or less receptibility of the person affected, and the disposition to propagate the virus—so it is with the distinction made between Cholera and Cholerine. Both are caused by the same influences, both have the same series of symptoms; and if the prognosis differs, then we cannot seek the cause in the dissimilarity or abundance of the infecting matter, but in the greater or less power of our organism to overcome the infection, or by it to be overthrown.

A theory must be based on deductions derived from facts, and not on such taken from hypotheses; and therefore I will support the view of the endemic generation of Cholera-miasma, by the following *facts.*

Professor Schoenbein, in Basel, the discoverer of the exploding cotton and many other chemical preparations, noticed, while experimenting with an electric machine, that a peculiar smell, which spread in his room, was very much the same as that which he observed once in a room through which a flash of lightning had passed. By further experiments he found, that under certain circumstances, the same smell appeared while analyzing water with a galvanic battery; and he called this peculiarly smelling matter "Ozone," (from the Greek *ozoo*, "I smell.") Professor Koch, of Munich, made similar experiments to those of Professor Schoenbein, and found, if he fastened one end of a copper wire to the conductor of an electric machine with a plate of glass of at least three feet diameter, and immersed the other extremity in a glass of water, the water became impregnated with ozone; but if the copper wire was fastened to the friction part of the machine, and the other end was placed in water, then this water was (as the chemical reaction did show) impregnated with a compound of cyanogen of a peculiar smell, different from ozone, which Horn called Jodosmon. If he smelled too often of this jodosmoned water, or drank even a very small quantity of it, he felt all the symptoms generally observed in the preliminary stage of Cholera, and soon a violent attack of Cholerine followed. To arrest this attack almost immediately, a few swallows of the ozonized water were sufficient.

This Jodosmon, or the compound of Cyanogen, was consequently created by negative, and Ozone by positive electricity; and deducting from these facts, it is almost irrefutably proved that by a similar negative electricity, predominant in the atmosphere, a surplus of cyanic matter, or Nitrogen and Carbon (the elements of Cyan), is created, and by this surplus of Nitrogen and Carbon, the infectious matter for Cholera.

The abnormity in our atmosphere, originated through the above mentioned causes, has a dangerous influence, for want of sufficient Oxygen, on the process of combustion in our organism, and creates a fermentation in our blood, which is followed by all the symptoms which accompany an attack of Cholera. That the combustion must be abnormal, is to be drawn from the observation that, while in all the excrements Carbonate of Ammonia is found, the urinary functions, as a consequence of the retention of the urinary matter in the blood, are entirely suppressed, and no carbonic acid can be found in the expirated air. In every fermentation—as, for instance, in the fermenting of milk, where the cheesy matter is separated and the sugar of milk is changed to acid of milk—the natural effort of the fermenting process is the separation of the atoms of water. A somewhat similar condition happens in Cholera, and the main symp-

tom of this disease is the separation of the watery part of the blood (the serum) from the plasma. The infusioria which have been found by microscopical examination of the plasma, and which were believed the cause of the fermenting process, are nothing more than a *production* of fermentation, and a phenomenon that can be observed in most of the fermenting processes. This gives, by-the-way, an explanation of the new discovery that some physicians of Canada believed to have made, and published a few weeks since in different periodicals. They stated that they found in the blood, and in great abundance in the heart of cattle which died of the Rinderpest, the so-called "Epizoroteis," the same species of Infusiera which are found in the blood of those who perish from Cholera. This demonstrates, however, a striking relation between Cattle Plague and Cholera, and throws at the same time more light on the origination of Cholera.

As I have already remarked, Cattle Plague, Intermittent fever, and other diseases which are created by miasmas, generally make their appearance either a short time before or during the prevalence of Cholera. It is clear that a relation must exist between diseases of apparently such different symptoms, and this combination can be explained by the presumption that the endemic miasma are generated in great abundance by long-continued rains, which cause a decomposition of vegetation and an exhalation of foul air, and perhaps by other causes as yet unknown.

But where foul or marshy air exists, there the electricity is always negative, and therefore we will always find that where many cases of chills or ague come under treatment, occasional cases of Cholera will also be found. Another fact that speaks for the abnormity of electricity being the cause of Cholera is, that according to the observations of Professor Atkinson, a Cholera patient in the stage of collapsus developed a great deal of negative electricity, and it is at this stage that the danger of becoming infected is the greatest. The receptivity for Cholera depends, as in other epidemic diseases, upon a certain disposition which each individual possesses; but this disposition may be increased by different causes; for instance: the eating of certain fruits and vegetables, which may give the first impulse to the fermenting process; remaining a length of time in damp air, which is a conductor of the poisoning electricity; intemperance, which makes the watery part of the blood-cells predominant. Whether the working in iron foundries, where a great deal of cyanogen is developed, increases the receptibility for Cholera, I cannot say.

Every cause has its certain effect; and so it is in Cholera, it can be proved also that all symptoms noticed during the disease are the necessary physiological consequences of the first cause. After the fermentation is introduced, the watery part of the blood separates and takes with it a great part of dissolved salts, which are transudated through the walls of the intestines. The diminishing of the watery part of the blood reacts on the blood-cells in taking away water; the salts appear in the cells, as well as in the liquor sanguinis, absolutely increased, but in the organic matters relatively lessened. By want of external restoration, the salty parts are reduced more and more, and the blood becomes relatively richer in albuminous matters. It draws in its density, while circulating in the capillars of the intestines, from such organs with which it comes in contact, according to the law of diffusion, either water or a corresponding

part of the salts. Blood thus concentrated must have an irritating effect on the whole system of nerves, which reflects in disturbing the functions of the spine, as we see in convulsions, and of the ganglion of the heart, as in weakness of the muscles of the cardia. The circulation ceases, and the emission of heat is greater than that created. The coldness all over, the blueish look, and the early appearance of collapsus, are symptoms which can be inferred from what has already been said.

Now one should think that if we know even probably the cause of a disease, and its whole course of symptoms, so surely as we do those of Cholera, that the selection of the remedies should cause no trouble whatever; and yet the medicines recommended for Cholera are *legion*. Brandy, white beer, warm lager beer, soda-water, champagne, ice, cold and warm water, steam baths, sinapisms, blisters, frictions with tincture of capsici and spirits of salmiac, and even venesection, to interrupt, as they say, mechanically the ceasing of the circulation of the blood, are highly recommended by authorities, and these too only as auxiliaries. The main army consists of almost all the troops our Materia Medica furnishes to our disposition, and it would take less space to mention all the medicines *not* used for Cholera than *vice-versa;* and it is a most remarkable fact, that every one who recommended a new remedy, always undertook to give a plausible physiological reason for it. Homœopathy makes, as usual, in this case a commendable exception. We do not use over a dozen different medicines, and nevertheless we combat the enemy, with this seemingly little force, with so much greater success than our sister, "Allopathy," that no comparison is possible. Our main medicines in Cholera are Cuprum, Phosphor., Veratrum, Arsenicum, Kreosot., Camphor, Natrum muriaticum, Nicotin, Jatropha curcas and Liquor ammonium causticum. If we consider the physiological and chemical action of each of these medicines, then we will find that the law of Homœopathy (*Similia similibus*) is repeatedly verified. We know, for instance, of *Cuprum*, that it calls forth vomiting, diarrhœa, convulsions, etc., and therefore we always use it, especially in the first stage, with great success in Cholera. Now we know further that Cuprum, brought into contact with our blood, makes this more fit to absorb "Ozone" in larger quantities, and therefore Cuprum acts indirectly as an antidote against Jodosmon, the presumed instigator of Cholera. Our second hero is *Phosphor.*, which has the power of changing Oxygen, when brought into contact with it, to Ozone; and this again is a good evidence of the great sanative power of Phosphor. in the disease spoken of. *Veratrum* has the power to prevent the departure of serum from the blood—a fact which the Allopathic School knew long ago, and wherefore recommended "Veratrin" as an external application in Hydrops. But Allopathy did not understand how to make advantageous use of her own experience, and left it to Homœopathy to reap the blessings of this great remedy. *Arsenicum* and *Kreosot.* are related in their power to cure Cholera, so far as both are capable of checking the fermenting process in the blood. *Camphor* has perhaps the same peculiarity as oil of turpentine, which, if shaken with air, absorbs a great part of Oxygen, which is then changed into Ozone. The approval which Camphor, as well as Cuprum, has found, as a preventive against Cholera, may be confirmed by this absorbing power. *Nicotine* and *Jatropha* stand in their practicability near to Veratrum, but Nicotine will better be prescribed in the stage when the real attack of Cholera has passed, and pain in the stomach, singultus and vomiting of a greenish matter remains. Jatropha is more applicable where a burning sensation in the rectum is felt, a characteristic property of all the Euphorbiaceen. *Natrum muriat.* acts only as a substitute for the loss of salts, and we always see the greatest success from it in cases where a drunkard has been attacked with Cholera. From *Liquor ammonium causticum* I have witnessed the greatest success in 1849, and again in '54, in most desperate cases, where no pulse could be felt and the surface of the body covered with cold sweat. After Liquor ammon. caust., Veratrum was in its place again. The other medicines we use in the stage of prodemorum, I do not think necessary to be mentioned.

# THE WESTERN

# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, MAY 15, 1866. No. 7.

**H. C. G. LUYTIES, Proprietor and Publisher.**

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
*All* communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## Report of the St. Louis Homœopathic Dispensary,

FROM NOVEMBER 1ST, 1864, TO MARCH 1ST, 1866.

BY S. B. PARSONS, M. D., RESIDENT AND VISITING PHYSICIAN.

*To the Board of Trustees of the St. Louis Homœopathic Dispensary;*

LADIES AND GENTLEMEN:—After a lapse of sixteen months since the opening of this institution, we are called together, for the first time, to hear an account of its proceedings. The annual report, due on the first of November last, was necessarily postponed till this time on account of sickness, which, you are aware, confined me to the house for many weeks in succession. Our institution not having yet emerged from the period of infancy, through which organized bodies and institutions of all kinds must pass before reaching the age of maturity, no doubt you all are anxiously watching and eager to learn how your young charge is surviving the critical stage of its existence. In this, as in all other forms of existing objects, more fear is felt from its immaturity, and consequently slow progress, than from a decrease of interest, in those who contributed, labored and founded the enterprise; but, as the report will show, there is no need of fear or alarm, but rather should it be a source of pleasure to ourselves, as well as to every being

having the interests of suffering mortals at heart. Not only upon us immediately concerned is credit reflected, in opening and sustaining charitable houses for indigent victims of disease, but the community in which we reside, the city in which we live, will be judged by the world of its benign character and philanthropic feeling, by the number of charities of which it can boast.

More interest and pride is manifest in this direction by the non-official residents of a place, than by those who guide and control our municipal affairs, and a stigma is often thrown upon the moral character of a benevolent community, for the simple reason of its being hindered in establishing charitable institutions by the sluggishness and indifference of men holding the reins of government. How far would our school of practice have progressed in giving gratuitous advice and erecting free asylums for the sick poor, if waiting for the consent and appropriations from official authority? I answer, not for some years to come would we have seen the number of hospitals, dispensaries, &c., which now deck our land in the name of the immortalized Hahnemann and father of Homœopathy. But, thank God,

> "There is a destiny which shapes our ends,
> Rough hew them as we may,"

and the beneficent light of Homœopathy grows brighter and brighter from the rapid adoption of its truths, which its patrons, if we are not over-anxious, are bound to spread among the heathen, and to lift the boon to suffering humanity upon a pinnacle where it shall forever remain the safeguard of health, with its banners emblazoned all over with *Excelsior.*

A noble-minded man, possessing universal benevolence, once said—"A dispensary well conducted, and managed by men of expanded souls, of whatever school, free to the sick poor, is of value far above any human estimate;" and can the good which has been accomplished, in the short space of time our Dispensary has been established, be estimated by the same agency? Even were there only one-half or one-fourth as many applicants as have been admitted, it would not detract a single iota from the truth of that saying,

nor should it deter us from fulfilling the requirements growing out of our just, humane and legal association, and the cause in which we have embarked. The amount of good done can never be expressed in words or figures, but a night visit to the miserable attic of some poor patient, racked by pain or scorching under the burning heat of fever, without bed, proper food, or money—and who had been refused attention by nurses and physicians because their only pittance was poverty—will portray to the heart a picture in living characters, not to be effaced by the changeable hand of Time. This is but a single instance; and in what colors can the mass, numbered by hundreds of instances, in night and in day, in varied ways and circumstances, be painted in one grand tableau for the inspection of the world? True, we can make very liberal deductions from the growth and advancement of an institution for charitable purposes, of its usefulness and benefit to mankind, by estimating the time and services rendered, and the value of each; the amount and value of medicines given; what the patient's life is worth as a citizen, father, husband, &c.; but does it not reach farther than the mere area of a city, or only through the link of family connections? Surely all these may be counted in dollars and cents, but there is a point of limitation as to all other things, beyond which the human mind cannot pass, nor bring within the reach of comprehension.

In various ways, then, do we produce good in connection with the Dispensary; dispensing not only curative drugs, but also hope, cheer, and peace of mind; and while we allay the agonizing pains caused by an excitation of the nervous system with one, with the other the pangs and horrors of lost hope and mental dejection are scattered as chaff before the wind.

Although the institution is making rapid progress in disseminating its powers of curing disease, notwithstanding the theories of wiseacres that the infinitesimal dose and system will not take with the poor, yet, with additional aids of a specific kind, much greater results can be obtained which

are now nonentities, and only waiting for the opening of channels through which they may enter and come into existence.

Calls from the "Ladies' Union Aid Society," "Provident Association," "Daughters of Rebecca Society," have also been promptly attended to; and if they feel themselves under obligations to us, so must we return to them our heartfelt thanks for giving us the precedence.

Before concluding, let me express my sincere thanks for the favor conferred upon me in the appointment of Attending and Visiting Physician, and with hopes of meeting your entire approval, I would respectfully submit the above report to your consideration.

| Form of Disease. | No. of Cases. | Cured. | Relieved. | Result Unknown. | Died. |
|---|---|---|---|---|---|
| Accouchement | 14 | 14 | .. | .. | .. |
| Abscess | 11 | 11 | .. | .. | .. |
| Anæmia | 11 | 4 | 5 | 2 | .. |
| Asthma | 12 | 3 | 8 | 1 | .. |
| Angina faucium | 17 | 14 | 1 | 2 | .. |
| Bronchitis, acute and chronic. | 24 | 17 | 4 | 3 | .. |
| Bubo | 5 | 4 | .. | 1 | .. |
| Carcinoma | 5 | .. | 1 | 2 | 1 |
| Cancrum Oris, and other diseases of mouth | 34 | 24 | 3 | 7 | .. |
| Catarrh | 21 | 6 | 11 | 4 | .. |
| Cephalalgia | 44 | 27 | 6 | 11 | .. |
| Cholera Morbus | 7 | 6 | .. | 1 | .. |
| Colic | 17 | 11 | .. | 6 | .. |
| Contusions | 14 | 8 | .. | 6 | .. |
| Constipation | 21 | 17 | .. | 4 | .. |
| Croup, membranous and spasmodic | 13 | 11 | .. | 2 | .. |
| Cough | 40 | 31 | 3 | 6 | .. |
| Convulsions | 4 | 3 | .. | 1 | .. |
| Cystitis | 10 | 6 | 3 | 1 | .. |
| Diaphragmitis | 1 | 1 | .. | .. | .. |
| Diarrhœa | 80 | 73 | 2 | 5 | .. |
| Diphtheria | 5 | 4 | .. | .. | 1 |
| Dropsy | 11 | 7 | 1 | 2 | 1 |
| Dyspepsia | 55 | 33 | 12 | 10 | .. |
| Dysenteria | 13 | 10 | .. | 3 | .. |
| Ear, Diseases of the | 16 | 7 | .. | 9 | .. |
| Emphysema | 2 | 4 | 1 | .. | .. |
| Erysipelas | 11 | 5 | .. | 6 | .. |

| Form of Disease. | No. of Cases. | Cured. | Relieved. | Result Unknown. | Died. |
|---|---|---|---|---|---|
| Eye and its appendages..... | 28 | 17 | 4 | 7 | .. |
| Fever, Intermittent, Remittent, Bilious, Typhoid, Rheumatic | 87 | 64 | .. | 22 | 1 |
| Gangrene..... | 2 | 1 | .. | .. | 1 |
| Goitre..... | 2 | .. | 2 | .. | .. |
| Gonorrhœa..... | 18 | 14 | 2 | 2 | .. |
| Heart, and its appendages.... | 18 | 7 | 7 | 4 | .. |
| Hœmorrhoids..... | 6 | 2 | 1 | 3 | .. |
| Hepatitis, acute and chronic.. | 21 | 9 | 7 | 5 | .. |
| Hœmorrhagia ..... | 13 | 8 | 2 | 3 | .. |
| Hernia ..... | 8 | .. | 8 | .. | .. |
| Hydrocephalus..... | 4 | 1 | 1 | 1 | 1 |
| Influenza ..... | 11 | 5 | 2 | 4 | .. |
| Jaundice ..... | 8 | 3 | 1 | 4 | .. |
| Laryngitis..... | 8 | 5 | 1 | 2 | .. |
| Mastitis..... | 4 | 1 | 1 | 2 | .. |
| Measles ..... | 10 | 10 | .. | .. | .. |
| Mumps ..... | 7 | 2 | .. | 5 | . |
| Neuralgia ..... | 27 | 15 | 2 | 10 | . |
| Nephritis..... | 8 | 2 | 1 | 5 | . |
| Orchitis ..... | 2 | 1 | .. | 1 | . |
| Paralysis ..... | 3 | .. | 1 | 2 | .. |
| Periostitis ..... | 1 | .. | .. | 1 | .. |
| Phthisis..... | 15 | .. | 11 | 3 | 1 |
| Pleurisy, acute and chronic... | 17 | 9 | 2 | 6 | .. |
| Pneumonia ..... | 30 | 22 | 1 | 6 | 1 |
| Polypus.... ..... | 5 | .. | 5 | .. | .. |
| Rheumatism, acute and chronic | 22 | 7 | 4 | 11 | .. |
| Scarlatina ..... | 7 | 7 | .. | .. | .. |
| Scrofula..... | 16 | .. | 5 | 11 | .. |
| Skin, Diseases of the..... | 66 | 44 | 14 | 8 | .. |
| Spermatorrhœa ..... .... | 16 | 8 | 3 | 5 | .. |
| Sprains ..... | 8 | 3 | .. | 5 | .. |
| Surgery ..... | 24 | 21 | 1 | 2 | .. |
| Syphilis..... | 28 | 19 | 3 | 6 | .. |
| Tonsilitis..... | 13 | 5 | .. | 8 | .. |
| Ulcers..... | 17 | 7 | 3 | 7 | .. |
| Vaccination..... | 214 | 214 | .. | .. | .. |
| Varicose Veins..... | 3 | 1 | .. | 2 | .. |
| Variola and Varioloid..... | 10 | 9 | .. | .. | 1 |
| Vertigo ..... | 6 | 5 | .. | 1 | .. |
| Whooping Cough..... | 7 | 3 | 1 | 3 | .. |
| Womb, Vagina and Ovaries... | 54 | 37 | 12 | 5 | .. |
| Worms..... | 20 | 8 | 3 | 9 | .. |
| Total number of cases... | 1412 | 954 | 173 | 276 | 9 |

Total number of prescriptions, 4,249. Out-door visits, 824

# Practice of Medicine.

## Phytolacca Decandra.

*Common names—Poke Root, Garget, Pigeon Berry, &c.*

BY J. H. BAHRENBURG, M. D.

[Read before the St. Louis Homœopathic Medical Society.]

In *Phytolacca* we have one of the most powerful and efficient alteratives in the range of the Materia Medica. In Congestion of the Liver and Kidneys, it arouses these organs to action when others fail. It is called by the Eclectics, *Vegetable Mercury.* Its action on the system is undoubtedly somewhat similar to Mercury, as it affects the Glandular system.

I will present here a particular case, in proof of this. In May, 1863, while on a visit to Ohio, I was consulted with regard to a case of Chronic Rheumatism and Hepatitis, or Inflammation of the Liver. As I had for years used *Phytolacca* for this complaint with remarkable success, I ordered it to be taken in effusion, as I had no other preparation at hand. I with others went into a field and gathered some of the root. After paring it, it somewhat resembled a parsnep. I ate a small piece about half the size of a common cherry, and also gave small portions to several of my friends. This was a little before twelve o'clock. Soon after, all who had eaten of it began to vomit. The matter ejected was first the aliment, and then a dark bilious substance, which came away with as little effort as vomiting in Asiatic Cholera. Vomiting and purging continued all the afternoon, with considerable griping pains and cramps in the abdomen. The emesis took place every fifteen or twenty minutes. Towards evening we were confined to our beds, and the whole family were alarmed, thinking we would die. The extremities were cold; pulse very low; eyes deeply sunk in their orbits; and vomiting and purging still continuing. I had been asked if I knew of any antidote. I told them there was no danger; but as towards night our situation became rather serious, I ordered some black coffee, and after the exhibition of this the vomiting ceased, but the purging continued. We all passed a restless night, with some fever, as reaction had taken place. There was considerable thirst, and the passages

were without pain. The next morning all the dangerous symptoms had passed off. We felt very weak, especially in the abdomen, with little or no appetite for several days, during which time the diarrhœa continued. One of the persons, who had suffered for years from sick headache, which occurred once a week, had none for four months, when it returned, but much modified and lighter.

CLINICAL EXPERIENCE.

In Chronic Rheumatism and Arthritis it is a very valuable remedy; not in the inflammatory stage, excepting it is alternated with some other medicines, as *Aconite* and *Tartar-em.* It is especially indicated where the Synovial Membrane is thickened or swollen, and where the urine is scanty and high-colored, and the patient unable to move.

Case I.—A lady of this city, age about forty, mother of four children, plethoric habit, was attacked with Inflammatory Rheumatism—high fever, great pain, sleeplessness, swollen joints, with a coated tongue, the urine being very scanty and high-colored, with a sediment of mucus and blood.

The first three days I gave *Aconite, Bryonia* and *Tartar-em.* in succession. They had no effect, except to lessen the fever. After that I ordered *Phytolacca* and *Senecia*, both in mother tincture, in five-drop doses, in alternation every hour. She was soon relieved, and in a few weeks was entirely restored to health. After a year she had another attack. I sent her *Phytolacca* and *Kali Niter.* One prescription cured her entirely.

I have used this medicine for the last eight years with success in Rheumatic and Arthritic affections. It is chiefly indicated where the Kidneys and Liver are torpid or inactive.

Case II.—A minister, aged fifty years, residing in this city, was attacked with Inflammatory Rheumatism. There was high fever, coated tongue, severe pain, and no sleep, with such swelling of the joints that he was unable to get in or out of bed. The urine was very little in quantity, high-colored, and deposited a mucous and bloody sediment.

I treated him a week or more with *Aconite, Bryonia* and *Tartar-em.*, together with several other drugs, with no benefit. My friend, Dr. Nibelung, being called in consultation, we agreed to give him *Aconite* and *Tartar-em.*, but as he was not relieved

in a day or two, we gave him *Phytolacca* and *Senecia*, 1st trituration, in alternation. In six hours his urine became almost clear, and was in larger quantity. From that time he began to improve, and in several weeks he was completely restored to health.

In former years I generally used the decimal trituration, made of the *Resinoid*, but for the last two years I have used the tincture with the same good result.

*Cutaneous Eruption.— Skin Diseases.— Scabies Sicca, or Dry Itch.*—I have successfully treated two or three cases of this variety of Itch with the *Phytolacca*, applied externally as an ointment, and given also internally. It is in this troublesome complaint a good remedy, but rather tardy in its action. It removes the horrible itching in a few days. We need of this important drug a good and substantial proving.

## Clinical Experience with Sanguinaria Canadensis.

BY S. B. PARSONS, M. D.

CASE I.—*Incipient Phthisis Pulmonalis, following Amenorrhœa.*—Maggie C., æt. 16, of lymphatic temperament, quiet disposition, applied to me for treatment on the 21st of March, 1865. Had her courses for the first time in December, 1864, since when they had never reappeared. Present symptoms—loose, stringy, sometimes flocculent expectoration, attending a severe cough, which seemed to rack her whole frame during the paroxysm; darting pains through both lungs, more especially the apex of left lung; cough worse at night in bed; evening exacerbations of fever, with burning of palms of hands and soles of feet; debilitating night sweats; paroxysms of excruciating frontal headache; dullness of percussion in left supra and infra-clavicular region; fine whistling and long expiratory sounds heard on auscultation on same side in the top of the lung, which are not observed in the right lung, but the bronchial tubes in middle and lower parts of both lungs contain much mucus; pulse 114, easily compressed; anorexia; insomnolency; thirst; bowels regular; urine changeable in color and less in quantity; emaciation was quite marked—the cheeks hollow, limbs and body small and bony, eyes sunken

and presenting a glassy appearance. For this train of symptoms *Phos.*, *Ars.*, *Nitric-acid*, *Puls.*, were tried in succession without relief, excepting from the night-sweats, which were controlled by *Nitric-acid*, when I determined to give *Sanguinaria*, according to the rules contained in Hale's "New Homœopathic Provings." *Sanguinaria* was given with immediate good results, in checking the cough, restoring the abnormal condition of the respiratory mucous membrane to a normal action; exciting the digestive functions and stimulating the whole vegetative sphere of life. The remedy was given alone for two weeks, at lengthened intervals, as improvement continued, and then stopped for one week, improvement still going on, when *Calc.-carb.* 30th was substituted every third night, bringing on the menses in two weeks later, or just five weeks from commencement of treatment. I have seen the patient frequently since, and find she is and has been regular ever since.

Case II.—*Anæmia consequent upon Amenorrhœa.*—Adele L——, æt. 15, of French extraction, nervo-lymphatic temperament, applied for treatment, February 3d, 1865, having been under Allopathic medication for a year without material benefit, and lately condemned by the same authorities to a premature consumptive grave. I found her with the following symptoms—great emaciation; perfectly bloodless skin; had never menstruated, but twelve months ago there was a slight discharge and pains in loins, at which time she commenced to fail; severe, painful cough, with profuse expectoration of thick, stringy mucus, yellowish-white in color; cough and expectoration worse at night; night-sweats; soreness of the chest to pressure; auscultation and percussion did not reveal any organic lesion of the lungs, but that the respiratory murmur was faint, and covered in some parts by mucous rales; the bronchial tubes seemed filled with mucus, a hypersecretion of the debilitated respiratory mucous membrane. There was shortness of breath; headache; evening fever; burning in feet; dryness of throat; anorexia; pulse 100, soft and quick; alternation of constipation and diarrhœa; urine high colored and foul smelling; sleeplessness at night; shooting, erratic pains through the body, and especially the chest; great exhaustion. Having had such good success in the treatment of similar cases with *Sanguinaria* before, I imme-

diately prescribed it in the third dilution, ordering at the same time a good nutritious diet. Improvement began in the first six hours, and did not cease until the patient was up and about in good health. But one other medicine was used in the case, *Sulphur* 30th, which I gave for an irritation of the eyelids. I discharged the patient on the 3d of March, one month from the date of the first visit, and on the 17th her courses appeared, lasting three days.

## Proving of Glonoine.

BY V. A. PIERCE, M. D., DANVILLE, ILL.

(Continued from Vol. II., page 49.)

Before detailing the result of these provings that I have instituted upon myself and others, I will premise, that the Glonoine used was the 1st decimal attenuation, and that my health, and the state of my system generally, was never in more perfect condition.

On the 19th of December I took one drop in a teaspoonful of water. In about one minute felt a sensation as of a strong pressure in the temporal region, from within outwards, a pain over the right eye and a slight feeling of vertigo. Dec. 22d, between 10 o'clock A. M. and 1 o'clock P. M., took 24 drops; the fluid was hot, biting and sweetish. All the previous symptoms were much increased; there was oppression at the occiput, a burning and smarting feeling at the lips and in the fauces, lasting about four minutes; a sense of constriction in the larynx, obliging one to swallow. Dec. 23d, between 12 o'clock M. and 2½ o'clock P. M. (having taken no food since breakfast), took 150 drops. From this proving there was developed an increased fullness in the head, as if the brain was too large; dizziness; burning in the balls of the eyes; dull pain over the right eye; painful oppression at the temporal region and in the occiput; spasmodic constriction of the larynx and upper portion of the trachea: difficulty in swallowing; stiffness of the angles of the jaw; burning feeling at the lips and tip of the tongue; pulse full, throbbing, and increased at first to 105, with regular beat, afterwards decreased to 80, and became irregular and intermitting; breathing oppressive, respirations decreased from 19

(normal) to 11 per minute; felt as if there was a heavy weight upon the chest; nausea, with desire to vomit, but inability to do so. All of these symptoms were somewhat increased by motion. The most violent effects passed off in about half an hour after taking the last dose, leaving a slight headache, which continued several hours. These provings were repeated upon myself several times, but without obtaining any additional symptoms.

From two others who took some of the same mixture, the following results were obtained:

T. M. P—— took 6 drops in the evening, when the pulse was normal at 50. In one minute the pulse raised to 92—severe pain in the occiput, extending to the eyes and temples. In two minutes the pulse was 100—congestion of vessels of conjunctiva; throbbing of the temporal arteries, which were raised and felt like whip-cord; headache, aggravated by movement; thickening of the Schneiderian membrane as in dry coryza. In fifteen minutes, severe headache, which seemed to impede the breathing; dizziness; regurgitation of food; supper did not digest well. The symptoms were somewhat relieved by drinking coffee, but continued throughout the night.

H. W. W—— took 3 drops; pulse normal at 72. In two minutes it raised to 96—severe pains in the cords of the neck; stoppage of the nose as in cold. In five minutes took 3 drops more—pulse 96, and intermittent; increased stoppage of the nose; dull and heavy feeling in the forehead.

Dr. J. Baker Edwards says: "In animals, such as frogs, cats, rabbits, &c., in doses of from two to ten drops it produces vertigo, trismus, violent tetanic convulsions, and in a short time death from exhaustion. Its principal use, thus far, has been in affections of the head that have resisted all other treatment. Dr. Whitney mentions having cured several cases of neuralgic affections of the head after all other remedies had failed, and Dr. Vinal records two cases of throbbing, pulsating headache of long standing, which yielded to this remedy. We should also expect to find it of use in apoplectic headaches with severe pain at the occiput, frontal headache with pain over the eyes, and headache with dull pain and pressure in the temporal region. The provings compare closely with many of the symptoms met with in congestion of blood to the head, phrenitis, apoplexy,

trismus, and myelitis, where the cervical portion of the cord is affected; hence we might expect good results to follow its exhibition in these diseases.

The short time that *Glonoine* continues to act upon the system shows it to be a remedy valuable only in acute diseases; but whenever it is found to be indicated in disease, it will undoubtedly cure with gratifying promptness and certainty.

From the intensity with which it acts in small doses, the higher attenuations (perhaps from the 6th to the 12th) would in most cases appear to be preferable. Crude coffee moderates the effects of large doses, but does not entirely antidote them. Dr. Edwards says that "*Ether* administered to persons suffering from the effects of *Glonoine*, affords prompt relief."

## A New Anæsthetic.

In the last number of the Boston *Medical and Surgical Journal* we find a new anæsthetic described in a paper contributed by Dr. Henry J. Bigelow. The name "*Rhigolene*" (based on the Greek word which means extreme cold) is proposed by Dr. Bigelow for a petroleum naphtha, boiling at 70° Fahrenheit; it is one of the most volatile liquids obtained by the distillation of petroleum, and is applied to the production of cold by evaporation. It is a hydrocarbon, wholly destitute of oxygen, and is the highest of all known liquids, having a specific gravity of 0.625. Dr. Bigelow, after speaking of the different products of petroleum, says:

"When it was learned here that Mr. Richardson of London had produced a useful anæsthesia by freezing, through the agency of ether vapor, reducing the temperature to 6 deg. below zero, F., it occurred to me that a very volatile product of petroleum might be more sure to congeal the tissues, besides being far less expensive, than ether. Mr. Merrill having, at my request, manufactured a liquid of which the boiling point was 70 deg. F., it proved that the mercury was easily depressed by this agent to 19 deg. below zero, and that the skin could be with certainty frozen hard in five or ten seconds. A lower temperature might doubtless be produced, were it not for the ice which surrounds the bulb of the thermometer.

"Freezing by rhigolene is far more sure than by ether, as suggested by Mr. Richardson, inasmuch as common ether, boiling only at about 96 deg. instead of 70 deg., often fails to produce an adequate degree of cold. The rhigolene is more convenient and more easily controlled than the freezing mixtures hitherto

employed. Being quick in its action, inexpensive and comparatively odorless, it will supersede general or local anæsthesia by ether or chloroform for small operations and in private houses. But for large operations it is obviously less convenient than general anæsthesia, and will never supersede it. Applied to the skin, a first degree of congelation is evanescent; but, if continued or used on a large scale, the danger of mortification or frost-bite must be imminent."

In 1861 Dr. Bigelow, in experimenting with kerosolenes of four different densities, found the lightest of them, the boiling point of which was about 90 deg., to be an efficient anæsthetic by inhalation.

## The Annual Meetings in the West.

The WESTERN INSTITUTE OF HOMŒOPATHY will meet at Cleveland, Ohio, on Wednesday, May 23d, 1866. A full meeting is expected, and it is important for the interests of Homœopathy in the West that all who are able will be present. It is hoped that besides the ordinary business of the Society, steps may be taken to assist the American Institute in the formation of a delegated body, and that a concerted plan of action may be adopted for the proper elevation and diffusion of Homœopathy. The Committees are:

*On Homœopathy.*—Drs. John T. Temple, E. M. Hale and R. P. Ober.

*On Drug Proving.*—Drs. Burt, Smith, Douglass, Cole, Bowen and Sheppard.

*On Surgery.*—Drs. Franklin, Beebe and Beckwith.

*On Anatomy.*—Drs. Colton, Parsons and Allan.

*On Physiology.*—Drs. Lord, Wilson and Hartmann.

*On Obstetrics.*—Drs. Walker, Comstock and Saunders.

*On Chemistry.*—Drs. Luyties, Blackburn and Humiston.

*On Clinical Medicine and Pathology.*—Drs. Fellerer, Webster and E. M. P. Ludlam.

*On Contingencies of Labor.*—Dr. R. Ludlam.

The AMERICAN INSTITUTE OF HOMŒOPATHY will convene at Pittsburgh on the first Wednesday in June. From the numerous letters we have received, we are led to believe that the older members of this pioneer Association will endeavor to be present and give tone and interest to the meeting. The Committees are:

*Materia Medica and Pharmacy*—C. Hering, M.D.; W. Williamson, M.D.; W. E. Payne, M.D.; E. M. Hale, M.D.; H. L. Chase, M.D.

*Clinical Medicine and Zymosis*—H. D. Paine, M.D.; J. P. Dake, M.D.; R. Ludlam, M.D.; E. C. Wetherell, M.D.; B. F. Finke, M.D.

*Surgery*—Wm. Tod Helmuth, M.D.; J. Beakley, M.D.; G. D. Beebe, M.D.; S. R. Beckwith, M.D.; P. Wilson, M.D.

*Homœopathic Organization and Statistics*—J. T. Talbot, M.D.; Wm. Paine, M.D.; H. M. Smith, M.D.; G. E. Shipman, M.D.; J. S. Douglas, M.D.

The MIAMI HOMŒOPATHIC MEDICAL ASSOCIATION holds its regular semi-annual meeting in Dayton, May 3d.

The HOMŒOPATHIC MEDICAL SOCIETY OF OHIO meets in Columbus on Tuesday, June 12th. Reports are expected from the following Committee, appointed at the last session: Epidemics, S. D. Taylor; Diphtheria, G. W. Bigler; Spotted fever, H. S. Barbour; Vaccination, E. C. Wetherell; Topical applications, A. O. Blair; Potencies, E. R. Tuller; Uterine diseases, I. C. Sanders; Diet, A. C. Barlow; Statistics, W. F. Schatz; Surgical diseases, A. E. Keyes; Diseases of the Eye and Ear, J. G. Hunt; Botany, A. A. Falmestvek; Intermittent fever, A. Shepherd; Erysipelas, G. W. Blair; Urinary diseases, E. B. Thomas; Pharmacy, J. B. Hall; Cactus Grandiflorus, E. P. Penfield; High and Low Dilutions, G. W. Barnes; Alternation of Remedies, C. Cropper; Chloroform, T. P. Wilson; Venereal diseases, C. C. White.

The ILLINOIS STATE ASSOCIATION will meet in Chicago on the 16th day of this month.

The MICHIGAN INSTITUTE will meet at Detroit on Tuesday, June 19th.

The HOMŒOPATHIC MEDICAL SOCIETY OF WISCONSIN will hold its next meeting at LaCrosse on Wednesday, Nov. 21st.

## Acupressure.

Dr. Simpson, in one of his clinical lectures, draws the following comparison between the ligature and acupressure:

| THE LIGATURE. | ACUPRESSURE. |
|---|---|
| 1. Requires isolation, and consequently some detachment of the end of the vessel. | Requires none. |
| 2. Produces laceration of the two internal coats of the artery. | Produces none. |
| 3. Produces strangulation of the external coat. | Produces none. |
| 4. Leads on to ulceration or molecular destruction of the external coat of the constricted part. | Produces none. |

| | |
|---|---|
| 5. Causes mortification of the artery at the tied point, and usually also below it. | Produces none. |
| 6. Produces, consequently, a dead, decomposing slough of each part ligatured. | Produces none. |
| 7. If organic, it imbibes animal fluids, which speedily decompose and irritate. | Requires only metallic needles or threads, which are incapable of imbibing animal fluids. |
| 8. Requires to produce the highest stages of inflammation at each ligatured end, viz., ulceration, suppuration, and mortification. | Requires to produce inflammation up to the stage of adhesion only. |
| 9. Is not removable except by the slow ulceration and sloughing of the ligatured vessel, which requires a period of from four or five to twenty days and more. | Is removable in an hour, a day, etc., at the will of the operator. |
| 10. Generally requires two persons for its application. | Requires only one person. |
| 11. Is sometimes followed by secondary hemorrhage, as an effect of ulceration and sloughing. | Is seldom followed by this form of secondary hemorrhage, as there is no ulceration or sloughing. |
| 12. Sometimes fails altogether in cases of recurring secondary hemorrhage. | Has succeeded under such circumstances where the ligature has failed. |
| 13. Sometimes cannot be applied till the surgeon first exposes the bleeding vessels by the knife. | Does not necessarily require the exposure of the vessel, and, therefore, has sometimes prevented the necessity of using the knife. |
| 14. Prevents, as a foreign body, adhesion by first intention along its track as long as it remains. | Is early withdrawn, and is hence far less opposed to primary union. |
| 15. Stops only the artery tied. | Stops generally both artery and vein. |
| 16. Stops only one artery. | May close two or more smaller arteries by means of a single needle. |
| 17. Is not unfrequently followed by surgical fever, from leading to the formation, and allowing absorption of septic matters. | Is much less likely to be followed by surgical fever, because it does not lead to the formation of septic matter, and closes the veins as well as arteries. |
| 18. For these various reasons, primary union rare, healing slow and septic or surgical fever not uncommon. | Primary union more frequent, healing quicker, and septic or surgical fever less common. |

## A Rare Case in Midwifery Practice.

BY GEORGE RIGDEN, ESQ., CANTERBURY.

On the 2d of August of the present year, Mrs. G., aged about twenty-five years, of a leucophlegmatic temperament, and residing in this city, was taken in labor with her second child at about five o'clock in the evening. The pains were reported to have been frequent, but not very strong until about eight o'clock, when my attendance was requested. Upon examination, the forehead was found presenting, and partly entering the brim of the pelvis, with the os uteri moderately dilated and dilatable. The patient was extremely anxious in consequence of having experienced a very protracted labor at her first confinement; but there appeared no reason to doubt but that upon this occasion it would proceed more favorably. The pains continued frequent and strong, but with scarcely any effect upon the progress of the labor, until half-past nine o'clock, when they almost suddenly ceased; and not returning by half-past one in the morning, the forceps were applied, and the labor quickly terminated by the birth of a full-aged living child. A broad bandage was immediately applied around the lower part of the abdomen, and the right hand passed between the thighs to the region of the uterus, which was distinctly felt, and moderately contracted. After about half an hour's interval, the uterus was again felt in the same position, and in about the same state; and, as the placenta could not be reached through the vagina, the patient was directed to make a slight expulsive effort, which immediately changed the whole aspect of affairs. The uterus passed away from the hand above the pubes, and was found to have descended through the vagina, and to be completely inverted between the thighs of the mother, with the placenta still attached to the greater part of the larger and more dependent part. No traction had been made at the cord, and the inversion seemed due entirely to the moderate expulsive effort of the mother. The placenta was immediately and quickly with the ends of the fingers peeled off from the uterus, and the latter at once, and without the slightest difficulty, replaced in its natural position. After retaining the hand in the vagina for a few minutes, the uterus was felt contracting, and was also distinctly perceptible above the pubes. The patient was directed to remain in the same position for several hours, and not on any account to make an expulsive effort.

It is satisfactory to record that the uterus remained in its natural position, and that the patient made an excellent recovery without any other bad symptom. She was desired to be particularly careful of herself for several weeks. It is now more than a month since the confinement, and she does not experience any bearing-down or other unpleasant effect from what cannot but be considered as having been a very dangerous complication.—*Lancet, Dec.* 17, 1864, *p.* 689.

# Editorial.

## A PROTEST AGAINST RESCINDING A RESOLUTION TO INTRODUCE HOMŒOPATHY INTO ST. LUKE'S INFIRMARY.

"In certis unitas, in dubiis libertas, in omnibus charitas."
"Palmam qui meruit ferat."

A few months since, a project for the foundation of a Protestant Hospital emanated from the Young Men's Christian Association of this city. The encouragement which this enterprise received, combined with the acknowledged need of such an Institution, conduced in a short period to the formation of a regular organization. A charter was obtained from the Legislature, the name "ST. LUKE'S INFIRMARY" given to the charity, and the regular officers were appointed—the President being the Episcopal Bishop of Missouri; the Vice-Presidents, the pastors of the several parishes throughout the city; and an Executive Committee, consisting of three members from each congregation, for the management of the affairs of the Hospital. The Superintendent was chosen with great judgment; the Rev. Dr. Cannon having graduated in Medicine before he entered upon the study of Divinity, and being adapted for the office, not only from peculiarity of constitution, but also from an extended experience in the care and management of the sick. This Hospital then was to be a *Church Hospital,* all its officers were elected with such an understanding, and the Executive Committee was vested with the power of managing the Institution—the gentlemen composing the Board being supposed to be entirely competent for the discharge of their duty. Upon canvassing the matter of medical treatment, it was found that a large number of the most upright, wealthy and influential members of the Episcopal Church were Homœopathists, and that they (believing this system of medicine preferable to that practiced by the Old School, or Allopathists,) would not consent to aid in the enterprise unless that method of treatment—the truth of which they were convinced by actual facts—was introduced into the Hospital. Consequently, after due deliberation, the matter being thoroughly discussed on both sides, the Executive Committee resolved that a portion of the Hospital be set apart for those patients who should desire Homœopathic treatment, but that after an inmate had selected the system according to the principles of which he desired to be treated, he should not be allowed to alter his decision. According to this resolution, a ward was prepared for the Homœopathists, and regular attending physicians were appointed. Dr. Cannon declared himself well pleased with the arrangement, and informed the attending physicians that he would be personally responsible that all directions given and rules for the administration of medicines prescribed in the Homœopathic department should be rigidly and scrupulously observed.

This resolution *went down in the minute-book* of the Executive Committee, and so soon as the Homœopathists, both professional and lay, of both sexes, were notified of the fact, they at once began to obtain subscriptions in money and donations of clothing, beds bedding and linen, and to perform the actual labor in preparing these necessaries for effective service.

A Board of medical men, for the treatment of those who desired the older system of medicine, was also appointed. But (be it remembered) this *Allopathic Medical* Board sent to the Executive Committee of this *Church* Institution a communication, stating that they could not organize until the resolution with reference to the introduction of Homœopathy into the Hospital be rescinded. We are glad to say that such *peremptory dictation* to the Executive Board; such a *command* to reconsider what had already, after due deliberation, been determined upon; such an implied want of mental calibre on the part of the Committee, as the "refusal to organize" contained, and which immediately transforms a Church Hospital, governed and directed by churchmen, into a *sectarian* Institution, controlled by a *party* in medicine,—was not received without indignant feelings on the part of some of the members, who thus saw their rights invaded, their discrimination mistrusted, and their power to transact the business of the Hospital annulled. Finally, however, the motion to rescind the resolution was carried.

Now the question naturally arises, what was the cause of this most intolerant proceeding on the part of these Allopathic physicians? The subject may be viewed in any light and by any party—no other reason can be assigned than that of *actual fear*, of *great dread* of having the two systems brought side by side, and the *results, as obtained by statistics, compared.* By the resolution, which gave to the Homœopathists a portion of St. Luke's Hospital, they (the Allopathic Medical Board) had it in their power to observe the effects of the treatment, to *compare* the statistics of the two methods of practice, and to PROVE through Dr. Cannon, who would scrupulously supervise both departments of the Hospital, whether Homœopathy is the humbug which they fruitlessly endeavor to make the people believe. By such means, they had in their hands the iron wherewith to brand the system with infamy, and of expelling it and its upholders in disgrace from the Hospital walls, and thus, so crush it in the estimation of the people that it could never rise again into existence. Why, then, rescind the resolution? Because they were afraid of damaging results; results that would appear as they have already in this city;—results which read as follows:*

| ALLOPATHIC TREATMENT, CITY HOSPITAL—1865. | | | | HOMŒOPATHIC TREATMENT, POST HOSPITAL—1865. | | | |
|---|---|---|---|---|---|---|---|
| DISEASES. | NO. OF CASES. | DIED. | PER CENT. | DISEASES. | NO. OF CASES. | DIED. | PER CENT. |
| 1. Dysentery.... | 30 | 21 | 70 | Dysentery..... | 32 | 0 | 0 |
| 2. Typhoid Fever | 10 | 7 | 70 | Typhoid Fever. | 39 | 2 | 5½ |
| 3. Diarrhœa..... | 106 | 23 | 22 | Diarrhœa..... | 95 | 0 | 0 |
| 4. Pneumonia... | 23 | 12 | 52 | Pneumonia.... | 13 | 0 | 0 |
| Average mortality 37 $\frac{2}{10}$ per cent. | | | | Average mortality 1 $\frac{1}{10}$ per cent. | | | |

* The City Hospital was attended by Dr. Paddock, and his report appeared in the St. Louis Democrat. The Post Hospital was situated at Benton Barracks, and was in charge of Dr. Franklin. Pamphlets containing the full report can be obtained at the Homœopathic Pharmacy, No. 49 North Fifth street.

Because: they were aware, that actuated merely by *keen pecuniary competition*, Life Assurance Companies, both in this country and abroad, after a most careful comparison of facts, will issue policies of insurance on the lives of those who are and have been Homœopathically treated, at 10 per centum below the ordinary rates allowed to those who adhere to the Allopathic system.

Because: if that terrible scourge, which is now "even at our doors," should reach us, they are aware of the words of *their own colleague*, Mr. Wilde, of Dublin, especially noted for his standard work on Diseases of the Ear, who, in a volume entitled "Austria and its Institutions," thus writes:*

"Upon comparing the report made [by the Government Inspector, *who visited the Hospital daily.*] of the treatment of *this Hospital*, with that of the same epidemic in other Hospitals of Vienna, it appeared that, while *two-thirds* of those treated by Dr. Fleischmann (Homœopathic) recovered, *two-thirds* of those treated by the ordinary method DIED."

Because: according to the report of the Medical Inspectors handed in to the House of Commons, the rate of mortality from Cholera, in the London Homœopathic Hospital, was 16 in 100; while in the other Hospitals it was found to amount to 41 to 51 in every 100 cases. It may be of interest to here insert a part of the letter from Dr. Macloughlin, one of the Medical Inspectors, to Hugh Cameron, Esq.: †

* * * "You are aware that I went to your hospital prepossessed against the Homœopathic system; that you had in me, in your camp, an enemy rather than a friend, and that I must therefore have seen some cogent reason there the first day I went, to come away so favorably disposed as to advise a friend to send a subscription to your charitable fund; and I need not tell you that I have taken some pains to make myself acquainted with the rise, progress and medical treatment of Cholera, and that I claim for myself some right to be able to recognize the disease and to know something of what the medical treatment ought to be; and

"That there may therefore be no apprehension about the cases I saw in your hospital, I will add, that all I saw were true cases of Cholera, in the various stages of the disease, and that I saw several cases which did well under your treatment, which I have no hesitation in saying would have sunk under any other.

"In conclusion, I must repeat to you what I have already told you, and what I have told every one with whom I have conversed, that although an Allopath by principle, education and practice, yet, was it the will of Providence to afflict me with Cholera, and to deprive me of the power of prescribing for myself, I would rather be in the hands of a Homœopathic than an Allopathic adviser."

These are the only reasons that can possibly be assigned for this course on the part of the Medical Board. There was to be no intercourse between the medical staffs of the two departments of St. Luke's Hospital, and nothing unpleasant could therefore be apprehended on that score. If the Homœopathic system of medicine is quackery, why not expose its fallacies and tear away the gabardine of deceit? Why not astound the thousands of citizens of St. Louis who believe in and trust this method of practice, with facts in regard to the

*Vide Report on Cholera, by G. S. Walker, M.D., Western Hom. Observer, 1866.
† Loc.-cit.

*number of deaths* and the *number of cures*, which would necessarily be shown by the St. Luke's Hospital Reports?

But this matter must be looked upon in a moral point of view, as it certainly should, when the names of so many reverend gentlemen stand at the head of its directory, some of whom have been very industrious in their endeavors to promote the rescinding of the resolution in question—men who regularly, in the Sanctuary, profess to lead sinners toward God, to be in love and *charity* with all mankind, and do as they would be done by.

What kind of religion do those men teach, who in the pulpit abhor and deprecate the headstrong obstinacy of man in following out his own inclinations without looking for the truth, and in the daily routine of their lives give the lie to their preaching? What is the difference between the spirit of bigotry and intolerance and blindness that actuates these reverend gentlemen, and that spirit that once gave forth the awful cry, "His blood be upon us and on our children"? Where is the doctrine of "*Prove all things*, and hold fast that which is good"? Upon what ground do these men, who have seen little and know less of the Homœopathic system of treatment, and the tenor of whose lives leads them neither into the fields of *medicine nor of politics*, endeavor to convert their blind admirers to their own narrow-mindedness and illiberality of spirit? This is not the first occasion in which these gentlemen have interfered in matters in which they are not capable of judging; nor is it the first time that men of the world, about to take the forward step in the redemption of their souls, have been stopped short on the threshold of the open door, when they observe the difference between preaching and practice!

St. Luke's Infirmary, under such auspices, will most certainly NOT BE A SUCCESS. The feelings of too many of a large and influential class in the Episcopal and other Protestant Churches have been grossly outraged by the proceedings thus far, and, above all, by observing the *spirit* that actuates those who would be rulers in the enterprise.

What kind of science is that which, in the present century, would lay down the boundary-line and say, "Thus far shalt thou go, and no farther," when every day is revealing some new truth, and every hour some hitherto unknown facts are being developed in every department of knowledge? And what kind of religion is that which tells the sinner to beware of all kinds of intolerance, bigotry, narrow-mindedness, self conceit and all uncharitableness, and stalks forth from the temples of God and enters straightway into the path from which it has cried aloud for all men to turn aside?

# THE WESTERN

# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, JUNE 15, 1866. No. 8.

**H. C. G. LUYTIES, Proprietor and Publisher.**

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## Singular Case of Dry Gangrene.

BY A. DUPAQUIER, M. D., NEW ORLEANS, LA.

In the course of March, 1866, I was urged by several persons to visit, on Claiborne street, No. 103, a young lady affected with "an extraordinary disease." Through public credulity and exaggeration, the description of this strange malady had become hideous: "she was falling to pieces."

I determined to ascertain the value of this narration; and although I found it considerably overstated, I must acknowledge it was still a very interesting case: both feet and the lower thirds of the legs were gangrened, as hard and black as wood, of a jet black, contrasting most strikingly with the white skin above, as they stood connected with the stump by the bones only. She could move both legs at pleasure, but not stand on them. The general state of the patient was tolerable, although debilitated.

Having nothing to add to the classification of the different kinds of gangrene, nor to the etiology and treatment of this disease, I will not dwell upon it. In this occurrence we had to deal with what is generally adopted as *sphacelus*, or complete mortification of the totality or portion of a limb;

characterized here by spontaneous gangrene and mummification of the extremities of the two pelvic limbs.

Here follows the description of the case, with all the particulars I could gather at the time she came under my observation.

Althee Collins, æt. twenty-two years, of a feeble, nervoso-lymphatic constitution, (exhibiting marked signs of strumous habit,) has never been healthy. In her childhood she suffered from difficult dentition, atrophy, chronic diarrhœa, and then complete marasmus for three years; running of the ear, with fetid discharge, for a long period; engorgement of the glands, and slow growth up to the age of eighteen years, when menstruation took place, flowed regularly only for a short time, then ceased for one year, to reappear for a few months, and then disappeared until now. Some time previous to the establishment of her menses, she was affected with amaurosis, and subsequently with paralysis of the upper eyelid (blepharoptosis.) The amaurosis affected one eye at first, then ceased, to attack the other, which is still sightless. About the age of twenty years commenced a scrofulous engorgement of the right knee joint, followed by ulceration, caries of the femur, and many fistular openings; there was complete flexion of the leg on the thigh, ulcerated up to its lower third. She did not leave her bed for years, being attacked with a sort of nervous feebleness.

It was in this condition that the first symptoms of gangrene appeared on the feet, in the latter end of November, 1865; dark blue spots, which increased rapidly in number and size, were followed by vesicles containing lymph, and breaking spontaneously, with abundant oozing of serum; livid swelling and coldness of the parts.

The process of gangrene went on so for about fifteen days, during which time she suffered from intense burning pains in the feet and legs, aggravated by exposure to the air, and improved by a warm cover; complete sleeplessness, great anxiety, faintings, and a sort of nervous state, in which *she*

*would bark like a dog*, scream, and jest with a threatening countenance. After this, separation of the living and dead tissues took place, the pains ceased, and the appetite returned. The skin above and the diseased part below contracted so as to cause between them an interval of about half an inch, leaving the tibia and the fibula entirely denuded. After separation was complete, the feet and lower thirds of the legs became perfectly mummified, of a black, glittering hue, and resembling a pair of low boots fitting tight. The smell peculiar to gangrene was very distinct, but not very intense.

On the 15th of March, the foot and lower third of the right leg fell off spontaneously, with a trifling hemorrhage from the medullary canal and granulations of the stump. The superior extremities of the fallen bones were in the shape of a cup, about three-eighths of an inch deep in the center; the edges thin and sharp, forming a socket to receive the inferior extremities of the upper portions, which were rounding.

On the 18th of March I examined her closely, especially in regard to circulation. I followed the beating of all the principal arteries; it was good, and rather intense. The beating of the heart was also normal; no venous engorgement, either superficial or deep; appetite quite too strong; sleep quiet. All other functions were normal.

On the 6th of May the left foot stood firm; but on account of pains in the bones and signs of osteo-myelitis, the weight of the dead part being very troublesome, I decided to saw the bones off. The patient having been placed under the influence of chloroform, the saw penetrated very easily, the bones being soft and spongious. A slight hemorrhage took place from the medullary canal from an artery well developed; as ligation was impossible, the artery being imbedded in the bone, a small compress, dipped in a weak solution of perchloride of iron, stopped it short. She is now doing well, although extremely weak. The tumor and fistulæ of the

knee are improving slightly. The stumps are doing well, being fully covered with healthy granulations.

Remarks.—If no unknown cause has acted in this case, the *sphacelus* may be attributed to the scrofulous diathesis—here there was no influence of weeds, spurred rye, etc., nor of large doses of Mercury. The youth of the patient excludes the possibility of *gangrena senilis.*

Is it not most singular to see both legs affected at the same time, in the same manner, and precisely at the same height, as if a line had been drawn on purpose?

In my opinion, local arteritis is the organic cause of this gangrene. All circulation was stopped from the center to the periphery. I am sorry that the pieces were so hard and so dry as to prevent dissection, by which a material proof could have been obtained. Cruvelhier* mentions a similar case of gangrene of the foot and leg, caused by the inflammation of the posterior tibial and peroneal arteries. Nelaton and other experienced pathologists admit that arteritis will produce *dry gangrene*, and phlebitis the humid one.

I did not think proper to perform a resection of the bones higher up, so as to give the stump a better form and the chance to heal quicker, because—1st, the tumor of the right knee and caries of the femur would rather claim amputation at the lower third of the thigh; 2d, the left stump looked very healthy; and 3d, besides, there was no immediate necessity; she was too weak to stand a double amputation.

---

The Summer Course of Lectures in the Homœopathic Medical College of Missouri is progressing finely. Quite a number of students are in attendance. They are very attentive, and seem to appreciate their advantages. A considerable number of capital operations in the Surgical department have been witnessed by them.

---

*Vide: Anatomie pathologique du corps humain. 27eme livraison, page 1, planche 5.

## Surgery.

### VARICOCELE.

BY WM. TOD HELMUTH, M. D.

There are some diseases known as "*surgical*" which may be amenable to medicinal treatment; there are others again which nothing but mechanical means will arrest; and among the latter we must class varicocele. By *varicocele, circocele, spermatocele,* is understood an enlargement of the veins of the spermatic cord; the disease most commonly appearing upon the left side, owing to several reasons, which it is well to remember, and which may be arranged as follows:

1st—the spermatic vein has a longer and more tortuous course, and consequently has to support a greater column of blood.

2d—it is more liable to compression by an accumulation of fœcal matter in the sigmoid flexure of the colon.

And 3d—because, where the spermatic vein of the left side enters into the emulgent, there is the absence of a valve, which is found on the right side when that vein enters into the vena cerva.

The affection is chiefly met with among young and vigorous men who have led exemplary lives, although at the middle periods of life the disease is quite common.

In cases of spermatocele, the whole of the cord appears to consist of knotty and tortuous veins, which feel like a congeries of earth worms twisted upon each other; the parts are very sensitive to the touch, and great weight and pain are experienced throughout the course of the cord to the back, obliging the patient to wear constantly a suspensory bandage. Together with these symptoms, there is numbness extending down the thighs, which is extremely disagreeable.

There are few diseases which create more apprehension of mind than the one we are now considering, and in many

instances this becomes so unnecessarily exaggerated that the patient becomes a prey to habitual melancholy and hypochondriasis.

The disorder may be diagnosed from hernia, for which it is sometimes mistaken, in the following manner: After the patient has been placed in a recumbent position, and the swelling reduced by compression of the scrotum, the fingers are then made to exert a certain amount of pressure upon the external abdominal ring, and the patient is then desired to assume the erect posture. If the disease be a *circocele*, the swelling of the veins—from the compression—will reappear in increased size; but if it be rupture, the gut will be held up, and the recurrence of the tumor cannot take place.

Spermatocele is slow in its progress, but when fully established is easily diagnosed. The surgical means adopted for its relief are obliteration of the veins; various processes having been adopted—none of them, however, being free from danger.

It must be recollected that the cord is composed of the spermatic arteries, which arise directly from the aorta; of the veins, which constitute the pampiniform plexus, coming from the back of the testes; and of the *vas-deferens*, which is the excretory duct of the testicle and a continuation of the epididymus. Now the obliteration by pressure, suture, injection or otherwise, of either the artery or the excretory duct, is equivalent to castration, and therefore—setting aside the danger of phlebitis, which is of itself a disease of the greatest danger and liable to occur in any operation of the kind—the operation is one which requires, not only a very correct knowledge of the anatomy of the parts, but very delicate manipulation.

It was the elder Dezpech, who had attained an enviable position among the first surgeons of the world, who performed the operation upon both sides, and unfortunately included in the ligature the spermatic arteries; atrophy of the testicles occurred: the mind of the patient brooded over

the terrible mishap, and his brain, crazed with sorrow and mortification, thirsted for revenge. He waylaid Dezpech, who, unconscious of wrong and unmindful of danger, was pursuing his usual course of duty, and rushing upon him as he left his carriage, stabbed him to the heart.

There are very many methods of treating this disease.

1st—by *Compression.* Breschet's method consisted of applying to the enlarged veins two iron clamps, the jaws of which were tightened with thumb-screws.

2d—by *Suture*, as employed by Velpeau.

3d—by *Ligature*, as recommended by Reynaud of Toulin, Gagnebe, Ricord, and many others.

4th—by *Rolling up the veins of the spermatic cord*, as used by Vidal.

Dr. Packard, of Philadelphia, employs a double line loop.

Dr. Gross formerly passed a needle behind the veins, and then applied a figure-of-8 suture, but states, that after very unexpectedly losing one of his patients with phlebitis, he has since resorted to the subcutaneous ligation of the veins.

The simplest, and to my mind the best method, may be described in the following case:

Mr. D——, a resident of Illinois, consulted me for varicocele of some years standing, which gave him very great uneasiness of body and distress of mind. He had been operated upon some years since by a distinguished surgeon of Boston, and for a time the disease had been cured; but it again manifested itself with increased severity and with all its accompanying symptoms. After a careful examination, he was informed that nothing but an operation would cure him, to which, after some deliberation, he finally concluded to submit. It was performed at the Lindell Hotel of this city, Dr. Walker assisting. The patient was desired to rise early in the morning, to take a light breakfast, to leave off the suspensory bandage, which he had been accustomed to wear, and to use as much exercise as possible. By such means the veins were much enlarged at the hour appointed for operation. He was then seated upon the edge of a chair,

and with the forefinger and thumb of my LEFT hand, the palmar surface being *toward the anterior part of the scrotum*, the vas-deferens and the spermatic artery were searched for. Those accustomed to anatomical manipulations in the dissecting room are aware that the vas-deferens comes up behind, and may be distinguished from the surrounding structures by its *fibrous feel*, or somewhat cartilaginous hardness. So soon as the duct was found, the ball of the index finger of the hand aforesaid was pressed between it and the veins, thereby making it lay against the nail or posterior surface of the finger, by which it was readily pressed against the pubic bones; the artery was readily felt by its pulsation and held aside with the thumb, thereby having nothing between the finger and thumb of the left hand but the bundle of veins. This is a very important step in the operation, and should never be hurried. The patient then was placed under the anæsthetic agent by Dr. Walker, while I held the veins as already mentioned. It is also better to resort to this method of deferring the administration of chloroform, because the patient can very materially assist the surgeon by describing the sensations which are experienced when pressure is made upon the excreting duct of the testicle. Taking then a strong hempen cord, and doubling it, the loop was passed through the eye of a large needle similar to that used by sail-makers, which was then with the right hand introduced in front of the thumb of the left hand, and made to pass behind the veins and to emerge *in front* of the index finger, which held *behind* it the vas-deferens. The ligature was then drawn through and the needle removed, which was again inserted in the same opening, but this time directed in front of the veins and directly behind the skin of the scrotum. The point was then brought out at the same opening from which the loop projected. By this means the double ligature was behind the veins, and the needle in front of them, where it was allowed to remain. The loop was then brought over the point of the needle, and by making traction on the ends of

the ligature at the point of entrance, and tying them firmly over the shank of the needle, and then again over a piece of cork, the veins were thoroughly compressed. To prevent any irritation resulting from the point of the needle, it was also covered with a small cork. On the fifth day the knot was tightened, and on the eleventh day the whole removed, the operation being perfectly successful.

This method is the safest that can be possibly employed. In the first place, but two punctures are made in the scrotum; in the second place, should any of the important structures before mentioned, by accident, become entangled in the ligature, by withdrawing the needle the whole apparatus is removed. This is the method recommended and employed by Dr. Pancoast, of Philadelphia, with great success, and from its simplicity and safeness, should always be borne in mind by the surgeon about to operate for varicocele.

The injection of the persulphate of Iron has also been employed with success in this disease. The solution should be weak and very small in quantity. It may consist of from two to five drops of the solution.

℞. Ferri per-sulph. glt. x.
Aquæ font. glt. xxx.

The superficial veins are the first to be injected, and afterwards the deeper seated ones are to be treated in the same manner. A clot appears after the injection, which ulcerates out and obliterates the veins.

---

THE LAST MEETING of the American Institute of Homœopathy was held in Pittsburgh, and it was a goodly gathering. The physicians of that city did themselves great credit in the manner in which the affairs were conducted, and steps were taken to render the Institute hereafter the great body representing Homœopathy in America.

---

A NUMBER of Books and Pamphlets have been received for notice and review. As soon as possible they will command our attention.

# Correspondence.

## Plagiarism.

NEW YORK, May 7, 1866.

*To the Editors of the Observer:*

GENTLEMEN:—Some months back, in a letter I noticed a "review" of your Essay upon Diphtheria, by Dr. Lippe, of Philadelphia. My attention has been drawn to another production from the pen of the same writer. I refer to *his* lecture upon Cholera, delivered at the Homœopathic College of Pennsylvania, Dec. 8, 1865, and published by request of the Class. I think there probably cannot be found in the whole series of medical lectures, delivered at all the Colleges that ever existed or which now exist, a more striking example of "similarity" in the train of thought and mode of expression than prevails in this lecture and the little volume upon Asiatic Cholera published in 1849 by the late B. J. Joslin, M.D., of the city of New York. Dr. Joslin has always been considered to have been a gentleman of superior mental ability, and his memory will be held in high esteem by those who enjoyed the pleasure of his personal acquaintance. Professor Lippe, throughout his lecture, never makes the slightest allusion to Dr. Joslin, and therefore never could have read his work, and it is this that renders the coincidence between the two productions so very remarkable.

DR. JOSLIN.

"An opinion extensively entertained by the profession, is that there is a certain class of disease—including the small pox, measles, scarlatina and hooping cough—which an individual may take on coming near a patient affected with them, although the intermediate air be pure; and that there is another class of diseases—including plague, yellow fever, typhus fever, dysentery and cholera—which an individual cannot take, unless the intermediate air between him and the patient is impure, and

DR. LIPPE.

"An opinion extensively entertained by the profession, is that there is a certain class of disease—including the small pox, measles, scarlatina and hooping cough—which an individual may take on coming near a patient affected with them, although the intermediate air be pure; and that there is another class of diseases—including plague, yellow fever, typhus fever, dysentery and cholera—which an individnal cannot take, unless the intermediate air between him and the patient is impure, and

DR. JOSLIN.

that he takes these from the air, and not by any specific poison derived either directly or indirectly from the patient. The former class of diseases they denominate contagious; the latter class, infectious.

"But in both cases, the disease is communicated through the air, and in consequence of its contamination; and in both cases by a specific poison, else the same kind of disease as that with which the first patient was affected would not be reproduced. These classes of disease, when communicated through the air, differ, not in the *principle* or *mode* of communication, but in the quantity, or *dose* of the poison, which is requisite for reproducing the disease.

"The terms contagion and infection—as now extensively used in a technical sense—serve only to conceal the want of precise ideas and the defects of a false mode of reasoning. The disputes of learned academies arise from not viewing the subject in a mathematical point of view, that is, in its relation to the science of *quantity*. The popular mind is prone to inquire about the *existence* of certain *things* or entities, rather than their quantitative relations. It asks, is there infection in this disease or in that? It does not think to inquire whether there is *more* or *less* infecting power. It does not suspect that this is the only difference in many diseases in regard to their power of propagating themselves. The medical mind—perhaps from deficiency of mathematical training—is extensively infected with this same intellectual vice. Physicians, instead of recognizing degrees in the infecting power, generally found their distinctions on modes and media of transmission. Again, instead of recognizing a great diversity—as they would if they had hit upon the true principle of distinction—they assume that all except a few diseases are incommunicable under any circumstances; and through those that they acknowledge capable of propagation, they arbitrarily draw a single line, and denominate the whole group on one side of that line

DR. LIPPE.

that he takes these from the air, and not by any specific poison derived either directly or indirectly from the patient. The former class of diseases they denominate contagious; the latter class, infectious.

"But in both cases, the disease is communicated through the air, and in consequence of its contamination; and in both cases by a specific poison, else the same kind of disease as that with which the first patient was affected would not be reproduced. These classes of disease, when communicated through the air, differ, not in the *principle* or *mode* of communication, but in the quantity, or *dose* of the poison, which is requisite for reproducing the disease.

"The terms contagion and infection—as now extensively used in a technical sense—serve only to conceal the want of precise ideas and the defects of a false mode of reasoning. The disputes of learned academies arise from not viewing the subject in a mathematical point of view, that is, in its relation to the science of *quantity*. The popular mind is prone to inquire about the *existence* of certain *things* or entities, rather than their quantitative relations. It asks, is there infection in this disease or in that? It does not think to inquire whether there is *more* or *less* infecting power. It does not suspect that this is the only difference in many diseases in regard to their power of propagating themselves. The medical mind—perhaps from deficiency of mathematical training—is extensively infected with this same intellectual vice. Physicians, instead of recognizing degrees in the infecting power, generally found their distinctions on modes and media of transmission. Again, instead of recognizing a great diversity—as they would if they had hit upon the true principle of distinction—they assume that all except a few diseases are incommunicable under any circumstances; and through those that they acknowledge capable of propagation, they arbitrarily draw a single line, and denominate the whole group on one side of that line

DR. JOSLIN.

contagious, and the whole group on the other side infectious. They have not yet perceived that what they call infection—considered as a property of the disease—is merely the contagious property in less intensity.

"To ask whether Asiatic Cholera is infectious, is like asking whether diluted alcohol is an intoxicating drink. Is diluted alcohol an intoxicating drink, or is it not? Does not every one perceive, that for the solution of this problem, the requisite data are not given in the question? It is indefinite in three respects; viz. first, as to the degree of dilution of the alcohol; secondly, as to the quantity to be taken; and thirdly, as to the susceptibility of the drinker to its intoxicating influence. One part of alcohol diluted with ten thousand parts of water, is not an intoxicating drink in any quantity which the stomach can retain; one part of alcohol diluted with one hundred parts of water, is not an intoxicating drink unless taken in enormous quantities or by persons highly susceptible.

"The problem in regard to the infectiousness of cholera, is of a similar nature, and is to be solved by a reference to precisely the same three conditions, viz., dilution, quantity and susceptibility.

"If several cholera patients should at the same time occupy the same small and ill-ventilated room, the air of that room would, after some time, become so charged with the miasm, as to be capable of communicating cholera to other occupants, provided that by their constitution, their state of health, their neglect of regimen and of prophylactic remedies, they possessed a certain susceptibility to the disease. To them, the disease would be infectious, in this concentrated state of the morbific miasm. On the other hand, if there were only one patient in a large and well ventilated room, the respiration of its air during the same length of time, and by individuals having the same predisposition, might be perfectly safe, and would certainly be attended with little danger, as compared with

DR. LIPPE.

contagious, and the whole group on the other side infectious. They have not yet perceived that what they call infection—considered as a property of the disease—is merely the contagious property in less intensity.

"To ask whether Asiatic Cholera is infectious, is like asking whether diluted alcohol is an intoxicating drink. Is diluted alcohol an intoxicating drink, or is it not? Does not every one perceive, that for the solution of this problem, the requisite data are not given in the question? It is indefinite in three respects; viz. first, as to the degree of dilution of the alcohol; secondly, as to the quantity to be taken; and thirdly, as to the susceptibility of the drinker to its intoxicating influence. One part of alcohol diluted with ten thousand parts of water, is not an intoxicating drink in any quantity which the stomach can retain; one part of alcohol diluted with one hundred parts of water, is not an intoxicating drink unless taken in enormous quantities or by persons highly susceptible.

"The problem in regard to the infectiousness of cholera, is of a similar nature, and is to be solved by a reference to precisely the same three conditions, viz., dilution, quantity and susceptibility.

"If several cholera patients should at the same time occupy the same small and ill-ventilated room, the air of that room would, after some time, become so charged with the miasm, as to be capable of communicating cholera to other occupants, provided that by their constitution, their state of health, their neglect of regimen and of prophylactic remedies, they possessed a certain susceptibility to the disease. To them, the disease would be infectious, in this concentrated state of the morbific miasm. On the other hand, if there were only one patient in a large and well ventilated room, the respiration of its air during the same length of time, and by individuals having the same predisposition, might be perfectly safe, and would certainly be attended with little danger, as compared with

DR. JOSLIN.

that in the small, close and crowded room above mentioned. What in a more concentrated state was a poison, becomes comparatively innoxious by dilution. If we admit the possibility of taking cholera under these last circumstances—if we say that even in such a room it is possible that cholera may to some persons prove infectious, *my* statement is liable to be misunderstood and misapplied. One will say, Cholera is then infectious, like small pox. This would be a gross exaggeration, and one which it is important to prevent; inasmuch as it would deter many from giving the requisite attention to the sick, and also excite among those not yet attacked an alarm that would increase their susceptibility. The miasm of small pox," &c., &c.

DR. LIPPE.

that in the small, close and crowded room above mentioned. What in a more concentrated state was a poison, becomes comparatively innoxious by dilution. If we admit the possibility of taking cholera under these last circumstances—if we say that even in such a room it is possible that cholera may to some persons prove infectious, *our* statement is liable to be misunderstood and misapplied. One will say, Cholera is then infectious, like small pox. This would be a gross exaggeration, and one which it is important to prevent; inasmuch as it would deter many from giving the requisite attention to the sick, and also excite among those not yet attacked an alarm that would increase their susceptibility. The miasm of small pox," &c., &c.

Having shewn so much of the remarkable similarity to which I asked your attention, I need not trouble you with further extracts from these two *authors.*

I have been perplexing my mind to explain upon what psychological principles the unusual phenomena of two minds thus pursuing the same train of reasoning—the thoughts expressed in precisely the same language, and for the most part in the same order; but my efforts prove fruitless, and I am forced to find the explanation in no other influence than in that of the "*Genus Epidemicus.*" That I, however, may be strictly precise, I think it proper to observe, that Dr. Lippe uses the plural pronoun when Dr. Joslin uses the first person singular. Likewise that the train of thought seems to diverge when Dr. Joslin relates some facts in connection with the appearance of Cholera in Albany and Schenectady, in the State of New York.

Dr. Lippe's reference to the vivisections of Cholera patients are very interesting. At the commencement of his remarks he states, that Doctor Dieffenbach of Berlin noticed certain effects, but after a few lines Dr. Lippe says, "If *we* separate the wound," &c., "*we will* perceive." Now, it is to be regretted that Dr. Lippe had not distinctly said that *he* had *perceived* these results. Such a declaration would have substantiated the experiments of Dr. Dieffenbach; and the testimony would be

still stronger if Dr. L. had stated *when* and *where he* himself *made* or *witnessed* the experiments!

I think an edition of Dr. Joslin's valuable essay, if published at the present time, would be extremely acceptable; copies, perhaps, of the old edition may be difficult to procure. Dr. Joslin's volume is the product of a clear-headed, deep-thinking and logical mind, and the therapeutical parts clear, precise and comprehensive.

Hoping you will bear with me for troubling you with so long an epistle, believe me,

Very respectfully and truly yours,

JUNIUS.

N. B.—Can you inform me, if a man be left-handed, in studying out the symptoms of his case, those medicines which are specified for the right hand, or those for the left, should be selected? J.

## Hydatid Tumors of the Liver,

### WITH A RARE CASE OF THE SAME.

BY G. S. WALKER, M.D.

Hydatids are occasionally seen in almost every organ of the body. They are sometimes found in the spleen, omentum, muscles of the heart, brain, kidneys, lungs, and even the bones—especially the tibia. The liver is the seat of deposits oftener than all the other organs together. The disease is very rare in this country. It is met with more frequently in Europe. In Iceland it is endemic, many practitioners having not unfrequently 100 cases under treatment at the same time. It is said to be the cause of one-sixth of the total number of deaths in that country.

Hydatids are small bladders, formed of coagulated albumen, resembling very closely the inner membrane which invests the common hen's egg, containing a limpid fluid. Their size varies from a millet seed to that of a walnut. These vesicles are generally contained in a larger and more densely covered sac denominated the parent cyst.

The serous sac of this parent cyst is gradually, as it grows older, converted into a fibrous or a fibro-serous covering, white and tough, resembling cartilage. The size of the parent cysts

varies from a foot in diameter (as in a case reported by Rokitansky) to that of a partridge egg. In these cysts are the sacs or vesicles, to which the term Hydatids is especially applied, the number in each varying from one or two to a hundred, or even a thousand. Sometimes a large cyst may contain only one, and then it appears as a tumor, containing a clear fluid. Others again seem to be literally crammed full of the hydatids. They are not attached to the parent cyst in any manner, but float loosely in the contained fluid. The membranous covering of the acephalocysts, and especially of the parent ones, are very elastic, so that when punctured the contained fluid spirts out, and on one occasion at least was the means of the salty fluid being unwillingly tasted.

These tumors were formerly denominated Acephalocysts by Laennec. There are two species of them, distinguished from each other by the manner of their reproduction, and called by Kuhn—

1st—Acephalocystis Endogena.

2d—Acephalocystis Exogena.

Cruveilhier gave them the names of—

1st—Acephalocystis, Socialis vel Prolifera.

2d—Acephalocystis Eremita vel Sterilis.

The A. endogena is most common to man, and their reproduction takes place by fissiperous generation from within the parent cell. So that one large parent cyst may contain three and four generations, included within each other after the manner of a nest of pill boxes.

The second species, or A. exogena, developes its progeny from the external surface, and is found exclusively in the ox and other domestic animals—never in man; although one case is on record where they were said to have been found in a Barbadoes negro.

Within these cysts of the exogenous variety are contained numerous minute bodies, adhering to the walls or floating in the contained fluid, which the microscope reveals as organized bodies — animalcules, to which Rudolphi gave the name of Echinicoccus, from the cylindrical hooks which surround the head, and by which they are enabled to attach themselves to the wall of the cyst. Their relation to the cysts was long an open question, but Livois, a French physician, has pretty well deter-

mined that the cyst is the dwelling place of the echinicoccus, and that they or their remains are always present in it. Dr. Budd and many other observers are of the same opinion. Some believe them to be mere parasites of the acephalocysts.

Within the last few years it has been discovered that these echinicocci are closely related to the tapeworm—in fact, the progeny of that worm in a special stage of development—the larval condition of the small tænia frequenting the intestines of the dog, wolf, &c.

In Iceland, where the disease is so rife, every peasant has, on an average, six dogs. These dogs have constant access to the water used by their masters for drinking, &c. The ova of the tænia echinicocci are thus swallowed by the human subject, and passing from the stomach or bowel into the liver or other tissue, undergo development there.

The liver which contains these hydatids may be enlarged and otherwise diseased, or it may be quite healthy except with respect to the cysts. By the pressure of the cysts upon the tissue of the liver, or any other organ in which they may occur, absorption takes place, and the organ, although seemingly enlarged, may be really in a state of atrophy.

These tumors, when developed in the liver, may appear upon the convex or concave surface of that organ. The right lobe seems to be the most favored resort of the parasite. They may exist in any part of the liver, deep within its tissues or near the surface.

The objective symptoms of this disease, in the early stage, are totally wanting. The subjective symptoms are obscure; for a considerable number of the cysts may be present in any of the internal organs without any great departure from a state of health.

It is not until the tumor attains sufficient size to occasion inconvenience, by pressing on neighboring parts, that any complaints are made. They have often been discovered at autopsies when no such disease had been suspected. The first sensation usually felt is that of fullness and uneasiness in the hepatic region, and a sensation of weight. No pain is necessarily connected with the development of these cysts except that which arises from their mechanical pressure.

The symptoms, as the tumor increases in size, will depend

upon the direction of its growth. If it extends into the thorax, dyspnœa, cough and palpitation of the heart will result. Pressure upon the stomach or bowels will produce vomiting, constipation and all the peculiar symptoms of dyspepsia. If the large vessels are compressed, the patient may complain of œdema of the feet and even ascites.

When the tumor becomes large in size, it may easily be detected through the parieties of the abdomen. Sometimes a smaller cyst can be isolated from the main ones, and its outlines well defined. The "hydatid fremitus," which was first detected by Piorry, is scarcely available in practice. His cultivated ear and exquisite sense of touch are possessed by few—at least to the extent of detecting the contained hydatids by their vibrations upon each other during the act of palpation.

If the location of the tumor can be determined, an exploring needle may be thrust into it, and some of the liquid drawn off, in which, by the aid of the microscope, the echinicocci may generally be detected. This would be conclusive evidence as to the nature of the tumor. Its attachment, or the particular organ in which it is situated, must be determined by other means. If a large tumor of the hydatid variety occupies the right hypochrondium, it does not necessarily follow that it is located in the liver. It may arise from the tissue beneath the peritoneum or the right kidney, or it may have its origin in the omentum. If in the left hypochrondium, it may be in the spleen, the omentum, the left kidney, or subperitoneal tissue.

Hepatic acephalocysts are liable to attacks of inflammation, which resemble those of normal serous membranes. Their walls sometimes become thin, especially if they project above the surface of the liver, thus losing the support of the surrounding parenchyma, and burst into the abdominal cavity. If by inflammation or otherwise it may have attached itself to any other organ, the rupture of the cyst may be directly through the attached part, and the contents will then be discharged into other cavities or canals. Rokitansky says that the contents of the acephalocysts may thus make their way:

1st—Into the right pleura, or into a pulmonary abscess, and be discharged through the bronchi.

2d—Into the intestinal cavity, and especially into the duodenum and transverse colon, so as to pass off by vomiting or defecation.

3d—Into the gall ducts, i. e., into a large branch of the ductus hepaticus, by which passage they may ultimately be conveyed into the intestine; though the protrusion of the acephalocyst more frequently induces dangerous obstruction of the biliary passages.

4th—In rare cases, into the neighboring blood vessel. And lastly:

5th—Into a neighboring circumscribed abscess, resulting from peritoneal inflammation.

After the discharge of the contents of the cysts, obliteration of the sac takes place, and a cure sometimes follows. The knowledge of this fact led Recamier to evacuate the contents artificially. He first introduces a capillary trocar, and applies over the canula a cupping-glass, which draws out the fluid of the cyst. Then he applies caustic potash, repeating it again and again, so as to produce sufficient inflammation to excite the adhesion of the sac to the anterior wall of the peritoneum. Gradually he destroys in this way the wall of the cyst, and evacuates the fluid. Various surgical operations have been recommended, but none has been followed by any great degree of success. Internal remedies have had some advocates. Iodide of Potassium, common Salt, and Calomel, are the principal ones. Sulphur baths and electricity have also been employed. Dr. Thorarensen reports a case where repeated shocks of electricity, conveyed within the tumor by means of steel needles, destroyed the entozoa and effected a cure.

A rare case of this unusual disease recently fell under my charge at the Good Samaritan Hospital, in this city.

Frederick Baumann, aged twenty-eight, a native of Germany, but for the last eight years a resident of St. Louis county, engaged in the occupation of farming. He was admitted to the Hospital as a charity patient, about six months ago, at the time that Dr. Fellerer had charge of the institution.* He subsequently received treatment under the care of Dr. Helmuth, during his term.

*The Good Samaritan Hospital is exclusively under Homœopathic treatment, with the exception of paying patients who may prefer Allopathic attendance. Drs. Comstock, Fellerer, Helmuth and Walker attend three months of the year, in rotation. Dr. Fellerer having left for Europe, there is at present one vacancy.

On the first of May, the Hospital being placed in my care, his case was a matter of peculiar consideration. At the time, his abdomen was enlarged to a greater extent than a woman's at the full term of pregnancy. His complexion was pale and sallow; his body not emaciated to that degree which would be anticipated. His face bore the impress of intense suffering, and his spirits were always depressed. The lower extremities were much swollen, and altogether he was very clumsy, and moved about his room with a great deal of difficulty. Acute pain was not excessive, but the increasing distention, the feeling of constant stretching, and the sensation of great weight, rendered his life miserable to him. There was much dyspnœa, so that he was compelled to sit up or be propped up in his bed. Vomiting occasionally took place; bowels constipated; his urine was passed with much difficulty, and in very small quantities.

The former attendants of the Hospital had prescribed, at various times, *Apocynum Can.*, *Apis*, *Ars.*, *Canth.*, *Iod.*, *Potash*, &c., without any marked benefit.

Six years before he had been an inmate for a short period, while the Hospital was in charge of Dr. Comstock. His abdomen was then somewhat enlarged, but he complained principally of œdema of the lower extremities. The treatment at that time is not known, owing to the misplacement of the records of that year. He received, however, Juniper berry tea, and afterwards recovered sufficiently to resume his business as a farmer. During the interval he had received the advice of several physicians, as he stated, two of whom had tapped him, twice in the left linea alba, and once in the median line below the umbilicus. No fluid was obtained at either operation except a few drops.

Near the median line of the abdomen—slightly to the right side, and half way between the ensiform cartilage and the umbilicus—two or three movable tumors could be distinctly felt. These tumors had been diagnosed by Dr. Fellerer, by Dr. Helmuth and by myself, separately, as hydatids of the abdominal cavity, most probably attached to the liver. Into the more prominent one an exploring needle had been thrust, and a few drops of water obtained. This seeming to afford him temporary relief, the operation was subsequently repeated. Gradually, but persistently, he grew worse, and he begged that

something might be done to give him a short respite from his misery.

The suggestion was made, in his hearing, that an operation might possibly be of some temporary service. From that time he was exceedingly anxious to risk any operation whatever. During a visit to this city by Dr. Wells, of Utica, N. Y., he saw the patient in company with Dr. Helmuth and myself, and surgical interference was suggested and discussed. Dr. Comstock, the other attendant of the Hospital, was consulted. All were of the opinion that he could not survive long in his present state, and that an effort should be made to remove the more prominent tumor, or tumors. The extreme danger of even opening the cavity of the abdomen was fully and freely explained to him, and the slight hopes of any permanent success that could be expected, and he expressed himself as not only willing, but anxious to have it attempted.

Accordingly, on Sunday, the 27th of May, in the presence of numerous students of medicine and several physicians, we prepared to perform the operation.

Chloroform was administered, and an incision was made in the median line, six inches or more in length, directly over the more prominent tumor. The peritoneal walls were excessively thin, so that the tumor seemed to be immediately in contact with the sheath of the muscles, and floating loosely, having no attachments. This tumor was therefore easily removed. Its measurements were, in its long diameter, 3½ inches, and in its short one perhaps two inches. As soon as this was removed, others came quickly to the surface, until twenty or thirty of various sizes were taken away. No part of the bowels came in sight until near the termination of the operation, when a small part of the ascending or transverse colon appeared. In endeavoring to remove one much larger than the one above described, its walls were ruptured, and numerous small hydatids and broken-down sacs of many others, together with a quantity of yellowish fluid, came out. From this moment I had no hopes of the patient surviving the operation long. This sac being somewhat tough and attached below to the mesentery, I placed a ligature around it and drew it close to the wound, closing up the incision by five or six interrupted sutures, and left the ligature of the sac hang out of the opening. A bandage was placed around the abdomen,

and stimulants given the patient. He rallied not quickly, but within a half hour he was entirely conscious, and asked if the operation was over. The shock to his enfeebled system was very great. Stimulants were ordered, and at night he was to have an opiate to secure rest. On visiting the Hospital next morning, I found that he had slept but little during the night, and had taken no nourishment of any kind. His thirst was extreme, but he did not complain of much pain or distress. His pulse was over 100 per minute. My hopes of the case were far from flattering. On Tuesday morning, soon after midnight, he died.

An autopsy was made by Dr. Helmuth and myself. The abdominal cavity only was opened, as his friends were going to take charge of his body in an hour or two. On turning up the abdominal wall and laying bare the intestines, numerous acephalocysts were seen in nearly every region of the abdominal viscera. The liver, the spleen, the greater and lesser omentum, were studded with them. One, an inch long and half an inch in thickness, had located itself on the anterior portion of the fundus of the bladder, beneath the peritoneal lining. Two of much larger size were impacted between the rectum, near the sigmoid flexure of the colon and the neck of the bladder, upon which it was pressing, obstructing the flow of urine and thereby causing the bladder to be distended to its utmost capacity. The liver extended as low as the umbilicus, and above had compressed the right lung until its inferior lobe was not lower than the second rib, and in size was about that of a man's hand. Laterally the liver, by its enormous growth, had pushed the ascending and transverse colon, as well as the stomach, over into the region immediately beneath the spleen. The heart was also displaced at least three inches to the left of the median line. The liver and spleen were filled with cysts varying in size from that of a child's head to that of a partridge's egg. The largest were in or attached to the liver, although one in the spleen was four or four and a half inches in its longest diameter. The one which seemed to be the very largest of all was attached to the right lobe of the liver, at its inferior portion. Quite a number of large ones had located themselves in the greater and lesser omentum, were held down against the spinal column, and were compressing the abdominal vessels. The number of tumors

would certainly amount to one hundred, enumerating those which had a fibrous covering, and not those contained within the others which had a serous sac only. The hydatids proper, or those contained within the larger cysts, varied in size from that of a walnut down to a millet seed, and could be counted by thousands. These tumors, together with the liver and spleen, which we removed, would probably weigh as much as thirty pounds. So many of the cysts were ruptured during the operation, and during the post mortem, that their aggregate quantity can only be approximated. The contents of the parent cysts, and of the *daughter* cysts also, I examined *carefully* with a microscope of four hundred diameters, but no echinicocci nor their remains could be found. A friend belonging to the Allopathic School—a fine microscopist—searched for them also, with no success. The peculiar cells which Küchenmeister describes as the ova of the echinoccoci, were found in considerable numbers.

The clear liquid contained in the acephalocysts was examined with reägents—heat and nitric acid—and no albumen found. The fluid very probably contained chloride of sodium, as such cysts generally do. Its taste was certainly of a salty nature, as during the operation upon this patient, one collapsed, and its contents were spirted into my face and mouth.

The operation in this case was attended with no success, and if we could have possibly known of the immense distribution of these hydatids throughout the abdominal viscera, we would never have attempted it.

I shall probably never again undertake an operation which promises so unfavorable a termination; and yet, taking *all the circumstances* into consideration, I believe, as do all the others who were consulted, that it was the only remaining hope of relief for the patient.

---

ANOTHER CONTROVERSY.—There is now quite an extended controversy being carried on in Milwaukie between the Homœopathists and the members of the Old School. As usual, it is easy to predict which party will be victorious. There never yet, so far as our experience goes, has been a fair and open discussion in which Allopathy has not been worsted, and simply for the reason, "*Magna est* VERITAS," &c.

THE HAHNEMANN LIFE INSURANCE COMPANY.—We would call the attention of our readers to the advertisement of this Company, which will be found in this number. All Homœopathists, whether professional or lay, should bear in mind the facts, that this organization is *exclusively* Homœopathic, that the inducements it offers cannot be well over-estimated, that the names of those associated with it are a sufficient guarantee of the solidity and permanency of the Company, and that the actual capital in hand is sufficient to cover all losses that may reasonably be expected. We hope the members of our school will give their material aid to those who are so earnestly pushing forward this great work, which will certainly redound to the credit of Homœopathy.

A STRAWBERRY FESTIVAL, for the aid of the Homœopathic Free Dispensary of St. Louis, was held in Verandah Hall on the evenings of the 22d and 23d of May. The affair was conducted chiefly by the estimable lady of Dr. T. G. Comstock, and was quite a success, seven or eight hundred dollars being realized. This amount will amply sustain this charitable Institution during the coming year.

Those interested will find an official report, by the Resident Physician, of the number treated, &c., in the last number of the *Observer*.

Since the closing of the Festival, the Union Aid Society has most generously donated the Dispensary the sum of one hundred dollars.

THE ATLANTIC MUTUAL INSURANCE COMPANY of Albany, New York, has adopted the following resolution:

Believing as we do that the systems of medical practice, as affecting the duration of life, are well worthy of consideration by Life Insurance Companies, and basing our calculations upon *data* in our possession showing the decreased rate of mortality under what is known as the "Homœopathic System of Medicine," we have concluded to make a deduction of ten per cent. from the table rates upon each payment of premium by those habitually using this mode of treatment. In case of medical practice being changed, the same rates will be charged as to those insuring under other modes of treatment.

In order, however, that no injustice may be done to those preferring other schools of medicine, all apportionment of profits under the reduced rates will be separately made.

# THE WESTERN

# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, JULY 15, 1866. No. 9.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## The American Institute of Homœopathy.

### REPORT OF THE NINETEENTH ANNUAL MEETING, HELD AT PITTSBURGH, PA., JUNE 6 AND 7, 1866.

#### PRELIMINARY MEETING.

The usual preliminary meeting was held at the house of Dr. M. Côté, 284 Penn street, on Tuesday evening, June 5. A large number of the members were present from various parts of the Union.

Departing somewhat from the usual custom which makes this meeting merely an informal session or caucus, to discuss the business of the following day, Dr. Côté, with the assent of the Committee of Arrangements, tendered to the members and their ladies a social levee. Many pleasant greetings were exchanged by those who had not met since the last session; and the cordial welcome of the host and hostess, the delightful music, and the abundant feast, at once established a social and friendly feeling, which continued unabated throughout the entire sessions of the Institute.

#### FIRST DAY.—MORNING SESSION.

*Wednesday, June* 6.—The Institute assembled at Masonic Hall, and was called to order at ten o'clock by the President, Dr. S. S. Guy, of Brooklyn, N. Y., when Rev. Herrick Johnston invoked the Divine blessing upon its deliberations.

The President welcomed the members of the Institute to their annual meeting, and expressed his gratification at the fact that so large a number of delegates were present.

Dr. J. C. Burgher, of Pittsburgh, from the Committee of Arrangements, welcomed the members in a few cordial remarks, and tendered them the hospitalities of the city.

The roll was then called and corrected, when the following members answered to their names:

J. D. Annin, Newark, N. J.; J. Beakley, New York City; S. R. Beckwith, Cleveland, Ohio; D. H. Beckwith, Cleveland, Ohio; G. D. Beebe, Chicago, Ill.; George E. Belcher, New York; R. M. Bowles, New York; J. C. Burgher, Pittsburgh, Pa.; S. M. Cate, Salem, Mass.; W. R. Childs, Pittsburgh, Pa.; Henry B. Clarke, New Bedford, Mass.; N. F. Cooke, Chicago, Ill.; M. Côté, Pittsburgh, Pa.; D. Cowley, Pittsburgh, Pa.; C. M. Dake, Pittsburgh, Pa.; J. P. Dake, Salem, Ohio; J. S. Douglas, Milwaukee, Wis.; J. H. P. Frost, Philadelphia, Pa.; S. S. Guy, Brooklyn, N. Y.; J. A. Herron, Pittsburgh, Pa.; W. T. Helmuth, St. Louis, Mo.; T. Hewitt, Allegheny City, Pa.; H. H. Hoffman, Pittsburgh, Pa.; Bushrod W. James, Philadelphia, Pa.; E. M. Kellogg, New York City; R. J McClatchey, Philadelphia, Pa.; F. R. McManus, Baltimore, Md.; Alpheus Morrill, Concord, N. H.; Henry D. Paine, New York; Horace M. Paine, Albany, N. Y.; James A. Payne, Boston, Mass.; J. R. Piper, Washington City; J. H. Pulte, Cincinnati, Ohio; J. S. Rankin, Pittsburgh, Pa.; Horatio Robinson, Auburn, N. Y.; R. B. Rush, Salem, Ohio; Henry M. Smith, New York; I. T. Talbot, Boston, Mass.; M. Y. Turrill, Cleveland, Ohio; Frederick Taudte, Birmingham, Pa.; Tullio S. Verdi, Washington City; M. W. Wallace, Allegheny City, Pa.; C. Wesselhoeft, Dorchester, Mass.; E. C. Witherell, Cincinnati, Ohio; J. B. Wood, West Chester, Pa.

An election for officers of the Institute was then entered into, and resulted as follows:

*President*—Dr. J. S. Douglas, of Milwaukee, Wis.
*Vice-President*—Dr. S. R. Beckwith, of Cleveland, Ohio.
*General Secretary*—Dr. I. T. Talbot, of Boston.
*Provis onal Secretary*—Dr. H. B. Clarke, of New Bedford, Mass.
*Treasurer*—Dr. E. M. Kellogg, of New York City.
*Board of Censors*—Drs. J. P. Dake, of Salem, Ohio; H. M.

Paine, of Albany, N. Y.; H. M. Smith, of New York City; M. Côté, of Pittsburgh, and J. B. Wood, of West Chester, Pa.

*Auditing Committee*—Drs. S. R. Beckwith, of Cleveland, Ohio; George E. Belcher, of New York City; N. F. Cooke, of Chicago, Ill.; David Cowley, of Pittsburgh, Pa.; T. S. Verdi, of Washington, D. C.

On motion of Dr. Beakley, "the thanks of the Institute were given to the retiring officers for their efficient services during the past year."

The President was then installed into office, and made a suitable acknowledgment.

The Institute adjourned until 3 o'clock P. M.

### Afternoon Session.

The Institute re-assembled at three o'clock, and was called to order by the President.

The Board of Censors reported favorably upon the application of the following gentlemen for membership of the Institute:

T. F. Allen, New York City; William J. Bauer, New York City; H. F. Biggar, Cleveland, Ohio; C. W. Boyce, Auburn, N. Y.; William H. Cook, Carlisle, Pa.; Frank Cooper, Allegheny City, Pa.; Benjamin F. Dake, Pittsburgh, Pa.; George S. Foster, Pittsburgh, Pa.; W. G. Graham, Ravenna, Ohio; William Hornitz, New York City; A. E. Keyes, Ravenna, Ohio; Charles H. Lee, Etna, Allegheny County, Pa.; J. H. Marsdon, York Sulphur Springs, Pa.; R. C. McClelland, Glade Mills, Pa.; Robert McMurray, New York City; J. J. Mitchell, New York City; Coates Preston, Chester, Pa.; Horatio Robinson, Jr., Auburn, N. Y.; L. M. Rousseau, Pittsburgh, Pa.; Robert C. Smedley, West Chester, Pa.; Daniel D. Smith, New York City; John McE. Wetmore, New York City; Ciro S. Verdi, Georgetown, D. C.; J. F. Cooper, Allegheny City, Pa.; Henry Sheffield, Nashville, Tenn.; S. A. Robinson, Cincinnati, Ohio; J. Sidney Mitchell, Chicago, Ill.; N. Schneider, Cleveland, Ohio; C. H. Cogswell, Moline, Ill.; John Hartmann, St. Louis, Mo.; G. E. Chandler, Wauseon, Ohio; W. H. H. Neville, Philadelphia; M. Friese, Mechanicsburg, Pa.; John E. James, Philadelphia; Edwin A. Lodge, Detroit, Mich.; G. Catron Duncan, Chicago, Ill.; H. M. Logee, Linesville, Crawford County, Pa.; J. R. Earhart, Philadelphia; George W. Billings, Brooklyn; John C. Richards, Lock

Haven, Pa.; J. E. Barnaby, Allegheny City, Pa.; Horace Homer, Philadelphia; R. Faulkner, Erie, Pa.; J. Stewart, Sharpsburg, Pa.; W. C. Borland, Pittsburgh, Pa.; Shadrach C. Morrill, Concord, N. H.; T. G. Comstock, St. Louis, Mo.; Max Werder, Johnstown, Pa.; E. W. Townsend, Greensbury, Westmoreland Co., Pa.

The report was accepted, and on motion the gentlemen named were elected members of the Institute.

The application for membership of Mrs. Mercy B. Jackson, of Boston, Mass., was laid on the table.

Dr. John Tifft, of Norwalk, Ohio, was excused from membership, at his own request.

A statement of expenses incurred by the Secretary of the Institute for the past year was read, and referred to the Auditing Committee.

REPORTS OF BUREAUS.

*Materia Medica.*—The only report of this Bureau was a letter from Dr. E. M. Hale, of Chicago, announcing, that owing to the pressure of business, he had been unable to prepare a report.

*Clinical Medicine and Zymoses.*—A partial report was offered by the Chairman, Dr. H. D. Payne, of New York, which was accepted.

*Surgery.*—The Chairman, Dr. William T. Helmuth, desired to have the reading of his report postponed until the next day. The request was granted.

*Homœopathic Organization, Registration and Statistics.*—Dr. I. T. Talbot, of Boston, Chairman of the Bureau, presented a report, which was read, accepted, and laid on the table for future consideration.

MEDICAL COMMUNICATIONS.

Dr. Cate, of Salem, Mass., communicated a paper on Lachesis in a certain form of uterine inflammation, which was received and placed on file.

Dr. J. P. Dake, of Salem, Ohio, read cases reported by W. J. Blakely, of Benzinger, Elk County, treated by mercurius protiodid. The paper was accepted. Dr. Pulte, of Cincinnati, made some remarks in regard to the use of this medicine in cases of diphtheria attended by debility.

The President stated that he had used the douto-iodide of

Mercury locally in cases of goitre. It was used successfully, in the form of ointment, in the first decimal trituration.

Dr. Helmuth, of St. Louis, spoke on the same subject. He said that he had used the deuto-iodide of mercury in cases of goitre, and he thought it a very valuable remedy. In the East Indies, where goitres attain an immense size, cures are performed by the application of this medicine to the tumor in the form of ointment, prepared one drachm to one ounce lard. He has used the same ointment still more reduced, and in small quantity, with great benefit.

Dr. Beebe, of Chicago, spoke of treating goitre successfully with the thirtieth attenuation of iodine internally, in some cases relieving when the crude form of iodine had failed.

Dr. S. R. Beckwith, from the Auditing Committee, reported that the annual expenses of the Institute exceeded its receipts, and recommended an increase of initiation and annual fee. The report was accepted, and the consideration of the suggestion, together with the report of the Bureau of Organization, was referred to a Committee of the Whole.

On motion, adjourned to 8 o'clock P. M.

### Evening Session.

The Institute assembled at 8 o'clock. There was an additional attendance of about fifteen hundred ladies and gentlemen.

The President, on calling the Institute to order, introduced Dr. William Tod Helmuth, of St. Louis, Mo., who delivered the Annual Address.

The general subject of the lecture was Homœopathy, and the doctor announced at the outset that he would endeavor, as much as possible, to strip the subject of the unintelligible technicalities and dry details of a professional address. He divided his lecture into the consideration of the points, "The proofs that Homœopathy is true," "Is Homœopathy a humbug?" "The increase of belief in Homœopathic principles," and "The changes that have been and are to be accomplished by the adoption of Homœopathy." Each of these points was considered with skill and acumen, and strengthened by instances and allusions, facts and figures, that must have gone far towards convincing whoever among the audience may have been skeptical as to the soundness of the principles held by the homœopathic school of medi-

cine. The lecture was listened to throughout with attention and interest, and was several times interrupted by hearty applause.

On motion of Dr. H. M. Smith, of New York, the thanks of the Institute were tendered to William Tod Helmuth, M.D., for his able and valuable address, and a copy of it was requested for publication.

Adjourned to Thursday, 9 o'clock A. M.

### The Banquet.

At ten o'clock, the members of the Institute repaired to City Hall, and partook of a splendid banquet, which had been prepared by the Homœopathic Medical Society of the county. About three hundred ladies and gentlemen were present as invited guests of the Society. Upon the conclusion of the banquet, Dr. M. Côté, Chairman of the Executive Committee, called the meeting to order, when the following regular toasts were read:

1. To the memory of Hahnemann. In silence, standing.
2. The American Institute of Homœopathy. Responded to by Dr. McManus, of Baltimore.
3. The Ladies. Responded to by Dr. Talbot, of Boston.
4. Our Sister Societies. Response by Dr. Cooke, of Chicago.
5. Our Colleges,—equal to any. Response by Dr. S. R. Beckwith, of Cleveland.
6. Our Journals. Responded to by Dr. Frost, of Philadelphia.
7. Our Hospitals. Response by Dr. J. P. Duke, of Salem, O.
8. The Wonderful Efficacy of Homœopathic Medicines. Responded to by Dr. Helmuth, of St. Louis.
9. Our Southern Brethren. Response by Dr. Verdi, of Washington, D. C.

A number of volunteer toasts were then read, and responded to. The proceedings were of an exceedingly interesting character, and the Society may well be proud of the success of their entertainment.

### Second Day.—Morning Session.

*Thursday, June* 8.—The Institute assembled at nine o'clock, at Masonic Hall, and was called to order by the President.

The minutes of Wednesday were read and approved.

On motion of Dr. Talbot, it was voted that the Bureau of Clinical Medicine be instructed to prepare, for general circulation, a concise circular, with directions, in relation to the subject of cholera, and that the General Secretary be directed to furnish twenty copies to each member of the Institute.

The Institute then resolved itself into a Committee of the Whole, for the consideration of various subjects referred to it.

Dr. E. M. Kellogg, of New York, was elected Chairman.

The report of the Committee on Organization was called up.

Dr. McManus, of Baltimore, said, if he understood the proposition, it was now purposed to so alter the character of the Institute that old members could have no voice in its proceedings. For his part he objected to any change, as he did not see the necessity for it.

Dr. Talbot explained that the proposition made by the Committee on Organization was not designed to change the present character of the Institute or to take away the rights of old members, but to so alter the constitution that societies may send delegates to represent them; so that the Institute shall have at its sessions, aside from individual members, representatives from every homœopathic society, association and institution in the country. This plan, if carried out, would unite all the various associations in one central body to act together in all questions of national interest.

At the request of the Institute, the Secretary then read the entire report of the Bureau on Organization.

The first recommendation was that the Bureau on Statistics prepare and publish a triennial catalogue containing the constitution, by-laws, rules and regulations of the Institute, a full list of its members, past and present, together with a list of the homœopathic practitioners of America; and statistics of the various societies and institutions connected with homœopathy

After considerable discussion on the part of the members, it was voted, that the Bureau be instructed to prepare such a list, and report at the next meeting of the Institute.

Dr. J. P. Dake explained to the Institute, that Dr. John B. Hall had a Directory prepared, which would be shortly published. He desired the assistance of the members of the Institute in every way possible.

The second subject of the report was summed up in the following resolution:

*Resolved*, That the American Institute of Homœopathy invites all bodies of homœopathic physicians to send delegates to its meetings; and, for the sake of uniformity, would recommend the following proportion:

First, From every Association composed of more than fifty members, from different States, two delegates.

Second, From every State society, two delegates; additional, for every twenty members, one delegate.

Third, From every county or local society, one delegate.

Fourth, From every college, hospital, or dispensary actually established, each one delegate.

Fifth. For every medical journal published, one delegate.

Dr. Guy, of Brooklyn, presented the following amendment, which was accepted: It shall be the duty of these delegates to present to this Institute, through its proper bureaus, a clear synopsis of the doings of their respective associations or societies.

The resolution was then adopted.

On motion of Dr. Smith, the following resolution was adopted:

*Resolved*, That members who are three years in arrears, and who do not pay within one year after being so notified by the Treasurer, shall be considered as having forfeited membership, and their names shall be stricken from the list.

The report of the Auditing Committee was then considered.

Dr. Talbot offered the following resolution as a substitute for the report of the Auditing Committee:

*Resolved*, That the members of the Institute be required to pay the annual sum of three dollars towards defraying the expenses of the Institute.

After considerable discussion, the resolution was adopted.

The Committee of the Whole then arose, and the Institute resumed its session. Dr. Beckwith, Vice-President, in the chair.

The Secretary read the proceedings of the Committee, and the resolutions reported by them were, on motion of Dr. H. D. Paine, of New York, adopted.

### STATISTICAL REPORTS.

Reports from the following auxiliary and corresponding bodies were then presented and read:

### STATE SOCIETIES.

Dr. J. P. Dake, the Western Institute of Homœopathy.

Dr. A. Morrill, the New Hampshire Society.

Dr. S. M. Cate, the Massachusetts Society.
Dr. H. M. Paine, the New York Society.
Dr. B. W. James, the Pennsylvania Society.
Dr. D. H. Beckwith, the Ohio Society.
Dr. G. D. Beebe, the Illinois Society.

COUNTY OR LOCAL SOCIETIES.

Dr. I. T. Talbot, the Boston Academy of Hom. Medicine.
Dr. H. M. Smith, the New York County Society.
Dr. H. M. Paine, Albany County Society, N. Y.
Dr. H. Robinson, Cayuga County Society, N. Y.
Dr. S. S. Guy, Kings County (N. Y.) Society.
Dr. R. J. McClatchey, the Philadelphia County Society.
Dr. J. H. Marsden, Homœopathic Medical Society of the Cumberland Valley, Pa.
Dr. D. Cowley, Allegheny County Medical Society, Pa.
Dr. D. H. Beckwith, the Cuyahoga Medical Society, Ohio.
Dr. N. H. Cooke, the Chicago County Medical Society.
Dr. John Hartmann, the St. Louis Society.

COLLEGES.

Dr. J. Beakley, New York Homœopathic Society.
Dr. J. H. P. Frost, Hom. Medical College of Pennsylvania.
Dr. N. F. Cooke, Hahnemann Medical College of Chicago.
Dr. D. H. Beckwith, Cleveland Medical College.
Dr. William T. Helmuth, St. Louis Medical College.

HOSPITALS AND DISPENSARIES.

Dr. J. C. Burgher, Medical and Surgical Hospital of Pittsburgh.
Dr. William T. Helmuth, Good Samaritan Hospital, St. Louis.
Dr. I. T. Talbot, Homœopathic Medical Dispensary, Boston.
Dr. H. M. Smith, Central New York Hom. Dispensary.
Dr. S. S. Guy, Homœopathic Dispensary of Brooklyn.
Dr. B. W. James, the Homœopathic Infirmary of Philadelphia.
Dr. C. M. Dake, Dispensary in Pittsburgh.
Dr. Beckwith, the Cleveland Dispensary.
Dr. Helmuth, St. Louis Medical Dispensary.
Dr. Helmuth, Freedmen's Colored Orphans' Home.

MEDICAL JOURNALS.

Dr. Smith, American Homœopathic Review.
Dr. Talbot, New England Medical Gazette.
Dr. Beebe, United States Medical and Surgical Journal.

Dr. Lodge, American Homœopathic Observer.

Dr. Helmuth, Western Homœopathic Observer.

Dr. Frost, the Hahnemannian Monthly.

Notices were also received from Dr. J. P. Dake, of the establishment of the Hahnemannian Insurance Company, at Cleveland, Ohio, and from Dr. H. M. Paine, of the Atlantic Mutual Company, at Albany; having for their object the insurance of Homœopathic patients at a reduced premium.

The following resolution was offered by Dr. Beebe, and, after some discussion, adopted:

*Resolved*, That while we approve the establishment of Life Insurance Companies which make a distinction in favor of the patrons of homœopathy, and while we desire to encourage such organizations, nevertheless, with a view to impartiality, we hereby forbid the use of the name of the American Institute of Homœopathy in any manner calculated to advertise or promote the interests of one such company in preference to another.

The Convention then adjourned until three o'clock, P. M.

### Afternoon Session.

The Convention met at three o'clock, and was called to order by Vice-President Dr. S. R. Beckwith, of Cleveland.

The reports which had been considered during the morning session were ordered to be filed.

### Report of the Bureau of Surgery.

Dr. W. T. Helmuth, of St. Louis, read a report in which the different improvements introduced into Surgery since the last session of the Institute were fully discussed.

Dr. J. Beakley, of New York, promised to furnish the Secretary a report on Surgery.

Dr. S. R. Beckwith, of Cleveland, read a paper entitled "Ovarian Tumors." On motion, the several reports of the Bureau on Surgery were accepted.

Dr. B. W. James, of Philadelphia, presented a paper on "Aural Surgery," which was accepted.

Dr. J. H. Pulte, of Cincinnati, presented a report on "The Spectroscope, and the law 'Similia similibus curantur.'" Accepted.

Dr. Henry Turner, of London, by invitation, addressed the Convention. He stated that the system of homœopathy in

England was meeting with the most determined opposition from the allopathic practitioners, who have control of the Medical Colleges and Schools, and bias the minds of students against the homœopathic system. An English Directory had just been published, and an effort was being made to add to it an American Directory. He said the number of homœopathic practitioners in London was ninety-three; and in England, two hundred and seventy-six. There are several associations which hold frequent and profitable meetings. There are hospitals in several of the large towns, and dispensaries in most places of considerable size. There are four or five journals, which are well sustained.

Dr. Thomas Hewitt, of Allegheny City, read an essay entitled "What is the Cause of Collapse in Cholera,' which was accepted.

Dr. H. M. Paine, of Albany, presented a paper on Cholera, which was accepted.

Dr. B. W. James offered a resolution recommending that each member of the medical profession should keep a statistical record of all cases of Asiatic Cholera treated by himself, in case that disease should visit our country, together with the result of the treatment, and report the same for publication, which was adopted.

Dr. H. M. Smith offered a resolution authorizing the President to appoint delegates to the International Homœopathic Congress, to be held in Paris in 1867. Adopted.

Dr. T. S. Verdi proposed that a committee be appointed for the purpose of preparing an address to the homœopathic physicians in European countries, urging upon them the necessity of organizing national societies. Adopted; and the General Secretary was appointed to prepare the address, and enter into a correspondence with the various societies.

Dr. S. S. Guy presented a resolution returning the thanks of the Institute to the Homœopathic Medical Society of Allegheny County for the handsome manner in which they had entertained the delegates during their sojourn in Pittsburgh.

Also to the newspapers of Pittsburgh, for so faithfully reporting the proceedings of this session of the Institute. Unanimously adopted.

Dr. James A. Herrick, on behalf of the Board of Trustees of the Homœopathic Dispensary, on Fourth street, extended an

invitation to the members of the Institute to visit that institution at eight o'clock in the evening. The invitation was accepted, and a vote of thanks tendered.

The President then announced the following appointments for the ensuing year:

*Bureau of Materia Medica*—Conrad Wesselhoeft, M.D., of Dorchester, Mass.; Walter Williamson, M.D., of Philadelphia, Pa.; William E. Payne, M.D., of Bath, Me.; E. M. Hale, M.D., of Chicago, Ill.. H. L. Chase, M.D., of Cambridge, Mass.

*Bureau of Clinical Medicine and Zymoses*—H. D. Paine, M.D., of New York City; D. H. Beckwith, M.D., of Cleveland, Ohio; R. Ludlam, M.D., of Chicago, Ill.; E. C. Witherill, M.D., of Cincinnati, Ohio; S. M. Cate, M.D., of Salem, Mass.

*Bureau of Surgery*—J. Beakley, M.D., of New York City; William T. Helmuth, M.D., of St. Louis, Mo.; G. D. Beebe, M.D., of Chicago, Ill.; S. R. Beckwith, M.D., of Cleveland, Ohio; George F. Foote, M.D., of Philadelphia, Pa.

*Bureau of Organization, Registration and Statistics*—H. M. Smith, M.D., of New York City; H. M. Paine, M.D., of Albany N.Y.; E. A. Lodge, M.D., of Detroit, Mich.; B. W. James, M.D., of Philadelphia, Pa.; T. G. Comstock, M.D., of St. Louis, Mo.

*Committee of Arrangements*—G. E. Belcher, M.D., H. M. Smith, M.D., H. D. Paine, M.D., J. Beakley, M.D., E. M. Kellogg, M.D., of New York City.

*Orator for* 1867—N. F. Cooke, M.D., of Chicago, Ill.; alternate H. B. Clarke, M.D., of New Bedford, Mass.

On motion of Dr. I. T. Talbot, it was voted, that a committee of five be appointed to prepare a complete code of Medical Ethics and to report at the next session of the American Institute.

The President appointed for this committee, Carroll Dunham, M.D., of New York City; Walter Williamson, M.D., of Philadelphia, Pa.; E. M. Kellogg, M.D., of New York City; A. S. Ball, M.D., of New York City; G. W. Barnes, M.D., of Cleveland, Ohio.

On motion of Dr. S. R. Beckwith, the following amendment to Article X. of the By-Laws was adopted:

Sec. 3. There shall be a Bureau of Obstetrics, which shall collect facts and observations on subjects pertaining to obstetrics.

The President appointed upon this Bureau, Drs. H. H.

Guernsey, of Philadelphia, Pa.; J. C. Sanders, of Cleveland, Ohio; S. R. Kirby, of New York City; E. A. Guilbert, of Dubuque, Iowa; J. H. Woodbury, of East Boston, Mass.

On motion of Dr. H. M. Smith, the Secretaries and Treasurer were appointed the Publication Committee for the ensuing year.

On motion of Dr. J. P. Dake, the Institute adjourned, to meet in New York City on the first Wednesday in June, 1867.

I. T. TALBOT, *General Secretary.*

## Fistula in Ano.

BY S. B. PARSONS, M.D.,
*Demonstrator of Anatomy in the Hom. Medical College of Missouri.*

I do not intend in this article to enter into the antiquity, pathology, anatomy, or different methods of treatment of fistula in ano, as much has been said, and much more written, by every surgical writer from time immemorial. My purpose is merely to relate a case which came under my care, and was cured by paralyzing the sphincter ani muscle—a method introduced by Dr. John Pattison, of London, in a pamphlet entitled "Fistula, and its Cure without the Knife or Ligature," a notice of which appeared in this journal.

Hannah K———, æt. thirty-eight, of sanguineo-lymphatic temperament, applied for relief from a headache which had troubled her for some three weeks. The usual remedies were given, with entire success, after which she called my attention to a discharge which issued from what she said was a boil, and had affected her for three years. I received permission to examine the parts, and found an opening about the size of a pin's head, three-quarters of an inch above the point of the coccyx and to its left side, leading into a sinus, which extended downward and inward, and terminated on the left side of the rectum an inch and one-half from the anus. By careful probing, I at length discovered an opening into the gut, half an inch from the anus. Explaining the facts to the patient, I obtained her consent to operate in the usual way, by division of the sphincter muscle, and set the time, when, a few days afterward, I saw an account in the *Observer* of a different method of curing the

complaint, which was more certain, rapid, and less painful and tedious than the ones advised by those who frequently treat such cases. The sinus was sufficiently large and long to receive nearly the whole length of a common pocket probe, with a pouch-like sac at its inner extremity. Accordingly, on the 10th of March, I filled the canal with a solution of sulphate of zinc, and allowed it to remain, which produced some pain. On the 13th, I laid open the outer part of the sinus for fully an inch. Twice more, at two days interval, the sulphate of zinc was injected, when the greater part of the pyemic membrane was brought away. Up to the time of commencing the treatment, there was a constant oozing of thick, yellowish matter, without pain, but exceedingly annoying and filthy. I now thought the time had arrived to change the treatment, and well oiling my thumbs, having previously placed the patient upon her hands and knees, I inserted them into the rectum and drew them outward toward the tuber ischii, and held them there for five minutes. The operation caused considerable pain, and upon withdrawing my thumbs, found them covered with blood, and also saw it flowing from the anus, but the power of the sphincter muscle was entirely gone. Fourteen times more the operation was performed, with more or less pain, and always with bleeding, and still the cure was not perfected, although the inner sac was completely obliterated as far as the opening into the rectum, which had also healed over, and the operation of stretching the sphincter muscle had ceased to have the effect as at first, the contractile power was so forcible. Five days interval was allowed between the first operations, and one day interval at the latter part of the treatment. With so little progress attending the treatment, and the effect of dilatation upon the sphincter being so slight, I became discouraged, and concluded to wait two weeks, and then divide the muscle and treat the case in the old way. The ointment, with which the sinus had been filled from within outward after each operation, was given the patient to apply every two or three days, and a request that she should return at the end of fourteen days. This she did, and to my great surprise I found, upon examining, that the sinus was nearly healed up, not being more than one-fourth of an inch in length from the outer opening, and the tenderness of the rectum entirely disappeared. I again filled

the remaining portion with lint saturated with the ointment, and kept it there three days, at the end of which time it was removed and a new pledget applied. No other treatment was instituted, and the sinus gradually filled up with granulations, and the patient discharged on the 21st of June, cured.

Now, was not the too frequent interference, or operative treatment, the sole cause of the tardy healing of the sinus, and which, if properly and suitably done, would have been the means of curing the case in as short a time as those reported by Dr. Pattison in the same manner?

## Neutralizing Cholera Poison.

A recent report of the New York Board of Health makes it pretty certain that there have been between thirty and forty cases of Asiatic cholera in that city in the months of May and June. The Board take the sensible ground that it is improper and unwise to attempt to conceal the facts. On the other hand, they maintain that the people should be apprised of them and the only known means of stopping the further spread of the disease. There is no occasion for any one to be alarmed. They are of the opinion—and they are supported in it by the best medical authority—that the poison which causes the disease is controllable—that it can be neutralized and killed. To this end, the fæcal discharges of a cholera patient should never be allowed to be thrown into a water-closet or sink without first being thoroughly disinfected. These discharges are the most fatal, and probably the *only*, means of spreading the disease; and on this subject we desire to call the earnest attention of the public to what follows in this article.

Dr. Max Pettenkofer, an eminent German physician, and Professor of Medical Chemistry in the University of Munich, was recently employed during a whole year in an elaborate investigation of the nature of Asiatic cholera, and of the ways in which it is, or may be propagated from individual to individual and from place to place. The results of his examinations have been published in the form of a report, embodying not only his own researches, but those of other physicians and men of science, and the report is deemed

so valuable that its gratuitous distribution throughout the the kingdom of Bavaria has been ordered at the expense of the government. His observations were made under more favorable circumstances than could be had in any republican country, for he had authority over cholera patients that could not easily be obtained anywhere but under a monarchy; and these observations he compared with those made in India and England by others during the last fifty years. We say thus much by way of preface to the conclusions drawn by Dr. Pettenkofer, that the public and students of medicine may know that what he sets forth in his report as results are not mere empirical guesses, but deductions from logical investigation. The facts that he claims as fully established are as follows:

1—That cholera is not contagious in the usual sense of the word, but that it can, nevertheless, be carried from one place to another. 2—That it always follows the usual routes of commerce. 3—That no elevation above the level of the ocean furnishes a guarantee against the disease, nor is any depth necessarily exposed to its ravages. 4—That no contagious cholera matter is floating in the atmosphere; and that consequently the disease is not propagated by currents of air. 5—That it is not propagated through the water. 6—That it is propagated through the earth. 7—That the earth receives and develops the cholera contagion from the excrements of diseased persons. 8—That excrements from a diseased person thrown into a sink are capable of transforming the whole mass into a hearth of cholera contagion. 9—That the *gases disengaged* by the decomposition of organic substances penetrate the earth, rise to the surface, and become the cause of fevers and of *cholera*. 10—That there has not been a single case of cholera observed in Bavaria that could not be traced to that species of infection. 11—That the stools of persons afflicted with cholera, and that species of diarrhœa which usually precedes cholera, are more infectious than contact with persons who are actually seized with the disease. 12—The cholera, when carried to a place where it has not previously appeared, is always carried by a diseased person and communicated through *excrements* brought in contact with the earth. Immediate contact with the patient, inhaling the air of the sick room, washing the dead body, nay, even dissecting it, do not communicate the disease. 13—Not every species of

earth acts on the process of decomposition in like manner, and the capacity for spreading the contagion in the manner above stated varies in consequence with the composition of the soils on which dwellings are built. On rocky foundation, granite or sandstone, cholera never becomes epidemic. An alluvial soil, underlaid with lime or clay, or any other cause which keeps the ground moist, may become a teeming womb for cholera contagion. 14—The cholera poison may be in a person from one to twenty-eight days without manifesting itself. This fact furnishes a measure for the distance to which it may be carried from one place to another. 15—The disease, which is not communicated by contact, is carried to the inmates of houses, sleeping in rooms exposed to the cholera poison as above engendered. 16—If the cholera, as proved in London, is more intense and fatal on the plain than on elevations, it will on investigation be found that it is owing to the better drainage, by which filth is removed before it is decomposed, or before it enters, as in damp and wet soils, into process of fermentation. 17—To prevent contagion, the stools of cholera patients must be disinfected before they are emptied. 18—When strangers from cholera districts are expected to arrive, the water closets, &c., of hotels and boarding houses where they are expected to put up ought to be disinfected once a week. 19—Care must be had not to allow any linen to be washed which is soiled with the excrements of a cholera patient. The process of maceration to which soiled clothes are usually subjected is capable of developing and communicating the disease in its worst forms. 20—There are no other sanitary regulations capable of preventing or arresting cholera in its progress than those which have reference to cleansing and purifying those places which serve to collect or convey human excrements.

---

Dr. Franklin's New Work.—We desire to call the especial attention of our readers to the forthcoming treatise on Surgery by our colleague, Dr. E. C. Franklin. The work is to be issued in two volumes of over 800 pages each, profusely illustrated and expensively gotten up. The first part will be ready in a short period, and those who desire to obtain this most valuable and complete treatise should forward their names immediately. Dr. Franklin has bestowed much care and attention upon this book, and deserves the encouragement of the profession.

At the magnificent banquet given by the physicians of Pittsburgh to the American Institute of Homœopathy, in response to the toast, "The wonderful power of Homœopathic Medicine," the following lines were repeated. As they appeared in the daily periodicals, and in several reprints which have since been sent me, there have been so very many errors (not less than forty), I may be excused for giving the correct rendering. W. T. H.

What shall I say, when all my friends to-night
Have blazed in such a galaxy of light;
How can I sing, when all around me here*
Speaks of naught else but Pittsburgh's jovial cheer;
What shall I do to raise my name to glory?
With your permission,—may I tell a story?

'Tis not a story such as Doctors tell
A dying patient, that he'll soon be well,
If he—all medication being vain—
Will seek the balmy air of *distant* plain;†
Nor such an one, when on a rainy night,
The door-bell's rung by some unhappy wight,
Who cries aloud, "Sir, is the Doctor in?"
To tell a story then is not a sin.

This story then, believe me, is a true one,
And happened to myself some years ago.
It therefore is, most certainly, a new one,
I never having mentioned it to friend or foe.
'Twas when I, fresh from halls of learning,
Believed myself a great receptacle of knowledge,
As most young men, whose eager minds are burning
With lore all medical received at College.
I thought that I could all diseases cure,
Could dish out medicines for aches and ills,
That no one need a single pang endure
If I stood by with homœopathic pills.

It was in Philadelphia, city fair,
I lectured once and practiced physic there,
Sowed my wild oats, from which, dear me, I'm reaping
Disastrous fruits, more bitter for their keeping.
'Twas there a student in long days gone by,
Those days of pleasant memory, when I
Heard from dear Matthew's lips the truths that fell
Of our great system, which he knew so well;
Where Gardiner taught us, on a simple plan,
"The noblest study of mankind is man,"
Unfolded to our wondering gaze, each hour,
The last great work of God's creative power.—

* Referring to the epigastric region. † The more distant, the better.

Go search your colleges for learned men,
Who teach anatomy to students eager;
List well to their instruction, and e'en then
To Gardiner's 't will be commonplace and meagre.

There gentle Loomis toiled from day to day,
While swept the golden sands of life away;
Caught the last twining of the silver cord,
To pour out knowledge from his ample hoard.
Oh! let us pause and drop a silent tear
To those fond memories we hold so dear.
Let recollection tune our hearts once more
To friends departed whom we knew of yore.

* * * * * * *

But Williamson and Hemple stand to view,
And "Oh my prophetic soul, my Uncle!" too.
But there were fellow-students also there
Who now have grown in name and reputation,
Have married ladies who are wondrous fair,
And done "right nobly," every man his share,
To populate the nation.

I have my eye on one, whom I could name,
Who'd slip a quiz, at any time, to go
And exercise the muscles of his frame
By rolling ten-pins in a street below.
I see another, who on clinic days would be
So weary with his labor, and so pale,
That he would fain entice a company
To feed on oysters and to drink some ale.
But pshaw, I see the blushes on these doctors' faces,
And worse than all, their ladies make grimaces;
Therefore, although what I have said is truth,
I'll not repeat these mem'ries of my youth.

Well, as I said—excuse my being prosy,
I'll hurry through this little bit of rhyme,
The older gentlemen are growing dozy,
And think I'm wasting very precious time.
In that same city fair of which I tell,
Amid the cares of life, there used to dwell
A lady of the far-famed Emerald Isle,
Rheumatic and dyspeptic, full of bile,
"Cross as two sticks," and with a temper sour.
The Doctors having tested well the power
Of Senna and of salts, of pills and blisters,
Salves, plasters, chologogues and clysters,

To kill or cure her—but had been defeated,
*By strength of constitution being cheated,*—
She sent for me in haste to come and see
What her conditions for a cure might be.

Dear me! a patient! what a happy tone,
To *have* a patient, and one all my own—
To have a patient, and myself be fee'd,
Raised expectation very high indeed—
I saw a practice growing from the seed.

I tried to don a very learned look,
Placed 'neath my arm a symptom-codex book—
(A fashion which in Eastern cities then
Was followed by most scientific men,
But which, adopted in the West, would be
Considered proof of insufficiency).

It was a bitter cold December day,
And as I tramped the hard and frozen ground,
The winter wind with icicles at play,
Strew'd glitt'ring fragments everywhere around.

I reach'd the house in expectation rare,
And found the patient seated on a stool,
From which she turned a concentrated stare,
As though I 'd been a thief, a knave, or fool.
I drew my chair quite gently to her side,
And to her wrist my finger I applied,
Counted her pulse, and with a cheerful air,
Said—quite professionally—"Hem! *quite fair!*"
In soothing accents then the dame I asked,
"Will you allow me to inspect your tongue?"
She blurted out, not liking to be tasked,
"Arrah! my darlint, but you 're *mighty young.*
"I 've got a misery in me side, och, dear,
"It 's troubled me for over fifteen year;
"Cure me o' that, me darlin' honey,
"Ye 'll have a dollar o' the best of money."

I asked each symptom, and observed each look,
Wrote them "secundum artem" in my book,
Talk'd more about her rheums and aches and pains,
Than Lentze's *splendid* manual contains,
And then requested, as a simple boon,
That she would bring a tumbler and a spoon.

* * * * * *

There 's not a lady or a doctor here
Who does not know these philosophic facts,
Which oftentimes are suddenly made clear,
That heat expands and cold contracts;

That if we bring a glass, a jug or pot
From freezing temperature to air that 's hot,
Then the attraction called *cohesive* ceases,
And ten to one the glass will split to pieces.
Now this old lady's crockery was kept
In a cold hall adjoining where she slept;
And as she brought the tumbler to her seat,
She suddenly exposed it to the heat.

I drew my tiny vial from its place,
And counting, dropped—one, two, three, four,—
When suddenly, oh! most unlucky case,
The tumbler split, and fell upon the floor.

The Irish dame grew purple with her ire—
She started from her seat fornenst the fire,
Seized with a will the poker from its place,
And screaming, brandished it *quite* in my face—
"Out of me house, you murtherin' villin!
"Is it meself that you 'd be killin?
"Them pizin drops, that burst the glass in twain,
"Would kill me before they 'd ease me pain.
"Och! tis a mercy that the stuff was spilt,
'Afore I'd been blown up and kilt!"

* * * * * *

How, when or where I made retreat,
I do not now remember;
I found myself far up the street
That morn in cold December.

I felt just as I did one day
When all my love was jilted;
I felt, as Western people say—
Expressive adverb—"*wilted*."

But every rose will have its thorn,
And every thorn its rose;
There's cob in every ear of corn,
There's nightmare in the dose.

Our lives, we know, are all made up
Of pleasure and of pain;
But gall and wormwood in the cup
May turn to sweet again.

And so what then o'erwhelmed me quite,
And gave my pride a fall,
I here with smiles rehearse to-night
A little joke, *that's all.*

## BOOKS RECEIVED,

TO BE NOTICED IN THE NEXT NUMBER OF THE "OBSERVER."

1. *London and Provincial Homœopathic Medical Directory.* H. Turner & Co.
2. *Taking Cold a Cause of Disease.* By W. Hayward. London: H. Turner & Co.
3. *Homœopathic Veterinary Manual.* C. S. Halsey, Chicago, Ill.
4. *Home Papers*—A Monthly Journal. C. S. Halsey, Chicago.
5. *Diseases of Women and Children.* By H. Minton. New York.
6. *A Systematic Treatise on Abortion.* By E. M. Hale, M. D. C. S. Halsey, Chicago, Ill.
7. *Cholera and its Homœopathic Treatment.* By Charles Cropper, M.D. Cincinnati.
8. *Asiatic Cholera—Its Preventives and Treatment.* By J. H. Pulte, M.D. St. Louis, Mo.: H. C. G. Luyties.
9. *Epidemic Cholera.* By G. S. Walker, M.D. St. Louis, Mo.: H. C. G. Luyties.
10. *Asiatic Cholera.* By E. A. Lodge, M.D. Detroit, Mich.
11. *Sketch of the Life of Hahnemann.* By Joseph Hooper, M D. Detroit, Mich.: E. A. Lodge, M.D.
12. *Popular Fallacies concerning Homœopathy Refuted.* By Joseph Hooper, M.D. Detroit, Mich.: E. A. Lodge, M.D.
13. *Homœopathy—What are its Claims, &c.* By Joseph Hooper, M.D. E. A. Lodge, Detroit, Mich.
14. *New Remedies.* Part II. By E. M. Hale, M. D. Detroit, Mich.: E. A. Lodge, M.D.
15. *How I became a Homœopath.* By Wm. H. Holcomb, M.D., of New Orleans. Chicago: C. S. Halsey.
16. *The Heritage of Mankind; or, Common Sense the Arbiter of the Medical Profession.* By W. Whiltey, M.D., Conneautville, Pa.

# THE WESTERN
# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, AUGUST 15, 1866. No. 10.

**H. C. G. LUYTIES, Proprietor and Publisher.**

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## Proving of Gadus Morrhuæ.

BY DR. ANTOINE PETROZ.

Translated from the French by A. DUPAQUIER, M.D., of New Orleans, La.
*(Never before published.)*

NOTE.

*To the Editors of the Western Homœopathic Observer:*

DEAR SIR:—Dr. Antoine Petroz, one of the leading Homœopathists of Paris, who died on the 29th of August, 1859, has left numerous notes on Therapeutics and Materia Medica, gathered and published by his pupil, Dr. Cretin, in 1864. This book on Theory and Practice of Medicine contains a vast amount of precious facts, some of which were never published before. I intend to translate the most interesting for the American reader, and will begin by the article *Gadus Morrhuæ*.

Yours, respectfully, A. DUPAQUIER, M.D.

The proving is made from one of the cervical vertebra of the fish, (the first being preferable,) dried and prepared by trituration.

GADUS.

*First day.*—No symptom felt; night good.

*Second day.*—Great weakness, about four o'clock in the evening; very severe coldness from the hip down to the foot; tearing pain in the right buttock and in the thigh; sensation of contusion in the femur from the head of the bone to the patella. A noise (tick-tack) is felt in the right

ear, and ceases if a noise from the exterior becomes predominant. Dull pain in the epigastrium and in the hypochondriæ; pain in the lower part of the back, in the sacrum; pain above the left hip; slight lancinating pain in the left knee, which bends involuntarily when the person is standing.

*Third day.*—Waking in the night on account of a severe contraction in the throat; soft stools, diarrhœa; constrictive pains in the sides of the trunk; contusing pain in the parieties of the chest—these pains are brought on by coughing, by a deep inspiration, or by motion.

*Fourth day.*—From 4 to 5 o'clock in the evening, sensation of painful burning in the right lung; a slight sensation of dry heat in the palms of the hands; short, difficult breathing.

*Fifth day.*—At the time of waking, and during the whole day, short, frequent breathing, with oscillation of the wings of the nose, as after exercise; a few stitches in the right lung, with sensation of a smarting wound of the size of a two-franc piece (little larger than a silver quarter dollar); heat in the hands, malaise during the day and night.

*Sixth day.*—The pains of the chest are increasing and lasting longer; breathing more difficult; the smarting pain of the right lung extends itself to the left lung; a few fits of coughing, slight; in the evening the heat in the palms of the hands is intolerable. The urine passes with difficulty; for a few days, the swelling of the bladder and the difficulty of micturition seem to increase. Headache in the night, accompanied with fever; rush of blood toward the chest without palpitations.

*Seventh day.*—Smarting pain in the chest, with sensation of burning; laborious breathing, as if the air passages were closed; excessive heat in the hands; quick pulse, dry mouth; fever without chill; ~~aeste~~ and persistent pain in the right lung; contraction of the fauces, wheezing cough, with white, foamy expectoration; the sensation of swelling and fullness of the bladder increases; the emission of urine is difficult.

*Eighth day.*—Malaise, despondency lasting all day. By

seven o'clock in the evening, violent pains in the chest, with orgasm of blood, lasting half an hour; light cough, with expectoration of a foamy spuma; painful and short breathing; weakness, extreme malaise, febrile heat.

*Ninth day.*—Sleeplessness; by two o'clock, sharp pain in the chest; burning shootings; tearing pain in the back; rush of blood to the chest, near the right shoulder-blade, accompanied with few strong palpitations; while pains are felt in the chest, sharp pains in the right side of the abdomen, in the groin and in the kidneys. Breathing is so difficult that the mind directs not to inspire too much air at a time; the hands are hot and dry; in the evening the lungs seem to be closed; loss of appetite for four days.

*Tenth day.*—Bad night; the abdomen is much distended; the bladder seems swollen and always full; a few fits of cough, not severe; every fit of cough causes the sensation of a painful ruffling of the lungs, which seem to change place and be contused.

*Eleventh day.*—Fatigue, weakness, altered countenance, fit of wheezing cough, with pain deep in the chest; the lungs seem adhered to the parietes of the chest; the breathing is short, laborious. In the evening, very sharp pain in both lungs, especially in the left. Stitches in the bladder, almost an impossibility to urinate; sensation of burning heat in the whole hypogastrium; hands very hot.

*Twelfth day.*—Deep melancholy, paroxysm of hopelessness for forty-eight hours, during which the desire for death is hardly controlled; sharp lancinating pain in the dorsal vertebræ; pains under the first left ribs; shooting pain, which runs through the chest; these pains are not increased by walking, although they are renewed by the first movement; marked diminution of strength of hearing and sight since five days. The intellectual faculties are torpid; the voice is weak, and it requires some exertion to articulate distinctly—the words do not come when wanted; absence of ideas; teeth sensitive and set on edge; the nails are getting soft.

The proving of *Gadus* has been repeated by another person unknown to the first one. The effects resulting from this second proving have offered so little difference that I do not deem it necessary to make them known. The proving I have just related is imperfect undoubtedly, but it presents pathogenetic symptoms of a sufficiently decided character to induce me to use this remedy in determined circumstances. The results I will publish.

The first patient to whom I gave *Gadus* has given me a written statement of his health, in the following manner, in a letter that I will transcribe in full:

"In 1837 I felt, for the first time, a dull pain under the right clavicle, without, however, perceptible impediment in the respiration; my general health, not positively bad, was not satisfactory; I was very lean and very pale; every winter I was fatigued by a cold that subsided only in the next fair season: I remained in that condition for about five years without perceiving any remarkable change. In fact, I never was apprehensive of my health. In 1843 it became worse. As I had just lost my last brother, who, like the other two, had died of pulmonary disease, my family became alarmed; I determined to ask your advice. I had just consulted Dr. P...., a friend of my father; he had prescribed Stibium in high doses, notwithstanding telling me that, according to the conclusion of his researches in the matter of hereditary diseases of the lungs, (which question he had just studied,) he was convinced I would perish like my brothers. I tendered him my thanks.

"It was then in 1843 that I called for your assistance. The continual treatment until 1844 had improved my health, but the pain under the right clavicle lasted still; it was in 1844 that you prescribed me a remedy by the name of *Gadus*."

In 1843, when, in the condition and following the antecedents which he represents with so much neatness, Mr. D. required my services, his stature was above the ordinary height, his chest large, his *facies* emaciated, of a pale ash

color, his skin slack. The nails were hard and dry, the breathing was difficult, the inspiration would only take place by the elevation of the shoulder on the affected side; the cough was frequent, mostly dry and hard, sometimes followed by expectoration of mucus with air bubbles, sometimes mixed with opaque mucus of yellow hue and globular shape. That cough had caused firstly some pain in the indurated part below the clavicule, which pain the patient referred to. It caused, at that time, a tearing sensation in the centre of the lung. Percussion would not produce any resonance in the greatest part of the lung. The flat sound was complete in the centre of the organ; it was only in a space of three fingers wide, near the axilla and in the inferior fifth of the organ, that the respiratory murmur could be heard. Around the indurated part a sound of crackling, hard and dry, was heard. There had not been hæmoptysis. The functions of the organs of digestion offered nothing remarkable. The sleep was often interrupted by the cough or by the difficulty of breathing; there was no sweat. *Gadus* was given in a high dilution, without marked effect until the third day. Then a very sharp pain manifested itself in the centre of the lung. It caused a continual cough and a greater difficulty of breathing. Nevertheless, the use of the medicine was not suspended. This pain diminished by degrees, and ceased on the ninth day. It was then possible to perceive, in the spot where it had existed, a slight respiratory murmur, which became more and more perceptible under the steady influence of the first dose; ten days after it was reiterated, without producing, as the first time, the pains that had denoted the beginning of the action. A gradual process of resolution could be verified every day by the rapidly increasing permeability of the tissue of the organ. At the end of one month it could be considered as complete. No flat sound could be recognized in any point. The cough had ceased.

Here are the terms in which Mr. D., corroborating the preceding details, continues his relation and describes the stages of his recovery:

"The effect produced by the *Gadus* is still present to my memory. I had taken about the half of my solution, when I experienced a pain with impeded breathing in the whole left and at the base of the right lung. I then came to ask you what to do, owing to my great sufferings. You induced me to persist; so the solution was continued. It was not long before I felt much better. Some time after, the pain under the clavicle disappeared forever. Since that time I have caught colds which fatigued me a great deal without causing pains in the chest. After the treatment I grew corpulent, and, a remarkable circumstance, I became very light on the water. For a long time I could swim, but before your treatment I would dive easily—too easily, to my liking. Since then I have experienced great difficulty in diving, and when I threw myself in the water, I would come up to the surface without any effort. For eight years my health has been altered on account of moral troubles, but I have not felt pains in the chest since fifteen years."

Madam ***, of a nervous constitution, æt. thirty-four years, chesnut hair, was fatigued for a year by a frequent cough, at first dry, afterwards followed by the expectoration of a transparent mucus, mixed with air bubbles. She complained of a pain in the upper part of the chest, on the left side, and of a difficulty of breathing, aggravated by coughing. Her pulse was small, frequent; the skin habitually warm. After one day of weariness, she experienced some chilliness, which was followed by great heat and oppression of the chest. The next day she had an attack of hæmoptysis; the blood expectorated was scanty, but this accident has returned since and attracted the attention of her physician. This gentleman discovered, by percussion and by auscultation, a tuberculous engorgement in the superior part of the left lung. When my advice was asked, like my colleague, I discovered that a pretty large portion of the left superior lobe was affected. A sort of crepitation and a mucous rattle, which masked sometimes a slight crackling, could be detected, but no sign of caverna,

although the patient was at the end of each day affected by a chill, followed by intense heat, ending in the night by a perspiration in the superior part of the body. During this febrile paroxysm, the pulse would beat from 120 to 130 times a minute; the redness of the cheeks was very intense; the loss of appetite was apparent; the menses missing for three months—they were habitually scanty and of short duration.

I advised *Gadus*, a small dose of a high dilution, remarking that during the use of the medicine there might be an increase of the pain and cough. This exacerbation took place indeed, but was mild. This aggravation appeased itself gradually. The evening fever grew less, and ceased entirely on the twelfth day; then the sub-clavian flat sound had already sensibly diminished; the cough was less frequent, the respiration less impeded.

After a sufficient delay for the action of the medicine to be entirely exhausted, I prescribed it again. It did not cause any aggravation. Under its influence the tuberculous engorgement had disappeared; the patient had regained her corpulence, which had ceded to an excessive atrophy, and since five years had not to complain of her health.

P. S. There is the narration of a third case, but as it was not conducted thoroughly by Dr. Petroz, and did not terminate by a cure, I abstain from giving it.—TRANSLATOR.

## Anomalies Observed in the Dissecting-Room of the Homœopathic Medical College of Missouri.

BY S. B. PARSONS, M.D., DEMONSTRATOR.

Nothing is more interesting to the anatomist, in his search after the wondrous parts of which the human body is composed, than to reveal some peculiarities in the formation of its textures, such as are not referred to by writers on anatomy, nor suspected in the person during life. Some are valueless, practically, whilst others are of vast import-

ance to the surgeon in his operations, as well as to the physician in the correct diagnosis of diseased conditions; as, for instance, a malposition of the heart might easily be mistaken for dropsy of the organ; or a transposed liver to the left side be taken for an enlarged spleen, or lesser singularities in the muscular, nervous and arterial systems, producing inexplicable actions which are considered the results of pathological lesions, may be really due to unnatural development. With or without value in application to the treatment of disease, certainly they are not without interest in the study of the most beautiful work of the Creator, showing the multitude of ways in which any organ may be formed and still act its part, perform its office in the living machinery in harmony with the whole, with that precision and regularity characterizing the normal healthy working of the fountain of the vital current.

Taking experience as a stand-point, I feel safe in asserting that every human body contains one or more anomalously constructed organs, while any deviation from the natural order of things is a very rare occurrence in the lower classes of animals.

In the annexed list will be found those observed during the winter of 1865–6, some of which were preserved and placed in the college museum.

### MUSCULAR SYSTEM.

A small, distinct muscle was seen to pass from the lower part of the Coraco-Brachialis across the Brachial artery, and join the fascia of the Pronator Radii Teres—also another distinct bundle of muscular fibres, passing from the Flexor Sublimis Digitorum to the Flexor Longus Pollicis—also one from the outer head of the Flexor Profundus Digitorum, going to the tendinous slip of the Sublimis Digitorum, which attaches to the index finger—in one subject there was an abscence on both sides of the Palmarus Longus—in another subject the tendon of the latter muscle on one side passed through the annular ligament, and at the metacarpo-phalangeal articulation joined the two tendons of the Sub-

limis Digitorum, going to the middle and ring fingers—on the left side no attachment of the Flexor Sublimis Digitorum to the radius—on the same side the Supinator Longus was inserted into the base of the first phalanx of the thumb—Extensor Longus Digitorum on left side divided into six slips, one for each toe, the sixth being attached to the external cuneiform and cuboid bones—Peroneus Tertius on right side sent a tendinous prolongation beneath the deep fascia to the second phalanx of the little toe—the Supinator Longus on left side, in one case, was attached the whole length of the lower third of the radius with the radial artery, piercing the membranous expansion at its middle. In one instance the Serratus Posticus Inferior was developed as a thick, rounded mass, at the angles of the ninth, tenth and eleventh ribs, imbedded in an abundance of fat—the Platysma Myoides was found once to arise as low down as the fourth rib.

ARTERIAL SYSTEM.

Twice the Brachial artery was seen to divide into the radial and ulnar arteries at the middle third of the humerus—the common carotid of left side was seen in one instance to arise by a common origin with the arteria innominata from the arch of the aorta—the superior mesenterie in one subject passed above, anterior to the pancreas and duodenum—and in another instance there were two arteries of smaller calibre—the anterior interosseous of the right arm, in one case, was found larger than the posterior, and followed the median nerve, being contained in the same sheath—the radial artery was found once to pass backwards over the radius at the middle and lower third.

The musculo-cutaneous nerve was twice seen to join the median nerve after its exit from the coraco-brachialis muscle—the fifth cervical nerve was in one instance found to join the cervical plexus—the spinal accessory nerve was found to send branches to the Rhomboideus major and minor, Splenius Capitis, Complexus, and Levator Anguli Scapulæ muscles.

## Extirpation of a Tumor of the Jaw.

BY WM. TOD HELMUTH, M.D.

The patient was brought to me by my friend, Dr. Gunderlach, of this city, to remove from her jaw a tumor situated on the ramus of the right side. This growth was correctly diagnosed to be a fibroid; it had grown very rapidly in the last three months, and already gave the patient some inconvenience in using the inferior maxillary bone. Otherwise her health was good.

About this time considerable excitement prevailed in regard to the use of the nitrous oxide as an anæsthetic agent, and it was therefore, after some deliberation, determined to operate upon the patient while under the influence of the gas. A bag about two feet square was brought to my office, and after having duly adjusted the mouth-pieces the anæsthesia was attempted. The patient became at first very much excited, and it was with great difficulty that her lips could be held firmly upon the mouth-piece to prevent the ingress of atmospheric air, two persons being required to compress the mouth around the tube. Finally, however, she was after several trials brought under its influence, and the operation commenced by making a longitudinal incision over the long diameter of the tumor. Considerable venous hemorrhage followed, and it was found that a portion of the tumor passed round behind the ramus of the jaw and was adherent to the bone. In a very few moments the influence of the gas passed off, and the operation had to be delayed. The fifteen gallons of gas having been exhausted, and those administering it having no more at hand, resort to chloroform became necessary. The patient took it as usual; and by passing a double ligature through the mass, it was drawn forward and soon removed.

There can be no doubt that if another bag of two feet square was at hand, sufficient anæsthesia could have been produced to have completed the operation; but it is very certain that for any prolonged operation it could never and

will never, in my opinion, supersede the use of chloroform and the local anæsthesia by cold. The reasons are simply these:

1st. The surgeon using it must possess sufficient chemical knowledge to select *pure* nitrate of ammonia.

2nd. He must understand chemical manipulations (which, by the way, very few do), to prepare it by heating in a retort and collecting the gas over water.

3rd. If, in the preparation of the article, the exact temperature is not attained, a very *deleterious* gas may be produced.

4th. If allowed to stand for any length of time, it loses its power.

5th. It should be made daily, or at most, every two days.

6th. It is more difficult than ether or chloroform in its administration.

7th. The apparatus for its administration is cumbersome.

8th. Its effects pass off too speedily for prolonged operations.

The nitrous oxide does very well for simple and quickly performed operations, but it appears to me, that when the surgeon can take a bottle of chloroform in his pocket, use it with his handkerchief, and produce a very satisfactory anæsthesia, he will not take the time or the pains to go through the manipulations already referred to, nor would he, if his patient was at a distance, lumber his conveyance with a cumbersome apparatus. For tooth-drawing, simple fatty tumors, opening abscesses, or felons, in a hospital or college where there are the appropriate personages to superintend the manufacture of the gas and its administration, and where, as a lesson to students, its application is explained, it may perhaps be of service; but its sphere will not extend further, particularly as the surgeon now has at his hand the beautiful and simple contrivances to produce local anæsthesia which have been so recently introduced. Perhaps, after all, the nitrous oxide will be chiefly used by the Dental profession.

## Grand Opening of the Homœopathic Medical and Surgica Hospital of Pittsburgh.

[From the Pittsburgh Gazette, July —.]

The friends and contributors to the new Homœopathic Medical and Surgical Hospital, situated at No. 146 Second street, met last evening in the building of the institution to celebrate its completion, all the arrangements necessary for the reception of patients having been perfected. About eight o'clock the doors of the institution were thrown open, and in less than half an hour after, the spacious building was crowded from garret to basement by those who had been invited to participate in the inaugural ceremonies, while a great many were forced to remain on the street, there being no room for them within the walls of the edifice. The ladies were in a decided majority, and robed, as they were, in elegant and fashionable costumes, lent a charm to the scene that in their absence it would not have possessed. At the head of the stairs leading from the lower hall, Smith & Larges' string band took a position and discoursed elegant music in the interims from the opening of the doors until the orators of the evening had arrived.

Owing to the immense crowd in the Central Hall, it was some time before sufficient order could be had to allow the oratory exercises to be commenced. At length Major William Frew ascended the stairs, and introduced Hon. Wilson M'Candless to the audience in a few pertinent remarks, after which the Judge came forward and spoke as follows:

"Ladies and Gentlemen: In appearing before you to-night in the capacity of a public speaker, I feel that I am out of my proper sphere. A talking Judge is a public annoyance—a thing to be abominated. Often, when I was a youthful member of the bar, was I reminded of this fact. After patient days of study and careful preparation of arguments, I felt considerably annoyed, on entering court and presenting the result of my labors, to be met by a talking Judge, who took a morbid delight in subjecting me to a lengthy address on the imperfections of my cause. The first thing a Judge has to learn is to listen, not to speak—slow in his deliberations, and accurate in his decision. Opposed as I am to public declamation on all occasions, on this particular one I know not what to say. Although a convert to homœopathy, I am not sufficiently familiar with the system on which it is founded to be able to explain it intelligibly to you, and therefore I will not attempt it. Dear friends, we have just reason to rejoice that the days of calomel and jalap are almost past. We look upon the days when we were forced to swallow doses of epsom salts and molasses, early in the morning, with mingled feelings of awe and disgust. This system of nauseous doses has

been admirably burlesqued by Dickens, in Nicholas Nickelby, in that portion of his work that refers to the transpirings at Dotheboys' Hall, where the pupils were forced to take a concoction of sulphur and molasses the first thing on arriving in the morning, in order that their appetites might be destroyed for the remainder of the day. But we have outlived the system that dictates, as a remedy for disease, the devouring of drugs by the wholesale. We have arrived at an era when homœopathy is destined to take the place of allopathy as an alleviation of human suffering. Hahnemann, the founder of homœopathy, was no idiot. Reared in the old school of medicine, of which he had a perfect knowledge, he was well calculated to become the father of the new or progressive school of *materia medica*. In translating an old German work he discovered that Peruvian bark was a remedy for many of those diseases that had puzzled physicians as to the treatment requisite to a speedy cure. Before advocating it in public, he tried it on his own system, and became satisfied that it was a perfect success. He felt that he had made a discovery that would be useful to mankind, and he forthwith began the practice of medicine according to the homœopathic principle. As the pioneer of a new system, he of course was persecuted, and his enemies, in order to cripple his efforts, resurrected an old law that provided against any physician preparing his own medicine. He was indicted under this law and incarcerated in a prison at Leipsic. But he outlived opposition, and in that very same town of Leipsic there stands a monument to commemorate his memory, erected by those self-same men who had injured him. The progress of the new system was rapid from that time, and now we have assembled to celebrate the opening of a Homœopathic Hospital in your midst, from which we expect a great amount of good to come.

"In company with a committee appointed for the purpose, I went last spring to Harrisburg to obtain a charter for the Institution. It was there for the first time that I learned that there was any opposition to the establishment of such a noble charity in our city. There it was that I learned that the 'City Fathers' opposed the endowment of such an institution within the limits of the corporation. Why this opposition? Is not Passavant's Infirmary within the city limits? That excellent institution, the Mercy Hospital, in which the sick and wretched are received and treated with all the kindness and attention given to the nabob—is not that within the bounds of the city? This ill-timed, weak opposition failed. The bill passed, and the result is, that our city is in possession of an institution which is not surpassed within the territory of the United States. Here the poor young man, who is stricken down by disease, will be taken in and cared for until health returns. Here the poor of the city can receive advice and treatment gratuitously. I will not

detain you longer, as there are others present more capable of doing the subject justice. Your presence here in such vast numbers augurs well for the success of the enterprise. Hoping that prosperity will attend the efforts of those who labor in behalf of this institution, I will conclude by thanking you, ladies and gentlemen, for your presence and kind attention here this evening."

Rev. Dr. I. C. Pershing followed in a brief speech, in which he said, that as those present were believers in homœopathy, he would give them his remarks in homœopathic, or small doses. When he (Mr. Pershing) entered the city thirty years since, there was not a church edifice, educational or benevolent institution in the city that was worthy the name of such. But, under the benign influence of Providence, we have so far progressed as to make a reputation abroad for the number and character of our public institutions second to no city in the Union.

At the conclusion of the speaker's remarks, Dr. Williard, late of Philadelphia, and resident physician of the Hospital, was introduced and spoke for about ten minutes. In the course of his speech the Doctor stated that the institution was a necessity; that hitherto the believer in homœopathy had no alternative than to enter an allopathic hospital, where he had to submit to be dosed according to the old system. In conclusion, the Doctor made a strong appeal to the ladies for their aid and encouragement in the work they had undertaken. After reading the following resolutions, he thanked the audience for the kindness of their presence, and withdrew.

WHEREAS, The Homœopathic Hospital of Pittsburgh, being founded on principles of charity, and having for its object the benefit of mankind, we, the ladies of this city, recognize it as an institution worthy of our support; therefore,

*Resolved*, That we form ourselves into an institution to be called ————, which shall have for its object the interests of this Hospital, doing all we can for its maintenance and support.

*Resolved*, That a committee of our number, consisting of not more than five, be appointed to draft a Constitution and By-Laws, the said committee to report on the fifteenth day of September, and that all who are favorable to the cause be invited to attend the meeting to be held in Hospital building, subject to the action of Executive Committee.

*Committee*—Mrs. M'Candless, Miss M. Moorhead, Mrs. George Bingham, Mrs. W. A. Herron, Mrs. R. W. Parks.

After a few remarks from Major William Frew, the company repaired to the Surgical room, to the right of the hall, where ice cream and French confections were dispensed to the guests

with a lavishness that gave evidence of an exhaustless store on hand.

When all had partaken of the refreshments, the company formed themselves into committees of inspection, and wandered through the well lighted apartments, while the music played selections from the productions of the great masters. At eleven o'clock the guests departed for their homes, well pleased with the evening's entertainment.

The completion of this noble and humane work should be a source of pride and rejoicing to those of our citizens who have the interest and welfare of humanity at heart. Its erection is owing to the liberality and munificence of a few private individuals, whose charity cannot be too highly commended. Thousands of dollars have been expended and provision made for the accommodation of one hundred and fifty patients. This outlay and labor, we hope, will meet its just reward, and the efforts of the good Samaritans who have founded the institution be ably seconded by contributions of assistance, from time to time, as the necessities of the institution demand.

## Treatment of Epidemic Cholera.

The following are the preamble and resolutions of the New York Academy of Medicine, regarding the treatment of Cholera:

WHEREAS, The New York Academy of Medicine has endeavored to promote, among its own members and throughout the medical profession, a spirit of exact and practical inquiry into the preventive and remedial treatment of epidemic cholera; therefore, be it

*Resolved*, That this Academy hereby expresses its confidence in the utility of general and specific hygienic measures, as the best means of protection against the pestilential prevalence of cholera in any locality where it makes its appearance; and that the most thorough scavenging, cleansing and disinfection are absolutely necessary means of averting this pestilence in the cities and populous towns of our country at the present time.

*Resolved*, That in the judgment of the Academy, the medical profession throughout this country should, for all practical purposes, act and advise in accordance with the hypothesis (or the fact), that the cholera diarrhœa and "rice-water discharges" of cholera patients are capable, in connection with well known localizing conditions, of propagating the cholera poison; and that rigidly enforced precautions should be taken in every case of cholera to permanently disinfect or destroy those ejected fluids by means of active chemical agents; also, that with the

same object in view, the strictest cleanliness of person and premises should be enforced upon all who have charge of the sick; also, that all privies, water-closets and cess-pools should be kept thoroughly under the control of disinfectants.

*Resolved*, That we regard the nature and causes of cholera infection, so far as the sick or their discharges can propagate it, as being so susceptible of control that there should be no fear or hesitancy in the personal care of the sick and all that pertains to them.

*Resolved*, That immediate and thorough cleansing, and disinfection of all persons, clothing and things that have been exposed to the discharges or persons of the sick with cholera, constitutes the chief end and object of any rational quarantine or external sanitary police regulation against cholera.

*Resolved*, That, for the purposes here mentioned, an external sanitary police is desirable in all great maritime and river towns, but that such sanitary regulations need not seriously embarrass commercial intercourse and the interests of trade.

*Resolved*, That the main source of protection against epidemic cholera at the present time is to be found in the vigilant and effective operation of sanitary measures, municipal, domestic and personal.

*Resolved*, That the New York Academy of Medicine cordially invites the physicians of every city and village throughout our country to urge the immediate adoption of adequate measures of sanitary protection against the introduction and ravages of cholera.

The above resolutions were unanimously adopted by the Academy.

## Disinfectants.

Dr. J. H. Baker, in his prize essay on "Deodorization and Disinfection," sums up the result of several series of experiments in the following propositions:

"1. For the sick-room, free ventilation, when it can be secured, together with an even temperature, is all that can be required.

"2. For rapid deodorization and disinfection, chlorine is the most effective agent known.

"3. For steady and continuous effect, ozone is the best agent known.

"4. In the absence of ozone, iodine exposed, in the solid form, to the air is best.

"5. For the deodorization and disinfection of fluid and semi-fluid substances undergoing decomposition, iodine is best (employed in the form of tincture).

"6. For the deodorization and disinfection of solid bodies that cannot be destroyed, a mixture of powdered chloride of zinc, or powdered sulphate of zinc, with sawdust, is best. After this, a mixture of carbolic acid and sawdust ranks next in order; and following on that, wood ashes.

"7. For the deodorization and disinfection of infected articles of clothing, etc., exposure to heat at 212° Fahr. is the only true method.

"8. For the deodorization and disinfection of substances that may be destroyed, heat to destruction is the true method."

*Chem. News.*

## Book Notices.

I.—*Cholera and its Homœopathic Treatment.* By Charles Cropper, M.D., Cincinnati, Ohio.

II.—*Asiatic Cholera—Its Preventives and Treatment.* By J. H. Pulte, M.D., Cincinnati, Ohio.

III.—*Epidemic Cholera.* By Geo. S. Walker, M.D., St. Louis, Mo.

IV.—*Asiatic Cholera.* By E. A. Lodge, M.D., Detroit, Mich.

The attention of the whole profession, and indeed of those interested in the common interests of humanity, has been necessarily of late directed to the consideration of this dreadful scourge. It is not surprising, therefore, that in every medical magazine there should be some remarks upon the subject, and that the great diversity of views regarding the nature, propagation, contagion and treatment of the affection should be laid before the public.

In some instances the entire contents, and in others the greater majority of the pages of medical periodicals have been devoted to the consideration of the questions at issue, and it is a most remarkable and well to be remembered fact, that with one or two exceptions, the same diversity of opinion, the same negative assertions, the same contradictory and pre-eminently hurtful treatment, is recommended in the varied Allopathic resources of the present day. It does not behoove us to enter at this time into these. They can be found in full in Dr. Walker's most excellent treatise upon the disease, wherein he cites the words of J. Stephenson Bushman, of London. It is very melancholy to read the words of this gentleman; it is sad to see the unscientific and contradictory remarks of the brightest lights in the Allopathic firmament; it is lamentable to behold the semi-serio-comic manner in which this talented Allopathic gentleman treats his brothers of the Old School, which indeed is nothing to the remarks of Dr. Hall in his *Journal of Health.* This gentleman, whether to raise a furor in the public mind and increase the call for the Journal of "*Health,*" we cannot say, but he has, we believe, done

actually more harm, from his continual cry of PURE CALOMEL, in LARGE doses, and LITTLE bits of ice, than can be well imagined. His whole treatment, the whole tenor of his Journal from number to number, is this truly AWFUL advice—"PURE CALOMEL." The very best Allopathic exposition on this subject, the most exhaustive, the most complete, and the most thoroughly scientific, is that appearing in a course of lectures before the New York Academy of Medicine, by Dr. Alonzo Clark. Those of our readers who are best versed in medical literature already are familiar with this gentleman's contributions, especially his exhaustive treatise on Albuminuria, and will read these lectures with pleasure and profit as they appear in the *Medical Record*. He pays most especial attention to the experiences of Dr. Max Pettenfoger, and every branch of the subject he most thoroughly treats. It is to be hoped that this resume will be published in a separate volume. The book of Dr. F. A. Burrall, though a tolerably complete one, is not nearly so replete with scientific knowledge and research as the lectures of Dr. Clark, and to those who cannot obtain the latter, the former may form a good compendium.

But what now shall we say of our own literature on this subject?

First of all, we must acknowledge with respect the work of Dr. Joslin—a gentleman whose modesty of manner, whose acknowledged acquirements, and whose high standing in our school, give him pre-eminence in the literature of the disease. To-day, his work—notwithstanding all recent discoveries and our increased facilities for appreciating Cholera—stands as a monument to his memory, and which, particularly in regard to treatment, cannot be excelled. His book is possessed of that meritorious style which, from its profundity of thought, has given to it and to his writings, particulary those explaining the depth and applicability of the Homœopathic law, a world-wide reputation—a reputation so peculiar that others in the profession should, without a single word of comment, appropriate to themselves the thoughts of a mind which those afflicted with *cacoethes scribendi*, though dreadfully aspiring, could never reach. We refer our readers to the contribution from our New York correspondent, "Junius," in the June number of the *Observer*.

Dr. Dunham's essay, mostly a reprint from the New York *Independent*, is a most excellent article; the only fault that could be found would be with the paucity, not of symptoms, but with the number of the medicines.

Our colleague, Dr. Lodge, has given us a most excellent article on Cholera, and he has been most particularly minute in his treatment of statistics. The pamphlet is most worthy of careful perusal, the author having most certainly intended the same for public as well as professional perusal. He has given us a very good notice of the whole disease.

The little books of Drs. Pulte and Cropper, of Cincinnati, are intended for private use, and the citizens who purchase them will find in them not only most important directions for the administration of medicine, but also good sanitary advice.

The most explicit directions for the use of Homœopathic medicines, the

precise symptoms calling for their exhibition, and the varied symptoms for the intercurrents, are without doubt in Dr. Walker's pamphlet.

We have read these books with care, and find in all not only good advice, but what is better, a sincere desire to benefit the human family.

*Taking Cold, (the Cause of half our Diseases,)—Its Nature, Causes, Prevention and Cure.* By John W. Hayward, M.D., M.R.C.S., L.S.O. Second Edition, enlarged and improved. London: Henry Turner & Co. 1866.

We have received the little book bearing the above title, which is an abstract of a paper read before the Liverpool Homœopathic Medico-Chirurgical Society and published in the *Monthly Homœopathic Review* for June, 1864. It is very concisely and strongly written, and bears upon every page the thought that the author has expended upon the treatise. It gives us to understand that the most general and prolific cause of disease is TAKING COLD, and then proceeds to mention the great variety of diseases which are either directly or indirectly produced from this source. After defining the nature of a cold, its stages, the parts of the body most generally affected, the causes of a cold, the pathology and results to be expected, the work then treats on the various means of prevention, antidote, symptoms and treatment thereof. The whole matter is fully and forcibly discussed, and the little work is full not only of suggestions, but of actual directions with reference to proper medication, diet, &c.

This book should be in the hands of every practitioner, and will be of service to others who desire information on the subject. It can be procured at the Homœopathic Pharmacy of H. C. G. Luyties.

*The London and Provincial Homœopathic Medical Directory.* Edited by William Bayes, M.D. London: H. Turner & Co. 1866.

This book, which we believe is corrected to the present date, while it is of inestimable service to the practitioners of Great Britain, will also prove valuable to those who are desirous of ascertaining the progress of Homœopathy. After the Preface and Editor's notice, it contains an introduction on "Homœopathy and its Relations to Specific Medicine," which is followed by a list of registered physicians and surgeons practicing Homœopathy in the United Kingdom—the whole number being 241. We find also that there are eight veterinary surgeons practicing Homœopathy. In the next division of the work we find what is termed the "*Provincial List*," wherein are arranged the names of the various towns, the Homœopathic physicians residing therein, and the character and variety of diseases to which the localities are obnoxious. The remaining parts of the volume comprise the enumeration of the Homœopathic Societies, Hospitals and Dispensaries, with the act to regulate the qualifications of practitioners in medicine and surgery, with the various amendments which have been made from time to time—which, together with the lists of Homœopathic works and the varied periodicals, render the book a very complete Directory. It is gotten up in the usual neat, durable and elegant style of our English friends, and we trust will serve as a sample to those in this country who are at present engaged in a similar enterprise.

## The Cholera in St. Louis.

AUGUST 10TH, 1866.

There can now be no further doubt that Cholera prevails to a considerable extent in this city, and that its increase within the last few days has been almost sufficient to declare it epidemic. The Board of Health have already so determined, and have issued a short proclamation with reference to cleanliness and disinfectants.

To-day we visited the Health Office to report three cases of the disease, and upon the register counted over fifty new cases recorded up to 5 o'clock in the afternoon. Notwithstanding the attempts of the Board of Health to cleanse the city of its impurities, very many important thoroughfares are in a very filthy condition, and demand immediate supervision.

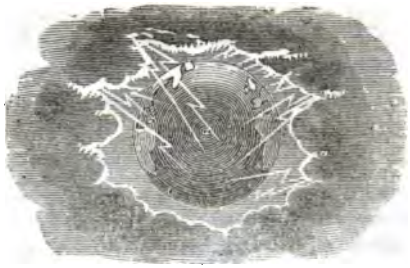
We have given in this number, for the benefit of our readers, the resolutions adopted by the New York Academy of Medicine in regard to Cholera, and also an extract on Disinfectants, both of which may be of signal service to the physician, and through him to the public at large. To judge from the rapid nature of the fatal cases which have come under our own notice, it is of the utmost import that the most minute attention be paid toward the thorough appreciation of those means which are regarded as best to prevent the increase of the dreadful scourge; therefore it shall be our aim to direct the attention of our readers to this end. We shall be very glad to hear from our friends on the subject, and to have the record of successfully treated cases, with the *indications* for the selection of those medicines which have proved most efficacious in the treatment. Every Homœopathic physician should keep an accurate memoranda of those cases which fall to his lot, as they may hereafter be of the greatest service to the school in establishing its claims to priority.

In a case fatal in a few hours, which we treated yesternight, a most distressing and annoying symptom presented in a partial paralysis of the epiglottis. The valve would not perform its office, and suffocation was most imminent at several times while medicine was being administered, the paroxysms greatly exhausting the patient. It may be noted, however, that the person was quite advanced in life, and was prostrated and emaciated by a chronic diarrhœa of most obstinate character, which had continued for several years. The medicines mostly indicated were *Arsenicum* and *Secalecor.*—the latter by the aversion to heat, though the body was cold, the flocks in the rice-water discharges, the age of the patient, the disposition to sleep, and the large and involuntary character of the discharges.

## OBITUARY.

It is with sincere regret we are obliged to notice the death of Mr. T. W. USTICK, the Printer of our Journal. Mr. USTICK was an old resident of St. Louis, and by his gentle manners, upright conduct and quiet simplicity of manner, had endeared himself to a very large circle of acquaintances and friends. His health had been rather declining during the past summer, but he still continued regularly to transact his business as usual. This feeble state of the constitution made him a ready victim to the Cholera infection. He had been at his business during the morning of Wednesday, the 15th inst., and returned to his dinner as usual, was suddenly attacked with cramps and rice-water discharges, and in a very few hours his period of days was cut off.

He leaves a large family, who were dependent upon him, together with many others to mourn his loss.



# DR. JEROME KIDDER'S

**GENUINE SIX-CURRENT**

# Electro-Medical Apparatus.

☞ HIGHEST PREMIUMS AWARDED for the POCKET the OFFICE and the BATH ELECTRO-MEDICAL APPA RATUS, invented by Dr. JEROME KIDDER, whereve brought in competition.

Testimonials of their superior merits by Professors Mott, Silli man, Vander Weyde, and other eminent scientific men.

Dyspepsia, with its many complications, yields readily to th curative influences of my apparatus.

Address

**Dr. JEROME KIDDER,**

480 Broadway, New York.

---

## TAKING COLD,

(THE CAUSE OF HALF OUR DISEASES,)

ITS NATURE, CAUSES, PREVENTION AND CURE

ITS FREQUENCY AS A CAUSE OF OTHER DISEASES, AND THE DISEASES OF WHICH IT IS THE CAUSE.

**By JOHN W. HAYWARD, M.D.** **Price 15 Cents**

☞ By attention to the directions given in this pamphlet, persons may no only frequently avoid taking cold, but will in most cases cure a cold at it outset, and thereby prevent the development of many of those serious disease that result from taking cold. For sale by H. C. G. LUYTIES.

---

## BAUNSCHEIDTISMUS.

The Oil, which has been imitated a great deal, can be had GENUINE at $2 50 per bottle, Instrument $4, Book $4 50, at

H. G. C. LUYTIES',

49 N. Fifth st., bet. Olive and Locust, St. Louis, Mo.

# THE WESTERN
# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, OCTOBER 15, 1866. No. 11.

**H. C. G. LUYTIES, Proprietor and Publisher.**

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.
All communications, whether of a business or literary character, must be sent to the Propritor and Publisher of this paper, No. 49 North Fifth street, between Olive and Locust streets.


## NOTICE.

The September number of the OBSERVER did not appear because, during the severe cholera epidemic with which our city was visited most business was suspended, the editors had no time either to write essays or correct proofs; the printer fell a victim to the disease, leaving his establishment in the necessary confusion occasioned by sudden demise, and the proprietor was absent from the city.

In order to render the OBSERVER more profitable to its subscribers during the next year (the fourth of its existence) the journal will, in all probability, be taken in hand by the St. Louis Homœopathic Medical Society, become an organ of that body, report its proceedings, and issue its papers, besides giving a portion of its pages to communications from without. It is hoped that this arrangement will meet the approval of all of our friends, assuring them as we do that the present management will still hold the liveliest interest in its continued welfare and prosperity.

WE would call the attention of our readers to the notice of Dr. Franklin below appended:

### TO THE HOMŒOPATHIC PROFESSION.

In consequence of the visitation of cholera to our city, and the general alarm pervading all classes of citizens, the undersigned found it entirely impossible to

comply with the terms of his prospectus in the publication of Part I. of the Science and Art of Surgery. He is now able to state, however, that the book is passing through the press, and in a few days will be ready to be forwarded to subscribers who have remitted the price of subscription.

The large outlay in money required to complete a work like the above, compels the author to adopt this system in every instance.

The *wood cuts* for the work are *all* new, the *paper, type and workmanship* of the *best* quality; and the author trusts that the pains taken and labor performed, in furnishing a treatise like the above to the profession will meet with a propitious and ready response from all practitioners of our school. He hopes, therefore, that a portion of this large outlay may be returned by subscribing to a work which the author has striven to make alike creditable and acceptable to the Homœopathic Profession.

E. C. FRANKLIN, 709 Pine Street, St. Louis.

## MEMBRANOUS CROUP.

BY S. S. HOYNE, CHICAGO.

SYNONYMS:—*Cynanche Trachealis—Suffocatio—Stridula—Angina Membranacea—Trachealis—Diphtheritis Trachealis—Cynanche Stridula.*

Croup is a non-contagious disease which affects the mucous membrane lining the glottis, epi-glottis, larynx, trachea, fauces and tonsils. In true or membranous croup, the variety of which we shall treat, the vessels of the membranes covering these parts exude an albuminous material, which from its plasticity and the effects of temperature becomes attached to the membrane itself, and constitutes what is called a false membrane. This exudation varies in consistence, from that of cream to the toughness of leather, and is of a grayish-white or yellowish color. The exudation may commence at any joint, and extend down to the ramifications of the bronchi. Sometimes it begins in the bronchi and extends upward.

There is always present after the formation of this membrane a "spasmodic action of the muscles of the larynx, and of the transverse fibres of the membranous part of the trachea, whilst while it tends to loosen the attachment of the false membrane, diminishes or momentarily shuts the canal (of the larynx) through which the air presses into the

lungs." The disease closes by the expectoration of pieces of this membrane, tubular in form, or by asphyxia.

Croup is a disease peculiar to childhood, occurring more frequently in the male than female, and rarely affects a child over seven years of age. It is most frequent about the third year.

Croup was formerly confounded with bronchitis, laryngitis, and other affections of the throat and lungs, but since 1765 has been known as a distinct disease, and is with care readily distinguished from all other affections of the throat.

This affection is usually preceded two or three days by a catarrh, slight fever, pain in the head, hoarseness, redness and swelling of the throat, and increased pulse and respiration. Auscultation reveals no abnormal sound at any period, except when the membrane is fully formed and extends into the bronchi. As the disease advances, the voice becomes brazen, the breathing stridulous, the pulse small, and the disease is declared. The insidious manner of its appearance distinguishes it from another variety of croup, known as "false," much more alarming in its character, but less rarely fatal. Sore throat, fever, thirst, loss of appetite, difficulty in swallowing, and a dry cough—in fact, all the symptoms of an ordinary catarrh, with the exception of a metallic ring to the cough, usually ushers in the disease. The attack generally commences in the night, and increases nightly, unless the inflammation is successfully combated, until the third night, when the truly alarming symptoms appear, viz: white-coated tongue, great heat of skin, quick and small pulse, labored respiration, throwing back of the head, flushed face, distressed countenance, and paroxysms of coughing, each one of which threatens to terminate in suffocation. The cough is at this time compared to the crowing of a young cock, and the respiration to that of a man sawing wood. During the fits of coughing, the child generally raises some thick mucus, tinged perhaps with blood. Occasionally false membranes are coughed up, with complete relief. The child frequently pulls at his throat as if it was

grasped by an invisible hand. After some hours, the paroxysm ceases and a relief is obtained, during which the child slumbers, or plays about as usual, and seems well, except a hoarseness of the voice and a noisy breathing. I have seen two cases in which there was no relief at all, the disease steadily advancing until death put an end to the scene. These cases had not been properly treated. The physician, (an allopath), used blue vitriol in large doses, without arresting the disease, and, in our opinion, he only hastened the death.

The following night, if our remedies have had no effect, the paroxysms return with renewed vigor; the face becomes livid from the want of proper oxygenation of the blood, profuse perspiration covers the body, the extremities become cold, and often convulsions carry off the patient. In many cases the disease runs a longer course, with all the symptoms milder, but the end is the same if the disease is not arrested. It is well to remember, that as long as the croupy cough exists there is danger of a relapse.

The causes which give rise to this inflammatory affection are various, the principal being, exposure to cold, damp winds, to night air, and sudden changes in the weather—especially from warm to cold. Hence, the disease is more frequently seen in cold, damp climates, and low, moist places, and generally prevails as an epidemic in the winter and spring. The exposing of the neck and chest in young children is frequently an exciting cause. It has been observed by many physicians, that in certain families there seems to be a sort of predisposition to croup, upon the slightest exposure, while in other families the disease never makes its appearance, although operated upon by the same causes. Hartmann thinks this predisposition due to a scrofulous diathesis, but it is probable that it also depends upon some peculiarity in the organization of the mucous membrane of these parts. I have in mind a certain family, where a boy, aged four, has twice had membranous croup, and was with the greatest difficulty saved from death, when no cause

could be discovered. Authors treating of this disease lay it down as a rule that one attack predisposes to a second, and that the last is less violent in its character. When croup becomes complicated with pneumonia or supervenes upon measles, small-pox, or erysipelas, a fatal termination may confidently be expected. Such complications are extremely rare. Croup often occurs during epidemics, after whooping-cough, catarrhal diseases, and eruptive fevers.

Upon examination of a child dead with croup, we find a membranous concretion lining the glottis, epi-glottis, larynx, trachea, and, occasionally, the bronchi. It varies in consistence from that of the thinnest paper to the twelfth of an inch in thickness, and does not differ greatly from false membranes formed on blisters. It is frequently covered with a greenish mucus. In some cases no membrane has been found, but the inflammation has been so great as to almost obliterate the glottis, and the mucous membrane is found congested. In other cases, instead of a membranous expansion, we find a thick mass of the albuminoid material just within the glottis, blocking up the upper part of the larynx, as if lodged there while attempting to raise it. "Frequently the exudation is in the form of patches, or long narrow ribbons," separated by the congested mucous membrane.

Since Hahnemann declared his great law of cure, the mortality in this disease has been greatly reduced, and we regret that our allopathic brethern cannot appreciate his mild and efficacious treatment, but will continue to bleed and depress the vital forces by their emetics of ipecac, sulphate of copper, and antimony—all useful agents when properly used, but poisonous in the highest degree when given in opposition to the great law of cure.

In membranous croup the treatment must be prompt. My practice has been, in addition to the remedies, to keep the room in which the patient was confined heated to 70° Fahrenheit, and to keep a tea-kettle constantly steaming on the stove. I have also had a stone heated on the stove, and

whenever the paroxysms of coughing were violent, thrown it into a pan of cold water, thus generating a large quantity of steam immediately. The relief in some cases has been instantaneous. A piece of salt pork bound around the neck, until small pimples appear, seems to lessen the inflammation. It is generally conceded by our school that *Aconite*, *Spongia* and *Hepar-sulph*, are our main reliances in the premonitory stage of the disease, and many state that they never use any other remedies. As yet I have rarely been able to effect a cure with these remedies alone, but a resort to *Jod-merc.*, *Jod.* or *Bromine*—was followed by success. I shall not point out full indications for each remedy, but the characteristic indications only.

Note.—It is important to wake the child to give it its medicine, as it is an established fact that if allowed to sleep too long, the paroxysm returns with greater violence. This is true until convalescence sets in. It cannot be too strongly impressed that when a remedy is strikingly indicated, that its use should be persisted in for some time, although its effects are not seen immediately.

*Aconite*—To be used in the invasion of the disease, if there is much fever, with great restlessness, "shortness of breath, especially after sleeping. The breathing is anxious, labored, sobbing, or quick and superficial, or loud, strong and noisy; paroxysms of suffocation, with anxiety ; aching pain in the chest, which is only relieved for a short time by bending the trunk backward;" frequent cough "following every expiratory effort, but absent during inspiration." *Sleeplessness ; cough excited by drinking ;* infrequent respiration, with bright, red, hot urine, without sediment, or retention of urine, night aggravation, constipation.

*Spongia*—"Hoarseness, hollow cough with expectoration, constant cough, dry cough day and night, with a burning in the chest, difficult respiration, as if the throat were closed with a plug; *weak after every exertion," sleepiness, cough less after drinking,* frequent micturition, grayish-white sediment in the urine.

*Hepar-Sulphur*—"*Slight sweat at every little motion, profuse sweat day and night*, violent fits of cough as if he would vomit, subdued cough from oppression of the chest, crying after the fits of coughing," hoarse anxious breathing, with danger of suffocation in a recumbent posture, frequent desire to urinate, *dark yellow urine*, nightly aggravation.

*Bromine*—Sleep full of dreams of a vivid, startling character, excessive drowsiness and languor, *stoppage of the nose and fluent coryza at the same time*, soreness in the nose with scurfs. *The parts under the nose and margins are corroded*, aggravation from evening until midnight.

*Kali-Bichromicum*—Debility, loss of smell, tongue thickly coated with yellowish fur at the root, loss of appetite, expectoration of thick yellow mucus, dyspnœa and much cough, habitual constipation, *aggravation in the morning.*

*Tartar Emetic*—Great heat and thirst, dullness and dizziness, *the lips are parched, dry, cracked, excoriated, red*, dysphagia, with difficult breathing, feeble voice, *gasping for air at the commencement of every paroxysm of cough*, loose cough at night, profuse night sweat, *blue margins around the eyes, urine with an acid smell*, symptoms aggravated by sitting, frequently last only a short time and recur in paroxysms.

*Ipecac*—Deep red color of the tonsils and pharynx, "*slow progress of the disease*, rattling noise in the bronchial tubes when drawing breath, suffocative cough, short and panting breathing," *bloody urine, urine with brick dust sediment*, night sweat, *vomiting of large quantities of mucus*, diarrhœic stools having the appearance of being fermented.

*Mercurius Iodatus*—A great deal of mucus in the nose, obliging him to constantly clear his nose, dry sticky condition of the mouth and lips with heavy coating (dirty yellow) on the back part of the tongue, tip and edges of tongue clean, posterior wall of the pharynx is red, irritated and inflamed, variable appetite, copious thin light brown stool, with froth and wind, copious and dark red urine, sleeplessness without restlessness, sleeps well after one A. M., aggravation in the evening and until one A. M.

*Iodine*—Profuse bleeding of the nose, aphthæ in the mouth, obstinate retention of urine, dark, turbid, sometimes milky urine, cough accompanied by expectoration of mucus, discharge of mucus streaked with blood, violent difficulty of breathing, hoarseness in the morning, dry, short hacking cough, constipation or copious discharge of a watery foamish whitish mucus, sleeplessness, aggravation morning and night, with sweat at night.

## Local Anæsthesia.

BY WM. TOD HELMUTH, M. D.

The boon conferred upon suffering humanity and upon surgical science by the introduction of chloroform and ether is so great that few actually and fully appreciate its value. But the improvements recently introduced into the field of Anæsthesia by the local application of various agents, by which certain painful operations may be performed while the patient still retains his consciousness of everything save suffering, cannot but be hailed with feelings of the highest gratification, both by the profession and the community at large. In former numbers of the *Observer*, the methods of producing local Anæsthesia, both by the rhigolene of Dr. Bigelow of Boston, and the ether spray of Dr. B. W. Richardson of London, have been alluded to. It is our intention in this paper to notice more particularly the latter, with which we have already had some experience, and to mention some improvements in the same which have lately been introduced. It may be well here, however, to remark that of late many nebulizers for the atomizing of fluids have been introduced besides those of Richardson and Bigelow. The first one of these was exhibited to the Academy of Medicine at Paris, in 1858, by Sales Girons. This instrument was very expensive, and consisted of forcing medicated fluid through a tube with a fine aperture directly against a metallic plate; the stream thus ejected with considerable force against the plate, by means of an air pump, was broken into spray.

Dr. Bergson's instrument is much more simple, and consists of two tubes bent at right angles with each other, having the

glass drawn to a fine extremity at the angle where the tubes meet. Now, by immersing the perpendicular tube in the ether, or other medicated fluid, and by blowing through the horizontal one, the air in the former is exhausted, the fluid rises from the outside pressure of the atmosphere, and passing through the capillary extremity, is atomized. It is on this simple philosophical principle that the little instrument long known, and now coming into much more general use, called the *Patent Perfume Vaporizer*, for the purification of the sick chamber, is constructed, and which should be in the hands of every practitioner —in fact, a very excellent nebulizer can be made by procuring one of these Perfume Vaporizers at the Druggist's, and having the approximating ends of the tubes ground to a capillary extremity, and then applying thereto an Andrew Clark hand-bag. It is somewhat after this fashion that Dr. Jas. G. Richardson, of Union Springs, New York, has contrived a very neat little apparatus, which may be described as follows: It consists of two tubes, five inches long, and three-sixteenths of an inch in diameter, made of thick glass, and each drawn off at one end to a point, which is to be smoothly ground down till the resulting aperture is about the diameter of a horse hair; bend one of these tubes by holding it over the flame of an alcohol lamp at a right angle, half an inch from its small extremity, and again at its middle in an opposite direction to the same extent; then attach both tubes to a grooved cork, so that the capillary opening of the bent or lower one shall be opposite the minute orifice of the straight tube; to the other extremity of which the nozzle of a syringe is affixed, the tubes being held in position by placing them through a large cork.

Dr. Siegle, of Stuttgart, also invented an instrument by which steam is used instead of air, and is employed to produce the vaporization.

Dr. Andrew Clark, of London, has introduced a modification of Bergson's tubes. To the horizontal limb he has attached an India-rubber tube, terminating in two hollow balls placed at a short distance from each other, the middle one being the air reservoir, the other the air pump. By alternately compressing and relaxing the end ball, the air reservoir is distended, and continuous spray is produced. The instrument which I have used consists of Richardson's bottle and tube to which the

Andrew Clark hand-bag is attached, making a very complete and easily-managed apparatus. The description, more minute, of both Richardson's and Bigelow's instruments, have been already given.

Now the employment of intense cold for the purpose of producing local insensibility to pain is by no means new in surgical science. It is believed that Dr. James Arnot, of London, eighteen years since, was the first to introduce it to the notice of the profession. His mixture was ice finely pulverized and mixed with salt. Several years since, I remember to have removed an encysted tumor of the scalp from a gentleman, producing a very satisfactory analgesia by the application of the ice and salt. This method, although used from time to time, did not meet with general acceptance from Surgeons. Dr. Richardson, of London, devised the spray-producing instrument which bears his name, and which has been seized upon with the greatest avidity by Surgeons, the success attending its use being generally satisfactory. The great desideratum in the use of the instrument is to employ nearly absolute and negative ether with which local anæsthesia may be produced in two minutes. The Rhigolene of Dr. Bigelow causes the same effects, and to a greater degree and in less time; but if the ether be absolute, has a specific gravity 0.720 of negative effect upon the tissues, and a boiling point of 90 to 92 Fahr., it is very serviceable. Many disappointments may result where the ether is impure and the apparatus imperfect.

Considerable irritability is evinced by French Surgeons at present by the success obtained by the American and English apparatus, they claiming that the idea was borrowed from the French Surgeons. But it is useless in a practical paper to enter into these claims of priority. What we have let us use, and let us give the results obtained for the benefit of the profession, and not wrangle *about the categories.*

> "To know how great the difference be
> 'Twixt tweedle dum and tweedle dee,"

does not assist us *much* when we come to perform a surgical operation, and desire to know which is the best method to free the patient from pain.

Dr. Richardson, at the request of the Harveian Society of London, stated that the anaglesia was produced by the rapid

evaporation of the ether, although in the earlier parts of his experiments, he in part attributed the effect produced to the well-known and peculiar powers of ether when inhaled, speaking of it as *narcotic* spray. There can be no doubt that it is the cold alone that produces the local anæsthesia, and that this freezing is attributable to the rapid evaporation of the liquid used. Now the force of sensation is brought down by the blood, and where a part is frozen, the blood can not supply sufficient heat to keep up the sensation of a part. Again, Dr. R. believes that nerve force is brought down with every stroke of the heart, and in verification of this view, he mentioned that local anæsthesia could be much more rapidly obtained if while the cold is being applied, the vessels leading to the part were compressed. There are also some other precautions necessary. When a part is to be frozen, it should be previously, carefully and perfectly dried, otherwise a film of ice is produced, and the anæsthesia is obstructed. If the ether is not very pure, this hoar frost is likely to appear, and a good test for testing the purity of the article in question is to ascertain whether it will boil when poured into the palm of the hand. This can be known by pouring it into the palm of the hand, holding it near the ear and listening. Another caution given to the members of the Harveian Society was that the use of chloroform had occasioned a carelessness into operators; the operator would often laugh and talk while the anæsthesia was being produced. Now, while local anæsthesia is being effected it is better that perfect silence be maintained.

Dr. Richardson has lately invented new compounds of ether. (Med. Times & Gaz., April 24, 1865.) Though the effect of the cold produced by the ether spray is directly hæmostatic, as reaction returns there is bleeding which, if the wound be too soon closed, is a cause of trouble. The observation of the immediate effects of cold led Dr. R. to think, "that if they could be supplemented by a styptic which would spray evenly with ether, and which would take up the constringing action when the vessels began to relax, an important desideratum in both medical and surgical practice would be supplied." He had a solution made consisting of absolute ether, having a boiling point of 92° Fahr., charged to saturation at a low temperature with tannin, and afterwards treated with xylodidine, a little short of saturation.

It ran through the spray tube without blocking, produced good local anæsthesia, and possessed an agreeable odor.

This Xylo-styptic-ether-spray may be applied to open wounds on the skin, to arrest hæmorrhage after teeth extraction, and, by means of a uterine tube, uterine hæmorrhages from cancerous or other diseases. The styptic ether will keep for any length of time: a small quantity only is required, and it should prove of great use to army and navy surgeons. The other ether compounds are a caustic ether, an iodized etheria oil, and an ozonized ether.

Dr. Delcomante, Professor at Nancy, claims that the power of sulphuret of carbon, in producing local anæsthesia, is much greater than any other substance now in use. He reports that the refrigeration is more complete than with ether, and is obtained in less than one minute.

Like every other new invention or application in surgical science, the eager enquirer is liable to be led away by the success attending it in certain spheres. Legs have been amputated by Chassaignac with the ecraseur, but not with half the good results offered by the older methods. People have had their eyes put out by the indiscriminate use of the ophthalmoscope when they were afflicted with simple catarrhal ophthalmia, which a few doses of Bella would have cured. The use of the stethoscope may also and is often abused. Who does not remember Holmes' humorous poem, when a mighty Doctor applied to the chest of an unfortunate patient a stethoscope, into which, by some unlucky chance, a couple of blue bottle flies were performing their amative gyrations?

"The *bourdonnement* is very clear,
*Amphoric buzzing* as I'm alive,
Five Doctors took their turn, to hear,
*Amphoric buzzing* said all the five.

"There's *Empyema* beyond a doubt,
We'll plunge a trocar in his side,
The *diagnosis* was made out,
They tapped the patient—so he—died."

The use of the means of which we have spoken for the production of local anæsthesia must be considered as one of the greatest improvements lately introduced into surgical science. In my own experience, in opening whitlows and buboes, an oper

ation for paraphimosis; the lancing of mammary abscess in a female of delicate and nervous temperament, to whom it would have been manifestly unsafe to administer chloroform; the extirpation of a small tumor, and other such operations, has been most satisfactory; and, no doubt, for fistulæ, hare lip, removal of cancer of the lip, and even for tracheotomy, it may be very serviceable; but when we remember that it is almost impossible to make careful and minute dissections among frozen tissues perhaps it will not be applicable where such manipulations are necessary. However, we have the authority of Dr. Richardson that ovaritomy has now been successfully performed by it four times—amputations of the foot, and operations for hernia and *mirabile dictu!* cæsarian section. The advantages of the process in the latter were said to be very great: 1st, There was no bleeding; and 2nd, the cold caused the uterus to contract—two of the greatest *desiderata* in the proceeding. We also find records of its successful application for periostal affections, conjunctivitis, cancerous tumors of the scalp, epitheloma of the lip, fistula-in-ano, fatty tumor of the side, incisions into carbuncles, applications of nitric acid to chancres, the introduction of hypodermic injections, and very many other operations which are recorded throughout the medical periodicals. An interesting case is reported where Dr. I. H. Douglass, of New York, exhibited medicated pulverized fluids upon the throat, and Dr. Clymer states that: "Having a case of stricture with great irritability of the urethra and troublesome painful erections, I was induced to try spraying, from a Richardson, the perineum and along the urethra with a strong solution of the bromide of potassium. After two or three applications, the unpleasant symptoms abated and ceased, and there was no subsequent difficulty in exploring the urethra, and going on with the dilatation. In another case, almost similar, the same results followed this plan."

[Since writing the above I have received from my friend, Dr. B. W. Jones, of Philadelphia, an interesting aricle on the subject of local anæsthesia, which will be found in this number of the Journal.]

# LOCAL ANÆSTHESIA BY ARTIFICIAL COLD.

BY BUSHROD W. JAMES, M. D., PHILADELHIA, PA.

It has long been a desideratum in surgical practice, and especially in the minor operations, to obtain a ready and rapid mode of producing loss of feeling in the parts to be operated upon, without the patient being obliged to undergo general anæsthesia by the inhalation of Chloroform and Ether, and similar agents. Many persons have a great fear of being rendered unconscious least they may not awaken from its influence, and the frequent deaths that occur while patients are under the anæsthesia of Chloroform renders the grounds of fear in this respect plausible. An anæsthesia which does not affect the brain but acts simply on the local part to be operated upon, or at most to but a limited extent upon the adjacent tissues, must therefore be a great improvement for surgical purposes. This has for many years been deemed practicable by benumbing the part with intense cold, but the means used have been entirely inadequate for its ready accomplishment, or feasible enough to recommend them into general use: The cases to which it could be applied were so limited and its inapplicability to the deeper tissues led me to give it but a passing notice. Recently, however, my attention has been drawn more especially to the subject by the great improvements of Doctor Richardson of London, and Doctor Bigelow of Boston; the former after experimenting with various agents in different ways, finally devised an apparatus for applying Ether spray to the part, and by the rapid evaporation of the Ether an intense degree of cold can rapidly be produced sufficient to congeal the skin and tissues and remove the sensation of pain; while the latter brought to light an entirely new liquid, lighter than any heretofore known, devoid of the power of producing etherization by inhalation, but whose evaporation is so rapid, that when thrown upon the skin in the form of spray, from five to ten seconds only are required to take away all sensation from the part. This he named *Rhigolene.*

The two principal agents at present available for this purpose are pure rectified Ether and Rhigolene. Other liquids can be used, but do not answer as well. Chloroform causes irritation unless freely diluted with pure Ether. Kerosoline and several

other Petroleum Naphthas have been used, but *Rhigolene*, from its greater volability will no doubt supersede them all. I will therefore briefly compare the properties of this agent with those of Ether:

***Ether*** **boils at 80 degrees. A spray will reduce the thermometer down to nearly 6 degrees below zero in less than two minutes. Specific gravity, 0.750 ; produces loss of sensation in twenty to thirty seconds; has an unpleasant odor to many persons, and in operations about the mouth irritates the mucous membrane of the part. Quite inflammable; quite volatile; is a general anesthetic by inhalation.**

***Rhigolene*** **boils at 70 degrees. Its spray depresses the thermometer down to between sixteen and nineteen degrees below zero in two minutes. Specific gravity, 0.625 ; produces local anæsthesia in from five to ten seconds; has very little odor and does not irritate the tissues. The liquid and vapor both highly inflammable; extremely volatile ; not an anesthetic by inhalation.**

*Rhigolene* is a Potroleum Naptha, a hydro-carbon, and consequently, entirely devoid of oxygen, and is a resulting product in the process of refining Petroleum as conducted by the "Downer Kerosene Oil Company" of South Boston. It is the lightest liquid yet discovered, and is a much less expensive article than others heretofore used; its action is much more rapid, easily controlled, and more certain on account of the low temperature that can be produced by its vapor. It can be used as a temporary styptic and will no doubt relieve, for the time, acute local suffering, such as Neuralgia, &c. Its principal use will, however, be for some time to come in minor surgical operations, such as relieving felons, abscesses, carbuncles and fistulas by incision; removing tumors, piles, ingrowing toe-nails and foreign bodies; putting sutures in wounds, operation for hare-lip, for the extraction of teeth, and many other operations of a like character. I have no doubts but that it will be used in many of the larger operations. In fact the Cæsarian-operation has already been successfully performed in England with its use. The agent must of course be used with prudence and not be continued so long as to bring about frost bite, unless you wish to thus destroy some erectible or other growth. It is readily seen that an intense degree of cold long continued will induce a sloughing or mortification of the parts. In careful hands it will never bring about such a result for ordinary operations. The apparatus by which the Rhigolene can be used is of very simple construction.

It consists simply of a graduated bottle for holding Ether. Through a perforated cork a double tube is inserted, one extremity of the inner part of which goes to the bottom of the bottle. Above the cork a little tube, connected with a hand-bellows, pierces the outer part of the double tube and communicates by means of the outer part, by a small aperture, with the interior of the bottle. The inner tube for delivering the Ether runs upward nearly to the extremity of the outer tube. Now when the bellows are worked, a double current of air is produced, one current descending and pressing upon the Ether—forcing it along the inner tube, and the other ascending through the outer tube and playing upon the column of Ether as it escapes through the fine jet. By having a series of jets to fit on the lower part of the inner tube the volume of Ether can be moderated at pleasure, and by having a double tube for the admission of air and two pairs of hand-bellows, the volume of Ether and of air can be equally increased at pleasure. Peigolene and other fluids can also be used in this apparatus. In performing a surgical operation the anæsthesia can be produced not only on the skin but by continuing the application, while operating the deeper tissues as they are approached can be equally benumbed, and when the agent used is not an irritating one no danger will be likely to result. It has been proposed, likewise, to distribute various fluids by this or a similarly constructed apparatus in the form of spray into the various cavities of the body, such as the throat, nose and external meatus, also by the aid of spray catheters, adapted to the purpose, into the bladder and uterus. There is little or no pain from the reaction that follows the use of these agents, except that naturally consequent upon the incision of tissues by the knife.

## THE CHOLERA IN ST. LOUIS.

BY WM. TOD HELMUTH, M. D.

Since the last number of our Journal went to press, we have been in the midst of a fearful epidemic; an epidemic of so awful and fatal character that for a time the panic that it caused stagnated most of the business of our city and drove thousands of the inhabitants to seek refuge in those places where the te

rible scourge, if not unknown, was at least of a less violent character. The reports of the number of cases and deaths from cholera are up to this time not accurate, but sufficient is known to justify the assertion that cholera has been far more fearful in this than in any other city in America. Only those who have passed through such times of pestilence can be aware of the paralyzing effects produced thereby. Cholera was the word in every one's mouth. The long array of deaths published in the daily prints, the vast number of funerals that passed along our streets, the coffins piled in front of the health-office, the inability of many to procure hearses for the burial of their friends—baggage-wagons and express-carts serving as the funeral procession—the tar fires lighted at the corners of the streets by night, and the constant passing to and fro of the vehicles of physicians, all proclaimed aloud that pest, of a most malignant nature, was rife in the city.

According to the observations of the best informed medical men on this subject, it is believed that the deaths from cholera in New York will not, during the year, exceed five hundred. Up to the 17th day of August, according to official information, the deaths from Cholera in that city have been but two hundred and forty-seven. In this city, during the hight of the epidemic, that number perished in two or three days.

There can be no doubt that the virulence of the Cholera in St. Louis is mainly to be attributed to the imperfect drainage, to the ponds that surround the city in almost every direction, and to the large surfaces of newly "made ground," formed by filling these ponds with earth from other sections; thus making one of those conditions which are regarded by Pettenkoffer and the Bavarian Commission as the most essential requisite for the rapid spread of the disease.

As is usual, the peculiarity of the most fatal cases always occurring in the commencement of the epidemic, was again noticed in this invasion—probably the disease was the most violent from August the 10th, to August the 24th, although it raged with considerable virulence for some weeks thereafter. The increase in the disease may be inferred from the number of deaths taken from the health-office reports: On Friday, July 13th, the report for the week showed 122 deaths; on Friday, July 20th, there were 183 deaths; Friday, July 27th, 190 deaths; Friday,

Aug. 3rd, 208. On the 10th of August no report was furnished' perhaps it being considered better that the inhabitants should not be made aware of the presence and spread of the disease.

On the 17th of August, the mortuary report showed the appalling number of 895 deaths, and on August the 24th, 1,156. The disease then began very gradually to decline, as follows :

| | | | | | |
|---|---|---|---|---|---|
| Aug. | 26th, | deaths | from | Cholera | 90 |
| " | 27th, | " | " | " | 80 |
| " | 28th, | " | " | " | 73 |
| " | 29th, | " | " | " | 63 |

And for the week ending August 31st, the report shows 429 deaths from Cholera. But this last report is very imperfect, and indeed there is reason to believe the mortuary record has fallen short of many deaths that actually occurred. The records of deaths are taken from the certificates at the different cemeteries, but there were many interments from the Quarantine, the Small Pox Hospital, which were made at Arsenal Island, besides those of many who were sent thither from all quarters of the city, which are not accurately known: This imperfectness is very readily explained when it is remembered that many of the unfortunate, dissipated, houseless and forsaken wretches who, when taken with the cholera, die in a very few hours, whose bodies it is absolutely necessary to immediately remove ; and that these are brought in large numbers to the health-office and public charities of the city, to be immediately interred in the public burying grounds, to make room for others of the same class. This, with the immense press of business that crowds itself into the days when a severe epidemic is rife, will account, at least, in a measure, for this discrepancy.

We are credibly informed that during the 14 days before alluded to, when the epidemic was raging with its most fearful violence, that two or three trains were sent down the Iron Mountain Railroad to the Arsenal Island Grounds, loaded with the bodies of the unfortunates. From this period the infection appears to have steadily declined ; for the week ending Sept. 14th, 1866, the whole number of deaths in the city were 522, of which about 300 were from Cholera.

The phenomena presented by this epidemic, particularly the algid, were reported by those who have passed through the periods of '32 and 1849, as being very different in this from former

epidemics, giving rise to the fact that many intelligent laymen and well educated and observing physicians actually denied the existence of cholera, while we were in the midst of the epidemic. Of this and the peculiar symptoms of the disease more notice shall be taken in another place. The great feature in the most fatal cases was the ASPHYXIA, rapid, terrible, complete—and to this epidemic, if objection be made to the term *Asiatic*, *Asphyxia* will be the appropriate name.

It may not be uninteresting to compare the statistics of the epidemic of 1849 with those we have already given of 1866. They are as follows: In the 4 weeks ending January 30th, the number of Cholera deaths was 83; to February 26th, 37 deaths; March 27th, 62 deaths; April 30th, 129; May 28th, 541 deaths; June 25th, 1271 deaths; July 30th, 2,250 deaths; Aug. 27th, 53 deaths; Sept. 24th, 12 deaths; Oct. 22nd, 9 deaths. These figures make a fair estimate of the scourge of 1849, and include periods of about 4 weeks. In this report, to render a fair comparison, it is necessary to remember that in 1849, the census of the city was 63,781, while the present year the population of St. Louis is somewhat over 204,000 souls. With reference to treatment, modes of death, results and records of cases we shall have to speak hereafter when the city and the people have in a measure recovered from the blow, and are prepared to look calmly and dispassionately on the whole matter, then better reports and accurate and extended observations will be made which will be of great interest to ourselves and the community at large.

# HOMŒOPATHIC
# MEDICAL COLLEGE
## OF MISSOURI.

**WINTER TERM,—SESSION OF 1866-1867.**

The regular course of instruction will begin on the fourth Monday of October and continue until the 1st of the ensuing March.

The regular hospital clinics will be held, and those students who have been assiduous in their attention to these practical instructions, will receive the Hospital Diploma of the College.

## FACULTY OF MEDICINE.

JOHN T. TEMPLE, M.D.,
Materia Medica and Therapeutics.

T. J. VASTINE, M.D.,
Clinical Medicine.

G. S. WALKER, M.D.,
Obstetrics and Diseases of Women and Children.

E. C. FRANKLIN, M.D.,
Surgery.

WM. TOD HELMUTH, M.D.,
Theory and Practice.

N. D. TIRRELL, M.D.,
Chemistry and Toxicology.

C. H. NIBELUNG, M.D.,
Anatomy.

C. VASTINE, M.D.,
Physiology.

S. B. PARSONS, M.D.,
Demonstrator of Anatomy.

During the Winter Term, those who attend the Hospital *are conveyed thither free of charge.*

**FEES:**

| | |
|---|---|
| Fees for attending a Full Course of Lectures | $80 00 |
| Hospital ticket | 5 00 |
| Matriculation fee [paid once only] | 5 00 |
| Practical Anatomy [paid once only] | 5 00 |
| Graduation fee | 30 00 |
| Beneficiary fee | 40 00 |
| Fees for students having attended two full courses in other Medical Colleges | 40 00 |
| Graduates of other Medical Colleges | 30 00 |

A catalogue, containing full particulars of the course, with regulations of the College, can be had on application.

WM. TOD HELMUTH, M.D., Registrar.

# THE WESTERN
# HOMŒOPATHIC OBSERVER.

VOL. III. ST. LOUIS, DECEMBER 15, 1866. No. 12.

H. C. G. LUYTIES, Proprietor and Publisher.

ISSUED MONTHLY, AT ONE DOLLAR AND FIFTY CENTS A YEAR, IN ADVANCE.

All communications, whether of a business or literary character, must be sent to the Proprietor and Publisher of this paper, No. 306 North Fifth street, between Olive and Locust streets.


## Operation of Lithotomy upon a boy seven years old, and removal of the Stone.

*Clinical Lecture, at the Good Samaritan Hospital, upon Stone in the Bladder, delivered previous to the Operation, before the Students of the Homœopathic Medical College, Oct.* 14, 1866, *by* T. G. COMSTOCK, M.D., *one of the Attending Physicians at the Good Samaritan Hospital, Saint Louis, Mo.**

Patient is an orphan, seven years old; has been in the German Orphan Asylum three years, and during this time has always been troubled more or less with incontinence of urine, for which he has been treated without any benefit. Some three weeks since he was brought from the Orphan House to the Hospital, and placed in the surgical ward for treatment. From the history of the case, I at once suspected the existence of a calculus in the bladder. It seems he had been adopted by several persons before he was an inmate of the orphan asylum, but no one would keep him on account of his incontinence, which rendered him an object of disgust and pity to every one. Since he has been

* Reported by Messrs. RICHARDSON and AYRES, students of the Homœopathic Medical College.

in the orphan house, he would at times seem to have control of his bladder, and then lose all control of it and pass urine involuntarily, especially in bed; this was caused from his having periodically what our forefathers called a "fit of stone, or the gravel." Upon learning these symptoms I sounded him, and at once detected the existence of a stone or calculus.

*Symptoms of stone in the bladder.*—1st. Pain in passing water. 2nd. In exquisite, but rare cases, there is a feeling in the bladder of a heavy body or bodies, (for I have seen in one case as many as three hundred,) changing position with the movement of the patient's body, and can be felt near the base of the bladder through the perineum or rectum, and even through the abdominal walls in the region of the summit of the bladder when the patient was lying on the stomach. 3rd. Pain in the neck and base of the bladder when moving, sitting, standing, or at stool, aggravated by riding, especially on horseback, or lying on the back with the hips elevated and relieved by turning upon the stomach. 4th. Frequent micturition and passing of blood with the urine, or hæmaturia. 5th. Peculiar position in urinating, stooping or crossing the legs of the patient while urinating, and many strange manœuvres, all of which are for the purpose of preventing the stone from interrupting the stream of water. 6th. Pain which is intense, not in the neck of the bladder or bladder itself, but in the glans penis, or at the orifice of the urethra, and this is especially the case with children, who are thereby often led to practice onanism to relieve them. 7th. An unusual length of the penis or prepuce. 8th. Dysuria and stranguary aggravated after urinating, the patient always wishing to pass a few more drops of water, caused by the calculus, which, tending to follow the stream of urine, presses downwards and rests upon the neck of the bladder. 9th. Sudden interruption of the stream of urine, as if a foreign body had closed up the urethral passages, which is really the case. 10th. Reflexed or sympathetic pains in the region of the perineum, testicles, kidneys, thighs, and in

some cases in the sole of one foot; in females, pains in the vagina, and in children prolapsus of the rectum sometimes occurs. Lastly, when many stone exist (as in a case I saw operated upon by the late Prof. Scluh of Vienna, where a man thirty-nine years old had almost a bed of gravel in his bladder), concussions of the stones could be heard—a symptom which the patient thought he had noticed for ten years previous. But all these subjective symptoms are uncertain, and the only method of establishing a positive diagnosis is to sound for the stone, and its presence should be not only made certain to the attending surgeon, but to all of his counselors and assistants, immediately before the operation of cutting for the stone.

*Nature and Causes of Urinary Calculi.*—The urine in health contains in solution many saline substances, which become deposited upon cooling, as every non-medical man knows by examining daily an ordinary chamber-pot. Healthy urine contains a large proportion of water holding in solution urea creatine, urate of soda, urate of potassa, urate of ammonia, biphosphate of soda, biphosphate of lime, phosphate of lime, phosphate of magnesia, phosphate of potassa; also chloride of sodium and potassium, sulphate of soda, potassa, and mucus.

The constituents of gravel are classified by modern surgeons as—1st, Uric acid; 2nd, Phosphate of ammonia, magnesia and lime; 3rd, Oxalate of lime; 4th, Cystine; 5th, Uric oxide.

Urinary calculi usually take their rise in the kidneys, sandy-like particles gradually descending through the ureters into the bladder, and remain there as a nucleus, which constantly enlarges by receiving fresh deposits from some one of the several salts of the urine; the phosphatic calculus, however, is proved to be of vesical origin.

This disease occurs at all ages. Calculi have been found even in young infants at birth, or they may commence to form immediately after birth (out of 5,376 cases reported by Civiale, 2,416 were children); sometimes they commence

in after-life, as a sequel to rheumatism or gout. It is believed to be hereditary, but Dr. Gross says he has never seen this opinion confirmed in his large experience. It may exist for years, and no one except the patient, or some of his most intimate friends, be cognizant of it. In a case I saw once, in a patient at thirty-nine years, it first commenced at the age of three years. Most cases occur prior to the age of twenty, and females are rarely affected; this is owing to the fact, that in females the urethra being much shorter and more dilatable than in males, the calculi in their formation stage are enabled to pass, and indeed are often voided—a fact well known and attested to by physicians of large practice.

The specimens of calculi, three in number, which I here exhibit to you, are, as you perceive, as large as good-sized allopathic pills, and were voided by a female, some years ago, after taking freely of uva ursa tea.

Calculi are seldom found among negroes. Stone in the bladder occurs in all parts of the world, but is much more frequent in some countries than in others. They are of frequent occurrence in this country, especially in the Southern States; also in Austria, France, England and Russia; but in Switzerland, Spain and Ireland they are very rare.

While in Vienna some years ago, I had occasion to see this operation performed very frequently, and many patients to be operated upon came from Bohemia, and the calculi were mostly of the phosphatic variety. Prof. Oppolzer states that stone in the bladder is more common in Bohemia than in any other of the crown-lands of Austria: and this was owing to the fact that the inhabitants drink so excessively of beer, which is well known to contain a good proportion of the phosphates. Vesical calculi are most common in limestone countries, and affect the poor much oftener than the rich. Sailors are affected with calculi very seldom, and cider-drinkers are said to be very prone to the disease. Persons predisposed to melancholy and hypochondria, who suffer from derangements of the stomach, who masticate

their food imperfectly and indulge in irregular habits in eating, and who eat hot bread, biscuits, and farinaceous substances not well baked, are especially subject to it. In very cold climates, as well as in the tropics, gravel is very rare; but in countries subject to frequent changes of the atmosphere, calculi are often found.

*Physical Properties of Calculi.*—Some calculi give much more pain and distress to the patient than others—e. g., the oxalic calculi are the most painful, because they are rough, uneven and jagged; these calculi are composed of oxalate of lime, and are frequently called mulberry calculi, from their resemblance to the fruit of the mulberry tree. The calculus in the bladder of the patient to be operated upon is possibly an oxalate, as by sounding it seems to have a very rough surface. The uric-acid calculus is most frequently found in children. Sounding for stone in the bladder is an operation requiring a good deal of skill and dexterity. I have seen a patient sounded by Civiale, in Paris, when he failed to detect the stone at that sitting; subsequently he sounded the same patient, and detected it without the least trouble.

Sometimes, if the calculus is small, it may be encysted in a *cul-de-sac* of the bladder, and the sound fails to touch it. A subsequent trial may be more successful, for it may have become released from its imprisonment and be found at once, as soon as the sound has been passed into the bladder. In sounding for stone, the bladder should be full of urine, and if the patient has just micturated, the bladder should be injected with a few ounces of tepid flaxseed tea, in order to distend it. When the stone cannot be found readily, the position of the patient should be changed; and I have seen a little patient held up by his feet, so that his head dangled in the air, when of course the position of the stone was changed, and upon introducing the sound a second time, it was detected, and the peculiar click or clink readily heard.

Stone in the bladder was not unknown to the Egyptians, and the operation of lithotomy was practiced by Hippocrates

twenty-five centuries since. He, however, bound his pupils by a solemn oath not to practice the operation. Hippocrates practiced nephrotomy (cutting into the kidney to extract the calculus), as well as cystotomy, or lithotomy; the former is recommended, but its manner of execution is nowhere described; the latter operation, which is less dangerous, is spoken of, but only to proscribe it. In the Hippocratic oath we read: "I swear not to cut any person attacked with stone; I will abandon that practice to mercenaries, who devote themselves to it." After the death of Hippocrates, we hear nothing more of the operation until the time of Celsus, who describes it very definitely, and speaks of using instruments to sound for the stone, and that it be performed upon subjects between nine and fourteen years of age, and that the spring of the year be selected as the best time for the operation. After the time of Celsus, the operation of cystotomy, or lithotomy, seems to have been abandoned by surgeons in regular practice and given over to the hands of mountebanks and strangers ignorant of anatomy or medical science. They seem to have almost monopolized this operation until the commencement of the sixteenth century, when some Italian physicians invented some new instruments for facilitating the operation, but still very few if any surgeons in other countries attempted it. Frère Jacques, a Frenchman, about the year 1697 announced himself to the world as an operator for stone; he was ignorant of general anatomy, although he acquired some knowledge of the special anatomy of the bladder and perineum, and ultimately became a very successful operator, respected by the profession throughout Europe.

Prof. Hyrtl, of Vienna, relates the case of a blacksmith in Holland, named Jean Dot, who, with the assistance of his young apprentice, who administered to him some stimulants or vinigrettes, operated upon himself with a sharp pocket-knife, and removed a stone the size of a goose egg; the operation was the high operation.

This operation, which occurred in the seventeenth cen-

tury, is certified to by the Burgermeister, Council of the city, and College of Surgeons at Leyden in Holland, where is preserved in the anatomical museum (*"corpus dilecti"*) the stone itself, and also the knife used by the blacksmith.*

Since the time of Cheselden, a celebrated English surgeon, the lateral operation for stone in the bladder has been adopted, as the one most practiced by modern surgeons.

Before considering the operation itself, it is best to recall the anatomy of the urethra and neck of the bladder. The urethra is in length from eight to nine inches, and sometimes even less. It is extremely dilatable, and by practice will tolerate instruments of considerable calibre, as may be seen when the operation of lithotomy is performed. It is divided into three portions; these are the prostatic, the membranous and the spongy portions. The prostatic portion—this part of the urethra forms a continuation of the bladder, and is surrounded by the prostate, which really embraces the neck of the bladder; its length is one inch and a quarter, transverse diameter one inch and a half, and oftentimes it may be three or four times this size. The membranous portion of the urethra is about one inch long, and extends from the prostatic portion to the bulb or commencement of the spongy portion. The spongy portion constitutes the greatest length of the urethra; it commences at the extremity of the membranous portion by an expansion called the bulb, and terminates at the extremity of the penis, forming a still larger expansion called the glans penis.

*Lateral Operation, and Method of performing it.*—This consists in opening the perineum—opening the urethra at its membranous portion, continuing the incision through the prostate gland obliquely outward and downward, in a direction about midway between the anus and tuberosity of the ischium, but a little nearer the tuberosity than the anus. A grooved staff or Itinerarium is first introduced through

*Handbuch der topographischen Anatomie, von Joseph Hyrtl, Wien, 1861.

the urethra into the bladder. The incision should commence, in adults, about one inch and a half above the anus, (and in children about one inch,) and one line to the left of the raphe of the perineum, and carried backwards and outwards in the direction as above stated. We operate on the left side because it is more convenient for the right hand.

The first incision divides the integuments and transverse muscle, the superficial fascia, the external hæmorrhoidal vessels and nerves, the superficial, transverse and perineal vessels; the forefinger of the left hand is now to be introduced into the wound and pushed at first in the direction of the rectum, which should be pressed backwards so that it may not be wounded. The point of the left index finger is then to be pressed against the membranous portion of the urethra, where the staff may be felt, and the finger being fixed upon the staff within the groove, the structures covering it are to be carefully divided with the point of the knife, which must be directed along the groove towards the bladder, the edge of the knife being carried outward and backwards, dividing in its course a portion of the triangular ligament, the anterior part of the levator-ani muscle, the membranous portion of the urethra, and a part of the lobe of the left prostate, to the extent of one inch in all. The bladder is now opened, and this will be announced by a gush of urine. The knife is now to be withdrawn, and the forefinger of the left hand, still fixed against the staff, is to be pushed into the bladder, when the staff may be removed. The stone is now to be sought for, and as soon as its position is clearly ascertained, the forceps, with blades closed, are to be introduced within the wound, being held in the right hand and guided along the upper surface of the left index finger, until it comes into the bladder. As soon as they are brought in contact with the concretion, the blades are to be expanded and care taken that no portion of the bladder is embraced between them, the stone is seized and carefully extracted. This latter part of the operation is rather difficult, and I have known a Professor in Vienna, who operated

for stone, upon an adult subject, fail to find it, after the most tedious trials, and had to give it up. Five hours later, when he visited the patient, he found the stone between the patient's thighs. It was retained from a preternatural contraction of the bladder. In another case, operated upon by Prof. Von Dumreicher, Surgeon-General of the Austrian Army, the bladder contracted, so that a great deal of force was necessary to extract it, and the patient died forty hours after the operation.

*Dangers of the Operation.*—1st, sinking; 2nd, hemorrhage; 3rd, infiltration of urine; 4th, inflammation of the neck of the bladder; 5th, peritonitis; 6th, recto-vesical fistula.

*Difficulties in executing the Operation.*—1st. In children, it is difficult to make an opening into the bladder. When the first incision is completed, it is necessary for the point of the index finger to press directly upon the staff in its groove, and the point of the knife be guided by the index finger, which latter is not to be at all removed from contact with the groove of the staff. The point of the scalpel is then to be carefully pushed through the membranous portion of the urethra until it comes within the groove. To complete the operation, the surgeon may incise the prostate gland with the same instrument, or may now withdraw the scalpel and change it for a blunt-pointed gorget, with which the prostate may be divided, or in children the finger itself will be sufficient, as the neck of the bladder and prostate are exceedingly soft and lacerable. Should the surgeon lose his presence of mind, or the assistant to whom is intrusted the staff not hold it well up against the symphisis pubis, or misplace it in any way, so that the point of the left index finger leaves the groove, then the incision may be made, not in the neck of the bladder, but in the recto-vesical space, which is a sort of cavity between the bladder and rectum. Hospital surgeons have even made this mistake. In children it is more difficult to make the incision directly into the membranous portion of the urethra than in adults; but after the incision has been made the

stone itself may be extracted with less difficulty than in adults. In children the perineum is more vascular, and not so firm as in adults, and for this reason the landmarks which guide the surgeon are not quite so surely defined as in adults. The bladder lies higher in the pelvic cavity, and therefore it is necessary, in operating, to raise the point of the knife more in making the first deep incision, in order to reach the membranous portion of the urethra, and be careful that it does not slip in a downward direction and come in into the recto-vesical space, thereby wounding the rectum, or giving occasion for infiltration of urine after the operation.

When the cavity of the bladder is reached and the incision completed, it is sometimes exceedingly difficult to find the stone, or if it is found, it may be of such a size as that it will be impossible to extract it. In such an event it will be necessary either to enlarge the incision in the prostate, or to crush the calculus in the bladder and remove the fragments by piecemeal.

*The Operation.*—Patient was now brought into the operating room, (the bowels had been cleared the evening previous with a dose of castor oil,) his hands and feet were tied, and chloroform administered. A gum-elastic catheter was passed into the urethra, and the bladder injected with flaxseed tea; the catheter was withdrawn, and the staff introduced and the calculus touched. The staff was intrusted to Dr. Helmuth. Drs. Franklin and Vastine assisted, each one supporting one limb. Dr. Comstock now commenced the incision, using a scalpel, and soon cut through the membranous portion of the urethra upon the staff. The scalpel was then exchanged for a probe-pointed gorget, with which the section through the prostate was completed. The left index finger was now pushed into the bladder, and the stone readily felt. The staff was then withdrawn, the probe-pointed gorget exchanged for a small sized pair of lithotomy forceps, made expressly for this operation, which were introduced into the bladder, and the stone seized and immediately withdrawn.

It proved to be a Uric-acid calculus of the size of a small hazel-nut. The bladder was then injected with tepid water through the wound, in order to wash any other small fragments of calculi that might be present.

The hemorrhage was insignificant, and the little patient awoke from the effects of the chloroform not seemingly much exhausted. A quarter of a grain of acetate of morphine was administered, and the dose repeated in one hour. The patient was laid upon his left side, the legs were bandaged together and charpie saturated with sweet oil and calendula tincture, applied to the wound, which dressing was continued. A light diet of rice mucilage and milk was ordered for four days. He slept well the first night, showed no signs of fever, continued to pass urine through the wound until the fifth day, when, during the act of defecation (the first time since the operation), he passed urine through the urethra.

After this time he passed his urine almost entirely through the urethra, and had no trouble whatever. The wound healed nicely, and at the present date (Nov. 29) he has recovered from the effects of the operation, has perfect control over his bladder, passing his urine regularly, and is in a condition to be dismissed from the hospital and returned to the orphan asylum again.

## Cactus Serpentinus.

BY W. H. BURT, M. D., LINCOLN, ILLS.

Nov. 7th, 1865, was called to attend Mr. P——, æt. 47, nervo-bilious temperament. Seven months since commenced getting weak, and has been gradually growing weaker ever since; is compelled now to keep his bed. The first symptom was great distention of the stomach, which would be relieved by frequent eructations of air; bowels very costive; frequent perspiration of the chest and upper extremities; is extremely weak; urine passes from him involuntarily; very nervous—the least excitement pro-

duces violent palpitation of the heart; no cough, but is very hoarse, cannot speak loud; no appetite; is a great hypochondriac; greatly emaciated. The epigastrium is greatly distended, and all of his suffering seems to be in the stomach; he declares there is a tape-worm in his stomach. Had a brother who died with consumption. Two Old School physicians have treated him, during the last six weeks, with no benefit, for he is much weaker; could walk out doors every day when they commenced, but now is confined to the bed. I gave *Nux*, 3rd, four days—no change; *Ars.*, 3rd, three days—no better, but more discouraged than ever; *China* and *Sulphur* four days—no change for the better. Does not want to take any more medicine; has no faith in anything, and is bound to die. I urged him to give me one more week, and then, if no better, I would let him die, as he wished; to this he consented. The palpitation of the heart was so constant and so troublesome, that I determined to try the *Cactus Serpentinus*, not having the *Cactus Grandiflorus*. I put ten drops of the tincture in a tumbler of water, and gave one spoonful every three hours. He commenced to improve on the first day, and in one week the hoarseness was gone. The palpitation was greatly controlled by the *Cactus*; the distention of the stomach was much better; he could sit up most of the day. Continued the remedy five weeks, when he was discharged cured, and resumed his work as a peddler. He came back in five weeks, saying his stomach was commencing to trouble him again. *Cactus S.* one week removed the distention completely. Two months after, he came for more of the medicine, saying his old trouble was commencing again. One prescription made a final cure. I saw him frequently for six months; he remained perfectly well.

While taking the *Cactus S.* he complained most bitterly of it producing constant dull pain in the cerebellum; if the remedy was omitted, the pain would cease, but would return again as soon as its use was resumed.

Guided by the proving of the *Cactus Grandiflorus*, I have

given it in functional diseases of the heart with the most gratifying results. In diseases of the heart with an intermittent pulse, it will be found a capital remedy.

In a number of cases of hoarseness, I have given it with excellent success; it seems to have a special affinity for the mucous membrane of the larynx, but does not affect the mucous membrane of the lungs so prominently.

In nervous and hysterical patients, it will be found an excellent remedy.

*A Fragmentary Proving of the Cactus Serpentinus.*

Oct. 1st, 1865, at 11 A. M., took 100 drops of the 3rd dec. dilution, prepared in water. Thirty-five minutes after, severe cutting pains in the lower umbilical and hypogastric regions, lasting about one hour. No other symptoms.

2d—Dry, hard stool. 12 M., took 400 drops; in half an hour commenced to have sharp, cutting pains in the umbilicus. 3 P. M., same symptoms, with mushy stool; continued about one hour after stool. No more symptoms.

3rd—11 A. M., took 600 drops. 3 P. M., dull frontal headache; face flushed; slight pain in the bowels, with soft stool, followed by quite severe pains in the hypogastrium.

4th—No stool; feeling well. 5th—Natural stool.

The cactus that this tincture was made from grew in a conservatory, was eight years old, and eight feet high.

## Homœopathy vs. Allopathy.

*Editors Observer:*—About two months since, one of our Allopathic brethren confidentially told me that he had an unmanageable case of periodical headache; one which he had treated for more than six months, and notwithstanding he had almost exhausted the Materia Medica, he could produce but temporary relief, and that with huge doses of Mor. Sul. He observed, laughingly, that this was a case to test the truth of *Similia*, and invited me to accompany him to see the lady when she had another "bad spell." To this I agreed, if he would obtain the consent of the lady and her

husband. This was on Friday, and the next Tuesday he came for me to go with him. Arriving there, I was introduced to the family, and found the lady was of a florid complexion, with auburn hair, of a sanguineo-bilious temperament, æt. twenty-seven. The symptoms which presented themselves were as follows—those in *italics* are the lady's own words: Irregular, intermittent pulse; agonizing headache; *the brain felt as if tossed over and over, worse when moving downwards;* face covered with large drops of perspiration; dimness of sight; ears felt as if *plugged with cotton;* during the continuance of the headache *large quantities of whitish urine are voided;* she frequently faints, and the fingers of the left hand are invariably closed; *headache lasts from twelve to forty-eight hours; after the headache ceases she has violent palpitation of the heart, and a diarrhœa lasting two to three days.* These symptoms were more or less present in every attack, which happened about every ten days. With the consent of the lady, her husband and the Doctor, I gave her a prescription, which was as follows: *Glon.* 6-10 gtt. v. in a tumbler of water, a dessert-spoonful every half hour until pain ceased. After the first dose, we (that is, the lady's husband, Dr. —— and myself) went out to look at the garden, stock, &c. We were gone perhaps three quarters of an hour, and when we returned the lady said she felt much better—scarcely any headache, clear vision could hear as well as usual. I stayed until after she had taken three spoonfuls of the solution, when she said she felt as well as usual with the exception of a numb feeling, extending from the left thigh downwards—a symptom she had never before experienced. (Was this the result of the *Glon.?*) I directed her to use the solution three times daily until it was all gone, (there was enough for about four days.) This she did, and from that time to the present, a period of six weeks, she has had no return of any of the symptoms; neither did she have the palpitation or diarrhœa which formerly accompanied every attack. It is needless to say that the lady and her friends are joyfully disappointed in Homœopathy. As for the Doctor, he does not know what to think. What the result will be in his case, however, can be guessed from the fact that recently he borrowed my Materia Medica and a volume of Homœopathic Practice. Verily, *Magna est veritas, et prevalevit.*

T. C. Gruber, M.D.

# Inhalations,
## AS AUXILIARIES TO HOMŒOPATHIC TREATMENT.

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

It is a favorite idea with the common people, that medicines inhaled into the lungs in the form of a damp atmosphere atomized, act better than when given in any other form.

For twenty years past, traveling physicians have advertised remedies given by inhalation, as specific cures for consumption and other lung complaints, and this has especially engaged the attention of the people in their favor. As progressive homœopathic physicians, it is our duty to duly investigate this matter, and if the inhalation of medicines can soothe the consumptive patient or those suffering with asthma, bronchitis, hooping cough or any other pulmonary affection, then most surely is it our duty to avail ourselves of them in practice.

The advocates of inhalation say that therapeutic agents, which can come in direct contact with the diseased organ, will exercise a far better sanative influence than when given by the stomach.

If we look into the early history of medicine, we shall find authority for such a belief. Pliny recommended in phthisis the resinous atmosphere of a piny wilderness. Aristotle recommended sea-air for consumption, and Cicero was ordered by his physicians to make a sea-voyage to Greece and remain there for some time, in order to have the advantage of a "change of air"; Celsus advised sea-air for consumption, and Hufeland speaks of it in the highest terms, and instances cases (in the first volume of his Journal, page 389,) of pulmonary diseases which were cured by it.

Laennec says, in his work upon diseases of the lungs, "that he is convinced, that we possess in the present state of our knowledge, no better therapeutics for the cure of consumption, than sea-voyages, and a residence in a mild climate near a sea-coast, and he advises all who can to at least make the trial." I could quote a great many other authorities who have advised sea-air as beneficial in consumption, and without doubt the salt in the sea-air was the medicinal element which being inhaled into the lungs produced all the good results.

It is undeniable that in some cases sea-air not only often

materially allays the development of phthisis, but even arrests it.

But few patients can afford the expense of a sea-voyage, and in lieu of it we would recommend the inhalation of Salt, in the form of an atomized vapor. It has in my practice proved very grateful, and in many instances beneficial to patients in the commencing stage of tuberculosis. I have never seen it do harm, and it attracts the attention of the patient, who at least thinks something is being done to save him from an early death. A great number of other medicaments may be administered by inhalation, such as Tannin, Alum, Iodine, Opium, tincture of Iron, muriate of Ammonia, hydriodate of Potash, Hyosciamus, Conium, Carbolic acid, chlorate of Potash, etc.

It has always been difficult to construct an apparatus, which would satisfactorily vaporize the medicament, and conduct it through the larynx into the lungs. The object to be desired was to have the medicines selected for the inhalation, in the form of solutions or tinctures, and then to atomize and reduce them into hot spray, by the aid of heat; or cold spray, by means of a peculiar apparatus provided with an air-pump.

The former method has proved the most convenient, practicable and efficient, and a great many costly apparatuses for the purpose have been made in France, Germany and this country, but the best, cheapest and most practicable of all is made by Mr. Kraut, in Third street, near the junction of Second street, in this city. It consists of a copper boiler, with a spirit-lamp under it; from the boiler a brass tube comes out horizontally, terminating in a small capillary opening; at right angles to this tube is arranged another tube similar in construction with the first one described; these capillary ends meeting each other at right angles, and the horizontal tube is emersed in a glass cup which contains the medicine selected to be inhaled. The water in the boiler, being heated, is driven out of the horizontal tube, which immediately creates a vacuum in the perpendicular tube, so that the medicated fluid in the cup will rise to supply its place, and reaching the capillary orifice is divided into spray, and can be inhaled readily through the larynx into the lungs.

In the commencement of phthisis I have employed, by means of this apparatus, the following medicines: Salt and water, Salt and vinegar, wine of Opium in vinegar, Hyosciamus in vinegar,

Conium in vinegar, infusion of Mallow Flowers in vinegar, Tannic acid in water, Alum in water, and Iodine tinct. diluted. The medicines were selected according to the nature of the disease. In aphonia, Iodine and Sulphate of Zinc were used.

In bronchitis, Turpentine was used with the best of success. I have employed Oil of Turpentine in this disease for nine years past, having first learned its use in the clinic of Prof. Skoda in Vienna. I formerly poured the turpentine upon hot-water in a tea-pot, and ordered the patient to inhale it through the spout. Such an intractable disease as bronchitis may be *palliated* very much by the use of this inhalation.

In some forms of diphtheria, Carbolic acid and Chlorate of Potash have been recommended, and in hæmoptysis, Secale cornut. or tincture of Muriate of Iron have been successfully used.

In a future number we will speak of the auxiliary treatment of some forms of croup by the inhalation of steam, and the combination of remedies atomized by means of steam.*

For the Observer.

## Specifics.

Specific, in medicine, means a remedy that cures diseases upon some principle peculiar to itself, and not common to two or more remedies; or a remedy which infallibly cures all cases of disease to which it is deemed appropriate. This latter definition is more appropriate for the quack or nostrum vender. The well educated or true physician, if he be honest (as all should be), will talk less of specifics as he grows wiser and better. Some deny, while others affirm, there are specifics in medicine. Certainly there can be no infallible specifics acknowledged in the Homœopathic School, until the pathogenetic effects of drugs shall have been proven to be the same in every individual. This has never been, and never can be. Nor should this discourage us at all in the proving of drugs, for without it our law *Similia* would be a nullity. Many obstacles and diverse pathological states there are, beyond our ken, in our provings; hence the many difficulties under which we labor in practice. It is

* The Apparatus of Mr. Kraut is for sale at the St. Louis Homœopathic Pharmacy.

claimed in our school that *Belladonna* is specific in scarlatina *Nux v.* in constipation, *Aconite* in acute croup, and so with an hundred more; while in the old school they have empirically stumbled on but few, after having stumbled and wandered forty times longer than the Israelites did in the wilderness. And until they renounce their idols, purging, blistering, vomiting, &c., acknowledge and cleave unto the law *Similia similibus*, they can never inherit the promised land in medicine.

I have surely discovered one infallible specific, not for disease, but for an annoyance more formidable than many diseases we are called to treat. This is the *Tr. Cocculus Indicus*, for the destruction of that little parasite described by Burns as an

> "Ugly, creepin', blastic wonner,
> Detested, shunned by saint and sinner."

For all species of this little pestiferous animal (nit or louse), wherever found, on Christian, brute or fowl, this is the *sine qua non*. If the tincture be not at hand, make a decoction, which is equally effectual—wet the head or part infested only once, and there will be no more want of unguents or fine combs. I have prescribed it for twenty years, and have never known it to fail in one case. Let none esteem that vulgar which is useful in the school as in the family.

*Jacksonville, Ills.* G. Y. Shirley.

## Clergyman's Sore Throat.

BY TEMPLE S. HOYNE, M. D., CHICAGO.

Synonyms: *Chronic Pharyngitis—Dysphonia Clericorum.*

This disease, as its name implies, is quite common among clergymen, public speakers and singers, who lead a sedentary life, taking little, if any, out-door exercise. It has been observed that those persons who read from the manuscript, while delivering an address, are more liable to the disease, owing to the fact that reading is a mere mechanical operation, rarely calling the mental faculties into play.

Chronic Pharyngitis commences by an irritation—slight at first—of the pharyngeal mucous membrane, inducing hawking and spitting; but little attention is paid to it until the disease becomes fairly chronic, as indicated by a huskiness of the voice,

a short dry cough, and a feeling as if one must swallow constantly. The expectoration is viscid muco-purulent. In this, the advanced stage, the mucous membrane lining the pharynx is œdematous and studded with granulations, owing to a deposit of sebaceous matter in the follicles. Sometimes the membrane is of a fiery or purple hue. Often the follicles burst, discharging their contents in the form of small balls, which by nervous patients, and those of consumptive tendency, are taken for tubercles. Quacks favor this opinion, and many of their cases of Consumption will be found, on examination, to be nothing but Clergyman's Sore Throat. The discharge from these follicles differs from tubercle in its consistence, and when broken smells badly—not true of true tubercles. The true tubercular deposit rarely takes place in the pharynx. This disease is no indication of a tuberculous diathesis, as persons afflicted with it rarely become consumptive.

Old physic treats the disease with tonics—iron, quinine, &c., and a local application of nitrate of silver. I have found Nitric acid, from the 3rd to the 12th, the best remedy in those cases where there is a titillation in the throat, inducing a dry hacking cough during the day and evening; expectoration slight and of a yellowish color; and in those cases where "scraping in the throat, as if the speech were impeded," is a prominent symptom.

*Mercurius-iodatus*, probably, meets the next greatest number of cases, when given at long intervals. The symptoms indicating its use are: sore throat, with pain when swallowing saliva; obliged to swallow constantly; mucus in the throat, which he constantly tries to hawk up; depression of spirits; always better when exercising; aggravation in the evening.

*Phosphorus* is a valuable remedy when the pharynx feels as if excoriated with scraping and smarting; and when the hawking up of mucus, hoarseness, and cough are worse in the morning.

*Nux vomica* is often of benefit in those persons whose appetite is poor or variable, breath fœtid, and an indisposition to do much of anything. The throat symptoms calling for its use are, sensation of swelling in the pharynx, rawness of the fauces when inspiring cold air, rawness of the throat during deglutition, and a dry cough at night.

In many cases *Drosera*, *Carb.-veg.*, *Arsenicum* and *Calcarea* are of service, and a resort to them followed by success.

In a few cases I have used *Hydrastis Canadensis*, or *Phytolaca Decandra*—one part to three of water, as a gargle, and I think with benefit. The medicine prescribed is to be taken once a day only, until improvement sets in, and then once in two, three or even five days, according to the rapidity of the improvement.

---

POISONING BY ADMIXTURE OF HARMLESS MEDICAMENTS.—Prof. Melsens, of Brussels, reports some curious cases of poisoning effected by mixing within the animal body certain chemicals which are wholly innocuous when taken singly and separately, and which have little or no tendency to act upon or decompose each other when brought together outside of the body. The two salts known as chlorate of potash and iodide of potassium, for example, when dissolved together in water, crystallize out separately and without acting upon each other, as soon as the solution is evaporated. If the two salts be mixed in equivalent proportions, and then dissolved in water, no decomposition occurs between them, either at the ordinary temperature of the air, or when the solution is boiled, or when it is heated to 365° under a pressure of ten atmospheres. Absolute fusion of the dry salts is necessary, before double decomposition with formation of iodate of potash will occur. Nevertheless, in experiments, in which daily doses of seven grammes of a mixture of chlorate of potash, and iodide of potassium in equivalent proportions, were administered to dogs of thirty or forty pounds weight, the animals languished rapidly and soon died, some of them in the course of a week. The symptoms and effects of the poisoning produced by the mixed salts were similar to those produced by iodate of potash, a substance well known to be poisonous. It is therefore probable, that, when a mixture of chlorate of potash and iodide of potassium is placed within the animal body, the two salts re-act upon one another, and there is formed the poisonous compound iodate of potash. The experiment furnishes another illustration of the indubitable truth, that many chemical changes take place in the animal system, which cannot be brought about ander ordinary circumstances in the laboratory. It further suggests to physicians great caution in making new mixtures, even of harmless and apparently compatible medicaments.—*Nation.*

---

# VALEDICTORY ADDRESS

TO THE

## GRADUATING CLASS

OF THE

# HOMŒOPATHIC MEDICAL COLLEGE

## OF MISSOURI,

By E. C. FRANKLIN, M. D., Professor of Surgery.

DETROIT, MICHIGAN:
PRINTED AND PUBLISHED AT DR. LODGE'S HOMŒOPATHIC PHARMACY.
1866.

# VALEDICTORY ADDRESS

*To the Gradnating Class of the Homœopathic Medical College of Missouri, by E. C. FRANKLIN, M. D., Professor of Surgery*

GENTLEMEN:—The occasion upon which I have the pleasure of addressing you may seem to be one of simple occurrence, possessing no great amount of either novelty or importance; and yet the act I now perform, of delivering a valedictory, terminating the *fourth* course of regular lectures in this College, may prove of great value in the new relations you have this day assumed, as co-laborers in the great work of medical progress.

Upon me devolves the honorable duty of welcoming you, in behalf of the Trustees and Faculty of the Homœopathic College of Missouri, into the ranks of that time-honored profession, wherein you have put off the garb of the student, and put on the more dignified and responsible attire of Doctors in Medicine. The relations existing between us hitherto as teacher and pupils have ceased, and you now stand before the world accredited with all the rights and privileges of medical men, co-equal with all, inferior to none; clothed with authority from the State of Missouri to act your part in the great drama of life, as ministers to suffering humanity. The position is one that calls forth renewed energy and unceasing application in the practice of that profession which has performed such an important part in the regeneration of the world. The life of the medical man is one continuous battle to counteract the life-invading influences that men raise against each other.

Amid the conflict of civil war that has swept o'er our fair land like the poisonous blasts of the sirocco, distracting the home circle, severing social ties, and impoverishing the accumulated wealth of thousands, we have seen the medical man toiling and laboring, amid privation, disease and death, that he might garner new aids wherewith to enrich the store-house of medical knowledge.

Whether upon the gory battle-field, or in the peaceful pursuits of life, the aim of medical science has ever been to regain for man his lost primeval inheritance, "before the fall brought ruin on our race," when God said, showing him animate and inanimate nature, "have dominion." To sustain and advance this science, medical schools have been instituted, and the curriculum of study, from time to time, has been largely increased. If I desired to furnish an example of

the progressing genius of medicine, and the efficiency and attainment that has marked its energetic pursuit of truth amid all the trials that clog the wheels of progress, I would point to the present state of the science, and compare it with that of a century ago, before the genius of Hahnemann gave birth to the eternal law—"*Similia similibus curantur.*" The multiplication of homœopathic colleges within the past quarter of a century, is the amplest evidence of the growth and extension of this great improvement in medicine. The increasing popularity attending the dissemination of its principles in the refined and cultivated classes of society, the success of its practice, even amid the bitter and relentless persecution heaped upon it by the advocates of that "slow coach" sect that have always opposed progress in medicine, proves conclusively

> "That truth is precious, if not all divine,
> And what dilates the powers, must needs refine."

In every course of human action there must be a movement to he development of good or evil, and when elements of error lurk in any system, a mere careless, thoughtless manner, in carrying that system forward, favors the bias in a wrong direction by merely neglecting the impulse towards the right. Giving all honor due to the general character of our noble profession, to the unwearied philanthropy, the energetic pursuit of truth in all its branches, and to the patient, progressive struggle in the path of duty, unallured by brilliant prizes, it must be conceded by all, that much attainable improvement yet remains, before we may hope to witness its utmost limit of perfection. Influenced by such motives, encouraged and sustained in our laborious career in elaborating and perfecting this comparatively new system of medicine, there is presented a theme of the deepest interest, not only to the co-laborers in this field of medical progress, but to all who become objects of its professional care. That *you* may become competent to act well your part in elevating and perfecting this improvement in medical science, it is proper that you receive a thorough course of medical education. Not that species of instruction that merely stores the memory with barely sufficient information for the day of trial, but that clear and comprehensive knowledge, that promises the highest qualification for a future responsible and brilliant career of duty. This depends not only upon the *principles* which form the basis of a thorough course of medical instruction, but the *spirit* in which that instruction is received, by those who seek to pass the portals of the profession. Keeping well their faith towards you, and appreciating the zeal and enthusiasm

you have manifested in availing yourselves of the advantages of this institution, the Trustees and Faculty of the Homœopathic College of Missouri have added increased facilities for the acquirement of a systematic and scientific medical education. In addition to the advantages already secured, of a regular medical course by a corps of earnest and competent teachers, actively engaged in imparting the principles of their respective chairs, and the *clinical teachings* that have been presented in the wards of the Good Samaritan, Post and Freedman's hospitals, and the daily clinics held at the college dispensary, they have inaugurated a summer course of lectures for the purpose of clinical and didactic teaching. This summer term will commence on the first of May and continue to the 4th day of October, when the regular course begins. The objects which originated this additional course of instruction, and which will continue for the benefit of all who seek to increase their fund of medical knowledge, are found in the development of the great resources afforded though the hospitals and public charities of this city, and the complete application of these resources to the various branches of medical instruction. The plan is, to combine to the fullest extent the clinical and didactic methods of teaching, not devoting especial attention to the one at the expense of the other, but aiming to give the utmost practicable extension to both. This has been effected by engrafting the teachings of this medical college upon the privileges afforded by the hospitals already in existence, and through which are afforded more abundant facilities than any other homœopathic college in the country, where this system is not adopted. The Professors in all the practical branches taught in this University, are visiting physicians, surgeons and obstetricians in the hospitals alluded to, and the practice of medicine and surgery, will be amply illustrated by cases in the Hospital, immediately following their consideration in the lecture room. In addition to the opportunities already presented, the Professor of Surgery will familiarize students in the use of cutting instruments, and cause *them* to perform all important operations on the cadaver under his immediate supervision, thus giving them confidence and dexterity in the use of surgical means for the relief of the living. To the graduating class, the Professor of Obstetrics will furnish cases of midwifery, and *practically* indoctrinate them in the mechanism of parturition.

During the past session, clinical instruction has been given three times a week in the Dispensary connected with the College building, and increased opportunities for instructive observations have been

afforded you during the occasional hours not otherwise devoted to study. Superadded to all these advantages, you have enjoyed unusual facilities for the study of practical anatomy, and *material in abundance* has been furnished by the Demonstrator to enable you to perfect yourselves in anatomical knowledge and the lesions of pathology.

Here let me observe that with all these advantages—to make your object *real*—your aim and purpose that of attaining the highest possible degree of perfection in your chosen profession, it is incumbent upon you to continue laboring earnestly and incessantly, gathering facts wherever presented, to increase the store of knowledge you have already acquired; co-workers in perfecting the immutable principle inculcated through the guidance of the immortal founder of our system of medical faith, let me invoke you, when leaving these halls of learning to battle alone in the great strife for professional excellence, never to loose sight of the cardinal principles taught in your *alma mater*, but apply yourselves diligently and faithfully to the triumphant working out of this progressive system of medical treatment. The perfection of medical acquirement to be realized from the opportunities you have enjoyed—the adoption of a high standard of medical ethics, and the practice of increased refinement in manners, both professional and social, in your contact with the world at large, tends to exalt the true dignity of the profession, extend its usefulness in society, and sustain its position in the social scale.

It has been frequently remarked, especially by the uninformed, that medicine, as a science, has not progressed in a ratio corresponding with the collateral sciences. That the assertion is not well-founded, we have only to examine the great eras in civilization, when we will discover that, as a science, medicine has progressed *pari passu* with the advancement of the physical sciences generally. While society has been steadily progressing with the aid of various improvements, and civilization has been pushing continually onwards, medicine has contributed her full share in this advancement.

The researches of Mendini, Silvius, Beranger and Versalius in the then hidden mysteries of anatomy, and the unfolding of the arcana of man's physical nature, were coeval with the great discoveries that reflected such renown upon the expedition of Columbus and successive navigators. Servetus broke the shackles that trammelled the car of *medical* progress, when he demonstrated the errors and absurdities of the physiology of Galen, at the same time when Copernicus discovered the errors of the Ptolemaic astronomy. Harvey, who demonstrated the circulation of the blood, and expounded the

course of the vital fluid through the body, was a cotemporary with Galileo, who discovered the movements of the earth and planets around the sun. Haller, who wrought out his ingenious theory of the laws and special forces of life, lived only a short period after Newton, who discovered the law of gravitation, and the principle that regulates the movements of the heavenly bodies. Hahnemann, who elaborated his theory of the dynamization of remedies and their correspondencies in disease and in health, subverting the errors and crudities of poly-pharmacy, and investing the Materia Medica with the pure light of science, lived about the same period when Fulton applied the power of steam to ocean vessels, and joined the two Continents together. Morten, the discoverer of anæsthesia, which has deprived Surgery of its horror—the mind, under the most painful infliction of the knife, being as blissful as if wandering in elysian fields—was a cotemporary with Morse, who invented the electric telegraph.

Thus, in all ages, has the science of medicine kept pace with the rapid strides of the collateral sciences. The progress in medicine is not only in the structural knowledge of the system—the laws that govern life—but the development of additional resources in the treatment of disease, supplanting the heroic by the milder power that subdues. The scourges that formerly terrified nations, leaving in their track despair, desolation and death, have been shorn of their terrors by the timely aid of medical science. The ravages and destruction of the loathsome small-pox, which in England alone carried off over 160,000 human beings in its deadly embrace, have succumbed to the brilliant discovery of Jenner's *similia*, vaccination. That terrible scourge of man *Cholera*, which has almost decimated the human family, originating from the marshes and jungles in India, marching through valley and over hill-top; now devastating cities with its poisonous breath, and anon desolating the fertile plains of the husbandman—now climbing o'er mountain range—then spanning the great oceans of commerce, strewing its pathway with the dead and dying, has been stripped of its venom by the potent spell of *similia*. Before Homœopathy pushed its investigations into the arcana of this dreaded disease and established the remedies for its cure, nothing seemed competent to stay its work of death, and the malady, in its mad career, marched steadily onward, irresistible as doom. While society was almost overturned by this implacable disease, and men, pale with fear, fled hither and thither, they knew not where, to escape its ravages, a medical philosopher thus wrote: "The disease will

march on, through Persia, Russia, Germany, England; cross the Atlantic, until it has girdled the earth; and the remedy for Asiatic Cholera is camphor," a remedy which the whole medical world has united in affirming to be the most powerful agent in subduing this terrible disease. The name of this great benefactor of the human race is SAMUEL HAHNEMANN, to whom should be given the esteem of mankind and the homage of every true lover of his profession.

By the blessings vouchsafed to man through the light of Homœopathy, human life has been greatly lengthened during the past half century. The reports of the Parisian hospitals show that in the beginning of the 18th century one death occurred out of every seven admitted, while the mortality of the present time gives only *one* in *twelve*, thus showing a gain in sixty years of 71 per cent. In England, according to Macauley, the term of human life has been greatly lengthened in the whole kingdom. In France, also, according to Dapin, the duration of life has been greatly increased, so that nine and one-half years have been added to human existence in the last half century. In the practice of Surgery, too, statistics show that the saving of life exceeds by more than 35 per cent. the results of the last century. The returns of the Registrar-General of England show a steady and notable decrease in the ratio of mortality, from 1838 to the present time. The *decrease* being in direct ratio to the *increase* of Homœopathic physicians and the spreading of the practice. Whenever these two ruling systems of medicine have been tested, either in civil or hospital life, the result has invariably been in favor of the Homœopathic practice. In the more malignant diseases, such as *Cholera*, *Yellow Fever*, *Small-pox*, *Diphtheria*, the more violent forms of *phlegmasiæ*, or the low consuming *Typhus*, Homœopathy, when fairly tested, has gained new laurels and established itself among thinking, reflecting men, as the gentlest, safest and most reliable system of medical treatment. In the comparative* statistics in Homœopathic and Allopathic hospitals in this city, the same successful and gratifying results have been witnessed as mentioned by Macauley, the Returns of the Registrar-General of England and the statistics of Dapin. In civil life, too, the comparative results are equally important and satisfactory, proving that the *decrease* in mortality, as attested by the authorities just quoted, is fairly to be attributed to the gradual and *increasing* extension of the Homœopathic system of medicine.

* Statistics in Homœopathic and Allopathic Hospitals, by E. C. Franklin, Surgeon Cavalry Depot Hospital.

As still further proof of the conclusions I have drawn, the statistics of life insurance have demostrated that longevity has been increased to such an extent among its policy-holders, that a special clause has been opened for the insurance of the patrons of Homœopathy, at a sum *ten per cent. less than the ordinary Allopathic rates.*

Thus I could adduce, without limit, proofs as strong as Holy Writ, showing the great superiority of this progressive system of medicine over its rival that boasts of "the learning and investigation of all time." But "facts speak louder than words," and the intelligence and discrimination of the people in adopting this improvement in medicine, in spite of the denunciations and fulsome ridicule of its opponents, are the surest evidences, not only of its success, but the high esteem in which it is held as a progressive system in medical science.

Go on, therefore, Gentlemen, as you have begun, in your responsible and arduous career as *progressives* in the noble art of healing; labor diligently and faithfully; bring to the edifice of this medical reform, which is being reared by the disciples of Hahnemann, to shelter the suffering of every land, *your* accumulated observation and facts, that man's lost inheritance may be regained and that you may receive the reward of good and faithful servants.

# ANNOUNCEMENT.

*Summer Course of Lectures to be Delivered at the Homœopathic Medical College of Missouri.*

The Faculty of the Homœopathic Medical College of Missouri, being aware that there are very many medical subjects of the highest import to students of medicine, which can only be imperfectly discussed in the short period of time allotted to the Winter Session, have, after due deliberation, determined to open the College for a Summer Course of lectures, in order that those who desire may receive the requisite instruction in these important points.

The Summer Term will begin early in May and continue until the ensuing Autumn. *Regular hospital instruction* will be given during the course, and the HOSPITAL DIPLOMA of the College conferred upon those who have been constant in the attendance upon the clinics. *No charge* will be made either for the course of lectures or admission to the Hospitals; the students being only required to matriculate.

The following named are the subjects which will be taught by the respective Chairs:

1. *Diseases of the Skin.*—T. G. COMSTOCK, M. D. The great importance which attaches to Dermatology, as well as the difficulties of diagnosis belonging thereto, will be fully entered upon by Dr. Comstock, who has given the subject especial attention, both in this country and under the most distinguished dermatologists of Europe; especially Prof. Hebra of Vienna.

2. *Diseases of the Chest.*—E. A. FELLERER, M.D. The most familiar as well as the more obscure diseases of the thorax will receive the attention of this Chair, while auscultation and percussion will be practically illustrated; the student being taught to discriminate between the nicer sounds which can only be appreciated by the practiced ear.

3. *Diseases of Infancy*—D. R. Luyties, M. D. Not only will all those varied affections which belong to this class of diseases receive that attention which their importance deserves, but plain and practical instruction will be afforded as to the manner of preventing disease and the hygienic treatment of the young.

4. *Medical Botany.*—J. T. Temple, M. D. During the Summer Term the general considerations of animal and vegetable life will be entered upon, and especial attention directed to the medicinal properties of indigenous plants. The class, accompanied by the Professor, will make excursions into the surrounding country, and will be made familiar with those articles of the Materia Medica which flourish during the season; thus pleasure and profit and practical experience will be combined.

5. *Embryotomy and the use of the Microscope.*—G. S. Walker, M. D. It will be the endeavor of this chair to elucidate the whole subject of Embryology, so far as scientific research has yet extended. The development of animal life from the lowest zoophite to the highest order of living beings, will be thoroughly taught, and are certainly subjects which should excite the curiosity of every intelligent student.

6. *Diseases of the Genito-Urinary Apparatus.*—E. C. Franklin, M. D. This subject has become an important speciality in surgical science. The student will receive a full and comprehensive exposition of the nature, causes, symptoms and treatment of the various lesions of the the urinary apparatus and the operations for their relief. Instruments will be shown and preparations to illustrate the branch will be introduced tc the student.

7. *Causes of Disease.* - T. J. Vastine, M. D. There is no branch of medical education fraught with more interest to the student than the consideration of the influences of those agents upon the body by which diseases are occasioned. In the consideration of this branch, age, sex, temperament, idiosyncrasy, habit of body, climate and diet, with the many and varied exciting causes, will be thoroughly taught.

8. *Comparative Physiology.*—C. Vastine, M. D. It will be the effort of this Chair to point out a general plan of organic structure and development, and from man, the highest order of created beings, to draw those comparisons of function which enables the physiologist to place in their proper sphere the lower orders of the animal creation.

9. *Regional Anatomy.*—C. H. Nibelung, M. D. While in the regular course of instruction during the Winter months the systematic consideration of the different branches of human anatomy are entered upon; it is of the highest import to the student that all the parts entering into the formation of different regions should be relatively studied. To those who desire to make Surgery a speciality this instruction is absolutely indispensable, while it is a very important consideration to every practicing physician.

10. *Dental Surgery.*—C. W. Spalding, D. D. S. To those physicians who expect to locate in the country the proper understanding of a few of the principles of Dental Surgery is often of practical import, while to every physician the appreciation of both first and second dentition, the physiology thereof, and the influence of the same on after life, is a matter of decided import. These subjects will be carefully elucidated by this Chair.

11. *Semeiology of Disease.*—Wm. Tod Helmuth, M. D. While the student familiarizes himself with Symptomatology, it is of great importance that characteristic Semeiology be properly understood. The great characteristic symptoms of every disease, and the absolute importance of such in diagnosis and prognosis will be pointed out, while at the same time the analogy between them and the pathognomic symptoms of those drugs which have been found curative in such conditions, will be brought forward as additional evidence of the truth of the Homœopathic law of cure.

12. *Post-Mortem Examinations.*—S. B. Parsons, M. D. A properly conducted and satisfactorily explained autopsy is certainly the mark of a well-educated physician. In this branch especial attention will be paid to the decent performance of such, while the preparation and preservation of the cadaver will also receive minute consideration.

13. *Electro-Chemistry.*—Prof. Smith. This important branch will be fully illustrated by Prof. Smith, whose large experience, extensive apparatus, and the position he occupies as Professor in the City University, will certainly assist in rendering the subject intelligible and entertaining.

In addition to the foregoing instruction. the facilities afforded for practical instruction in medicine and Surgery by the hospitals under the immediate supervision of the Professors of the College, cannot be well over-estimated. The Good Samaritan and St. Luke's Hospitals, and the Freedman's Orphan Asylum, are all open to students of the College, making a combination of advantages for the study of medicine rarely offered to the medical student. As has been before observed, an extra Diploma is granted to those who have been assiduous in their attention to the clinics of these institutions.

## WINTER TERM.

### Session of 1866--1867.

The regular course of instruction will begin on the fourth Monday of October and continue until the 1st of the ensuing March.

The regular hospital clinics will be held, and those students who have have been assiduous in their attention to these practical instructions, will receive the Hospital Diploma of the College.

PRIZES.—Dr. Franklin offers, for the best anatomical preparation made in the dissecting room of the College, a handsome operating case, and for the second best, a valuable surgical instrument.

During the Winter Term, those who attend the Hospitals *are conveyed thither free of expense.*

**FEES.**

| | |
|---|---|
| Fees for attending a full course of lectures | $80 00 |
| Hospital ticket | 5 00 |
| Matriculation fee [paid once only] | 5 00 |
| Practical anatomy [paid once only] | 5 00 |
| Graduation fee | 30 00 |
| Beneficiary fee | 40 00 |
| Fees for students having attended two full courses in other Medical Colleges | 40 00 |
| Graduates of other Medical Colleges | 30 00 |

A Catalogue, containing full particulars of the course, with regulations of the College, will be issued during the Summer.

WM. TOD. HELMUTH, M. D., Registrar,
No. 209 Pine St., above 12th.