This is a digital copy of a book that was preserved for generations on library shelves before it was carefully scanned by Google as part of a project to make the world's books discoverable online.

It has survived long enough for the copyright to expire and the book to enter the public domain. A public domain book is one that was never subject to copyright or whose legal copyright term has expired. Whether a book is in the public domain may vary country to country. Public domain books are our gateways to the past, representing a wealth of history, culture and knowledge that's often difficult to discover.

Marks, notations and other marginalia present in the original volume will appear in this file - a reminder of this book's long journey from the publisher to a library and finally to you.

Usage guidelines

Google is proud to partner with libraries to digitize public domain materials and make them widely accessible. Public domain books belong to the public and we are merely their custodians. Nevertheless, this work is expensive, so in order to keep providing this resource, we have taken steps to prevent abuse by commercial parties, including placing technical restrictions on automated querying.

We also ask that you:

+ *Make non-commercial use of the files* We designed Google Book Search for use by individuals, and we request that you use these files for personal, non-commercial purposes.

+ *Refrain from automated querying* Do not send automated queries of any sort to Google's system: If you are conducting research on machine translation, optical character recognition or other areas where access to a large amount of text is helpful, please contact us. We encourage the use of public domain materials for these purposes and may be able to help.

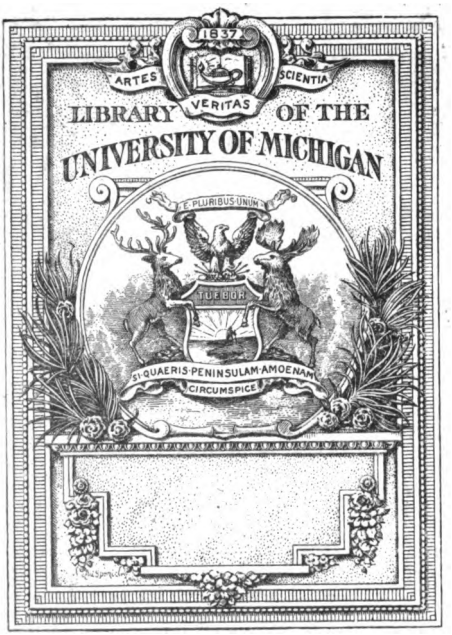
+ *Maintain attribution* The Google "watermark" you see on each file is essential for informing people about this project and helping them find additional materials through Google Book Search. Please do not remove it.

+ *Keep it legal* Whatever your use, remember that you are responsible for ensuring that what you are doing is legal. Do not assume that just because we believe a book is in the public domain for users in the United States, that the work is also in the public domain for users in other countries. Whether a book is still in copyright varies from country to country, and we can't offer guidance on whether any specific use of any specific book is allowed. Please do not assume that a book's appearance in Google Book Search means it can be used in any manner anywhere in the world. Copyright infringement liability can be quite severe.

About Google Book Search

Google's mission is to organize the world's information and to make it universally accessible and useful. Google Book Search helps readers discover the world's books while helping authors and publishers reach new audiences. You can search through the full text of this book on the web at `http://books.google.com/`

A 412986



Digitized by Google

H610.5
H77
I38

Digitized by Google

Digitized by Google

Digitized by Google

Digitized by Google

By Doct. J M Blaisdell

THE Homœopathic Independent.

96650

PUBLISHED MONTHLY.

JOHN CONZELMAN, EDITOR AND PUBLISHER.

Vol. 1. JULY, 1868. No. 1.

CONTENTS.

ST. LOUIS, MO.

CLAYTON & BABINGTON, PRINTERS, 204 N. THIRD STREET.

1868.

Digitized by Google

WIDOWS AND ORPHANS

Mutual Life Ins. Company,

OF SAINT LOUIS.

$3,000,000

Annually sent away from St. Louis by Eastern Life Insurance Agencies. Most of it never comes back.

KEEP THESE MILLIONS AT HOME.

GUARANTY CAPITAL, - - $100,000.

OFFICERS:

EDWARD S. ROWSE.....President.
J. C. NULSEN.....Vice President.
R. J. SCHENCK.....Secretary.
WM. TWINING.....General Agent.
E. C. FRANKLIN, M. D.....Consulting Physician.
G. FISHER, M. D.....Examining Physician.
MAURO & JONES.....Attorneys.

DIRECTORS:

THOMAS RICHESON,	A. S. W. GOODWIN,	WM. TAUSSIG,
HENRY STAGG,	JOHN McNEIL,	M. J. LIPPMAN,
ADOLPHUS BUSCH,	J. C. NULSEN,	E. S. ROWSE.

A PECULIAR FEATURE

OF THIS COMPANY IS THAT IT CONTAINS AN

ALLOPATHIC & HOMŒOPATHIC DEPARTMENT.

A discount of 10 per cent. on ordinary rates allowed to those who usually adopt Homœopathic treatment when ill. To avoid injustice to those who prefer other modes of treatment, the Homœopathic Policies are kept in a class by themselves, and are charged with the losses by death that occur in this class. So, also, the Allopathic class is charged with its own losses. This, in a few years, will afford a fair test of the comparative merits of the two modes of medical practice.

OFFICE, No. 203 NORTH THIRD STREET,

N. W. corner Third and Pine Streets.

Digitized by Google

THE

Homœopathic Independent,

PUBLISHED MONTHLY, AT TWO DOLLARS A YEAR, IN ADVANCE.

JOHN CONZELMAN, M. D., Editor and Publisher.

No. 1. ST. LOUIS, JULY, 1868. VOL. I.

☞Communications, whether on business or intended for publication, should be addressed to JOHN CONZELMAN, M. D., No. 1417 Carr street, St. Louis.

SALUTATORY.

Upon issuing the first number of the INDEPENDENT, it is, perhaps, not improper to make a disclosure of a few of the motives that have induced us to undertake such a responsible task, and to set forth the end designed to be accomplished by its publication. It is a fact shown by daily experience, that a large amount of medical and surgical talent is lost to the profession, which may be brought to light under the auspices of a new Journal. And it is equally true that a great many of the most intelligent people in our midst are entirely ignorant of the great principles which should govern and guide them in their path of life, in order to preserve health and enjoy happiness. This evil is best remedied by ably written and well conducted periodicals, which find their way into the cottages of the poor, as well as the mansions of the wealthy. The INDEPENDENT will aim to be valuable and useful to the well-educated physician, and at the same time endeavor, in comprehensive language, to bring before our lay readers such facts and illustrations, as are adapted to the spread of the principles of our healing art, and we will do it fairly and fearlessly, unbiased by party views, in reference to any doctrine or practice in the profession. We are deeply impressed of having assumed an arduous and responsible undertaking; but having secured the aid of an able

Digitized by Google

corps of contributors, such as the members of the Saint Louis Medical Society, we start forth upon our mission with a fair prospect of prosperity and success.

The columns of the Journal will, for the most part, be filled with original articles. Each number will contain a paper on Materia Medica, consisting of one remedy and all of its specific symptoms and theurapeutic applications. Another portion will be devoted to Surgery with special cases, operations and treatment of surgical diseases. A third will comprise a chapter on Obstetrics, with interesting cases, and their most approved surgical and medical treatment. Special cases of diseases and their treatment from every day's practice, will afford another valuable feature in this Journal, and will make it (especially to lay readers), very useful and desirable.

Friends of our cause who are desirous to advance Homœopathy, which is the *practice of medicine* that is universal in its character, and, as the only true mode of practice entitled to consideration as such, are cordially solicited to contribute something from the stock of their own experience and the fruits of their studies and observations, and by doing so, to furnish additional inducements for its circulation among the disciples of the illustrious Hahnemann. We trust we shall receive a cheerful response from the friends of Homœopathy, especially from those living in the western part of our vast country, whilst, at the same time we look to all our brethren of the profession, for material aid and support, and extend to them our cordial greetings.

EDITOR.

CHARACTERISTICS OF ACONITE.

BY J. T. TEMPLE, M. D.

To the novice in Homœopathic practice, the selection of the one only Homœopathic remedy seems an insurmountable difficulty. Hence arises the common and unscientific resort to several remedies, in alternation. The difficulty, I am sure, is not because of any uncertainty in the action of

Digitized by Google

the individual remedy, but because of an insufficient knowledge of the pathogenetic action of the remedy, and the absolute requirement of Homœopathic truth, that the *action* of a remedy must not be interfered with by the interposition of any other remedy. We entreat our young Doctors to bear constantly in mind the rigid individuality of every remedy, and every disease. The laws of Nature are unchangeable, and the great Therapeutic Law of Similia will vindicate its truth, when a remedy is selected in accordance with the real, unmistakable resemblance between the *individual remedy, and the individual disease.*

How is this great difficulty to be overcome? We propose to aid those who are toiling in doubt, as to the selection of the one true and only remedy.

And first, we say, study the great principles of our system, and particularly the *fundamental principle,* from which all the others are derived. Study the Organon; study the Materia Medica.

Secondly, learn to distinguish between analagous remedies, so as not to confound individuals, because they have *some* features alike—and be equally assiduous in examining the features of every disease, so as clearly to have the characteristic marks of the individual before you, and then the Law of Similia will be made manifest by the result of your remedy in its action.

We propose to give you the great leading characteristics of our remedies, without a knowledge of which you have no certainty in your selection.

We take Aconite for your first notice:

In the administration of this heroic remedy, the mental symptoms are very strongly defined, and must be present. To wit:

Great anxiety, asking if he is not going to die—foreboding of death—great restlessness—tossing from side to side—never still. Fitful mood—changing from one thing to another—now merry, and then sad.

Inflammation of Larynx and Bronchia.

Angina Membranacia, with dry cough and quick breathing.

Short dry cough, from titillation in the Larynx.

Digitized by Google

Cough, with stitches in the chest, or small of the back.

Expectoration of bloody mucus.

Hœmoptesis.

Shortness of breathing—anxious, labored, sobbing breathing.

Stiches through the chest and side, especially when breathing and coughing.

Pleurisy and Pneumonia, especially with great heat, much thirst, dry cough and great nervous excitability, only somewhat relieved by lying on the back.

Pleurisy, with great anguish.

Palpitation of the heart, with great anguish.

Inflammation of the heart.

Chronic diseases of the heart, with continuons pressure in the left side of the chest, oppressed breathing when moving fast, and ascending steps; stitches in the region of the heart; congestions to the head; attacks of fainting, and tingling in the fingers.

Rheumatism of the heart, without irregularity in the beats but with full, rapid pulse.

Pain, as if bruised in the small of the back.

Tingling in the back.

Tingling in the fingers, even while writing.

Icy coldness of the hands.

Hot hands, with cold feet.

Numbness in the left arm—can scarcely move the hand.

The hip joint feels bruised.

Drawing, tearing pains in the knee joint.

Unsteadiness of the knees.

Coldness of the feet, up to the ankles, or only of the toes, with perspiration of the toes and soles of the feet.

Vertigo, with blackness before the eyes; with feverish heat.

Vertigo, when rising, with nausea; vanishing of sight; bleeding of the nose.

Congestion of the head, especially towards evening, with fullness and pulsation in the head; vanishing of sight; singing in the ears; red hot face.

Sensation as if a ball were rising from the naval into the head.

Digitized by Google

Inflammation of the brain; sensations of fullness and heaviness in the forehead; with the sensation as if the whole brain would start out of the eyes; with nausea and giddiness, aggravated by talking and motion.

Burning headache, as if the brain were moved by boiling water.

Cramping sensation in the forehead, over the root of the nose; it feels as though he would lose his senses.

Sensation of heat in the head, which perspires; with pale face.

Hearing very sensitive, noise is intolerable.

Bleeding of the nose, especially in plethoric persons.

Face red and hot, red and pale alternately; redness of one cheek and paleness of the other; when raising up, the red face becomes pale; perspiration on the side of the face on which he lies; tingling in the cheeks; lips dry and black, peeling off; *sensation* as if the face were swollen.

Toothache from cold, with throbbing in one side of the face; intense redness of the cheek; congestion of blood to the head, and great *restlessness*.

Mouth and tongue dry; pricking and burning on the tongue; tongue coated white; trembling and stammering speech.

Trembling in the œsophagus; acute inflammation of the throat, palate, tonsils and fauces, with high fever; dark redness of the parts; burning and stinging in the fauces; stinging in the throat when swallowing and coughing; almost unable to swallow; with hoarseness.

Taste bitter; everything tastes bitter, except water; aversion to food; burning, unquenchable thirst.

Vomiting, with nausea and thirst; heat and profuse perspiration, and increased micturition; vomiting of bloody mucus, or what has been drank, followed by thirst; pressure in the stomach and pit of the stomach, as from a weight or a hard stone.

Abdomen: Tension, heaviness and pressure in the hypochondria; inflammation and sensation of soreness in the liver; pressure in the region of the liver, with obstruction of breathing; inflammation of the peritoneum, with restless-

Digitized by Google

ness and thirst; inflammation of the bowels, with burning, tearing pain; inflammation of the *hernial stricture*, with vomiting of bile.

(CONTINUED IN OUR NEXT.)

SURGICAL CLINIC.

At the Dispensary Hospital, St. Louis Homœopathic Medical College, June 12th, 1868.

BY PROFESSOR FRANKLIN.

CASE 1.—CONJUNCTIVITIS.

The patient John F. has been afflicted with this disease for the last five weeks, and presented himself for treatment to-day, for the first time since its appearance. The disease was contracted in the country from exposure to wet and heat. The symptoms indicative of a simple form of the disease, are: abnormal redness of the conjunctiva, pain, intolerance of light, lachrymation with a slight discharge of mucus barely sufficient to agglutinate the lids after a few hours sleep. You will observe that the vessels in this case are considerably enlarged, and the discoloration more diffused than in the simple variety. The conjunctiva presents a uniform scarlet or blood-shot appearance, with increase of pain, marked intolerance of light, lachrymation, a mucus discharge more or less profuse, with impairment of vision, and involvement of the cornea. I will here present a few characteristics distinguishing this disease from sclerotitis. The *redness* of conjunctivitis is of a *scarlet* hue—that of sclerotitis is of a *lilac* or *reddish* hue, contrasting beautifully with the bluish tint of the fibrous sclerotic structure. The vessels in conjunctivitis are large and ramiform, anastomosing with each other in every direction, while those in *sclerotitis* are *small*, disposed in *parallel* lines, and run towards the cornea where they form a complete zone, oftentimes extending entirely around the eye; when the inflammation in conjunctivitis is *severe*, the traces of the vessels are lost; in sclerotitis, however, they always remain *distinct*, however severe the disease.

Digitized by Google

The pain in conjunctivitis is seldom severe, while that of sclerotitis is *deep seated, severe,* and generally extends to the surrounding parts. The *lachrymation* in conjunctivitis is often considerable—the tears at first are hot and scalding, and run out in quite a stream when the eyelids are opened. In a few days, however, they give place to a mucous or mucopurulent discharge which continues until the disease is cured. In *sclerotitis,* the discharge of *mucus* is small. The intolerance of *light* varies in different cases; in the *strumous* variety, it is often so great as to induce the child to hide his face under the bed clothes or in the nurse's lap. Tumefaction is present in a few cases and is dependent upon an infiltration of serum into the subjacent cellular structure; when this exists in its most exquisite degree, a ring, several lines in depth, is formed around the margin of the cornea, giving the eye a cup-shaped appearance. The swelling frequently extends to the inner canthus, and to the point of reflection of the conjunctiva over the sclerotica. This condition is *never present* in sclerotitis, and is a distinguishing characteristic of conjunctival inflammation.

You will observe in the case before you that the inflammation has not extended so far as to produce tumefaction. There is, however, intolerance of light, pressure and smarting in the eyes, and inflammatory redness, lachrymation, particularly in the wind, with inflammation of the lids. For this I will give Euphrasia 30, one dose every evening—a lotion of Hamamelis is to be kept constantly applied to the eye by means of pledgets of lint, the light to be excluded from the eye, and the patient to have a good wholesome, nutritious diet. The scarifications of the lid for the purpose of unloading the congested vessels in granular inflammation recommended by allopathic authority, is, I think, unwise and injurious. This condition is met much more satisfactorily and safely by the external use of Hamamelis.

CASE II.—CONJUNCTIVITIS SCROFULOSA CHRONICA.

In the case before you, it will be observed that from the continued existence of the conjunctival inflammation, which has been of the simple variety, the ciliary borders have be-

Digitized by Google

come chronically inflamed, the eyelashes have fallen out, and the edges of the lids are covered over with crustaceous scales. The boy is decidedly of a scrofulous diathesis, and the disease is no doubt propagated and kept alive by the constitutional dyscrasia. There are no distinguishing characteristics in this from the preceding case, except the condition of the ciliary borders of the lids. The disease was mild from the beginning, and has degenerated into a scrofulous affection of the meibomian glands. For this condition I will give Sulphur 30, one dose, and a lotion of Euphrasia frequently applied to the eyes—the patient to be kept from the bright light, to have a wholesome, nourishing meat and vegetable diet, salt water bathing, &c. The patient will return next Saturday, and we shall witness the result of treatment.

CASE III.—DEFORMITY AND IMMOBILITY OF THE FOOT, FROM FRACTURE NEAR THE ANCLE JOINT.

Eliza D. received a fracture involving the right ankle joint about one year ago, and was treated at the———Hospital of this city, with the ordinary splints, bandages, &c. She says she left the Institution about seven months ago, in the following condition: Foot everted, cannot sustain the weight of the body, hobbles about upon the inner edge of the sole of her foot, flexion and extension of the foot almost entirely lost, swelling of the leg and foot upon the least exercise, accompanied with pain extending up the limb. An examination of the case shows a fracture of the fibula to have taken place just above the joint, the lower segment having been drawn inwards and lying against the tibia and connected by ossific matter to that bone. There appears to be also a rupture of the internal lateral ligament, with partial luxation of the astragalus. The case presents a badly adjusted fracture, with deformity and immobility of the foot. For the existing symptom, I shall prescribe Aurum 30, every night, cold douches to the joint twice a day, the part to be rubbed dry with a coarse towel and covered over with an oil silk bandage, motion of flexion, and extension to be kept up continually and forcibly if necessary, to increase the movements of the limb. On Saturday next I will apply some

Digitized by Google

mechanical contrivance, to overcome, as far as possible, the present deformity and immobility.

CASE IV.—EXCISION OF THE TONSILS.

This child has been afflicted with Hypertrophy of these organs for the last five years, following repeated attacks of cold. The disease consists of deposits of lymph in the parenchymatous structure of these glands, resulting in induration and permanent enlargement of their organism. This condition is a constant source of irritation and inflammation of the throat, followed by continued and exhaustive coughing, and may ultimately lead to disease of the throat and lungs. The patient has taken medicine for the purpose of absorbing the enlargement, with what effect you can readily perceive. In such cases, I advise their excision as the readiest means of getting rid of this troublesome disorder. The operation, as you will see, is exceedingly simple, and consists of encircling the tonsil within the ring of the tonsilotome, and then closing or forcibly approximating the handles of the instrument together, the gland is guillotined.

The fear of hemorrhage following this operation, is now seldom thought of, it being exceedingly rare that the bleeding is of sufficient amount to demand attention. When the gland has been indurated for many months, the effused lymph causes a constriction of its blood-vessels and the diminution of their calibre, hence, little or no bleeding can take place. I may say, in this connection, that the gland should never be removed while in a state of acute inflammation, for in such cases the hemorrhage will be free, and oftentimes troublesome to control.

A CASE FROM PRACTICE.

BY A. P. SKEELS, M. D.

About the middle of September last, was called to the bedside of one, Augustus Cady, aged about 48 years, and residing in the little village of De Soto, 42 miles south of St. Louis, on the Iron Mountain R.R.

Digitized by Google

Found the patient to be of sanguine, nervous temperament, fair complexion, light gray hair, blue eyes. The history of the case showed the patient to be a man somewhat habitual in the use of strong drinks, and that for many years he had not known a moment's sickness; for the last two or three weeks he had been troubled with an unusual looseness of the bowels, with but little annoyance, however, save the frequency of stool.

Had checked his bowels several times in the meanwhile by the aid of Homœopathic medicines administered from his wife's domestic case; but two or three days subsequent had eaten heartily of fruit, especially of peaches, walked a great deal in the hot sun, since which his evacuations had become more frequent, watery, copious and painful; and although his wife had swung completely round the circle in the administration of those remedies usually denominated in a general sense good for Diarrhœa, yet his condition constantly grew more alarming, until I found him at half past 11, A. M., suffering from the subjoined symptoms:—

Copious rice-water evacuations, frequently accompanied by vomiting of same rice-water substance, continual loud rumbling in the abdomen, cramps in calves of legs drawing the lower three quarters of the muscles flat, while the upper quarter seemed tied in hard knots, extremities and whole body cold, pulse accelerated, but feeble, restless and uneasy, throwing his arms about, rolling body from back to right side and vice versa, great thirst for cold water, face haggard and worn, sunken expression about the eyes, voice husky and faint, skin as if pinched up into a fold.

The cramps in calves of legs, drawing them nearly flat, were not only present during his evacuations, but the least movement of either lower limb would induce their return, and from which he suffered intensely. Patient visibly sinking from every evacuation, though still able to get out of bed with proper assistance.

We find a very strong likeness in the characteristic symptoms, given us by Dr. Ad. Lippe in his text book of Materia Medica under "Jatropha Curcas" and the above; and a further examination of the pathogenesis of the above remedy contained in the Symptomem Codex, still more remarkably correspond to this case—we find stools coming away in a gush

Digitized by Google

with great force, loud rumbling in the abdomen, sounding like water poured from a bottle, vomiting of a watery substance resembling the white of an egg, cramps in the calves of the legs drawing them flat like a splinter. So much did I feel at the time that Jatropha Curcas was this man's remedy, that upon finding I had not this remedy in my case or posession anywhere, I sat down almost in despair for a moment. This would not answer, however, another remedy must be sought.

Taking stools discharged in a gush as the "key note" of this particular case, and remembering that Lippe had given us this symptom in "Nat Carb," I at once resolved to administer this remedy; therefore called for a tumbler containing four teaspoonfuls of water, into which I dropped one drop of the 2c attenuation of "Nat Carb," stirred thoroughly, and at a quarter before 12, M., administered one teaspoonful, and sat down to await results with the intention of repeating upon the recurrence of stool. In five minutes, patient became more quiet. Waited until 1 o'clock—no passage, no vomiting, no return of cramps, less rumbling in the abdomen—dont know why, but repeated the dose (teaspoonful), soon after which patient became warmer, broke out into a gentle perspiration, was able to move lower limbs without fear of bringing on cramps in calves of legs. In fine, he did not have a passage for many hours, nor one corresponding in the least degree to those which had gone before—no more vomiting, no more cramps in calves of legs, after taking the first dose of Nat Carb 2c; neither did he receive more medicine or any other medication whatever, save the two doses of Nat Carb, and on the fourth day was able to resume business in his office.

PHYSIOLOGY.

HOW ARE DECIDUOUS TEETH CAST OFF?

A paper read before the American Dental Association at Cincinnati, 1868.

BY HENRY S. CHASE, M. D., D. D. S., ST. LOUIS, MO.

It is by a physiological process as beautiful and simple as that by which the growth, dentification and calcification took place.

Digitized by Google

It is admitted by all that *absorption* of the roots takes place. Whether this absorption is excited by impingement of the crown of the *tooth of replacement* on the roots of the temporary teeth or not, is a disputed question. My own opinion was expressed on a former occasion in the following words, namely: "absorption of the roots of temporary teeth takes place in the ratio of the advancement of the permanent teeth in the process of eruption independently of their topographical relations."

ABSORPTION is a vital process, and cannot take place in a dead bone or tooth. Those who deny vital action in calcified dentine will have hard work to prove that absorption *does* take place. A dead bone or a dead tooth has no more physiological relations to living tissues than has iron or wood.

Physiological processes can take place only in living tissues.

ABSORPTION is a word of ambiguous meaning to many minds in its histological sense, in reference to theremoval of the roots of the teeth.

ABSORPTION of nutrient elements by the intestinal villi is a mere reception of those elements into pores or open mouths of the cylindrical or columnar epithlium of those villi. Absorption of water by the skin is an endosmosis, an active osmotic action in the cell walls or membranes, of the skin.

ABSORPTION OF DENTAL TISSUE in deciduous teeth is a *retrograde* physiological process. It is a work done not by the dental blood vessels, or by the gum, or by any other tissue or organ but it is a work performed by the tooth itself.

Modern discoveries in Physiology have demonstrated that all the active processes of life take place in the ultimate anatomical organs, which are *cells*. I shall assume that the hearer is acquainted with cellular physiology, for without this knowledge, an intelligent understanding of the beautiful and delicate processes of growth, disintegration and decay must ever remain to him an unknown world.

THE PROCESS OF ABSORPTION.

The first thing we observe on the extraction of a milk incisor in which this work has commenced, is a shortening of the root. The calcareous matter is gone, and so have the distinctive dentinal and cemental tissues. There are neither dentine tubes nor

Digitized by Google

bone corpuscles left in the bottom of the alveolus, but in their place a mass composed mostly of histological connective tissue. The pericementum or alveolar dental periosteum is the first to change itself, and also to initiate change in the osteoid root itself. The process commences near the end of the root, although it sometimes does higher up on its lateral surface. The dental artery which supplies the tooth remains intact after considerable progress has been made in the work of metamorphosis. The arterial radicles of the pericementum enlarge, they carry a greater amount of blood than before. Especially is this the case when the dental artery has been destroyed by impingement of the crown of the new tooth against it. These arterial radicles lengthen also as the process of metamorphosis goes on, so that vessels are always near the scene of action, to convey food for the work and also to remove effete materials.

Simultaneously with this work going on in the root, a change takes place in the dental pulp, the cavity in which it is situated enlarges in every direction, and particularly towards the distal portion of the crown; as this proceeds, the pulp itself grows larger in corresponding directions, and keeps even pace with the enlargement of the Cavity, so that its cells are always in *contact* and union with the unmetamorphosed portion.

As the root, more and more, is removed, the space which it occupied is filled more or less with bone which has been differentiated from connective tissue. The bottom cells are converted into bone, and the ossification proceeds in a ratio corresponding to the change of dental tissue into connective tissue cells. When the process of metamorposis is ended in the entire loosening of the crown, so that it falls out with a slight touch, we see that the connective tissue of the alveolus is continuous with that of the gum, and to the naked eye the highly vascular mass of cells upon which the crown rests looks like the gum deprived of its epithelium. On a closer examination it looks like the healthy granulations of an ulcer or wound. If the process has extended to completion, we find on examination of the crown that most of the dentine and considerable of the enamel has been absorbed. A tooth before me shows a metamorphosis or absorption of the enamel on the anterior gingival border, which process is carried on to a greater extent on the lateral surfaces.

Digitized by Google

HISTOLOGICAL CHANGES.

The bone corpuscles of the cementum change their shape and become connective tissue cells. There is a proliferation of these latter, so that the space is all occupied with cells. The dentine tubes are gradually changed into the same kind of cells as those of which they were composed before dentine tubes were formed, viz: connective tissue cells, the process commencing next to the cementum, always. The removal of the calcareous matter between the dental tubes precedes the differentiation of cells. The same changes take place within the Pulp Cavity, the changes commencing next to the pulp, and the pulp grows by a transformation of dentine tubes into the connective tissue cells, of which the pulp is composed, and from which the dentine tubes were originally differentiated. At the bottom and sides of the alveolus, the cells of connective tissue are gradually changed to bone corpuscles, and then the intercellular space is filled with calcareous matter, and true bone is formed.

It is difficult to decide whether the walls of the dental tubuli and cementum corpuscles liquify and pass by osmotic action into the connective tissue cells with which they are in contact, or whether on the other hand, the differentiation of cells really takes place.

The cell multiplication which takes place in the pericementum and pulp looks like the former, and yet the latter would seem the more natural process. It is more probable that both processes exist in the changes which occur. It is not likely that the nuclei of the cells forming dentine are destroyed when the tubular structure takes the place of the cellular. In other tissues we find the nucleus thrust aside against the cell wall when some particular function is to be performed, and cell multiplication has ceased. This takes place in bone, articular cartilages, the nails, &c. The application of some chemical agent (sometimes an acid, and sometimes an alkali), will generally bring the nuclei to view under the microscope.

I have spoken of the changes which occur, just as though no tooth of replacement occupied the alveolus of the milk tooth as its root is being removed. This was to simplify the process. This sometimes happens in fact, although almost universally the tooth of replacement follows closely on to the metamorphosis

Digitized by Google

of the root. All space, however, not occupied by either tooth is filled with bone or transitional tissue.

I have already said that the cellular activity is going on *within* the tooth at the same time as it progresses without. We sometimes observe that the former process outstrips the latter, and then the crown frequently falls off, leaving the roots in their alveoli unabsorbed, though this does not hinder their removal by cell action, for it still goes on until the smallest particle of root is removed.

What happens when the Pulps have been destroyed and removed from milk teeth, and the cavity plugged? Absorption then takes place in the roots alone, and the crown is consequently retained longer in the jaw than when the Pulp is left to act; also, how happens it then that portions of milk roots are often left in the gums without absorption? It is because they are necrosed, dead. We know that frequently the whole tooth is necrosed from decay and suppuration. In this case no portion of it is absorbed, but the whole is thrown off from the system, as a foreign body, either in mass or by chemical disintegration.

ANATOMY OF THE CRYSTALLINE LENS.

BY S. B. PARSONS, M. D.

Ehrenburg has shown that some of the animals of the so-called class, Infusoria, have *simple* eyes, containing crystalline lens and vitreous body, surrounded by a choroid and retina. Among these animals the type of simple eyes, known as *aggregate eyes*, is found, and which forms a natural transition to the compound eyes of insects. Simple eyes are such as present the different humors, with choroid and retina, while compound eyes, although they may have the same general form as simple eyes, instead of having lens, retina, and other structures peculiar to the more perfectly developed eyes, are composed of an infinite number of angular, usually six-sided facettes. Beneath these facettes are a corresponding number of tubes, cone-shaped, filled with a transparent viscid substance, placed side by side, five or six times as long as they are broad, and arranged like

Digitized by Google

rays around the optic nerve, from which each tube receives a nervous filament. Separating the tubes from each other is a partition wall of pigment, so that only those rays of light which are parallel to the tubes can reach the optic nerve or its expanded extremity, all others strike against the pigment membrane, and are absorbed. Thus we see that compound eyes are destitute of the optical apparatus necessary to concentrate the rays of light, and likewise wanting in organization that complexity of structure by which they are adapted to *distances* of objects. But the disadvantage of such an arrangement is compensated for in the multitude of facettes, and prominency of the eyes in position.

I have wandered from the subject purposely to show that even the feeble-life beings are not without refractory media in the composition of their eyes, and that if these media serve the same purpose in all animals possessing them, we may correctly infer that their minute anatomy is quite, if not precisely, the same.

The crystalline lens is soft externally, with a hard central mass or nucleus, rounded, perfectly transparent in the normal state, doubly convex, presenting a greater convexity posteriorly than anteriorly, and lies suspended in a thin, diaphanous membrane—capsule—between the vitreous body behind and posterior chamber in front. Its thickness and convexity are not always in the same proportion, neither is there any constant relation between these two qualities and the breadth and length of the lens. Even the lenses of the two eyes in the same person sometimes differ very much in form, and at different periods of life it is found under different shapes; in fact, its form is continually changing, from infancy to old age. Its true seat is in a cup-shaped cavity on the anterior face of the vitreous body, where its capsule retains it loosely in position, and which, together with the hyaloid membrane, is the only tissue between the lens and that body. Within the capsule is seen a small quantity of clear, limpid fluid, termed "liquor Morgangi," which Dr. Jacob says "results from cadaveric change." But an analysis shows it to be composed of essentially the same elements in the same proportions as the serum of the blood, and as no red blood is found in the lens, excepting in early fœtal

Digitized by Google

life, and consequently no arterial canals exist to convey nourishment, and moreover, as it is now known that nutriment is furnished from the surrounding arteries by a set of tubes similar to those found in cartilage and dentine, we may positively assert that it is not the result of chemical change after death, but is the genuine blood serum secreted and poured into the capsular cavity by a special apparatus. The anterior periphery of the lens is in contact with the zonula ciliaris, a series of vascular folds lying in the depressions of the ciliary processes, at the outer border of which are seen the ciliary ligament and muscle. This ligament is composed of condensed cellular tissue and forms the connecting medium of the sclerotica and choroid tunics, and also serves as a bond of union between the sclerotica and cornea at their line of junction with the iris and external layer of the choroid. The muscle is of the smooth involuntary kind, arising at the point of junction of the cornea and sclerotica, and passing backward is attached to the choroid in front of the retina, and corresponding by its inner surface to the outer anterior surface of the ciliary processes, so that its true position is between the external layer of the choroid on the outside, the middle and internal layers of the choroid on the inside, and its attachment to the ciliary ligament in front. To this muscle is attributed the power of accommodating the eye to the viewing of objects at various distances, by its contracting and drawing forward of the choroid, thereby compressing the vitreous body, increasing its antero—posterior diameter, which pushes the lens in advance and thus properly adjusts it for bringing the rays of light to a focus upon the retina.

(To be Continued.)

SUPPRESSED INTERMITTENT FEVER, (Chronic.)

(From my Note Book.)

BY N. D. TIRRELL, M. D.

The patient in the annexed case was Mr. A. B., about 35 years of age, who had an attack of intermittent fever last September, that was suppressed with quinine, which, with an occasional pill of chinodine, he continued for several months;

Digitized by Google

and, since it was rapidly producing its injurious effects, he refused any longer to take it; when soon after the paroxysm, the following symptoms occurred :

(I have numbered the symptoms, which number they retain throughout the case, in order to show how they successively dropped out. Wherever a new symptom appeared, it was also numbered. The first group of symptoms was obtained on March 20th, or the day following.)

MARCH 20.

1. Chill, heat, sweat, no thirst.
2. Chill about 4 p. m., came on all over—cuddled up to the stove.
3. No appetite.
4. Just the slightest nausea for a few seconds.
5. Tired feeling, wanted to lie down, and did so; sleepy, had several naps.

HEAT.

6. But little headache, or none.
7. But little thirst or none.
8. Skin hot and moist, much external heat.
9. Sore throat when swallowing.
10. Peevish, irritable; noise troubles.
11. Pulse full and rapid.

SWEAT.

12. Copious sweat; sweat and heat together, which lasted until 4 p. m., or went off in the night (21st): sweat relieved.
13. Slept well all night, heavy sleep; a little flighty before sleep.

On 21st, felt entirely well. Nat. mur. 5000, on 21st, at bed time.

MARCH 22.

1. Heat and chill with thirst; heat with thirst; drank water in great gulps; after sweat, without thirst.
2. Chill about 12 m.; cold feet and hands. 3. Present.
4. Vomited once, no food; eructations with no taste, which relieved. 5. Present.

HEAT.

6. Present.
7. Great thirst for cold drinks—drinks in large gulps.
8. Present. 9. Absent. 10. Present. 11. Present.

SWEAT.

12. Present. 13. Present.
14. Copious and frequent urination of straw-colored urine.

Sac. lac.

Digitized by Google

MARCH 23.

1. No chill; pure heat, with sweat; thirst.
2. Absent. 3. Absent. 4. Absent. 5. Absent.

HEAT.

6. Heat came on about 9 p. m. Heat lasted about 30 hours.
7. Great thirst. 8. Very copious sweat.

It will be observed that the type of the disease had changed from tertian to quotidian.

Sac. lac.

After the paroxysm felt well.

MARCH 26.

1. Very slight chill, which would not have been noticed if he had not been looking out for it.

HEAT.

Heat not more and not worse than if he had eaten something that had disagreed with him, and made him feel uncomfortable.

Sac. lac.

After paroxysm, felt well.

APRIL 1.

1. Chill, heat—no thirst.

2 Chill came on 10 a. m., and lasted 2½ hours.

HEAT.

Sleepy all the time—no thirst,

6. Slight headache in the centre of the forehead, worse on motion.

14. Longing for sweats; ate a large quantity of candy, after which the headache disappeared.

HEAT.

Sleepy all the time—no thirst. Nat. mur. 5000, at night.

After paroxysm, felt well.

APRIL 3.

1. Slight chill and heat. Sac. lac. After paroxysm, felt well.

APRIL 4.

15. Intolerate itching, which came on early in the forenoon—had to take off his boots and stockings to scratch his feet, increasing until night, when he had to take off his clothes and rub himself down with a flesh brush—broke out in wheals all over the body.

(There was also present during the disease, an eruption around the mouth and nose, though at what period of the treatment I do not find recorded in my notes.)

Sac. lac.

Digitized by Google

Up to the present time of writing, (June 27,) the patient has been entirely well, and is rapidly gaining the flesh he lost under the use of quinine and chinodine.

The above case is interesting because of the long and energetic contest between the reparative forces (those of the Natrum Muriaticum), and those of the disease, (quinine, and probably chinodine were superimposed upon those of the original disease.) Now one and now another seems to prevail as is shown by the droping out of old symptoms, their reappearance, and the reappearance of new symptoms, all of which new symptoms belong to China. and its salts, or to Natrum Muriaticum. From March 23, to April 1, the Natrum seems to have gained the victory. April 1, the disease seems to be in the ascendant, which it would probably have retained, were it not for the repetition of the Natrum Muriatrum. April 4, was the final struggle, resulting in the complete overthrow of the forces of the disease.

KALI BICHROMICUM.—Selected Cases.

(COMMUNICATED.)

Case 1. Mr. N. M., aet 38, of spare frame, blonde, father of four healthy children, with the exception of coryza and loss of taste, quite healthy, was affected with syphilis in 1841. In 1844 after long and severe mercurial treatment he was pronounced by his allopathic doctors quite free from the disease.

But there remained a troublesome coryza and loss of taste, which the patient himself attributed to the remains of the syphilitic disease. As the loss of his sense of smell and taste was greviously felt, and as his family doctor declared that he could do nothing for him, he came to me, seeking help through homœopathy. The whole affection appeared to me a pseudo-syphilitic mercurial disease, and I at first gave him Kali Hydriodicum, 1, five drops twice a day, from March 24th to April 28th. But no satisfactory improvement was manifest, so I gave him on that day the 2d dil. (centesimal) of Kali Bichro., a dose night and morning. The patient did not return till October, and then it was to express in the warmest terms his thanks for his radical and permanent cure. He had waited till then in order to be sure that his cure was complete, as he had hitherto always been worse at that season. Case 2—was a most difficult case of inveterate syphilis, which had been treated four whole years at Grafenburg with all the appliances of Preissnitz' system. I gave the Kali Bichro. in the same way as the above case, and a cure was obtained in a surprisingly short space of time, and yet the patient had not only had the Hydriodate of Potash in full allopathic doses, but had undergone the process of "syphilization"

Digitized by Google

with but slight transient result. I mention particularly this case of cure because it took place in such an astonishing manner that even an allopathic colleague asked how it possibly could be that the ten-thousandth part of a grain of Kali Bichro. could produce such results. In addition to these, I may mention that this medicine has done good service in my hands against chronic catarrh of the stomach, and hypertrophy of the heart and insufficiency of the aortic valves.—*Austrian Homœopathic Journal.*

Case 3. A young lady, aet 25, fair skin, and mild disposition had been troubled for a long time with deranged digestion, for which she had been dosed by allopathic doctors for two years, without the least benefit, excepting temporary relief, which lasted for a few days and then she would be as bad as ever. Her present symptoms are: waterbrash, nausea, vomiting of undigested food, with shuddering and chilliness, sensation of coldness in the stomach, distension of the stomach immediately after a meal and during digestion, uneasiness and soreness in the epigastric region to the touch, heat of the hands and feet, afterwards perspiration of the hands, feet and legs, occasional attacks of dysenteric diarrhœa with great pain at the navel and bloody evacuations, cough with violent dizziness afterwards, with dark-gray, yellowish, purulent, blood-streaked expectoration, the cough seems to emanate in the larynx, from which we infer that there is an ulcerative process going on in its structure. She received Kali Bichro. 3, in three grain doses, four times a day for three weeks, which had the effect of permanently removing the cough and disease in the throat, and so far to dissipate the stomach troubles that nothing remained at this period except the symptom of uneasiness, for which she was given carb. veg. 3 twice daily, the last and only medicine given, and she now, nine months since, remains in perfect health.—*Ibid.*

Case 4. A young man came to me sometime ago, for a trouble which he considered a "catarrh in the head," of nine months' standing, and was growing worse quite rapidly, which obliged him to seek advice, as he had never been to a doctor, nor done anything for it, other than to take a few simple household remedies. Upon examining the nose I found the schneiderian membrane which covers the anterior part of the nasal bones, on the right side, very much swollen, reddened and sensitive, and just behind the swelling was an ulcerated surface the size of a half dollar, which extended toward the posterior nares along the septum, roof and side of the cavity, and exuding a thick, yellow-greenish, purulent and bloody discharge, with considerable fetor and acridity. The sense of smell was almost entirely abolished, and the hearing on the same side was considerably deadened by the morbid process involving the eustachian tube. I gave him twenty-four powders of the third trituration (dec.

Digitized by Google

scale,) of Kali Bichro, three powders to be taken daily, and ordered him to report when the medicine was gone. At the appointed time he came back with a most happy expression on his countenance, saying he was "almost well;" and I found there was more truth than poetry in his remark, for the swelling was very much reduced—discharge almost stopped, no fetor present, and hearing and smell considerably improved. I repeated the medicine, advising two powders daily, and to report if he was not entirely cured by the time the medicine gave out. I have never heard from him since, now six months ago, and do not hesitate to declare him well.—*Dr. Mayhew's "Homœopathic Cures."*

PERISCOPE.

THE STOMACH AND THE MIND. Much of our conduct depends, no doubt, upon the character of the food we eat. Perhaps, indeed, the nature of our meals governs the nature of our impulses more than we are inclined to admit, because none of us relish well the abandonment of our idea of free agency. Bonaparte used to attribute the loss of one of his battles to a poor dinner, which, at the time, disturbed his digestion. How many of our misjudgments—how many of our deliberate errors—how many of our unkindnesses, our cruelties, our acts of thoughtlessness and recklessness, may be actually owing to a cause of the same character? We eat something that deranges the condition of the system. Through the stomachic nerve that derangement immediately affects the brain. Moroseness succeeds amiability, and under its influence we do that which would shake our sensibility at any other moment; or, perhaps, a gastric irregularity is the common result of an over-indulgence in wholesome food, or a moderate indulgence in unsuitable food. The liver is affected. In this affliction the brain profoundly sympathizes. The temper is soured; the understanding is narrowed; prejudices are strengthened; generous impulses are subdued; selfishness originated by physical disturbances which perpetually distract the mind's attention, becomes a chronic mental disorder; the feeling of charity dies out, we live for ourselves alone; we have no cares for others. And all this change of nature is the consequence of an injudicious diet.—*Boston Journal of Chemistry.*

ACUTE MERCURIAL POISONING. M. Ferand relates a case recently under M. Monneret's care in La Charite. A woman passed five or six hours in a room where her husband was engaged in evaporating mercury, by means of a portable furnace, the vapor of which gave her a cough and took away her

Digitized by Google

appetite. Not thinking anything amiss, she slept in the same room with the window closed. In the night she was seized with dyspnœa, spasmodic cough, and vomiting, and all the next day had cough and anorexia. In the night following, abundant salivation came on, and on the third day she exhibited acute mercurial stomatitis, this soon being transformed into sanguinolent ulceration. The appearance of the tongue varied so from day to day, that the stomatitis could never have been diagnosed from it alone. On the fifth day an eruption having some of the appearances of roseola appeared on the face and neck, and then became general, putting on somewhat different appearances in different parts. The woman was obliged to remain in the hospital a month or more, and before she left it, suffered from deep seated pains in the limbs.—*Union Medical, and Medical Times and Gazette.*

CONGENITAL DISORDER FROM DRUNKENNESS. M. Demeaux, in a paper read before the Paris Academy of Sciences, states that drunkenness is a frequent cause of some mental or physical disorder, and adduces a new series of cases to prove that when conception takes place during drunkenness, it is a cause of epilepsy and of other affections which take their source in the nervous centres. To the same cause he attributes a great number of monstrosities, of vicious conformations, and of congenital lesions of the nervous centres, &c., which prevented the fœtus from attaining its full developement, or from living beyond a few weeks or a few months.

DIRECT ACTION OF HYDROCYANIC ACID UPON THE MEDULLA OBLONGATO. Professor Jones, of Nashville, has made some very interesting experiments with this poison upon alligators, with a view of ascertaining its *modus operandi*. From these experiments he concludes "that prussic acid acts primarily, directly, and chiefly upon the medulla oblongata and spinal cord; and that its ability to produce sudden death is dependent upon its action upon the medulla oblongata.

"Derangements in the relations of the medulla oblongata and spinal cord to the muscular system generally, and especially to the respiratory system, are the first phenomena manifested in the action of prussic acid.

"Prussic acid acts also upon the blood, the muscular fibres snd smypathetic nervous system; but the most marked phenomena, and those disturbances of the respiration which induce death, are due to the direct action of the poison upon the medulla oblongata."

ENLARGEMENT OF THE LYMPHATIC GLANDS—(Hodgkin's disease.) The American Journal of Medical Science (April number, 1868), contains two cases of this most remarkable

Digitized by Google

disease, both of which are well defined. The whole lymphatic system was involved, producing anœmia, dropsy of the thorax, abdomen and extremities, and in neither case were there present any evidences of malignant complication or association. The lymphatic glands were generally enlarged, some being of the size of filberts to that of a hen's egg, hard to the touch, and gristly upon being divided, and under the microscope showed no unnatural condition of their texture, but seemed rather to be only increased in size. With the enlargement of the lymphatic glands was found a peculiar enlargement and characteristic condition of the spleen. Some cases of malarial fever present a similar, though modified condition of the spleen and lymphatic glands, and for this reason a connection between the two apparently distinct diseases has been assigned to exist, and that, possibly, the same agent is an exciting cause of both. The only remedy which appeared to exercise any control over the disease was Iodine, applied internally and externally.

HOW TO PRODUCE THE SEXES AT WILL. Many a plan has been suggested how a male or female child may be produced in the human female, but none, perhaps, has received such general favor as that of Professor Thury, of Geneva. He says that if coition takes place soon after the beginning of heat in animals or in the earlier part of the menstrual month in the human female, that females are produced; and that coition taking place later or in the latter part of the period of heat in animals, the same of the menstrual period of the human female, that males are produced. He observed that the queen bee lays female eggs first and male eggs afterwards; that the same rule holds good with hens; and lays down the following rule for stock raisers:

"If you wish to produce females, give the male at the first signs of heat; if you wish males, give him at the end of the heat."

NOTICE.—*Missouri State Homœopathic Medical Society*—On account of so many different homœopathic societies meeting in different places, at or near the time on which our State meeting was to have been held, it was thought advisable to postpone it, and meet on the first Wednesday of October. Members and physicians will please remember the change, and come at the appointed time prepared for a useful and profitable session.

OBITUARY.

We are sorry to announce the demise of Mrs. Catherine M. Hutawa, wife of Dr. Charles Hutawa, of Sedalia, Missouri, who died on the 7th ultimo, of Dropsy of the Heart, in the 60th year of her life.

Digitized by Google

THE

Homœopathic Independent,

PUBLISHED MONTHLY, AT TWO DOLLARS A YEAR, IN ADVANCE.

JOHN CONZELMAN, M. D., Editor and Publisher.

No. 2. ST. LOUIS, AUGUST, 1868. VOL. I.

☞Communications, whether on business or intended for publication, should be addressed to JOHN CONZELMAN, M. D., No. 1417 Carr street, St. Louis.

SURGICAL CLINIC.

At the Dispensary Hospital, St. Louis Homœopathic Medical College, July 18th, 1868.

BY PROFESSOR FRANKLIN.

CASE I.—CYSTOMA OF THE SCALP.

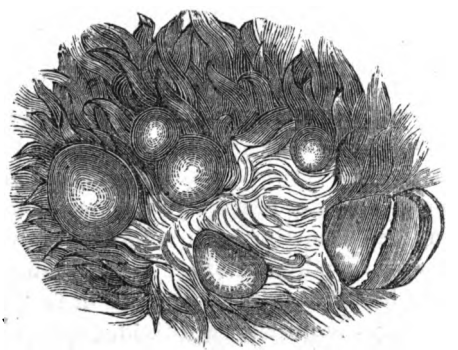
The patient before you has been afflicted with these sebaceous tumors of the scalp, as he tells you, for the last 18 years. Some of these growths, as you observe, are very large and produce a great deal of inconvenience, besides giving rise at times to considerable itching and smarting. They occur more frequently on the scalp than other portions of the body, though they may be situated on the back, neck, face, nails, or in fact any part of the person. These cystic growths are divided into two varieties. 1st, Those in which the accumulation increases gradually, in consequence of the closure of the follicular duct, the walls of the sac being gradually distended and hypertrophied, producing a firm wall, and filled with a pultaceous, cheesy-looking mass. 2nd, Those which are formed by the retention and modification of the secretion, in cysts which have no excretory ducts as in the bursæ.

Digitized by Google

The first variety are commonly called *wens*, and often attain considerable size. They are round, smooth, movable, either elastic or semi fluctuating, and occasionally feel solid to the touch. The hair follicles become atrophied; the hair as a consequence falls out, giving a smooth, shining appearance to the surrounding skin. You will recollect a few weeks ago a very large tumor of this class was presented to your observation upon the posterior part of the head of a female, which resembled a huge water-fall. They increase very slowly, generally; at times, however, after remaining stationary for years, they suddenly take on a rapid growth, as in the case of the one upon the woman's head referred to.

DIAGNOSIS.

They may readily be distinguished from *abscess* by their history, situation, slow growth, elasticity and mobility. From a *fatty tumor*, by the thin appearance of the skin over their surface, by their firm and more regular feel and their tendency to become pedunculated—the base of the fatty tumors being broad and lobulated. The accompanying cut presents a clear illustration of these cystic growths.



TREATMENT.

The treatment consists in extirpation, which, if thoroughly performed, is never followed by a return of the growth. In this case, I shall make two curvilinear incisions around the base of the large sac and dissect it away from its attachments. The smaller ones I will slit open, squeeze out their contents, and

Digitized by Google

seizing the sac by a strong forceps tear away the capsule from its connections with the subjacent tissues. It is important that the removal be complete, as experience proves that if only a small portion of the sac be left behind, it will form a nucleus for the formation of another growth. The dressings employed after removal will be pledgets of lint saturated with staphysagria lotion and retained in situ by a simple cross bandage. Internally, I shall give silicea 30 once a day for a fortnight.

CASE II.—LYMPHATIC ABSCESS OF THE NECK.

The patient, a negro aged 42 years, was attacked about four months ago, as he expresses it, with a "rising in the neck" which has increased gradually until it has assumed the huge proportion you now see. You will observe that the growth is lobulated, fluctuation is felt here and there, pain in the vicinity of the part is more or less constant, with considerable oedema of the surrounding tissues. Some portions of this growth appear hard and inelastic and resembles a tumor in feel, while others possess an undulatory, fluctuating feel indicative of pus. It is not so easy a matter for the Surgeon to distinguish between pus and sero-plastic fluid in deep-seated growths by palpation alone. The mere occurrence of fluctuation establishes the fact that a a fluid is there, but other operative procedures are demanded to ascertain the character of the fluid contained. In the present case where so much obscurity exists in the history of the case and attending circumstances and depth of the tumor, the safest plan is for the Surgeon to introduce an exploring needle and ascertain the true nature of the fluid. Insinuating an exploring trochar into this morbid mass a drop or two of pus is seen to emerge from the puncture, which clearly defines the character of the abscess. It is exceedingly rare that such abscesses are seen in this region with the accompanying characteristics. On the other side of the neck, below and behind the angle of the jaw, you will feel these same kind of tumors, which at first are *hard*, movable, lobulated, and painless, but give rise to sensations of uneasiness and pain by compressing nerves in their vicinity, a decided pulsatory feel is given to the tumor, especially that portion lying on the carotid artery. Under certain circumstances these tumors may be mistaken for aneurism.

Digitized by Google

I will give you a few distinctive features of aneurism which will enable you to arrive at correct conclusions in doubtful cases.

1st, *Tumors* do not pulsate when they are small, or at the beginning of their growth. *Aneurisms* pulsate from their very earliest formation. 2nd, In lifting a *tumor* from the artery pulsation ceases—aneurisms do not. Tumors at first are hard and then become soft—aneurisms are soft at first and become hard subsequently. 4th, Tumors cannot be emptied by pressure, and no alteration is made in their consistence by compressing the cardiac portion of the artery; in aneurism, this change in form and consistence becomes marked on pressure. 5th, In aneurism, a peculiar thrill or blowing sound will be heard by means of the stethoscope; in tumor no such sound is emitted. Enlargements of the thyroid body may be distinguished from aneurism of the carotid, by their slipping away from the fingers during the act of deglutition.

In the case before us, I shall open fully these lobulated abscesses, exhaust their contents, and dress the cavities with calendula lotion, retaining all with a circular bandage. Internally, to meet the indications observed and to correct as far as possible the scrofulous condition of the patient, I would advise the use of calc. phosph. 30 twice a day.

As I have often remarked before, the higher range of potencies seem to be more especially suited to cases of the character before you, and I am satisfied more benefit will accrue from their use in such cases than the lower potencies.

The dressings should be repeated three or four times a day, and until the part assumes its normal appearance. On the opposite side of the neck where these growths are in their incipiency and the glands are undergoing the process of hypertrophy, which precedes the process of disintegration, the glands being hard, movable, and slightly painful to the touch, I would recommend an ointment made of the following:

R Tincture Iodine 1 dr.
Adeps Suelli 1 oz. M.

to be freely applied to the enlargements twice a day until they shall become reabsorbed and taken up through the system. The patient will return on the following Saturday that you may observe the result of the treatment employed.

Digitized by Google

ERECTILE TUMOR OF THE NECK.

It will be remembered by those members of the American Institute who were present at the last session, that a very interesting case of erectile tumor of the neck on the person of a colored female, was acupressed before the Institute by Dr. Wm. T. Helmuth of this city. The operation, which was rather a novel one for the disease in question, consisted in passing an acupressure needle behind the main artery feeding the diseased mass, thus compressing the vessel and cutting off the supply of blood to the part. Many doubts were entertained as to the success of the operation, and various opinions expressed in reference to the character of the disease and the means employed for its relief. After the operation, the patient was removed to the hospital, became comatose and little hopes were entertained of her recovery. Reaction, however, set in at last, but little diminution in the size or appearance of the tumor followed as the result of the operation. In a few days afterwards Dr. H. *withdrew the needle* and sent the patient to her home in the suburbs of the city, the operation having proved a failure.

NEW APPARATUS FOR THE TREATMENT OF FRACTURE OF THE CLAVICLE.

Dr. Boisnot, of Philadelphia, has introduced to the profession a *new* apparatus for the treatment of fractured clavicle which is so exceedingly simple as compared with the apparatus of Dessault & Fox, so comfortable for the patient, so successful in its results as to become the most useful apparatus of the kind now known. The conical shape of the fore arm; the apex being the most dependent part, makes it admirably adapted for attachment with which to make traction upward and backward. A leathern socket fitting and laced around the forearm makes a very convenient dressing and support to the limb. The long band of webbing attached to the upper portion of the leather socket is carried upwards over the injured shoulder and at the point of fracture becomes a support, and keeps the fractured ends in close coaptation. The forearm may be carried across the breast in any direction by the swivel attachment at the com-

Digitized by Google

mencement of the buckle. Strips of adhesive plaster and graduated compresses are to be used in conjunction with this apparatus as may be called for by the Surgeon.

This apparatus is also recommended in cases of resection of the shoulder and the treatment of dislocation after reduction. Its simplicity and its complete adaptation to injuries about the shoulder joint makes it a useful addition to our list of mechanical surgical improvements.

CURARA.

M. Dt Cazal thus summarily disposes of the virtues of this drug (in the L'Union Medical, Feb. 28): "Its origin is unknown; its therapeutical uses, nil; its physiological action is to annihilate the function of motor nerves, leaving sensibility untouched." This is a type of the knowledge allopaths possess of the curative effects of drugs, and is perfectly consistent with their empirical teachings and practice.

CHARACTERISTICS OF ACONITE.

BY J. T. TEMPLE, M. D.

Continued from page 6.

Frequently small stools with tenesmus, watery diarrhea. Stools white, *with dark red urine.*

Urinary Organs: Burning and tenesmus of the neck of the bladder, between the acts of micturition.

Brown, burning urine, with brick-colored sediment.

Enmesis with thirst; scanty, red, hot urine without sediment.

Momentary paralysis of the bladder with involuntary emissions of urine.

Painful, anxious urging to urinate, especially in hysterical females.

Sexual Organs: *In men,* pain in scrotum as if bruised; a drawing up of the scrotum and frequent involuntary nocturnal emissions. Violent itching of the scrotum, causing one to scratch until the part bleeds.

Digitized by Google

In Women, it causes a profuse discharge of the menstrual fluid, amounting even to hemorrhage. Catamenia too profuse and too protracted.

Suppressed catamenia from fright. If the catamenia are suppressed from fear, fright, anger, getting wet, or any other cause, the normal action of the parts may be restored in a few hours by the timely use of this remedy.

After-pains too painful and too protracted.

In labor, when the uterus does not contract there is no progress, the child seems to be large, the mother's face is red and she is restless; aconite will cause a speedy delivery.

Milk-fever with delirium.

Puerperal peritonitis.

GENERALITIES.—Fainting, especially when rising, with *paleness* of the cheeks, which were *red* when lying. Sudden great sinking of strength.

Paralysis of left side.

Cataleptic attacks, with rigor of the body; loud lamentations and grinding of the teeth.

Burning in internal parts.

Congestions of head, heart, chest.

Inflammation of serous membranes; in rheumatism of the joints.

Stinging pains in internal parts, and tearing in external parts. (Rheumatism.)

Painful sensitiveness of the body to contact—he does not wish to be touched.

Attacks of pain, with thirst and redness of the face.

Sleeplessness and restlessness, (eyes closed) and constant tossing about.

Anxious dreams, with much talking and moving while sleeping—nightmare.

FEVER—With full, rapid, hard pulse, sometimes intermitting; when slow, almost imperceptible.

Sensation of coldness in the bloodvessels.

Chilliness from being uncovered and from being touched. Chilliness with thirst. Shuddering runs up from the *feet* to the *chest*. Chilliness with internal heat; *anxiety and red cheeks.*

Heat with agonizing tossing about.

Digitized by Google

Dry, burning heat, generally extending from the head and face, with great thirst for cold drinks.

Heat, with inclination to uncover.

Heat, with chilliness at the same time.

Inflammatory fevers, and inflammation with much heat; *dry, burning skin,* violent thirst, red face, or alternate red and pale face; nervous excitability, groaning and agonizing *tossing about*; shortness of breath, and congestion to the head.

Perspiration over the whole body, especially the covered parts, *smelling sour.*

Skin red, hot, swollen and shining; with violent pain.

Rash of children.

Burning in the skin—yellow face.

CONDITIONS.—In the night in bed the pain is insupportable.

Bad effects from dry, cold air, suppressed respiration; from fright, fear or anger; aggravation in the evening (chest symptom) when lying on the left side; when rising; in the warm room.

AMELIORATION.—In the open air (nervous symptom); when sitting still (rheumatism). Sleeps only during the first part of the night.

Aconite affects the *lower left side* and *upper right side.*

AMERICAN INSTITUTE OF HOMŒOPATHY—THE TWENTY-FIRST ANNUAL SESSION.

The preliminary meeting was held at the residence of Dr. T. G. Comstock, which was presided over by Dr. C. J. Hempel, of Grand Rapids, and Dr. I. T. Talbot was chosen Secretary. A nominating committee consisting of one member present from each State was appointed and again discharged before any action was taken in selecting candidates.

At 10 A. M., on the 3d day of June, the members of the Institute assembled at the Philharmonic Hall, Dr. W. T. Helmuth, President, calling the meeting to order.

Dr. Comstock, Chairman of the Committee on Arrangements, welcomed them in a very cordial and appropriate address, counseling unity and harmony of action, and liberality of thought in all their discussions, which he hoped would take such a range

Digitized by Google

as would bind them together in a spirit of truth, unity and concord.

At the election for officers for the ensuing year, Dr. H. D. Paine, of New York, was elected President; Dr. T. G. Comstock, of St. Louis, Vice President; Dr. I. T. Talbot, of Boston, General Secretary; Dr. H. L. Chase, of Cambridge, Mass., Provisional Secretary; Dr. E. M. Kellogg, of New York, Treasurer.

Censors, Drs. J. P. Dake, Salem, Ohio; G. D. Beebe, Chicago; J. C. Morgan, Philadelphia; John Hartmann, St. Louis; G. W. Swazey, Springfield, Massachusetts.

Dr. Paine, on taking the Chair, made a few brief remarks thanking them for the honor conferred, and asking their forbearance and co-operation as he was unaccustomed to the duties of the presiding officer of public meetings.

The President appointed as committee on *credentials*, Drs. L. D. Wilder, J. C. Burgher, D. Thayer, F. Woodruff, T. S. Verdi.

Auditors, Drs. A. E. Small, E. C. Franklin, G. E. Belcher, Samuel Gregg, Robert McManus.

Dr. Cooke offered the following resolutions:

WHEREAS, The American Institute of Homœopathy have learned of the affliction which has befallen our respected and venerable brother, Dr. John F. Gray, of New York, in the death of his estimable wife; and,

WHEREAS, The late Mrs. Gray was intimately related by consanguinity and by marriage with some of the oldest and ablest members of our profession; therefore,

Resolved, That the American Institute of Homœopathy regret his loss, and deeply sympathize with him in his bereavement.

Resolved, That the Secretary be instructed to send a copy of these resolutions to Dr. Gray.

Drs. H. M. Smith, I. T. Talbot, W. Williamson, and E. B. Thomas were appointed a Committee on Finance.

Dr. Thayer, Chairman of the Committee on Credentials, reported that one hundred and twenty-seven delegates, representing eighty-two independent organizations, were present.

Reports were received from nearly all the different Bureaus, all of which were referred to the Special Committee on Publication.

Digitized by Google

Dr. Smith, Chairman of the Committee of Organization, Registration and Statistics, made a report recommending certain changes in the by-laws, and added a supplemental report with a list of the members of the Institute, from which it appears there are over 550 members.

The Secretary read a report from Dr. James, of Philadelphia, delegate to the International Convention held at Paris on the 9th of August last, which suggests that an international convention should be held in one of the large cities of the States, and that delegates should be invited to come from all countries wherever homœopathy was known.

At 4 P. M., on the second day of the session, the delegates, with ladies and invited guests, went on board the steamer "Belle of Alton" to participate at a banquet and enjoy a trip up the river. There were about three hundred persons in the company. Among the rest were his Honor Mayor Thomas, and wife and daughter, and Gen. McNeil—the former presiding at the table, and the latter responding to the toast "The Invited Guests." The boat was handsomely decorated, and an accompanying band discoursed lively strains, giving those who wished an opportunity to shake the "light fantastic toe" until about midnight when the party were safely landed, and all retired to their respective places of abode feeling "'twas good to have been there."

Dr. Baer offered the following resolution:

Resolved, That Congress be memorialized in relation to the introduction of homœopathic practice in the army and navy for those who may desire it, and the American Institute of Homœopathy requests the various homœopathic societies in the United States to present petitions accordingly.

Dr. Verdi offered a resolution respecting a new medical magazine as follows:

WHEREAS, The objects of the American Institute of Homœopathy is to increase professional and social intercourse amongst all the homœopathic physicians of this and other countries; to impart mutually the medical experience and knowledge of each for the benefit of all; to infuse cordial and fraternal feeling amongst them; and,

Digitized by Google

WHEREAS, An annual meeting at different places, which, in this vast country, must necessarily be so remote from others as to prevent the meeting of many who would otherwise joyfully assist at each meeting, and that the absence of so many greatly endangers its purposes, and interferes with its utility by failing to promote the constant intercourse of physicians, the imparting of knowledge and unanimity amongst them; therefore,

Resolved, That the American Institute of Homœopathy shall issue a tri-monthly *Medica Magazine*, called the "Organ of the American Institute of Homœopathy."

Referred to a special committee of five, consisting of Drs. T. S. Verdi, E. C. Franklin, G. E. Belcher, H. M. Smith and C. J. Hempel.

The Chair announced the following as appointed on the different Bureaus:

Materia Medical—Drs. C. Wesselhoeft, W. Williamson, W. E. Payne, H. L. Chase, S. P. Barlow, E. M. Hale, J. P. Dake, G. E. Belcher, J. L. Keep.

Clinical Medicine—H. D. Paine, S. M. Cate, D. H. Beckwith, S. Gregg, P. P. Wells, J. C. Burgher, N. F. Cooke, W. H. Holcombe, J. Hartmann.

Obstetrics—R. Ludlam, H. N. Guernsey, J. H. Woodbury, T. G. Comstock, E. M. Kellogg, J. C. Sanders, T. F. Pomeroy.

Surgery—J. Beakley, W. T. Helmuth, G. D. Beebe, B. W. James, T. F. Allen, C. T. Liebold, J. C. Morgan, M. McFarlan.

Organization, &c.—H. M. Smith, H. M. Paine, E. B. Thomas, T. C. Duncan, T. Woodruff.

Anatomy, Physiology and Hygeine—C. Dunham, J. H. P. Frost, T. P. Wilson, J. J. Mitchell, F. W. Boyce, A. R. Morgan, L. M. Kenyon.

Medical Education—C. J. Hempel, D. S. Smith, T. G. Comstock, H. B. Clarke, G. D. Beebe.

Finance—E. M. Kellogg, I. T. Talbot, W. Williamson, E. B. Thomas, H. M. Smith.

Foreign Correspondence—C. Dunham, T. S. Verdi, I. T. Talbot, B. De Gersdorff, J. H. Pulte.

Orator—R. Ludlam; alternate, E. M. Kellogg.

Necrologist—S. B. Barlow.

Digitized by Google

Committee on Arrangements—D. Thayer, S. McFarland, S. Gregg, M. Fuller, I. T. Talbot.

Special Committee on a Homœopathic Dispensatory—C. Dunham, C. Herring, A. Lippe, G. W. Barnes, A. E. Small, J. T. Temple.

Our space is too brief to give a more extended notice of the proceeding of the meeting, which we would like to do; but as other journals contain them in full, it would be but a repetition uninteresting to many of our brethren. Yet we must express our feelings upon some subjects which were brought up for discussion, and hastily cast aside without receiving a merited consideration. The subject of Pathological Anatomy received only a mere passing notice, and the resolutions presented by Dr. McMurray were well-timed and to the point and should have been passed. Homœopathic physicians do not pay enough attention to this branch of medicine, and it is high time that some plan is adopted which will incite research in this direction, and make it imperative upon the profession to hold autopsies whenever possible, minutely record the results, and have them published in some monthly periodical for the benefit of all. In other various ways can we study in this department with great benefit and success, and we trust our co-workers in the profession will insist upon their students as well, becoming intimately acquainted with the subject, and that our colleges will establish a *special* chair on Pathological Anatomy.

The "Woman" question was also brought forward and smothered down. We were sorry to see that so important a subject should be so ruthlessly handled. But "the world does move," and with its revolutions the prejudices of ages and nations are being swept away forever, and the dawn of liberal ideas, of right and of justice, is breaking in power upon us, and sooner or later those gentlemen who so violently oppose the movement will *have* to submit to the ruling of a progressive people and acknowledge the "rights" of "woman" in the practice of medicine, and bow the ankylosed and supercilious knee to the *disgrace* of associating with her in medical conventions.

The Institute adjourned to meet in Boston, on the second Tuesday in June, 1869.

Digitized by Google

ANATOMY OF THE CRYSTALLINE LENS.

BY S. B. PARSONS, M. D.

Continued from Page 17.

When reviewed microscopically, it appears to be a soft-solid, externally, readily becoming pulpy under pressure of the finger, with a central hard body or nucleus, not easily broken down by either pressure or maceration. It is this difference in density that so admirably adapts it to the important position it occupies, and the function it performs in the optical apparatus, by which its refractive power is increased from circumference to centre, and consequently as the rays of light approach nearer the denser part of the lens, they are refracted more and more from their original course. It appears quite homogeneous to the naked eye, but being subjected to boiling in water, or immersion in alcohol, it will separate into three triangular-shaped segments, whose dimensions are equal one with another, and each segment may again be further divided into, and are found to be composed of a series of layers, one within another, like the coats of an onion, arranged in concentric form, in a normal condition being held together by a delicate connective tissue. The separation into lamellæ does not extend through the nucleus or hard body, but only to it, leaving a round, firm, transparent substance, which is easily detached from the innermost lamella. There is a form of cataract to which the term *lamellar* has been given, consisting essentially of a circumscribed opacity of a thin layer or lamella, spoken of above, generally confining itself to a small superficial surface, whilst the periphery and central nucleus retain their natural transparency. It occurs mostly in children under the age of seven years, and is quite persistent, though often remaining stationary for years, and even a life-time. If a single lamella be examined under the microscope it is found to be composed of flattened tubes, with serrated edges, which dove-tail with the edges of its adjacent fellows, narrow in the centre and wider at each extremity, slightly curved upon themselves, and filled with an albuminous, viscid, transparent substance known as *crystalline*. It has been a mooted question, until quite recently, whether the parts con-

Digitized by Google

stituting the lamellæ were solid fibres or tubular in structure. Some of the ancient anatomists contended that the lens was fibrous or muscular; and what are now known to be tubes were considered by them to be muscular fibres. I think it was the earlier Monro who discovered their tubular character, and through his researches the *muscular* theory was exploded, and a pretty correct knowledge of the structure of the lens obtained. Toward the centre of the lens the tubes are smaller, more solid and slender than at the circumference, with a slightly opaque appearance as compared with the peripheral extremity, which is probably due to a greater thickness and density in the former than in the latter situation. There undoubtedly exists in the lens, besides the tubes and crystalline, another substance (connective tissue), which intervenes between the edges and flat surfaces of the tubes, holding them together, itself as diaphanous as the tubular walls themselves, and also constitutes the proper medium through which nourishment is conveyed to the structures of the organ. It has been asserted by some oculists that opacity of the lens or cataract, in a great majority of instances, commences in the connective tissue surrounding the tubes by some disturbing principle or morbific influence acting upon its substance, and effecting a change in the chemical composition of the nutritive fluid which it conveys. An arrest and change of the nutritive pabulum at this point, before it reaches the crystalline, produces derangement in the nutrition of the tubes, and their contents (crystalline), which is manifest, sometimes by a softness, sometimes by a hardness and an opaque appearance, and other signs of incipient cataract. Other oculists contend that cataract *always* begins in the crystalline which fills the tubes, and always in the nucleus or central hard body, where the ends of the tubes are smallest in diameter, and more easily deranged in function. The latter assertion is not true, as in some cases opacity appears in several spots at once, and in the lamellæ at some distance from the nucleus. Wherever the peculiar spot of initiation of cataract may be, whether in the connective tissue or crystalline, or whatever the disturbing force, the result is a change in the composition of the refractive substance (crystalline), which is rendered thick and milky, and unable to transmit, or bend the pencils of light, and thus the

Digitized by Google

vision may be wholly or partially destroyed, according as the morbid condition is more or less extended through the substance of the lens. In development of the embryo, the lens is among the first organs exposed to view, being plainly visible about the twentieth or twenty-fifth day, lying in a saccular involution of the external membrane of the germ, to which its connections continue to be maintained by means of the membrana pupillaris for sometime afterwards, then atrophies, and leaves the lens isolated in the interior of the eye, surrounded by its capsule, which also was formerly a portion of the external skin. According to Vogt, the tubes of the lens are nothing more than epidermoidal cells which have been developed in a peculiar manner, and that so long as there still remains epithelium in the capsule, it is possible that regeneration of the lens may take place—as after extraction of a cataract for instance, in the same way that the ordinary rete malpighii of the external surface does the cuticle. No nerves, lymphatics, or blood vessels have been discovered within the substance of the lens, though there undoubtedly exists representatives of each which fulfil the purposes of true nerves, lymphatics and blood vessels, thus maintaining the integrity of the organ as perfectly as if the latter were present in the usual form. How the lens is nourished is still an open question. Some histologists and anatomists maintain that it is by a series of tubes which permeate the capsule similarly to those in the cornea, and at certain points penetrate the lens, dividing and subdividing between its crystalline tubes, even to its very centre. Others assert that it is by means of epithelium on the posterior surface of the anterior part of the capsule, through which nutritious matter passes by imbibition into the cavity of the capsule, and thence is taken up by the peripheral extremities of the crystalline tubes and conveyed into their interior parts. We are more inclined to the latter theory for a number of reasons, among which are, first, the capsule is not attached to the lens, but on the contrary, the latter is loosely suspended in it; second, the ciliary and choroid vessels lie close up to the anterior part of the capsule, forming a circle around its circumference directly in front of the spot where the *peculiar* epithelium is located, from which the blood plasma is secreted, and the processes of nutrition carried on.

Digitized by Google

There are no other vessels around it from which nourishment can be drawn. In its relations to other structures of the eye we may have something more to say by and by.

ON CERTAIN ERRORS IN THE TREATMENT OF JOINT DISEASES.

SELECTED.

Robert Barwell, Esq., of London, in a work on "Diseases of the Joints," has pointed out the errors of treating *all* diseases of the joints on the same plan, antiphlogistic, the evil consequences and want of success in his own practice in the management of strumous synovitis led him to adopt an opposite course of treatment after the first stage of the disease had passed. The phases of strumous synovitis, he classifies as follows: 1st. Inflammation and active granulation. 2d. Indolence and languid cell-growth. 3d. Developement or degeneration of the granulations into fibrous tissue, or into pus and sloughs respectively. He says, speaking of the external aspects and conditions of the joint in each of the phases, "In the first, the inflammatory, it is smaller, hot, tender, often reddened; the patient is in a state of pyrexia. In the second, the joint is more swollen, and its form, if superficial, is rounded, shapeless, dumpling like—it is cool and not tender, or but slightly so; the patient's health is depressed, and the condition is not feverish. This phase is *par excellence* that of *white swelling*. Now, the common and authorized mismanagement, which I deprecate, takes place in the second, the torpid phase of the disease. Infirmary, hospital, or private patients are, as a rule, ordered to remain in bed or at complete rest, with the limb on a splint, for months, even for years. We find these patients pale, sanguine, etiolated, having a large shapeless joint, cool, white, uninflamed, and perhaps with a great issue in it and a poultice over it. Thus, inactivity is added to sluggishness, enforced indolence to the passivity of disease, and with such treatment it is not to be wondered at that few such joints recover." Of the treatment of the second phase, he says: "As soon as the inflammatory stage

Digitized by Google

has passed, *I prescribe movement, at first passive then active friction*, pressure, and a series of exercises destined to restore form and flexibility." * * * * * *

"But there remain essential points for consideration:—Firstly: What are the signs that we may safely remove a diseased joint from the splints, cease all remedies against inflammation, and adopt the treatment above described? Secondly: and this is very important. What are the signs that degenerative actions have already set in and advanced so far that such measures would be not merely useless, but hurtful?

"The signs that inflammation has so far ceased as to warrant the use of movement, &c., are coolness and whiteness of the joint, and, above all, a cessation of tenderness—not merely of a general more or less superficial tenderness, (which often subsists in a splinted joint long after inflammation has ceased,) but of the tenderness in the special locality appertaining to each joint. The fact of a special locality for pain is very peculiar, and requires an explanation. It is well known that in every acute inflammation of joints, the pain of the disease is referred especially to one part of the organ; even although the whole limb may be painful, there is always one special point of which the patient more particularly complains. This fact, taken in itself, is singular, but practically unimportant, save that it throws a curious light upon the circumstances to which I would call attention, namely: that in chronic joint diseases, in which pain during rest no longer exists, there yet remains a certain point for each articulation which continues tender as long as any inflammation persists. This joint is in all cases that same place which in acute diseases is especially painful. These are for the knee, a small space over the inner trochanter and inside the patella; for the elbow, the posterior part of the junction between the radius and humerus; for the wrist, the union between the scaphoid and ulna; for the ankle, a spot just outside the extensor longus tendon. For the shoulder, this choice spot of tenderness is situated at the back external aspect, where the posterior fibres of the deltoid cross the joint; at the hip, the test place is just behind the trochanter. It may appear to many, a dangerous doctrine to assert, that, tenderness being absent in this choice seat of pain, inflammatory action in the joint itself

Digitized by Google

has ceased. No surgeon would ever, I presume, examine a joint without feeling it all over; but the especial attention, the indication for treatment, is to be taken from the condition of this point. Let us, then, suppose a case to come before us. A patient has been for some months affected with strumous synovitis; the knee is round, soft, having a pasty feeling, and is white and cool; there is a little dull sense of pain on pressure with the tip of the finger all over the joint; but rub it with the palm of the hand slowly and with some pressure, and this slight tenderness, which is merely the effect of the skin having been kept from the air by bandages and poultices, will soon cease. Press now with some firmness over indifferent parts of the joint, i. e., everywhere but on the point to be interrogated; see that all this superficial sensitiveness has disappeared, or that, at all events, you can appreciate its amount; then, and not till then, make with the thumb pressure, at first gentle but gradually increasing, until it becomes pretty considerable. If no expression of pain be elicited, you may feel sure that joint inflammation has ceased.

"Now, to continue rest, antiphlogistic treatment, poultices, or the like, is the mismanagement I have so frequently mentioned. Such treatment directly aids in the slow, sluggish destruction of the limb, which, under such circumstances, is so certain, that a man with all the experience of Sir B. Brodie, considered it inevitable. At the present day even, I have no hesitation in saying that nearly all surgeons would still order such a joint to be kept at rest, to be blistered, to have issues in it and poultices applied, although innumerable examples show how worse than futile is such a course. It is because I hold this conviction that I have ventured to bring forward in so detailed a manner a subject which is not perfectly new. I pointed out in 1860, in my work "On Joint Diseases," the false practice of this continual rest, and I have since published lectures on the subject; I also detailed the choice seat of tenderness for each joint. Since then my experience has impressed upon me even more fully the value of the practice which I then inculcated, and how essential to a joint in this condition is the stimulus of movement, of pressure, &c., to cause the granulation cells to contract and form themselves into one tissue, instead of remaining sluggish, until they degenerate into fatty cells and sloughs.

Digitized by Google

"There is yet another question to be answered, viz: after degeneration has once set in, when there are abscesses in the thick tissues surrounding the joint which open and discharge externally, when there is reason to suppose that the cartilages have disappeared totally or in part, are we to keep the limb still at rest in the hope of producing anchylosis, or are we to inculcate movement, &c.? My answer most decidedly is, that in cases where the health is not very much broken, where destruction has not invaded all the tissues, where the central abscess is not larger than the thickened tissues themselves, and when there is no grating, carefully arranged pressure, followed by passive movement, will do more to consolidate the tissues and cause the abscesses to heal than can be imagined by those who have not tried the method.

"One point, however, must be noticed, viz: the fact that a limb has been kept at rest for some time, whether for fracture, joint disease, or other cause, movement will always produce pain; and this is so often believed to be pain in the joint from continuance of the inflammatory action, that the salutary remedy is checked. The surgeon must carefully distinguish the one from the other—a diagnosis in which he will have but little difficulty if he carefully compare the position of the limb in which the pain chiefly occurs and the action of the muscles."

NATIONAL MEDICAL ASSOCIATION.

Below we give a fine portrait of Allopathy, drawn by an eminent artist. The deliniations are perfectly life-like and most strikingly true. We commend it to the careful study of our Allopathic brothers:

"The controversies of the different authors and of rival medical institutions, form indeed a large portion of medical history since the revival of letters; and which, in the true spirit of European aristocracy and pedantry, the highest claims to the homage of mankind have been set up by those who assumed the title of *professor*, as if their theories were all oracular, and never to be called in question; the grossest contradictions, and the most humiliating inconsistencies have been published as incontrovertible truths, and defended respectively by their friends; all equally claiming exclusive legitimacy, with a zeal and rancor only equalled by the malignity with which they have resisted

Digitized by Google

the claims of the laity to examine those questions for themselves.

The temples of Æsculapius have in fact been rebuilt in these latter days of reform, and their priests, assuming to possess and retain all medical knowledge which they offer to reveal to novitiates, upon consideration of exorbitant fees, have, nevertheless, lacked the uniting spirit of the God of Physic; and while each temple has been occupied as a kind of Babel, to exclude the rising tide of enlightened and reformatory public sentiment; they, at the same time, have all been used as forts and batteries for the prosecution and maintenance of hostilities between the authors or adherents of different medical tenets.

How much respect is due to a claim of exclusive professional legitimacy, when the claimants can at no time agree among themselves? And who can feel safe in acknowledging allegiance to an assumed hierarchy, or rely with unquestioning trust on its doctrines, when those doctrines have no more stability than the waves of the ocean? To show that this is not an unfounded insinuation, I quote from Bostock, an extract of unquestioned medical history:

'At the termination of the last century, while the doctrine of Cullen was generally embraced, typhus fever was called a disease of debility, and was of course to be cured by tonics and stimulants. No sooner was it ascertained to exist, than barks and wines were administered in as large doses as the patient could be induced, or was found able to take. No doubt was entertained of their power over the disease; the only question that caused any doubt in the mind of the practitioner was, whether the patient could bear the quantity that would be necessary for a cure. To this treatment succeeded that of cold infusions. The high character and literary reputation of the individuals who proposed this remedy, its simplicity and easy application, the candid spirit which was manifested, and the strong testimonials which were adduced by his cotemporaries, bore down all opposition, and we flattered ourselves that we had at last subdued this formidable monster. But we were doomed to experience the ordinary process of disappointment; the practice, as usual, was found inefficient or injurious, and it was after a short time supplanted by the use of the lancet. This practice was even more short-lived than either of its predecessors. and thus in a space of less than forty years, we have gone through three revolutions of opinion with respect to our treatment of a disease of very frequent occurrence, and of the most decisive and urgent symptoms.'

But while thus mutation and revolution stand forth so conspicuous in the history of the science, we have the most clear and conclusive evidence of the empirical and routine practice connected with the reign of each that can possibly be desired,

Digitized by Google

thus showing the more than autocratic influence the leaders have upon the throng. In what system of medical practice, or in what newspaper puff or empirical advertisement, can we find greater uniformity of remedy, or sameness of practice, as far as what is considered the essential remedy is concerned in the treatment of disease, than is to be found in the leading and standard works of the now waning system of practical medicine? * * * * * * "

VARIA.

CARBOLIC ACID IN SMALL POX. Dr. D'Oyley Evans writes from Europe to the *American Journal of Dental Science*, an account of a severe case of Small Pox, in which carbolic acid, mixed with mutton suet and lamp-black was used to prevent pitting, with perfect success. He says: "the ointment was spread thickly upon black cotton wadding, which was applied over the face and forehead, holes being cut for the eyes, nostrils and mouth. This mask was changed every second day, and the face gently washed with soap and warm water, and then, including the whole body, with warm water impregnated with carbolic acid.

"From the commencement of the eruption, no unpleasant symptoms occurred. *There was none of that intolerable itching, and no secondary fever.* (The italics are our own.—Ed.) One arm only of the patient was smeared daily with the ointment; the contrast in the character of the pocks on the arms was remarkable. The pustules on the arm operated upon were not nearly as full, and the scales fell off earlier than those of the other arm."

The formula for its preparation is as follows: Carbolic acid, two drachms; mutton suet, two ounces; the mixture colored with lamp black.

POISONING BY CARBOLIC ADID. A number of cases of poisoning by this acid have been published as occurring in this and foreign countries. The train of symptoms presented, were analogous in all the cases, so far as we have been able to learn, in each of which the face was blanched and bathed in perspiration within fifteen minutes after taking the poison, pupils contracted; pulse feeble at 100 to 120, and very intermittent; respiration stertorous, lividity of the lips, ends of the fingers, toes, and other parts of the body. Its action is very rapid and destructive, producing death in from 30 minutes to 2½ hours, by paralyzing the cerebro-spinal nervous system. In some of the cases, softening of the mucous membrane of the mouth,

Digitized by Google

œsophàgus, stomach, and duodenum, was found, which could be readily separated from the sub-mucous tissue by pressure or slight force, and easily broke down under the finger. Dr. F. Grace Calvert says, concerning the treatment of such cases, "after the stomach pump has been used (or an emetic of sulphate of zinc or some other kind given, and thoroughly operated, he might have added), the best antidote to be administered is large doses of either olive oil or oil of sweet almonds, mixed with a little castor oil, for not only do they interfere with the corrosive action of carbolic acid, but they freely dissolve it, dilute it, and prevent its action on the mucous membranes. If, at any time, strong carbolic acid should come in contact with the skin, its caustic action can be entirely prevented by removing it with a little oil."

TAKE CARE OF THE EYES OF CHILDREN. Dr. Hermann Kohn, of Breslau, has examined the eyes of 10,860 school children, and found of these that 17–1 per cent. were short-sighted, which condition he attributes to a faulty construction of the desks and forms, which required the children to read with the books close to their eyes.

POISONING BY OXALIC ACID.—A woman aged 34, voluntarily took half an ounce of oxalic acid, which immediately produced burning pains in the throat and epigastrium, and dizziness. In an hour afterwards she vomited blood and also had violent purgings of bloody stools, great pains in stomach and intense thirst, retching, cold extremities, sunken eyes, pallid countenance, and collapse of the pulse. She was taken to "King's College Hospital," her condition varying for four days, when she died. An autopsy revealed: "Slight rigidity of the extremities (probably rigor mortis), *tongue and mouth normal*, epyglottis red and eroded on the under surface; most of the mucous membranes of the oesophagus was stripped off, especially at the lower part. The stomach was congested and distended, and at the lower part of the great curvature was a slough, irregular in shape, about the size of a silver dollar, which had not yet began to separate. The gastric wall around the slough was thicker than usual and the peritoneum was opaque. All through the intestines the walls were congested and thicker than usual, and in the lower part of the ilium, for about three feet, leaving off suddenly about six inches from the cæcum, were numerous sloughs, of an ochre-yellow color, which involved the whole of the bowel, and not Peyer's, or the solitary glands only. The peritoneum in this region was also congested. The solitary glands of the large bowel were found to be enlarged, this being the only evidence of the poison having effected this organ. The respiratory structures seemed to have escaped almost entirely, except the

Digitized by Google

base of each lung which were somewhat congested. The heart and liver were normal. The central portion of each kidney was swollen and œdematous, and in some of the tubes there was an increased quantity of epithelial cells. A peculiar and rare feature in this case is in there being no whitened, softened, or altered condition of the mucous membrane of the mouth, whilst the cardiac and intestinal mucous membrane showed an unusual strong corrosive action of the poison.

TRANSUDATION OF BLOOD CORPUSCLES.—"The subjects of hemorrhage from the capillaries and of the mechanism of suppuration have recently received a considerable light from the microscopical observations of a German observer, Dr. Cohnheim. By bringing frogs under the influence of woorara poison, and then tying the femoral vein, he was enabled to watch the phenomena of capillary congestion and the resulting ecchymosis taking place in the transparent tissue of the frog's web. The remarkable point in his observations is, that he has seen the red blood corpuscles making their way through the capillary walls, apparently without rupture, into the surrounding tissue. In like manner, in the case of inflammatory action, he has seen the pale corpuscle becoming adherent to the wall of the vein, making its way through the wall, and appearing on the outside as the pus corpuscle. * * * * * Dr. Bastian describes the process as one of adherence of the corpuscle to the capillary wall, then the protrusion of a small tag or process of the corpuscle through the wall, which is followed by a larger and larger portion of the corpuscle, until the whole has escaped. From his observations he is inclined to believe that the process is due to the properties or endowments of the corpuscle, rather than to any merely mechanical force. Dr. Waller in an article published in the twenty-ninth volume of the *Philadelphia Magazine* (1846), details the results of two experiments, in one of which he observed the white corpuscles escaping from the vessels in mesentery of a toad, while the only traces of their points of exit 'were curved indentations in the vessels of the same size as the corpuscles, and a solution in the continuity of the parietes of the vessel at these points.' In the second experiment the tongue of a frog was employed, and in this case both the red and white corpuscles—the latter, however, in by far the greatest number—escaped through the walls of the capillaries, while no appearance of rupture could be seen in any of the vessels. The corpuscles were generally distant about 0.03 m. m. from their parietes. After the experiment had lasted about two hours, thousands of those corpuscles could be seen scattered over the membrane, with scarcely any blood disks."—*Dental Cosmos, from Medical Times and Gazette.*

Digitized by Google

NOTICES.

The following committees were appointed at the meeting of the Missouri State Homœopathic Medical Society, held in this city on the 17th day of December last, to report at its next session, which takes place in St. Louis on the first Wednesday of October, 1868:

Medical Education and Organization—Drs. J. T. Temple, W. T. Helmuth and S. B. Parsons.

Endemic and Epidemic Diseases of Missouri—Drs. John Hartmann, S. Field, and L. Grasmuck.

Materia Medica—Drs. J. T. Temple, A. P. Skeels and John Conzelman.

Physiology and Pathology—Drs. Chas. Vastine, Wm. G. Hall and John Fee.

Obstetrics—Drs. G. S. Walker, T. G. Comstock and Charles Hutawa.

Surgery—Drs. E. C. Franklin, W. T. Helmuth, and S. B. Parsons.

Chemistry—Drs. N. D. Tirrell, Chas. Lougeay and L. Grasmuck.

Therapeutics—Drs. J. T. Temple, D. R. Luyties and J. H. Bahrenberg.

Anatomy—Drs. C. H. Nibelung, Wm. G. Hall and S. Field.

Elevating the Standard of Medical Education—Drs. E. C. Franklin, W. T. Helmuth and S. B. Parsons.

Provings of Drugs—Drs. A. P. Skeels, T. J. Vastine and H. S. Chase.

It is hoped that each committee will be prepared to report promptly at the meeting, and make the season one of profit as well as pleasure to all who attend.

S. B. PARSONS, Sec'y.

DIX HOMŒOPATHIC COLLEGE FOR THE EDUCATION OF WOMEN.—We would call attention to the advertisement of this institution in our columns, with the earnest desire of bringing to the knowledge of the profession the fact that such an institution exists in our city, and is fully equipped and organized to thoroughly educate women for the practice of medicine. We hope all of our professional brethren who feel an interest in this department will give their aid and support to the enterprise, and whenever it is possible to direct the attention of the laity with whom they are associated to the matter, we trust they will do so.

WE have received the advanced courier of a new Dental Journal which is about to be started in this city, with the names of Drs. Judd, Chase, Eames, Forbes, McKellops and Peebles at its head, as editors, publishers and general managers. It will be a "monthly record of medical science," under the name of *The Missouri Dental Journal*.

Digitized by Google

THE

Homœopathic Independent,

PUBLISHED MONTHLY, AT TWO DOLLARS A YEAR, IN ADVANCE.

JOHN CONZELMAN, M. D., Editor and Publisher.

No. 3. ST. LOUIS, SEPTEMBER, 1868. VOL. I.

☞Communications, whether on business or intended for publication, should be addressed to JOHN CONZELMAN, M. D., No. 1417 Carr street, St. Louis.

ARNICA MONTANA.

This medicine from being very popular is most extensively abused.

In its moral symptoms, we find depression of spirits and absence of mind.

Weak memory.

Shedding of tears and exclamations after rage.

Great sensitiveness of the mind, with anxiety and restlessness.

Unconsciousness. Fainting from pain caused by injuries.

Declines to answer any questions.

Quarrelsome.

HEAD.

Giddiness, with nausea when moving and rising; better when lying. Hydrocephalus.

Burning and heat in the head, the rest of the body is cool, (night and morning, worse from motion, better when at rest.)

Pressure on one temple, as if a nail had been driven into it. Left side.

Cutting through the head, as with a knife, followed by a sensation of coldness.

Inflammation of the brain; stitches in the head, especially in the temple and forehead. Effects from concussion of the brain. In apoplexy.

Digitized by Google

Inflammation of eyes and other parts when caused by blows or mechanical injuries.

NOSE.

Tingling in the nose, and bleeding. It is as important in Putrid Fever, as Lachesis, Phosphorus or Kreosote.

FACE.

Heat of the face, the body being cold. Sunken pale face. Redness of one cheek.

Hot, red, shining swelling of one cheek.

Burning hot cracked lips.

MOUTH.

Toothache, with swollen face. Dryness of mouth, with much thirst. Diminution of saliva. Putrid smell from the mouth.

THROAT.

Burning in the throat.

APPETITE AND TASTE.

Bitter taste, especially in the morning. Putrid taste.

Aversion to food, especially to meat.

Desire for vinegar.

Thirst for cold water, without fever.

Thirst constant only during the chill. The same as Capsicum.

Longing for alcoholic drinks.

STOMACH.

Frequent eructations, especially in the morning, empty, bitter, putrid as from rotten eggs.

Nausea and empty vomiturition.

After drinking, vomiting what has been drunk.

Vomiting of blood, dark and clotted.

ABDOMEN.

Cutting colicky pains in the abdomen.

Tympanetis.

Colic with strangury.

Hardness and distension of the right side of the abdomen.

Violent shooting, darting from the abdomen to the Vertex like an electric shock.

STOOL AND ANUS.

Fœtid flatulence, like the smell of rotten eggs.

Frequent urging to stool. Small steels of mucus.

Digitized by Google

Passage of stool during sleep—thin, brown, or white.

Stools of undigested matter, or of blood, or pus, with tenesmus of the rectum and anus.

URINARY ORGANS.

Paralysis or spasms of the neck of the bladder.

Involuntary discharge of urine at night when asleep, and during the day when running.

Urine brown red with brick dust sediment.

Bloody urine.

Frequent micturition of pale urine.

In Hœmaturia from a blow it is indispensable.

SEXUAL ORGANS.

Purple red swelling of the penis and testicles, after mechanical injuries.

Painful swelling of the spermatic cords, with stitches into the abdomen.

Soreness of the parts after severe labor.

Violent after pains.

Erysipelatous inflammation of the mammæ and nipples.

Violent pains like labor during menstruation.

RESPIRATORY ORGANS.

Breath fœtid, short and panting.

Excessive difficulty of breathing.

Burning or rawness in the chest.

Sensations of soreness of the ribs.

Whooping-cough, after crying; from tickling in the œsophagus; with expectoration generally of foaming blood, mixed with clots of blood; sometimes in the evening with putrid mucous, which cannot be expectorated, but must be swallowed again This is also the case with Cannabis and Causteum.

Cough worse in the evening till midnight, from motion in the warm room and after drinking.

Stitches in the chest, *left side* aggravated from a dry cough, with oppression of breathing; worse from motion, better from external pressure.

Pneumonia supervening upon whooping cough.

Pain in side, left, from running or jolting in riding.

BACK.

Tingling in the back.

Digitized by Google

Great soreness of the back as if the bones were broken, compelling him to be still.

UPPER EXTREMITIES.

Tingling in the arms.

Sensation of soreness of the arms.

Sensation as if the joints of the arms and wrists were sprained.

LOWER EXTREMITIES.

Sensation of soreness in the legs. Tingling in the legs.

White swelling of the knee.

Hot Erysipelatous inflammation and painfulness of the feet, from tight boots.

Gout.

GENERALITIES.

Over sensitiveness of the whole body.

Pain, as if beaten or bruised in outer parts and in joints.

Tearing, drawing in outer parts.

Pricking from without inwards.

Pressing in inner parts.

Tingling in outer parts.

Twitching of the muscles.

Ebullitions and burning of the upper part of the body, with coldness of the lower part of the body.

Bleeding of the external and internal parts, vomiting of blood.

Sleepiness during the chill, with inability to sleep.

Drowsiness, with delirium.

FEVER.

Pulse very variable; mostly hard, full and quick.

Chilliness internally, with external heat.

Great chilliness, with heat and redness of one cheek only.

Chilliness as soon as he lifts the cover off the bed.

Chilliness of the side on which he lays.

HEAT.

Dry heat over the whole body, or only in the face and on the back.

Perspiration smelling sour or offensive; sometimes cold.

Intermittent fever; chill in the morning or forenoon, drawing pains in the bones before the fever; changes his position continually; breath and perspiration offensive.

Digitized by Google

SKIN.

Vesicular miliary eruptions.

Small boil shaped tumors.

Hot, hard, shining swelling from the stings of insects.

Suggillation.

In Hœmoptesis where the blood is fresh and gushing out at every breath.

In bleeding from the nose where the blood is fresh arterial blood.

If, however, the blood is ropy, hanging in strings, then Crocus is specific.

Apoplexy, with effusion on the brain.

Pain in the joints wandering from one to another.

Sensation of soreness on the whole body with tingling stiffness of the limbs after every exertion.

J. T. TEMPLE, M. D.

SURGICAL CLINIC.

At the Dispensary Hospital, St. Louis Homœopathic Medical College, August, 1868.

BY PROFESSOR FRANKLIN.

CASE I.—SUB-LUXATION OR SPRAIN.

The patient, A. M., was injured about six months ago by jumping from a wagon while under full headway, and sustained a sub-luxation or sprain of the ankle joint. The foot has been treated by various physicians since that time, with the result you see before you. The joint is partially anchylosed from previous inflammation and its consequences. The scars of two sinuses are seen near the articulation, and the joint is considerably thickened, with more or less swelling in the adjacent tissues. These accidents are so common, and the consequences often so serious, that I shall take this opportunity of presenting to you such information regarding them as will lead you to a proper and judicious treatment in such cases.

A Sprain or Strain, is an injury of a joint in which there is more or less contusion, stretching or laceration of the ligaments and neighboring parts, without displacement of the articulating

Digitized by Google

surfaces, accompanied by subsequent inflammatory action. When occurring in subjects of a rheumatic or scrofulous diathesis, the consequent symptoms are often of a serious and persistent character.

The joints most likely to become affected in this manner include the ginglymoid, as the knee, ankle, elbow and wrist, which is due to the circumstance that these joints are surrounded by short, firm and unyielding ligaments, while their motion, also, being limited to flexion and extension, renders it very easy to cause a severe stretching or rupture by putting the parts upon violent tension. The orbicular, or ball-and-socket joints, on the contrary, in consequence of their greater freedom of motion and the elastic character of their ligaments, are less exposed to these accidents, though occasionally extreme abduction of a limb is sufficient to produce serious injury of this nature.

The cause of sprain may be either mechanical violence, as a blow, fall, or severe twisting of the orbicular surfaces upon each other; or sudden and violent muscular action, as leaping, lifting, or forcibly hurling a weight, which causes may also be sufficiently energetic to complicate the accident with luxation or fracture. Thus: The radius or fibula, offering quite a marked resistance to the lateral movement of their respective articulations, sometimes become fractured in sprains of the wrist and ankle; while, also, one or more of the carpal or tarsal bones may undergo displacement.

Predisposing causes of sprains are met with in rheumatic or scrofulous patients, owing to a morbid condition of the ligament produced by a swelling of the joints; also, in persons afflicted with club-foot or other deformity in which the articular surfaces of the bones are not in their proper relative position.

SYMPTOMS.

The symptoms indicating sprain will of course vary according to the severity of the injury. In the more marked cases, however, there is an immediate occurrence of pain which is often so severe as to cause faintness or sickness; there is partial or complete loss of motion or control over the affected part; heat, tenderness and swelling of the structures implicated, rapidly supervene, while there is often more or less discoloration

Digitized by Google

of the affected parts in consequence of the extravasation of blood into the cellular tissue. After the lapse of a few hours, there are serous effusions into the bursa mucosa, and in the cavity of the articulation, followed by induration and a sense of crepitation upon manipulating the joint. The pain, which is intense from the first, often produces a very marked depressing influence upon the entire nervous system. In rare cases the bursae become so highly inflamed as to terminate in suppuration and sloughing. Convalesence is generally tedious, the joint remaining weak and tender for several months and sometimes for years. Indeed, it not infrequently happens, especially in ill treated cases, that the original strength and movements of the joints are never restored, the corresponding limb becoming atrophied, exquisitely sensitive, neuralgic, and subject to severe exacerbation during motion or change in the weather. Very severe sprains are hence often a more serious affection than a luxation or fracture.

In the slighter forms of sprain, the pain may be very intense for a time, but gradually subsides in the course of twelve or fifteen hours, the swelling and tenderness disappear, and the joint regains its strength and functions in two or three days, provided, perfect rest has been observed.

DIAGNOSIS.

A sprain may be confounded with a luxation or a fracture, especially when occurring in the wrist and ankle joint. Thus, a sprain of the wrist, accompanied by an effusion into the bursa of the flexor tendons, producing a tumor on the pulmar surface of this articulation might readily be mistaken for Barten's fracture, and *vice versa*. Likewise serous formations in the bursae of the back of the wrist, often bear a strong resemblance to a dislocated carpal bone. Careful manual examination by making *compressions upon all the surfaces of the joint*, by flexion and extension, abduction and adduction, twisting externally and internally, a comparison of the length of the two limbs, the patient's control of the joint, &c., are the only means we have of ascertaining what is going on in the joint. Finding that by pressure *pain* can be produced, even in the slightest degree, it will not be safe to discharge the *patient as cured or well so long as this*

Digitized by Google

state of things exist. The cartilage of the joint in a healthy condition is not sensitive; it possesses no nerves except those of nutrition; any pain, therefore, is evidence of an abnormal condition of these surfaces. The blood extravasated beneath the cartilage by the injury received, remains there as a foreign body, producing inflammation, and, if not absorbed, serious disease. By the continued pressure of the joint surfaces together, the mischief slowly but persistently increases, and if the constitution is at fault, the progress is correspondingly more rapid.

TREATMENT.

The treatment of sprains will depend entirely upon their degree and severity. In the *slight* or simple variety, especially when the sprain is seen immediately after the injury, the first indication is, to prevent the development of inflammatory action, and restore the joint to its wonted functions. This is effected by immersing the whole limb in warm water and retaining it there for fifteen or twenty minutes, then withdrawing it and covering the joint involved, with a warm saturated lotion of *Arnica, Hypericum, Rhus-tox,* or *Ruta grav,* as the nature of the case demands, maintaining the limb at perfect rest during treatment. Instead of removing the cloths as soon as they become cool, it is better to squeeze the lotion upon it as hot as can be borne, from a sponge, as occasion may require. I generally prefer the *Ruta* lotion to any other in the *deeper* seated, and *Hypericum Rhus-tox* in the superficial joints, applied by means of flannel arranged in six or eight layers and covered with a superficial layer of oiled silk to confine the heat and moisture. After twenty-four hours, if the pain has materially abated, the heat and moisture of the cloths may be gradually and imperceptibly diminished, and in twenty-four hours thereafter, gentle use of the joint may be attempted. If the motion produces an aggravation of pain, it should be at once discontinued and not attempted again until movement of the joint is painless. In sprains of the ankle joint, Prof. Gross says he has "frequently seen the happiest effects produced by protracted immersion in hot salt water." Under the treatment recommended, sprains of the less severe type are cured without the use of any internal treatment, and frequently very promptly and satisfactorily. In the severe and

Digitized by Google

more common variety of sprain, in addition to the treatment already referred to, the injured limb should be carefully bandaged and placed perfectly at rest in an easy, elevated position, by means of carefully adjusted splints, and retained in this manner, so as to insure more certain quietude. An excellent plan is to place the limb upon a pillow covered with a strip of oiled silk to prevent accumulation of the secretions, and to insure cleanliness; continue the fomentations as advised, when the pain and swelling is unusually severe and there exists more or less constitutional irritation with febrile reaction *Aconite* lotion may be substituted for the *arnica* or *Rhus* applications, and at the same time be given internally. *Arnica*, *Bryonia*, or *Rhus*, are remedies of value after the subsidence of the more severe symptoms. In congestions of the joint following sprains *aconite* is a much more serviceable remedy than *arnica*, as it tends to check the traumatic fever as well as to control the inflammation and scatter the congestion going on within the joint. In sprains of a severe type I have frequently used *aconite* internally and *Rhus* or *Ruta* as a lotion to the affected part with the most satisfactory results. The violent strain which the nervous system in the neighborhood of the injury undergoes, superinduces inflammatory excitement to a greater or less extent, which invariably requires the administration externally and internally of *Hypericum*. If obstinate constipation occurs during treatment, which is very apt to ensue, the bowels must be relieved either by an enema, or, a dose of *Podophylin*, or some other laxative remedy. Throughout the conduct of the case the bandage should be watched carefully, as when properly and evenly applied, support is afforded to the injured joint, swelling and spasm is prevented, and absorption of affused fluids promoted; but, let it become loose or be unevenly applied producing constriction of the limb at one point, and irritating the extremity by hanging loosely at another, much more harm than good will inure from its use.

After subsidence of the more urgent symptoms, stimulating lotions by the hand, in lieu of the fomentation, which should be gradually withdrawn, will be found of great service in assisting the removal of effused fluids and promoting the gradual restoration of the functions of the joint. At first they should be ap-

Digitized by Google

plied once or twice a day, cautiously increasing the frequency, as pain and tenderness abate, using the precaution to keep the parts covered by flannel cloths saturated with the remedy employed; a weak solution of the tincture of iodine in the proportion of one to three of alcohol, I have found exceedingly beneficial in restoring the impaired functions of the joint. Camphor-ammonia and turpentine embrocations I have often found of exceeding great value after the subsidence of acute symptoms. Towards the close of treatment, the daily application of the roller must be kept up, for beneficial as it is in the first stage, it is even more so during the secondary stage for the purpose of giving support and tone to the already weakened limb.

At a later period in the treatment, or when the disease has assumed a chronic form, producing sub-acute inflammation, or thickening of the tissues of the joint, the first attempt at movement of the limb is sometimes quite difficult and attended with more or less pain. In this condition, along with the internal treatment, great benefit will be derived from the shower bath or cold douch, the parts immediately afterwards to be well rubbed with the bare hand or a piece of coarse flannel. In those cases where a more powerful impression is desirable, the use of the hot and cold douch in rapid alternation has been highly recommended. Prof. Gross "has received marked benefit from the daily application of fish brine, which seems," he says, "to possess other properties than those simply dependent upon the presence of saline matter, though it is impossible to define their character." Painting the surface of the skin over the joint daily with the tincture of iodine, I have frequently found a remedy of considerable value.

As soon as the disease has reached that stage when passive motion does not kindle anew symptoms of acute inflammation, the joint must be gently exercised and the patient compelled to move about in the open air. It must be remembered that motion, as Prof. Gross remarks, "is the proper stimulus of a joint as air is of the lungs, or food of the stomach, and when after an injury it is long neglected, serious consequences are sure to arise."

(*To be continued.*)

Digitized by Google

"AS THE TWIG IS BENT THE TREE IS INCLINED."

BY J. R. TEMPLE, M. D., LEXINGTON, MO.

It is our purpose to view a few of the obstacles of Homœopathy in its infancy, and merely glance at its late opposition in Missouri by our Allopathic friends (!). Over sixty years of harvest have been reaped and stored in the gigantic granary of the Past, since Hahnemann laid the only true foundation of curing disease; since he gave to the world the great Therapeutic law—"Like cures Like."

I say over sixty years have wheeled their cumbrous loads into the capacious lap of Time since this noble and good man fevered the pulse of all Europe with his bold, beautiful announcements. His stern dividing pen, as if dipped in poison the most dire, and placed in close proximity to electric nerve, and arterial capillary, traced every fibre, sounded every ganglion, grappled every absorbent, and penetrated the very fountain source. There, as Truth, it has swayed its golden sceptre in the face of *every* opposition.

Though as a sunbeam in the morning's storm, it sprang forth through the horizon of hoary error, lashed and tossed by mad waves of passion, scorned and spit upon by the noisy bubble of "Rational" (!) medicine—still, seated on its throne, it has reigned dominant, and to-day, as then, it looks back over the lapse of ages and sees medicine a hideous, misshapen thing. "O, lamentable sight!" When that noble heart, embalmed in glory, sank into the grave, he gave science a legacy encased in the golden armor of Truth. On either side of the shield was seen "Dynamisation," and "Like cures Like."

Thus it went forth to battle with a host, whose numbers were as the "leaves in autumn," whose enmity was uncompromising. With the sword of Truth it has gone from field to field conquering and disseminating its victorious truths. What had it to contend with? Mountains of obstacles arose, as if by magic, and bounded its every side.

(1) The purse of an empirical, bigoted profession; (2) a benighted, superstitious populace; (3) the supreme power of States; (4) the unphilanthropic darts of literary ridicule; (5) the power of

Digitized by Google

the European press; (6) the freezing selfishness of the human heart; (7) the sharp pangs of poverty; (8) the cold shoulder of dear friends; all, in files, ranks, platoons and squares, waged war to the "bitter end" against the "rock of ages" in medicine. Like Sampson with his jaw-bone, they have been met with but one weapon—Truth!

The enlightened world shall answer as to the success of the Philistines. Where now are the repulsive volumes of wild speculation; delusive, mystical hypotheses? Where the libraries whose shelves contained so many pass-ports to the tomb, whose pages were written in blood and bound in pictures of misery? Death-damp issues from their shelves as it does from the dread grave.

One theory after another, like "light-heeled ghosts," have appeared to their superstitious credulity, and as quickly vanished. What of appreciable doses of calomel, quinine, &c., (tablespoonfull doses)? Of blood-letting by the quart, if they could draw so much from the already impoverished streamlets, in nearly every fever? What visionary, pernicious theories! Who shall estimate the blood poured out on the altar of medicine? Who can number the sacrifices to Esculapius?

"Ah! how dark
These long extended realms and rueful wastes;
Where nought reigns but night, dark night,
Dark as was Chaos ere the infant Sun
Was rolled together, or had tried its beams
Athwart the gloom profound! The sickly taper,
By glimmering thro' thy low-browed misty vaults,
Furred 'round with moldy damps and sopy slime,
Lets fall a supernumerary horror,
And only serves to make thy night more irksome."

Thanks to Homœopathy and Science, these old images are being broken down and rapidly molded into "better things." But I am advancing too fast. After day comes the night. Already dark and ominous clouds loom up in the West and begin to roll through the medical firmament, threatening destruction to our gallant sail.

Turbid waves play doleful airs over the heads of the devoted few. Shrill winds whistle through the rigging, as if to mock her frail frame; the storm-god rushes up as if maddened, and hurls his thunderbolts at our staunch little bark; but the beacon

Digitized by Google

light of truth leads her on unscathed. Higher and fiercer toss the enraged elements; nearer and darker approaches the threatening night-fall; yet, still is heard midst the clash of discord, the same indomitable voice, as "though born to rule," at the helm. It is night, and the storm bursts forth now in its utmost violence. The harsh and grating tones of vicious laws, thundered through the heavens in cars of fury; subtle shafts of envy and bitter hatred lightened the low hanging clouds, set the vaulted ether aglow, and their poisonous tongues through every unguarded crevice or space. The heavy and benighted rule of despotism rolls up and thrust from his course our noble pilot. This is but a faint idea of the trials of Homœopathy in its infancy. O Liepsig! this cruel edict will stain thy brow centuries hence. Undaunted and unswerving in his duty, he left home, friends (the few he had left), to seek a shelter where'er he could. Press on, noble defender of Truth; like the martyr Latimer, thou hast this day "lit such a candle in Europe as shall never be put out." Shall we scan the scene for a moment, pictured in the streets of this mother of oppression?

I can imagine the well-paid Pharmacutist, and better paid Physician, agitating the theme when meeting in street, practice, or office. Behold some prominent builder of prescriptions, Demetrious-like, addressing in an excited manner his laborers: "This Paul that has come among you is an imposter, his doctrine teaches, 'there be no good that cometh from our hands;' that the god we have so long worshipped, and maintained in such splendor, is false and must be brought into disrepute, in time. If his system is successful many of you will be thrown out of labor, &c., &c. *His* gain is *our* loss."

He has dared to raise a dissenting voice; he is an *innovator*, and for this alone must barter every right and immunity, of their august body. The fiat was cast and Hahnemann was thrust from the city. Now with satisfaction lighting up their cruel, miserly countenances, seated again in imperial chair, they calmly view the pitiless act, and imagine themselves secure again.

"Passing away" is written on every page in the great book of Nature. No breeze that kisses the morning's dew-drop, or sweeps the evening's plain, that does not murmur waste. The finger of Change layeth itself heavy on the temple of Old Medicine, and

Digitized by Google

it crumbleth. Years have passed over Liepsig; day approaches;

"The morning light is breaking, the darkness disappears;"
Mad oppression, weakened, groans in sighs and bitter tears.

The smothering vapors settle; the enraged waves are becoming calm; the clouds are lined with silver lights—nature smiles after the storm. The morning of progressive science (the 19th century) dawns upon the world, and finds "rational medicine" following the old beaten path of serfdom, still manacled by the tightening cord of blind elastic ignorance. Honest, progressive minds doubt its efficacy to *cure*, and fear to administer such loads of poison, lest they aid *disease* instead of *nature*.

The medical world is set to thinking, experimenting, developing, and progressing medicine in pace with her sister sciences. In the busy din of the day "Rational Medicine" bustles on, thinking Homœopathy dead, and Hahnemann gone into obscurity. Hark! a clarion note is piped, there is significance in its pleading tones to those

"Mighty mock defrauders of the tomb;"

as well as to the ears of the afflicted. 'Twas so sweet, so subtle, electric-like it flew from pole to pole, trembling every nerve with joy. So potent its power, so persuasive its silver peals, that mountains of mystery, doubt and gross darkness, melted beneath it like snow before the blazing noonday sun. It lit up darkened chambers of the mind, and struck notes never before sounded on the soul's exquisite harp. Like the mind in dreams, it leaped the gulf of centuries, grasped treasure hidden beneath the dust of ages and held it before the enraptured eye. A single leap and we hear Hippocrates saying to an undeveloped age: Hellebore would cure madness, &c. It was a shadow of the glorious candle of the 19th century; for ages it had slumbered in its narrow bed, like an immortal spark, till the day came when it should burst the seal of its rocky cradle and come forth a conqueror over the great mass of health disturbers. And from the day it touched the pulse of the medical world until the present, it has been slowly but surely pressing its very being into the great stream of Medical Reform. Oh! Hahnemann, how priceless the gem thou fished from the Spirit Ocean! Thou hast nobly placed it on a hill, and not under a bushel, where its light may be hid from view. Homœopathy is the scalpel of the

Digitized by Google

the Allopathic frame, and many a ludicrous anomaly has it dissected out already. Its mission on earth is to *cure disease*, and roll up the blotted scroll of Old Medicine, that it may not go abroad deceiving the nations in distress.

This old limb of deception is doomed to sink beneath the changeless waves of Truth. "As the *twig* is bent the *tree* is inclined." The "twig" of homœopathy was planted by Him who spoke into existence atoms, systems, worlds. It was consequently "bent" and "inclined" by His omnipotent hand to a purpose,—good news to the disease-afflicted, and final supremacy over all that oppose its eternal edicts. If there be any scientific ground in the broad field of medicine, we are on it, and let us defend it from every invader. See the progress in medicine in little over a half century. The "great and small" of every civilized land on the globe, gratefully acknowledge its wonderful power. Look abroad over the land and see thousands of health preservers, when all in Europe a century since could be counted on your finger in a short time. See diseases that were then incurable, now cured with ease; see housewives with their simple, efficient family case, treating their little ones with better success than the so-called *regular school*. I know of nothing that reminds me so forcibly of the therepeutics of rational medicine, as the town boy's hobby-horse: It is stationary, turns round and round in its one track; one remedy after another comes up, takes its *turn*, and gives way for the next. This is the record of practice up to Hahnemann. He has given us truth, simple, guileless, progressive, and as lasting as Time. Let its defamers and enemies oppose it with all their waning vigor, it can but finally aid its onward march.

Shall this harmless headwind that whistles over our own State, in this, our day, cause any heart to waver from his duty? We will gladly meet and tame it; and thus add another gem to the royal crown of Homœopathy. It will soon have spent itself in the scales of justice, and then Missouri's skies will be more brilliant than ever before. It will only graft new sprouts to the Hahnemannian Tree.

Digitized by Google

HINTS.

BY TEMPLE S. HOYNE, A. M., M. D.

There are certain complaints which afflict mankind, from which few or no symptoms can be obtained, and in the treatment of such complaints we are obliged to make use of several different remedies until a cure is effected. And among the most vexatious of these diseases are warts, corns, nævas materni, and constipation. It is my intention simply to give my treatment for these affections, hoping others will be induced to do likewise, as I cannot find in any of the back numbers of our journals, with one exception,* any remarks concerning warts, corns or mother's mark.

WARTS—The best remedy for warts, venereal or otherwise, as far as my experience goes, is Thuya high or low. In nine cases out of ten they will disappear after the administration of a few doses of this remedy. Raue does not mention this drug in this connection in his work.

CORNS—are a little more troublesome to eradicate. The plan which I have pursued with the most success is: cut the corns down until they bleed, and then apply urtica cerate for twenty-four hours, removing all pressure for the same length of time. This treatment generally, but not always, is sufficient to cure them; if not, repeat the operation and give a dose of Silicia 30 every day for a week.

NÆVUS MATERNI.—For the vascular nævus or true mother's mark, so often seen on the face and head of children, there is no remedy superior to thuya if administered during infancy. Frequently they disappear after five or six doses have been given. I have as yet had no opportunity of testing it in children under two or three years of age.

CONSTIPATION—in infants, when unaccompanied by any other symptom, is frequently very difficult to overcome. The books

* Amer. Hom. Review, June '64, Dr. Bojanus, of Moscow, relates the case of a young girl, aged 7, of good constitution, whose hands, face and body were covered with warts. On the right hand, principally the dorsum, were 70, on the left 58, and "on the face, lips, and even the mucous membrane of the mouth, there was such a quantity I did not take the trouble to count them." Cured with natrum muriaticum, 24.

Digitized by Google

mention bryonia, nux-vomica, opium, sulphur, &c., for the relief of this trouble. I have never as yet had any success with bryonia or opium in this complaint. Very seldom any with nux-vomica or sulphur; but almost invariably find alumina 200 to work like a charm. When alumina does fail, sulphur 200 generally removes the trouble. In the constipation of adults all of the above-named remedies are useful, but we seldom find the trouble unaccompanied with other symptoms, which, of course, greatly aids us in the selection of the remedy.

CEREBRO SPINAL MENINGITIS.

Part First.

BY J. H. P. FROST, M. D.

The base of the brain becomes the seat of two distinct forms of Meningeal disease; these have been designated as *simple Meningitis*, and as *tubercular Meningitis*. In the former, the pia mater, and sometimes the arachnoid, of the convexity of the Ventricles, are inflamed,—often to a very considerable extent,—and infiltrated with *pseudo-membranous* and purulent liquid deposits. The latter,—characterized by tuberculous granulations deposited in the meshes of the pia mater, accompanied by ventricular effusion, by cerebral tubercles and often by tuberculous deposits in some other organ,—is usually called acute hydocephalus.

True tubercular Meningitis can only be developed, of course, in persons under the influence of the tuberculous diathesis; that is, in tuberculous (Scrofulous) subjects. While simple Meningitis, so far from being restricted to those who are not of a scrofulous or psoric constitution, is certainly more apt to be dedeveloped in those who are. "These differences, which M. Barthez and myself have already expressed in detail are so decided, that if we are shown the brain of a child, in which the fissure of Sylvius is agglutinated, and *pseudo-membranous* or concrete purulent infiltration exists at the base, whilst the arachnoid and the pia mater of the convexity are uninflamed, we do not hesisitate to affirm on this simple examination, and without further microscopic investigation, that most probably there are granulations in the meninges, that the ventricles are, or have been distended by serous effusion, and that there certainly exists tubercular deposits either in the lungs or bronchial glands, or elsewhere.—We could affirm that the acute symptoms

Digitized by Google

have been preceded by *prodromatra*, that the outbreak was insidious, that the Meningitis was announced by vomiting, constipation, and moderate cephalalgia, without acute fever; that the intelligence was intact at any rate during the first week, and that the disorder lasted from fourteen to twenty-one days."

"On the other hand, on being shown the brain of a child, where tbe *convexities* of the hemispheres are covered with purulent deposits or *false arachnoidian membranes* to considerable extent, we do not hesitate to affirm, without fear of being contradicted by experience, that no tuberculous deposit is to be found, either in the meninges, brain, or elsewhere; that the outbreak was abrupt and violent, introduced by convulsion if the patient was very young, by vomiting, constipation, and violent headache if the child was older. That the symptoms were folfollowed after from one to three days by formidable phrenses, and that the course of the whole malady was very short,—viz: three, four, or six days." * This discription,—written in France nearly twenty years before the outbreak of the epidemia Cerebro Spinal Meningitis in this country, so closely resembles our "spotted fever," that it seems to prove this malignant disorder to be but a development of "simple meningitis.

But the distinction so much dwelt upon by our authority, and which admits of *demonstration* only upon the dead subject would scarcely be deemed of any practical importance, were it not possible to indicate some peculiarity by means of which it might be recognized in the still living patient. This peculiarity we think may be found in the *pseudo-membranons* nature of the deposit already described as occurring at the convexities of the hemispheres or ventricles, and which no doubt extends downward along the course of the spinal meninges. But this *false membrane*, which is obvious enough upon examining fatal cases of simple meningitis,—and we believe still more so in those of the modern epidemic cerebro-spinal Meningitis,—can itself be recognised during life only by some other and constantly attending symptoms. That constant and pathogmonic symptoms may be found in the "spots," from which arises the popular name of the disorder. For here, as in many other forms of disease, the consequences, which are seen, take precedence, in naming the disease, of its cause and essential nature, which may be alike unknown.

From the constancy of the appearance of those "spots," petechiæ, ecchymoses, &c., in the lowest forms of Typhoid fever, in

* Praite Clinque et Pratique; par M. M. Rilliet et Barthez. Paris, 1846.

Digitized by Google

jail and ship fever, in diphthina, in croupous dipthina, and in epidemic cerebro-spinal Meningitis, or "spotted fever," we not only learn that they result from a certain suppression of the capillary circulation and *dyscrasia of the blood* itself, which indicates a profound prostration of the vital forces; but we may also with safety conclude that this same blood disease, which causes these "dark purplish spots," produces also those plastic exudations which take the forms of *false Membrane.*—Hence the most remarkable pathological difference between two forms of disease, which have all along been regarded as mysteriously similar, will actually illustrate this very similarity. In *diptheria*, the blood-dyscrasia gives rise to plastic exudations or false-membranes, on free surfaces; so that there may be final paralysis from nervous prostration, but no previous spasms from compression, while in *epidemic cerebro-spinal meningitis* the *pseudo-membranous* deposit occurs on the convexity of the ventricles, or hemispheres; so that convulsions from nervous compression precede paralysis from exhaustion.

From Raue's Pathology we quote the following concise statement of the principal symptoms: "It frequently sets in suddenly, and commences with a chill, which is followed by fever; violent headache; restlessness; extraordinary prostration of strength; great aching in all the limbs; and sensitiveness of touch; quick, irregular pulse; stupor; convulsions; contraction of the nape, or one side of the neck; throwing the head backwards or sideways; convergence of the eyes; double vision, and flabbiness of the enlarged tongue. The name of *spotted* fever was suggested by irregular; purplish, ecchymosed spots, from the size of a pin's head to larger patches, which appear in various parts of the body. These spots do not grow white under pressure; they make their appearance the second day of the disease; first on the upper eylids, gradually extending over the whole body. Still these spots do not appear in all cases."

In a subsequent paper will be given the indications for some of the principal remedies of this disorder.

NOTICE.—Attention is called to the meeting of the Missouri State Homœopathic Medical Society, which takes place in St. Louis on the first Wednesday of October (see Independent for August).

Digitized by Google

CASES FROM PRACTICE.

BY A. P. SKEELS, M. D.

March 30, 1868, Jesse N. aet 7 years, had been having Intermittent Fever, tertian type for some days. Was called to him in 3d paroxysm, which began at 9 o'clock A. M., before chill seemed languid and distressed, during chill cried and complained much of headache in ociput. Finger-nails blue, hands and feet cold as ice; chill with increasing headache lasted about one hour. Vomiting of bile between the chill and heat. Fever high and long lasting, with vomiting of bile in early part of heat. No thirst before or during chill, but during fever great thirst, drinking large quantities at a time and often; was inclined to sleep during fever, but awoke frequently and called for water. Fever followed by light, general perspiration, which relieved all symptoms; at the breaking out of the sweat patient received a single dose of Nat. M. 5 m *Finke* followed by Sac Lactis. April 1st, visit; no fever or signs of it; patient playing about happy and cheerful as in health. Pearly blisters have appeared upon the margin of the lips and around the mouth, continue Sac Lactis.—June 20th; father reports little daughter has been perfectly well since taking the single dose of Nat. M. 5 m on the above 30th of March.

Feb. 11, 1868. Charley H., aged 9 years; boy, very healthy never been sick a moment in his life except slight difficulty with the bowels when teething; has hardly ever taken a dose of medicine; has been at school very closely all winter. A few days since had been playing a good deal upon the ice during intermission, and for three or four days has been complaining of sore throat accompanied by a dry hacking cough. Night before last was taken with a violent chill followed by dry fever heat, pulse full and hard, followed by profuse perspiration lasting but a short time, since which he has had continued fever with dry cough; respiration short and labored; complains of dull, heavy pains through the whole chest with sensation of weight and soreness; is dull and stupid; heavy yellow coating upon middle of the tongue, lips parched and dry; dryness of the mouth, tongue and throat. Thirst; drinking large quantities at a time,

Digitized by Google

but at long intervals. Is peevish and irritable when disturbed. Inclination to lie perfectly still; cries when compelled to cough; least motion increases all the symptoms. Urine scanty and red. Auscultation reveals fine crepitant sound. Recd. Bryo. 40 m. single dose followed by Sac Lac. in water every two hours.

Feb. 12. Visit; find but little change, except cough more violent with expectoration of rust colored spita.

Feb. 13. Continued Sac Lac.

Feb. 13. Visit; find gentle perspiration broken out yesterday afternoon. All the symptoms ameliorated, with increased rust colored expectoration.

Feb. 14. Visit; find patient in all respects better; no fever for last 36 hours, slept well last night, soreness in chest gone, tongue clean, appetite returning. Patient received no further medication; recovered rapidly, and up to present writing has been in perfect health.

CASE FROM PRACTICE.

BY L. F. MORSE, M. D.

Case—June 18th. Saw Mrs. L., who was in her ninth month of pregnancy; complained of nervousness, cannot rest or sleep any at night, has to get up and walk the house; cannot tell where her trouble is, only it comes on as soon as she has lain down—has no trouble during the day. Cimicifuga, 2d Dec., ten gtts. in half a tumbler of water; dose, teaspoonful every three hours. About ten days afterwards, her husband came for more medicine, saying his wife was getting a little restless again. I saw my patient again July 13th, when she was delivered of a large, healthy, female child, after 12 hours labor. After she was all through, she said to me, "Doctor, what kind of medicine did you give me? It acted like a charm; I had no more trouble about sleep after taking it." She then remarked that her trouble had just commenced, as she always suffered for three or four days with dreadful pain in her head and eyes, so she could not bear the least light or noise. This lasted until her milk came, when her breasts would pain her for three weeks or more after the child was put to them, so that she could hardly endure to nurse her children. Gave Bell. 3d, Phyto-lac. 2d, in alternation every two hours. Her milk came on the second day; she had very little headache, no trouble with her eyes, neither did she

Digitized by Google

have any difficulty in nursing her child after the third day. None of these troubles had she ever escaped before. This was her third living child. Has had six abortions within two or three years.

ADVICE WANTED.

Miss F——, aged 26, has been sick nearly four years. I was called to see her April 19th, 1868, and found her in the following condition: Sensation of coldness extending over the head, but principally on left side. Pain extending from *left* ociput to *left* anterior lobe of brain. Pain in the epigastrium, which on rising up turns to a deathly sickness. She places particular emphasis on the pain in that part, saying "if that was relieved she would be well." Her menstrual periods are regular in time and quantity. Complete *Aphonia*; her voice was lost after a severe salivation. The left side of the body appears to be more affected than her right.

PAST HISTORY.

Four years ago she had an ulcer on her left leg, which was healed by ointments; but, while this was being healed, a swelling commenced on the left side of the neck which reached the size of a goose-egg, when it was opened by a lancet. Before doing so, he gave her a medicine which he said would bring pimples out on the skin. These were out when she moved to this county from an adjoining one, in a covered wagon. On arriving here she noticed they were gone, and the next day she was seized with something like a fit and was placed in her bed, from which she has never risen for over ten minutes at a time since.

I forgot to mention that her hair has turned gray, and that she goes to sleep about 12 P. M., and if awakened before 12 M. she is worse for several days. She has a good appetite, eats anything; bowels regular, no vomiting, slight difficulty in swallowing, sometimes fluttering of the heart.

M. AYERS, M. D.
Pana, Ills.

NOTICE.

From some carelessness on the part of some one, the remarks which I wrote to be appended to the case of cholera reported by Dr. Skeels in the July number, were misplaced. I regret this, as some may say that here is a case where *two* remedies formed a similimum to the *one* disease. It is a beautiful case to show the absolute necessity of not confounding two remedies because they resemble each other in many particulars. A careful examination of the Pathogenesis of jatropa curcous and patrum carbonicam, will show the perfect resemblance between the latter remedy and the case, while at the same time it will exhibit a clear difference between the individuality of the disease and the jatropa. I think it probable that if jatropa had been given, the case would have been lost.

Digitized by Google

This case is strikingly corroborative of the principles everywhere taught in the writings of the Master, as to the necessity of a careful and thorough investigation of each individual case which we may be called upon to treat; and, also, the no less important duty of knowing the characteristic differences of two or more analagous remedies in their action on the organism.

It will be observed by all who will take the time and trouble carefully to study the Pathogenetic history of Jatrop Curc. and that of Nat. Carb., that in many general features of this case of cholera, the similarity is remarkable, and that only in those fine lines which give the *expression and likeness* are we able to determine which of the two gives us the true similimum.

JATROP CURC.	NAT, CARB.
Pale face, with blue margins round the eyes.	Pale face, with blue rings around the eyes. Swollen eyelids.
Painful cracked lips.	Burning cracks on lower lip, about the tip of the tongue as it were cracked.
Dryness of the throat; the mouth feels as if scalded.	Throat and œsophagus feel rough, scraped, dry.
Violent irresistible thirst, while drinking cold water.	Incessant thirst—great desire for cold water a few hours after dinner.
Eructations of air.	Empty eructations (after eating), violent nausea with inclination to vomit.
Vomiting of quantities of watery albuminous substances.	Sweat in the face, retching hawking up of mucous, and finally vomiting of foamy tasteless mucous.
The abdomen is swollen and sore to the touch.	Vomiting of a fœtid, sour fluid resembling warm water.
Rumbling in the abdomen with colic.	Hard, bloated, swollen abdomen.
Noise in the intestines as if a fluid was running in them.	Accumulation of flatulence and loud rumbling of the flatulence.
Watery diarrhea: it gushes from him like a torrent.	Soft or watery discharges, with violent, sudden pressure and tenesmus.
Stools watery and in gushes.	The stool is watery and discharges in a gush.
Urgent desire to urinate.	Frequent strong desire to urinate. Urine dark-yellow, smelling fœtid or sour; cramp and tension in calves as if too short.
Urine pale yellow and frothy.	
Cramps in the calves of legs drawing them flat like a splint.	

T.

DR. HALE AND THE CHICAGO SCHOOL—PROFESSIONAL COURTESY.

It is a matter of no little importance to every physician, especially if he occupy a position of official importance and responsibility, to have his reputation professionally sound.

The action of a corporate body toward one of its employees may be perfectly legal, and it may be advisable that such an one should be decapitated—but that such an act, although legal and desirable, should be marked by insult and injury, or, in other words, that the victim should be mutilated after decapitation, is surely discourteous not to say savage. No plea can be made of ignorance of Dr. Hale's qualifications, as the Professors and Trustees of the College knew, and had known for years, the character and reputation of Dr. Hale. Was it not sufficient to oust the Professor without officially publishing to the world that he was unfit for the place? Can such an unprecedented course enure to the benefit of the Chicago school? Who will dare to accept a position in an institution where he may be ejected without charges or trial?

Digitized by Google

The precedent is a bad one, and we hope will never be followed by any other Homœopathic College in our country. Such an act might be in harmony with European tactics, but surely it is in violation of the Genius of our government.

PRIZES.

A Silver Medal will be given by Professor Comstock to the member of the graduating class next spring, who is most proficient in Obstetrics.

Dr. Meyer will present a Silver Medal to the student who is most proficient in Chemistry, at the Commencement next March.

Prof. Franklin will give a Silver Medal to the student who makes the best Anatomical preparation.

TO THE HOMŒOPATHIC PROFESSION.

Volume II of the "Science and Art of Surgery" has been unavoidably delayed in its publication by the large pecuniary outlay and expense attendant upon the issue of the first volume. The anthor is now prepared to push to a rapid completion the second volume, which will be issued in *two parts* of not less than 400 pages each, furnished to subscribers as before. It being his aim to make this work as perfect as possible, and comprehending in its fullest extent the wide scope of unpublished material in our surgical literature, he earnestly solicits from the profession any observations in surgical practice or personal experience, touching any of the diseases incident to either of the great organs of the body. The second volume will comprise Diseases of Joints and their Treatment; Dislocations; Fractures; Injuries and Diseases of the Scalp and Cranium; Affections of the Orbit; and its contents; Affections of the Nose, Jaws, Face, Lips, Palate, Teeth, Tongue, Uvula, Tonsils, Pharynx and Œsophagus; Affections of the Ear; Affections of the Neck; Affections of the Arteries and Veins; Affections and Injuries of the Chest and contents; Affections and Injuries of the Abdomen and contents; Affections and Injuries of the Spine; Affections and Injuries of Superior and Inferior Extremeties; Amputations, Resections, &c., &c.

Articles on any of the surgical diseases incident to either portion of the body, will be thankfully received and *properly accredited*, and it is hoped that every practitioner will add his quota to the enterprise, so that this work shall embody the experience of the Homœopathic Profession, rather than that of an individual thereof. All articles may be sent to the author, up to the first day of January, as after this time it will be placed in the hands of the printer for publication.

E. C. FRANKLIN, M. D.,
709 Pine Street, St. Louis.

Digitized by Google

THE

Homœopathic Independent,

PUBLISHED MONTHLY, AT TWO DOLLARS A YEAR, IN ADVANCE.

JOHN CONZELMAN, M. D., Editor and Publisher.

No. 4. ST. LOUIS, OCTOBER, 1868. VOL. I.

☞Communications, whether on business or intended for publication, should be adressed to JOHN CONZELMAN, M. D., No. 1417 Carr street, St. Louis.

DOSE AND THE DOSERS.

BY C. PEARSON, M. D.

A great many members of our school seem to regard the subject of "Dose" as one of minor importance, and hold up their hands in holy horror at the idea that any division amongst us should grow out of a diversity of opinion in regard to it.

It is well to maintain the *union* if it can be done without too great a sacrifice of principle; it even might be well sometimes, for the sake of peace, to make some such sacrifice, though it is questionable whether this would effect the object for which the sacrifice was made, for to compromise with evil is generally to strengthen it.

We have no desire to promote dissensions or divisions in our ranks; at the same time it is useless to cry peace, when there is no peace. It has become very apparent to the friends as well as to the enemies of Homœopathy that very little similarity exists in our prescriptions or mode of treatment, that the homœopathy of Dr. B is not that of Dr. C. It is true we all profess to believe in and adhere to one general principle, the law of similars, and this constitutes the *summum bonum* of the homœopathic faith of nearly one-half of our practitioners. This

Digitized by Google

may be all right so far as it goes, but it is only the homœopathy of Hippocrates or Grœnœlt, and stops far short of Hahnemannism.

This profession, however circumscribed as it is, is much better than their practice, for in this even the law itself is lost sight of, and under its garb the most arrant empiricism is sometimes resorted to till every school of therapeutics has its representatives.

The Allopathic, with its half-dozen remedies for every disease, to be given in rotation or in alternation, in "sensible doses;" the Eclectic, with "some hotch potch that's rightly neither;" the Hydropathic, with its wet sheets, pack and sits bath; the Electropathic, with its batteries, &c.;*

> And mair, oh horrible and awful,
> Which e'en to name wid be unlawful.

This is indeed an unfortunate state of affairs, and while to confess it is humiliating, to deny it is equally dishonest.

This heterogeneousness in times past has been the ruin and disgrace of all other schools of practice, and it now bids fair to become the *causa morbi* in ours. There was a time when this was not so, when homœopathy and small doses were generally regarded by the people as synonymous terms, so much so in fact, that writers of no mean pretensions often made use of the word "homœopathic" to convey the idea of littleness. Some of our sensitive members becoming indignant at this, and not liking the epithet of "little pill" doctor, or the idea of having the term "little" in any way applied to them, undertook to convince the public that they and the school they represented, were as heroic as the disciples of Galen; that the smallness of the dose had nothing whatever to do with homœopathy, not even forming a tenet of our creed; that the law was everything and that whoever swore by this was orthodox, whatever the magnitude of his dose might be. These irregularities began to crop out in the time of Hahnemann, and in his Organon he calls those who advocate them "a new mongrel sect," and refers to them in the following very explicit and appropriate language: "* * They strive to find a pretext to introduce their allopathic palliatives, accompanied with other mischief of a like character, merely to save themselves the trouble of searching for

Digitized by Google

suitable homœopathic remedies for every case; one might say, to save themselves the trouble of being homœopathic physicians, though they wish to be considered such. But their deeds will follow them; they are of little moment."

He seems not to have been aware what proportions, in less than forty years from that time, these deeds might assume. Other Organons (!) have been written, lectures have been delivered, and article after article has been published, all having a tendency to weaken the confidence of those who heard or read them in the doctrines of Hahnemann, and to compromise true homœopathic principles for the popularity of other schools.

The injury done to our cause by the great amount of trash of this character with which we were flooded from the year 1853 to 1865 is incalculable. Notwithstanding within that time some good things were published, here and there a little salt was thrown in, which served to preserve the mass from total decomposition, still, as fires sometimes serve to improve cities, it is questionable, if such a thing were possible, whether it would not be infinitely better to collect all the additions to our literature during those twelve years, and consign them, like the Alexandrian library, to the flames. One of these authors, after years of untiring endeavor to drag our school from its moorings into the fogs of uncertainty, more considerate than others like him who "left his country for his country's good," suddenly renounced the name of homœopathy, which was all belonging to it he ever possessed, and unlike the sow that was washed and again returned, &c., he, like one that never was washed, continued to wallow in the mire, and to-day every book and page that bears the name of John C. Peters as a homœopathic writer is a lasting damning disgrace to our school.

And if this may be truly said of one whose influence for evil is no longer potent, what language should be applied to those who, under the garb of homœopathy, still persist in advocating the most arrant and pernicious heresies; rejecting as they do everything pertaining to our school but the law and the name, they boldly assert that whatever cures is homœopathic, and rush into the most unbounded eclecticism. How thankful should the profession be if these renegades would renounce at once and forever all connection with us or cease to be trouble-

Digitized by Google

some with their eclectic suggestions. It is gratifying, however, to know that within the past two or three years their influence as well as numbers has been rapidly on the decline.

Dr. Elliotson once said, if Dr. Abercrombie had lived a hundred years and done good all the time, he never could have atoned for the mischief he had done in making people take *blue pills*. And so we might say of some of these writers; should they reform now and live a hundred years, they could not eradicate entirely the effects of the injury they have done to homœopathy, both as writers, lecturers and medical witnesses.

If their influence with the profession was equivalent to their zeal in trying to lead it astray, (which we are happy to know is not the case,) we would feel more concern when they assert so unqualifiedly that it is *impossible* to cure or palliate some forms of nervous congestive diseases without either quinine or morphine. In these days of discovery and improvement it exhibits a weakness in any one to use the word "impossible" any further than it relates to himself. No one doubts but that sometimes quinine, by its antipathic action, may suppress cases of ague, or that morphine, by its narcotic effect, may often prevent the patient for a time from *feeling* pain, but that they are homœopathic agents, or that it is *impossible* for the homœopathic practitioner to relieve all curable cases without them, the merest novice in our school ought to know is a base slander on our science.

If morphine be homœopathic to pain it must also be to diarrhœa, for it suppresses both only by its primary action; hence allopathic physicians must be practicing homœopathy constantly without their knowledge or consent; and the same may be said of quinine for chills and fever, those who use it believing it to be an anti-periodic prescribe it empirically for every disease of an intermittent character; when anything assumes this form it is enough, all other symptoms are ignored, and they drive away with their quinine, whether the case be one of ague, neuralgia, rheumatism, constipation, diarrhœa or retained placenta. (See Hempel's Materia Medica.) Now this is a monstrous stride backwards, and we are sorry that any one should have ever given the profession such a *breech presentation*. But then the author is rewarded by having his compilation recommended as a text book in Eclectic colleges. Look at the catalogue of

Digitized by Google

the Philadelphia University of Medicine for the session 1867 and '68, "Materia Medica," Pareira, *Hempel*, American Dispensatory, and Paine on New Remedies."

Here is an "eternal fitness of things" with which we have no disposition to interfere, but in view of which we would suggest to our eclectico-homœopathic friends the propriety of uniting in singing that old familiar hymn,

This is the way I long have sought
And mourned because I found it not.

But if, as Van Helmont said, medicine does not advance but turns on its axis, we may congratulate ourselves that our school by the centripital power of its great cardinal principle, dynamized medicine, is again returning, like the prodigal son, from its wanderings amongst the husks and swine of empiricism.

Witness the number of clinical cases reported for our journals within the past two or three years cured with attenuations ranging from the 30th upward, as well as the character of some of our new books, such as Lippe's Materia Medica, Gurnsey's Obstetrics, Raue's Pathology, &c. Let the good work go on until, purged of all impurities, our practice may correspond with our profession. And now that the question as to who will occupy the chair of homœopathic theory and practice in the Michigan University, should one be established, is eliciting some interest, it becomes the duty of every true friend to our cause to see to it that he be a man who will not compromise our principles through fear or favor, or to court the popularity of those who believe and should teach an entirely different doctrine. For many years the friends of homœopathy have submitted to injustice, if not to indignities, in regard to this professorship, but better, far better, our cause should for years to come remain unrepresented, than that a false light should be hung out, which like a burning building, would only serve to render the darkness visible by means of the element that consumed it.

AUTOPSY.

BY J. R. TEMPLE, M. D., LEXINGTON, MO.

History: April 24th Mr. L. rushed into my office breathless and excited, saying, "for God's sake go quickly to my house,

Digitized by Google

my child has a piece of coal in his throat!" When I reached the house I found the little fellow greatly relieved. The mother related as follows: "The little fellow was crawling about on the floor, (as he does every day,) when suddenly he became strangled and turned black in the face; I took hold of his heels and shook him, which soon gave relief, when he got better."

I noticed him pretty closely, could observe nothing indicating any serious trouble; he breathed rather hard, which was the only abnormal symptom evinced. I attributed this to the unyielding mass passing over the delicate structure of the parts; left a little Am. and Bell., to be given occasionally. Before leaving I had some bread and milk offered him, which he readily ate. My father saw him again in the afternoon; with the exception of breathing a little labored, he seemed as well as he ever did.

One o'clock in the night Mr. L. woke me up, telling me to come out to his house quickly. His babe had been quite well, apparently, until just before he started; he had fallen seemingly lifeless. He told me while going along that he had appeared as well as he ever was, eating, playing over their pillow, when suddenly he fell, "bent in a bow," backwards. They put him immediately into a warm tub of water, which gave instant relief. When I reached him I found his breathing very hard, countenance indicating *extreme* anxiety, and prominent opisthotonus. What was the cause of these alarming symptoms, and what should I do to relieve them? I saw from the asphyxia there must be great irritation about the epiglottis. Ah! but what was disturbing its sensitive fibrils to such an extent as to throw the spinal forces into such unnatural antagonistic actions? I applied such remedies as I thought indicated, with oil, enemenata, &c., and waited two long, still, dark hours, before the little sufferer was relieved. Some of his symptoms indicated irritation of the illeo-cœcal valve; we thought some foreign body might be passing through the alimentary canal, and be pressing against the valve, and thus produce spinal irritation. I now left again, with injunctions to give the remedies, and use the warm baths whenever the spasms came on. To be brief, here are the symptoms, treatment and result: He would begin to breathe quick and hard, gasp for breath and go into a spasm.

Digitized by Google

There is this difference in croup: the inspiration is worse, whereas in this case the expiration was most difficult. Opisthotonus and great restlessness while the paroxysm was on him, and asphyxia.

He was attacked Friday about noon, and died in a paroxysm on Monday evening following. He ate heartily, slept sweetly, save when these spasms came on, which became more and more frequent till death. He had little or no fever, and *no cough whatever.* Though we were of the opinion there was something in the respiratory track, still we did not feel justified in an operation; and in consulting some of the best surgeons of the place, finding they agreed with us, we allowed it to run its course. We requested an examination, and the parents very generously and self-sacrificingly acquiesced to it. Two surgeons, (allopathic) my father and self, held the autopsy. I being the youngest present, the scalpel was given to me. I made a free incision from the superior border of the thyroid cartilage to the superior portion of the sternum, following the mesian line. Passing through the integument, areolar tissue, &c., I opened through the thyroid and a part of the cricoid cartilages, when a pair of tweezers were introduced and a piece of coal taken away. It was in contact with the epiglottis, was ½ inch in length, of a pyramidal shape, being 4-16 of an inch at its base, and 2-16 at its apex. The anomaly of the case will have been observed already:—the foreign body in the trachea producing *no cough.* This is the *peculiar feature* in the case, and the one that has induced me to publish it. Had no one been present when the coal was first swallowed that noticed him in his first spasm, a careless physician might have treated the child for croup, and after death by wiseacres be gossiped as this was (until the autopsy,) "the child died with croup," "no coal killed it," &c. How these officious "busy-bodies" do love to herald the loss of a patient by a homœopath. I suppose one reason is, because it is news that they so rarely get for their budget of gossip. While we have vagrant laws for loafers, what a pity we have no law restraining gossiping woman! How shall we account for the coal producing no cough? I thought that it might be accounted for from its acting in a similar manner to a feather tickling the fauces;—we use larger bodies and

Digitized by Google

they have no such effect. The coal must have paralyzed the nervous tendrils which are affected in coughing, as there was no more indication of their being irritated than if they were not there. But my only object is to call the attention of the profession to the fact that there may be foreign bodies in the trachea and still not produce cough. Certainly had I a similar case I should not hesitate to operate as soon as possible.

LYCOPODIUM AND GRAPHITES IN DROPSY, WITH PECULIAR SYMPTOMS.

BY E. M. HALE, M. D., CHICAGO.

The following unique case may be of some use in a therapeutical point of view; for that reason it is reported.

Mrs. Vantt, a lady about 45 years of age, but past her climacteric, (her last menses appearing two months ago,) applied to me for relief from the following symptoms and condition:

Symptoms: Dyspnœa when taking moderate exercise, a heaviness of the limbs, and a sensation of heaviness of the whole body; very constipated, an evacuation only once in four or five days; after going to sleep in the evening, waking suddenly with a sensation as if she was "losing her breath,"—as if she "would have died if she had not wakened." (This symptom was a serious annoyance to the lady; she dreaded to go to bed, and feared she would die in her sleep. The sensation rarely occurred twice the same night.)

Condition: The pulse was small, quick (90) and easily compressed; her complexion was quite florid, a color as if the venous blood predominated; eyes and hair black. She had latterly increased in weight until she was now quite dropsical, and felt the burden of her size quite inconvenient. Urine scanty, red, with red sediment; bloating of the feet and hands.

Treatment: Lachesis has the following symptom:

"Dread of death, with fear of going to bed on account of an apprehended fatal attack. The 9th trituration was first prescribed, then the 30th, and afterwards the 200th, but to my surprise and disappointment failed to remove the symptom. Why did Lachesis, when so closely indicated, fail to cure? Not

Digitized by Google

only was it indicated by the symptom, but according to *Jahr*, by the condition, for he deems it indicated in persons "with a phlegmatic, bloated (spongy) constitution, with dark eyes and disposition to lowness of spirits." (*Per contra*, same authority states it to be "more frequently adapted to thin and emaciated than to fat people.")

The next prescription, after having waited a week, was Lycopodium 6th trituration, and Graphites 6th trituration; a dose of the former in the morning and the latter in the evening.

Lycopodium has the "dyspnœa during movement," the "red, scanty urine with red sediment," the constipation, and also "she frequently wakes at night, as if roused by anxiety. In the evening she is *afraid of going to bed;* after midnight she wakes and is attacked with anguish, so that *she is unable to take breath.*"

Moreover Lycopodium is said to be especially adapted to lymphatic individuals of soft, melancholy disposition and lincophlegmatic constitution.

Graphites has "suffocation fit at night which wakes her; she was unable to get her breath;" also, "anxious dreams, which arrest her breath." It is said to be specially indicated, and I have found it so in a good many cases, for "venous individuals having a disposition to corpulency and obesity." Hahnemann says it is indispensable in cases of chronic constipation."

I am aware that the alternation of the two medicines was not in accordance with the teachings of our best authorities, nor do I sanction it. Whenever I prescribe remedies in alternation, and effect a good cure, I always regret that the remedies were not given singly. In this case the patient had become quite importunate, and intimated a change of treatment if she did not soon get relief. Her impatience was probably contagious.

I prefer to state the facts, rather than place the cure to the credit of one medicine selected arbitrarily in preference to the one with which it was alternated.

The result of the last prescription was in every other way satisfactory. In a few days the distressing symptom occurring during sleep disappeared, not to return; the constipation was removed; the dyspnœa and general run of heaviness was much relieved. In a month she felt quite well, and strange to report, her weight was reduced *twenty pounds!*

Digitized by Google

I am inclined to draw the following conclusions:

(a) The *Lachesis* failed because its sphere of action lies in the *nervous system*, and not in the *vegetative*.

(b) The *vegetative* system is especially the field of action of both Graphites and Lycopodium.

(c) The symptoms and condition appear to me to have been caused by deficient elimination through the kidneys, resulting in general anasarca.

(d) I am inclined to give the chief credit of the cure to Lycopodium, while the Graphites doubtless contributed to the favorable result of the treatment.

SUPPRESSED INTERMITTENT FEVER.

(From my note book.)

BY N. D. TIRRELL, M. D.

The patient in the following case was a young girl of 16 years of age, very dark brown hair, dark eyes, short and not slender; otherwise than below mentioned, of good constitution and in excellent health. It is supposed that she contracted an intermittent fever while on a visit to the country, as, soon after her return, she had several paroxysms of that disease, which were suppressed by the liberal use of quinine. The following year in early spring the disease again made its appearance, wanting the chill; it was promptly met as before with quinine. The present year in early spring, the patient was taken with severe headache every two or three weeks, so violent as to require her to leave school before the close of the daily session. She usually remained at home for two or three days following, in consequence of headache and some fever. These attacks were not at first suspected to be intermittent in character, but after noticing it for about a month, this was rendered certain; for it was observed that the paroxysm came on every alternate Tuesday, at about 10 o'clock A. M.

The following symptoms were present when the case first came under treatment:

No chill; headache about 10 o'clock A. M.; feverish sensation about 9½ o'clock P. M.; thirst before but little or none during the headache or feverish sensation; no perspiration; hunger several

Digitized by Google

days before the paroxysm, which continued throughout the paroxysm, even when the headache was most distressing; ravenous hunger, she could not wait for the regular time of the meals; ate large quantities, not very particular as to the kind of food; some rheumatic pain in the left arm; slight nausea about the commencement of the paroxysm, and at the commencement of the feverish sensation; head feels full in front, sides, upper part and back.

In this case the character of the fever had been so altered by quinine, probably, that not one of the usual features of an intermittent was present, if we except the slight heat. No chill, no heat, (or scarcely perceptible,) no thirst, (or scarcely perceptible before the headache.) The only pronounced symptoms in the case were headache and ravenous hunger; the latter of which was taken as the starting point in the treatment of the case, and this pointed to China, Cina and Phosphorus. As the unpronounced condition of the case was believed to be due to quinine, China was rejected in the selection of the remedy. As the voracious hunger of Cina is much more marked than that of Phosphorus, Cina was selected. One dose was given in the two hundredth potency about a week before the expected paroxysm. It was observed that the hunger, so noticeable previously, two or three days before the paroxysm, did not occur; and that the headache was much less during the paroxysm; and that the attack was in all respects much milder. The remedy was not repeated; no paroxysm after giving Cina was experienced. It is now four or five months since the remedy was given, and there has been no return of any of the symptoms.

GONORRHŒA.

(From my note book.)

BY N. D. TIRRELL, M. D.

A young man of good constitution came under my treatment with the following symptoms:

Scalding sensation during micturition; very slight stricture at the inner extremity of the urethra; yellow and thick discharge, not very copious; the disease had been contracted about a week previously.

Digitized by Google

As Cannabis stands in the first rank in the scalding sensation during micturition, and in the second rank in strictures; in the first rank in thick discharge, and has a yellow, mucous discharge; in the first rank in acute gonorrhœa, a single dose of Cannabis, two hundredth potency, was administered. I saw him two days after; the symptoms were about the same, with the exception that the stricture was much more marked; I gave nine Sac. lac. I saw him again two days after this; the symptoms were much the same as at the previous consultation, excepting that there was considerable discharge of blood from the urethra, with a feeling as though the urethra was swollen and sore inside, and that upon micturition a considerable quantity of urine remained behind in the urethra.

Argentum nitricum not only has the burning sensation during micturition, but it has the sensation of soreness and of being swollen, and the urine remaining behind during micturition, and also bleeding of the urethra. Gave one dose of Argentum Nitricum, two hundredth potency; I saw the patient four or five days after, he reported himself as entirely well.

Did Cannabis or Argentum Nitricum cure in this case? Was the selection of Cannabis made too hastily? Would Argentum Nitricum alone have cured?

FEMALE PHYSICIANS.

In most of the larger cities of the United States, especially in New York, Boston and Philadelphia, there are several female physicians in excellent practice, with a rapidly increasing business. Some of them, the last year, have made their returns, which show that a considerable number had an income of between five and ten thousand dollars per annum, and some of them even between ten and twenty thousand dollars. This fact very much surprises men of the medical profession. They seem not to be able to understand how it is possible for them to receive any encouragement whatever in a highly educated community like this, in which there are hundreds of well-bred and able physicians in humble conditions. Some of our brethren who believe themselves to be gifted with the spirit of the prophets of old, predict that when the novelty of the thing is

Digitized by Google

over, sensible people will return to the legitimate source of medical assistance. We would share their belief, had not a similar prediction respecting Homœopathic practitioners entirely failed. The wisest men amongst us, with an air of authority, made a hue and cry that Homœopathy was going down. And Homœopathy went *down?* In a certain sense it did. Being a God-send, and coming from the celestial spheres of the divine kingdom of knowledge and truth, it took its course earthward, to be a blessing to the mortals below, and *down* it went into the hearts of intelligent and truth-loving people.

We are nappy to state that the female physicians have greatly increased in number, and certainly in public favor, and it shows that the spirit of the world is progressive. More than was necessary was done and said to destroy Homœopathy, and the contrary effect has been produced from that intended by its enemies. Homœopathic physicians are carrying their proud banner cheerfully forward, and the people look at them with admiration, and it may truly be said that the most enlightened of them enlisted in their favor. If these female doctresses await the same prosperity, it is certainly in a great measure owing to the opposition which has been made to them. We, on our part, find no fault in extending to them the right hand of fellowship and bidding them God-speed.

TREATMENT OF DISEASES OF THE LUNGS.

(From the Ohio Medical and Surgical Reporter.)

In the treatment of these diseases I find, as a rule, that some *one* of the following remedies is indicated—viz: Acon., ars., bell., bry., calc., carb., veg., chin., dros., hyos., ipecac, lyc., mac., nux., phos., puls., sep., sil., spong., stann., sulph., tart.-em. Of course they are all indicated for the cough, whether expectoration is present or not. If expectoration is present, the choice is comparatively easily made, for the expectoration is rarely entirely the same at all periods of the day, being often yellowish in the morning and whitish or bloody at night.

The following are the indications:

Acrid expectoration—Ars. carb-veg. lyc. merc. nux. phos. puls. sep. sil. sulph.

Digitized by Google

Blackish expectoration—Chin. lyc. nux.

Bloody expectoration—All, except tart.-em.

Expectoration of acrid blood—Ars. carb. veg. sil. sulph.

Expectoration of brownish blood—Bry. calc. carb. veg. puls.

Expectoration of coagulated blood—Bell. bry. chin. hyos. ipecac. mac. nux. puls. sep.

Expectoration of dark blood—Acon. bell. bry. chin. dros. lyc. nux. phos. puls. sep. sulph.

Expectoration of pale blood—Ars. bell. bry. calc. carb. veg. chin. dros. hyos. ip. merc. phos. puls. sep. sil. sulph.

Expectoration blood-streaked—Acon. ars. bry. chin. dros. ip. lyc. phos. puls. sep. sil. spong.

Expectoration like the white of an egg—Ars. chin. sil. stann.

" *frothy*—Ars. nux. phos. puls. sil. sulph.

" *like jelly*—Chin.

" *granulated*—Chin. phos. sep.

" *greenish*—Ars. calc. carb. veg. dros. hyos. lyc. mac. nux. phos. puls. sep. sil. stann. sulph.

Expectoration grey—Ars. chin. lyc. nux. sep.

" *indurated*—Bry. phos. sep. sil. spong. sulph.

" *lemon-colored*—Phos. puls.

" *milky*—Ars. carb. veg. puls. sep. sil. sulph.

" *mucous*—All.

" *like pus*—All except spong. and tart. em.

" *viscous*—Acon. ars. bry. calc. carb-veg. chin. nux. phos. puls. sep. spong. stann. tart-em.

Expectoration watery—Ars. carb-veg. chin. merc. nux. puls. sep. stann. sulph.

Expectoration whitish—Acon. lyc. phos. sep. sil. spong. sulph.

" *yellow*—All except chin. hyos. and tart-em.

Taste of the expectoration bitter—Acon. ars. bry. calc. chin. dros. lyc. merc. nux. puls. sep. stann. sulph.

Taste of the expectoration like a chronic catarrh—Puls. sulph.

Taste of the expectoration disgusting—Ars. bry. calc. dros. ip. merc. nux. phos. puls. sep. stann. sulph.

Taste of the expectoration empyreumatic—Bry. nux. puls. sulph.

" " " *fatty*—Lyc. phos. puls. sil.

" " " *flat*—Ars. bell. bry. balc. chin. ip. lyc. phos. sulph.

Digitized by Google

Taste of the expectoration herby—Nux.
" " " *metallic*—Calc. ip.
" " " *putrid*—Acon. ars. bell. bry. calc. carb-veg. dros. ip. lyc. merc. nux. phos. puls. sep. stann. sulph.
" " " *salty*—Ars. bell. calc. carb-veg. chin. dros. hyos. lyc. muc. nux. phos. puls. sep. stann. sulph. tart-em.
" " " *sour*—Ars. bell. bry. calc. carb-veg. chin. ip. lyc. merc. nux. phos. puls. sep. stann. sulph. tart-em.
" " " *sweetish*—Acon. ars. calc, ip. lyc. merc. nux. phos. puls. sep. stann. sulph.
" " " *like tobacco juice*—Puls.

Offensive smelling expectoration—Ars. bell. calc. chin. lyc. merc. nux. puls. sep. stann. sulph.

To show how the above table may be used, I will give a case which was under treatment a short time ago. The patient said he coughed up in the morning a quantity of indurated mucus of a yellow color, which smelled badly, but towards night the expectoration was more of a frothy character. The remedies mentioned above as indicated for indurated expectoration are, bry. phos. sep. sil. spong. sulph., and are indicated in yellowish expectoration, but bry. phos. sil. and spong. are not indicated for offensive-smelling expectoration, leaving sep. and sulph. still to chose from. But sep. is not indicated when the expectoration is frothy, hence sulphur is the remedy, as it meets all the requirements of the case.

But how are we to decide when there is an absence of expectoration? Simply by taking into consideration the respiration and the character of the voice, and in a few cases we are obliged to go further, and ascertain the time of day of the exacerbations. In suffocating attacks, all the remedies mentioned are indicated, but especially ars. ip. spong. In oppressed respiration also, but especially acon. ars. bell. bry. carb. veg. ip. nux. phos. puls. sep. sulph.

Digitized by Google

Anxious respiration indicates—Acon. ars. bell. bry. ip. lyc. nux. phos. puls. sil. spong. stann.

Cold respiration—Carb-veg. chin.

Deep " —Acon. bell. bry. calc. chin. dros. ip. merc. nux. phos. puls. sil. spong. stann.

Fetid " —All except spong.

Hot " —Acon. calc. phos. sulph.

Panting " —Acon. bry. chin. ip. puls. sil.

Quick " —All are indicated.

Rattling " —All except dros. sil.

Sighing " —Acon. ars. bell. bry. ip. merc. nux. phos. puls. sil. spong. stann.

Slow " —Acon. bell. bry. calc. chin. dros. hyos. ip. merc. nux. phos. puls. sil. spong. stann. sulph.

Sobbing " —Calc.

Soft " —Bell. chin. phos. sulph.

Unequal " —Acon. bell. chin. dros. ip. puls. sep.

VOICE.

Aphonia—Acon. bell. bry. calc. carb-veg. chin. dros. hyos. merc. nux. phos. puls. sep. sil. spong. stann. sulph.

Voice not clear—Bry. calc. carb.-veg. chin. dros. hyos. merc. nux. phos. spong. stann. sulph.

Voice croaking—Acon. ars.

" *deep*—Chin. dros.

" *hissing*—Bell. phos.

" *hoarse*—All except ip.

" *hollow*—Acon. bell. carb.-veg. chin. dros. ip. phos. sil. spong. stann.

" *interrupted*—Dros. spong.

" *low*—Bell. chin. lyc. nux. puls. spong. stann.

" *murmuring*—Hyos.

" *with nasal sound*—Bell. bry.

" *raised*—stann.

" *rough*—Bry. calc. carb.-veg. chin. dros. mac. nux. phos. puls. spong. stann. sulph.

" *soundless*—Chin. dros. spong.

" *trembling*—Acon. ars. merc.

Digitized by Google

When the exacerbation is in the morning—calc. carb.-veg. nux. and phos. are the best remedies; in the forenoon—sep.; in the afternoon—bell. lyc. puls.; in the evening—bell. bry. hyos. ip. lyc. phos. puls. sep. stann. sulph. tart-em.; and in the night—acon. ars. bry. chin. dros. merc. sil. spong. sulph. It is rarely the case that I am obliged to use other remedies than those I have mentioned, or to take into consideration other symptoms than those I have mentioned above. Of course where the lung symptoms are not very decided, as in a case of incipient tuberculosis, or where it is suspected, it is well to consider the state of the bowels, appetite, disposition, etc.

Temple S. Hoyne, M. D., Chicago.

ARSENICUM.

BY J. T. TEMPLE, M. D.

This grand and heroic remedy, like most of our valuable remedies, is most recklessly used, to the great detriment of humanity. We have no drug more extensive in its range of action, or more valuable in its therapeutic application.

In our remarks on this, and every other individual of the Materia Medica, we aim to give only the characteristic indications.

In its *moral symptoms*, we have excessive anguish, with oppression of the chest; cold sweat in the face; great restlessness; tossing in the bed to and fro; changing from place to place; great fear of death and of being left alone; sensation of coldness; loss of mind from the abuse of alcoholic drinks; delirium.

On the *Head:* it produces tearing in the head, with vomiting when the head is raised up; headache after meals, which is relieved by applying cold water, or walking out in the cool air; periodical headaches; the scalp is tender to the touch; eruptions white, dry, like bran; burning itching on the fore part of the head; when scratched it burns and bleeds violently; burning, biting boils on the scalp, with sensitiveness to the touch and cold; erysipelatous burning, swelling of the head, face and genitals, with great weakness and coldness, worse at night; pain of the outer parts of the head, as if there were sub-cutaneous ulceration.

Digitized by Google

On the *Eyes:* it produces lachrymation; excessive photophobia and constant running; inflammation of the eyes and lids, with a burning pain; inflammation of the inner surface of the eyelids, preventing the opening of the eye; specks and ulcers on the cornia; feeling as if the eyelids were scratching the eyeballs.

On the *Ear:* hardness of hearing; cannot hear the human voice; roaring in the ears (accompanying every attack of pain.)

On the *Nose:* a swelling of and burning in the nose; ulcers in the nose, (cancer of the nose); profuse, fluent coryza of sharp burning, excoriating water, with hoarseness and sleeplessness; peeling off of the epidemis.

On the *Face:* fullness, especially around the eyes; face pale, earthly, yellowish; (blue rings around the eyes); distorted features; death-like countenance; drawing stitches here and there in the face; burning face-ache; crustia lactea; cancer of the face and lips, particularly the *under lip,* with burning pain; for the upper lip, Bryonia and Rhus. Tox.; eruptions around the mouth; lips black, dry and cracked.

On the *Jaws and Teeth:* pain of the submaxillary glands, the pain affecting even the tongue, which looks burnt; toothache at night, extending to the ear and temple, worse when lying on the affected side, better from the heat of the stove; grinding of the teeth; gums bleeding; the teeth are set on edge the whole afternoon.

On the *Mouth and Throat:* a feeling of dryness in the mouth; the mouth is reddish blue, inflamed, burning; secretion of abundant tough, fœtid, bloody saliva; aptha-stomacace; tongue dry, cracked, black; swelling, inflammation or gangrene of the tongue; ulceration of the tongue, with blue color; painful, difficult swallowing (constriction) of the œsophagus; burning in the throat; angina gangrenosa (with aptha.)

On the *Appetite and Taste:* violent, unquenchable, burning thirst, with frequent drinking, but little at a time; longing for cold water, acids or alcoholic drinks; aversion to food, loathing the thought of eating; bitter taste in the mouth after eating and drinking; rising of water from the stomach to the mouth.

On the *Stomach:* a sensitiveness to the touch; pressure at the stomach, with constant nausea and yawning; vomiting of the

Digitized by Google

ingesta (after each meal) after drinking, of a brown substance, with violent pain in the stomach; vomiting of a black substance; of blood; of a green substance; with diarrhœa after drinking the least quantity; great painfulness and anxiety in the pit of the stomach and in the stomach; burning in the pit of the stomach and stomach; inflammation or induration of the stomach; cramp in the stomach; pressure on the pit of the stomach causes great pain.

In the *Abdomen:* it produces a hard and bloated condition; burning pains, with anguish; sensation of coldness; induration of the mesenteric glands; painful swelling and induration of the inguinal glands; ulcers about the navel; ascites.

For that cholic produced by fruit, as strawberries, melons, &c., arsenicum is the remedy.

CASES FROM PRACTICE.

From the Am. Journal Hom. Mat. Med.

CASE 140.—A few weeks since I was called in haste some twenty-eight miles into the country, to visit a lady about 45 years of age, whose health was said to be in a very precarious condition. I took the cars as soon as possible, and reaching the bedside of my patient I discovered that she was suffering from various disorders incident to the climacteric period. Her symptoms were as follows: Asthmatic breathing, made worse by lying down. Pain in the back very severe, on a line with, and immediately to the left of, the sacrum; worse from pressure, and from turning over in bed. Severe and constant nausea, with vomiting. Severe frontal headache. Great urging to urinate, with only slight emissions of urine, accompanied with burning, stinging pain during and after urinating; and withal, severe rigors over the whole body, commencing at the feet.

My patient was rather calm under her sufferings, and yet she feared that she would not recover. I saw there was no immediate danger in her case, and recognizing a naturally strong constitution, I decided to delay prescribing at once, in order to take time to make my first prescription the right one. Now the key-note in this case was *rigors over the whole body from below upwards.* Knowing this characteristic symptom to be in in the recently published proving of Sarsaparilla in Dr. Hering's

Digitized by Google

Journal, my attention was at once directed to that drug, and upon examination was delighted to find all of the symptoms which presented themselves in my patient spread out before me like a picture. Beginning then with the "rigors from below upwards," we find also, under this drug, the asthmatic breathing, the pain in the back on the left side, the severe and constant nausea with vomiting, the severe frontal headache, the urging to urinate with pain.

Although I never prescribed this remedy before, I felt satisfied that this was the true homœopathic remedy for the case in question, and with the greatest confidence I prescribed it in the 6th centesimal dilution, which I prepared myself, directing it to be taken every three hours during the day.

Leaving my patient, I directed her to report to me through her husband, as I could not visit her daily on account of my professional engagements in the city. In a few days I learned that a decided change for the better had taken place soon after commencing the prescription.

First the rigors disappeared entirely, then the pain in the back, then the nausea, then the headache, the asthmatic symptoms, and lastly the ardor urinæ. The improvement went on rapidly, and at the end of three weeks we find the patient well, attending to her household duties.

C. C. SMITH, M. D., Chicago, August 14, 1868.

CASE 141.—*Intermittent Fever.*—Miss M. A. S., aged 18, complained November 17, 1867, of the following symptoms, for which she had been treated several months: Chilliness, commencing every morning about ten o'clock and lasting one hour, followed by fever, lasting about two hours, and then sweat, disappearing in a short time, thirst was present before the chill, with the fever and sweat, absent during the chill. Other symptoms were, pain in the right side of the head, and dullness of hearing, constant *sticking pain in the chest on drawing a deep breath.* Cough, principally in the morning, at which time she expectorated a bloody-yellowish matter, which occasionally became mixed with green mucus. Bitter taste in the mouth, and nausea almost constantly. Restlessness with sleeplessness after midnight. Watery diarrhœa was present after eating anything

Digitized by Google

out of the regular order, especially apples. *Has not menstruated* since she was taken sick. Gave a dose (4 pills) *of Puls.*$^{\infty}$ Three days later she reports that she had no more chills, and feels entirely well with the exception of the nausea. Gave a dose of *Ipecac.*$^{\infty}$ and she had no more trouble. The *Puls.* was given without much study of the case on account of the suppressed menstruation, and I had written down the symptoms, intending to study the case before she called again.

T. S. HOYNE, M. D., Chicago, August 15, 1868.

THERAPEUTIC HINTS.

From the Am. Journal Hom. Mat. Med.

In 1813, when only the "Fragments" and the First Part of Materia Medica had been published, Hahnemann was consulted by Dr. Stapf, the first among the profession who acknowledged the great discovery. The object of the consultation seems to have been Stapf's own child. It appears, from Hahnemann's answer, that Stapf had not reported the symptoms so completely as is required in Homœopathy to find the right medicine, and that he had proposed or mentioned Nux vom., Cham., Puls. and China. Hahnemann analyzed the case in the following way:

"Notwithstanding that *Nux vom.* produced perspiration standing on the forehead; perspiration when moving; in general, perspiration during sleep; *Chamomilla,* perspiration especially about the head during sleep; *Pulsatilla,* perspiration during sleep, disappearance when awaking; *China,* perspiration when moving (crying), perspiration in the head especially, (but also in the hair); there is more indication for *Pulsatilla* by the itching of the eyes, which *Pulsatilla* has, especially with redness in the *external* corner of the eye after rubbing, and with agglutination of them in the morning: if not, *Ignatia* would be preferable, which also cures itching and redness, but in the *internal* corners with agglutination in the morning, in case the child's disposition is very changeable, now too lively, and then peevishly crying, which *Ignatia* produces; and if there should be, at the same time, a great sensitiveness to the day-light when opening the eyes in the morning, which also is caused by *Ignatia;* or, in case of a mild disposition and a weeping mood in the evening, and a general aggravation of symptoms in the evening, *Pulsatilla.* The frequent awakening during the night indicates *Ignatia* more

Digitized by Google

than *Puls.*—the latter has more, a late falling asleep. The itching of the nose has been observed mostly from Nux vom. *Ignat.* and *Cham.* have both—the latter more—pain *during* micturition, Puls, the most pain *before* urinating. The loud breathing has been observed of *China* and *Nux*—from the latter especially during sleep. As these remedies correspond much with each other, (*China* excepted,) and one corrects the faults and bad effects of the other, (if only *Ignat.* does not follow *Nux*, or *Nux* is not given immediately after *Ignat.*, as they are not well suited to follow one another, on account of their too great medical similarity,) you yourself can judge now, as to the succession in which you may choose to employ *Ignat.*, *Puls.*, *Nux*, or *Cham.* —if the first, or one of the others, should not alone prove sufficient. To give *Cham.*, there ought to be more thirst at night than at present, and more irritability. *China* has little or nothing for itself, and is therefore not to be chosen."—*Hom. News, 1854.*

This is a masterly analysis, and a beautiful illustration of the true Hahnemannian selection of the right medicine.

C. HG.

VARIA.

ON THE MANAGEMENT OF THE PLACENTA IN NATURAL LABOR.—Dr. James Paterson, of Scotland, brings this subject before the profession in a very reasonable light, and one which every Obstetrician who has tried it will acknowledge to be correct, as his experience has taught him. He says, "the plan of maintaining the contraction of the uterus until after the birth of the placenta, is not a mere theory which has no value at the bedside. The practice is very simple, being merely to keep up such an amount of stimulation of the uterus as shall cause it to close around the placenta, so that the latter shall be ready to be acted upon by every succeeding contraction of the womb. The moderate pressure of the hand, applied over the abdomen during the descent of the child, is nearly sufficient at this stage. When the child is born, the hand must follow the descending womb and grasp it, so gently as not to cause pain, and yet with a moderate firmness. This pressure ought scarcely to be relaxed during the separation of the child from the mother. In a ma-

Digitized by Google

jority of cases it will be found that this simple plan will have assisted the partial extrusion of the placenta through the os uteri, * * * and if, (after separating the child from the mother,) at this stage, the pressure is continued with the left hand, and the cord straightened, without pulling, with the right hand, by means of the two fingers in the vagina, it will in most cases suffice to procure the expulsion of the placenta in about four to six minutes. * * * When the placenta is thrown off in a short period, the womb is less liable to relax than when it has been longer retained. I have been struck by the fact that where a child had been born twenty or thirty minutes before my arrival, the uterus can only be made to contract with great difficulty; and I have found in such cases, that with all my care, I cannot stimulate the uterus to throw off its contents in anything like the same time that I could have done had I been present before the birth of the child, and this, be it observed, after the womb had had a considerable interval of rest from its natural functions. He tabulates as follows: 1. When the uterus continues its contractions after the birth of the child, so as to throw off the placenta in a short period, the chance of hemorrhage is very slight. 2. When unassisted, the womb generally discontinues its efforts for a time, after the birth of the child, and during this rest the placenta cannot be expelled. 3. Hemorrhage occurs during complete or partial separation of the placenta, and while that viscus is still within the uterus; and when it does supervene, it is generally in proportion to the non-contraction of the womb, and to the time during which the placenta remains unexpelled. 4. To assist the uterus to maintain its contractions for a short period after the birth of the child, to procure the separation and expulsion of the placenta, is a rational method of diminishing the risk of hemorrhage, while at the same time, it is the surest way to secure the permanent contraction of the uterus, and thereby conduce to a speedy recovery." We can but admit the plan to be a simple one, and worthy at least the consideration of a trial. Our experience is similar to the above narrated, and we can testify to its accuracy.

FREEZING SECTIONS OF NERVOUS SYSTEM.—In a recent lecture by Dr. B. W. Richardson, at Hull, the *Med. Times and Gazette*

Digitized by Google

states that "two new points were adduced; first, that it was possible to produce local insensibility of a limb by freezing the trunk of the nerve feeding the limb; and secondly, that when a section of the superficies of the brain, after its removal from the dead body, was treated with a fluid that caused condensation of the structure, the so-called convolutions admitted of being separated almost into distinct segments or centres. A portion of brain thus treated was shown."—*Amer. Jour. Dental Science.*

REMOVAL OF FOREIGN BODIES FROM THE EAR.

Instead of trying the disappointing plan of Syringing, or the dangerous use of forceps or scoop, let the Surgeon take six inches of fine wire and double it into a loop; then, having the patient placed on his side, pass the loop into the ear as far as it will go, and turn it a little gently. At the first or second withdrawal the foreign body will come out in the loop. The wire being flexible gives no pain, and cannot possibly do damage. It is almost certain to find its way round the foreign body, however deeply the latter may be placed, or however closely it may fit the cavity. Mr. Hutchinson asserts in its advocacy that it is very much easier to use, very much safer, and lastly, that he has several times succeeded with it in cases where other means had utterly failed. The scoop he regards as especially likely to do mischief, since it involves pressure against the walls of the auditory canal. There is in the London Hospital Museum part of the temporal bone of a child, who died in consequence of a small bean having been forced by the scoop through the membrana tympani into the inner ear.—*Medical Times and Gazette.*

OBITUARY.—Dr. Friederich Carl Trinks, Medical Counselor of Dresden, Saxony, died on the 15th of July, last. Homœopathy has met with a serious loss in the death of this distinguished physician. Dr. T. was one of the most active and zealous laborers in our cause, and he was perhaps the most celebrated physician in the city of Dresden, having a very large practice among the highest circle of society. Peace to his ashes.

Digitized by Google

THE

Homœopathic Independent,

PUBLISHED MONTHLY, AT TWO DOLLARS A YEAR, IN ADVANCE.

JOHN CONZELMAN, M. D., Editor and Publisher.

No. 5. ST. LOUIS, NOVEMBER, 1868. VOL. I.

☞Communications, whether on business or intended for publication, should be adressed to JOHN CONZELMAN, M. D., No. 1417 Carr street, St. Louis.

ON HYGIENE.

A paper read at the commencement exercises of the Homœopathic Medical College of Missouri.

BY C. W. SPALDING, D. D. S.

There is no question which more deeply concerns the whole human family than that of health. It is the one great blessing of physical life. Without it, man, though in the full possession of all his senses, fails to enjoy the pleasures which they are designed to bring; the inability to enjoy being always in proportion to the degree of departure from the true standard of health. When the departure is great and of long continuance, man becomes a burden to himself and his friends, an object of commiseration and pity, and not unfrequently, of loathing and disgust.

Its loss has driven many to that degree of despondency and desperation which leads to self-destruction, thus summarily terminating all their physical ills. Every innovation upon the health is a partial disruption of the vital cords. Every thing that renders the body unsound, unfits it to that degree for a habitation for the soul. Disease is the disturbance of that per-

Digitized by Google

fect and harmonious sympathy which should exist between the body and the soul. It is the first step towards death, and is in reality a part of death itself.

Hence I say, that next to life itself, there is no mere physical question which should more earnestly engage the attention and study of both man and woman. Yet how few who are in the enjoyment of health fully appreciate its immense value. But let sickness come, let the health become even temporarily impaired, and you soon begin to realize its inestimable worth. How prone are we all to forget in this our dependence upon the Providence of God! How needful that we should be thus painfully reminded of our utter dependence upon the Divine Father for this common blessing which we daily enjoy!

Intimately connected with this subject, are two important considerations, viz: How best to preserve that gift of God—good health, and when lost or impaired, how can it best be renewed?

These are weighty questions, nay they are vital, and seriously concern every one. We shall therefore do well to give them that attention which their importance merits at our hands. It is not my purpose to enter into a discussion of any of the principles of Hygiene, but only to draw your attention to the subject and to invite you to its study, and in this place to enumerate some of the principal means to be employed in the preservation of health. These means consist of certain elements necessary for the sustenance of the body, as food, air, drink, and certain other things which contribute to both health and comfort, as clothing, bathing, exercise, &c.

First in order, because in importance, I mention food. The *quality* of the food we eat is certainly an interesting topic to consider, for it is from the food that the tissues of the body are mainly constructed. Whether we feed ourselves on a diet which contains materials for the highest development of the physical system, or whether we allow a perverted appetite to choose food which impedes digestion, poisons the fluids of the body, and clogs the action of the brain, depends in the first place, upon our knowledge of the nature of the aliments we place upon our tables, and then upon our ability to practice the self-denial necessary to effect any required changes in our customary diet.

Digitized by Google

In this connection, I have only time to mention two prominent articles of diet, viz: bread, and one variety of meat, which constitutes with many, a large proportion of the animal food they consume.

Bread is made from grains; in this country, principally from wheat. In the process of manufacture, certain portions of this grain which contain important elements of nutrition are carefully abstracted. The product pleases the eye, and is grateful to an acquired taste. Although we are not possessed of that unerring instinct by which animals are guided in the selection of their food, still I am unwilling to believe that our *natural* tastes would lead us to choose an *unhealthy* diet. Hence I speak of the taste for fine flour as acquired for the component parts of unbolted flour—I must refer you to the works on dietetics, where an analysis of this substance may be found. Allow me here to quote the language of a cotemporaneous friend, who remarks that we "virtually starve ourselves in the midst of our surfeits of fined, refined and superfined food. We sift from our cereals the best portions of the grain, and

'To eat the worst we now incline,
And feed the best to filthy swine.'

"A deferential compliment we can illy afford to extend to those animals with our present claims to superiority. Vigorous manhood and intellectual greatness are not the legitimate fruits of culinary fantastics, and can only be secured and maintained by a strict adherance to the rules of common sense, and plain cooking of plain food." Another writer on food says "It is well known that our pale-faced girls and our feeble-minded children are brought into that condition mainly by living on sugar, butter, and superfine flour, out of which latter has been taken the elements that make bone and blood, and give energy to the brain and nervous system; and the common-sense remedy for all these evils is to be found in a simple resort to nature's own storehouse—abundance of wholesome food."

Of animal food, very little is actually necessary to supply the wants of the human system. Children require none, milk excepted, if that is to be classed as animal food. Meats of all kinds are injurious to them. The healthy child "glows with animal heat," he is full of life and animation, and requires no

Digitized by Google

such stimulating diet. In infancy, his heart almost flutters with the rapidity of its motion, being nearly double that of the adult. At three years of age it is still above 90, while that of an adult is about 75. Confine your children then to a strict vegetable diet, at least until they are 10 or 12 years of age. Up to this period the system is full of vital energy, and animal food stimulates and inflames. In cold weather, adults may eat certain kinds of animal food with impunity, perhaps with advantage. Yet I am convinced that the average standard of health would be sensibly advanced in all warm and temperate climates by its entire abolition. Not that it is not useful, especially to the aged, but its abuses, more than outweigh its uses. The great mortality among children of tender age is no doubt due to a considerable extent to the injudicious use of animal food.

I proceed now to notice the particular kind of animal food before spoken of. I allude to pork. That swine's flesh is wholly unfit for human food, and that it was never designed to serve such a purpose, I hold to be an established truth in physiology. Its use has been repeatedly condemned by the best physiologists of the world. It is forbidden by Holy Writ, and who shall gainsay the Divine Law? Who shall array his own opinions (I should perhaps say his appetite), against the teachings of Infinite Wisdom? Are not the laws of our being the same now that they were when Moses lived and wrote. The fact that the Jews, as a nation, have always been exempt from certain diseases with which pork-eating christians have been sorely afflicted, is an evidence in favor of the position I assume.

The hog is not a healthy animal, and when his flesh is used as an article of diet the system becomes overloaded with carbon, and filled with the poison of scrofula. An intelligent physician who went into the slaughter houses of a neighboring city, testifies that in an examination of the internal viscera of more than a hundred and fifty hogs, he found distinct, well-defined marks of scrofula in every one of them. It would seem as if this were the normal condition of the animal, and perhaps should not be considered a disease in him; besides the now well-established fact that the flesh of the hog is filled with trichinia spiralis, grubs in the liver, lungs, kidney and other organs are also of frequent occurrence. Tumors also, both large and small,

Digitized by Google

abound in swine, both old and young, and butchers assert that they are often found even in the flesh of the animal, which on being opened with the knife are found to contain a gushing supply of purulent matter.

I am aware that this is not an inviting picture to the lover of roast pig, spare rib, pigs feet, and head cheese. Yet where so much is at stake the truth should be told, though it may be offensive to ears delicate and polite. My intent is to instruct, but not to offend, and if I shall succeed in any degree in reforming the diet of any, in this particular my effort will have served its purpose.

Further, the "*Gazette Medicale*" states that those only who eat pork are liable to tape worm, and claims that this formidable worm is probably developed from a parasite of the hog. The Jews are certainly exempt from it, as they also are from trichinia and scrofula, and nearly so from cholera.

Perhaps I have sufficiently elucidated this topic, and will now pass to the consideration of the more agreeable topic subject of the liquids we drink. Milk for the infant and water for the adult are the beverages furnished by nature, and are no doubt sufficient to meet all the *absolute* wants of man so long as he retains complete health. To propose, however, to restrict man to these two drinks, would only end in disappointment, and it is not my purpose to make the attempt. Besides the impracticability of such a scheme, I am not an advocate of its utility. I know no reason why we should limit ourselves to the use of such fluids as nature furnishes, and in the form in which they are supplied by nature, any more than that we should eat raw and unground grain, and uncooked fruits and vegetables. A return to the first principles in the use of fluids, would imply a similar return to that of solids also. Abstractly, the true theory concerning diet *may* lie in this direction; but in this age, I imagine the advocate of such a *practice* would find very few disciples.

What I advocate is universal purity in every thing we eat or drink. If we eat wheaten bread, let it contain all the components of that grain, subjected only to such manipulation as is needful to fit it for human food. If we drink wine, (and I class this beverage next to water in its health-giving virtues,) let it be pure and unadulterated—the simple fermented juice of

Digitized by Google

the noblest of fruits, the grape, and not the miserable, poisonous, alcoholic mixtures too frequently sold under that sacred name. If we give our children milk, let it be the pure lacteal fluid just as it flows from the udder, unmixed with such articles as flour, subcarbonate of potash, chalk, sheep's brains and hard water. Above all, let it be drawn from healthy animals, and not from the diseased, distillery-fed cows that are almost universal in our city dairies. We have much more to fear from diseased than from adulterated milk.

In speaking to a St. Louis audience, what shall I say of water? that universal beverage of men and animals. I know the force of habit, and habit begets prejudice. I know the fondness which people *acquire* for the water of our noble river. I have experienced it all, and filthy as it is, I have had the same liking for it that you and others now have.

But a return to the use of pure water has brought back the old love for it, and a return of much of my former distaste, not to say disgust, for the water of the Mississippi.

There is no question about its impurity. All agree that it not only contains large quantities of vegetable and earthy matter, but that it also holds in solution saline substances which have a marked influence upon the animal economy. To this fact, its effects upon those unaccustomed to its use, abundantly testifies. I have long been of the opinion that our city owes its reputation of being a very charnel-house of cholera (if I may be allowed that expression), to the impurity of the water with which it is supplied.

At this point I am tempted to enter into a somewhat lengthy dissertation on the air we breathe. That health would be promoted and longevity increased by maintaining its purity is an unquestioned fact. But as it is no part of my purpose to endeavor to depopulate the city by illustrating its unhealthfulness, and thus driving the people into the country, where pure air, pure water, and genuine milk are to be had and enjoyed, I refrain from the discussion, and content myself with a few remarks on ventilation. I am the more willing to do this because want of time will not allow me to enlarge upon the general subject, and because this is your only means of improving the air of your dwellings, and especially of your sleeping apartments.

Digitized by Google

The average amount of air inspired by each individual is about 300 cubic inches a minute. If we take 20 cubic inches as the average amount inhaled at each breath, and 15 as the average number of inspirations in a minute, these numbers multiplied into each other give 300 as the number of inches inhaled.

Three hundred inches a minute are equal to 18,000 per hour; and assuming 8 hours as the time given to sleep, each person would inhale 144,000 cubic inches of air in the time devoted to sleep. Inasmuch as the air we exhale constantly mingles with the contents of the room, this amount of air coming from the lungs loaded with carbonic acid gas, is sufficient to vitiate the entire contents of a room of considerable size. Hence, to maintain a fair degree of purity, it is requisite, unless the room is unusually large, that the air should be constantly changing during the hours of sleep.

(To be continued.)

ARSENICUM.

BY J. T. TEMPLE, M. D.

(Continued from Page 91.)

Great uneasiness from having the clothes tight around the waist.

When this uneasiness occurs after eating, it is Lycopodium.

Constipation, with ineffectual efforts to evacuate.

Stools very offensive.

Diarrhea and Constipation in alternation.

Constriction in the rectum, or sensation of a plug in the anus. Often in childhood.

The desire to evacuate continues after a pappy offensive stool.

Stitch in the rectum when laughing or sneezing.

Apis has upward stitches, and Lachesis downward.

Hemorrhoidal tumors protrude after the stool with constriction of the sphincter.

Large hemorrhoidal tumors (in persons addicted to spirituous drinks).

After scarlet fever, when black spots of decomposed blood seem floating in the vessel, and much of it—arsenic is *specific.*

On the urinary organs it produces foaming urine.

Digitized by Google

Retention of urine, as if the bladder were paralyzed.

Frequent desire to urinate.

Burning in the urethra during micturition.

Sensation as if a ball were rolling in the bladder.

On the sexual organs of men it produces great excitement of the sexual desire.

Induration of the prepuce.

Inflammation and swelling of the genital organs, increasing almost to gangrene, with excessive pain.

ON WOMEN.

Menstruation suppressed.

Menstruation too scanty and blood black.

Menstrual colic, beginning always in the left ovary—when in the right apis is the remedy.

During menstruation, labor like pain, as if every thing were pressed downward, followed by a slight flow.

The uterus feels as if the os were open.

Redness and swelling of the external parts (with discharge of mucus).

Swelling, induration, pain and other anomalies of the left ovary.

Mammæ swolen.

Nipples swolen, erect, painful to the touch.

Nymphomania.

On the respiratory organs it causes dryness, burning and constriction in the larynx.

Bronchitis, with difficult secretion of mucus.

Respiration oppressed, anxious, short.

Oppressed, labored breathing, especially when ascending a height; in cold air; when turning in bed.

Suffocating spells in the evening when lying down.

Constriction in the chest, with anguish; worse when moving.

Chilliness, or coldness in the chest.

Heat, burning itching in the chest.

Stitches and pressing in sternum.

Cough, especially after eating.

Cough when going into the open cold air.

Directly after coughing, the breathing becomes short, as if the chest became contracted.

Digitized by Google

Sudden catarrh, threatening suffocation at night.

Cough, with arrest of breathing; with tough mucus in the chest; with expectoration of frothy mucus in lumps, or tasting salty; in the day time, without expectoration at night.

Periodically returning cough, (whooping cough) from burning tickling in the pharynx.

Hœmoptesis at night, with burning heat over ihe whole body.

Palpitation of the heart, especially at night, with great anguish.

It causes in the Back sensation of weakness, as if bruised in the small of the back.

UPPER EXTREMETIES.

Rheumatic pains from the elbow up to the shoulder; worse at night.

Swelling of the arm, with putrid swelling, black blisters.

Burning ulcers on the tips of the fingers.

Sensation of fullness and swelling in the palms of the hands at night.

Soreness between the fingers.

Nails discolored.

LOWER EXTREMETIES.

Tearing and stinging in the hips, legs and loins.

Tearing in the tibia.

Old ulcers on the lower limbs, with burning and lancerating pains.

Ulcers on the feet and toes.

Swelling of the feet, hard, burning, with red spots or blue-black blisters.

Itching herpes in the bend of the knee, always burning.

Varices.

GENERAL SYMPTOMS.

Violent tearing in the arms and lower limbs; one cannot rest on the affected side; the pain is felt least by moving the affected part to and fro.

Burning pains, especially in the inner organs, skin and ulcers.

Paralysis, especially of the lower extremeties.

Trembling of the limbs (in drunkards).

Sudden sinking of strength.

Fainting from weakness, with scarcely perceptible pulse.

Digitized by Google

Dropsy of internal and external parts.

Emaciation.

Most of the symptoms appear when sitting or lying down, and are diminished by standing or moving about.

The pains can generally be relieved by the application of warmth.

SLEEP.

Starting of the limbs when on the point of falling asleep.

Sleeplessness, from anguish and restlessness, with tossing about (after midnight).

Sleep anxious, unquiet.

FEVER.

Pulse frequent in the morning, slower in the evening.

Pulse small, contracted, frequent, weak, tremulous or intermittent.

General coldness, with parchment-like dryness of the skin, or with profuse cold, clammy sweat.

Chilliness without thirst; worse after drinking, with stretching of the limbs, and restlessness, with external heat at the same time; when walking in the open air.

Shuddering and chilliness after drinking (immediately).

Internal heat, burning, dry with anxiousness at night.

Intermittent fever, chill (in the afternoon), followed by dry evening heat, and later, sweat.

Thirst only during the hot stage, drinks often, but *only little* at a time.

During the fever, great restlessness and anxiety, pains in the bones, small of the back, forehead; nausea, difficulty of breathing.

Perspiration cold, clammy, smelling sour or offensive.

During perspiration, unquenchable thirst; after the fever, headache.

Night heat, without thirst or sweat.

On the skin, it causes a peeling off in large scales over the whole body.

Burning itching of the body.

Dry, burning heat—dryness like parchment.

Bran-like, dry, scaly eruptions, with itching and burning; the latter increased by scratching, and followed by bleeding.

Digitized by Google

Swelling, blue-black, dropsical.

Petechiæ.

White swelling eruptions.

Urticaria.

Red postules changing to ichorous, crusty, burning and spreading ulcers.

Visicular eruptions.

Exanthema. black, pock-shaped, gangrenous.

Carbuncles, (burning).

Herpes with vesicles, and violently burning, especially at night, or with covering like fish scales.

Ulcers, hard on the edges, stinging, burning, spongy, with proud flesh turning black; pus thin, ichorous (cancers).

Sphacelus.

CONDITIONS.

Cannot rest in any place; changing position constantly wants to go from one bed to another.

If changing position gives no relief, arsenicum will do no good—it is not the remedy.

Attacks of pains, with chilliness.

Periodical complaints.

Attacks of pain, driving to dispair and even to madness. The pains are felt during sleep.

Bad effects from poisoning, with authrax and other poisonous substances (dissecting wounds).

AGGRAVATION,

At night, after midnight, (1 a. m.)

From cold in general.

After drinking (wine or alcoholic drinks).

From cold food, (ice cream).

From milk.

While lying on the affected side, or with his head low

AMELIORATION,

From heat in general.

From lying with the head high.

Digitized by Google

CASES FROM PRACTICE.

COMMUNICATED BY F. R. MOORE, M.D., OF ST. LOUIS.

Apis Mellifica in a case of Ascites, reported by Dr. Green.

W. C., aged 3½ years. Abdomen very much distended with serum, countenance sunken, pale, sickly, pulse quick, rather wiry, appetite poor, urine scanty and high colored. He had an attack of enteritis in September last, from which he rapidly recovered. I supposed that to be the cause of the present difficulty. I administered in their turn, *ars., dig., dulc., merc., china* and *sulph.*, but with no decided effect. The effusion still continued up to February 10th, at which time there was much difficulty of breathing, except in nearly an erect position. At this time I performed the operation of paracentesis, drawing off some seven or eight lbs. of a dark, sizy, muddy serum. I then gave one drop of *Apis* three times a day, for five or six days, with two doses *merc. sol.*, intermediately, at which time the urine became more free, although there had been more sensation of fluid in the abdomen during that time.

Finding the quantity of urine increased and the general symptoms better, I gave four or five pellets of *apis 3*, three times a day, and continued the treatment five or six days, his health still improving. I then reduced it to twice a day, which he has continued to the present time; there are now no dropsical symptoms, and the boy is lively, appetite good, bowels regular, and every way in a promising condition for perfect health. Repeated medicine only every other night.

Apis Mellifica in a case of Bronchitis, reported by Dr. Bishop.

Mary C., aged 2 years. High fever, hot, dry skin, full pulse, laborious respiration resembling croup, painless diarrhœa, yellowish, sometimes greenish and slimy; tongue slightly coated white, disturbed sleep at night with muttering, incoherent talk. Gave *aconite, bry, hep,* and other remedies, for three days without benefit. Respiration very laborious, requiring unusual aid from the abdominal muscles; face flushed with increased livid appearance. Fourth day: pulse not as frequent, but feeling under

Digitized by Google

the finger like shot or some spherical body gliding along the artery; cough attended with the ringing sound peculiar to affections of the upper portions of the respiratory tubes. Prognosis unfavorable, deeming it probable the patient would die in spite of all my efforts. Left her three doses of *apis 3*. Next day found her much better, fever nearly gone, appetite improved, had slept well, and without the usual mutterings, fright, &c. Continued the medicine in diminished doses, and next day found her so much better that I dismissed her as cured.

CASE. A boy, aged 13 years, had complained for four days of violent stitches in the forehead and eyes, from without inwards. The pain continued day and night, only diminishing for a few moments to return with increased severity. He became feverish, with bitter taste in the mouth, total loss of appetite, and constipation. *Six hours after taking a dose of Colocynth 30, the pain had disappeared; next day the patient quitted his bed*—ATTOMYSE: We regard the complaint as a hyperesthesia of the supra-orbital and opthalmic branches of the fifth pair.

This very interesting case of Dropsy is communicated merely as corroborative evidence of *apis* in dropsy. Though I prefer the higher potencies myself, even as high as 20^{m} to 60^{m} yet I do not object to the lower ones being used by those who prefer them. I do not clearly see why the medicines should be so often repeated as long as the patient is improving; and if this was the true homœopathic remedy for this case, there certainly could have been no necessity for giving other medicines.

Little Mary C's case of *Bronchitis* was also an interesting one, on account of the large number of highly important and well defined symptoms, and the promptness of the cure by *apis 3*, after the failure of such medicines as *aconite, bry, hep,* —— and others which Dr. B. thought to be indicated for this group of symptoms. It is to be regretted the Doctor has not told us how he gave these remedies, neither the potency, nor whether taken singly or alternately as was the practice a few years ago.

REFERRING to the imperial uskase forbidding the practice of homœopathy in Russia an Italian paper states: That is perfectly correct, as homœopathy only flourishes in the presence of progress, civilization and liberty.

Digitized by Google

ANATOMY AND SURGERY OF THE MAMMÆ.

BY S. B. PARSONS, M. D.

In all true mammalia, and in man, the mammæ stand only as accessory, but indispensable, parts of the genital system, and through them is established a natural relation between the organism of the mother and that of the child, by means of the milk which they secrete which continues through the early periods of life. In some birds and reptiles there exists a similar connection between the mother and offspring, which continues a longer or shorter period after the birth of the latter. But unlike the mammalia, there is no *special* organ which possesses the power of secreting a peculiar nutritious fluid; on the contrary, it resides in some portion of the intestinal canal, which undergoes a change analogous to that which occurs in the mammæ, but which, however, serves for both mother and offspring. Although regularly present in both male and female of the *genus homo*, they fulfill their function only in the female, in which they are more largely developed than in the male. Exceptional cases occur (and there are a number on record), where the mammæ of the male person were equal in size to those of the female, and possessing the power of secreting milk as rich in the varied elements composing it as that which flows in beautiful streams from the maternal bosom. They are situated on the anterior face of the chest, more conical-shaped before lactation than afterwards, with their apex looking directly forward, and resting upon a base rather elliptical than circular. Generally each gland extends from the third to the seventh rib, and covers most of the pectoralis major muscle; but not unfrequently its area is considerably more even to overlapping a good portion of the serratus magnus muscle. The edge of the mammæ is not smooth in every part, nor is its thickness uniform; for in those females who have borne children it presents inequalities, because of its enlarging irregularly outwards, so that irregular prolongations leave its edge. These prolongations are but the lacteal tubes expanded by the conditions of pregnancy and lactation. They differ in form, size and direction, are hard to the touch, separated from each other, thus leaving depressions between them, and rendering the surface uneven. The lower and inter-

Digitized by Google

nal part of these glands is much thicker than the upper, or upper and external part. A little below the centre of the mammæ, in its thickest portion, we perceive a more or less prominent eminence, the nipple, surrounded by a colored circle, the level of which is often below that of the integuments around it.

In the virgin, this colored circle presents a faintish hue, not unlike the blush of the tinted rose, increasing in depth of color when impregnation takes place by the deposit of pigmentary cells. The skin covering the circle is thinner and finer than that of the rest of the nipple or mammæ, gradually shading off at its circumference into the common integument which covers the gland, and at the base of the nipple becomes thicker, which increases along the sides of that organ, and on the free extremity again changing to a mere thin layer of epithelium covering the interspaces of the lacteal excretory ducts and erectile tissue. In the subcutaneous tissue of the areola are situated from five to fifteen glands, quite small, and not generally observed during the unimpregnated state, but prominent during the impregnated state, and constituting one of the earliest signs of pregnancy, arranged in a double row around the nipple like satellites in a constellation, which secrete a peculiar mucilaginous, viscid substance, for the lubrication and protection of the parts from the irritating action of the child's mouth—several anatomists have considered these tubercles or glands as simple sebaceous glands; but they cannot be such, for their secretion differs, as well as their form and construction; besides, there are also found in the areola the common sebaceous glands in no inconsiderable numbers.

Within the nipple and areola is an arrangement of tissue which approximates the erectile tissue very closely, and yet differs somewhat from it; there is not the trabeculæ dividing it into cellules or meshes, nor the opening of arterioles directly into venous canals as represented in the erectile tissue of the penis and clitoris. But I do not consider the two latter conditions as essensial to erectile tissue; for in a number of structures of the human body we find trabeculæ of every degree, and yet the organ is not at all erectile; and in the choroid coat of the eye the arterioles terminate directly in venous canals without the interposition of capillaries, and yet the tissue is not erectile.

Digitized by Google

The nipple is considered an erectile organ, and still it contains no fibrous trabeculæ, nor open-mouthed veins into which the smaller arteries pour their contents, though the glandular veins form a complete circle around the excretory ducts at the base of the nipple, and reaching the circumference of the gland, terminate in the internal mammary and axillary. As the superficial cervical fascia passes from the neck to the thorax, its two layers separate again after leaving the platysma myoides muscle, and embrace the mammary gland; one layer passing behind and the other in front of this organ, meeting at its lower border, thus forming a suspensory ligament, from each of which layers numerous prolongations pass inward, dividing the glandular cavity into a number of compartments, or as I shall call them, territories, each distinct from the others, and filled with lobules, lacteal tubes, and adipose tissue. The collective number of lobules in each territory composes the lacteal lobe of ancient and modern writers. Each lobule has an excretory duct which unites with all the others in its territory to form a common duct, under which condition it enters the base of the nipple and opens externally, separated throughout its entire course from its associates by partitions of connective tissue. No territory has two common ducts; so that to ascertain how many distinct territories there are in the mammal, we have only to count the openings on the summit of the nipple. At the inner end of the rootlets of each duct, the thin membranous coat which composes its lining membrane, expands into rounded vesicular pouches, similarly to the tubuli uriniferi in the cortical substance of the kidney, with this exception, that in the latter the uriniferous tube forms but one pouch, or malpighian body as it is called, whilst in the mammæ the smaller lacteal tube forms from six to fifteen, or even twenty of these dilatations, resembling in the aggregate a cluster of grapes, each vesicle having its own pedicle. The interstices which must necessarily exist between the lobes, lobuli, ducts and vesicles, from their irregular disposition and arrangement, are filled in with fat cells suspended in laminal of connective tissue; and to this fatty element is due the beauty, plumpness, rotundity of form, &c., so characteristic of the female breast. In old age, the adipose structure as well as the gland vesicles themselves,

Digitized by Google

become absorbed and obliterated, producing that condition of flatness and flacidity so well marked in persons of advanced years, whilst the excretory ducts undergo at the same time a process of fatty degeneration. Without an epithelium structure the gland vesicles and ducts would be of no avail in the function of secreting the life-giving element for sustaining the existence of the new-born infant, which here, as elsewhere, in the glandular system, are the real active agents in producing and forming the peculiar product of the gland in which they reside. In the excretory ducts of the mammæ it presents a spheroidal form with a disposition to take on the form of the tesselated or cylindrical varieties, and the same kind is continued in a modified condition into the secreting surfaces of each and every lobule. It is evident, from the fact that this variety of epithelium is found under different degrees of modification in the inmost secreting cavities of all glands; first, that it is the essential form in secreting the various glandular products; and second, that reasoning on the ground of its being found in numerous places in the body, it is not simply the cell itself in virtue of which the mammary gland yields milk instead of mucus or bile, but there must also be either a modification different from other modifications in other glands, or a peculiar arrangement or disposition of the cells in the walls of the gland vesicles, by which the mammæ can secrete only such ingredients as compose milk, the liver to make bile, and the mucous glands to form mucus. Neither is this peculiarity due to a particular mode of distribution of the capillaries and smaller arteries—I speak of the milk *en masse*, for in all cases the vascular plexus is outside the expanded membrane, never inside; yet when referring to the different constituents of the milk, and the places which secrete them, I am inclined to the opinion that there are two places engaged, the gland vesicles and extremities of the ducts, each possessing the power of abstracting certain materials from the passing current of blood plasma, different from the other, as illustrated in the tubuli contorti and malphigian bodies in the kidney. One may secrete the earthy matter, the other the water, animal matter, &c. As the excretory canal approaches the nipple, it gradually becomes invested with new coats, presenting the thin homogenous membrane continued from the

Digitized by Google

secreting cavities as the inner coat, a thin layer of smooth muscular fibres as a middle coat, and dense fibrous tissue which gives to and maintains the rounded circular form of the duct. The muscular fibres are continued into the areola at the circumference of the nipple, so that when they contract, the excretory ducts are pulled forward, and the nipple erected and stiffened by being advanced from its base. These are the structures that constitute the nipple an erectile organ. At the base of the nipple there is a circular band of muscular fibres surrounding the excretory canals, sphincter-like in function and form, which antagonise the muscular bands in the coats of the ducts, preventing the flow of milk as it is secreted, and until demanded by the wants of the babe. These latter are very obvious to the mind of the physician, especially at those times when the breast is largely distended with milk, even so much so as to be hard and painful, yet no milk exudes through the outlets, nor until the child's mouth is applied, when the muscles relax.

As a general thing, the blood vessels pass from their parent trunk to the glands in straight lines, contorting but slightly and enter their surface by several points, differing in this respect from the kidneys, liver and some other glands, which admit their blood vessels at a single point in a fissure or hilus. There is also noticed a peculiarity in the proportions in regard to the size between the arteries and veins in those glands which secrete and those which do not secrete, in, that the veins are considerably smaller than the arteries in those which do secrete than in those which do not secrete. We can readily perceive why this occurs. The mammary glands are subject to a variety of diseases, from the simple inflamed condition to the most malignant and destructive affection known in medicine. Malignant tumors, however, seem to claim a pre-emption right in the list of morbid growth which affect these organs, either appearing singly, or in association with others in other parts of the body. Generally the disease first makes its appearance here, involving the lymphatics in the neighborhood secondarily, and finally more distant regions. As many as thirty scirrhous tubercles or tumors have been found associated with scirrhous of the mammæ, not only in the pectoral, cervical and axillary glands, but also the mesenteric have taken up the morbid product

Digitized by Google

thrown off by the cancerous breast, and in turn yield new infectious matter which is communicated to parts in close proximity as additional poisonous elements, and giving rise to cancerous formations wherever lodging. Thus it is that the cancerous diathesis is produced which may require a longer time to thoroughly imbue the system; but as a general rule, the more juicy the mass the quicker is the system impregnated, and the drier the mass the longer the period required to bring the system thoroughly under its influence, and in fact may never infect only locally. Benign formations yield, relatively, dry, juiceless masses; this fact is demonstrable in the morbid growths which affect the mammæ, perhaps, more easily than in those of any other part of the body. Their origin is generally spontaneous, although it is often referred by the patient to a blow or some other external injury. No doubt but some are due to noxious elements introduced into the system with the food which get into the gland vesicles, or ducts, or common tissue, through the circulation, and irritate by their presence, to the extent of establishing an inflammatory action which seals up and compresses the surrounding tissue, thus forming the basis of an adenoid, or cystic, or lacteal, or fibrous enlargement.

How or where the cancerous element enters or arises, we are unable to say; but evidently its destructive power exists in the body requiring only certain conditions for its developement and manifestation; and those conditions may be brought about by a blow on the breast which gives rise to a benign tumor, so far as our knowledge can ascertain. But eventually and gradually the disease assumes a malignant type, and every indication now points to a scirrhous transformation.

CASES FROM PRACTICE.

BY R. A. PHELAN, M. D.

Miss P., 19 years of age, was sunstruck in the summer of 1864, from which time till the 17th of July, 1868, she had been insane. After repeated efforts of medical men had failed to restore her to health, she was sent to the State Lunatic Asylum in the spring of 1865, and kept under the treatment and discipline

Digitized by Google

thereof, during a full term, at the expiration of which she was returned to her father's home without any amendment whatever in her condition.

At the close of another year, seeing that she was getting worse, and becoming almost unmanageable, she was sent back to the Asylum and kept there during the course of a second term, and again returned to her father's house as incurable.

What the symptoms that characterized her case during all this time were, we did not learn, except in a general way, not essential to be mentioned here; but in her peculiar state she continued until the 17th of July, aforesaid, when she came under our treatment.

The conditions expressive of her derangement, and for which we prescribed, were the following, viz: Unsteadiness of purpose, with almost constant tendency to move some part of the body; indisposition to converse, especially with, but making determined answers to strangers; and an occasional exhibition of *silly* laughing during her agreeable intervals. When her wishes to go into the streets met with the opposition of her parents, she flew into a rage, and used all the force at her command to carry out her determination, (she would cut with a knife if it came in her way;) and when she got out she walked hastily on her way, singing and dancing, and laughing, and waving her hands. These circumstances were observed to be much aggravated in the afternoon and evenings, and especially at the approach of and during the first day of the menstrual period; particularly the eyes when in anger, the pupils of which seemed to be more than ordinarily dilated most of the time—the menses being premature, dark, clotted and rather scanty.

These indications taken in conjunction with the very characteristic original cause whereby they were generated, and as a consequence of which they continued to exist, marked definitely enough the course to be pursued in their eradication.

What was that cause? The alternation of remedies? Here was a good case for that practice. The exhibition of Bellad. and Hyos., if you please. But we cannot *alternate*, because that style of practice is not Homœopathy; not even if such a practice were allowable should we resort to it, for the reason that we should be afraid lest the modifying influence possessed by one

Digitized by Google

remedy over the action of the other, might compromise the chances of success so as to prevent us from restoring to home and to society a once beautiful and accomplished young lady. What was then left us to do in so important, and to her friends, so hopeless a case? Nothing, but as a true Hahnemannian, to carefully individualize in selecting the proper remedy, and having found it, to administer it in the smallest quantity capable of curing the case. Now which of the two named remedies covers the case the most perfectly? Both have laughing, singing, furious actions, rage, attempts to strike, and aggravation of spmptoms in the afternoon and evening, and before and during menstruation—in common, individualize farther. With Bellad., however, and not with Hyos., do we find the dislike to conversation, the constant disposition to move some *part* of the body, especially the hands; the condition of the eyes; the majority of the symptoms connected with the menstrual appearance, and to the cause of the disease; it stands in the very highest order as a remedial agent. Bellad. was therefore the remedy, and accordingly, we, on the 17th of July, 1868, gave the patient one dose thereof, in the 4000 potency, (Lentz's preparation,) with the usual allowance of Sac. Lac., for one week, and departed.

On the afternoon of July the 19th, the lady's father informed me that she had been unusually excited the previous evening, and during that day, and thought the medicine might be too strong. This was an aggravation. July 24th, found the patient unusually quiet—had been so for three or four days—was more communicative, and general appearance favorable. Sac. Lac. furnished for one week—July 27th, her father called to see me, and informed me that she was "getting along finely"—was making herself generally useful about the house without being asked, and evinced no desire to leave home on any account. July 31st, patient wonderfully improved, almost natural in her conduct—no excitement or restlessness, conversed with apparent ease; parents delighted, but feared a return of her difficulties at approach of menstruation—a natural fear which was shared in even by ourself. Sac. Lac. for one week.

August 7th, still gaining in every respect, very quiet and orderly—patient sewing when we reached the house. Placebo for another week. August 14th, menstruation present one day

Digitized by Google

too soon; and much to the satisfaction of all, accompanied by no aggravating circumstances, excepting that she appeared more reserved in her manner. Placebo continued.

July 22nd, was informed that menstruation passed off almost naturally—was much more profuse, and not dark and clotted as formerly; patient gained much in strength, and certainly in appearance. Sac. Lac. for one week. At the end of two weeks more, viz: on the 5th of Sept., it was almost impossible to notice the difference in her actions from those of other people; she was then attending church and visiting her friends as naturally as she ever did in her life, and nothing of her old difficulties remained to be discovered, except in the impression amongst her friends and acquaintances that she once was insane. Her father remarked that he would be delighted if he thought the great change would continue when she dropped off taking medicine. The remark was made in that spirit which betokens an over anxious ingratitude (if we might so express it); Homœopathy must cure at once what his favorite system (Allopathy), had failed to do in four years. How much of this we see! We informed the gentleman that the cure was complete; and on that day, being six months from the time we began the treatment, surrendered the young lady to her father and mother in a perfect state of health.

I saw the lady as late as the 11th of October, when she continued perfectly well, and wonderfully improved in general appearance; and as late as the 14th of November, her father told us "he could not see the end of her improvement." We have no disposition to become popular by giving such cases to the public, but in important ones of this sort, when a system of medicine 2000 years old has so utterly failed to effect a cure, we regard it as due to the eminent men who conduct the old Homœopathic College, at Philadelphia, to whom we are so much indebted—that the principles of pure Homœopathy which they so learnedly impart, find an echo even at this distance from their centre. The case is also a refutation of the materialistic tendency of the day, in proving conclusively that the infirmities to which our poor nature is subject, can be safely and surely removed, even the most deep-seated of them, by infinitesimal doses of medicine. They cannot be cured in any other

Digitized by Google

way; and if they could, gentlemen ought to spare poor human nature by guarding her against the evil consequences that must necessarily follow the administration of *crude* medicines. Reflect on this case which was cured by one single dose in the 4000 potency. Follow Hahnemann and you can all do as well.

HOMŒOPATHY IN RUSSIA.

The following correspondence, clipped from the *St. Louis Dispatch*, will be read with interest:

EDS. DISPATCH: Not long since the *London Lancet* (an allopathic English journal of medicine), announced to the world the fact, that the Czar of Russia had, by an imperial "ukase," prohibited the practice of homœopathy in his dominions. This statement has been copied far and wide, not only by all the principal American journals of medicine (allopathic), but also by most of the secular newspapers in this country. At the time when this statement was first made by the Lancet, we expressed our belief that it was false; having been personally conversant with the fact that Dr. Mandt, the attending physician of the late Czar Nicholas, was a homœopathic physician; and that the Empress-widow of Nicholas (who was sister of the late King of Prussia), was also attended professionally by a homœopathic physician. We, consequently, could not for a moment believe that the present Emperor of Russia would, in the interest of any party, lend himself to such a backward and tyrannical stoke of policy, as to banish to Siberia any physician who should practice homœopathy. In a recent number of the English edition of the *London Lancet*, we find a contradiction of their former statement as follows:

"The devotees of Homœopathy in this country have enjoyed all the pleasures and advantages of having it circulated that their brethren in Russia were being punished for their principles by the Emperor of all the Russias. In our simplicity we merely copied a statement to this effect from another paper, but upon our poor selves has come, with more ingenuity than ingenuousness, the full weight of the howl of contradiction, which has been evoked by the circulation of the paragraph. It is not true that the Emperor has determined to find, or send to Siberia, the globulist. We are delighted to hear it." [This last statement we very much doubt.] * * * * * *

In the New York Medical Gazette (Allopathic) we find the following:

On the authority of the *Lancet* we announced some time ago

Digitized by Google

that the Emperor of Russia has forbidden the practice of Homœopathy in his dominion. Since then we have received a formal contraction of the rumor by the Russian Minister to this country, and also a number of the *Lancet* containing a retraction, which we reproduce as being applicable in our own case, and expressing sentiments which we fully adopt and endorse. * * * In further confirmation of the facts in the case, we call attention to the following letter from Dr. Verdi, of Washington, copied from the Washington Chronicle:

We may add that Dr. Verdi is a homœopathic physician, and the family attendant of the Secretary of State, Hon. Wm. H. Seward, and also of Montgomery Blair, Esq.; his statement may therefore be relied upon.

HOMŒOPATHY IN RUSSIA.

To the Editor of the Chronicle:

It has generally been reported by the press in the United States that the Emperor of Russia, by a "ukase," forbade the practice of homœopathy in his dominions, I have the authority of the Russia Legation in Washington to state that there is not a word of truth in the report.

T. S. VERDI, M. D.

Washington, Oct. 30, 1868.

REMARKABLY PROLIFIC—FOUR CHILDREN AT A BIRTH.—Thomas Williams, a huckster in Sturgeon market, and his wife, have been married several years, and during that time they have been blessed with but *one* issue for twelve months. Whether they were dissatisfied with this slow method of acquiring a family we are not prepared to say, but we are prepared to substantiate the fact that on Tuesday last, Mrs. Williams gave birth to *four living children*, three girls and one boy. The latter and one of the female innocents have since died, while the remaining two are doing well. Williams and his wife are both honest and hardworking people, of English birth, and up to the day of her confinement Mrs. W. was enabled to attend to her household duties. It is a great pity that two of this extraordinary quartette were taken to heaven, as the four would have been a greater curiosity than Barnum ever brought before the public. The parties live on Bryan avenue.—[*City Paper.*]

Digitized by Google

THE MONTHLY

Homœopathic Independent,

PUBLISHED AT TWO DOLLARS A YEAR, IN ADVANCE.

Nos. 6 & 7. St. Louis, Dec. '68 and Jan. '69. Vol. I.

☞ Communications intended for publication, should be addressed to A. P. Skeels, M. D., 1007 Olive street, St. Louis, or to either of the assistant Editors. Communications on business, to John Conzelman, M. D., No. 1417 Carr street, St. Louis.

SALUTATORY.

The question will be asked by every reader, why a new salutatory in six months?

In reply, we answer that as this is a day of progress and improvement, the Homœopathic Medical Society deemed a change in the organization advisable, for the accomplishment of both progress and improvement.

These changes have been made in order that the journal may be shielded against any just complaint; that its issue may be regular; that its monthly visits, to every subscriber, may be hailed with a hearty welcome; that its contents may be read with a recognition of value received, in precious practical truth.

The Society and the Editor ask of our professional brethren, contributions, with the assurance that no well written article, based upon the fundamental principles and rules of application which underlie the science of Homœopathy, will be excluded from its pages.

In assuming the Editorship of this journal, we feel most keenly our responsibility, and but for the full faith we have in the ability of our aids to hold up our hands during the great battle for truth, we should not dare the encounter.

A. P. Skeels, M. D.

Digitized by Google

Original Articles.

ON HYGIENE.

A paper read at the Commencement Exercises of the Homœopathic Medical College of Missouri.

BY C. W. SPALDING, D. D. S.

(Continued from page 103.)

A few words about clothing: The evils of dress are well known, and generally acknowledged even by the wearers themselves; yet so potent is fashion that it were almost vain to attempt any change that is not sanctioned by her decree.

The most healthy nations are those that wear loose flowing breeches, tunics, robes, &c., and who never put on a close fitting garment of any description. Tight clothing, of every kind, interferes more or less with the normal functions of the skin, and often with the circulation of the blood, and is therefore injurious. The knit undergarments now so commonly worn, are objectionable by reason of their elastic closeness, which excludes the proper circulation of air and prevents the free escape of the insensible perspiration. Tight stockings, tight boots or shoes, tight hats, tight gloves—all have an effect upon the general system beyond the mere local inconvenience which they occasion, and which of itself should be a sufficient reason for their avoidance.

Children require much less clothing than adults, and suffer correspondingly when over-clad. Solicitous mothers are almost always overkind to their little ones in this respect.

We often see the children of the poor so scantily clad as to awaken pity; yet their fresh, robust appearance excites our wonder at the excellence of their health. Their poverty in this particular has proved a physical blessing in disguise. As a rule, we all wear too much clothing; and our sensibility to

Digitized by Google

cold has been produced by being over-clothed for a series of years. It is not so much the lack of clothing, as it is the change from more to less, as when ladies dress for particular occasions, or the equally reprehensible practice of clothing one part of the body very warmly and leaving another which requires similar protection wholly exposed, as in the case of children, that produces colds and the formidable array of diseases which succeed them.

Dr. Channing, in speaking of the poor, says: "That some of the indigent among us die of scanty food, is undoubtedly true; but vastly more die from eating too much than from eating too little; vastly more from excess than from starvation. So as to clothing, many shiver from want of defence against the cold; but there is vastly more suffering among the rich from absurd and criminal modes of dress which fashion has sanctioned, than among the poor from deficiencies of raiment. Our daughters are oftener brought to the grave by their rich attire, than our beggars by their nakedness."

Bathing, or the judicious employment of water at different temperatures, is a valuable auxiliary to health; and yet perhaps no method of preserving or of restoring the health has been the subject of such inconsiderate excess. Its uses are great I admit. It is a *power* in the healing art, and just for this very reason should be employed with circumspection, and in case of illness, under professional advice. Too much water may be as hurtful as too much food, or too much clothing, and only so much as experience has shown to be beneficial should be used. The air bath is also highly efficacious; but it should always be accompanied by vigorous hand rubbing of the whole surface. The bending and stretching of the body in the effort to reach every part of its surface combines exercise with friction; these joined to the exhileration caused by the action of cool air upon the skin, renders the air bath delightfully refreshing.

Exercise: here you must indulge me for a short time, even

Digitized by Google

at the risk of becoming prolix, for I regard this next to suitable food as the most useful and therefore the most important means that can possibly be called into use for preserving the health, even when other hygienic laws are habitually violated. Walking, running, riding especially on horse-back, dancing, the athletic practices of the gymnasium, and the exercises attendant upon active labor are all conducive to health and longevity; yet they by no means cover the whole ground. Exercise has become a cultivated science, an intelligent and beautifully effective system of gymnastics, and under the name of "movements," a hygienic art. Hygienic movements should be directed by one who has an intelligent knowledge of the structure and functions of the different organs comprising the human body, otherwise there will be no certainty that the movements chosen will accomplish the particular object for which they are intended. Certain movements act through the muscles directly or indirectly upon particular organs of the body; and when they are practiced with a view of affecting any particular organ, or class of organs, the class of movements should be chosen which are best suited to effect this purpose.

This subject was first reduced to a science and brought into public notice as an intelligent system of hygiene, by Peter Henry Ling, a Swede, about the year 1813. I quote a few passages illustrative of the ideas upon which his system is founded.

"Every exercise of which the direction and duration are determined, is a movement.

"Each movement is an idea expressed by the body.

"Mechanical, as well as chemical and galvanic agencies, may be therapeutically employed.

"A movement is worth nothing if it is not *correct*, that is if it is not in conformity with the laws of the organism.

"The body, whose different parts are not in harmony, is not in harmonious accord with the mind.

"The aim of movements as a science, is the proper development of the human organism.

Digitized by Google

"Correct movements are such as are founded on the character and temperament of the individual to be developed thereby.

"The possible development of the human body must be limited by the faculties, mental and bodily, belonging to the individual.

"A faculty may be blunted by want of exercise, but can never be utterly annihilated.

"An incorrect and misapplied movement may prevent the development of such a faculty. Consequently an incorrect movement tends rather to the disadvantage than to the gain of the harmonious development of the body.

"The over-development of one part may be diminished, and the weakness of other parts remedied by equally distributed movements.

"It is not the greater or lesser power of any part that determines the strength or weakness of an individual, so much as the proportion and harmony of the several parts. * * *

"The vital phenomena may be arranged in three principal or fundamental orders: 1st, *Dynamical phenomena*—manifestations of the mind, moral and intellectual powers. 2nd, *Chemical phenomena*—assimilation, sanguification, secretion, nutrition, &c. 3rd, *Mechanical phenomena*, voluntary and organic—respiration, mastication, deglutition, circulation, &c.

"The union and harmony of these three orders of phenomena characterize a perfect organization, and every vital act is accomplished under their combined influence. If any serious derangement occurs in any of the phenomena, the result is always a disturbance of the vital functions, which we call disease.

"The state of the health depends accordingly on the degree of equilibrium and harmony existing between the functions of those tissues or organs in which these three orders of phenomena occur.

"When this harmony is deranged, in order to re-establish it

Digitized by Google

we should endeavor to increase the vital activity of those organs whose functions have a relation to that order of phenomena whose manifestation is decreased or weakened."

Movements are mechanical agencies applied to certain parts of the system for the production of certain definite results; and in accordance with the above views, the intelligent physician should not only be able to prescribe the proper medicine, and regulate the food suitable for the sick, but he should also direct the exercise taken by the invalid, instruct him in the movements best calculated to restore the lost equilibrium and harmony; and point out the suitable positions of the body during rest. All these are necessary to constitute a rational treatment of disease.

There are many other agencies which seriously affect the health, such as our habits of life in infancy, youth, manhood, &c.; but this branch of the subject is too broad and comprehensive to be introduced into this paper, and is therefore omitted. Indeed each of the topics upon which I have already spoken is sufficiently extensive to form the subject of a separate essay. Yet I have crowded them together, noticing each briefly, that I might group them before you, and thus more fully impress your minds with their value and importance, in the hope that you may be induced, each for himself, to undertake their study in detail.

(To be Continued.)

THE HONORARIUM OF THE ESTABLISHED PHYSICIAN.—A Dublin physician of eminence (says the Medical Press and Circular), not many years ago, demanded and got his honorarium of two guineas per visit, no matter how often he went to see the patient. On its being objected to him, that the number of visits made his fee come high, he replied:—"you do not really require my services; there are many younger men who will serve you as well for less, and if you wish for me you must have me on my own terms; if I should visit at a low rate, what would become of my professional juniors?"

Digitized by Google

Department of Surgery.

SURGICAL CLINIC

At the Dispensary Hospital; St. Louis Homœopathic College, Dec. 1868.

BY PROF. E. C. FRANKLIN.

(Reported by J. M. Kershaw.)

CASE I. *Talipes Varus et Equinus.*—The first case presented to-day for surgical treatment is a congenital disease, and not developed after birth as club-foot sometimes is by the various disorders to which infant life is subject. I have witnessed defects of this kind in children who were suffering from the presence of corns upon the feet, and to the pain of which they yielded by walking upon the outside of the foot; and by this habit being constantly kept up, an irregular action of the muscles of the leg was produced, terminating in distortion of the bones with confirmed talipes. *Etiology*—The causes of this deformity have never been satisfactorily explained, some pathologists favoring the hypothesis of arrested development, while others have contended that the defect was due to causes operating upon the child during its intra uterine life, producing shortening and contraction of the muscles, and not to an arrest of development. I am inclined to the opinion advanced by some modern writers, that club-foot is produced by a want of, or rather a defect in the nervous power and proper nutrition of the muscles of the leg. An illustration of this defect is observed in the deformity known as strabismus, in which there is a want of parallelism in the muscles of the eye, produced it may be by convulsions or other exciting causes, only relieved by an operation. When this defect exists congenitally, both feet are more frequently affected than a single one, and the right more often than the left.

Digitized by Google

In the case of talipes upon which I operated a few weeks ago in this Dispensary, you will recollect that the boy's parents said the defect was caused by exposure to the rain, and subsequently sickness. In that of the patient, and probably from the same cause, there was a partial paralysis in the sound foot, and which has continued to this day, so that the boy walks a great deal better upon the foot operated upon than the other. This paralysis I believe to be curable however, as the patient is gradually improving under treatment.

Hereditary transmission as a cause of this disease, is argued by some writers; and instances are known where three, four and five children in one family, have become affected in this way through the infirmity of the father who was similarly affected.

There are four varieties of this deformity—*talipes varus, valgus, equinus and calcaneus*. Of all the varieties, the *equinus* is the most simple and common, and consists of the raising of the heel so that the patient walks upon his toes. The *calcaneus* is the antithesis to this variety in which the toes are raised, the patient walking upon his heel. The *varus* is where the heel is partially elevated; the inner edge of the foot is turned upwards and inwards, and the patient walks upon the *outer* edge of the foot. The *valgus*, the antithesis to the latter, in which the outer edge of the foot is raised upwards and inwards, the patient walking upon the *inner* edge of the foot. Besides these, there are three compound varieties, partaking of the nature of two of the forms described, as for instance, *equino-varus*, *equino-valgus* and *calcaneo-valgus*. The treatment of all these deformities consists in dividing the tendons of the muscles, drawing and holding the foot in the abnormal position. In infants, an operation is scarcely necessary, the defect being overcome by mechanical means, while in older persons a division of the implicated tendons, sometimes of the plantar fascia, is demanded, before the mechanical apparatus is fitted to the foot.

Digitized by Google

In the present case, I shall only divide the tendon of the tibialis anticus subcutaneously, which is done as you may see by putting the tendon on the stretch and inserting a tenotome flatwise with the skin above the tendon, and dividing it as it is withdrawn. After the operation, it is better to put over the puncture a piece of adhesive plaster, and cover over the foot and leg with a roller before adapting it to the artificial shoe. The shoe employed on this occasion is one made by Leslie, the surgical instrument maker of this city, and the success attending the operation will be shown you on Saturday next.

CASE II. *Fracture of the Clavicle.*—This woman, gentlemen, comes here with fracture of the sternal third of the clavicle, an accident of extremely frequent occurrence, and which in this instance, was caused by a fall upon the left shoulder. Generally speaking, fracture of this bone takes place at the middle third, less frequently at the sternal third, and comparatively rare at the acromial third, when it is the result of direct violence. Extending the hands, when falling, is among the most frequent causes of fracture of this bone. The clavicle may be fractured either directly across, or obliquely, as is shown in the case before you. The diagnosis of this accident is exceedingly simple, and the treatment proportionately plain. When the bone is broken between the coraco-acromial ligaments, the displacement is very slight—there is pain, however, felt on pressure, crepitus on raising the shoulder, and slight irregularity on running the finger along the edge of the bone. Where fracture is external to these ligaments and occupying the acromial third of the bone, the displacement is more marked—the acromial extremity of the clavicle presses forwards, inwards, and downwards, passing the sternal end at almost right angles, the arm being drawn forwards, inwards and downwards, corresponding with the inclination of the bone fracture. In the middle and sternal thirds, fracture also produces much deformity, owing to the displacement of the outer fragment in a direction inwards and downwards, the weight of the arm and the deltoid drag-

Digitized by Google

ging the fragment down, and the pectoralis minor and subclavius forwards and inwards, while the inner fragment is slightly raised upwards by the action of the sterno-mastoid. In children, fracture of this bone is by no means uncommon; and if the practitioner is not very careful, is apt to be overlooked. The child cries, and is in pain, and whenever the arm is moved it will show evidence of increased suffering.

Diagnosis—You will see, gentlemen, by looking at the patient, the character of the injury; you will observe that the shoulder is flattened and approximates the sternum—the patient is unable to life the affected arm, and supports it at the elbow; the shoulder is drawn downwards, forwards and inwards; the distance from the sternum to the acromion is less than on the sound side, and the sternal fragment of the clavicle is slightly raised, and by the dropping of the arm makes it appear as if displaced.

Treatment—When fracture takes place at the acromial end of the bone, a figure of 8 roller round the shoulders and sustaining the arm in a sling, is all that is necessary to effect union; but when the fracture takes place at the sternal or middle thirds, there are three principal indications to be observed in the treatment; these are, to antagonize the downward, forward and inward position, and carry the arm outward, upwards and backwards. In the first place, I will carry it outwards by a pad placed in the axilla; backwards by the figure of eight roller passed alternately over each shoulder and crossing the back and bringing it downwards to confine the arm to the side by two or three turns; and lastly, to put the forearm in a sling which carries it upwards; thus are fulfilled the three principal indications—outwards, backwards and upwards. This is the simplest contrivance for the treatment of this fracture, although Fox's apparatus and Levis's appliance are ingenious and beautiful contrivances for treating these injuries.

CASE III. *Traumatic disorganization of the Eye Extirpa-*

Digitized by Google

tion, at the Good Samaritan Hospital, of this city.— For the privilege of witnessing the operation upon this case, gentlemen, you are indebted to the kindness of Professor Hartmann, who has generously yielded me the opportunity of performing the operation of extirpation of the eye; and I trust this noble example of professional generosity towards one who holds the chair of surgery in the institution connected with this hospital, may be the precursor of many examples of like character for your profit and advancement in the field of operative surgery.

The case before you is an illustration of complete disorganization, not only of the eye, but of the structures connected with it; and so far as we can learn the history of the case, was produced by a blow from a stick while engaged in chopping wood. The patient has lived in this country but a short time—cannot speak a word of English, and since his entrance into hospital, has not been in a fit frame of mind to communicate anything touching the accident and its results. The disease has extended so as to involve all the tissues of the orbit; the eyelids are thickened, immensely enlarged and ulcerated at their edges; the eye proper is entirely disorganized, the humors having escaped from their chambers by the ulcerative process, and all is enveloped in one immense mass of disease. Without a history of the case, it would appear more like a medullary or fuingous growth of the structures of the orbit, than like a benign disease. The parts have become so swollen and enlarged as to press against the posterior wall of the orbit, and in this manner to interfere with the functions of the brain, producing continual delirium almost amounting to dementia. The vision of the other eye has become sympathetically affected, and can only be cured by the removal of the diseased mass producing it.

Operation—In consequence of the extent and size of the diseased mass, it will be necessary to make an incision through the outer commisure of the lids as far as the edge of the orbit,

Digitized by Google

then perforation of the globe with a firm needle armed with a strong ligature, and tying a loop so as to give me full control of the tumor, I shall proceed to detach the mass by rapidly dissecting the lids from the ball by cutting through the reflections of the conjunctiva; then dividing the attachments of the oblique muscles and putting the parts upon the stretch without drawing too strongly upon the ligature, lest injury be done to the origin of the optic nerve, divide the recti muscles and carry the knife to the bottom of the orbit on the external side and free the attachments to the ball and remove the disorganized mass. In the present case, the hemorrhage will be considerable in consequence of the dilatation of the opthalmic artery and its branches, made so by the rapid and extensive growth of the tumor. Then cold dressings of staphysagria or erigeron, may be applied by saturating charpie with the remedy and press it to the bottom of the orbit, and all to be covered with strips of adhesive plaster and the crossed bandage of one eye.

Clinical Cases.

We feel confident that to the true Homœopath, any thing which emenates from our great Father, will be welcomed, altho' Time, in its ceaseless revolutions, has rolled away more than fifty years since the event occurred.

At the period, 1815, Hahnemann was engaged in cutting down the massive dose until he had reduced it to one drop—a solitary drop, not to be repeated—and the purpose he had in view was continued, until years after he was convinced that the dose could not be too small.

But our object is to draw attention to the manner he adopted in taking down his cases and prescribing for them.

The routine physician—the prescriber of 2, 3, 4, and even 5

Digitized by Google

remedies, will find no sanction, no countenance from the great founder of our beautiful system.

We earnestly advise every young physician to imitate Hahnemann, to individualize every case, and prescribe only that remedy which has a corresponding individuality.

J. T. T.

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

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

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

3. She cannot sleep after three o'clock in the morning.

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

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

6. After every meal she has several empty risings.

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

No other abnormal symptoms.

As regards symptom No. 1, BELLADONA, CHINA and RHUS TOXIC. produce stitches in the pit of the stomach, but *none of them only during motion*, as in this instance. PULSAT. (s. symptom 345) causes indeed stitches in the pit of the stomach during a mis-step, but such stitches are a rare alternate effect of PULSAT. Moreover, PULS. has neither the same gastric symptoms as are here indicated in the relation of No. 4 to

Digitized by Google

Nos. 5 and 6, nor is it analogous to the temperament of the patient.

BRYONIA is the only remedy which produces pain from motion, and especially stitching pain, and likewise stitches (in the pit of the stomach) under the sternum, when raising the arm (95); during a mis-step it likewise causes stitches in other parts. (341,400.)

The negative symptom No. 2 is especially corresponding to BRYONIA (430); but a few medicines (except perhaps NUX V. and an alternate symptom of RHUS TOX., neither of which remedies corresponds to the rest of our symptoms) have no pain in a state of rest; this absence of pain corresponds, however, especially to BRYON. (430 and many other symptoms.)

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

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

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

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

No. 7. One of the principle symptoms in diseases is the temper of the patient (s. Org. § 230, 231), also in this respect BRYONIA corresponds perfectly in the present case. From all these reasons BRYONIA deserves a preference over every other remedy in this case.

As the woman was very robust, and as the forces of disease had affected her organism so painfully that she was not able to

Digitized by Google

continue her work, and as moreover her vital powers were unimpaired, I gave her a full drop of the tincture of BRYONIA, with full direction to see me again in forty-eight hours. I told my friend E., who was present, that the woman's health ought to be restored after this period, which he doubted, not being yet fully converted to the new doctrine. In two days he returned to know the result, but the woman did not come. My friend, being impatient and determined to know what effect the medicine had produced, travelled to the village where the woman resided, to inform himself. He found the woman, and inquired of her why she had not returned? But she replied, 'What should I do at the doctor's? Next day I was quite well and able to go about my washing, and ever since I have been as well as I am now. A thousand thanks to the doctor, but folks like me have no time to spare of their work; I had not earned a cent for three weeks past.'"

CASE FROM PRACTICE.

In May, 1868, on the 5th day of the month, I was consulted in the following case:

J. E. Musick, a young man about 30 years old, who resides 12 miles from our city, on a farm which he cultivates, and where he has spent most of his life, gave the following history of himself:—

"I have been a sufferer from ague and fever for several years—have taken very strong medicine, and in such big doses, that I am very nearly used up. Can't do any work now, I am so weak; have tolerable appetite, but am fast sinking away. I have a chill every other day; feel miserable; ill-natured; find fault with everything, and feel like scolding everybody; when I get up in the morning my head swims, and I have a blindness over my eyes; have a headache which grows worse

Digitized by Google

by any exercise and any mental emotion, and is worse after I eat. My appetite is good, but my food has little or no taste; have a pain in the small of the back as if I was bruised; my bowels are rather constipated; my arms and legs get numb as if they were asleep. My chilliness is not relieved by all the cover I can pile on me, and is increased by drinking water. The chill comes on late in the afternoon, when my nails are blue. The chill is followed by sleep, then I get hot and have headache and nausea."

This young man was of good family, and of considerable mental cultivation. His prejudices against Homœopathy had been very strong, not more so, however, than his confidence in Allopathy. He came now, he said, not that he had any confidence in Homœopathy, but as a resort, having lost all his faith in the efficacy of the Old School to cure ague. His appearance was pale, skin yellowish, and he complained of great weakness. I prescribed *nux vom.*, the 200—one dose, and four doses of sugar of milk, one dose to be taken a day; and at the end of that time I requested him to report.

June 17th, he called and stated that he had no more chill after the first dose, and felt so much better that he did not think it necessary to call until now—said he had come for some more medicine, as he felt badly, as if he was about to have another chill; that his chills had often been stopped before, but always returned. His symptoms indicating *nux*, I gave one dose of the 50m and six blanks.

August 3rd, he called again saying he wished some more medicine for fear the chills might again attack him—said he had been hard at work ever since he last saw me, and did not want to be sick again. I gave him a package of powders of *sac. lac.*

November 1st, he was again in the city, but not for medicine—said he was in fine health and "all right," but remarked that "those little powders" were "wonderful against the chills."

J. T. T.

Digitized by Google

APTHÆ AND THRUSH.

BY N. D. TIRRELL, M. D.

(From my note book.)

The two following cases are examples of the importance of obtaining the true *similium*, if we desire to make prompt cures; one of them is a good "key-note" example. The children referred to were both in my office at the same time, each brought there in arms by its mother; the mothers being sisters. The infants were nearly of the same age; each nursing; each afflicted with apparently the same disease—sore mouth. These if prescribed for carelessly and with but little reference to the characteristic symptoms of each, or for simply sore mouth, would, it is probable, in nine cases out of ten, have been met by the same remedy. Yet these cases were very unlike, as may be seen by comparing the symptoms of each arranged in columns:

Oct. 2, 1868. Case A.	Case B.
Infant 10 months old.	Infant about the same age.
The child won't nurse; it takes hold of the nipple, and tries to nurse, but immediately *lets it go again.*	The child nurses without any difficulty: nurses itself to sleep.
Apthæ, and probably thrush in the mouth (this information obtained from the mother, the child not permitting me to look into its mouth).	Apthæous patches, (from the mother,) which bleed easily.
White patches.	White spots change into sores with bluish red bottom.
	Gums spongy.
	Much flow of saliva.
	Bad smell from the mouth.
Much startled at every downward motion.	

Digitized by Google

As soon as I obtained the symptom in case A: *Much startled at every downward motion*—laying it down on a bed, or descending the stairs,—which is a "key-note" of Borax veneta, as is also in a minor degree "*lets go the nipple*," I asked of its mother no further questions, but gave Borax, 1 m. Finke, one dose with Sac. lac. powders. In case B., though there is no "key-note" amongst the symptoms, yet the group clearly indicates the remedy Staphysagria; there is amongst these symptoms one almost a "key-note:" *spots change into sores, with a bluish red bottom.* This child received Staph. 16 c, Finke, one dose, with powders of Sac. lac.

OCT. 22. Learned from the grandmother of both children, that they were soon relieved, and in a few days entirely cured.

DIARRHŒA.

Oct. 1st. Infant about ten months old; teething; not nursed by its mother, but fed; at dusk, brought to my house afflicted with diarrhœa which had continued several months. The stools were very frequent; watery; smelling like rotten eggs; very uneasy day and night; great degree of prostration; fretful; *quiet only when carried about.* The last symptom being the "key-note" of Chamomilla, that remedy was given, 2 c. of Lehrmann, one dose. I was requested by the nurse to attend the child until cured.

Oct. 2nd, 10 o'clock, A. M. Child no better; no new symptoms; all old ones intensified. Sac. lac.

Oct. 2nd, 5 o'clock, P. M. No better; same as in the morning. Sac. lac.

Oct. 3rd, 10 o'clock, A. M. Very much better; slept all night, natural sleep; but one stool, containing a small quantity of blood. Sac. lac.

Oct. 3rd, 5 o'clock, P. M. No stool but the one above mentioned during the day.

Digitized by Google

Oct. 4th, 10 o'clock, A. M. Slept all night; natural stool; all the original symptoms removed. Case discharged.

The question may be asked, why, as the child was worse October 2nd, the remedy was not changed? The answer is, that it was a chronic case, and relief could not be reasonably expected in twenty-four hours after the administration of the remedy; also, there were no new symptoms, showing progress of the disease; the intensifying of the original symptoms might have been the result of too large a dose of the remedy. The child was in no immediate danger of death; the remedy had to contend with the drugs that had been allopathically administered before I saw the case; and more than all, I felt entire assurance that the right remedy had been selected.

Oct. 14th. Infant seven months old. Ten or twelve stools per day (24 hours), equally distributed through the day and night. A stool always after nursing; of a light or yellowish green, watery, slimy, containing undigested food, accompanied by a fetid flatulence; stools smelling sour; tongue clean; good appetite; no pain preceding or during or after a stool; food rises in the throat and appears, from the expression of the face, to be sour. The child not fretful; does'nt rest well at night. Stools passes out at a single gush; passes a good deal of wind; redness about the anus. Carbo vegetabilis has this group of symptoms, together with and rising almost to the dignity of a "key-note"—*fermentation in the abdomen, and diarrhoea accompanied by a discharge of putrid flatulence.*

As carbo veg. covered the symptoms better than any other remedy, I gave carbo veg., one dose, 2 c. Lehrmann.

Oct. 15th. Improved; but five stools in twenty-four hours.

Oct. 16th. Improved; but two stools since I left yesterday morning, one of which was immediately after leaving, and that is but one stool in twenty-four hours—this was entirely natural; rested well all night; all the original symptoms removed. Case discharged.

Digitized by Google

Miscellany.

We are indebted to Mr. H. C. G. Luyties for a copy of a new work just published by him, entitled "Classification of a few of the 'New Remedies,' according to the parts of the body acted upon, after the Plan of Bonninghausen. By Temple S. Hoyne, A. M., M. D."

We have carefully examined this publication of 120 pages.

To the lovers of the new remedies, the author has conferred a great favor by giving an arrangement so excellent and complete.

The work shows an amount of labor and systematic perseverance, worthy of the highest commendation. This little book gives us an earnest of the fruits which may be expected by the profession from a mind so indefatigable in labor, and persistent in effort for the advancement of homœopathic truth, and the welfare of humanity.

The arrangement of Bonninghausen is unquestionably the best ever given to the profession. In selecting that as his guide for arranging the new remedies, the author has furnished, to us at least, an evidence of his good judgment and a just appreciation of the great and grand books of the *great man*. Without his works we cannot see how homœopathy can be practiced at the present time in strict conformity to the therapeutic law. We recommend a careful reading of this work by every physician in our ranks. We sincerely hope that the author will continue to favor the profession with his practical labors. T.

TRACHEOTOMY IN CROUP.

Dr. Jacobi, of New York, reports the results of 203 cases of tracheotomy in croup occurring in the practice of himself and three other physicians. Of this number, 50, or nearly 25 per cent., recovered.

Digitized by Google

PROF. FRANKLIN'S SECOND VOLUME ON THE SCIENCE AND ART OF SURGERY.

It is with pride and pleasure that we can announce the completion of this truly excellent work. The author, however, has deferred its publication until he can collect together the unpublished and valuable surgical material in the hands of the profession; and may we not indulge the hope that the aid solicited will be forthcoming before the work is put to press. The profession owe a debt of gratitude to Prof. Franklin for his energy, ability and zeal in rescuing Homœopathic Surgery from its previous low estate, and placing it in the position of honorable and enviable distinction before the world.

The large amount of valuable information throughout the profession, joined with the practical observations and large surgical experience of the author, will make this work an exceedingly valuable and interesting treatise for the shelves of every practitioner in the profession.

TO THE HOMŒOPATHIC PROFESSION.

Volume II, of the "Science and Art of Surgery," has been unavoidably delayed in its publication by the large expense to which the author has been subjected in its progress through the press. The material for the second volume is now fully prepared and ready for the printer; but to attain as much perfection as possible for this work, and that it shall comprehend in its fullest extent, the wide field of unpublished material in our surgical literature, the author solicits from the profession any observations of surgical interest touching the diseases incident to any portion of the body.

This volume will contain diseases of joints, dislocations, fractures, injuries and diseases of the cranium, affections of the palate, teeth, tongue, uvula, tonsils, pharynx and æsophagus, neck arteries and veins, affections and injuries of the chest, abdomen and their contents; of the extremities, amputations, resections, &c., &c., &c., and their treatment according to the homœopathic law of cure.

Articles on any of the surgical diseases incident to either portion of the body, will be thankfully received and duly accredited, and placed in their proper position in the text; and it

Digitized by Google

is hoped that every practitioner will add his quota to this enterprise, that it may embody the experience of the Homoeopathic Profession rather than that of an individual thereof. The manuscript will be retained until the first of May, 1869, at which time it will be placed in the hands of the printer for publication.

E. C. FRANKLIN, M. D.,
709 Pine st., St. Louis.

HOMŒOPATHY IN RUSSIA.

(From the United States Medical and Surgical Journal.)

Our medical exchanges, and the secular press, have been teeming with the wonderful news, that the Emperor of Russia had prohibited the practice of Homœopathy in Russia, under severe penalties. It was curious to notice how one after the other took up the cry, while any one with half an eye might have seen how absurd and impossible the report was.

The "Courier Medical" has the honor of giving birth to this falsehood; the "London Lancet" took it up, and so it went on through the whole list. The "Lancet" now acknowledges that there is no truth in it; the editor says, that in his "simplicity he merely copied a statement to this effect from another paper." It does one good to hear the editor acknowledge his simplicity. He never said the prayer: "O wad some power the giftie gie us," etc., or, if he did, it was never answered, for other people knew long ago, what he has just discovered. Simple Lancet! Doves and lambs will cease to be the emblems of simplicity, and the "Lancet" will occupy that time-honored place, Who would have thought to see the day when the "Lancet" (!) should be the emblem of simplicity.

Talking of ukases, we learn from the "Monthly Homœopathic Review," (Nov. 1st, 1868,) that a "ukase had been issued by the Emperor, officially sanctioning the formation, by the Homœopathic physicians of St. Petersburg, of a Medical Society, which was obtained, moreover, in spite of the active opposition of the medical council of the Empire!"

A writer in the "Rivista Omiopatica," published in Rome, in remarking upon this rumor, says: "There are Homœopathists practicing from Petersburg to Moscow, and from Moscow to Odessa, in every part of the Empire, ignorant of the imperial ukase, and probably that of the "Courier." At St. Peters-

Digitized by Google

burg, there is Dr. Gastfreund, Physician to the Imperial Marine; Dr. Wedrinscki, Army Surgeon and Counselor of State; Dr. Schering, Counselor of State and Chief of the Hospital of the Imperial Guard; Dr. Sullyer, Editor of a Homœopathic Journal, and Director of a large Dispensary; Dr. Sollier, from Marseilles, Honorary Physician to the household of the Grand Duke Constantine, together with more than thirty others."

The "Monthly Review" also informs us, that whilst the physicians of the large hospitals in St. Petersburg admit a mortality of 33 per cent., Dr. Hering, a Homœopathic physician, who, in his capacity of medical officer of police, was in charge of a temporary hospital, containing ten beds, constantly occupied with cholera patients for eight weeks, lost not a single case. . . . . At the conclusion of the epidemic, Dr. Hering's services were acknowledged, and his success attested by an Imperial decoration.

☞*Allopathic Exchanges Please Copy.*☜

A CLERICAL SURGEON.

Father Heylen, a Catholic Priest of Boom, in Belgium, performed the Cæsarian section on a young woman in order to baptize the infant before it died. The mother was living when the operation was begun, but both mother and child died. The Priest, in his defence, said that he performed the operation in obedience to the direct instructions of the Archbishop. These instructions are now to be cancelled, and the clerical surgeon tried for murder.

MERCURIAL PLYALISM.

In the Berlin Medical Society, recently, Dr. Ahrouheim presented two cases of chronic salivation in children, caused, it is said, by the careless application of mercurial ointment to their bedsteads for the destruction of vermin.

OVARIOTOMY.

Abby Keller Foster has been the subject of ovariotomy, the tumor of which she was relieved, weighing, with its contents, thirty-five pounds.

Digitized by Google

THE DETROIT MEDICAL SCHOOL.

It is stated in an allopathic journal of considerable prominence, that in consequence of a constant turmoil and excitement kept up in the Medical Department of the University of Michigan, that the *regular* profession are disgusted with it, and may withdraw from all connection with it. It is on this account, doubtless, that they have recently organized a school of Medicine in Detroit, and which certainly evinces the abandonment of their position in the University. This looks very much like the learned bishop's definition of orthodoxy and heterodoxy. "Regular practice is *our* practice; irregular practice is all else beside."

CONFEDERATE SURGEON GENERAL.

Dr. Moore, late Surgeon-General of the Confederate army, has been elected Superintendent of the Eastern Lunatic Asylum of Richmond, Va.

CARBOLIC ACID.

The colonial surgeon of Juiree Leone states that he has found carbolic acid superior to any other application for treating the foul ulcers connected with cases of leprosy. Some cases absolutely unapproachable from the stench, after one or two dressings, became entirely free from offensive odors. He recommends the sponging of the skin with a weak solution of the acid as a sovereign remedy against the bite of the mosquito.

GONORRHŒA.—STARCH INJECTIONS.

Finely powdered starch, mixed with lukewarm water, so as to obtain a fluid of the consistency of cream, but thin enough to flow from a syringe, has proven most successful in cases of gonorrhœa, especially after the inflammatory stage has passed away.

PROFESSIONAL FEMALE NURSES.

The N. Y. Medical College for women has proposed to educate a body of professional nurses to attend freely, or for a moderate charge, patients living in boarding houses and like places, who are not able to secure regular attendance.

Digitized by Google

Materia Medica, Characteristics & Therapeutic Hints.

CHARACTERISTICS OF CHAMOMILLA.

BY J. T. TEMPLE, M. D.

MORAL SYMPTOMS.

Weeping, uneasiness; the child wants this and that; when the things are given to him, he does not want them, or repels them.

The child cries, and wants to be carried on the arm.

Crying on account of a trifling and often imaginary offence.

Crying and howling.

Anger, with rage, violence and heat.

Seeks a cause for quarrel.

She cannot bear music.

Pevishness and ill humor; taciturn; absence of mind.

She sits like a statue and does not seem to notice any thing around.

HEAD.

Vertigo when rising from bed, as if one were intoxicated.

Vertigo from drinking coffee.

Slight attacks of vertigo, with disposition to faint.

Drawing headache on one side.

Pulsating headache, generally in one side of the head, with one red cheek; worse at night, in the open air, in the wind; better from warm coverings and when walking about.

Lancinating pain in one side of the head, with thirst; better when walking about.

Headache, felt even while sleeping.

Hot, clammy perspiration on the scalp and forehead.

Digitized by Google

EYES.

Burning heat in the eyes; inflammation of the eyes, especially the lower eyelids, which are swollen.

Distortion of the eyes.

Yellowness of the whites.

Hemorrhage from the eyes.

Spasmodically closed eyelids.

Aversion to bright light.

EARS.

Tingling in the ears.

Otalgia, with stitches and tearing.

Discharge of thin pus from the ears.

Inflammatory swelling of the parotid gland.

Sensitive hearing.

NOSE.

Skin of the nose wrinkled.

Ulcerated nostrils.

Sensitive smell.

FACE.

Bloatedness of the face.

Redness and burning heat, particularly of the cheeks, sometimes of one cheek only, with paleness and coldness of the other.

Swelling, with hardness and blueness of one cheek.

Red rash on the cheeks.

Convulsive movements and twitchings of the facial muscles and lips.

Rhagades in the middle of the lower lip.

Digitized by Google

Face hot, while the rest of the body is cold.
Wrinkles on the forehead.

MOUTH AND THROAT.

Putrid smell from the mouth.
Dry mouth and tongue, with thirst.
Red tongue, cracked.
Tongue coated thick, yellow or white.
Convulsive movements of the tongue.
Inflammation of the soft palate and the tonsils, with dark redness.
Sensation of a plug in the throat.
Inability to swallow while lying.
Inability to swallow solid food.
Sore throat, with swelling of the parotid or submaxilliary glands.

TEETH.

Toothache, which is especially violent after warm drinks.
Insupportable (drawing) toothache (at night) with swelling of the hot, red cheek, and thirst.
Entering a warm room, or drinking anything warm, especially coffee, brings back the toothache.
Toothache after a cold and suppressed perspiration.
Toothache, with redness and swelling of the gums.
Dentition, with convulsions.

APPETITE AND TASTE.

Aversion to food; loathing food.
Great thirst; longing for cold water.
Bitter taste in the mouth early in the morning.

Digitized by Google

Desire for coffee.
Fœtid breath after dinner.

STOMACH AND ABDOMEN.

Sour eructations (the existing pain is aggravated by eructations).
Vomiting of food; sour; of bile.
After eating or drinking, heat and perspiration of the face.
Distension of the abdomen after a meal.
Painful bloatedness of the epigastrium (in the morning).
Nausea, after drinking coffee.
Colic, after anger.
Oppression of the stomach, as if a stone were pressing downwards.
Burning in the pit of the stomach.
Pressing toward the abdominal ring as if hernia would protrude.

STOOL AND ANUS.

Nightly diarrhœa, with frequent small discharges, and colic.
Hot diarrhœic stools, smelling like rotten eggs.
Stools green, chopped.
Stools consisting of white mucus, with colic.
Diarrhœa from cold, from anger, from chagrin.
Stools corroding the anus.

URINARY ORGANS.

Ineffectual urging, with anguish during micturition.
The urine is hot, with flocculent sediment; turbid.
Smarting pain in the urethra during micturition.
Urine hot in children, in dentition.

Digitized by Google

GENITAL ORGANS.

Men. Itching stinging pain in the margin of the prepuce.

Soreness of the border of the prepuce (sycosis).

Excited sexual desire.

Women. Yellow, corrosive leucorrhea. Acrid watery leucorrhea after dinner.

Pressure towards the uterus like labor pain.

Metrorrhagia; the blood is passed in clots, and smells putrid.

Discharge of blood between the regular catamenia, abdominal spasms, before the catamenia; of pregnant women, or while nursing.

The labor pains are not sufficient, but cause great restlessness and anguish (over sensitive to the pains).

Suppression of milk, (milk is cheesy or mixed with pus)—milk fever.

Puerpiral fever.

Erysipelas of the mammæ and soreness of the nipples.

Induration and swelling of the mammæ; they are painful to the touch.

LARYNX AND TRACHEA.

Wheezing and rattling in the trachea.

Hoarseness from tenacious mucus in the trachea.

Catarrhal hoarseness.

Stitches and burning in the larynx, with hoarseness.

Hoarseness and cough from rattling mucus in the trachea.

CHEST.

Burning of the chest.

Oppression of the chest, as from flatulence.

Constriction of the upper part of the chest.

Sudden stoppage of the chest, in children.

Digitized by Google

Stitches in the sides of the chest.

Burning pain under the sternum.

Rattling of mucus in chest.

Cough, from irritation in the chest; from tickling in the pharynx and larynx during the day, with expectoration of small quantities of tough mucus, tasting bitter or putrid.

Dry nightly cough of children, from tickling in the throatpit.

Nightly dry cough during sleep.

Cough worse at night.

Cough aggravated by crying—from cold air, dry winds, open air, during sleep.

Amelioration of the cough when getting warm in bed.

BACK.

Pain in the small of the back, especially at night.

Stinging pain in the back.

EXTREMITIES.

Upper. The arms go to sleep, especially when taking hold of any thing.

Convulsions of the arms, with clasping in of thumb.

Convulsive twitching of the fingers.

Cold hands, with cold perspiration in the palms of the hands.

Lower. Cracking of the knee during motion.

Burning of the soles of the feet—at night he puts his feet out of bed.

Sensation of numbness of the toes.

GENERALITIES.

Over-sensitiveness of the nerves (pain is insupportable, and drives to despair).

Digitized by Google

Over-sensitiveness of the senses, especially from coffee and narcotics.

Great prostrating debility as soon as the pain begins.

Convulsive twitching in the limbs.

Convulsions during dentition.

Sensation of numbness (extremities).

SLEEP.

Yawning and stretching.

Drowsiness, with short breathing, groaning, starts.

Nightly sleeplessnes from anxiety and visions.

Restless sleep, with weeping and howling, groaning and tossing about.

Snoring breathing when asleep.

Sleep full of vivid fanciful dreams.

FEVER.

Pulse, small tense and accelerated.

Chilliness; frequently on some parts, while others were hot.

Chilliness, with external heat.

Chill and coldness of the whole body, with burning hot face and hot breath.

Chilliness and coldnes of the forepart of the body, while the back part is hot, or *vice versa*.

Chilliness from exposure to the air (undressed), or in the cold.

Heat, with occasional chills, and one hot, red cheek, while the other is pale.

Heat, with anxiety, and perspiration of the face and scalp.

Continuous burning heat, with violent thirst, and starts during sleep, and furious delirium.

Perspiration during sleep, mostly on the head, smelling sour, and with biting sensation of the skin.

Suppressed perspiration.

Digitized by Google

SKIN.

Yellow skin over the whole body.

The skin becomes unhealthy, and every injury ulcerates.

Rash of infants, and during nursing.

Red rash on the cheeks, on the forehead.

Ulcers, with darting and lancinating pain in the night, and excessive sensitiveness to the touch.

Itching pimples form around the ulcer, covered with scurvy, and suppurating.

Inflammatory swelling of the glands.

CONDITIONS.

Extreme sensitiveness to pain, with great irritability.

Over-sensitiveness to the open air, and aversion to being in the wind.

At night, tearing (rheumatic) pains in the limbs, with sensation of numbness.

The pains are worse at night, and are accompanied by thirst and heat.

Aggravation at night, from anger (colic) after taking cold; while lying down; during perspiration; during sleep.

Amelioration while fasting; from bending the head backward; after perspiration; on rising.

Digitized by Google

THE MONTHLY

Homœopathic Independent,

PUBLISHED AT TWO DOLLARS A YEAR, IN ADVANCE.

No. 8. ST. LOUIS, FEBRUARY 1869. VOL. I.

☞Communications intended for publication, should be addressed to A. P. SKEELS, M. D., 1007 Olive street, St. Louis, or to either of the assistant Editors. Communications on business, to JOHN CONZELMAN, M. D., No. 1417 Carr street, St. Louis.

Original Contributions.

CEERBRO-SPINAL MENINGITIS.

BY J. H. P. FROST. M. D.

(Continued from page 67.)

Therapeutics.

Aconitum.—Chilliness; high fever; hot, dry skin; *great thirst;* RESTLESSNESS. *Dilatations of the pupils;* avidity for light; desire to look at bright light. Hah.—*Great photophobia.* (S. Codex.) *Contraction of the pupils* (photophobia) according to Hale, indicates Aconite in cerebral diseases; as dilatation of the pupil (and thirst for light) does Gelseminum.*

It may be remarked that Aconite is thus indicated by its characteristic symptoms in cases which may indeed become developed as "Spotted Fever"; but which—except from the recurrence of other cases with similar symptoms terminating in this disease—could not be determined in advance as instances of it. And when thus administered, where alone its symptoms call for it, *in the early stage of this disorder* (as

* Drs. Hale and Searle,—New Remedies, pp. 405, 426.—seem to deny that *Acon. primarily* causes dilatation of the pupil; but this is contrary to Hahnemann's experience in proving this remedy.

Digitized by Google

also in incipient Diphtheria and Pneumonia), this remedy may suffice to cure the patient entirely, by arresting the morbid processes *before they have reached the stage of plastic effusion.*

Apis.—Violent pains in the head,—aggravated by lying down; relieved temporarily by pressing firmly with the hands. Great inclination to sleep, but inability to do so from extreme restlessness and nervousness. *Sleep disturbed by oppressed respiration and disagreeable dreams.* Rapid, painful and spasmodic respiration, *aggravated by lying down* (opposite to Cantharis), and ameliorated by inhaling the fresh air in an upright position. *Sensation as though he should not be able to breathe again.* Sudden prostration of the vital force. *Burning, stinging pains.*

The direct pathogenesis of Apis presents neither the convulsions nor the "spots" which characterise cerebro-spinal meningitis; but it has the violent headache, and all the paralytic symptoms which result from the serous or other exudation of the advanced stage of this disease. While its acknowledged value in *acute hydrocephalus, in arachnitis,* and in the secondary or exudative stage of what is termed "Meningitis Basilaris of Children,"* will entitle it to a careful study in this connection.

The Apis seems to prodnce serous rather than plastic exudations; but when indicated by its dynamic, subjective symptoms, it will always do good. And we can see when the remedy is called for, *during the life of our patients,* by means of these dynamic symptoms; while if we were to rely upon the demonstration of the exact pathological condition (the nature of the exudation as serous or pseudo-membranous), we should be obliged to postpone prescribing till after we had made a *post mortem* examination of the subject.

In a very bad case of Spotted Fever in a young man—suc-

* *U. S. Med. and Surg. Journal.* Vol. I. p. 237; and II. pp. 31, 129. Valuable indications for the remedies are given in this artiele,—equally applicable to cerebro-spinal meningitis, and to "Basilar Meningitis of Children."

Digitized by Google

cessfully treated by Dr. Williamson, some years ago—Apis (and also Cantharis) was found of great service in relieving the accompanying urinary difficulties. These *nephritic complications*, which are so common to both Spotted Fever and Diphtheria, furnish additional proof of the similar nature of the two disorders.

In Spotted Fever, as in other affections of the nervous centres, Apis is believed to be far more efficient in the 2c than in any lower preparation.*

Arnica.—Red, blue, and yellow spots, like ecchymoses. Coma somnolentum, with delirium and carpologia. Jactitation of single muscles; twitching in all the limbs; tremor of the limbs. Convulsions and tetanic spasms. Painful and excessive sensitiveness of the whole body.†

These strongly marked objective symptoms, and the great efficacy of Arnica in certain forms of Typhoid and Typhus Fever—where the symptoms in many important respects resemble those of cerebro-spinal meningitis—should ensure the thorough study of this remedy in the latter disorder.

Arsenicum—This powerful drug acts primarily upon the organic or vegetable nervous system, and only in a secondary manner upon the cerebro-spinal system,—although recommended with others, in a general manner, by Marcy and Hunt. Still, if *dynamically indicated,*—that is, by the prevailing symptoms, especially the subjective ones,—it should be carefully exhibited. And the success which must attend its administration will show the superiority of nature's great law of the Similar over all the deductions which we may make from our own petty pathological theories.

Belladonna.—Headache in paroxysms, as if the brain would burst, aggravated by moving the eyes, by shaking the head,

* Compare Marcy and Hunt's Practice, Vol. I., p. 530; and *U. S. Med. and Surg. Jour.*, Vol. II., p. 180.

† "Pressure on the back of the neck elicits a cry of pain," on the fourth day, in a case which terminated fatally on that day.—*Am. Jour. Med. Sci.*, July 1866, p. 126.

Digitized by Google

when lying down, by light and by noise; relieved by compressing the head with the hands. Glowing redness of the face; dark red face; bluish red face. Contraction of the pupils; dilatation of the pupils (immovable pupils): double vision. Convulsions, especially of the arms. Screaming, moaning, starts, which wake him even when on the point of falling asleep. Rigidity, with bending the body and head backwards, or to the left side. Right side principally affected. The peculiar character of the delirium and moral symptoms will determine the choice between Bell, and Stram, Hyos, and Veratrum.*

Bryonia.—Sharp, lacinating pains in the head, *worse from motion, better when lying down. Bursting headache, worse when rising up.* Face red and bloated, like Bellad; but neither dilatation nor contraction of the pupils. Petechiæ, Stiffness in the neck; great pain in the limbs and joints, not allowing of motion. *Plastic exudations, or pseudo-membranous formations;*† these, in accordance with our view of the nature of cerebro-spinal meningitis, may be deposited about the base of the brain. And as in *Diphtheria* and in *Croup*, so in this disease Bryonia, instead of being entirely overlooked, should be most carefully studied.

Cantharis.—Affections principally of the right side. Violent pains in the head; drawing, tearing in the head; stitches in the head, in the occiput, as if in the bone, or deep in the brain,—in the right temple,—in the forehead; lacinations in the head, waking him from sleep. Protruded eyes; eyes in spasmodic motion; fiery, sparkling, with steady, staring look; things look yellow. Bloatedness in the face. *Lock-jaw*, with grinding of the teeth, and discharge of foamy and even bloody saliva. Oppression of breathing, *relieved in a recumbent posi-*

* For a full and elaborate comparison of Bell, and Stram.,—one differing from and far superior to that of Gross,—See *Wells on Scarlatina, Am. Hom. Review*, Vol. V., March, 1865.

† Vide *Neidhard* on Diphtheria, p. 118.

Digitized by Google

tion; (opposite to Apis.) Retention of urine; suppression of urine; strangury; dysuria; paralysis of the neck of the bladder.

The remarkable efficacy of this medicine in Diphtheria, in removing the false membranes from the fauces, and also from the vaginal, uterine and urethral mucous surfaces; and its value in the urinary complications of Spotted Fever, in conjunction with Apis,—according to the experience of Dr. Williamson,—strongly confirm our supposition of the plastic nature of the exudation at the base of the brain in the latter disease. The respective subjective symptoms of Cantharis or of Apis, which may predominate, will determine the choice of the one or the other of these two remedies, when nephritic or urinary complications arise in cerebro-spinal meningitis. And the improvement brought about by either, when thus indicated, if not equal to the entire cure of the patient, will at least prepare the way and enable some other remedy to complete the work. In healing, as in learning, all that is gained is doubly valuable, —for its own sake, and for the sake of the still further progress which it facilitates and secures.

Cicuta vi.—Insensibility. Stiffness of the jaws. He bends his head backward. Stiff, sore neck. He feels sore all over.

The *petechiæ*, remarks Dr. Lippe,—to whom we are indebted for the above, and other symptoms,—are not to be found in the pathogenesis of Cicuta; but cures with it have been reported.

Crotalus horrid.—Pain in all the limbs; horrid headache; red face; delirium with open eyes; ecchymosed spots everywhere; *Raue.* Most of the symptoms appear on the right side. Compare *Crotalus cascavella* in Mure's Materia Medica.

Elaps corallinus.—Right side* principally affected. Pain in cerebellum, right side; pain in the whole spinal marrow. The arm and hand are swollen, bluish, covered with red spots; also the right leg and foot. Cramps in the calves. Cramps in

*Dr. B. Mure's *Materia Medica*, Wm. Radde, New York, 1854.

Digitized by Google

the right side. Paralysis of the right side: the right side is numb, as if paralyzed. The extremities look blue, with reddish spots. Phlyctenœ here and there, especially on the extremities.

Lachesis.—The *left side* is principally affected. Affections of the throat, beginning at the left side, and extending to the right, require Lachesis rather than Lycop; while those which beginning at the right side extend to the left, require Lycop rather than Lachesis.* *Convulsions* and other spasms, with *violent shriek*, particularly about midnight, waking the patient. Aggravation of the symptoms during rest; amelioration during motion; *exacerbation after every sleep, in the day or night.*

Each one of these several varieties of the serpent-poison seems capable of developing upon the skin colors resembling those of the serpent from which it is derived. "The skin (of the prover) looks like that of the snake." Observe the contrast: *Elaps* for the right side; *Lachesis* for the left.

Gelseminum.—Headache; heaviness, giddiness, as if intoxicated. Headache which comes on suddenly, with dimness of sight, or *double vision*, and dizziness. Dilatation of pupils (compare Aconite); complete loss of muscular power of vision, and speech; icy coldness of the hands and feet; nausea; vomiting. *Drowsiness;* wants to lie still and rest. *Fever without thirst;* (thirst during the sweat.) Profuse emission of watery urine, accompanied by transient chilliness, tremulousness, and an evident alleviation of the sensations of heaviness of the head, dullness of the mind, and dimness of sight.

"Gelseminum has direct relation to the incipient or congestive stage of cerebro-spinal meningitis, and also in some degree to the consequent inflammation. An attack of this disorder is usually sudden, and is ushered in by a severe chill, accompanied by evident congestion to the spine and brain, with its ordinary symptoms,—among which dilatation of the pupil

* Dr. Ad. Lippe, *Am. Hom. Review*, Vol. V. p. 438, April, 1865.

Digitized by Google

is, I believe, always seen. This state is followed,—except in those cases which die collapsed,—by reactionary fever of corresponding violence. In such a condition of the system, no remedy is so homœopathic as Gelseminum." *Searle.**

Aconite,—in some respects similar to Gelseminum,—produces *restlessness;* while Gelseminum produces (drowsiness) *prostration* and even *paralysis* of the muscular system. In addition, we note that Aconite has violent thirst, and bright redness of the face; while Gelseminum has moderate thirst, or little or none, and a crimson hue of the cheeks.

Kreosotum.—My attention is called to this remedy by J. J. Detwiler, M. D., of Easton,—by whom it has been found useful under the following conditions:

Discharges from the bowels, with symptoms peculiar to Kreosotum. Rigidity of the muscles.

Vesicles round the mouth, white-tipped, filled with water. Vesicles on the tongue, like little blisters.

Eruption peculiar to K.—more like flea-bites.

Fetor, similar to the smell of Kreosote.

Chlorine.—Has also been recommended in this disorder.

Oxalic acid. Eruption, or mottled appearance of the skin in circular patches.† Paroxysms of tetanic convulsions, which arrest the respiratory process entirely for the time being. Acute pain in the back, gradually extending down the thighs, occasioning ere long, great torture. Great prostration.

This remedy deserves to be carefully studied in severe cases of Spotted Fever; and it may prove to be suited especially to its advanced stages, after exudation. Compare Apis.

---

*See a comparison of these two remedies in *Gross's Comparative Materia Medica.* Curiously enough, this comparison, which Gross never saw—it having been prepared after his decease, by the joint contribution of the American editor and his collaborators—is the only one which was republished by his reviewers as a specimen of his life-work! *Sic vos non vobis!*

† Dr. W. Williamson, to whom I am much indebted for valuable hints derived from his own successful experience in treating this disease, informs me that Dr. Hering, when engaged in proving this drug upon himself, was for a long time marked by the "spots." The first symptom given above, is quoted in S. Codex, from *Christison.*

Digitized by Google

Baptisia.—"Has many symptoms which resemble very much those which are said to occur in the so-called 'Spotted Fever.' Dr. Rogers claims to have used it with benefit in his own case, during an attack of 'Cerebo-spinal fever,' which was epidemic in his locality. We would suggest to our celleagues a careful comparison of the symptoms of this dreaded malady with the proving of Baptisia. It may be found a valuable remedy in the treatment of that fatal epidemic."*

Cimicifuga.—Successfully employed by Dr. Searle,† from whose "Notes on the New Remedies," the following, partly pathogenetic and partly clinical, indications are extracted. "Severe chills, nausea and vomiting, delirium and acute pain in the head, shooting down the spine, with rigidity of the muscles of the back,"—symptoms of incipient cerebro-spinal meningitis,—in a feeble woman of fifty years,—which were removed in twenty-four hours. *Alternate tonic and clonic spasms.* Pain in every portion of the head, chiefly in the vertex and occiput, extending often to the shoulders and down the spine, accompanied by a delirium which perfectly simulates *mania-a-potu.* The pain is sometimes paroxysmal, and is pressive, throbbing and aching in its nature, and attended by tremor and illusions of vision. Intense, throbbing pain, like a ball driven from the neck to the vertex, with every throb of the heart. Intense and persistent pain in the eye-balls, which are dull, aching and sore. Dilatation of the pupils. Swollen tongue. Dysphagia. It has cured Chorea when attended with almost complete loss of the power of swallowing.

Sulphuric acid.—This remedy has the petechiæ, or rather maculated spots, with soreness of the flesh, and great and sudden sinking of strength. It has, also, jerks, cramps, and other minor spasmodic symptoms, and *subsultus tendinum,* and, therefore, may be indicated and found useful even in the more advanced stage of the disease.

* Hale, *Materia Medica of New Remedies,* p. 120.

† *New Remedies,* p. 209.

Digitized by Google

Eupatorium perf.—Has been found curative in this disorder, by Rafinesque (allopathic, in 1820), and later by Drs. Pratt, Belden, and others. It is indicated by *severe aching and soreness in the limbs;* aching pain and soreness, as if from having been beaten, in the calves of the legs, small of the back, and in the arms above and below the elbows; aching in the bones of the extremities (*as if the bones were broken*), with soreness in the flesh; copious perspiration, which gives no relief; cramps; *thirst* before the chill;—nausea and vomiting after the chill.*

Veratrum viride.—This most important and powerful remedy has proved curative in a desperate case of *traumatic* cerebro-spinal meningitis—*arachnitis*—which was strongly marked by *dilated pupils;* the muscles of the back of the neck contract, drawing the head back on the shoulders; delirium; CLONICSPASMS; COMPLETE OPISTHOTCNOS; during the spasms, the heels almost touched the head, forming a hoop of the body. Another case, equally hopeless, occurring after scarlatina, was cured by the Verat. v., in which was observed "a strip, about six inches wide, extending from the crown of the head to the bottom of the spine, very pungently hot and dry, reddish in appearance, with several large and small petechiæ, like mosquito bites, scattered over the inflamed strip."†

Our limits will not allow any attempt to present the special indications for this remedy, in this connection; but enough has been given to show that no one can expect to do justice to such cases, who does not carefully study its entire literature —both the pathogenetic and the clinical.

Alumin. met.—Dr. Ruhfus‡ narrates a case of complicated disease of the brain and nervous system—chronic cerebro-spinal disease—successfully treated by him, with Alumin.

* Materia Medica of New Remedies, p. 352.

† Materia Medica of New Remedies, p. 1039.

‡ *Allgemeine Hom. Zeitung*, Vol. LXVIII., p. 75, quoted in *Am. Hom. Review*, Vol. IV., p. 511.

Digitized by Google

met, [30], after some advantage had been derived from Bell., Phosph., and Nux vom.

Nux vom., Rhus tox. and *Cuprum acet.*—Dr. H. Bennett, of Rochester, N. Y., reports* a case of spotted fever, in a lad of thirteen years, recently from England. He was taken with severe pain in the head, on Thursday; the same evening became delirious, and had spasms frequently during the night. On Friday, A. M., his head was drawn back; pupils dilated; livid spots upon face, breast, arms and lower extremities; pulse 115 to 120 per minute. Very feeble; jaws firmly set part of the time; had occasionally vomited a green, bilious matter the previous night. He got Nux v., Rhus t. and Cup. acet., alternately, at intervals of fifteen minutes; gradually improved, and finally recovered, in a few days, under the same medicines continued at longer intervals.

Hyoscyamus, Double Vision; convulsions; delirium.—*Lycopodium.* Sopor; sinking of the lower jaw; fan-like motion of the nostrils; jerkings of the body and limbs. *Raue.*†

Opium.—Stupor; spasms; drawing the body backwards and rolling it first to one side, then to the other; deep, slow breathing; very quick, or else very slow pulse; often violent mental emotions, fear, grief, fright, which act like a blow, stunning the whole nervous system.—*Raue.*‡

Conium, Nux v. and *Phosph.*—All have some symptoms often occurring in this short-lived disease, and should be carefully studied. In this, as in many other dangerous forms of disorder, the true homœopathic, and therefore the only life-saving remedy, in a particular case, may not prominently suggest itself from among those which are apparently indicated, so that, unless it is diligently sought for, the patient may be lost *who might have been saved.*

We are aware that there are other remedies which have

* *North American Journal of Homœopathy*, Vol. XVI., p. 9.—August, 1867.

† Special Pathology, by C. G. Raue, M. D., p. 14.

‡ *Loc. cit.*

Digitized by Google

been used in this form of disorder, or which may be indicated in cases yet to occur; and trust that in respect to them, as well as to those here mentioned, other physicians will contribute the results of their observation and experience. And we close with a single remark: the remedy which is indicated by the leading, dynamic, characteristic symptoms,—or by the general totality of the symptoms,—will prove beneficial even in desperate cases; although its pathogenesis does not record the livid "spots," which often form the most remarkable objective features of cerebro-spinal meningitis. These "spots" represents the ultimate consequences of the disorder, in partial failure of capillary circulation; just as corresponding *insensible spots** indicate a similar partial failure of innervation, —and it is well known that very few of our remedies have been proved to the extent of developing all their ultimate, objective, pathological symptoms.

* "Along the course of the femoral nerves there were several spots, in which the skin was devoid of sensibility."—*Am. Hom. Review*, May, 1864, Vol. IV. p. 511.

ON HYGIENE.

A paper read at the Commencement Exercises of the Homœopathic Medical College of Missouri.

BY C. W. SPALDING, D. D. S.

(Continued from page 126.)

But little time remains for the consideration of the second part of our subject, viz: The restoration or renewal of the health when lost or impaired.

Volumes have been written in vindication of the claims of various methods for the restoration of health; and still the subject is very imperfectly understood. I shall not attempt even an enumeration of the many systems, which put forth their claims to superiority, but shall confine myself to a brief mention of the two which are most prominent in the public mind.

Digitized by Google

Medication in some sort has always been the leading method, which has both engaged the attention of scientific minds and received the approval of the generality of mankind.

There are two principal schools of Medicine, between which we are to choose, viz: The old or Allopathic and the new or Homœopathic. The former has yet much the largest number of adherents, yet we cannot admit this fact as evidence of its superiority. The most popular ideas among men in this age, are rarely the most elevated or the most truthful.

For the better understanding of the offices which medicines perform, and to aid us in making a wise choice between these two systems of medication, let us turn our attention for a moment to the origin and nature of disease.

Disease has its physical origin in the finer and more subtle substances of the body, and from these it flows into and exhibits itself in the grosser parts. In truth, it has its origin in the nervous system, and not in the organs of the body, nor yet in the tissues of which the organs are composed. Its source is in the force which dominates the organ, and not in the organ itself.

We define health then as the equal and undisturbed operation of the nervous forces, voluntary and involuntary, in conveying the living forces of the spirit to the organs composing the body, and thus enabling these organs to severally discharge their respective functions. The proper exercise and distribution of these forces constitutes health ease: while any disturbance of their uniform action and equal distribution constitutes *dis*ease.

I have spoken of the voluntary and involuntary systems of nerves. Let us suppose that these two forces are equal to each other, or that the total of the nerve force is divided into two parts, one voluntary and the other involuntary. So long as these parts or divisions act harmoniously, and neither draws upon or exhausts the other, but both are employed in the proper discharge of their relative functions, health is the

Digitized by Google

result. If however by overtasking one, we compel too heavy a draft upon the common source, the other is robbed of its proper share. Or, on the other hand, if the proper exercise of any portion of the voluntary is neglected, a want of balance ensues and the door is opened for disease to enter. Thus the excessive exercise of one class of organs, equally with their neglect may become the cause of disease. Whether crude masses of drugs, or those which have been purified, refined and minutely divided are best calculated to so act upon the subtle forces of the nervous system as to restore the lost equilibrium. I must for want of time leave each of you to determine for himself.

The advocates and practitioners of the different schools of Medicine claim that their respective systems are the best and the only modes by which this loss of balance can be restored when once it is disturbed. But differences of opinion are so often allowed to engender bitterness of spirit, it is rarely the question can be discussed with impartiality and fairness; especially when an opinion is advanced, which in any way encroaches upon or questions the verity of the fossilized system of olden times

We would suppose that as all schools of medicine claim to be traveling the same road; though some may be following a crooked and devious way, full of difficulties and uncertainties, and others a direct and certain path, which leads straight on to the object sought to be attained; that they might counsel each other by the way, compare results, and thus determine the comparative merits of the different systems. Such unfortunately is not the case. Let however the advocates of Homœopathy discard all enmity and bitterness, and extend a friendly greeting to all who differ with them, and thus remove the onus of censure far from themselves.

We have no need for combating erroneous ideas, nor for attempting to pull down what others are seeking to build up. Let us then content ourselves with the dispassionate pronounce-

Digitized by Google

ment and advocacy of new truth, feeling assured that that system of medication, which is most nearly allied to that new born spirit of the times, which insists on bringing every thing to the test of truth, will surely prevail, and one day compensate its early disciples, who espoused its cause amidst obloquy and ridicule, with little else to sustain them than an earnest conviction of right.

The true solution of the problem of medical science has much to hope from that tendency of the age, which leads to the study of the minute, and even of the infinitessimal. A resort to the microscope is demanded in all departments of science, that the hidden and otherwise unseen things of nature may be brought to light. Even the things of the spirit, that so far transcend nature, have become objects of study, and there are those who look forward to the evolution of a science of the soul, which shall be equally demonstrable in its sphere with that of the body.

The medical philosopher who would successfully unfold the operations of those occult forces, which exhibit their strength and potency in human diseases, must be largely endowed with that reasoning power, by virtue of which man has been assigned a noble rank in the scale of intellectual and moral being. He must be bound by no school, but must rise above the prejudices of education, and allow human reason to exercise its noble functions. That all men cannot do these things in an equal degree, is but too evident to the observer of professional men. There are found among them those who cannot, those who will not, and those who dare not reason lest the foundations of their faith be shaken and perhaps o'erturned. But I say, he who cannot reason is a fool, and deserves our pity; he who will not reason is a bigot, and deserves our censure; he who dares not reason is a coward, and deserves our contempt; but he who can and dares to reason is a man, and deserves our highest admiration and esteem.

Digitized by Google

Department of Surgery.

SURGICAL CLINIC.

At the Dispensary Hospital; St Louis Homœopathic College.

BY PROF. E. C. FRANKLIN.

(Reported by J. M. Kershaw.)

CASE I. ***Hydrarthrosis of the Knee Joint.***—This patient has been suffering for nearly a year with an increasing and persistent swelling of the right knee, caused it is said, by a fall upon the pavement about seven months since. The injury was followed by considerable pain, and more or less swelling in the joint, which has gradually increased until as you see, the diseased articulation is more than twice as large as its fellow. The affected joint is stiff, and the pain, the patient tells you, is of a heavy boring character, increased at night and in damp weather. In the morning, the limb feels more heavy and unwieldy, but becomes easier by exercise, so that towards noon, little or no inconvenience is felt by walking. The swelling is of a globular shape, furrowed in the middle, extending above the patella, and puffing out from either side, and is larger when the leg is flexed upon the thigh, which is effected with a good deal of suffering. ***Fluctuation*** is distinctly felt with an undulatory wave or motion of the fluid contained within. The patella, as it were, seems to float on the subjacent liquid. The accumulation of fluid within the joint was preceded by inflammation of the synovial membrane, of inconsiderable severity, which, terminating in a sub-acute or chronic form, disposes to the accumulation of serum into the cavity of the joint. The synovial sac of the knee-joint is the largest in the body, and extends from the articular surface of the tibia below the lig-

Digitized by Google

ament of the patella, to nearly three inches above the condyles of the femur. *Hydrarthrosis* is distinguished from *dropsy* of this joint by the fact that the tumor in *dropsy is limited to the space above the patella,* the patella always lying *in contact with the articular surface of the femur,* while in hydrarthrosis, the tumor bulges out on each side of the knee, being separated as you see in two equal parts by the tendon of the quadriceps extensor muscle, and the patella seems to float on the subjacent liquid. *Hydrarthrosis* also occurs in persons of a gouty or rheumatic diathesis, whilst *dropsy* may be the result of pressure, the bursa inflaming and enlarging through the various changes in its structure, as is seen in the common complaint termed "house maids knee."

The presence of an abnormal quantity of fluid in a joint is easily perceived by its fluctuation and undulation, by the deformity produced, and the peculiar shape communicated to the part.

Pathology.—The synovial membrane of the joint in a normal state is smooth and glistening, but in an inflamed condition as in Hydrarthrosis, it becomes thickened, with patches of lymph effused upon it. As the disease advances, little villi or vascular tufts appear upon the synovial membrane, oftentimes presenting unevenly hard and soft surfaces, looking as if it had been washed or soddened. The chronic hydrarthrosis usually terminates favorably, but in strumous or scrofulous subjects, it is apt to involve the joint seriously by suppurative inflammation. The surgeon therefore should be cautious in his diagnosis and not confound the fluctuation of purulent matter with that of serous accumulation. In the purulent form of this disease, the usual precursory symptoms of inflammation are always present. The fluid in hydrarthrosis is of a bright straw color, coagulating under heat, and like the fluid of hydrocele, is produced by the dilated and relaxed condition of the vessels of the part affected.

Treatment.—The treatment in this case will be the inter-

Digitized by Google

nal administration of those remedies, which by their specific action on the tissues affected, will strengthen and support their vital tenacity and in this way cause an absorption of the fluid. Secondly, to support the part by a well and firmly adjusted roller from the toes to the lower third of the thigh. In the present case I shall recommend Rhus 200, a dose every morning until Saturday next, the knee to be covered with a piece of *thin sheet lead*, and a roller to be applied firmly and evenly from the toes to above the knee. Whenever the roller becomes loose, as it will in two or three days, as absorption goes on, have it reapplied again and again, keeping the joint as quiet as possible; in the meantime, keeping the patient upon a generous and healthy diet. The allopathic method of blistering the joint, and keeping up a continued irritation about the knee, is, I think, productive of more harm than good, and should be severely reprobated by all progressive and scientific practitioners. It has been recommended by Dr. Grissom, of New York, to produce capillary drainage by exosmosis, by the application of glycerine to the part, but I have heard of no good results following this treatment. Injections of iodine into the joint have also been recommended upon grounds rather hypothetical than reasonable. I have, however, witnessed good effects follow the continued application of a weak tincture of iodine rubbed upon the parts, two or three times a day. I shall have more to say in reference to this case, next Saturday. Until then the treatment ordered, will be closely followed.

CASE II. *Aneurism of the fore arm.*—The case before you is that of a circumscribed aneurism, occuring in the lower third of the arm. The patient, she tells you, is twenty-six years of age, and has had the affection for upwards of two years. It began at first, with a small, soft, fluctuating tumor, following a blow, and attained its present size gradually and irregularly, sometimes it is larger than at others, when the pain in the tumor is proportionally increased. Traumatic aneur-

Digitized by Google

isms are of frequent occurrence in the arm and fore arm, but spontaneous aneurisms are exceedingly rare.

The *diagnosis* of aneurism where they are recent, superficial and circumscribed, is by no means difficult. In deep seated aneurisms, however, it becomes a matter of more difficult solution. In diagnosing an aneurism, we have at first to determine the existence, *or not*, of a tumor; then, to ascertain whether it is aneurismal or an enlargement of some other character. In the present case it is clear, that there is a tumor of some kind, the next point to enquire is, whether or not it is a pulsating tumor; whether it increases and diminishes by pressure applied upon the cardic side of the artery feeding it, or not; whether or not there is the peculiar aneurismal bruit heard over the tumor. In the present case, the diagnosis is clear that it is aneurismal. There may be, however, tumors so closely resembling aneurism as to deceive the most skillful surgeons, as for instance, in certain erectile growths situated upon or under a large artery, and in tumors of a fluid character, as abcesses, situated close to large arteries. In such cases, the most diligent and searching diagnosis should be made, before operative measures are resorted to. In the present case, the diagnosis is so clearly revealed as to leave no doubt of the fact that there is a circumscribed traumatic aneurism of the ulnar artery. Without going into the causes of aneurism and the pathology of this affection, I propose to try digital compression of the brachial artery in this case, and see what effect is produced on the tumor,—you see that the aneurism enlarges and dimishes as the pressure is applied to the vessel and taken off. I propose to continue this pressure for the space of fifteen minutes, to see the result, * * * * * * no coagulation has taken place in the sac, it fills as before. I shall now wait upon this patient at her home and try direct compression upon the tumor, as it is of small size, and unattended by inflamation of the superjacent structures; and in the event of failure in this, will use *alternate* pressure upon the brachial artery, and will report the result on Saturday next. No internal treatment is recommended, as the affection is a purely local one, and can be cured, I think, by the local means mentioned.

Digitized by Google

Clinical Cases.

Differential Diagnosis Between Rodent Cancer and Lupus.

The distinction of rodent cancer and lupus is shown both in the persons whom they attack, and in the characteristics of the local ailment. Lupus occurs in the young adult, rodent cancer in the decline of life. Lupus is exclusively a strumous disease; rodent cancer originates in persons previously healthy. While both diseases arise in the skin, lupus is peculiar to thin and fair integument; rodent cancer to skin of ordinary firmness and color. The aspect of the two diseases differs in their commencement in the skin, and not less so in their later progress. Lupus begins as a pink, low, tuberculous, elevation of the skin; rodent cancer has firm uncolored noduli in it. In lupus, there may be more than one tubercle, the intervening skin may be healthy, or pink, or scaly, or oedematous; the pimple of rodent cancer is solitary. The surface of lupus first scales or peels before it breaks; the rodent cancer excoriates, and then scales or bleeds. Both ulcerate, the lupus at one or at several of its tubercles, the rodent cancer by the mere deepening of its central scabbed excoriation. Lupus may cicatrize and cease at any time; rodent cancer proceeds with at most but a temporary and partial peeling near its edge. When both are far advanced, the lupus has a superficial appearance, though it has destroyed the whole nose; rodent is precipatous and excavated. Lupus possesses contractility, rodent cancer has none. The margin of lupus, though thickened, is slow, and bevelled both outwards by oedema, and inwards towards the shallow ulceration; that of rodent cancer is firm, and is commonly abrupt in both directions. The ulceration of lupus is smooth, and may be multiple, being divided by scars; that of rodent is single and ragged. In the vicinity of lupus there are

Digitized by Google

separate, rather soft tubercles, and an area of pink, scaly integument; around the rodent disease, the skin is healthy; and if a seperate nodule do exist, it is compact, firm and in great part subcutaneous. Lupus is not invariably limited to the face, but may at the same time appear on the hands or elsewhere; rodent cancer is eminently local and centrifugal. The most virulent lupus may, though it rarely does, cause death; rodent disease is always eventually fatal. Like an old issue, or a chronic ulcer, lupus is liable after many years to a rapid growth of epitheleal cancer in its ulcers and scars; the march of rodent cancer may be accelerated toward the end, but its character is not thereby altered.—*Half Yearly Abstract of the Medical Sciences.*

Carbolic Acid in the Treatment of Primary Syphilis.

Mr. Coote calls attention to the treatment of syphilis in its primary forms by the local application of carbolic acid.

His first trial was on patients in the female venereal ward. All surgeons know the trouble and difficulty sometimes experienced in the removal of mucous tubercles, whose growth sometimes appears to be stimulated into additional activity by the employment of the usual caustics.

Case I. Emily K., aged twenty-one, general servant, had a discharge from the vagina, with numerous mucous tubercles on the labia and inside of the thighs. On January 17th, 1868, carbolic acid lotion (gr. V to the ounce of water) was ordered. The period of treatment was three weeks. On February 7th she was discharged, all the tubercles having disappeared.

Case II. Jane P., aged nineteen. This case was similar to the former; but the tubercles were more numerous and larger. On January 21st, a lotion composed of carbolic acid and water, equal parts, was ordered to be applied by means of a brush each day; and the usual carbolic acid lotion to be kept constantly applied to the parts. On February 2nd, the tuber-

Digitized by Google

cles had entirely disappeared. In this case the period of treatment was twelve days.

Case III. Catharine H., aged twenty, had a discharge from the vagina, with a mass of mucous tubercles on the labia and upper parts of the thighs, and around the anus. On January 24th the strong lotion consisting of equal parts of carbolic acid and water, was ordered to be painted on daily with a brush, as in the preceding case; the usual carbolic acid lotion to be constantly applied. On February 7th, the tubercles had almost entirely disappeared. The patient was nearly well. In this case the period of treatment was fourteen days.

In all these cases the pain was inconsiderable, nor was there any necessity for the use of surgical instruments, such as scissors, &c.—*British Medical Journal, March 14th.*

Spontaneous Inversion of the Uterus During Natural Labor.

BY W. D. FOSTER, M. D., HANNIBAL, MO.

(For the Independent.)

CASE. On the night of May 10th, 1866, I was called to see Mrs. G., about six miles up the river, in labor. At 9 P. M. the *waters* came away, there being no pains at the time. Reached the house between 12 and 1 o'clock A. M. Patient, strong, healthy woman, phlegmatic temperament. Oct. 26, upon my arrival found she had slight pains at long intervals, irregular. Taxis revealed the *os* dilated to the size of a silver dollar, hard and resisting, head presenting. Bowels evacuated before arrival. Firm pressure and gentle frictions over region of the uterus, soon brought on moderate contractions, gradually increasing. At the end of two hours, the *os* was found to be slowly dilating. The patient was restless and somewhat feverish. At 5 A. M. the expulsive efforts became strong, the vertex presenting in the left occipito-iliac anterior position; the head was found in the inferior strait, and one or two strong expul-

Digitized by Google

sive efforts sufficed to deliver the head; the next pain brought the shoulders, when nothwithstanding the violence of the contractions several efforts were necessary to effect the delivery of the remainder of the child's body. During the expulsive contractions the patient was requested to "bear down" with the "pains" and cease with them. After waiting a reasonable length of time, without spontaneous delivery of the placenta, the pains continuing unabated, I concluded to attempt the delivery of the placenta by manual interference. Upon introducing the fingers into the vagina, I found it entirely filled by a tumor, which in a moment I felt to contract. Being struck by the singularity of the circumstance, to make matters sure, —never having had a case of Inverted Uterus before—I followed the cord with two fingers, and found the placental mass resting in the excavation, and the contracting tumor projecting over and beyond it. The diagnosis was plain, and although the entire gravity of the case flashed upon me as a thunderbolt, I quietly explained the nature of the difficulty to the lady, meantime removing the placenta. As there was no hemorrhage of consequence, I proceeded slowly and gently to replace the organ by pressing first one, then two fingers firmly upon the cone of the uterine tumor, and gradually carried the hand up until the fundas receded from the touch—when normal contractions supervened, and the woman made a good recovery. It will be observed no traction was made on the Cord. The only efforts to deliver the placenta are as stated above. A similar case is reported in some foreign Journal of last year, the only one I recollect of ever seeing.

OBSERVATIONS OF HEMORRHOIDS.

BY CARROLL DUNHAM, M. D., OF NEW YORK.

The results of the homœopathic treatment of hemorrhoids and cognate affections of the rectum and anus, are peculiarly gratifying. Positively, because they show a much greater and more uniform success than we should have been justified in ex-

Digitized by Google

pecting in affections so liable to constant mechanical aggravation. Comparatively, because they show that our specific remedies have power over conditions which the other schools of medicine treat only by palliative dietetics, or by the destructive procedures of surgery, but do not pretend to cure.

The efficacy of *Nux vomica* and *Sulphur, Sepia and Lachesis* in these affections and the indications for their employment, are already well established by the experience of our school. *Hamamelis, Collinsonia* and *Æsculus* have proved useful in many cases, and are being zealously studied. Pasing these remedies, I wish to speak first of IGNATIA, which I have found indicated, and of exceeding efficacy in many cases of hemorrhoids.

The symptoms which indicate *Ignatia* are quite numerous. The evacuation of fæces is difficult, because of a seeming inactivity of the rectum; the prover cannot make a violent effort to expel them, without danger of eversion and prolapsus of the rectum. After stool, painful constriction of the anus; recurring pains in the anus, compounded of soreness and spasmodic constriction, or pressure. Moderate effort at stool causes prolapsus ani. After stool a violent stabbing stitch from the anus upwards into the rectum. Bleeding after and during stool. I have regarded the symptoms of the stitch upwards into the rectum as a characteristic indication for *Ignatia* in bleeding hemorrhoids, where other symptoms at all corresponded; and I do not remember to have failed in any case in which this indication was present.

A persual of the symptoms above recited may suggest to some reader the cognate malady "fissure of the anus"; in which also *Ignatia* is a valuable remedy. *Nitric acid, Platina* and *Plumbum* may be likewise indicated, and have been of service in the treatment of "fissure of the anus." But I make particular mention now of GRAPHITES, which I have several times used with success, and particularly in a recent and very painful case. The direct indications are found in the following symptoms. Burning and bleeding during stool, pressure and burning and sharp cutting stitches in the anus. Soreness at the anus, and smarting on contact; bleeding from the rectum, with sharp, stitching pain. Prolapsus ani, with sensation as though the sphincter had lost its contractile power, and were paralyzed.

Digitized by Google

The following cases illustrate the action of *Ignatia* and *Graphites* respectively:

1. Mrs. B., aged thirty-three years, mother of three children, the oldest of which was born six years ago. After her first confinement, she had hemorrhoids, which have been growing worse ever since. Tumors prolapse with every stool and have to be replaced; they are sore, as if excoriated. Much hemorrhage with every stool.

Both hemorrhage and pain are worse when the stool is *loose.* Dull, dragging pain all around the pelvis, constant tenseness and frequent spasmodic constrictions of the anus, followed by a sharp stitch from the anus upwards into the rectum. She is nursing a child thirteen months old.

May 12, 1860. I prescribed *Ignatia*^{200} three powders; to dissolve a powder in four ounces of water, and take two drachms every four hours.

May 28. Bleeding has ceased; the tumors prolapse, but return themselves; no more pains; bowels regular. But she is very weak; perspires easily and always profusely when she sleeps. I ordered her to cease nursing her baby and to take a more nourishing diet, and gave *China*^{200} eight powders; one every night and morning.

July 6. Is strong and well. No signs of hemorrhoids.

May 10, 1868. The hemorrhoidal trouble has not returned although Mrs. B. has since had another baby.

2. Mrs. H. T.; aged twenty-nine years; has two children; has been subject to hemorrhoids for several years. For the past year they have been very troublesome. Profuse bleeding with every stool. Tumors prolapse; are at first soft; but soon become hard; they have to be replaced, but prolapse again from exercise in walking. Sharp stitches from the anus upwards into the rectum.

Dec. 27, 1867. *Ignatia.*

Jan. 6, 1868. Decided improvement, in that pains have ceased. The bleeding is slight and infrequent, and the tumors return spontaneously.

Feb. 20. Entirely well.

There was no return of the hemorrhoids during pregnancy, although their first appearance had been during her first pregnancy. Two months after confinement, which occurred in May, Mrs. T. applied to me for relief from a trouble which her phy-

Digitized by Google

sician, after examination, pronounced to be "fissure of the anus;" and for which he recommended forcible dilatation. The pain during an evacuation was a very severe, sharp, cutting pain, which was followed by constriction and aching for several hours; especially severe at night, so that she could get but little sleep. By her physician's advice, she had been using small enemata of water; retaining them as long as possible, and then voiding them without effort. I recommended a continued use of these enemata and gave *Graphites*[200] in solution; a teaspoonful every four hours. I should state that I verified the diagnosis of "fissure." Within three days the pains had entirely ceased; an evacuation after enema was painless. The enemata were continued for a fortnight, and could then be dispensed with. There has been no return of this trouble.

Our French colleagues speak highly of *Ratanhia* in fissure of the anus; and, at a recent meeting of the French Homœopathic Society, Dr. Rafinesque, alluding to Dr. Ozanam's paper on *Paeonia*, reports a case of fissure in which *Paeonia*[3], used both internally and externally, effected a prompt and enduring cure. Atrosious pain accompanied and followed each defecation; after an hour or two of relief, the pains would recur, and last twelve hours, preventing sleep or rest, and compelling him to walk the floor nearly all night. Dr. Cretin reports a similar, though less severe case, cured by *Paeonia*[3].—*The New England Medical Gazette.*

Editorial Notes.

PART No. 2, of the therapeutial portion of the article on Cerebro Spinal Meningitis, from the pen of its able and highly esteemed author, we copy from the *Hahnemannian Monthly.* This article was originally intended for the pages of the *Independent,* (part first appearing in No. 3 of this Journal), but from some oversight on the part of the former editor of the *Independent,* the author withdrew and turned over the same to the *Hahnemannian.* Feeling that our volume would be sadly incomplete without this most valuable portion of this paper, we give it place in the present number.

Digitized by Google

WE are in receipt of several valuable clinical cases, too late to find place in the present issue, each one of which, will appear in the March number. Also a paper from the pen of Prof. Frost, on Secale Cornutum.

THE CITY HOSPITAL OF ST. LOUIS THROWN OPEN TO THE PROFESSORS AND STUDENTS OF THE MISSOURI HOMŒOPATHIC MEDICAL COLLEGE.—It will be gratifying to the readers of the Independent, the Homœopathic profession and the patrons of Homœopathy generally, to learn that a petition has been presented to the Common Council of this city, in behalf of the Faculty and Trustees of the Missouri Homœopathic Medical College to admit the Professors and Students of this school, into said city Hospital with equal rights and privileges of other medical Schools of this city.

A petition of similar purport, and of like character was sent before the Board of Health of this city, which board consists of *three* Allopathic physicians and two lay citizens. This petition, with the characteristic liberality and generosity that attaches to Allopathic practitioners generally, was indignantly rejected and a motion to lay on the table, unanimously carried, and thus consigned to the "sleep that knows no waking."

It was then resolved by the Faculty and Trustees of said College, believing their claim to be just, and in accordance with the letter and spirit of the ordinance "establishing and regulating the health department of this city," to appeal to the City Council for relief from the unjust discrimination exercised against them, by the said Board of Health,

It is to this honorable City Council that the patrons of Homœopathy, its teachers and students owe an immeasureable debt of gratitude for rescuing their cause from that oblivion to which it was to be consigned by the Board of Health, and placing it in a position of equal importance and advantage, so far as the city Hospital is concerned, with the hitherto more favored brethren of the Allopathic school. The following is the ordi-

Digitized by Google

nance prepared by the Common Council of this city, and which has become a law:

An ordinance allowing the Homœopathic Medical School to be admitted to the City Hospital under the same rules and regulations governing other Medical Schools,

Be it ordained by the City Council of the city of St. Louis,—

SECTION 1st. The Board of Health are hereby instructed to allow the Homœopathic Medical School of this city to be admitted to the wards and lecture rooms of the City Hospital under the same rules and regulations that is required of the other Medical Schools of this city; and the Board of Health are further instructed to designate to the respective medical schools visiting said hospital, the days they will be allowed to visit said hospital respectively."

By this act of the City Council, the students of the Missouri Homœopathic Medical College, are entitled to all the privileges and benefits that this extensive public charity affords for acquiring a more thorough and systematic course of medical instruction, thereby placing the city of St. Louis in the van guard of Homœpathic Medical education.

The students of Homœopathy who seek this city for the purpose of acquiring a medical education, will have many reasons to thank the present City Council for the advantages afforded them in the pursuit of their cherished profession.

IN the last No. of the *New England Medical Gazette*, which is always a welcome visitor to our table, there appears an exceedingly ***humble*** three page "puff" of Chicago—its medical school—its "fine class of men" as ever was seen "outside of a medical Society," its "mature Students," &c. Surely, "Encephalon" is teeming over with brain matter, "so very humble," withal, that it is absolutely refreshing to see a Chicago Doctor not boasting of the superior and incomparable advantages that city possesses in the cause of medical education—we all know what "Uriah Heeps" these "Chicagoians" are, and "Encephalon" the paragon of them all. ***They*** never "puff," ***they*** never ***boast***; ***they*** never brag of Chicago, oh, no. Yet with all their puffing, bragging and boasting, does not "Encephalon" know that students have left Chicago

Digitized by Google

to finish their medical education elsewhere, it may be in St. Louis—and would it not benefit "Encephalon" in a medical sense to "go and do likewise." As to the class in the Saint Louis College being "smaller this year than last," as stated by this "Encephalon," who vaunteth not, and is not on the "puff;" it is simply untrue, and proves that this "man of brain" is not a whit more appreciative of veracity, than he is of honesty to his brethren in the faith. The converse of this is true, that there is a *larger* class at St. Louis this year than last, "Encephalon's" statement to the contrary notwithstanding.

JUSTITIA.

MARRIED.

BRODERICK—SWAYZE.—At Ingersol, Ont., on the 6th of November, by Rev. J. M. Ellioth, H. M. BRODERICK M. D., of Chatham, Ont., to MISS. ANNIE SWAYZE of Ingersol.

Our congratulations and good wishes, always warm for young Benedicts, are deeper for Dr. Broderick and his bride, and their future happiness, since we find his name among the lists of graduates of the Homœopathic Medical College of Mo.—ED.

TO THE HOMŒOPATHIC PROFESSION.

Volume II, of the "Science and Art of Surgery," has been unavoidably delayed in its publication by the large expense to which the author has been subjected in its progress through the press. The material for the second volume is now fully prepared and ready for the printer; but to attain as much perfection as possible for this work, and that it shall comprehend in its fullest extent, the wide field of unpublished material in our surgical literature, the author solicits from the profession any observations of surgical interest touching the diseases incident to any portion of the body.

This volume will contain diseases of joints, dislocations, fractures, injuries and diseases of the cranium, affections of the palate, teeth, tongue, uvula, tonsils, pharynx, and æsophagus, neck arteries and veins, affections and injuries of the chest, abdomen and their contents; of the extremities, amputations, resections, &c., &c., &c., and their treatment according to the homœopathic law of cure.

Articles on any of the surgical diseases incident to either portion of the body, will be thankfully received and duly accredited, and placed in their proper position in the text; and it is hoped that every practitioner will add his quota to this enterprise, that it may embody the experience of the Homœopathic Profession rather than that of an individual thereof, The manuscript will be retained until the first of May, 1868, at which time it will be placed in the hands of the printer for publication.

E. C FRANKLIN, M. D.,
709 Pine Street, St. Louis.

Digitized by Google

Materia Medica, Characteristics & Therapeutic Hints.

CHARACTERISTICS OF DULCAMARA.

BY J. T. TEMPLE, M. D.

MIND AND DISPOSITION.

Great restlessness and impatience; inclination to scold, without being angry.

HEAD.

Painful stupefaction of the head.

Delirium at night, with the pain, and during the fever heat.

Vertigo when rising from bed, with darkness before the eyes.

Stupefying headache; heaviness of the head.

Congestion of blood to the head, with murmuring in the ears and hardness of hearing.

Boring headache from within to without, in the temples and forehead; worse before midnight, and when lying quiet; better when talking.

Sensation of enlargement of the Cerebellum.

Digging pain in the forehead, with the sensation as if the brain were enlarged; worse in the evening, till midnight and when becoming cold; better when lying down.

Unpleasant sensation of chilliness in the Cerebellum.

Unpleasant sensation of chilliness in the Cerebellum and over the back, with the sensation as if the hair were standing on end; returning every evening.

Thick crusts on the scalp, causing the hair to fall off.

EYES.

Twitching of the eyelids in the cold air; opthalmia from catching cold.

Digitized by Google

Dimsightedness; sees everything as through gauze, (amaurosis.

Sparks before the eyes.

Sensation as if fire were darting out of the eyes, when walking in the sun or in the room.

NOSE.

Bleeding of the nose; the blood is bright red, very warm, accompanied with a pressure above the nose.

Dry coryza, aggravated in cold air.

FACE.

Pale face with circumscribed redness of the cheek.

Thick herpetic crusts, brown or yellow, on the face, forehead and chin; crustea lactea.

Humid eruptions on the cheeks.

Warts and eruptions in the face.

Twitching movement of the lips when the air is cold.

Distortion of the mouth; it is drawn to one side.

MOUTH AND THROAT.

Inflammation of the throat after catching cold.

Dryness and roughness of the tongue, with much thirst and increased flow of saliva.

Swelling of the tongue, hindering speech and impeding breathing.

Paralysis of the tongue, (in damp and cold weather.

Ptyalism; the gums are loose and spongy; saliva tenacious, soap-like.

Continued hawking up of tough saliva, with much rawness of the fauces.

Itching crawling on the tip of the tongue.

STOMACH AND ABDOMEN.

Strong desire for cold drinks, (with dryness of the tongue and increased saliva.)

Hunger after the fever heat.

Bitter taste.

Digitized by Google

Vomiting of (white) tenacious mucus, (morning.)

Sensation of inflation in the pit of the stomach, with disagreeable sensation of emptiness in the abdomen.

Swelling of the inguinal glands.

Retraction of the pit of the stomach, with burning pain.

Cutting pain around the umbilicus.

Colic from cold, as if diarrhœa would set in.

Dropsy of the abdomen.

STOOL AND ANUS.

Diarrhœa, with colic, after a cold.

Diarrhœa, consisting of a green or white mucus.

Slimy diarrhœa, with faintness.

Chronic, bloody diarrhœa, with biting at the anus, or with vomiting, eructations and thirst.

Diarrhœa with colic, particularly in summer; nocturnal watery evacuations when the weather suddenly becomes cool, with prolapsus recti.

URINARY ORGANS.

Retention of urine; strangury; painful micturition.

Urine turbid and white.

Turbid, fetid urine.

Sediment of the urine—mucus.

Involuntary discharge of urine, from paralysis of the bladder.

SEXUAL ORGANS.

Men; Tetters on the genitals.

Women; Menstruation too late, and of too short duration; blood watery and thin.

Suppressed menstruation from cold.

Rush before menstruation.

Herpes on the mammæ in nursing women.

Suppression of milk from a cold.

RESPIRATORY ORGANS.

Oppressed breathing, from a cold; from accumulation of mucus.

Digitized by Google

Whooping cough, with profuse secretion of mucus in the larynx and trachea; during each attack expectoration of tasteless mucus, which is often streaked with blood.

Cough, with expectoration of bright blood.

Hoarseness.

Violent palpitation of the heart at night.

BACK.

Lameness of the small of the back, from a cold.

While at rest, drawing from the small of the back down the thighs; when moving, stitches in it; they are relieved by pressure.

Stiffness of the neck, from a cold.

Swelling of the glands on the neck.

EXTREMITIES.

Upper. Paralysis of the arms; they are icy cold, especially during rest.

Herpetic eruptions on the arms and hands.

Warts on the hands.

Perspiration in the palms of the hands.

Lower. Herpetic eruptions on the knee.

Erysipelas of the feet; they peel off and itch.

Tingling in the feet as from formication.

Burning in the feet.

SLEEP.

Restless sleep after midnight.

Wakens early.

GENERALITIES.

One-sided spasms, with speechlessness.

Paralysis of different single parts.

Rheumatic pains and other complaints, from a cold.

Increased secretion of mucus from the mucus membranes and glands, the activity of the skin being suppressed.

Dropsical swelling of the body.

(To be continued.)

Digitized by Google

THE MONTHLY

Homœopathic Independent,

PUBLISHED AT TWO DOLLARS A YEAR, IN ADVANCE.

No. 9. ST. LOUIS, MARCH 1869. VOL. I.

☞Communications intended for publication, should be addressed to A. P. SKEELS, M. D., 1007 Olive street, St. Louis, or to either of the assistant Editors. Communications on business, to JOHN CONZELMAN, M. D., No. 1417 Carr street, St. Louis.

Original Contributions.

SECALE CORNUTUM.

BY J. H. P. FROST, M. D.

Some notices of *Ergot of Rye,* met with in recent allopathic publications, have led me to examine all within my reach; in order to glean, if possible, something confirmatory or additional to what we have already in our Materia Medica. Aside from its direct clinical value, this poisonous fungus becomes one of the most interesting of all, by reason of the very extensive, involuntary proving, which results from its occasional consumption with food. In *wet* seasons, especially on the Continent of Europe, the grain becomes *laid;* the ergot forms in the *wheat** as well as in the *rye,* and, from being imperfectly separated in grinding, poisons the food in entire districts. A

* *Ergot of Wheat.*—Dr. Jobert makes the following statements respecting this substance: 1. "The Medical and obstetrical property of this ergot is as incontestable as of ergot of rye; and its effects are as prompt, as direct, and as great. 2. Its hœmostatic action appears certain. Dr. J. has administered it several times against abundant discharges of blood, and immediately after labor it has almost constantly and fully succeeded. 3. In the dose of one or two grammes (about 15, or 30 grains) according to urgency, in cases of uterine hæmorrhage, during any period of pregnancy, it has frequently succeeded in lessening, if not completely arresting, the hæmorrhage; and this without appearing to produce any stimulant action on the Uterus."—*Gaz. des Hopiteaux,* March, 1855.

Digitized by Google

wide-spread Epidemic is thus produced, which causes either *spasmodic* affections, or *gangrene* of the *Extremities*, and becomes very fatal.

M. Teste, writing, in France, some fifteen years ago, says:* "Ergot has scarcely been used by homœopathic physicians in any other than those diseases for which it has been recommended by allopathic practitioners, namely ; in *inertia* of the *uterus* (during labor), *retention of the placenta, profuse lochia, menorehagia* and *leucorrhœa*. This remark, true enough at times, perhaps, is true no longer. For, not to speak of *Gangraena Senilis*, the gangrene of old people,—in which it forms the most remarkable, if not the only strict homœopathic remedy†,—this drug has proved indispensable in some forms of Malignant *Cholera Asiatica*, especially in cases characterised by *constant desire to be uncovered*. This symptom alone may serve to distinguish *Secale* from *Arsenicum*—which it otherwise may greatly resemble—in extreme conditions of Cholera; the former having *involuntary diarrhœa*; the latter, *"unperceived involuntary discharges of feces."* While even the thirst, *"unquenchable"* with secale, may be *insatiable* with *Arsenicum*—but in the latter case the patient usually desires *'to drink frequently, although but little at a time."*

But to enumerate all the different forms of disease in which this "heroic remedy" is now found useful, does not come within the scope of the present article‡. We wish to furnish some little addition to those so fully stated by Dr. Hempel‖; and, if possible, to increase and corroborate the indications sup-

* "Homœopathic Materia Medica," p. 622.

† *Carbo Veget* has, *"Gangræna Senilis of the toes,"* as a clinical observation; and several *approximate* pathogenetic symptoms.

‡ The comparative meagerness of the materia medica of the Old School is well illustrated by the very scanty notice, which a recent standard author makes of this drug: "Ergot of Rye is a Stimulant to the muscular nerves of the Uterus of the female, but to no other nerves in any marked degree. Borax and Rue (*Ruta grav.*) possess a similar action, but are not so efficient."—*Headland*, "Action of Medicine," p. 261.

‖ Lectures on Materia Medica, Vol. II; Lect. LXXXVIII.

Digitized by Google

plied by the pathogenesis of Noack and Trinks, as it now stands in the Symptomen Codex.

The opinions of the authors already referred to, respecting the "dose" of Secale, are here prefixed; since they deserve always to be borne in mind; Dr. H. says: "it may be given from the 200th potency down to three or five grains of the powder. I have seen marked and even painful uterine contractions take place immediately after the exhibition of the 200th potency." M. Teste says: "Secale is perhaps more than any other drug capable of showing the action of infinitesimal doses. I had charge of a lady of fifty years, fat, with soft flesh, and attacked with flooding that nothing could stop. I gave her large doses of Secale, without scarcely any effect. I gave her a drop of the sixth dilution, and the flooding ceased *immediately* and permanently. I repeat, that three days previous, Secale had been given in large doses without any result."

Ergotism, or the general disease caused by using ergot,—as food, or in such a manner as to develop its toxicological properties,—may be divided into three clases, according to the intensity of the symptoms: viz. *Neuralgic*, *Spasmodic*, and *Gangrenous*, affections. But what we can present under these heads is by no means intended to include the entire pathogenesis of Secale; we can only give a birds-eye view of a limited portion of the landscape,—in the first instance from a clinical stand-point, in the second and third, from a pathogenetic one.

I. SECALE C. IN NEURALGIC AFFECTIONS.

Dr. E. Woakes, in a recent English publication*, records some interesting cases, illustrative of the curative action of Secale c. in neuralgic affections. Although these cures were made by large doses; still as the medicine itself was mostly uncombined; the reality of the cure and its homœopathicity are mutually apparent. Dr. W. finds certain eruptions upon the skin, (Rash, Shingles &c.) associated with neuralgia. The

* *Brit. Med. Jour., Oct. 3, 1868; reprinted in the Quarterly Journal of Psychological Med.*, New York, Jan. 1869, p. 186.

Digitized by Google

pathology of such cases he explains in the following manner: A supposed temporary suspension of the regulating influence exercised over the minute arteries by the sympathetic nerve fibres distributed to them, occasions an effusion from the capillary arterial twigs, which produces a spot of herpes (or rash) upon the cuticular surface of the papilla. The mechanical pressure of the effused fluid upon the sentient fibrillæ occasions the severe pain and give rise to the neuralgia associated with the eruption. It was this suspended function of the nerves that the ergot was supposed to restore, so as to allow the removal of the effused fluid from its pain-causing situation; thus curing at once the rash and the neuralgia. Dr. W. reports five cases; one of severe neuralgia following shingles, one of sciatica of four months duration, one of hemicrania, and two of ordinary tic; in all of which cure resulted in from four to six days after commencing with the Ergot.

In the *first* case: the patient, a single female, aged 22, had had headache six weeks; and sharp pain in the *right* side of the chest one week, after which an herpetic rash appeared beneath the *right* breast, extending backward on this side to the spine. There was also a sharp neuralgic pain, besides that below the breast, in the second *right* intercostal space. At a later date, the rash was extending on the same side. The pain was very severe under the right breast." In the *second* case: C. L., aged 21; *Sciatica*, pain in the *left* hip, shooting down the back of the leg in the course of the sciatic nerve, *worse at night*, with high-colored urine, during four months. She was cured in four days. In the *third* case, E. B., aged 21; *Tic Douloureux*, severe tic of the *left* side of the face, affecting especially the inferior dental nerve, and extending downward to the shoulder. In the *fourth* case, *Hemicrania*, J. F., male, aged 35, "has been repeatedly under treatment for that form of neuralgia known as brow-ague. His attacks have been cured alike by quinine and by sesqui-oxide of iron. Sometimes they are very severe, and the treatment long-continued!

Digitized by Google

When last seen he had a very sharp attack of neuralgia in the *right* temple; after taking the ergot ("every four hours, an ounce of a mixture of two drachms of liquid extract of ergot in six ounces of infusion of ergot") two or three days, he was cured more satisfactorily and quickly than in his former attacks." In the *fifth* case, *Tic Douloureux*, Miss E., aged 22, had had tic in the *left* temple, for two weeks, very severe at times. The neuralgia was relieved immediately after commencing to take the ergot, ("one ounce every four hours, of a mixture containing two drachms and a half of liquid extract of ergot in eight ounces of infusion of ergot") and it left her entirely after using it two or three days. In connection with these cases Dr. W. remarks that, when the ergot is likely to be useful, its good effects commence immediately. And in concluding these allopathic cures, we would suggest that without doubt these cases might have been still more rapidly cured by using the homœopathic preparations of the same drug.

II. SECALE C. in SPASMODIC AFFECTIONS.

The spasmodic form of Ergotism, as it appeared in some of the districts of Bohemia, in 1736, is thus described by J. A. Srinc, who alone saw five hundred cases of it. "It commences with a sense of tingling or itching of the feet; severe cardialgia then came on, and the disease ascended to the hands and head. The tingling sensation, sometimes compared to the bites of ants, was followed by violent contractions of the hands and feet, affecting each particular joint, and described as resembling the pains of dislocation. The patients complained that their *hands and feet were burnt, the body being bathed in copious sweats.* After these pains—which were intermittent, having sometimes intervals of two or three days—the sufferers were affected with drowsiness, giddiness, indistinctness of vision, and staggered in walking. Some became maniacal, some melancholy, and others comatose. Those who had reached their fifteenth year were very liable to Epilepsy, and of these the greater part died. *An enormous appetite* gener-

Digitized by Google

ally accompanied this train of evils. *Spots* appeared on the feet of one, resembling the bites of fleas, which remained to the end of the eighth week. The faces of many were extensively covered with these spots. In those who recovered, the disease rarely abated before the third week, whilst in many it continued for one or two months."

These symptoms—as well as those similar, and more fully detailed under the head of *Ergotismus Convulsvuis*, in the Symptomen Codex* represent the true CEREBRO-SPINAL MENINGITIS; and suggest the inquiry whether the sporadic and even the epidemic appearance of this disease may not, in some instances at least, be attributed to admixture of *ergot* with food, an admixture too minute to occasion a general pestilence; but capable of inducing this disease in persons most susceptible to its influence. The editor of the *Symptomen Codex*, quoting from the same author above mentioned, *Srinc*, —includes in this connection the very important symptom; "*Spots*† on the feet resembling the bites of fleas," *Petechiæ*.— Dr. Hempel, copying the summary of Wilmer, says: "The *hands* and feet are sometimes covered with *spots* resembling flea-bites."‡ These "spots" appear more frequently in the *gangrenous* than in the spasmodic varieties of Ergotism; the former resulting from a more profound *nervous prostration*.

III. SECALE C. IN GANGRENOUS AFFECTIONS.

Upon this division of our subject we may be brief since it has been quite fully set forth in our Materia Medica. Still some little repetition may be pardoned, for the sake of calling attention to important *characteristic indications*. The gangrenous variety of ergotism is thus described by Langius, as

* Vol. II. p. 748.

† The pathology of these *spots*, and their intimate connection with failure of life-power in the minute nerve-twigs, is shown in reference to *rash and neuralgia*, in the former part of this article. The same pathological cause for these "spots" in *Cerebro-Spinal Meningitis*, exists in a more marked degree; and renders the Secale pathogenetic symptom of "*spots*" still more valuable and characteristic.

‡ Lectures on Materia Medica, II. p. 351.

Digitized by Google

observed by him in Switzerland 1715, and 16. "After excessive lassitude, more or less protracted, and unaccompanied with fever, the extremities become painful, cold, and rigid. Benumbed, and almost insensible, the limbs were yet capable of movement, though with difficulty. The patients were afflicted with grievous internal pain, *which was greatly increased by heat*, whether of the bed or atmosphere, but *abated somewhat when exposed to a cooler temperature*, though even then it was scarcely tolerable. The pain extended by degrees from the toes to the legs and thighs, and from the fingers to the arms and shoulders; till, sphacelus supervening, the affected parts, dead and black, dropped from the trunk or the adjacent members."

In a single case, described as having occurred in England, in 1854, of a man who finally recovered after losing both feet and nearly all his fingers, the patient complained that *heat, applied to any part of the body, aggravated his pains. His extreme aversion to warmth was very remarkable.* And if on a cold day any additional covering was laid upon him while sleeping, he awakened almost instantly and threw it off. He was generally found, in the coldest weather, lying in bed with only an old cloak thrown over him.*

The *eruption* which appears on the skin in consequence of poisoning by Secale c. is well illustrated in this man's case of gangrenous ergotism. "It was most abundant on the knees, shoulders, elbows, and the skin covering the lines of the tibia and ulna. The face had many spots on it; they were observed on the nose, the upper part of each ear, and even on

* A very similar aversion to being covered, and strong desire to remain in the cold—which forms a most important feature in the condition of many insane persons—will show how valuable a remedy the Secale may prove in such cases. That morbid state of the nervous centres which—equally in the insane and those poisoned by ergot—causes them both to dread heat and seek cold, is seen developed in a still greater degree in those not unfrequent instances in which delicate young women sleep naked on a stone floor, in a room so cold that the water is frozen—sleep thus in apparent physical impunity, and without consciousness of suffering. Such cases I have myself seen. In both cases—the one poisoned by ergot, and the other insane—there must be a similarly disorganized condition (tuberculous?) of the cerebro-spinal nervous centre. Compare Maudsley's "Physiology and Pathology,—the Mind," p. 286, *et seq.*

Digitized by Google

the glans penis. Indeed, no part of the body appeared to be wholly exempt from them. The eruption was accompanied by intense itching. Its duration was uncertain; sometimes disappearing in a few days, and at others continuing for many weeks. The spots generally appeared in small patches, varying in form. They differed from petechiæ in color, being of a redder tint, and were slightly elevated above the level of the skin."

The gangrene of the lower limbs, caused by ergot, may not give any perceptible fœtor until separation commences between the sound and the gangrenous portions. But the gangrene itself may be accompanied by an *excessive, offensive perspiration.**

It should always be borne in mind that the ergot is capable of producing gangrene in the human species months after the use of the bread that contained it has been abandoned.

A case of this kind is recorded of a girl admitted, in 1854, into a Parisian hospital, who had partaken of no injurious food for three months prior to her illness.† She had lost the use of her fingers for a month previous to her admittance. "One of the last phalanges in both hands was of a deep black color; the tips of the others were purple and cold. The fingers were stiff, cold, shrivelled up, and painful to the touch; while the hands were covered here and there with *red spots*, like erysipelas. The pulse was perceptible at the wrist. The feet were swollen, but presented no signs of approaching gangrene. *Previous to the appearance of the gangrene she had been regular; but since then she had never menstruated.*"

In conclusion, we would remark that our present account of Secale c. may be wonderfully adapted to cases of *Cerebro-Spinal Meningites;* and in this sense, the whole of the present article may be regarded as supplementary to our previous one on that disease.

* Brit. Jour. Hom., Apr. 1856,
† London Medical *Times*, March 1854.

Digitized by Google

VALEDICTORY ADDRESS

To the Members of the Graduating Class of the Seventh Annual Session of the Homœopathic Medical College of Missouri, Feb. 25th, 1869.

BY N. D. TIRRELL, M. D., PROFESSOR OF CHEMISTY AND TOXICOLOGY.*

On Christmas Day 1642, Isaac Newton was born at Woolsthorp, England; on March 20th, 1727 he died at Kensington, a suburb of London, in the 85th year of his age.

Christian Huyghens, a Dutch Astronomer, was born at the Hague, Holland, April 14th, 1629, and died there, July 8th 1695, in the 67th year of his age.

Each of these two great cotemporaries is the author of a theory of light—Newton of the corpuscular theory, which he first communicated to the Royal Society in December 1675 in a paper entitled "*A Hypothesis Explaining the Properties of Light*"—Huyghens of the undulatory theory, which he first announced in 1678 in a paper entitled "*A Treatise on Light,*" printed in 1690. For more than a century and a half, philosophers have been divided by these rival theories; but, as many of the more recent optical discoveries, have failed to obtain a satisfactory explanation by the corpuscular theory, the other, the undulatory, has obtained more general, if not universal acceptation.

In the corpuscular theory, light is regarded as a material substance, consisting of infinitely minute molecules, which issue from the luminous bodies, and pass through space with amazing velocity. Thus, in this theory the Sun is regarded as a source from which the moleculus are projected in every direction, with such velocity, that they pass from the sun to the earth, a

* The author feels that this address falls in "Oneness." Selected from scientific and other works, much material was but partially prepared for use, which more time would have enabled him to elaborate and adjust. He is greatly indebted for what he says upon assimilation to "Finke's High Potencies," and to "Wilkinson's Human Body and its Connection with Man," "also to Hartlaub."

Digitized by Google

distance of 95 millions of miles in eight minutes and thirteen seconds; about 190,000 miles per second.

In the undulatory theory of Huyghens, the luminous body does not transmit any matter through space. The luminous body is regarded as a centre of vibration; but in order to explain the transmission of these vibrations through space, the existence of a subtle fluid is assumed, which plays with regard to light, nearly the same part as the atmosphere plays with regard to sound. The Sun in this theory is the centre of vibration; and the space which surrounds it being filled with an atmosphere of this subtle fluid, transmits this vibration, exactly as the atmosphere transmits the vibration of a sounding body.

This fluid has received the name of *ether*; it fills all the vacant spaces of the universe; whether they be the vast abysses that are interposed between the celestial bodies, or those infinitely small spaces that intervene between the molecules of matter. If this universal ether were in a state of perfect repose, the universe would be in absolute darkness; but when this state of perfect repose is disturbed, and an undulation or vibration is imparted to it, that instant light is created and is propagated on all sides.

The probability of the existence of this ether becomes heightened, by the consideration of a discovery of Enke's, that of the so-called *"resisting medium."* Amongst the important memoirs he gave the world, the most important was published in Berlin in 1831, upon the comet then bearing the name of Pons, the astronomer of Marseilles, France, who discovered it in 1805; but now known as the comet of Enke. Since the discovery, Enke dilligently applied himself in determining its orbit; this was in 1818. He showed its period to be about 3.3 years; that it was probably the same comet observed by Mechain in 1786, by Miss Herschel in 1795, and by Pons in 1805. Encke predicted its return in 1822 and 1825, which predictions were realized. This short period offered an op-

Digitized by Google

portunity for studying the habits of these celestial vagabonds, an opportunity hitherto never presented in other comets, since the periods of all comets known at that time extended from 75 to many hundred years; some of them, indeed fated never to return to our system; but, either lost in the depths of space, or from our sun starting off in a direction that would compel them to revolve about some other sun. With each reappearance more elements were afforded for computing its orbit; it appeared again in 1828, as predicted, and Encke was able to fix its orbit within that of Jupiter. By comparing the times of its successive apparitions, Encke was led to detect a gradual acceleration of its motion amounting to 2½ hours on each revolution. This acceleration was never before recognized in any movements of any other celestial body. Encke ascribed the cause to the influence of a resisting medium, which sensibly affects a body of the extreme rarety of this comet, which is transparent to its center, but has no perceptible effect upon the denser planetary bodies. Resistance shortens the time of revolution, by giving greater effect to the attraction of the sun, which then draws the body more forcibly to itself, lessening the major axis of the orbit, and thus the period of revolution. This resisting medium was the ETHER of the undulatory theory of Huyghens.

Mr. Vaughn of Cincinnati read a memoir before the British Association in 1847, from whieh we make the following extracts:

"The small amount of matter which falls to the ground on these occasions (ærolites, falling stars) is justly regarded as inadequate to evolve so vast a body of light by acting on rarefied air at great elevations; but our globe seems to be invested with an atmosphere of ether, having far more wonderful properties. Astronomical investigations prove the existence of a rare medium, pervading all space; and this subtle fluid cannot be wholly insensible to chemical force, which alone could render it useful in nature's economy; extreme rarety

Digitized by Google

would indeed prevent it from undergoing any chemical change in the inter-planetary regions; but it is compressed to a much greater density about the vast spheres by which space is tenanted. The atmospheres of this fluid enveloping the earth and other large planets, are not sufficiently dense for chemical action, except in cases where they receive an additional pressure from meteoric bodies sweeping through them with wonderful velocity."

"But around the sun a much stronger attractive force gives this etherial fluid the compression necessary for a constant chemical action, and a steady development of light; while the realms of space furnish inexhaustible supplies of the luciferous ether, and impart perpetual brilliancy to the great luminary of our system.

"It is not possible that the self luminous condition of the sun could be maintained by any combustible, or light-yielding matter of which it is composed. A sphere of combustible matter much larger than the sun itself would be consumed every ten years, in maintaining its wonderful brilliancy; and its atmosphere, if of pure oxygen, would be expended in a few days in supporting so great a conflagration. An illumination on so vast a scale could be kept up only by the inexhaustible magazine of ether disseminated through space, and ever ready to manifest its luciferous properties on large spheres, whose attraction render it sufficiently dense for the play of chemical affinity. Accordingly suns derive the power of shedding perpetual light, not from their chemical constitution, but from their immense mass and their superior attractive power."

"That the light of the sun is furnished, not by its solid or liquid matters, but by its luminous atmosphere, has been proved very conclusively from observations with Arago's polarizing telescope. There is also evidence that this luciferous envelope is constantly replenished by the supplies of ether from space. The sun's rotation assists in effecting this object by expelling the fluid from its equatorial regions, and thus creat-

Digitized by Google

ing a corresponding influx at the poles. A displacement by this means would evidently cause the solar atmosphere to advance from the poles to the equator." "The progressive motion of the solar orb through space, tends also to replenish its atmosphere with fresh material for the maintainance of its light." "It thus appears that the subtile medium which fills space is not to be regarded as a mere impediment to cometary or planetary motions, but as a useful agent in the course of Nature's operations, and as indispensable to our existence as the appendages of air and water which roll around our planet."

It may assist somewhat in understanding the nature of this ether, by adverting briefly to some ideas respecting matter. The ultimate constitution of matter is a subject which, at present, prëeminently occupies the attention of plilosophers. The atoms of all solid, liquid and gaseous substances are known to be in a constant motion; but what these atoms are, is a mystery. We know that they possess the quality or property of solidity; but this solidity is that which *resists* other bodies occupying the same place; this resistence then is a power or force. These atoms then *act*, and from this primary quality all other qualities arise; but this force is not necessarily the atom itself; but the atom may be regarded as the embodiment of the force; or the force crystalized; or as the home or residence of the force; or as the point or centre whence force radiates.

Matter then is no longer to be considered as an inactive repletion of space with an unknown substance, with parts held together without action; hard and impenetrable, resisting force, but that it is a compound of active forces, by their own activity forming attachments existing in union and resisting separation.

As repugnant to our preconceived ideas as this conclusion may be, it has its supporters among the ablest thinkers of the age. Sir W. Armstrong in his address as President of the

Digitized by Google

British Association in 1863, says: "But why encumber our conceptions of material forces by the unnecessary imagining of a central molecule? If we retain the forces and reject the molecule, we shall have every property we can recognize in matter by the use of our senses, or by the aid of our reason; viewed in this light, matter is not a thing subject to force, but is itself composed and constituted of force."

Chemistry informs us that there are about sixty-five different kinds of elementary substances; that the total quantity of each of these distributed through the universe is a constant quantity; that, as gold, for example, is indestructible, that there is just the same quantity of gold, or gold force, now, as there ever was, or ever will be. From this it follows, that if the crystal or atom wherein resides the force be broken down or destroyed, as a crystal or atom, the gold force becomes disembodied, as it were, but still exists, ready when the necessary conditions are present of being again crystallized or embodied; and so of the other elementary substances; and so of compound substances; and so of those other substances, which, for distinction sake, we call the vital forces of organic life—plants and animals. LIFE is the embodiment of these forces under favorable circumstances; DEATH is the disembodiment of these forces under circumstances unfavorable to the union of the force with the crystal, or the atom, or the cell, or whatever it may be with which the force unites. The crystal of the mineral world dies, and its forces are for a time homeless and wandering, seeking for the favorable conditions in which to find a new residence; the cell of the organic world dies, and its forces are homeless while seeking a new home. If a ray of sun light, passing through a narrow slit, be transmitted through a triangular prism, whose axis is parallel to the opening, the ray will be refracted, that is, bent from its course, and instead of producing a single line of light upon a screen placed in its path, it will develope a broad band, in which all the colors of the rainbow will be beautifully blended; this variegated

Digitized by Google

band or ribbon of light is called the *spectrum*. If this spectrum, instead of being projected upon a screen, be examined by the aid of a proper telescope, into which it is thrown, it will be found crossed throughout its entire length by dark lines of various breadths; the total number of these lines is nearly seven hundred and they are distributed over the spectrum without any apparent relation to the limits of the colored spaces. These lines are known as *Frauenhofer's lines*.

By this means the spectra produced, not only by the solar light, but by various artificial lights, as well as of the electric light, have been observed. The electric light gives the spectral lines *bright* instead of dark, as does also flame, whether it be produced from gas, oil or spirits.

We find that certain bodies, when vaporized in a flame, communicate to it definite colors; (this is the foundation of the pyrotechnist's art;)for example, sodium,yellow; strontium, red; barium, green, etc. If we examine the spectrum produced by a flame, in which sodium is introduced, we shall see, in place of the rich band of various colors,a single, sharply defined, yellow line; strontium, in like conditions, will show some red lines and one bright blue; and so with other substances, especially the metals, each substance having its own set of lines, *always* of the same color, number and position in the spectrum. The amount of material necessary to produce these results is extremely small. It has been found sufficient to burn an extremely small quantity of common salt, in any part of a room of ordinary dimensions, for the reaction to appear upon the spectrum, as soon as any portion of the vapor could reach the flame. From the quantity diffused throughout the atmosphere of an apartment of known capacity, it was calculated that the quantity of vapor of common salt brought into the flame in one second of time, in which the reaction became apparent, could not have exceeded the one two hundred millionth of a grain. We at once see that we have here a most useful and wonderful

Digitized by Google

means of chemical analysis. This is known to the scientific world as the *Spectrum Analysis.*

The Spectrum Analysis has recently announced the following discoveries: that the sun's light proceeds from within his atmosphere; that this atmosphere consists of incandescent vapors; that the lines of Frauenhofer indicate the presence of certain substances in a vaporized condition in the solar atmosphere; these substances, about fifteen in number,* are among the elementary bodies known to chemists; thus we have reached the stupendous idea of analyzing substances 95,000,000 of miles distant. If you have not lost sight of the fact that the ether is pouring in toward the poles of the sun from out of the depths of space, in vast currents, you have already anticipated the conclusion—that it is the ETHER, that is thus analyzed; and that *it* contains all the substances first enumerated; and probably all known to chemists; and possibly many more. †

The spectrum analysis has been applied to many fixed stars, and it has been ascertained that substantially the same substances exist in their atmospheres as exist in that of our sun. And more astounding still, it asserts, that some of the nebulæ that shine

> "In regions so remote, that their swift beams
> The swiftest things that be, have travelled
> Centuries on their flight to earth,"

even some of those which have been resolved, it was thought, into stars (the dumb-bell nebula, in the sword handle of the constellation Orion, for example), are not star clusters, but gaseous bodies; and may we not conclude that they are the

*Potassium, Hydrogen, Sodium, Iron, Magnesium, Strontium, Calcium, Chromium, Nickle, Zinc, Cobalt, Manganese. Yttrium, Erbium and Torium.

†I am not informed of the result of the application of the spectrum analysis to organic principles. We stand quite upon the borders of the inference, that a more extended analysis of the *ether* will reveal the presence of organic or vital forces.

Digitized by Google

forces of matter, condensing, crystalizing, becoming embodied.

Chemical analysis informs us that the atmosphere is a mechanical mixture of oxygen and nitrogen, in the proportion of 20 parts of the former to 80 parts of the latter; and of carbonic acid, about 6 parts in a thousand; and of about the same quantity of watery vapor. But reason teaches us that it contains much more — all the forces that exists in that wonderful ETHER, the actinic forces of the sun's light, electricity in its various forms, the forces revealed to us by the spectrum analysis, and the infinite variety of forces of the three kingdoms of nature, the animal, vegetable and mineral. Many of these are out of the reach of chemical analysis. The atmosphere of the chemist would not, we believe, suffice for the sustenance of the *outer and inner life* of organized beings. The LORD OF LIFE, with a beneficent hand, has mixed and mingled these forces in such miraculous proportions to form this atmosphere, that the health of the outward body and the happiness of the inner life are the result; and the lungs of animals, and the leaves of plants are drinking in this marvellous mixture, the atmosphere of reason. "How full it is of odors and influences, that other animals, if not man discern, and which, in certain states of disease and over susceptibility, become sensible to all. Moreover at certain seasons all fertile countries are bathed in the fragrance shaken from their vegetable robes. Is it conceivable that this arena of four continents, emanating from the life of plants, has no communication with our life? Is it reasonable to regard it as an accidental portion of the atmosphere? Is it not certain that each returning spring and season is a force which is propagated outwards? that the orderly supply, according to the months of these subtle dainties of the sense, correspond to the fixed conditions of the atmosphere adequate to receive them? That the skies are the medium and the markets of nature's three kingdoms, whither they resort to buy, that therefore the winds

Digitized by Google

are laden with forces; that distinct forces, obeying the laws of time and place, conform also to other laws, and are not lost, but appropriated by the three kingdoms in their own good times? Is it indeed a matter of doubt that the air is a product elaborated from all the kingdoms; that the seasons are its education; that the spring begins and sows it; that summer embodies it in airy flowers, and autumn in luscious fruits? From the analysis of the chemist we form but a vague idea of the harmony of the air with life in its myriad fold. We believe that the atmosphere varies by a fixed order parallel with that of the seasons and climates; that the air is a *repository* of these formative forces; a *depository* of these forces when death has set them free, in which they are safely kept without destruction or random mixture, until they are again embodied, appropriated and assimilated, by the animal, vegetable and mineral tribes, which are but the builded forces of the world."

The chemist's view blinds us to the causes of health and disease contained in the atmosphere. He tears it to pieces with his analysis, into hydrogen, nitrogen, oxygen and carbon, and finds its ruins nearly invariable in all places, under all circumstances. But *plague* and *fever* give a different analysis and tell a different tale. *They* prove that the air is haunted by forces that resist segregation and distillation. The strokes of the airy legions are felt, though the destroyers themselves are invisible. The atmosphere is a place of retribution; uncleanness of the ground, or of the people, the presence of an undue quantity of dying or decomposing matter from the three kingdoms, is animated by ever wandering powers, Nemesis-like, which raises cleanness into health and filth into pestilence, and dispenses according to deserts with unerring award."

Organized beings grow from and subsist upon substance which is extraneous to themselves; and the fitting of this substance for the purpose of their lives constitutes the process of digestion, in a wide sense. Each organ by an individuality,

Digitized by Google

which is above our comprehension, is enabled to choose and take what it needs from the results of digestion; this is assimilation in its accepted sense. The thing assimilated is nutrition in a restricted sense, restricted to the results of digestion simply; the lungs and skin of animals, and the leaves, bark and rootlets of plants are the viaducts through which organs assimilate to themselves the formative forces of the atmosphere; this is nutrition and assimilation in its widest sense. Nutrition then, is the result of the assimilation of nutrient substance contained, *firstly*, either in particles of food comminuted and refined by mastication and digestion in the animal, and in the vegetable by the actinic forces of sun-light; or, *secondly*, of the assimilation of those formative forces of the atmosphere, already refined to that degree, whereby they are immediately assimilable.

"Every part of the organism assimilates whatever is affined to its own substance and nature, and required to meet its wants.

"As there is an assimilation of nutrient things, so there is an assimilation of noxious things: for whatever does not tend to contribute, or agree, or concur with the self-preservation of the organism, is noxious to it. Thus the ingestion of poisons and drug matter in a crude state, and of nutritious matter when nutrition is deranged, or, when the organism does not require nutrition, are examples of noxious assimilation. Thus disease originates in the *specific action of noxious matter*, which is produced either in the organism itself, or brought in from without, and it is always carried on by a process of assimilation.

"Those parts of the organism which do not satisfy their wants and requirements from the result of digestion alone, assimilate from the outer world whatever is necessary, not only for their own existence, but also for their co-operation with others, and for the self-preservation of the organism." "The organism, as long as it lasts, is, in fact, continually assimilating

Digitized by Google

from the universe. Consequently the whole organism is the product of the assimilation of matter; and so is all life; and so is health; and so is disease.

Samuel Hahnemann was born April 10, 1755, at Misnia, in Upper Saxony, and died at Paris, July 2, 1842, in the 89th year of his age. He is the founder of Homœopathy, and presented it to the world in a treatise entitled the Organon in 1810.

We have in our preceding remarks, indicated a course of reasoning, from what seems to us a new stand-point, as to the cause, and in some respects the nature of disease; similar ideas were arrived at many years since, by a different course of reasoning and reflection by Hahnemann. He says:

"SEC. 9. In the healthy condition of man, the immaterial vital principle, which animates the material body, exercises an absolute sway, and maintains all its parts in the most admirable order and harmony, both of sensation and action, so that our indwelling rational spirit may freely employ these healthy organs for the superior purposes of our existence.

"SEC. 10. The material organism deprived of its vital principle, is incapable of sensation, action, or self-preservation; it is then dead, and subjected to the physical laws of the external world; it suffers decay, and is again resolved into its constituent elements; it is the immaterial, vital principle only, animating the former in its healthy and morbid condition, that imparts to it all sensation and enables it to perform its functions.

SEC. 11. In disease this spontaneous and immaterial vital principle pervading the physical organism, is primarily deranged by the dynamic influence of a morbific agent, which is inimical to life. Only the vital principle thus disturbed, can give to the organism its abnormal sensations and incline it to the irregular action which we call disease.

"SEC. 12. It is solely the morbidly affected vital principle, which brings forth diseases, so that the expression of disease,

Digitized by Google

perceptible to the senses, announces at the same time, all the internal change, that is, all the morbid perturbations of the vital principle.

"SEC. 16. By the operation of injurious influences from without, upon the healthy organism—influences which disturb the harmonious play of the functions—the vital principle, as a spiritual dynamis, cannot otherwise be assailed and affected than in a (dynamic) spiritual manner; neither can such morbid disturbances, or in other words, such diseases, be removed by the physician, except in like manner, by means of the spiritual (dynamic virtual) countervailing agency of the suitable medicines acting upon the same vital principle, and this action is communicated by the sentient nerves everywhere distributed in the organism; so that curative medicines possess the faculty of restoring, and do actually restore health, with concomitant functional harmony, by a dynamic influence only, acting upon the vital energies.

SEC. 15. The sufferings of the immaterial vital principle which animates the interior of our bodies, when it is morbidly disturbed, and the mass of symptoms produced by it in the organism, which are externally manifested, and represent the actual malady, constitutes a whole—they are one and the same."

The Organon from which we have made these citations is a work of laborious research, erudition and patience. Authorities were consulted in the original, comprising many of the languages of Europe that have a literature. To the disciples of Hahnemann, the Organon bears the same relation to Homœopathy, that the Gospels do to Christian theology, it is "GLAD TIDINGS" to those who have been long floundering in the darkness and sloughs of Old Physic.

The Organon contains, distinctly enunciated, all the *vital* principles of our school. Whatever has been added to these is of questionable value. If studied in the Spirit of the Teacher, it will be found that many suggested improvements are already distinctly given in his work. Homœopathy appears to

Digitized by Google

have sprung from the brain of Hahnemann, as did Minerva from the brain of Jove, all panoplied.

The principles upon which the advocates of our school agree may be briefly stated:

1. They are agreed to the utter abandonment to the old school of all forms of bleeding, whether by the lancet, by cupping, or by leeching; of all blisters, setons, moxas; of emetics and cathartics. Upon these points there is a general agreement in *theory*; but in *practice* there are physicians in our ranks who resort to each of these methods. Here is *the* vulnerable spot in our *practice*, not in our *Homœopathy*. We believe that much of the obloquy that has fallen upon us, is due to the fact that just *here* we are unfaithful to our Teacher. Our enemies allege that we carry their remedies in our pockets, because we are conscious of the powerlessness of our remedies; they allege, too, that we send allopathic prescriptions to allopathic druggists; and that we resort to the proscribed methods in difficult cases. These charges are false in *general*, but true in *particular*. These proscribed methods form no part of Homœopathy, as it was presented by Hahnemann; this will be obvious if we again cite a portion of Section 16: "By the operation of injurious influences from without upon the healthy organism—influences which disturb the harmonious play of the functions—the vital principle, as a spiritual dynamis, cannot otherwise be assailed and affected than in a (dynamic) spiritual manner; neither can such morbid disturbances, or in other words, such diseases, be removed by the physician, except in a like manner, by means of the spiritual (dynamic virtual) countervailing agency of the suitable medicine acting upon the same vital principle."

2. The advocates of our school are agreed as to the three great principles of Homœopathy—*the similar remedy; the single or simple remedy; and the smallest, or minimum dose that will cure.* We agree upon these three principles in the *abstract*; but there is much disagreement as to their meaning

Digitized by Google

and scope; though there would be no disagreement if all would inquire at the source of our knowledge. The Organon tell us plainly that we must employ that remedy which produces similar symptoms upon the healthy organism. But we neglect to ask what is the *similar* that cures; and in consequence of this neglect, we prescribe for one or two symptoms, which may belong to a score of remedies, and fail to gather or group symptoms which together form the *whole disease*, which would enable us with almost absolute certainty to select the *only* curative remedy, from the *many*. This method of prescribing, is substituting for the certainty of Homœopathy a system of chance or rather of trial; for if the right remedy is not on trial to-day it may be to-morrow, or the next day, or at the farthest in as many days as there were remedies that covered the one or two symptoms of the case. By alternately administering two or three remedies in a day, the length of the trial may be much abbreviated. But this is not the Homœopathy of the Organon.

We are directed by Hahnemann to make use of but one remedy at a time; that remedy consisting of a single substance or drug. We are cautioned not to mix several remedies together in the same vehicle (water, or sugar of milk) or to alternate remedies; which is but mixing them in the organism. Yet we depart from this principle, in mixing, or alternately administering two, three or more remedies in as many hours, regardless of the fact, that as Homœopathic remedies are directed to the *inner life* or *vital principle* of the organism, and impressing *it*, that therefore the impression continues for a space of time more or less lengthy, from one to many days; and it cannot but result injuriously, when the inner life is impressed by many remedies, but *one* of which is curative, *many* noxious. We need not say that this is not the Homœopathy of our great *Teacher*.

We have received the clearest and most definite instruc-

Digitized by Google

tions respecting the size or rather the fineness of the dose. Yet notwithstanding this instruction there are many of us who use none but the strongest tinctures; the remedies are made obvious to the unaided senses; they can be smelled, and tasted, and seen, and felt too. Our doses sometimes rival in size and nastiness those of the Allopathists.

Hear what Hahnemann said on the 199th page of his Petition to the Government in 1820, "on the self-preparing and self-dispensating of medicaments on the part of the Homœopathic physician:" *"I hold none to be my follower,* who besides an irreproachable truly moral conduct, does *not* exercise the new art at least in such a manner, that his remedy given to the patient contains in an unmedicinal vehicle (sugar of milk or watered alcohol) the medicine, in such a little fine dose, that neither the senses, nor chemical analysis, could discover in it the least injurious medicament, even not at all the least properly medicinal thing."

A knowledge of these principles does not rest upon new speculations, as other medical theories do, but upon new discoveries, which appertain to the various departments of Natural Philosophy, Physiology and Biology. They are the result of severe experimentation. No fact in science has been so often demonstrated by experience as these principles, the foundation of Homœopathy.

Nothing removes us more quickly and surely from the true spirit of Homœopathy than when we cease to view and receive her as an organic whole, as she was presented by Hahnemann. We first lose our acquaintance with individual parts; this leads to indifference, indifference to change. This is the usual course of undermining a cause: we become at first indifferent and lukewarm in matters apparently of secondary consideration; neglect of the more important soon follows, and finally we disturb and alter all the fundamental principles, according to our inclination, until we change and spoil the whole, and

Digitized by Google

rob ourselves and others of the blessings which were bestowed upon us. And then we wonder why *we* do not in *our* practice obtain the results of Hahnemann and his co-laborers; then we begin to doubt and question whether *they* ever attained such results; then to think they were enthusiasts, visionaries, spiritualists and transcendentalists; and at last only end by calling them charlatans, knaves and liars; thus turning against them the broken logical weapons used by Allopathists against our school.

But the deeper we penetrate into the spirit of Homœopathy the less favorable shall we be disposed to changes. We shall learn more and more to admire the decisions of Hahnemann; to regard them almost as medical revelations; and to be very cautious in admitting any change until clear and irrefutable evidence is laid before us of its necessity.

Gentlemen of the Graduating Class: You are fortunate in having your lines "fall in pleasant places." In an age marked by a higher and nobler advancement in every science, art and enterprise that can exalt humanity, than any other age during which the planet has existed. Amongst a people whose energy, perseverance, industry and enterprise, vigor of practical thought, language, power and free institutions will impress not only the continent, but the world. Your lines have fallen in a land, the like of which the sun does not shine upon, the great valley of the Mississippi, which is, as it were, a vast bowl, its rim the Rocky Mountains on the west, the Alleghanies on the east, in which not only do the waters gravitate to the centre, but opinions and thoughts will gravitate also; and peoples, the representatives of every nation, will also gravitate, and like "kindred drops be mingled into one." In such a utilitarian age, amongst so practical a people, and in such a land of union, the contest between Old and Young Physic must be fought; and you are to be the soldiers. The circumstances of time, people and place are favorable, and if you are true in principle, the result of the contest cannot be doubtful; it is one of ex-

Digitized by Google

termination; the result must be either *all Allopathy* or *all Homœopathy*. *We* have sat too long with folded hands, and demure faces, waiting for *Truth* to prevail without *our* exertions; but *Truth* don't prevail; for I tell you naked Truth is no match for Error *booted* and *spurred*.

Before you gird up your loins for the conflict, examine well your armor; examine its every ring, that no vulnerable spot exists, that may let a well directed, or a chance arrow in. Examine well the ground upon which you stand; if you stand upon that of your LEADER your position is impregnable; behold the ground of the enemy, full of quicksands and quagmires of exploded theories; *then* be demonstrative; be beligerent; make no treaties; no truces even, but to allow them to bury their dead.

When Robert Bruce, the King of Scotland, lay on his death bed, his soul was troubled because he had not expiated his great sin in murdering his cousin, the Red Comyn, before the high altar. He called about him his most faithful followers, and under a solemn oath they swore to carry his heart to the wars of Spain, where Christians and Moors were fighting for the supremacy of their respective faiths. After death his heart was enclosed in a silver, heartshaped casket and suspended by a silver chain from the neck of Black Evans, King Robert's foster-brother; and he with many followers set out for the wars.

And chroniclers tell, that on one disastrous day, when the Christians were routed at every point, and Moorish banners flouted the air, and Moorish war-cries carried dismay to many a Christian heart, and the cause was all but lost, Black Evans slung high into the air, and far into the midst of the foe the sacred casket, and shouted "the *heart*, the Bruce's *heart*;" and he and his few surviving country-men rushed forward to follow the heart of their royal master, as they had done many times before in battle for their native land. When the sun set on that bloody field, none but Christian banners were to

Digitized by Google

be seen, and Moorish war-cries were changed to Christian shouts of victory.

And so do you; if in the conflict our cause be in peril, throw into the fight, the heart of our GREAT MASTER; lift high above the dust of battle, *his* banner, *glowing all over with living light;* and bearing *his* motto—"SIMILIS—SIMPLEX—MINIMUM."

Department of Surgery.

SURGICAL CLINIC.

At the Dispensary Hospital; St Louis Homœopathic College.

BY PROF. E. C. FRANKLIN.

(Reported by J. M. Kershaw.)

CASE I. *Aneurism.*—The case before you, gentlemen, is the one who presented herself here last Saturday with aneurism of the forearm, upon whom the operation of instrumental compression was performed, as you see, terminating in complete recovery. The pressure was made upon the brachial artery at different points, and kept up alternately for two days with complete recovery. If I had not succeeded by this pressure, had made up my mind to try the galvano-puncture treatment, which consists in introducing two long slender steel needles into the aneurismal sac at right angles with each other, so as to touch at their ends the chain of a galvanic battery of moderate power, applied to the heads of the needles. In performing this operation, the surgeon should be cautious that the magnetic power be not too great, or too long continued. From ten to twenty minutes, according to the size of the tumor and tolerance of the part should the action of the battery be kept up. When the tumor is large, more needles are required, for the formation of clots, within the sac. This procedure is more appropriate to aneurisms like the one before you, upon the ex-

Digitized by Google

tremities, and should not be applied to those occurring on the trunk. Gentle compression of the artery above and below, so as to obstruct the circulation in the tumor, and prevent the clots from being washed away by the current of blood before it has time to consolidate and become attached to the walls of the sac, enhances the success of the operation. This operation is a little painful, and has induced severe inflammation and other serious consequences, when applied to *large* aneurisms upon the trunk

CASE II. *Congenital Scrotal Hernia.*—I shall now call your attention to a very interesting and not unusual case of hernia in an infant four months old, and who, as its mother says, had this swelling soon after it was born. The case has been treated medically by one of the physicians of the dispensary with no apparent beneficial results. Let us consider this affection in its various bearings, not only towards affecting a cure, but to the condition of the parts involved. In this variety of hernia, it must not be forgotten that the testicle lay upon the psoas muscle, just beneath the kidney, and in descending to the scrotum, carries before it a layer of the peritoneum called the tunica vaginalis testis. Generally, after the testicle has passed the inguinal canal, the canal is closed, and all communication between the abodmen and scrotum is cut off; in some instances, however, the canal remains open, and gives exit to hernial protrusions, the intestine descending inside the tunica vaginalis, which constitutes its true sac. This prolongation of the peritoneum enveloping the testicle is divided into two portions, the *funicular* and *testicular*. The *funicular* is that portion which makes the covering of the cord and extends from the scrotum to the internal ring; the testicular is that portion which becomes the proper covering of the testicle, or the tunica vaginalis. When the funicular portions remains open, an opportunity is presented for a hernial protrusion. This gives rise to what is termed congenital hernia. But it does not always follow that the hernia is developed at birth, the tendency to it, however, exists, and some sudden jolt or other cause may effect the protrusion of the intestine which, passing through the funicular portion, descends into the tunica vaginalis. Properly speaking therefore, this is not a case of congenital hernia, it is a *congenital predisposition* to hernia, and only produced when a suffi-

Digitized by Google

cient cause existed to develope it—sometimes this is not developed until later in life, and may be deferred even to adult age. I believe, therefore, that a very large precentage of hernial protrusions, especially those which follow the course of the cord, are dependent upon this "congenital predisposition," which only awaits a sufficient cause to develope them. An argument in proof of this theory exists in the fact that in a large number of hernias, the stricture exists in the neck of the hernial sac. while in others it exists at the ring. Those hernias, when the stricture exists at the *neck of the sac* are, if I may so speak, of the congenital variety; while those where the stricture exists *at the ring* are idiopathic. It is true, therefore, that the *congenital* hernias, largely preponderating over the *idiopathic*, demand in the operation for strangulation a much greater frequency in the division of the neck of the sac than the ring, which will be borne out by all surgeons who have operated much in this affection.

When the testicle has become incarcerated in the fold of the groin as sometimes happens, it may be mistaken for bubonocele and serious consequences issue from the treatment employed. Attention to the circumstances that the testicle is not in the scrotum, will throw sufficient light upon the case and reveal the diagnosis of the case.

If you feel the scrotal tumor you will find it rounded and its neck narrow and constricted, and the testicle will be felt distinct and separate from the tumor, but surrounded and buried in folds of the intestine.

The treatment of this case will be first a reduction of the hernial tumor; second, the adaptation of a proper truss or pad that will retain it and compress gently the whole length of the inguinal canal. In children a consolidation of the walls will take place and a radical cure be effected. I shall in this case apply one of Seeley's hard rubber trusses, and adapt it as perfectly as possible to the parts, and await the result. It will probably require one or two years before a cure is effected.

CASE III. *Dislocation of the head of the Radius forwards.*—The boy now before you, says he was climbing upon the roof of an out-house, fell to the ground, a distance of about nine feet, striking upon the elbow, contusing and other ways injur-

Digitized by Google

ing the joint. The portion of the limb with the forearm slightly bent upon the arm is diagnostic of the injury done. The head of the radius is carried forwards upon the humorus, and can be distinctly felt in its new position, rotating under the finger, by pronating and supinating the hand. The tendon of the biceps is relaxed, the forearm pronated, its external border slightly shortened. In extending the arm considerable pain is produced, and in attempting to flex it, the head of the radius presses against the humerus and prevents this movement.

The treatment will be conducted by forcibly extending and counter extending the limb in the direction you see it, while I make pressure against the head of the radius with the thumb, pushing it backwards. The arm must then be flexed, splints applied and placed in a sling. The arm should be kept in the flexed position for two or three weeks, after this time gentle motion may be made, *towards flexion* but not towards *extension.* This dislocation is liable to luxation for months afterwards and should not be forcibly straightened until complete solidification of the tissues of the joint. The insection of the biceps in the tubercle of the radius in the attempt at extension pulls the head of the radius out of place. Keep the parts wet with Rhus rad. lotion, and in two weeks or less we will try motion in the direction recommended.

Department of Obstetrics.

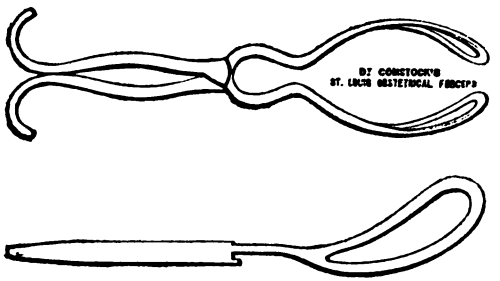
THE ST. LOUIS IMPROVED OBSTETRICAL FORCEPS.

BY DR. T. G. COMSTOCK, M. D.
Prof. of Obstetrics in the Homœopathic Medical College, Mo.

For some years past in a large midwifery practice, I have found it necessary in many instances to use the forceps, and in the majority of cases they have been in primiparæ. In former years I dreaded to ever apply the forceps in first labors, but experience proves that it must be done. The forceps which I have generally prefered were Davis' forceps modified by Meigs, but these

Digitized by Google

latter present several objections. The fenestræ are wider than necessary and in the hands of the inexperienced a rupture of the perineum was not an unfrequent consequence. I have tried several other forceps, viz: the German forceps, Hodges, and Simpson's, but I have found some objections to them all. After much reflection and carefully examining, not only the above named, but Elliot's, Bedford's, Radford's, Burrell's, Wallace's, Bethel's, and other forceps, I have devised a new forceps, which are a modification of all others.



They are made of the best steel; are lighter than other forceps; have a pelvic and cranial curve which corresponds with the axis of the pelvis and contour of the child's head. They are more easily introduced, applied and locked than other forceps. They can be used when the head is in the superior strait quite as well as when it is in the inferior strait, and thereby obviates the necessity of ever employing Hodge's or Baudelocques' long forceps.

It has been my fortune, or misfortune, to have had some extremely difficult cases of labor during the past year, requiring the forceps, and I have never found such satisfactory results from any others as these. It will be noticed that I prefer the old English mortice-lock, and also just above the lock between the shanks they are curved laterally so as to make an opening or widening between them; this peculiarity I have not found in any other forceps, except the old Radford's English forceps; the intention of this is to act as a purchase for the fingers in making traction, rendering the forceps more symetrical and practically more convenient than the rings which are for the same purpose in Bedford's forceps.

I now offer these forceps to the profession, believing them better than any others.

Digitized by Google

Editorial Notes.

Epitome of Homœopathic Medicine, by WM. E. BREYFOGLE, M. D. —We are indebted to F. E. Boericke, of Philadelphia, through J. W. Munson of this city, for a copy of this little work, containing three hundred and eighty-four pages. This little work is arranged with a good degree of completeness and will be of great benefit to the carefully individualizing physician as a guide to the more thorough and comprehensive study of the Materia Medica. T.

THE *New England Medical Gazette*.—The March No. of this growing and popular Journal is upon our desk, and it is with great pleasure that we call attention to an article therein from the pen of our able colleague James B. Bell, M. D., of Augusta, Me., upon the epidemic Influenza now prevaling throughout New England. It is to such productions as this, that homœopathy finds true advancement.

THE *Hahnemannian Monthly*, is also on our table of exchanges. This standard Journal of Homœopathic Literature, having no equal in the old or new world, appears before us in a double Number, February and March, and contains as usual most invaluable matter.

OUR neighbor, the *Observer* for March, is at hand; and of the present volume is by far the most valuable Number.

THE London *Telegraph* of February 27th says: "Did the public remark one item in our yesterday's review of the causes of death in London during the year 1868—namely, that from 'atrophy and debility' there perished 3975 persons? Does it comprehend the awful fact that, translated from medical language into plain English, the statement means that all, or nearly all those victims of the year, were starved to death?"

Digitized by Google

COMMENCEMENT EXERCISES.

The seventh annual commencement of the Homœopathic College, of Missouri, was held at the Polytechnic Hall on the 25th day of February, at 8 o'clock P. M.

This commodious hall was, notwithstanding the inclemency of the evening, filled to overflowing. At the conclusion of the exercises, which occupied two full hours, the faculty, students, with numerou- invited guests, repaired to the College Buildings to partake of the splendid banquet prepared for the occasion by the accomplished ladies of the professorial corps of this institution. These festivities interspersed with music and dancing continued until a late hour. Thus closed the largest, most prosperous and harmonious course of lectures ever given in this well-established medical school. Below will be found a list of the matriculants for course just closed, as well as the graduates:

MATRICULANTS.

Peter A. Aikman, Ontario, Canada.
Samuel Bishop, Bloomington, Illinois.
Charles Black, Denver, Illinois
R. S. Brigham, Cairo, Illinois.
J. E. Bronson, Bloomington, Illinois.
James A. Campbell, St. Louis, Missouri.
David L. Deyol, A. M. " "
J. W. Dopp, Nebraska City, Nebraska.
Jefferson Dunn, Centralia, Illinois.
A. S. Everett, Bloomington, Illinois.
Philip Ewald, St. Louis, Missouri.
W. D. Foster, M. D., Hannibal, Missouri.
Solon C. Grant, St. Louis, Missouri.
Frank Hall, Decatur, Illinois.
Charles A. Hayden, Alton, Illinois.
W. Luther Hedges, Girard, Illinois.
Joseph A. Hinsley, Nokomis, Illinois.
G. H. T. Johnson, Atchison, Kansas.
John Keck, Cairo, Illinois.
James M. Kershaw, St Louis, Missouri.
James A. Knox, Greencastle, Iowa.
W. E. H. Lemon, Jacksonville, Illinois.
T. C. McMahon, St Louis, Missouri.
J. Petroz, M D., Plainview, Illinois.
Jules Philips, St. Louis, Missouri
James S. Read, Pittsburg, Pennsylvania.
A. W. Sovereen, Canada.
F. A. Stinemyer, Farmington, Iowa.
A. P. Strong, M. D., Canton, Illinois
James M Taylor, Bloomington, Illinois
James G. Roberts, Hillsboro, Illinois.
Eugene W. Sawyer, Memphis, Tennessee.
John H. Schmidt, Quincy, Illinois.
M. Van Buren Shattuck, Memphis, Tenn.
George W Smith, Quincy, Illinois.
Henry M. Murray, Williamsport, Pa.
William B. Donaldson, Canton, Miss.
Charles R. Watson Lansing, Michigan.
John S. Runnyan, Lamar, Missouri.
Isaac Allen, Springfield, Missouri.
George A. Ellis, Belleville, Illinois.
Marcellus Yeager, " "
Thomas J. DeFrees, Terra Haute, Ind.
Walter R. Wright, Kaskaskia, Illinois.
Washington Boyd, Springfield, Illinois.
Joseph A. McAlister, Waco, Texas.
Barton Paxton, Sedalia, Missouri.
Joel E. White, Vincennes Indiana.
Elijah Hoffman, St Louis, Missouri.
William C. Peters, Lebanon, Illinois.
George L. Ward, Alton, Illinois.
Alfred C. Pearson, Carlinville, Illinois.
Richard H. Pinkney, Charleston, S. C.
Reuben N. Henry, Macon, Georgia.
John S. Stevens, Savannah, Georgia.
Philip S. Todd, Santa Fe, New Mexico.
J. W. Timmons, Centralia, Illinois.
Fred. C. Valentine, St. Louis, Missouri.
J. Wentz, New Orleans, Louisiana.

Digitized by Google

GRADUATES.

Jas. S. Reid, Pittsburg, Pennsylvania.
R. Smith, Cairo, Illinois.
D. L. Deyo, St. Louis, Missouri.
B. G. Allen, Centralia, Illinois.
S. C. Grant, St. Louis, Missouri.
O. G. Strong, Canton, Illinois.
J. B. Williams, Springfield, Illinois.
J. Wentz, New Orleans, Louisiana.
Peter A. Aikman, Canada West.
W. L. Hodges, Girard, Illinois.
J. A. Campbell, St. Louis, Missouri.
J. M. Taylor, Bloomington, Illinois.
John Schmidt, Quincy, Illinois.
Jas. M. Kershaw, St. Louis, Missouri.
G. H. T. Johnson, Atchison, Kansas.
J. Petros, Athens, Greece.
W. D. Foster, Hannibal, Missouri.

Honorary degrees were conferred on the following gentlemen

Martin Mayer, Leavenworth, Kansas.
J. T. Talbot, Boston, Massachusetts.
C. J. Hemple, Grand Rapids, Michigan.
C. W. Spaulding, St. Louis, Missouri.
Jno. Moore, Liverpool, England.
R. E. Dudgeon, London, England.
H. R. Madden, London, England.
Richard Hughes, Brighton, England.
W. H. Holcomb, New Orleans, Louisana.

TO THE HOMŒOPATHIC PROFESSION.

Volume II, of the "Science and Art of Surgery," has been unavoidably delayed in its publication by the large expense to which the author has been subjected in its progress through the press. The material for the second volume is now fully prepared and ready for the printer; but *to* attain as much perfection as possible for this work, and that it shall comprehend in its fullest extent, the wide field of unpublished material in our surgical literature, the author solicits from the profession any observations of surgical interest touching the diseases incident to any portion of the body.

This volume will contain diseases of joints, dislocations, fractures, injuries and diseases of the cranium, affections of the palate, teeth, tongue, uvula, tonsils, pharynx, and æsophagus, neck arteries and veins, affections and injuries of the chest, abdomen and their contents; of the extremities, amputations, resections, &c., &c., &c., and their treatment according to the homœopathic law of cure.

Articles on any of the surgical diseases incident to either portion of the body, will be thankfully received and duly accredited, and placed in their proper position in the text; and it is hoped that every practitioner will add his quota to this enterprise, that it may embody the experience of the Homœopathic Profession rather than that of an individual thereof, The manuscript will be retained until the first of May, 1868, at which time it will be placed in the hands of the printer for publication.

E. C FRANKLIN, M. D.,
709 Pine Street, St. Louis.

Digitized by Google

THE MONTHLY

HOMŒOPATHIC INDEPENDENT

No. 10. 11 ST. LOUIS, APRIL. 1869 VOL. I.

Original Contributions.

INFANTILE PNEUMONIA---ATELECTASIS.

BY J. H. P. FROST, M. D.

Id genus morbi plus periculi, quam doloris, habet.—CELSUS.

Not a few physicians have remarked the extreme *pulmonary feebleness* of infants, whose parents—one or both—were consumptive. Many of these, indeed, pass in safety through the usual dangers and diseases of childhood, only to fall a prey to hereditary *phthisis pulmonalis*, after reaching the period of puberty. But numerous others perish *in the first five years*, in consequence of congenitally deficient development of the pulmonary organs and their accessories. These have commonly been regarded as cases of *Infantile Pneumonia.*

Since it has become known, however, that true parenchymatous pneumonia is an affection exeeedingly rare during these tender years, the determination of the real nature of such frequent and fatal cases becomes as indispensable in therapeutics as it is interesting in pathology. And if, in treating patients suffering apparently from infantile pneu-

Digitized by Google

monia, we have, in reality, to contend against dangers arising from imperfect pulmonary development, rather than against those attendant upon acute inflammation, it is, to say the least, essential that we should know it. The difference between the two forms of disease is great and fundamental; it corresponds to that between *hydrocephalus* and *hydrocephaloid*,* in inter-cranial disorders,—the former representing the sthenic, the latter the asthenic condition. In a similar manner we have, in true pneumonia, *hepatization* in consequence of preceding inflammation; and in the more common form of so-called infantile pneumonia, *collapse* in consequence of primary (congenital), or secondary *atelectasis*.

The differential diagnosis of pneumonia and bronchitis, in children, was originally recognized by Reil as long ago as 1792. But M. Leger is said to have been the first to describe (in 1823), as a distinct affection, the pneumonia of children, both in acute and chronic forms of the malady. In the course of the next fourteen years the subject was so fully investigated by others, that "not only were the distinctions between bronchitis and pneumonia affirmed as established, but the essential lesional changes characterizing the latter asserted to be so satisfactorially demonstrated, that it could be laid down not only that pneumonia was a common disease in children, but that, as it attacked them, it was different from the pneumonia invading adults." But the final determination of the essential nature of the disease was arrived at through successive changes of opinion, which we will briefly indicate,—since they throw much light upon the whole subject.

The first general distinction in regard to this pneumonia was that expressed by the terms *lobar* and *lobular;* the latter being recognized as that more especially belonging to children. But previous to this, certain observations had already been made, which finally led to an accurate determination

*Marshall Hall in Quart. Hom. Journal, Vol. I., p. 114, Boston, 1853.

Digitized by Google

of the nature of this "*lobular pneumonia*" in very young children. In 1811, a case had been reported in which was described a peculiar condition of the lungs of an infant dying four days after birth. The lungs appeared never to have been perfectly inflated, were condensed, and *sank in water;* they admitted of *artificial inflation*, however, and then seemed to be quite healthy. A subsequent author, in 1821, remarking upon the precaution necessary to be taken in order not to confound with peri-pneumonie (hepatization), a state of the lungs of some weak new-born children, in whom respiration had not been completely established, says: "In this state the lungs are violaceous, deprived of air at certain portions, *sinking in water;* in fine, dense, fat, flabby, soft, flexible, coriaceous, *slightly developed*, and but imperfectly filling the corresponding side of the thorax." Still later, in 1823, a writer, discussing the causes of death, and the *post-mortem* appearances found in the bodies of infants supposed to have been suffocated in bed by the mother or nurse, alluded to the unexpanded condition of the lungs, which swam with difficulty in water, and remarked that most new-born children who die, do so apparently from want of, or incompleteness of, pulmonary expansion.

In 1832, the younger Jörg, following out some views of his father, published a distinct treatise on a particular condition of the lungs of new-born children found after death, in cases where the first act of breathing had been imperfectly accomplished, either because they were puny and feeble, or because they had been hurried into the world before placental respiration had been altogether suspended, and the necessity for pulmonary respiration became sufficiently potent to stimulate all the muscles of respiration.*

In 1835, the subject was more fully worked out by the same author, and the term *atelectasis pulmonum* applied to

*Hasse, Path. Anat., Vol. I., p. 253, et. Seq. gives the differential diagnosis of "lobular pneumonia," as distinguished from the atelectasis of Jœrg.

Digitized by Google

the condition in question. The twentieth chapter of his Manual of Diseases of Children,* second edition, published the following year, is devoted to an extended discussion of the same subject: "*Unter dem Nahmen der* PNEUMONATELEKTASIS *oder der* ATELEKTASIS, *der Lungen.*" In the previous year, 1835, M. Rufez drew attention to the pulmonary tissue, which he called "Carnification," and which he affirmed to be distinct from hepatization; but of whose entire symptomatic value he was ignorant. He suggested that it might be simply the result of compression of the pulmonary tissues, and described the lung as being very dense, of a violet color, *sinking in water*, non-crepitant, and looking like a portion of the lung of a child that had never respired. To this author must, therefore, be ascribed the credit of linking the congenital, non-expansive, or *atelectasis* of Jœrg to the assumptory *collapse* of the lung, which was so much dwelt upon by subsequent writers.

But it is claimed by the English physician,† from whom we take the most of these historical particulars, that Dr. Alderson had anticipated both Jœrg and Rufez, in a paper published in 1830, in which he described a lesion of the pulmonary parenchyma, which was said to differ from the hepatization of "peri-pneumony." According to Dr. A. "the individual lobes were more dense, of a dull color, *devoid of air*, and *sinking instantly in water;* a condition found uncomplicated with any evidence of pleuritic (pulmonic?) inflammation, the lung being dense and contracted, as if the air had been expelled, and the sides of the air-cells agglutinated together." He also affirmed that the greater number of cases of pulmonary disease occurring at the earliest period of infantile life, may be looked upon as cases of *atelectasis.* And by others it was admitted that a "fœtal condi-

*Handbuch Zum Erkennen und Hielen der Kinder-krankheiten nebst der Physiologie, Psychologie und diateschen Behandlungdes Kindes von Dr. Johann Christian Gottfried Jörg. Zweite Vermehrte und ver besserie Auffage. Leipzig, 1836.

†Dr. Willshire, Brit. and For. Review, Vol. xii, p. 514.

Digitized by Google

tion" of the lungs frequently occurred in children who died a short time after birth, and in whom the acts of respiration had been very imperfectly performed.

In 1844 appeared the Memoirs of M. M. Legendre and Bailly, in which they state that they had convinced themselves of the absence of all inflammatory action in the indurations found in the lungs of a large number of children who die from *pulmonary catarrh.* They found that under particular circumstances the anatomical state which it presented before respiration was established. And they proved the truth of their views, as against inflammation, by restoring the collapsed lung, by insufflation on inflation, to its normal state. Dr. West subsequently repeated and confirmed the experiments of these writers; and he states that by the simple experiment of inflation, more light had been thrown on the affections of the lungs in infancy and childhood, than by all the writers of the previous ten year.

The causes of the *atelectatie* condition are of two kinds: one asthenic, the other congestive. In the former class may be included whatever hinders the original free introduction of air into the pulmonic cells, imperfect development of the lungs themselves, general debility, rachitism of the thoracic walls, exhaustion from disease, &c. To the latter class belong catarrhal inflammation and congestion of the bronchia, by means of which a sort of retraction of the pulmonary tissue is produced, the air is expelled, and the affected portion of the lung gradually collapses and becomes condensed (carnification). As an attendant upon, or likely contingency of *Catarrh*, pulmonary, or bronchial, occurs an occlusion or compression of the pulmonary vesicles, or air-cells, which, as already stated terminates in collapse of the affected portion. According to M. Valleix (1846), "a condensed state of the pulmonary tissue, disappearing on insufflation, may very often be found in very young infants." Dr. Fuchs, writing in 1850, states that, "that which many

Digitized by Google

pathologist have denominated *lobular pneumonia* in young children, is a diseased condition of the mucous membrane of the bronchia, *combined with a contingent lesion of the palmonary vesicles*,—which latter exists normally in the fœtus (*atelectasis*), and which may afterwards be acquired (*apneumatosis*) from various causes, bronchitis being one of them." According to Barrier,* "the species of bronchitis which has much influence in the production of lobular pneumonia, is that which occupies the smaller tubes, and in which the catarrhal element is first marked; it might be called catarrh of the small bronchi." M. M. Rilliet and Barthez (1851) employ the term *lobular congestion*, a consequence mostly of pulmonary catarrh. "The lung in this state suffers collapse of the walls of its vesicles, as in the fœtal state; the vesicles are devoid of any contents: like plastic lymph, or any other fluidity: the diseased parenchyma, *from its turgescence and swelling from congestion*, requires more space; the air is thus driven out of the cells, and the walls of the latter become oppressed." Dr. Gairdner,† 1853, concludes "that the *etat fœtal*, or collapse of the air-cells, when occurring in a lung that has once expanded, is, in all probability, a secondary lesion, and dependent, in the majority of instances, on a catarrhal condition of the bronchial tubes." He adds, refering to Drs. Baly and Louis, "that in some exceptional instances at least, collapse of the lung, even in its lobular form, is a disease of adult life;" and, quoting from Dr. West, "that in all essential characters it is the same in children and in adults; that in both a certain degree of pulmonary collapse may be almost invariably found as a concomitant of fatal bronchitis·"‡

The reader who has attentively studied these various changes and statements of opinion in relation to the pulmonary affections of young children, and remembers that they

* Maladies de l'Enfance, Vol. i, p. 98.
† Brit. and For. Review, Vol. xi. p. 458
‡ British and For. Rev. Vol. xi., p. 463.

Digitized by Google

are based upon numerous *post mortem* examinations and experiments, will be prepared to accept the following conclusions:

I. *Atelectasis* is the normal condition of the lung in the *fœtus in utero.*

II. *Atlectasis* is a primary pathological condition in the (asthenic) cases occurring in the earliest period of infantile life; but a secondary pathological state in those (sthenic) cases which result, usually somewhat later, from preceding bronchial (catarrhal) inflammation.

III. *Atelectasis* may be congenital,—becoming after birth a pathological state,—and prove directly fatal in a few hours or a few days, in consequence of constitutional debility, rachitis, *et cet.*

IV. *Atelectasis* may occur at any time in the course of the first five years of infantile life, in consequeuce of catarrhal inflammation and congestion of the bronchia, by which the air is so effectually expelled from the vesicles as to determine their permanent colapse.

V. The greater number of fatal cases of so-called pneumonia occurring in the first five years, are really instances of *atelectasis,*—which arise is consequence of persistence in the fœtal, unexpanded state, or in consequence of catarrhal inflammation of the bronchia—"capillary bronchitis."

The primary, or asthenic, and the secondary or sthenic, forms of Atelectasis may usually be distinguished with little difficulty, although both are alike apt to occur in children of parents who, if not actually phthisical, yet give decided evidence of weak lungs. But the former seems to be only a continuance or still further developments of congenital imperfection and debility, while the latter may arise from bronchial catarrh in children whose respiration had previously been unexceptionable. The atelectatic state in newborn or quite young infants will be indicated by extreme feebleness of the circulation; respiration too short, too

Digitized by Google

rapid, and manifestly insufficient; and a remarkable blueness of the skin — *cyanosis pulmonalis* — resembling that caused by non-closure of the foramen ovale.* The atelectasis which arises from catarrh, corresponds to collapse or paralysis of the lungs in *pneumonia notha* of old people. In the one case, as in the other, there are inflammatory symptoms, which may be obscure and at the same time *run a rapid course*, while the crisis and the catastrophe are alike sudden and almost simultaneous. And in the young as in the old, their occurrence should be guarded against with the most watchful assiduity; since prevention—especially in the very young, as in the very old—is almost the only possible cure.

Many years ago I attended, during its first summer, an infant whose father died of phthisis pulmonalis, when it was but three months old. This child had considerable sickness, but made a good recovery, and appeared to possess a much better constitution than I thought possible. The next summer it was seized with a "catarrh of the chest,"* and was in a dying condition from pulmonary collapse before I had an opportunity to do anything for it, as it seemed to me then.

TREATMENT.—But little space remains; nor is much needed for this part of our theme; since, in the earlier stages of *catarrh of infants* and young children, the symptoms will readily aid the practitioner in selecting the proper remedy from the great variety presented by *Rane*,—to which it occurs to us only to add *Euphrasia Oppi.*

In the *atelectatie state*, CALCAREA C. must always be the principal remedy. *Calc. phos.* may prove useful in those thin and delicate subjects; as the Calc. C. is suitable rather to those more plump. The *asphyxiated condition* (breathlessness resulting from other causes than imperfect develop-

*Even in the bronchitis, which precedes and causes the secondary form of atelectasis, there is already a "purplish tinge of the face." Vide Churchill's "Diseases of Infants and Children," p. 306.

Digitized by Google

ment of the lungs) may require Acon., Tart. Em. Opium, or China, according to circumstances. See *Jahr*† and *Leadam.*‡—*From Hahnamannian Monthly.*

OUR DUTIES.

Extract from Farewell Address to Graduating Class of New York Hom. Med. College, February, 1869.

BY A. R. MORGAN, PROF. OF THEORY AND PRACTICE.

* * * To those of you, who by your attainments have established a claim to a more imposing title than you have hitherto borne, and are about to receive the credentials which bestow upon you the distinctions and responsibilities of an arduous and noble profession, I have a few words of admonition and counsel to offer.

You are about to assume a new role in the drama of life. You are to become representatives and exponents of Homœopathy. To you the public must look for the character and quality of the cause you represent.

Heretofore your individual acts have been comparatively unimportant, so far as the profession is concerned; hereafter every deed becomes conspicuous, and the cause you have espoused will, to a large degree, be affected by your deportment. It will be honored or dishonored, exalted or degraded as you prove true or false to the fundamental principles which underlie our method of cure.

The honor and reputation of the profession, therefore, is a sacred trust consigned to your keeping, and as you are sound in the principles and faithful in their practice, so will

*Rand, "Pathology and Therapeutics," p. 162, under this title gives a brief account of the "Capillary Bronchitis" of Infants. His "Therapeutic Hints," pp. 163, 164, and 165, will be found very full and valuable. Neither "Marcy and Hunt," nor Leadham, make any particular mention of this affection, or of Atelectasis.

†"Repertory."

‡"Diseases of females and Children," p. 219.

Digitized by Google

you preserve the good name untarnished and add to its enduring luster and increasing fame.

The conscientious and faithful physician will ever remain a student. Your diplomas but introduce you into the vestibule of the temple of medicine; the arena which spreads out before you is no play-ground, but a spacious amphitheatre for earnest work; if you have been dilligent as students, you must become *laborers* as physicians.

Your previous occupation has been the pursuit of theoretical knowledge; henceforth you grapple with more momentous problems, and the adaptation of those theories to practice.

The thoughtful mind often reflects with feelings almost akin to dismay, upon the immensity of the unexplored field before it, and at times perhaps has wearied and faltered in its contemplation. Such reflections are honorable if they stimulate to renewed vigor and activity.

The immortal Newton, standing upon a sublime summit of philosophy, gazed off into the boundless and mysterious arcana of nature, and in humiliation exclaimed: "Alas! I am but a child picking up pebbles along the shore of the infinite ocean of truth." Nothing is more true than the old adage, "Know nothing, fear nothing" The ignoramus and charlatan walk defiantly where wiser men and angels fear to tread.

The earnest and concientious physician will often be weighed down with a burden of care and responsibility, yet activity, perseverance and an unswerving and faithful adherence to principle will ultimately secure his reward in the confidence and approbation of men. There is no short cut to enduring fame in philosophy or medicine. Ability, courage and fidelily are indispensable to success.

Our cause has always prospered and triumphed when worthily represented. On the contrary, when dragged down by infidelity or incompetency it sinks into disrepute and

Digitized by Google

becomes a by-word and a reproach. We have heretofore occupied an extended skirmish-line, struggliug for a position and foothold in territory already occupied by a hostile force,—our traditional opponents of the Old School of medicine. The time approaches for us to advance our line of battle and join forces in the struggle for supremacy in the land. Belligerent rights are accorded us by the people: hnmanity has recognised us; philanthropy demands us; legislatures have officially sanctioned our claims to equality before the law. Why postpone the contest longer? What stands in the way? I'll tell you. It is a lack of unanimity of purpose among ourselves: a want of genuine loyalty to fundamental principles. A spirit of conservatism is aroused whenever we talk of carrying the war "into Africa." We are encumbered by those who would conduct the war on peace principles who abhor contention, aud who object to inflicting injury upon the enemy for fear they may become totally *alienated* from us.

They talk of compromises, of yielding this principle and adopting that, as though a successful compromise between truth and error were possible. I'll tell you, gentlemen, those who talk of conciliation fail to comprehend the situation. What we want is a fair square, stand-up fight, with the issues clearly defined, and the engagement should be fonght to the end "on that liue," and no other. We have already nearly vanquished our opponents in private practice. We need men to carry camp, field and fortress by grand assault. We demand positions in the public charities, in the hospitals, asylums, and prisons, in the army and navy. These institutions are now supported, to a large extent, by the influence, patronage and money of the friends of Homœopathy.

If it were not for dissensions among ourselves, we to-day should be able to secure a fair share of the public patronage. Before this happy consummation arrives, the cliques, rings

Digitized by Google

and factions which rend us must unite on common ground. It is neceessary first to agree upon what principle or principles our doctrines are based. First, to establish what actually constitutes homœopathy. Second, to attack in solid column, shoulder to shoulder. These principles, I believe, are based upon immutable natural laws, deviations therefrom scattering our forces, rendering our efforts powerless and tending to our defeat. Therefore, I am in favor of adopting the following code of principles:

1st. The law of similars (expressed by the formula *similia similibus curanter.*)

2d. The single remedy.

3d. The minimum dose.

We are united on the first proposition; the second is admitted on general principles, but violated on the ground of expediency. The plea in defense of heresy in this direction is the inevitable acknowlegement of incompetency. The alternationist does not defend his habit on the pretext of a scientific basis, but on the gronnd that through lack of time, ability, or inclination he takes the chances among several specifics of getting the right one,—he adopts two doubtful measures instead of one.

Now is it not evident upon reflection that this course places conjecture and guess-work in the stead of a sharply defined, scientific adaptation of the law of similars.

The alternationist usually confesses the superior efficacy of the single similar remedy as a rule, with the proviso, "if it can be found;" but "there's the rub." If he is *satisfied* with the selection of two or more remedies for a given case, of course there is no motive for a tedious search after the single similitude, and therefore all effort in that direction is apt to cease, and with it all advancement in pure clinical observation, and also Homœopathic therapeutics. Alternation is, therefore, suicidal to progress in Homœopathy. No one will deny but that cures are sometimes

Digitized by Google

effected under alternation; that is not the question at issue. It is, whether one rightly chosen remedy is not always better than two or more imperfectly adapted.

This query admits of but little doubt. Cures which happen with alternation teach us nothing regarding pure pathogenesis of drugs. It is always impossible to determine satisfactorily the *modus operandi* of such a proceeding—whether the cure has been effected by one remedy or the other, or both; it leaves us in a dilemma from which there is no appeal,—from which nothing is learned; besides, the habit is a pernicious one; it paralysis all inclination toward sharp and critical individualization, and by encouraging loose methods is the parent of a multitude of evils—degeneracy, mongrelism, Eclection.

If the law of similars be a law of nature, an immutable law, it follows that individualization is an absolute necessity. By no other method can we select for a given morbid phenomenon its exact pathogenetic counterpart. As well might the photographer attempt a likeness by grouping covered features from different persons, as the prescriber to cover the totality of a given morbid phenomenon by fragmentary symptoms from groups of different remedies. A general resemblance might probably be obtained, but not a true picture.

Alternation having its origin in doubt, reflects vagueness and uncertainty, and is apt to impair our confidence in the grand central principle—*the law of similars.* The single remedy is the rudder by which alone we are able to guide our craft safely into port. Without it we drift here and there at the mercy of every wind or false notion, and may box the entire compass of our *materia medica* without much progress towards the object sought.

3d. Minimum dose.

Now, although we apparently diverge widely from each other, we need not positively disagree. No one will dispute

Digitized by Google

the assertion that the least possible quantity of a drug capable of producing the desired effect (that is, to cure), is better than a larger or unnecessary quantity of the same. Although this claim involves the whole *questio vexata* of dose, it need be no just cause of dissension among us. What we most desire is to cure by the most speedy, kind and efficient method possible, it makes no particle of difference whether by one sized dose or another; that is a question which each individual practitioner must decide for himself, and we believe that much of the discord upon this head has arisen from a lack of attention to the two preceding fundamental principles, viz: Deviation from the law of similars, and the habit of alternation. (Habit, not principle.)

To be a faithful Homœopathist requires hard labor, unremitting toil. It is far easier to generalize than to individualize, but your success as practitioners depends upon the latter.

By faithful individualization and strict devotion to our principles of cure, your triumph will be certain, and you will have the sweet satisfaction of adding your quota to the building up of Homœopathy.

SURGICAL CLINIC.

Dispensary Hospital, St. Louis Homœopathic Medical College, April, 1869.

BY PROFESSOR FRANKLIN.

Reported by Dr. J. M. KERSHAW.

CASE I.—*Fistula in Ano.*

The case before you, gentlemen, is one of Fistula in Ano, and the patient tells you he has been afflicted with this disease for more than three years. He has been under medical treatment for the affection since its appearance, and, as he says,

Digitized by Google

with little or no real benefit. This is a disease that occurs at all periods of life, but is most frequently seen in adults and elderly persons, children and old age being almost entirely exempt from it. I have seen the affection once only in childhood, and in that case it occurred in a child of seven years of age, and was produced, no doubt, by *ascarides* in the *rectum.* Occurring at the age of fifty, it is rarely seen, while at the age of sixty, it is unknown. It is more frequent in men than women, the causes for which difference I am unable to state. It is seen in all classes of people, and in every occupation in life, and has been ascribed to various influences, such as horseback riding, continued standing or sitting, and is even said to be associated with a tuberculous diathesis. The general health in a person afflicted with *Fistula in Ano* does not seem to suffer, necessarily, except in the formative stage of the disease, during which irritating substances such as fecal matter become lodged in the fistulous track. I have known of patients having this disease, to enjoy almost perfect health, by the observance of cleanliness, and proper attention to diet and regulation of the bowels. In other instances, where such observances were not rigidly enforced, more or less impairment of the general health has been the result, and only relieved by a course of medical treatment. The question naturally arises in this connection, can these Fistulas be cured by medicines alone. From my standpoint, I unhesitatingly answer, No. I have never succeeded in curing this affection by internal medication alone, and believe the processes of the surgeon to be the only true means whereby a cure may be effected. There are others in the profession, who occupy an exalted position therein, who report cures by medication alone. I confess, that while I entertain the highest consideration for these gentlemen medically, I am forced to question their ability surgically. I have little faith in medical treatment alone in these cases, and cannot adduce a single well attested case of true *Fistula*

Digitized by Google

in Ano cured by this means. I know it is claimed by a few in the profession, who seem to me to possess more enthusiasm for the pellet than knowledge of the resources of the surgic art, that such cures have been made by inconceivably high potencies, but in my humble judgment, the reports of these cases should be received *cum grano satis.*

Causes of Fistula.—Having spoken to you of our want of knowledge of the *remote* causes of the disease, I come to the *immediate*, which is invariably due to an abscess having previously existed in the *ischio-rectal* region. The *sinus* left by the discharge and contraction of this abscess, constitutes a *Fistula in Ano.* These fistulæ vary in extent and kind, as the previous abscess was great or small, deep seated or superficial. In the superficial abscess, involving only the subintegumental tissue *inside the sphincter*, the canal is exceedingly limited and superficial, and partakes more of the character of a sinus than a fistula, and does not really belong to the class of *fistulæ.* A true fistula is the result of an abscess in the muco-cellular tissue of the ischio-rectal region, its aperture being *outside* the sphincter, in the neighborhood of the perineum or ischio-rectal fossa. It extends upwards, up to, or above the margin of the sphincter, and may stretch even beyond this point, alongside of the rectum, detaching the gut more or less from the surrounding structures.

A fistula is said to be *complete* when it communicates at one end with the interior of the rectum, and at the other upon the external surface.

It is called *incomplete* when there exists only an opening, be it externally upon the surface, or internally into the cavity of the gut. This is also the blind Fistula. Then the terms *blind internal* and *blind external* are applied to this variety to designate the character of the firstula. Thus, when there is only an internal aperture into the rectum, it is known as the blind internal, and when there is only an external opening, as the blind external.

Digitized by Google

Of all the varieties, the complete Fistula is the most frequently met with, and arises from some point of irritation *within the rectum*, perforating the gut, and pushing downwards and outwards alongside of the bowels, and finally emerging at a point external to the sphincter.

The incomplete or blind Fistula is generally seen in vitiated constitutions, and is dependent upon hereditary taint, constitutional dyscrasia, or syphilitic cachexyæ. It is impossible to ascertain the true character of a Fistula without a careful examination of the parts by means of the probe and finger, to which I will now call your attention:

Having placed the patient in position for examination, by making him stoop over a chair, as in this case, with his limbs partly flayed and somewhat apart; or, if anæsthesia is to be used, by placing him in a bed upon his back, with the legs raised, an assistant fully separates the nates. The surgeon, sitting upon a chair in front of the patient, introduces a probe pointed directly into the external orifice of the Fistula, and pushing it gently onward follows the track of the sinus, (sometimes there are several of these fistulous canals, but in the present case there is only one,) until it mounts upwards to the extremity of the Fistula and engages the gut. The next process is to anoint the fore-finger well with some unctuous substance and introduce it into the cavity of the rectum, and search for the extremity of the probe. Now, pressing the probe firmly against the finger, as you perceive, its extremity is brought out at the anus and pushed over so as to lie upon the opposite buttock. A narrow probe pointed bistoury is now pushed along the groove of the director and the parts divided. When there is no external opening, the Fistula being a blind internal one, it is necessary to make an artificial opening by a small scalpel, and thus change it into the complete form, and operate as before. Another plan of operating, especially when the Fistula is short, is to carry a probe-pointed bis-

Digitized by Google

toury through its track, then insert the finger as before, and with the probe point of the knife pressing firmly against the finger with a gentle sawing or rocking motion, both are brought out at the anus, when the intervening structures will be divided.

When the Fistula is external and blind, an opening must be made into the rectum with a sharp pointed director, and the operation conducted as you have seen.

When the Fistula is old, thick, and cartilaginous, as sometimes happens, after the division of the structures it is well to scrape away with the finger-nail, the pyrogenetic membrane lining the canal in order to effect union of its sides. Without this precaution we will often fail in effecting a cure.

The dressings are exceedingly simple, and consist in the introduction of bullets of lint, saturated with staphysagria lotion, carried into the wound as far as possible to favor granulation and cicatrization from the interior of the incision outwards. A bandage should be placed over the dressings to retain them *in situ*, and the patient placed in bed to to await the process of cure. The dressings should be renewed daily, and the bowels kept quiet for two or three days, or until the parts shall have gained considerable firmness. A strict antiphlogistic diet should also be enforced during the cure.

You will see by the operation just concluded that I have laid stress upon the division of the sphincter, as necessary for the cure. Various plans have been divised towards effecting cures other than by division. Dr. Patterson, of England, a gentleman of research and scientific attainments, has proposed the temporary paralysis of the muscle by centrifular pressure, with what success I am unable to say. It seems to me, however, that this kind of treatment is only beneficial in those spurious Fistulæ whose openings are internal to the sphincter.

Digitized by Google

CLINICAL CASE.

Case II.—*May 24th*, 1868.—Was called to see a young layd, aged 19, a dressmaker. Tall, spare, clear skin, blue eyes, active mind, full of energy, determined to get ahead, very poor, and, from all appearances, I was satisfied that her system was suffering for a sufficieney of good, wholesome food. She told me that frequently she had nothing to eat for a day or two but crackers and water.

She had a chill every day, was very weak, has not been well for a long time, has sick stomach and vomiting, can't raise the head without vomiting, no appetite, great thirst, wants water constantly, takes but little at a time.

Fever lasts for a long time; am so exhausted that I have to keep my bed all the time; can't tell how many chills I have had; sometimes the chills are very indistinct.

From the above general symptoms of this case, we find a well marked case of Intermittent Fever, quotidian type, with stages in the order of chill and heat. There is great debility during both chill and heat, nausea and vomiting accompanying both stages, and so marked is the disposition to vomit that she can't raise her head without vomiting. Entire loss of appetite; great thirst, without regard to stages; drinking water constantly, although she takes but little at a time. The fever is long lasting, and is followed by the characteristic condition of exhaustion, which runs like a *red line* through the whole case. The careful individualizing physician will readily recognize in each of the above symptoms a genuine characteristic of *Ars.;* they may also be found under other drugs, some in equal, and others in a less degree; but that peculiar feature which decided the selection of *Ars.* was the peculiar kind of thirst which belongs to no other drug in our Materia Medica, in so marked a degree as to *Ars.; intense thirst, drinking often and but little at a time.* This patient received *Ars.* 2°., single dose, and blank powders for two days.

Digitized by Google

May 27th, Visit.—Little better, but still very feeble; had had a chill on 25th; none on 26th. Continued the blanks.

May 29th, Visit.—No chill since 25th; was sitting up at work; appetite poor; no more fever, but *burning in the stomach.* Repeated *Ars.* 82m, single dose, and left blanks for three days, requesting her to report if this should not be sufficient. No report.

Sept. 7th.—Was called to this lady again, whom I found with high fever, nausea, vomiting, and great prostration; could not raise the head without vomiting; pulse excited, but small; tongue red; stomach tender to touch and burning constantly. Red Ars. 82m, single dose, and 2 blank powders.

Sept. 8th, Visit.—Found her so much better that she said she did not require any more medicine.

Sept. 28th.—Was again called to this patient; had been sick for several days, with nausea and vomiting; was very weak; no appetite, slight fever, great tenderness at the pit of the stomach, constant thirst, takes but little water at a time, slight headache, and burning in the stomach. Has had no chill since 25th May. Gave Ars. 82m, one dose, and ten blank pillets in half tumbler of water, spoonful to be taken twice a day.

Sept. 30th, Visit.—Much improved; vomiting ceased; can sit up; takes a little nourishment; no new symptoms, blanks continued for two days.

Oct. 2d, Visit.—Found my patient up at work, bright and happy, and saying that she was better than she had been for many a month, and I may add that up to the present writing this patient has enjoyed uninterrupted health.

J. T. Temple.

FOOD FOR WORKING PEOPLE.

The kinds of food most wasted, because eaten when not wanted by the system, are the most expensive. The article most used when not wanted, is superfine flour, out of which

Digitized by Google

has been bolted its nitrates and phosphates. This being used with butter and sugar, furnishes very little but heating material. The next article on which most money is expended and wasted, because most used with other articles containing carbonaceous elements, is butter, which contains not a particle of strength or life-giving material, and, therefore, useless, except with food deficient in carbon.

And another article most extensively used and, for the same reason, wasted, is sugar, which, though useful with too acid fruits, and as a part of a meal in which is too large a proportion of nitrogeneous food, is worse than useless in confectionery, cakes, etc., especially if eaten between meals, and when food is not wanted, as it not only adds to the superfluous heat, but causes fermentation in the stomach and bowels, and causes, or tends to cause, flatulence, colic, dyspepsia, and a thousand and one troubles of the digestive organs, which we are apt to impute to green vegetables and fruit, when the fact is, these extra carbonaceous substances in their passages out of the system, embarrass the digestion of natural food, and causes it to give us these troubles; and this is proved by the fact that those who avoid these expensive and useless articles may eat as much as they choose of green vegetables and fruits, and they give them no flatulence, produce no irritation.

Our Puritan fathers, who lived on beans, peas, unbolted grains, and the meats, vegetables and fruits as they came from the fields and gardens, cooked in the simplest manner, best calculated to develop their natural flavor, and prepare them for digestion, were not troubled with flatulence, colic or indigestion. And our fore-mothers were not the pale-faced, flabby-muscled, toothless, chlorotic, consumptive, and sentimental race, as are their degenerate daughters of the present generation. Even our farmers and their wives and daughters have become terribly degenerated. Instead of the robust and healthy men, and the full-chested, healthy,

Digitized by Google

rosy-cheeked, beautiful women of former generations, we see a people almost as feeble and sickly as the city people. And the reason is apparent. The outer crust of the wheat, and the buttermilk, which contains the nitrogen, phosphorus, and iron, on which strength and energy, mental and physical, and the beauty of complexion depend, is given to the cattle and the pigs, while they take themselves, instead, the butter, fine flour and sugar, which contain only the heating and disease-producing carbonates.

The robust Irishman and Scotchman, also, who come here with strong, energetic muscles and sound teeth, from their oatmeal, wheat and barley cakes, with their potatoes, buttermilk and cheese, soon fall into our starch and grease-eating habits, and become, or at last their children become, as pale, puny and toothless as pure-blooded Yankees.

EPIDEMIC INFLUENZA.

BY JAMES B. BELL, M.D., OF AUGUSTA, ME.

The present epidemic of influenza, so prevalent throughout the most of New England, has been characterized in this section by the following symptoms:

Rawness and scraping in the pharynx, *worse toward evening.*

Hawking of mucus in the morning.

Fluent coryza, *with great dullness of the head, and sleepiness, more during the day, and after meals.*

Blowing of blood from the nose, *profuse hemorrhages from the nose and mouth.*

Much sneezing, frequent alteration of fluent and dry coryza.

Sensitiveness of the region of the liver, with stitches there.

Hoarseness, rawness in the larynx and trachea. Cough, excited by tickling in the chest, generally dry in the evening and night, with mucus expectoration in the morning

Digitized by Google

and during the day, aggravated by *talking and laughing;* by crying (of children); by lying on the back or *left side.*

Much fever and thirst.

These symptoms are all found in the proving of *Phosphorus*, and this proves to be the remedy for the *genius epidemicus. Phos.* 2c has accomplished all that could be desired in nearly every case in which I have used it; *reducing* the *duration* of this "self-limited" affection, from the usual time of two or *three* weeks, to the more agreeable space of *three or four* days.

In a few cases I have used *Pulsatilla*, the indications for which were, great obstruction of the nose with cough; worse at night and when lying down, and better in the open air. All these were women and female children.

The hemorrhages have been very profuse and alarming, in some cases, but have not returned after the first dose of *Phosphorus.*

Of course, very few cases have presented all the symptoms of the epidemic; but, these once obtained, indicated the remedy in every case, unless contra-indicated by other symptoms.

The pathology of the epidemic has so evidently involved the liver, that, among our old school friends, the calomel bottle has not been idle.

PERSONAL.—We enjoyed a pleasant but short visit from our friend Dr. W. G. Hall, of St. Joe. We learn from the Doctor that there is a peculiar form of endemic disease existing at the present time in that city. We hope that the Doctor will let us hear from him in regard to it. Our Alumnies, Dr. Rubicon, is enjoying a large and lucrative practice at Atchison, Kansas, and has been recently elected Vice-President of the Kansas State Med. Society. Dr. Martin Meyer, Secretary.

Digitized by Google

instructive matter, and is fast carving its way to perfection in journalism. An exceedingly interesting paper from Prof. Frost, on Infantile Pneumonia, begins the feast, and the dessert is served up in the shape of an able discussion in the Philadelphia Medical Society, on the subject, "The present epidemical condition of our city."

AMERICAN HOMŒOPATHIC OBSERVER, DETROIT, MICH.—This established monthly keeps up its independent spirit and criticisms upon what it deems to be excresences in the body medical. A pungent and satirical notice from "our friend Jones," of the "Homœopathic Quarterly" of Dr. Gregg, smacks a deal more of wit and humor than true criticism. Such strictures tend rather to elevate than detract from the subject under discussion.

Noble Bequest.—The valuable medical library of the late Dr. Dewitt C. Enos, amounting to 815 bound volumes and 74 unbound, has been presented to the Long Island Historical Society.

Sewing Machines vs. Health.—A writer in the Medical and Lung Reporter, Philadelphia, attributes the fearful increase of uterine diseases to the working of these machines. Query? Has not fœticide, so extensively practiced in the United States, something to do with the production of uterine diseases.—EDS.

General R. C. Wood, M.D., Late Surgeon U. S. A.—In the April number of the Philadelphia Medical and Lung Reporter, appears an exceedingly interesting article on the life and public services of this excellent officer, by S. W. Francis, M.D., of New York. During our service in the army of over three years, we can testify to the uniform courtesy,

Digitized by Google

noble attributes and generous impulses of this distinguished officer, and heartily sympathize with his bereaved family.

Meetings of Societies.—The American Institute of Homœopathy will meet at Boston June 8th, and we hope the occasion will be improved to make this body a national delegated one, to meet biennially and trienially as its members may determine.

Legislation in Medicine.—Minnesota is following the lead in medical reform by introducing a bill into its Legislature protecting medically educated physicians, and punishing interlopers. Every person practicing medicine in that State must be *a graduate of some school of medicine*, except he shall have been *fifteen* years in practice within the State. Are the citizens of Missouri less entitled to this protection than those of other States? We shall see.

Ovarian Tumor.—A late number of the Western Homœopathic Observer reports a case of this disease cured by Bromide of Potassium; dose, 12 grains of the salt to 6 ounces of water, a dessert spoonful three times a day, with daily tepid sitz-bath, and compress to the part hurt with solution of the remedy.

Gonorrhœa.—Carbolic acid of the second decimal dilution has been found in three dispensary cases to have a marked good effect in controlling the discharge and curing the patient within three days.

Lachesis.—For forty years the medical profession have distribnted the poison obtained from one poor Lachesis trigonocephalus. F. E. Boericke, of Phila., has recently secured serpent number two of this variety, and physicians wishing to get the third trituration of *Lachesis* can now obtain it of him. Price $1,00 per ounce.

Digitized by Google

Epistaxis.—The first dilution of erijeron cured two cases of the above affection almost as promptly as plugging the nares. Dose, 5 drops every half hour.

Ovariotomy.—H. M. Lilly, M.D., of Fond du Lac, Wis., has recently removed an ovarian tumor weighing 77 pounds. In consequence of the size of the pedicle, litigated it in three sections, but the patient finally succumbed of pyemia.

Hydrophobia.—La Terme, of February, recommends for this dreadful malady seven Russian vapor baths, one a day, from 57 to 63 degrees, as a preservative remedy. When the disease is developed, a single vapor bath, rapidly raised from 57 to 63, suffices. The patient, it is advised, should remain in his room until the cure is complete.

Chorea.—A very interesting case of this character, and its final cure by *silicea*, has been related to us by our friend and colaborer, Dr. Hall, of St. Joe, Mo. We hope the Doctor will give us the case in detail.

Impermeable Stricture of Urethea.—Dr. G. W. Burke, of Sulphur Springs, Ind., performed the operation of urethotomy in laying open the urethea over three inches in extent to the prostatic portion of the bulb. In the operation he had no guide to cut on save the raphe. The operation was successful.

Acupressure at the New York Hospital.—This novel and valuable acquisition to the surgeon's art has been employed five times since the first of December last, viz: in two amputations at the shoulder joint, two at the thigh and one at the knee joint, with complete prevention of hemorrhage in every case.

Digitized by Google

It affords us great pleasure to give place to the notice received of the annual meeting of the Western Institute of Homœopathy from its Corresponding Secretary, Edwin A. Lodge, M.D. We trust that all who are interested in this Institute, and the thorough development of Homœopathy in the great West, will be present at its coming meeting. Let the attendance be full and the interest warm.

WESTERN INSTITUTE OF HOMŒOPATHY.—The next annual meeting will be held at Ann Arbor, Mich., on Thursday and Friday, 19th and 20th days of May, 1869. Favorable responses for FREE return tickets to members have been received from the Illinois Central Railroad and Grand Trunk Railroad as follows:

Illinois Central R. R. Co., G. P. D.,
Chicago, April 12, 1869.

Edwin A. Lodge, M.D., Detroit, Mich.:

Dear Sir: Yours of 30th ult., in reference to the meeting of the Western Institute of Homœopathy, at Ann Arbor, in May, has been handed me for reply. We will return those attending, FREE of charge upon presentation of a certificate signed by the proper officer at the meeting, stating that full fare was paid over this road when going. Please forward to me half a dozen of the return certificates to be used, that our conductors may be notified to accept them. Respectfully,

W. P. JOHNSON, Gen. Pass. Agt.

Grand Trunk Railway of Canada,
Montreal, April 13, 1869.

E. A. Lodge, M.D., Cor. Sec., etc.:

Dear Sir: Your letter of the 30th ult., addressed to Mr. Brydges, has been referred to me, and in reply, I beg to say that we can not comply with your request to give free return tickets, but shall be glad to issue double journey tickets to Detroit at single fare, at our stations between Port Huron and Detroit, to all who present certificates showing that they

Digitized by Google

are delegates to the convention in question. On receipt of a copy of the certificate to be used, the necessary instructions shall be given for the issue of the tickets. Yours truly,

H. SHACKELL, Gen. Pass. Agt. Per R. A. S.

The following Committees are expected to make report to the Institute at the May meeting:

Operative Surgery.—Dr. E. C. Franklin, St. Louis, Mo.

Granular Conjunctivitis.—Dr. J. T. Boyd, Indianapolis, Ind.

General Pathology.—Dr. J. D. Craig, Niles, Mich.

Diphtheria.—Dr. A. R. Smart, Hudson, Mich.

Tuberculosis.—D. A. E. Small, Chicago, Ill.

Trichinæ Spiralis.—Dr. G. W. Chittenden, Janesville, Wis.

Ante-Natal Influences.—Dr. A. R. Bartlett, Aurora, Ill.

Clinical Practice.—Dr. L. Pratt, Wheaton, Ill.

Longevity; its Physical Signs.—Dr. D. H. Beckwith, Cleveland, Ohio.

Malignant Erysipelas.—Dr. M. F. Page, Appleton, Wis.

Surgery.—Dr. G. D. Beebe, Chicago, Ill.

Fractures.—Dr. G. W. Perrine, Milwaukee, Wis.

Co-Relation of Pathogenesy and Pathology.—Dr. C. J. Hempel, Grand Rapids, Mich.

The Obstetric Forceps—Dr. R. Ludlam, Chicago, Ill.

Diphtheria.—Dr. A. Kendrick, Waukesha, Wis.

Medical Electricity.—Dr. C. T. Harris, Ann Arbor, Mich.

Anatomy.—Dr. S. B. Parsons, St. Louis, Mo.

Popularizing Homœopathy.—Dr. J. S. Douglas, Milwaukee, Wis.

Chronic Diarrhœa.—Dr. N. A. Gray, Milwaukee, Wis.

Pneumonia.—Dr. L. Lake, Milwaukee, Wis.

Asthma.—Dr. A. G. Leland, Whitewater, Wis.

Bright's Disease.—Dr. T. C. Duncan, Chicago, Ill.

The special notices of this meeting will be mailed to members by T. C. Duncan, M.D., Recording Secretary.

EDWIN A. LODGE,
Corresponding Sec'y Western Institute of Homœopathy.

Digitized by Google

WASHINGTON MEDICAL SOCIETY.—Mr. Anthony introduced in the Senate recently a bill to incorporate the Washington Homœopathic Medical Society. It names as corporators T. S. Verdi, G. W. Pope, C. W. Sonnenschmidt, E. S. Kimball, and John Brainard, with power to hold real and personal estate to the amount of $20,000 00, and exempts the members thereof from liability to be mustered in the military service of the United States. The members thereof are authorized to practice medicine and surgery, collect their fees, &c., like other medical societies, and enjoy equal rights and privileges, examine candidates, admit members, &c. Referred to the District Committee.

AN APPEAL TO THE HOMŒOPATHIC PHYSICIANS TO AID IN THE ELABORATION OF A CLINICAL OR APPLIED MATERIA MEDICA.—At the last session of the Society of Homœopathi. physicians of Dresden, it was resolved to appeal to all physicians for assistance in this necessary and useful undertaking. Whoever is willing, may take his own choice in the selection of one or several remedies, and is requested to forward such articles, through any editor of a Homœopathic journal, to the central committee of this society. Should any remedy be worked out by several colaborators, the best may be chosen, or, perhaps, the most useful parts be selected from all. Every mite will be thankfully received and credited; for it is the duty, as it is in the power of every physician, to gather the clinical experience which he has gained during many years of hard labor, and aid us in the good work. A publisher has already come generously forward, who is willing to give to the world the collected experience of the Homœopathic fraternity, and some of our best physicians have offered to do their share. So, Elb promises to work out *Aconite;* Hirschel, *Bryonia;* Villers, *Rhus;* Wippler, *Apis*, &c. May such good examples urge us on, to follow in their footsteps, and the first volume may

Digitized by Google

appear in print before 1870. The following remedies are proposed for the first volume:

Aconite, Apis, Arnica, Arsen., Bellad., Bryon., Calc. Carb., Chamom., China, Cina, Digitalis, Hep. Sulph., Ignat., Ipecac, Iodium, Mercur., Nux Vom., Phosph., Platina, Pulsat., Rhus, Sepia., Silicea, Spigelia., Sulph., Veratrum.

In the name of the Homœopathic Society of Dresden,

DR. HIRSCHEL, Klinik.

Editors of Homœopathic journals are kindly requested to publish this appeal.

BEVERAGES USED BY THE HUMAN RACE.—Not less than 500,000,000 of the human race make use of an infusion of tea; more than 100,000,000 drink coffee; about 50,000,000 cocoa; and not less than 10,000,000 of the inhabitants of Peru, Paraguay and Brazil use an infusion of *mate, guarana*, or Paraguay tea, a species of holly. In England alone, there are over 100,000 pounds of tea consumed annually, and about half as much of coffee. About 100,000,000 pounds of tea are consumed in this country.

QUACK ADVERTISEMENTS.—The following veritable specimen shows how closely a devotional (?) spirit and the greed of gain may be brought in juxtaposition: "Please write to me at once, all ye afflicted, the facts as they appear, and I will answer you promptly, and to the point, and state fully whether you can or not be saved. Do not give up, even though your family physician has done you no good, for I have saved thousands after all hope had fled and the grave was near. The wisdom and goodness of a just Providence will not withhold the noble means for the salvation or happiness of his suffering and erring children. *Also, if you expect a full and specific reply to your letter always inclose ten cents:* postage must be paid in advance."

Digitized by Google

THE MONTHLY

HOMŒOPATHIC INDEPENDENT

No. 12. ST. LOUIS, MAY, 1869. VOL. I.

ATMOSPHERE AND WATER.

BY N. D. TIRRELL, M.D., ST. LOUIS.

A full discussion of the hygienic influences of topography would naturally range itself under five general divisions—atmosphere, water, regions, soil and climate. This paper will treat of the first two of these divisions only, but it may be well to preface it with a synoptical view of the whole subject of which they form so important parts.

I. ATMOSPHERE.—The inquiry into the hygienic influences of the atmosphere includes an examination of the differences between that of the seaboard and of the inland portions of a continent; between that of mountainous regions and of flat country, like our prairies and the plains of Southern and Central Europe; and a consideration of the atmosphere of cities in general, and of different portions of them. The atmosphere is modified also by the influences of marshes or extensive forests, either in the immediate vicinity or in the direction from which the prevailing winds blow, as well as by emanations from factories. Further, this topic includes ventilation, and the action of disinfectants and deodorizers.

II. WATER.—The influences of the water of the country generally should be considered, and that of the water used in cities in particular. The extent of the influence of impure

Digitized by Google

water on the health or on the cure of disease, and its agency in epidemic and endemic diseases, is not to be overlooked. And it is important to inquire into the agencies by which water is contaminated, and the extent of their prevalence.

III. Region.—What influence is exerted by inland or maritime regions, elevated or low?

IV. Soil.—The effects exerted on health by sandy, rocky, clayey, and alluvial soils should be an object of inquiry; that of soil recently broken for the first time, and such as is exposed to inundations, or is saturated with water by rains or rivers.

V. Climate.—Lastly comes the inquiry what influence the climate may have on life, health, and disease, irrespective of that exerted by the atmosphere, water, region, and soil. Extremes of temperature, sudden and great changes of temperature, the effects of perpetual summer, and of arctic winter, are subjects of especial inquiry here.

I. ATMOSPHERE.

Chemistry teaches us that the atmosphere is composed of two gases, nitrogen and oxygen, mechanically mixed—not chemically combined—in the proportion of about four parts by weight of nitrogen and one of oxygen, with about six thousandths of carbonic acid, and aqueous vapor varying from five thousands to the point of saturation. The quantity of water depends generally upon the heat—and consequently the volume—of the air. Any other ingredient than these is considered, chemically speaking, an impurity.

The oxygen is the active, life-supporting material. The nitrogen is the diluent of the oxygen, serving to moderate its intensity; the carbonic acid answers as the great supporter of the vegetable kingdom, and, through that, of animals. The watery vapor answers the purpose of keeping animal and vegetable tissues in a soft and plastic condition, and also of preventing the too great evaporation of the fluids of animal and vegetable organism.

Digitized by Google

An absence of any one of these constituents, or wide departure from the normal proportion, would be eventually destructive of animal and vegetable life as it now exists. Such is the chemist's view from his standpoint; but some physiologists and physicians—homœopathic especially—have a suspicion, almost amounting to a belief, that an atmosphere composed of these ingredients *only*, would not support life as we now find it. They believe that there is an infinitude of material and vital forces pervading the atmosphere, such as electricity in its many forms, light, and the vital forces of the vegetable and animal kingdoms. They believe—*almost*—that these forces permeate the chemical constituents in a harmonious proportion, and maintain life in a manner designed by the Creator; but, when they are mingled and mixed in an abnormal manner, or, in other words, when the harmonious proportions are disturbed by local or other causes, the dyscrasy is the source of disease—epidemic, endemic, and general—and premature death.

The bountiful Creator has ordered that the mere chemical constituents are never disturbed naturally, or, if for a moment disturbed, the disturbance is confined to very narrow limits; and that this disturbance is soon adjusted by the innate properties of these ingredients. For example, the variation of the proportion of oxygen, nitrogen, and carbonic acid never exceeds a certain limit, appreciable only to the delicate apparatus of the chemist; this disturbance is soon rectified either by the law of the diffusion of gases, or the carbonic acid is soon absorbed by water or plants. Thus the air from the highest mountain-top, from the sandy deserts, from deadly marshes, from the most densely crowded cities, and from the most infected hospitals, is, in its chemical constituents, almost absolutely the same.

Other substances are found in the atmosphere in small quantities, which are to be regarded as impurities; for example, hydrogen and ammonia. These do not, however,

Digitized by Google

exist in proportions detrimental to health, as they soon enter into new combinations, and their injurious influence is thereby neutralized. We must, then, in our search for the deleterious agents in the atmosphere, look for something else, and leave its chemical constituents for the material and vital forces that are believed to permeate it.

We have been speaking of the atmosphere as a whole. It is adapted in all localities, as far as we know, to the maintainance of the life and health of the inhabitants of those localities. This is made quite probable, if not certain, by the tables of mortality of life-insurance companies. It would appear from these that the mortality of one part of the planet does not differ materially from that of another; or, if it does differ, the causes must be sought in the differences of social condition. The experience of life-insurance actuaries in the United States does not differ materially from that of those of Europe.

But we do not propose to enter upon the discussion of the impurities of the atmosphere as a whole, but of localities where many individuals are collected, and where the air is contaminated by respiration and perspiration. It has long since been known that the air of close sleeping-rooms, or that of crowded assemblies, of jails and of hospitals, is vitiated by the presence not only of carbonic acid, which is comparatively harmless, but of floating organizations, such as Bibriones, Bacteriæ, and the like, which are developed with astonishing rapidity, and exert their poisonous influences, when taken into the system through the lungs, or by other means. For many years the microscopists have been at work; and they think that they have detected, in the excretory matters of the patient, the cause of many diseases. It is impossible, in the brief space allotted to this portion of the report, to dwell upon this point; though we may say, in passing, that the subject is intimately connected with that of spontaneous generation, the discussion of which

Digitized by Google

has been recently renewed by discoveries of the savans of England, France and this country. With this brief remark, we proceed to the subject of ventilation, repeating once again that the atmosphere as a whole is invariable,—the same life-giving, life-sustaining element.

By *ventilation* we understand the art of supplying an enclosed space with pure air of a proper temperature, and containing a normal proportion of aqueous vapor. We shall restrict ourselves to the ventilation of dwelling-houses and public buildings.

The subject of ventilation of dwelling-houses, hospitals, school-houses, and other public buildings has not been exhaustively examined by scientific men. They have done much, it is true, though the results have not been of great practical importance. Architects, builders, and manufacturers of heating apparatus, have done more in this country within the last thirty years than all the scientific men have accomplished. The early conditions of the problem — merely that impure air should be withdrawn from the apartments of buildings, and pure air substituted—were easily satisfied. In those parts of Europe, where the subject of ventilation had occupied the attention of scientific men, the atmosphere was uniformly mild; consequently the air to be supplied did not require warming. So the apparatus devised was sufficient for all occasions that obtained there. It was simply to carry ventiducts above the building, with their apertures directed towards the current of the wind. Thus a current of pure air was forced throughout the building, and the impure air removed by displacement, exactly upon the principle of the wind-sails for ventilating ships, which have been used for many years. This apparatus was amply sufficient for ventilating churches, hospitals, theatres, halls, dwelling-houses, and all places that did not require at the same time to be heated. But this new condition—of heating, and consequently of moistening the supplied air—

Digitized by Google

entirely changed the problem. It has become extremely difficult, and, up to the present time, insolvable. It was found that, in school-houses in which children were confined for five or six hours with little or no physical exercise, their feet became cold, being in a foot-bath of cold air from the ventiducts, which keeps near the floor, while the upper parts of their bodies were exposed to a much higher temperature. This, of course, was extremely prejudicial to health. This method of ventilation was consequently soon abandoned. Numerous schemes to obviate these difficulties were devised, some of which appeared so perfect, that each in turn was declared to be the great desideratum; but, in practice, all were found defective. We are not aware that any system of ventilation has yet been invented which perfectly fulfills the conditions required in such school-houses as have been and are now being erected in this country. Besides removing the impure air and supplying pure, the air should be heated, and, as a consequence, supplied with aqueous vapor; otherwise the air, increased in volume by passing over hot iron, acquires an increased capacity for moisture. If this be not supplied artificially, the drying-power of the air robs the body of its fluids. The loss experienced by the blood causes headaches, congestion, and fever. Again, the temperature of the room should be equable; never higher than 70° or lower than 65°. This is suggestive of some automatic arrangement by which the supply of fuel or draft should be regulated. Upon the whole, the problem is the most difficult in the whole range of hygiene. That it will be solved is quite certain, the more so as some of the best minds—and American minds, too—are bringing all their energies and large experience to the solution.

Closely connected with this subject is that of dwellings for the poor. The horrors of tenement houses, and of other dens in which the poor are compelled to live, have been the theme of many pens; but, up to this time, little or nothing

Digitized by Google

has been done in the great cities of this country to provide well-ventilated, well-lighted, and convenient houses for the poor, with but one family in a house, which is thus made solely responsible for its condition. It is quite probable that nothing will be done by individual exertion, because it does not "pay." And perhaps nothing will be done by the governments of cities under the present system; but we have strong hopes that something may be accomplished by societies organized for this essential purpose. Something was attempted in England a few years since; much was promised, though but little was actually accomplished. Many of the so-called "model houses" are but models of what ought to be avoided, not imitated. The houses are, in many cases, built back to back in long rows, thus preventing ventilation and lighting. Clothing and food are kept in dark closets; water-closets are placed under the staircase, wherein not a ray of daylight has ever entered. The buildings in many cases are so high that but few take the trouble to carry down the refuse water, or, indeed to bring up the water necessary for washing. Filth of every imaginable description is collected in and about the house, because it is nobody's business to keep the premises clean. Added to all this filth, want of ventilation and light, there is a heat of 80° to 90° at midnight, and, too often impure water. Such model-houses built for the poor are, of course, the radiating points for disease. Their inmates are in the greatest degree of receptivity of contagion. These dens are very numerous in our American cities,—holes wherein cholera loves to hide, and to steal out at midnight or early morning to seize its prey.

Disinfectants. Since the advent of the cholera, the attention of the medical faculty has been directed more or less to this subject. It is well known, and not denied by the Allopathic school, that their treatment of cholera has been very far from successful. For this reason they have directed

Digitized by Google

their attention to the prevention of the approach or spread of the cholera by hygienic measures. And so successful have their efforts been, that they claim, and with reason, that the cholera is entirely controllable by proper remedial measures. When hygienic measures have been generally and vigorously applied, the cholera has not appeared, or, if present before, it has proved much more controllable. Next to the removal of filth, and the consequent supply of fresh air, disinfectants have been their main reliance. Chemistry has put forth all its efforts to discover and invent new ones, and with much success.

Dr. Henry Letheby, Health Officer of the city of London, has recently made a report upon the subject, which, perhaps, sums up all that is known up to the present time. The several disinfectants which he has largely tested are the following, viz., 1, chlorine gas; 2, chloride of lime; 3, carbolate of lime; 4, carbolic acid; 5, chloride of zinc; 6, chloride of iron; 7, permanganate of potash; 8, animal charcoal; 9, heat. "Each of these disinfectants," he says, "has its own peculiar value, and may be used on certain occasions in preference to any other."

1. *Chlorine gas* he recommends, because, being of a very diffusable nature, it is best suited for the disinfection of places that cannot be easily reached by other disinfectants. Dr. Letheby has largely used it for disinfection of church-vaults, where the atmosphere has been charged with the offensive and dangerous organic vapors emitted from the decaying contents of the coffin to such an extent that the workmen could not enter the vaults with safety. He recommends it also as the best for the disinfection of rooms when persons have been sick with fever (typhus), scarlet fever, small-pox, or cholera. Homœopathists will by no means assent to this view, as but little effect could be expected from our remedies in an atmosphere pervaded by chlorine. It is unquestionably useful in purifying unoccu-

Digitized by Google

pied places, where cases of the disease above-mentioned have existed. He generates the gas by pouring about half a teacupful of strong hydrochloric acid upon about a teaspoonful of the black oxide of manganese, the mixture being made in a teacup.

2. *Chloride of Lime.*—The use of this as a disinfectant is as old as this century. At the first advent of cholera in New York, in 1832, the Inspectors scattered it largely upon the floors of the houses occupied by the poor, and also in the cellars and yards; and in some cases it was used with water for washing the wood-work and the floors of rooms. In all these cases the result was very satisfactory; and, on account of its cheapness, it promises to become the favorite disinfectant. We must protest, however, against the use of it in the sick-room where homœopathic remedies are in action.

3. *Carbolate of lime* has been used where the bleaching property, or the smell of the chloride of lime, is objectionable; though the smell of the carbolate, to our mind, is much more offensive than that of the chloride, and for this reason it is inapplicable to the sick-room. It has been used by dusting it over the floors of rooms and cellars by means of a dredger; but as a disinfectant it should not be used with the chloride of lime, as each counteracts the disinfecting properties of the other. The advantage of the carbolate of lime is in its continuous action, and its not destroying the color or texture of clothing.

4. *Carbolic acid* has been used as the sole agent of disinfection for privies, drains, sinks, and sewers, and for the public roads. For this purpose it has been poured undiluted into the place to be disinfected; but for roads it may be diluted with 2,000 times its bulk of water, and sprinkled by the means of a water-cart. It was observed that the usual decomposition of sewage was arrested by its use.

5. *Chloride of zinc* (Sir Wm. Burnett's Fluid, or, as it is sometimes called, Drew's Disinfectant) is well suited for dis-

Digitized by Google

infecting the discharges of sick persons, but is hardly applicable to any other purpose. Its smell should banish it from the sick-room.

6. *Chloride of iron* is applicable in the same manner as the chloride of zinc, and is only suited for the disinfection of the discharges ef the body.

7. *Permanganate of Potash.*—Dr. Letheby says this is only suitable for the disinfecting of drinking-water; for, not being volatile, and being very slow in its action, and not intense, it is not available as a common disinfectant. Its non-volatile properties would probably recommend it to the homœopath for the use of the sick-room; but, for the disinfecting of water for drinking purposes, we must protest: the circumstances must be extraordinary, indeed, that would justify resort to such an agent.

8. *Animal charcoal* has been known for many years as a disinfectant of drinking water, and for the removal of organic gases by absorption, it having the peculiar property of absorbing several hundred times its bulk of noxious gases.

9. *Heat.*—The disinfection of bedding, and all articles of clothing, is best accomplished by exposing them to a heat of from 260° to 300°. This is best effected by the action of steam under pressure: in default of this, the use of the oven is advisable; care being taken that every part of the clothing be exposed. If neither of these methods be convenient, boiling water may be used if sufficiently long applied; and this is important, since recent experiments of l'rof. Jeffries Wyman render it quite certain that some of the lower kinds of algæ live in water at 208°; and that solutions of organic matter boiled for twenty-five minutes only, and exposed to air which had passed through iron tubes heated to redness, became the seat of infusorial life. Similar solutions contained in flasks hermetically sealed, and then immersed in boiling water for periods varying

Digitized by Google

from a few minutes to a few hours, also became the seat of infusorial life. The infusoria chiefly belonged to the genera Vibrio, Bacteria, and Monas. But, if the boiling was prolonged to a period of five hours, no infusoria of any kind appeared.

Dr. Letheby, in his valuable report, expresses his opinion that the agents of infection are living germs, capable of reproduction in the human body under certain conditions.

Dr. Harris, Registrar of the New York Board of Health, has written a circular upon the subject of disinfectants, and the manner in which they should be used, from which we make the following extracts:

"In this circular, the words 'infection' and 'disinfection' are employed just as they are commonly understood, referring to the preventive causes that are concerned in propagating specific kinds of disease. Their causes are:

"1. The specific infectious property or substance of any one of the pestilential disorders.

"2. The local impurities and moisture of the house and grounds where the outbreaks of the disease have occurred, or are liable to occur.

"3. The foul exhalations and atmospheric impurities which injure the health, and help to propagate pestilential epidemics.'"

Dr. Harris' circular is singularly correspondent with the report of Dr. Letheby. He adds to Dr. Letheby's list of disinfectants quick-lime and sulphate of iron—the former in powder, for the purpose of absorbing moisture and putrid fluids; and the latter to disinfect the discharges of the cholera patients, and for the purpose of purifying privies and drains. As neither of these substances is volatile, they recommend themselves to the homœopathic physician for the use of the sick-room.

[TO BE CONTINUED.]

Digitized by Google

SURGICAL.

Complete Extirpation of the Tongue for Epithelial Cancer.

Dr. Geo. Ross reports the following case in the Cana Journal: A—— B——, aged 45, noticed upon his tong a year ago a warty excresence, which was ligatured son time after. The base which was left, however, never hea but the disease extended till it involved nearly the w side of the tongue, and it was determined to remove entire organ. Dr. G. E. Fenwick commenced the o tion with an incision an inch in length in the mesia below the chin, through skin, fascia and muscle, to th of the mouth. Through this was passed a long needle carrying a strong thread, which was attached chain of an ecraseur. The chain on being drawn ir mouth was passed over and around the tongue, and back as far as possible, while the organ was drawn In using the ecraseur, fifteen seconds were all elapse between each click, and at the end of nir half minutes the operation was complete. There hemorrhage, and the patient left the hospital on teenth day with the wound nearly entirely cica similar case is reported in the London Lancet, b Gamgee, Surgeon to the Queen's Hospital, Bi which did not eventuate so fortunately, as severe occurred twice, and the patient succumbed from upon the eleventh day. The mode of operatin ent from that adopted by Dr. Fenwick. Tw flaps of integument having been reflected fr between the chin and hyoid bone, a narrow was thrust behind the hyoid bone through t the mouth, and an incision made in the floor

Digitized by Google

toward the chin. Through the incision thus made, the tongue was drawn out upon the neck and transfixed by a knife through the raphe just in front of the hyoid bone. Two ecraseur chains were now passed through this opening and fixed, one upon each side of the tongue. They were tightened slowly and alternately, and when separation of the tongue occurred, alarming hemorrhage followed, with the result already detailed.

The Pons Varolii the Nervous Center of General Convulsions.

H. Nothnagel, in a series of experiments detailed in Virchow's Archives, and translated for the Cincinnati Medical Repertory, has demonstrated that it is incorrect to say that irritation of the "floor of the fourth ventricle" produces convulsions, as such a result follows irritation of only a limited portion of that region. This limited portion, in general terms, corresponds to the *locus cerulcus* and those parts of the floor of the ventricle external to the *eminentia teretes*, from a little below the *corpora quadrigemina* to the upper part of the *alæ cinereæ*. That this part of the medulla oblongate is not the center of convulsions, but that they arise from reflex action, was shown by the absence of all convulsions when irritation of the part was preceded by division of the medulla just below the pons. The nervous center of general convulsions must then exist above the division, and to demonstrate its exact locality, he divided the medulla at various points. When the section was too near the nuclei of the vagi, death was instantaneous; when higher up, even to the lower border of the pons, though short contractions occurred at the moment of division, the animals afterward lay quietly without the least movement, death taking place in a quarter or half an hour; when, however, a portion of the pons was left attached to the medulla,

Digitized by Google

the most violent general epileptiform convulsions set in simultaneously with the section, and persisted till death. The conclusions justified by the experiments are these: The center of general convulsions is situated in the substance of the pons. Its lower boundary corresponds to a section at the height of the inferior border of the pons. The faculty to perform the function of a center of spasms is to be denied to the substance of the medulla oblongata.

CLINICAL CASES.

March 5th, 1859.—Miss W——, aged 18 years; dark hair, blue eyes; had suffered from childhood with headache, which had continued to grow worse every year. She had been treated allopathically without any benefit. Her parents had become very uneasy, fearing that she would become deranged, as her mind became more and more affected, her melancholy mood was alarming; constant disposition to cry; believes she is going crazy; has a dull, heavy ache from one temple to the other; pain in her back, in the dorsal region. Has a feeling in her head as if hot water was rolling from one side to the other. Light hurts her eyes, which are very weak. She becomes dizzy on raising the head up; when she raises up in bed becomes dizzy; head is heavy; wants to be quiet all the time, and alone; noise, company, and even talking, disturbs her. She feels despondent, discouraged; frequent crying spells; hearing is very dull; taste putrid, like spoiled vegetables. Recently has had pain in the left side just above the hip. Has always had cold hands and feet, and the feet are always covered with cold and clammy sweat. She sweats on the forehead, and no where else (except on the feet), whenever anything excites her, or she takes exercise. Her headache disqualifies her for any kind of work, either physical or mental;

Digitized by Google

can't write—cannot even play on the piano—indeed can't do anything. Appetite is good; digestion has always been good,—indeed, excellent; the bowels regular; menstruation perfectly regular.

1st. In this case we have a constant headache, which had lasted from childhood; a dull heavy pain from one temple to the other.

2d. That her mind was so affected that serious apprehensions were entertained that she would become deranged; a melancholy mood, seeking solitude; all company and noise distresses her; frequent crying spells.

3d. That her head become dizzy on raising it up, and that she becomes dizzy whenever she raises up in bed; that her head is heavy; has a feeling in her head as of hot water was rolling from one side to the other.

4. That she has pain in the dorsal region of the back.

5. Putrid taste like spoiled vegetables.

6. Has cold extremities, the feet being always wet with cold clammy sweat.

7. Her headache disqualifies her from doing anything; her former employments and pleasures are now repulsive and unbearable, even her music.

The first symptom is produced by no less than forty-six remedies:

Argent Nit. has constant headache and vertigo; headache on awaking in the morning, with impulsive disposition and constant motion. No cold damp feet; no vertigo on rising; no fear of losing the mind; no disposition to be alone; no crying spells; no deep melancholy mood.

Aconite has great sadness, and disposition to weep, but it is an alternation from mirth to sadness; it has also vertigo when rising, but with nausea; bleeding at the nose, &c. It has also coldness of the feet up to the ancles, or only of the toes, with perspiration of the *toes* and *soles* of the feet.

Nux Vomica has vertigo in the morning and after dinner,

Digitized by Google

and stunning headache in the morning—a periodical headache. Taste of putrid vegetables. No cold hands or feet; no corresponding moral symptoms.

Sepia has sadness, with weeping; but a *dread of being alone.* It has vertigo when walking in the open air; it has headache, but it is on one side, and from within to without; it has coldness in the legs and feet, but no sweat on the feet.

Sulphur has melancholy, also vertigo when sitting, with bleeding of the nose when stooping and when rising from bed; it has pain in the back, but in the small of the back. It has headache, but not constant, also cold sweat on the feet.

Calc. Carb. produces a dull, heavy pain from one temple to the other, a constant headache. It has a melancholy mood, despondent and dispairing; seeking solitude; a fear that she will lose her senses; an incapacity for doing anything; vertigo on rising; heaviness of the head, coldness of the extremities, with sweating feet—cold clammy sweat. This remedy having the nearest resemblance to the totality of symptoms, I gave the 2c. one dose, and *Sac. Lac.* for one week.

March 10*th.*—Headache a little better; no other change perceptible. *Sac. Lac.* to be continued until next visit.

March 15*th.*—Headache not so bad; decided improvement; spirits better; can smile occasionally; feet still cold, but the sweat not so much.

March 21*st.*—Found my patient still improving both in the moral and physical symptoms. Continued *Sac. Lac.* another week.

March 28*th.*—Improvement still progressing. *Sac. Lac.* continued.

April 4*th.*—My patient as cheerful and gay as a lark; thought she had taken enough of little sugar powders; gave one powder *Sac. Lac.* for the whole week.

April 11*th.*—Found her, as she said, "well," and "would

Digitized by Google

not take any more medicine." Said her head was all right and her feet the same.

This case had been, for 16 years, baffling all the skill which Allopathy could bring to bear upon it. To any one but a Homœopath it would seem impossible that a few pellets of the 200th attenuation (Lehrmann) of *Calcaria Carbonica* could have such a result.

April 22d.—Was called to a child in the same family. Her mother informed me that my patient had a slight return of headache and cold feet, but that her mind, disposition and all else were "all right." Left one dose of Cal. Carb. 6m to be given on the 26th. This delay was caused by her having taken a dose of pulsatilla the day before, prescribed by my friend, Dr. Skeels, who visited the child for me the day before.*

May 4th.—Saw my case—at my office with rosy cheeks, bright eyes, full of life, cheerful and happy. Said was "all right."

May 10th.—She continues well.

CASES FROM PRACTICE.

BY R. A. PHELAN, M. D.

Miss P., 19 years of age, was sunstruck in the summer of 1864, and, as a consequence thereof, became insane, and continued in that state till the 17th of June, 1868. After repeated efforts of the medical men had failed to restore her to health, she was sent to the State Lunatic Asylum in the spring of 1865, and kept under the treatment and discipline

* This dose of puls was given upon the well known fact, taught by the masters and borne out by experience, that it is not well to repeat, in adults especially, a dose of Calc. Car. without first interposing an intermediate remedy. Rightly this patient should have received Nit. Acid, it being a much more perfect antidote to Cal. Car. than puls.—Ed.

Digitized by Google

of that institution during a full term, at the expiration of which she was returned to her father's home without any amendment whatever in her condition.

At the close of another year, seeing that she was getting worse, and becoming almost unmanageable, she was sent back to the Asylum and kept there during the course of a second term, and again returned to her father's house as incurable.

What the symptoms that characterized her case during all this time were, we did not learn, except in a general way, not essential to be mentioned here; but in her peculiar state she continued until the 17th of July, aforesaid, when she came under our treatment.

The conditions expressive of her derangement, and for which we prescribed, were the following, viz: Unsteadiness of purpose, with almost constant tendency to move some part of the body: unwillingness to converse, especially with, but making determined answers to, strangers; and an occasional exhibition of *silly* laughing during her agreeable intervals. When her wishes to go into the streets met with the opposition of her parents, she flew into a rage, and used all the force at her command to carry out her determination, and when she got out she walked hastily on her way, singing and dancing, and laughing, and waving her hands. These circumstances were observed to be much aggravated in the afternoon and evening, and especially at the approach of, and during the first day of, the menstrual period; particularly the eyes when in anger,—the pupils of which seemed to be more than ordinarily dilated most of the time—the menses being premature, dark, clotted and rather scanty.

These indications taken in conjunction with the very characteristic original cause whereby they were generated, and as a consequence of which they continued to exist, marked definitely enough the course to be pursued in their eradication.

Digitized by Google

What was that course? The alternation of remedies? Here was a good case for that practice. The exhibition of *Bellad.* and *Hyos.*, if you please. But we cannot *alternate*, because that style of practice is not Homœopathic; not even if such a practice were allowable should we resort to it, for the reason that we should be afraid lest the modifying influence possessed by one remedy over the action of the other might compromise the chances of success so as to prevent us from restoring to home and to society a once beautiful and accomplished young lady. What was then left us to do in s. important, and to her friends, so hopeless a case? Nothing, but as a true Hahnemannian, to carefully individualize in selecting the proper remedy, and having found it, to administer it in the smallest quantity capable of curing the case. Now which of the two named remedies covers the case most perfectly? Both have laughing, singing, furious actions, rage, attempts to strike, and aggravation of symptoms in the afternoon and evening, and before and during menstruation—in common. Individualize farther. With *Bellad.*, however, and not *Hyos.*, do we find the dislike to conversation, the constant disposition to move some *part* of the body, especially the hands; the condition of the eyes; the majority of the symptoms connected with the menstrual appearance; and to the cause of the disease, it stands in the very highest order as a remedial agent. *Bellad.* was therefore the remedy; and accordingly, on the 17th of July, 1868, we gave the patient one dose thereof, in the 4000th potency (*Lentz's* preparation), with the usual allowance of *Sac. Lac.* for one week, and departed.

On the afternoon of July 19th, the lady's father informed us that she had been very much excited the previous evening, and during that day, and thought the medicine might be too strong. This was an aggravation. July 24th, found the patient unusually quiet—had been so for three or four days—was more communicative, and general appearance

Digitized by Google

favorable. *Sac. Lac.* furnished for one week. July 27th, her father called to see us, and stated that she was "getting along finely"—was making herself generally useful about the house without being asked, and evinced no desire to leave home on any account. July 31st, patient wonderfully improved, almost natural in her conduct—no excitement or restlessness, conversed with apparent ease; parents delighted, but feared a return of her difficulties at the approach of menstruation—a natural fear which was shared in even by ourselves. *Sac. Lac.* for one week.

August 7th, still gaining in every respect, very quiet and orderly—patient sewing when we reached the house. *Placebo* for another week. August 14th, menstruation present one day too soon; and, much to the satisfaction of all, accompanied by no aggravating circumstances, excepting that she appeared more reserved in her manner. *Placebo* continued.

August 22d, was informed that menstruation passed off almost naturally—was much more profuse, and not dark and clotted as formerly; patient gained much in strength, and certainly in appearance. *Sac. Lac.* for one week. At the end of two weeks more, viz: on the 5th of Sept., it was almost impossible to notice any difference in her actions from those of other people. She was then attending church and visiting her friends, as naturally as she ever did in her life, and nothing of her old difficulties remained to be discovered, except in the impression amongst her friends and acquaintances that she once was insane. Her father remarked that "he would be delighted if he thought the great change would continue when she dropped off taking medicine." The remark was made in that spirit which betokens an over anxious ingratitude (if we might so express it); Homœopathy must cure at once what his favorite system (Allopathy) had failed to do in four years. How much of this we see! We informed the gentleman that the cure

Digitized by Google

was complete; and on that day, being six weeks from the time we began the treatment, surrendered the young lady to her father and mother in perfect health.

We saw the lady as late as the 11th of October, when she continued to be perfectly well, and wonderfully improved in general appearance; and as late as the 14th of November, her father told us "he could not see the end of her improvement." We have no disposition to become popular by giving such cases to the profession, but in important ones of this sort, when a system of medicine 2000 years old has so utterly failed to effect a cure, we regard it as due to the eminent men who conduct the old Homœopathic College at Philadelphia, to whom we are so much indebted—that the principles of pure Homœopathy which they so learnedly impart, find an echo even at this distance from their centre. The case is also a refutation of the materialistic tendency of the day, in proving conclusively that the infirmities to which our poor nature is subject, can be safely and surely removed, even the most deep-seated of them, by immaterial doses of medicine. They cannot be *cured* in any other way; and if they could, gentlemen ought to *spare* poor human nature by guarding her against the evil consequences that must necessarily follow the administration of *crude* medicines, a practice which, to say the least, is entirely unnecessary. Reflect on this case, which was cured by one single dose in the 4000th potency. Follow Hahnemann and you can all do as well.

[NOTE—At this date, May 15th, Dr. Phelan informs us that the young lady continues to enjoy the best of health.—ED.]

Digitized by Google

INTERMITTENT FEVER.

N. D. TERRELL, M. D.

(From my Note-book.)

October 11*th.*—Jno. Bailey, about 30 years of age, dark complexion. Intermittent fever every other day; has had three paroxysms; chill, heat, and then sweat. Previous to the chill, thirst, drinking large quantities at a time.

Chill—First in the shoulders, between the shoulders, then goes down my limbs; shakes a little; teeth chatter; same thirst as before; no nausea; wants to lie down.

Heat—Same thirst as before, but more intense; very weak; lasts about two hours.

Sweat—Same thirst; sweat copious; some swell, but not sour; all over the body; lasts all night. I feel very weak after sweating all night; I have thirst in the morning.

Chill comes on earlier and earlier at every paroxysm; about 1 o'clock P. M. the last time.

The characteristic peculiarity of the thirst pointed to *Natrum Muriaticum*, which, after the case had been "run out" in accordance with the method recommended by Bonninghaussen in his Therapeutic Pocket Book, was given, one dose of the 5$^{m.}$ Finke, with blank powders.

October 11th was the day of the expected paroxysm, which he had soon after taking the remedy. I saw him Oct. 16th; he had had no paroxysm since Oct. 11th. I afterwards heard that he had no other paroxysms.

[Doctors make mistakes in prescribing, especially when doing so "off hand," without duly considering the symptoms present. The annexed case of intermittent fever, is a subject for criticism; there can be but little doubt but that the first remedy given, *Nux Vomica*, was not the proper one; and some doubt may arise as to whether the second, *Natrum Muriaticum*, although it cured, was the proper rem-

Digitized by Google

edy,—that is, whether it was the remedy that would have been selected upon Bonninghausen's plan.]

September 30th.—Mrs. A. B., about 50 years of age, who came to my office with the following symptoms:

Chilliness mixed with heat; pain in the small of the back; pain, dull and aching; no headache; good appetite; would like to be in bed; want the doors and windows open; mouth tastes badly in the morning; nasty taste; bowels constipated; empty eructations, which relieves the sensation of pressure; after eating, a sensation of oppression in the stomach. *Nux Vomica*, 2^{c}.

October 1st. The next day I received a note from her stating that she was much worse, and had had a "regular" chill. I called on her and found the following symptoms of the last paroxysm:

Chill, heat, and then sweat, every day. (?)

Before the chill, sick all over; pain in the bones, which continued throughout the paroxysm; no thirst; no headache.

Chill: Nausea; took mustard and water and vomited up bile, she thought.

Heat: No headache; no thirst.

Sweat: Relieving all the symptoms; coated tongue. Received *Sac. Lac.*

October 2d.—The same in all respects: the pain seems to be down deep in the bones. Yesterday the chill came on about 10 o'clock; to-day soon after 12; after the paroxysm, increase of saliva. Received *Nat. Mur.*, 5^{m}. one dose.

October 3d.—Chill, heat, and then sweat. Before the chill, bone pains as before, nausea, vomiting after drinking warm water.

Chill; came on about 10 o'clock a. m.; headache.

Heat; slight thirst if any; pain in hands and feet.

Sweat; headache, but no other symptom, which was felt slightly during the apyrexia. Received *Sac. Lac.*

Digitized by Google

October 4th.—No paroxysm. *Sac. Lac.*

Oetober 5th.—Paroxysm similar to the last, but with all the symptoms ameliorated. *Sac. Lac.*

October 6th.—No paroxysm. *Sac. Lac.*

October 7th.—Paroxysm similar to the last, but with all the symptoms ameliorated. *Sac. Lac.*

October 8th.—No paroxysm.

October 9th.—This was the day of paroxysm, but there was none. *Sac. Lac.*

October 14th.—One week since the last paroxysm, none this day, and none since the last.

Since then (May 10) there has been no relapse.

[This case is interesting from the fact that she had been subject to intermittent fever every fall, which had never been cured, but "broken up," or suppressed, with large doses of *Quinine* or *Arsenicum;* relapses occurring every three or four weeks, until the warm weather set in. The fact of change of type, which took place Oct. 4th—a change occasionally met with in the intermittents of the Mississippi valley, is also of interest.]

January 4th, 1869.—Mrs. B——, of about 30 years of age. Fever on the nights of Jan. 1st, 2d, and 3d, each night about 10 o'clock, just after getting into bed.

No symptoms before the paroxysm. No chill or chilliness.

Heat; no sensations excepting extreme heat and restlessness, which lasted all night.

No sweat; during the day flashes of chills run over me; no thirst, either before, during or after the fever; no pain, excepting the bones ache awfully; no appetite, eat but little breakfast in the morning; face much swollen. *Recdiveu Pulsatilla* 2c.

January 5th.—Passed a very uncomfortable night.

Fever came on as soon as I went to bed as before, but preceded by no chill or shuddering; dull headache, severe

Digitized by Google

in front of the head; restlessness, tossing about; bed clothes made me feel too hot, but if I threw off the clothes it gave me a chill; went to sleep during the heat; after the heat this morning had sweat; my husband says I had fever and sweat; during the sweat, while going down to breakfast, I vomited bile; but little appetite; sore throat, observed it yesterday, but it was so slight I did not think it worth mentioning; empty swallowing painful to me; don't know which pains me most, the swallowing of liquids or solid food, as I don't drink nor wish to, and only chewed a little meat this morning; tender to the touch, but worse on the right side, which is very painful; throat better than it was. Received *Sac. Lac.*

January 6th.—No paroxysm last night; all the symptoms have disappeared, even the sore throat, of which not a trace is left. Up to the present time of writing, Jan. 30th, there has been no relapse.

This case was prescribed for "off hand" from that characteristic symptom of *Pulsatilla*, *entire thirstlessness in every stage of the fever and during the apyrexia.*

PAINFUL BREASTS.

April 6th:—E. G., a young woman 22 years of age, light complexion, fine form, perfect health, excepting as mentioned below, on the above day gave birth to a dead child, which was very large, and which had been dead apparently eight or ten days.

April 7th.—The breasts were enormously distended with milk, a very small quantity of which was spontaneously issuing from the right breast; they were not remarkably painful upon touching, but *exceedingly so upon the slightest motion of the trunk or arms.* Gave *Bryonia* 40^{m}. Think one dose, and applied compress, wet with cold water, in which there had been dissolved *Bryonia* of the same potency; the compress to be kept wet with the solution.

Digitized by Google

April 8th.—Breasts not so painful; less distended. The same treatment as on the 7th inst.

April 9th.—Better in all respects. Some bad nodules were observed in the right breast. Continued the same treatment.

April 10th.—No pain whatever; the breasts rapidly assuming their normal size. Discontinued all treatment.

April 13th.—Breasts of normal size; slight issuing from one.

April 20th.—Two weeks to-day since her confinement; met her on the street, looking and feeling entirely well, excepting a trifle weaker than was natural to her.

The above case is interesting from two other circumstances, showing the power of medicines in aiding nature, and in relieving distressing symptoms in parturient women.

I was not called to the case until about 7½ o'clock a. m., and arrived at the bedside of my patient about 8 o'clock; she had been in labor then since 2 o'clock, about six hours. I found that the head of the child was delivered, and had been, so the nurse said, for hours, but *no further progress seemed to her possible by any exertions of the patient*, whom I found *restless, with red face;* the child, I have said before, *was very large.* I gave *Aconite* 2c. Lehmann's; the child was born in less than three minutes after; and the placinta in less than twenty minutes after; there was no flooding.

After the delivery of the placenta, I gave *Arnica* 2c. Lehman's, and left two other doses of the same potency, to be given before my next visit on the afternoon of the same day. On the day following confinement there was not the slightest tenderness upon pressure upon any part of the abdomen, even over the pelvia cavity, and but little soreness of the perineum. No bandage was used.

In the last number of The Independent we copied an article from the pen of our able colleague, James B. Bell, M.D., of Augusta, Me., from the New England *Medical Gazette*, and failed to give that journal credit, an unintentional mistake.

Digitized by Google

CLINICAL LECTURE.

[*Condensed Abstract from Lectures delivered at the Hahnemann Medical College, Philadelphia. From notes taken by H. F. Pahl, M.D. Dec.* 19. 1867.]

BY HENRY NOAH MARTIN, M. D.,
Professor of Clinical Medicine.

A. A. ætat 24, has been suffering during six months. Has had swelling of face. We find upon examination a prominent swelling on the right side of the face and just in front of the ear, which is very red, tense and sensitive to pressure. In the throat there is redness and enlargement of the right tonsil. Pains attending the swelling are of a *dull* character; worse in a *warm room* and in *damp weather* and during the summer.

Notwithstanding this swelling began and remained on the right side; because of the sensitiveness to pressure, and the aggravations, we shall give *Lachesis* 2^{m}, one dose. This case will no doubt be relieved by this medicine, and will serve to illustrate the idea that because the pains and swelling begins and remains in the right side, you must not in all cases give *Lycopodium*. *Lycopodium* and *Lachesis* each have all the symptoms characterizing this case, the side of the face (right side), favoring the choice of *Lycopodium*, but all the aggravations are much more strongly indicated under *Lach.* than *Lyc.*

December 30.—Very much improved. Scarcely any pain. Swelling somewhat reduced.

January 4, 1868.—No soreness; not sensitive to pressure; less redness in the throat and also externally; swelling somewhat reduced and much softer.

January 11.—Worse. Swelling harder, much soreness. Thinks he has taken cold, which always affects that side of his face and eye. Prescribed *Lachesis* 2^{m}, one dose.

January 18.—The eye on the affected side is weak.

Digitized by Google

January 25.—No pain nor sensitiveness, nor hardness of the parts.

February 3.—Reports himself well.

Dec. 30, 1867.—E. S. complains of pain in the back. Cannot turn over in bed because the back feels *stiff or broken. Great bearing down during stool, and nothing but blood and slime passes.* Griping pains in the hypogastric region before, during and after urination. Urine feels cold. Here we have a case of constipation with inflammation of the large intestine, with extension of symptoms, to the urinary organs. Or, to use the common nomenclature, dysentery.

Dysentery leads us to think of *Merc. V.* and *Cor.*, and *Nux Vomica* first of all, then *Colocynth*, *Belladonna*, &c.

The dysentery of *Mercurius Vivus* is characterized by green, slimy and sometimes bloody stools, generally worse in the night; preceded by griping pain in the hypogaastric region, and relieved, generally, after stool; nausea and chilly sensations during stool, followed by cold sweat and tenesmus.

Merc. Cor. has bloody, slimy; scanty stool, with great straining and burning, with colic before, during and after stools and with tenesmus.

Nux Vomica has all the symptoms of this case, including the *broken pain in the back*, which neither of the other medicines have. *Nat-mur*, *Rhus-tox* and *Augustura V.* each have also this sensation of broken back, but they do not so prominently have the other symptoms. If this chronic form of dysentery had followed an attack of intermittent fever, having the symptoms of *Nat-mur*, we should then select that remedy: or, if we found a *Rhus* rheumatic diathesis as a basis, then *Rhus-tox* would be the medicine. *Urine feels cold.* This symptom is not in the pathogenesis of *Nux. Vom.*, and we are led to think of *Nit. Ac.* as being most prominently indicated for it, but as this symptom occupies a low rank in our diagnosis of a medicine for this case, we pass it

Digitized by Google

by with the remark that if it disappears with the other symptoms you may note that it is cured by *Nux. Vom.*, and we shall learn something new.

We give *Nux. Vom* 2^{m}, one dose.

January 4, 1868.—Reports not so much pain in back on turning over in bed. Bloody, slimy stools and cold feeling of the urine entirely gone.

January 15—Dysenteric symptoms relieved, but complains now that in the morning she has pain in the bowels before and after stool; pain in both shoulders, relieved by motion; great weakness after stool, also trembling; has to lie down. Brown, small stool.

We have now a perfect case for *Conium.* The great weakness and trembling after stool is exceedingly characteristic of *Conium.* We give *Con.* 1^{m}, one dose.

January 22.—Reports very much worse. Probably an aggravation, and we, therefore, neither change nor repeat the prescription.

January 29.—The symptoms for which *Conium* were given are relieved, and she now complains of burning and prickling of the feet at night, which are cold in the day time. Weak and trembling every day at about 10 or 11 a. m. This last symptom we find in but few medicines. Something like it are found in *Phos. Lach. Sulph.* and *Hydrastis.* We give in this *Sulphur* C^{m}, one dose, as best indicated.

February 5.—Reported herself well.—*American Journal of Homœopathic Materia Medica.*

INTERMITTENT FEVER IN CHICAGO.

Nearly all cases of Intermittent Fever occurring in this city or vicinity, are cured by one of the following drugs, viz:—*Arsenicum, China, Eupatorium perf., Natrum Mur., Nux Vomica, or Pulsatilla.*

Arsenicum is indicated in all types, except the double

Digitized by Google

quotidian and double tertian; *China* in all types except the quartan; *Eupatorium*, in all types (probably); *Natrum* and *Nux Vomica* all except the quartan, double tertian, and double quotidian; *Pulsatilla* in all except the double tertian and double quotidian. Consequently when we learn the type of the case before us, one or more of the above remedies may be thrown out of consideration. As regards the thirst:

Ars.—Thirst in all stages, or wanting in the chill and heat.

China.—Thirst in all stages, or wanting in the chill and heat.

Eup. Perf.—Thirst in chill and heat, or wanting in chill.

Natr. Mur.—Thirst in chill and heat, or wanting in chill and heat.

Puls.—Thirst in chill and heat, or wanting in all stages.

We may now be able to make our choice of a remedy; if not, we must consider the symptoms before the fever comes on.

Ars.—Pain in the head, abdomen, back, chest, or limbs, with a faint feeling; yawning.

China.—Pain in head or limbs, sneezing, nausea, or great hunger.

Eup. Perf.—Pain in bones, stiffness of fingers, yawning.

Natr. Mur.—Pain in head.

Nux Vom.—Pain in head.

Puls.—Pain in head, nausea, vomiting, loss of appetite, diarrhea, chilliness.

If the remedy can not be chosen from the above, we must next look to the symptoms during the chills.

Ars.—Difficulty of breathing, coldness in abdomen, diarrhea, yawning, pain in head, limbs, bones, pit of stomach, abdomen or small of back, vomiting of bile,

China.—Pain in liver or abdomen, heat and redness of the face.

Digitized by Google

Eup. Perf.—Diarrhea, nausea, pain in the head, small of the back, vomiting of bile, trembling.

Matr. Mur.—Difficulty of breathing, pain in head, bones, or back, yawning, nails blue, chattering of teeth, stupefaction.

Nux. Vom.—Pain in liver, nails blue, chattering of teeth, sleep.

Puls.—Pain in back, vomiting of mucus.

Symptoms during the heat:

China.—Coldness of the forehead, redness of face.

Eup. Perf.—Nausea, vomiting of bile, tremor.

Natr. Mur.—Loss of consciousness, pain in head, bones or back, eyes weak.

Nux Vom.—Anxiety, nausea, pain in the head or chest, vomiting of mucus, food or water, vertigo, redness of face.

Puls.—Pain in head, limbs, bones, or labor-like pains, vertigo.

It is seldom that we are obliged to seek further than this for the proper remedy, but I will add the remainder of the symptoms of the drugs named in order to complete the picture of each.

Symptoms during the sweat:

Ars.—Roaring in ears, faintness.

China.—Faintness.

Eup. Perf.—Sleep.

Natr. Mur.—Waking up.

Nux Vom.—Chilliness during motion, tingling in skin.

Puls.—(No symptoms recorded.)

Symptoms during apyrexia:

Ars.—Appetite lost, diarrhea, emaciation, face bloated or yellow, nausea, vomiting of bile or food, taste bitter, pain in head, joints, hip, back, stomach or kidneys, vertigo, weakness, repugnance to meat, sweet or warm food, sleeplessness.

China.—Appetite lost or increased, repugnance to tobacco, or warm food, constipation or diarrhea, emaciation, face pale or yellowish, pain in head, joints, stomach, kidneys, vomiting, weakness, sleeplessness.

Digitized by Google

Eup. Perf.—(?)

Natr. Mur.—Appetite lost, taste bitter, repugnance to fat food, bread, coffee, tobacco, constipation, face yellowish, pain in head or stomach, sleeplessness.

Nux Vom.—Appetite lost, taste flat, repugnance to bread, coffee, tobacco and warm food, constipation, emaciation, face pale or bloated, nausea, vomiting of bile, mucus or food, pain in head, stomach, hip, liver, back, vertigo, nervous weakness.

Puls.—Appetite lost, taste bitter, repugnance to bread, meat, warm food; diarrhea, pain in head, joints, stomach, hip, liver, vomiting of mucus or food, sleeplessness or torpor, vertigo, nervous weakness.

Moral symptoms.

Ars.—Anxiety, anger, restlessness, impatient.

China.—Anger, depression, indifference, peevish, obstinate.

Eup. Perf.—Anxiety, despair, depression.

Natr. Mur.—Anger, sadness, depression, thoughtlessness, absence of mind, irritable.

Nux Vom.—Anxiety, anger, irritable, peevish, obstinate.

Puls.—Anxiety, depression, indifference, peevish, restless, sadness, obstinate.

Special indications:

Ars.—Paralytic condition; intolerable pains.

China.—Distension of the veins; pain in the liver.

Eup. Perf.—Great weakness; desire for acid drinks.

Nux Vom.—Delirium; paralytic feeling in the limbs.

Natr. Mur.—Sleepiness.

When the latter symptoms exist throughout the entire paroxysm, the remedy may often be chosen successfully from them alone. *Puls.* is applicable when the menses are suppressed or make their appearance too late.—*T. S. Hoyne in Medical Investigator.*

711 Wabash Avenue.

Digitized by Google

ance to fat
ellowish,

bread,
, face
ood,
us

Digitized by Google

Digitized by Google

Digitized by Google

UNIVERSITY OF MICHIGAN
3 9015 02393 8387

Digitized by Google


Digitized by Google