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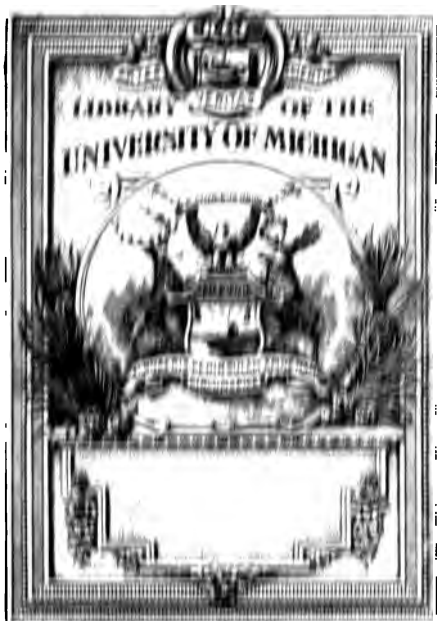
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# California Homœopath.

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EDITORS:

WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

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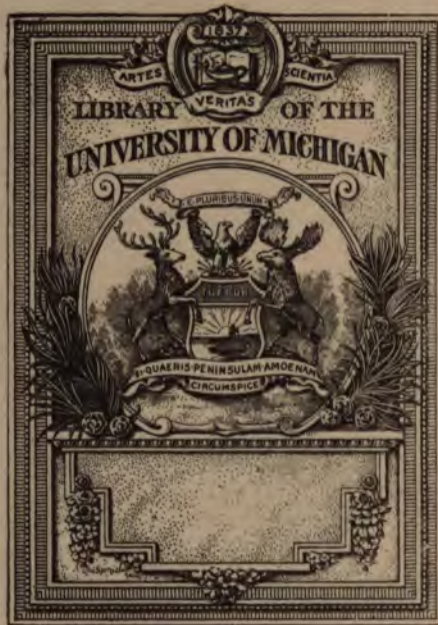
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CONTRIBUTORS TO VOLUME VI.

ALBERTSON, J. A.	HALE, E. M.	NORTON, G. S.
BEACH, E. I.	HENDERSON, L.	PALMER, G. H.
BECKWITH, E.	IVINS, H. F.	THAYER, W. I.
BISHOP, A. P.	LILIENTHAL, S.	TISDALE, C. L.
ELY, W. A.	MARTIN, G. H.	SARGEANT, C. S.
FRENCH, H. C.	MEYER, J. L.	STEVENSON, E.
FRASIER, E. J.	MILLER, J. J.	WELTY, E. J.
GUY, S. S.		

THE  
CALIFORNIA HOMŒOPATH.

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VOL. VI.            JANUARY, 1888.            No. 1.

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ORIGINAL ARTICLES.

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AMMONIA.

A LECTURE BY THE LATE PROF. FARRINGTON.

*Ammonia* acts like alkaline potash and soda, with the important difference, however, that it contains so much water it attracts but little from the tissues. Its solvent action on tissues is also less than that of potash and soda. Still, its high diffusion power causes it to easily penetrate the skin or mucous surface and cause finally ulcers and sloughing. This fact has led to the allopathic use of ammonia as a rubefacient. It raises blisters in from five to ten minutes.

When the mucous membranes are the seat of attack, a violent inflammatory irritation results, with symptoms varying with the locality. The common symptoms are burning, rawness and congestion, or copious mucorrhœa.

Taken internally in moderate doses, there is produced a feeling of stimulation, while large doses develop transient giddiness, exhilaration and increased pulse force; later, drowsiness, and then coma sets in. Whether or not uræmia is dependent upon the conversion of urea into Amm. Carb., is too doubtful a question to admit of discussion here. And,

**THIRST IN YOUNG INFANTS.**—It is a mistake to suppose that because milk is a liquid food it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger, it makes thirst more intense after it has remained some time in the stomach and digestion of it has begun. It is thirst which causes healthy, breast-nourished infants to cry for long periods of time in many instances. There are many cases of indigestion due to weakness or insufficiency of the child's gastric juice which would be greatly benefited or even cured if the child were allowed an occasional drink of water.

In bottle-fed babies, cleanliness of every article necessary is paramount. Constant watchfulness must be exercised. Food must be right temperature; must be given *slowly*, resting at intervals to throw up wind. Very necessary. Sometimes baby will go to sleep "wind sleep." Do not be misled by it and stop the feeding; for in ten or fifteen minutes he will awake and cry. This cry is not colic nor crossness, nor discomfort but desire for *more food*.

HAVE at least two bottles for the baby, allowing one to be aired and cleaned while the other is in use. The short rubber nipple is preferable to the long tube.

Change sheets should be changed as often as they get wet, and the bedding be aired every day. Pillows filled with hair or curled hair are less heating than feathers.

Blankets made of white cheese-cloth, with a layer of cotton batting between the sides, and tufted with worsted, are useful in slipping between the baby and the holder's lap; also a blanket beneath the child when it is laid on bed or lounge.

Good graham crackers are better for the little one to munch with its trial teeth than white biscuits or bread.

Don't burn a lamp in the children's bed-room, as the flame soon vitiates the air and renders it unfit to breathe.

PERFECT physiological development of the infant is absolutely dependent upon mother's milk.

REGULARITY of feeding is one of the fundamental conditions of healthy development.

THE  
CALIFORNIA HOMŒOPATH.

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VOL. VI.            OCTOBER, 1888.            No. 10.

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ORIGINAL ARTICLES.

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PNEUMONIA CROUPOSA CURED BY KALI IODATUM.

By S. L.

Dr. Heuser, of Leipzig, publishes in the *Allg. Hom. Zeitung*, August, 1888, the following interesting case: A boy of 9 years took sick May 15th with right-sided pneumonia crouposa; treated by an old school physician up to June 9th, and on this, the 24th day of his sickness, resolution failed to set in. Two of his brothers died with manifestations hinting to tuberculosis, though the parents and grandparents enjoyed good health. The young patient had often suffered from bronchial catarrh, passed through several diphtheritic attacks, and traces of former rachitis can still be noticed, as well as different hard swollen lymphatic glands around the neck and in the inguinal region. Examination of the lungs revealed absolute dullness over the whole right lung. Only bronchial breathing can be heard over the affected side. Diarrhoea, temperature over a hundred, without regularity; pulse, 100-120; tongue coated white, moist; appetite lost, great debility, night sweats, sleep interrupted and unrefreshing during the day. He often dozes with half-closed eyes; very little cough. If the asthenic fever and

Uterine hemorrhages with hard swollen (l.) ovary.

Feeling of a band around the head; epilepsy.

*Ammon. Muriat.*—Sal. Ammoniac differs considerably from the carbonate. It is said to be best adapted to the fat, sluggish patient, whose body is corpulent, but whose legs are disproportionately thin. Like its relative, it produces severe inflammation of mucous membranes and so rivals it in catarrhs. But for some reason, perhaps from the contained Chlorine, the circulation of the blood seems more affected than in the carbonate; beating as if in the arteries; ebullitions of blood, with anxiety and weakness as if paralyzed; face reddens during an animated conversation; flushes of heat in attacks; followed by sweat mostly on face, palms and soles.\* Heat with red, bloated face, worse in warm room, etc.

The nervous system is affected by the *A. mur*; Chills and fever returning every seven days; heat ends in copious sweat; pain in left hip as if tendons were too short.† Must limp when walking, gnawing in bones while sitting.

*Sciatica*: worse sitting, somewhat better while walking, entirely relieved while lying down; neuralgic pains in stump of amputated limbs; tearing, stichy, ulcerative pains in heels; better at times for rubbing; worse at night in bed.‡

*Joints*—Causes a feeling of tension and contraction of the tendons, and so has proved useful in chronic sprains. Morning stiffness; better while walking in open air. The neuralgic and tensive pains in the groins have successfully suggested the drug in uterine and ovarian affections; pain in (l.) groin as if sprained; stitches, soreness, as if swollen; leucorrhœa like white of egg or brown slimy after every urination, uterus displaced or enlarged.

*Stools crumble*—Blood from bowels; menses black, clotted; early profuse; worse at night; cholera-like vomiting and purging.

\* Like *Phosp.*

† See *nat. mur.*, *caust.*, etc.

‡ Heels—*Puls.* (inflamed). *Caust.*, *Sabina.*, *Mang.* (cannot bear weight on heel). *Ant. C.* (sore to pavement). *Led. Grap. Sep.* (ulcers). *Nat. C.* (blisters). *Cepa.*, *do.* *Ignat.* (burn at night) *Calc.*

*Mucous Membranes.*—Coryza, one nostril stopped up, nose stopped at night, inside of the nose sore † as in scarlatina, burning in eyes, better at twilight, throat so swollen cannot open mouth; phlegm so viscid, cannot hawk it up. Tonsils throb, glands in neck throb. Cough accompanies many groups of symptoms. Cough dry from tickling in throat, cough violent with mouth full of water. Coldness between scapulæ with the chest affections. Heaviness on the chest in bed, which awakens him at 3 A. M. Sensation as if a swollen morsel had lodged in the chest. Hoarseness, burning in larynx. Though very similar to the carbonate, we note here, stitches in scapulæ when breathing; burning in spots in chest; beating like a pulse in small spots—not an uncommon set of eye, in those subject to vascular fullness of the chest, and bronchitis in winter.

*Skin.*—Face burns from an eruption,—he cannot sleep until he applies cold water. Skin peels off between fingers. Blisters on wrists, forming scabs.

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## CARCINOMA OF THE LARYNX.

By GEORGE H. PALMER, M. D.

In view of the recent wide-spread interest manifested in cases of cancer of the throat by the publication, from time to time, of the condition of the Crown Prince of Germany, permit me to call attention to the fact that I, assisted by Dr. Curtis, have lately performed at one time the double operation of tracheotomy and partial laryngectomy, for the relief and removal of a similar cancer in the throat of a well known merchant of this city.

The growth, as in the case of the Crown Prince, and as in the majority of cases of this kind, affected the left side of the Larynx, involving the left ventricular band and vocal cord, left aryepiglottic fold, and left interarytenoid region. The operation was performed on the 27th of July, and the

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† This suggests *A. m.* in Scarlatina, and so comp. with *Arum. triph.*, *Nit. ac.* *Lycop. Silicea.*

patient, though in a very extreme condition during its performance, which from the difficulties encountered lasted several hours, nevertheless rallied well. The tracheotomy tube was placed in the windpipe as low down in the neck and as far away as possible from the diseased Larynx. The laryngeal box was then opened from "Adam's apple" down, the divided parts being as widely separated as possible, then by means of forceps, hooks, scissors and Billroth's sharp steel spaw postosteotome (the latter proving particularly useful), the diseased structures were freely and thoroughly removed. For several weeks after the operation nourishment was supplied by means of a stomach tube mainly, supplemented by rectal nutriment. About the fourth or fifth week the patient began to recover the power of swallowing, which act was then entirely painless.

A tracheotomy tube is still worn, and breathing and coughing continue perfectly free and easy, and without pain.

About three months have elapsed since the operation, and the results as a whole have been exceedingly satisfactory, especially on the way of relief afforded from extreme suffocation and pain. At this writing there is no evidence of a recurrence of the tumor in the throat, though the glands on the left side of the neck are sensitive and swollen, and the soft parts in the region of the tracheotomy tube more or less irritated and inflamed from the continued presence of the tube. The general health remains otherwise good.

#### MEDICAL JOURNALS AND PRACTITIONERS.

Dr. J. HENNINGSEN, M. D., SACRAMENTO, CALIF.

The foundation of Volume sixth of THE CALIFORNIA HOMŒOPATH will be a proper occasion for the consideration of the relation of medical journals to physicians, and especially the relative importance of THE CALIFORNIA HOMŒOPATH and the HOMŒOPATHIC MEDICAL PROFESSION OF THE PACIFIC COAST.

The friendly and dispassionate interest by physicians toward medical journals is not wholly without cause. The

daily necessity of the practitioner is accurately verified therapeutic knowledge. The "busy doctor" has no use for any other literature denominated medical. He will waste little time and less money on it; it goes to the waste basket if of any other character, often with a sigh of yearning for the fresh bread of therapeutics. He regards the subscribing and paying for a medical journal as a contract between himself and the publisher. He thinks he should have a journal devoted to the dissemination of professional knowledge. If a consistent Homœopath, he cannot with interest consistently drum page after page laudatory of this "tonic" or that "sedative," etc., etc. If he does desire such, he ought to experience little difficulty in making a selection, especially if he turns his optics toward Chicago. Homœopaths who are in earnest rightfully expect their journals to advocate practice founded on the principle which has given Homœopathy an abiding place in the hearts and homes of the most intelligent. The future interests of Homœopathy is unsafe in the hands of those who recommend these contraband drugs and compounds. If Homœopaths *do* use them, they are inconsistent; if they do not, the advertisers of this class are most certainly poor financiers.

But if the medical journal does not come up to the standard of proper merit, is it altogether the fault of the publisher? Most certainly not. The medical publisher must necessarily make his publication financially successful. His columns must fill the exchequer. They are *offered* to the profession. But few of the many ably competent, avail themselves of the privilege. How much it is to be regretted that a less number regard it a duty to contribute. This is *the* greatest and most potent reason that our medical journals are not more highly prized.

It is not the elaborately finished disquisition that makes an article the most acceptable to a practical reader. Let medical writers deliver fire at short range. Useful and practical information is at the command of every Homœopathic practitioner. If he hides these under his bushel he is lacking in that spirit characteristic of a true physician. Such an one cannot say aught against the conduct of any medical journal.

The next decade will bring marvelous changes to the people of this Coast. The part that Homœopathists shall have in the general prosperity will be measured by our present and future activity. Doctor, you who read these lines, let the spirit of the immortal Hahnemann guide you; remember that the future of Homœopathy is not assured by the laurels won by its founders in the past.

THE CALIFORNIA HOMŒOPATH is doubtless ready and anxious to do its part as well and faithfully as its professional readers or contributors.

#### MORE EXPERIENCE WITH THE TISSUE REMEDIES.

Dr. A. P. Davis, of Dallas, Texas, writes to us regarding Tissue Remedies: "I regard them as *quantum sufficit* in the cure of all curable diseases that infest humanity. My experience has been extensive in the use of these remedies, and I need no others to do successful practice."

#### EPITHELIOMA AND KALI-SULPHURICUM.

Rev. R. Boyd, Commerce, Texas, has been afflicted with an ugly looking sore in left temple, embracing all of the temporal region forward of the ear, covering a surface about three by four inches—raised edges, dark looking, covered all over with an ulcerative surface, and exuding a sanious fluid secretion that was a source of much annoyance and anxiety.

In addition to this temporal sore, there is one on the right side of the nose—rather on the cheek, up to, and extending up on the nose, about two inches wide, and three inches long. At the lower and inner edges of this sore there are moderately deep fissures dipping down into the sub-cutaneous tissue. Occasionally there are sharp shooting stitches, piercing like lightning through this one. About fifteen or twenty years ago there was a Homœopathic doctor then living somewhere up on Red River, who treated these epithelioma about four months, and they nearly healed up; but owing to the Allopathic prejudice then (as now) existing against Homœopathy, persecution compelled this Homœo-

pathist to sell out and move away from his neighborhood and extend his career farther westward, and the Rev. Mr. Boyd lost track of him—suspended the treatment because he had no more medicine—and in about two years the ugly old cancer began to grow, and I found it as above described.

When he solicited treatment from me I put him on *Kali-Sulph.* 6x. One month after I saw my case, the sore in the temple had very much lessened, and the surface was assuming a healthy appearance, and had so improved as to permit him to lie on that side of the head (a thing which he had not done for ten years before), and it had the appearance of shrinking and healing up rapidly; the peculiar looking secretion characteristic of Epithelioma had almost ceased, and every appearance was favorable. The one on the side of the cheek and nose looked better, and ceased to burn and itch as it had before treatment. The general health was improved, appetite increased, and he could rest better at night, in fact, he was much encouraged every way.

I have much faith in the use of the tissue remedies, and firmly believe this case will get entirely well of this unhealthy looking cancer.

I am still treating him, and he has unbounded confidence in the final cure of his great annoyance, and to be relieved of the dreadful forebodings of a death by cancer. The horrors of such an end can better be imagined than described.

The medicine keeps the surface of the sore clean and nice, removes the odor, and changes the secretion; and the internal use seems to supply a deficiency in the *cell salts* that go to make up the tissue involved. The theory of supplying the *deficient cell salts* may furnish a basis of thought to some, yet, as this is no secret nostrum, I will let the reader have the benefit of the procedure I adopted in the use of the *Kali-Sulph.*

I give, per orum, about five-grain doses three times a day (better given in solution). At the same time I have the patient make a solution of about the same quantity, and with a small camel's hair brush moisten the sore all over, thoroughly, three times a day, and at night apply to the sore absorbent cotton moistened with same solution. You will be astonished at this wonderfully simple remedy, and more

than gratified when you shall have cured some patient whose *venereal disease* has baffled the skill of long-tried and renowned remedies.

I have invariably used the 6th x internally, but would suggest the 3rd or 4th as an external application. (S. J. H.)

Dr. C. T. Mitchell, of Canandaigua, writes: "I have been using these remedies ever since the first little book was issued regarding them. I find them very valuable, and carry them in my pocket-case at all times. They have helped me out of bad cases when the apparently-indicated homœopathic remedy failed. I value Schuessler's work as much, if not more, than any other I have."

The following verifications are some given by Dr. Mitchell to us for incorporation in the forthcoming new work on the Tissue Remedies:

- Menstrual colic: Magnes. phos.
- Bilious fevers: Natrum sulph.
- Adynamic conditions: Kali phos., Nat. mur.
- Congestions, especially of lungs: Ferr. phos.
- Fibrinous exudations and adhesions: Kali. mur..
- Crusta Lactea: Kali mur.; later, Calc. phos.
- Canker sore mouth: Kali mur.
- Boils and abscesses: Ferr. phos.; later, Silicea; later, Calc. sulph.
- Enlarged tonsils: Calc. phos.
- Vomiting of food: Ferr. phos.
- Jaundice: Natrum sulph.
- Acid diarrhoea: Natrum phos.
- Hæmorrhoids and varicose veins: Calcar. fluor.
- Bronchitis: Ferr. phos.; later, Kali mur.
- Rheumatism, acute: Ferr. phos., Kali mur. Wandering pains: Kali sulph.
- Diphtheria: Ferr. phos., Kali mur. Bad cases: Kali phos.
- Neuralgia: Magnes. phos. With numb, creeping sensation: Calc. phos.

Professor Galloway proposes the use of phosphate of potash (*Kali phos.*) as a condiment, and suggests its use in Sourvy, instead of lime juice.

*Nat. phos.* is an admirable laxative when administered with the food for infants. Dose 5-10 gr., three times daily, for a six months old child.

Professor Wertheim, of Vienna, recommends *Kali mur.* as a wash and gargle in sore mouths and throats.

Dr. Arnoz communicates to the Bordeaux Medical Society the danger of the prolonged administration of the phosphate of lime. In a case of a boy who was dosed with it for six months, there appeared Nephritic colic, vomiting, slight renal pains and passage of small calculi, consisting of pure phosphate of lime.

H. F. Ivins, M. D., of Philadelphia, Pa., gives us the following indications:

*Ferrum. phos.:* Nasal hæmorrhage, idiopathic (traumatic?) bright red blood, easily coagulable, hæmorrhage from pharynx, larynx, trachea, and perhaps bronchi, with intolérable itching in larynx and trachea, bronchial irritation, cough dry, hard, spasmodic; expectoration slight, if any; hoarseness, mild laryngeal congestion from over use of the voice, dilated vessels in pharynx and larynx.

Conjunctiva congested, and with a sensation as though grains of sand were under the eye-lids, vision dim, letters blur while reading, even though the refraction be normal, or if an error exists, and is corrected by lenses, or where there is no insufficiency of the internal recti muscles, so far as can be determined. Photophobia worse from artificial lights.

Headache, congestive, throbbing, worse from stooping, chiefly frontal; nausea, giddiness.

*Nat. sulph.:* Reduced hypopion in child of six years in very short time. (Dr. French's Clinic.)

*Kali Mur.:* Reduced size of an enlarged Tonsils in little girl, and generally improved. (Dr. Peterson's Clinic.)

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A HOMŒOPATHIC asylum for the insane is to be established at Fergus Falls, Minnesota.

SELECTIONS.

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## NOTES FROM RECENT ENGLISH HOMŒOPATHIC JOURNALS.

## CALCAREA IN HEPATIC COLIC.

In the *Monthly Homœopathic Review*, Dr. A. S. Alexander gives several cases, illustrating the action of *Calcarea carb.* in Hepatic and Renal Colic. The text for these cases is found in the following assertion of that very excellent observer, R. Hughes:

“One of the uses of *Calcarea carb.* is of a very curious kind. It is its power when given in repeated doses of the 30th dilution, of relieving the pain attending the passage of biliary (Dr. Bayes says also of renal) calculi. It has for me quite superseded the need of chloroform, and even of the hot bath.”

In all the cases treated by Dr. A. S. Alexander with this remedy, the pain subsided *gradually*, showing that it was due to the medicine, otherwise the cessation of the pain would have been sudden and complete. He concluded that *Calcarea* is an efficient remedy in cases of comparatively short duration, and in those rather rare instances, where the stones are soft when passed. Such calculi may perhaps pass through the ducts more quickly than those at a later stage of development, though quite as painful.

## DIPHTHERIA.

In a valuable and suggestive paper on Diphtheria, by Dr. F. Neild, the author gives his experience in the treatment of this disease. Having tried the various antiseptics, he preferred the permang. of potass. until he learned to substitute the oil of *Encalyptus*. Called in good time to a case, it is only necessary to prescribe it as a gargle, 6-10 drops in half a tumbler of water, to be used frequently, but if the disease has been neglected for a day or two, the fauces should be painted with the undiluted oil.

Internally, Dr. Neild relies on *Phytolacca* in sthenic cases with high fever and *pains extending to ears*. Where *prostration* is the main indication, he gives *Mercur. cyan.* Where there are symptoms of grave general toxaemia, *Crotalus*. Where the nerves are affected, *Kali. Bich.* Where there is much swelling, *Apis*. *Aconite* I have never shrunk from using where the fever has been an element of danger in conjunction with body compresses.

#### ARSENIC IN ADDISON'S DISEASE.

In the *Medical Annual and Practitioner's Index*, edited by P. Wilde, M. D., we find much useful and practical information on remedies, diet, etc. We all know what an invaluable remedy *arsenic* is in *Addison's Disease* and how homœopathic is to many symptoms of that disorder. Here is what the editor says of it: The symptoms of the disease bear, in many respects, a resemblance to the nerve depression and gastric irritation which accompanies chronic arsenical poisoning; thus in both we have the general debility and feebleness of the heart's action and irritability of the stomach, with tendency to vomiting. The skin symptoms have also a curious similarity; both the burning and discoloration have been found in several cases of poisoning. The apparent connection between the drug and the disease is interesting and may be worth further investigation.

#### TONICS AND NARCOTICS.

The excellent series of tracts published by the Homœopathic League furnishes one on the dangers of Modern Medicine. It is a very important and timely exposure of the mischief being daily wrought in the endeavor to relieve pain by tonics and narcotics. The writer shows that the boasted improvement in modern medicine is chiefly, if not entirely, of a negative character, consisting, as it does, in the abandonment of bleeding, salivation, and other irrational practices. "Debarred from the use of painful and exhausting remedies they now," he continues, persuaded themselves and their patients that the disease was debility, which must be treated with the most nourishing food, alcoholic stimulants and tonic medicines. Pain, which was the constant attend-

ant of their former practice, and which was considered most necessary in the treatment of disease, acute and chronic, was now regarded as almost the chief evil to be combated when it presented itself in disease. Sleeplessness was looked upon as a condition it was incumbent on them to remove. Thus debility, pain and sleeplessness were the three chief evils against which the doctor directed his remedial means. This is, in effect, the characteristic feature of the medicine of today. Tonics, such as *quinine*, *iron* and *hypophosphates*, concentrated foods rendered digestible to weak stomachs by *pepsine*, *ingluvin*, *pancreatic emulsions*, *maltine*, and the like, and stimulants of the alcoholic kind are employed, without stint against the presumed debility. Narcotics, anæsthetics and hypnotics are of almost universal employment to allay pain or procure sleep.

Having shown that *iron* and *quinine*, the most generally used of so-called tonics, are often a source of serious maladies, he goes on to say:

But the evil effects of tonics are as nothing compared with those of narcotics and hypnotics. Formerly the doctor thought nothing of inflicting tortures on his patient with his leeches, cupping lancets, issues, setons, blisters, cauteries, griping purgatives, nauseous emetics and loathsome drugs. Now his aim is to annihilate pain, to procure sleep to the sleepless, to gild or sugar-coat his pills, to make his draughts palatable, in short to spare his patient all discomfort. Pain is the symptom that he mainly was against. Whatever the disease, the pain of it must be subdued. A search may or may not be made for some remedy against the disease, but to alleviate its pain is the first thing to be attended to. Modern medicine has discovered a number of pain alleviators, or anæsthetics (or, more properly analgesics), that have each in turn been hailed with acclamation by the profession; which seems to show that the effect of the last "pain-killer" had somehow disappointed the expectation it had raised. The chief of these pain-subduing and sleep-compelling drugs are opium (with its alkaloid morphia), bromide of potassium chloral hydrate and cocaine. The employment of chloroform, ether, nitrous oxyde gas and other anæsthetics for making surgical operations and the art of parturition

painless, may sometimes be attended by fatal accidents, but the health is not injuriously affected by their casual use, and the few victims they make are a small penalty to pay for the enormous amount of suffering they save. But the injurious consequences of the protracted use of the narcotics we have named are hardly or not all compensated by the small amount of good they do. It is but a poor achievement of "scientific" medicine to procure a temporary alteration for pain and a toxic sleep, which not only leave the disease that causes the pain and sleeplessness uncured, but cause such disastrous effects on the mental and physical health as we shall presently describe. It is a crime, a sin, to purchase temporary exemption from suffering by the ruin of the moral and physical well-being of the sufferer.

"The Gods are just, and of our pleasant vices  
Make instruments to scourge us."

How often does a person who has been relieved of some unimportant, though perhaps acute pain, or who has been treated for sleeplessness by one of these fatal narcotics, resort to its use for every recurrence of pain or wakefulness, until at last he gets into the habit of repeating it, becomes enslaved to its deleterious charms, is unable to discontinue it, and falls a victim to its toxic action! The physician who initiated the patient into the pernicious habit is powerless to stop it, for the sufferings induced by its abandonment are so intolerable that the patient loses all moral courage, and resorts to every species of stratagem and subterfuge to obtain relief by repetition of the noxious dose."

The strictures on narcotics are followed by numerous illustrations drawn from British and foreign medical literature, of the evil which has been wrought by *morphia*, *bromide of potassium*; *chloral* and *cocaine*, all in the first instance taken by their victims to relieve pain or procure sleep.

This tract shows not only that palliatives do *not* cure, but that the temporary alleviation of pain they provide is only too often purchased by the formation of an appetite for them that is often more incurable and more disastrous than alcoholic intoxication. Pain is the surest and safest indication for the specific remedy. It cannot be cured by being smothered, by inducing a paralysis of sensation. And yet it is by

such measures that modern medicine endeavors to counteract a large proportion of the acute diseases met with in practice.

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### OPTIMISTIC AND PESSIMISTIC DISEASES.

Dr. Chas. Porter Hart, (formerly Prof. of Neurology at the Hahnemann Medical College, San Francisco), read a paper in the American Association, on the correction of certain mental and bodily conditions in man, the burden of which was to indicate that diseases located above the diaphragm are optimistic in their tendencies, while those below are pessimistic. His attention was first called to the subject by a patient who, suffering from an abdominal disease which seemed to produce a mental aberration, possessed most decidedly pessimistic views. Upon every subject that could be suggested, social, governmental, or religious, his views were of a markedly gloomy character.

According to the table of disease tendencies, which the author has constructed, chest diseases give buoyancy to the system, abdominal diseases are depressing, and diseases of a constitutional and chronic character, like rheumatism, malaria and dropsy, are equally pessimistic and optimistic. —*Popular Science Monthly*, Oct. 1887.

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### OPHTHALMOLOGY AND OTOLOGY.

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DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

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There could be no better proofs of the growing importance of Ophthalmology and Otology in the world of medical literature, than their prominence in the late International Medical Congress at Washington; and the long list of brilliant specialists, both from abroad, and from the ranks of our home-profession who gathered there for the consideration of these branches of medical science alone, is no mean augur of the triumphs that await their enthusiasm.

The breadth and liberality of the members of these particular Bureaux were noticable in the zest with which they consigned to oblivion any of their own beloved theories and methods whose weakness was revealed by the glowing dawn of the new era. We are glad to witness the recognition of outside merit and genius in the admission of Dr. Norton of our own school to their deliberations.

It was pleasant also to notice that the most prominent oculists of both continents are advocating essentially the same after treatment of cataract extractions that was adopted by our lamented Liebold, nearly two decades ago, and which has been followed so successfully by his pupils ever since. It must soon be manifest that the failures of this most delicate operation in the entire domain of surgery, have been due, not so much to the lack of skill in its execution, as to the embargos that fear has heaped upon it in the shape of oppressive after-dressings, and the long and irksome imprisonments that were erroneously regarded as essential to success.

The cataractous hosts may now rejoice that the path to light, and the path to sight, like all other roads from disease to health, is one of comfort and almost perfect freedom.

It is gratifying to note among other departures of the assembled Solons, the advocacy of a line of treatment for obstructions of the Lachrymal apparatus, which your writer began to employ about twelve years ago, and which he has followed with growing confidence and success up to this time. Unsightly ditches in the line of the canaliculi (so noticeable and frequent heretofore), metallic stiles, and the barbarisms of the Stilling operation have in the interests of humanity, been consigned to the past.

While our school has taken the most progressive ground in relation to ophthalmic and aural surgery, its most brilliant achievements, as in every other branch of medicine, have been in its therapeutic triumphs.

These columns will be open to practical and pithy articles upon eye and ear diseases and their treatment. Especially do we invite a careful record of cures under the law of similia. A journal aiming to meet the wants of practical and busy men cannot afford to stuff itself with long-winded

compilations of standard text-books. Give us the *facts* growing out of your everyday experience, in terse and practical form, and we shall be able to present a department of Ophthalmology and Otology which will always await eager readers.

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### Colleges, Hospitals and Societies.

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#### COMMENCEMENT EXERCISES OF THE HAHNEMANN MEDICAL COLLEGE.

The fourth annual commencement exercises of the college were held in Odd Fellows' Hall on the evening of Nov. 9th. The programme was a most enjoyable one. The speakers were, E. L. Campbell, Esq., Rev. C. D. Barrows, and Prof. C. L. Tisdale of the faculty. The music was especially fine. A Mandolin Solo, artistically rendered by Miss Marie C. Hyde, was a special feature, and called forth a hearty encore.

The following graduates received the diploma of the institution from the hands of President Eckel, having first been presented by Dean Currier, Anna H. Barnes, Florence N. Saltonstall, Carl G. Fichtner, Alphonse D. Fouchy, of San Francisco, Horace T. Dodge, of Boston, Mass., Ernest H. Mattner, of Adelaide, South Australia, and John D. Chaffee, of Garden Grove, Cal. After the exercises a banquet was given by the faculty, to the graduating class, at the *Maison Doree*.

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#### LICENCIATES OF THE HOMŒOPATHIC BOARD OF EXAMINERS.

During the past year the following physicians have received the license of the above board in conformity with the Laws of the State. This bespeaks the rapid growth of the State, and the consequent demand for Homœopathic practitioners. The State is large and there is plenty of room for more:

Charles C. Olmstead, Pomona, Cleveland Hom. College.....1860  
W. N. Davis, Los Angeles, Chicago Hom. College.....1881  
Daniel E. Stratton, Chinese Camp, State University of Iowa.....1886

George F. Whitworth, Los Angeles, Hahn. Med. College, Chicago.....	1884
J. A. Sapp, San Jacinto, Cleveland Hom. College.....	1869
Samuel Lillenthal, San Francisco, Royal University of Munich.....	1838
Julia F. Button, Los Angeles, Hahn. Med. College S. F.....	1886
John J. Miller, San Jose, University of Michigan.....	1880
Caleb W. Brownson, Alameda, Hahn. Med. College, S. F.....	1886
H. R. Fetterhoff, Los Angeles, Hahn. Med. College, Philadelphia.....	1869
Jason Steele, Los Angeles, Detroit Hom. College, Michigan.....	1873
James E. Lillenthal, San Francisco, N. Y. Hom. Med. College, N. Y.....	1880
Horace Brown, Alameda, The Philadelphia College of Med., Phila.....	1852
William Holyoke, Los Angeles, Chicago Hom. Med. College, Chicago....	1882
Charles H. Griswold, Napa, Chicago Hom. Med. College, Chicago.....	1887
Hannah Brown, Los Angeles, Hahn. Med. College, Chicago.....	1887
Francis Gehricke, Pasadena, Women's Med. College, N. Y.....	1878
Charles A. Dorman, East Oakland, N. Y. Med. College, N. Y.....	1869
Edward N. Lowry, San Francisco, Bellevue Hospital College, N. Y.....	1884
A. L. Shepherd, Etiwanda, Pulte Med. College, Cincinnati.....	1875
Eugene P. Mitchell, Los Angeles, Hahn. Med. College, Phila.....	1885
Edward Ulrich, San Jose, Hom. Hospital, Cleveland.....	1871
William Capps, Sacramento, Pulte Med. College, Cincinnati.....	1878
P. B. Morgan, San Luis Obispo, Pulte Med. College, Cincinnati.....	1881
Eliza M. Miller, Los Angeles, Hahn. Med. College, Chicago.....	1886
Clarence M. Selfridge, Oakland, Hahn. Med. College, Phila.....	1887
E. V. Van Norman, Pomona, Cleveland Hom. Hospital, Cleveland.....	1870
L. E. Finch, Santa Ana, Hahn. Med. College, Phila.....	1879
Franklin Smith, Hahn. Med. College, Chicago.....	1879
John B. Hemon, United States Med. College, N. Y.....	1882
James M. Downs, Compton, Hahn. Med. College, Chicago.....	1884
Harry F. Stevens, Los Angeles, Hahn. Med. College, Chicago.....	1885
I. I. Blecker, Jr., Pasadena, Chicago Hom. Med. College, Chicago.....	1885
Richard C. Dailey, Stockton, Hahn. Med. College, Phila.....	1886
F. A. Krill, San Luis Obispo, Hom. Hospital College, Cleveland.....	1882
E. H. Mattner, San Francisco, Hahn. Med. College, S. F.....	1887
Alphonse Fouchy, San Francisco, Hahn. Med. College, S. F.....	1887
John D. Chaffee, Garden Grove, Hahn. Med. College, S. F.....	1887
Carl G. Fichtner, San Francisco, Hahn. Med. College, S. F.....	1887
H. T. Dodge, San Francisco, Hahn. Med. College, S. F.....	1887
J. E. Caldwell, Healdsburg, Iowa State University, Iowa City.....	1881
Walter S. Hall, Santa Cruz, N. Y. Hom. Med. College, N. Y.....	1886
Leonard Pratt, San Francisco, Hom. Med. College of Pa.....	1882
James D. Baker, Monrovia, University of Michigan, Ann Arbor.....	1878

We should be pleased to receive corrections of the above list, and notification of change of address.

### HOMŒOPATHIC HOSPITAL COLLEGE.

An era has just passed in the medical educational development of the Pacific Coast. Following the close of the fifth

annual commencement of the **KARNEGIE MEDICAL COLLEGE**. Its Trustees are to secure a more adequate facilities for promoting clinical instruction. To enable the College to accomplish this new corporate object were prepared and the old name dropped, and that of the **KARNEGIE HOSPITAL COLLEGE OF SAN FRANCISCO** substituted. This includes the privilege of installing a dispensary to work in connection with the ancient establishment and forming Hospital. An impetus will thus be given to the College's advantages and with a covering hospital a more dispensary work and earnest teaching faculty, useful work will certainly be the outgrowth.

#### HOSPITAL AND SOCIETY.

There is in the process of development a **Ladies Aid Society** established in connection with the Hospital. Two or three preliminary meetings have been held and an active and growing interest is being shown. Permanent officers have not yet been elected. Mrs. **Elmer E. FURNBERG** is President, and Mrs. **Edna Kane** Secretary pro tem. We hope in our next issue to be possessed of other particulars respecting this promising organization.

#### HOMOEOPATHIC CLUB.

The **Homoeopathic Club of San Francisco** continues its interesting meetings every two weeks at the different houses of its members. Papers are read and discussed, after which a part of the evening is spent in pleasant social intercourse. **Dr. S. Woods** is the President and **J. W. Ward**, Secretary.

#### SOUTHERN HOMOEOPATHISTS.

The **Fourth Annual Meeting of the Southern Homoeopathic Medical Association** took place at New Orleans, December 14th to 16th. President **J. Jones, M. D.** of San Antonio.

Some very valuable **Bureau Papers** were read, amongst which, one by **Dr. E. A. Guilbert**, on the **Bio-chemicals**

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which we hope to publish in our columns soon. Dr. Wm. E. Green, of Little Rock, contributed a paper on Vesico-Vaginal Fistula and Dr. Holcombe, one on the Influence of Fear in Diseases. Other papers of equal interest were also read.

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#### STATE SOCIETY.

THE Twelfth Annual Meeting of the California State Homœopathic Medical Society will be held at the Hahnemann Medical College Building, San Francisco, May 13th, 1888. Officers for the year are: Geo. H. Palmer, President; S. P. Burdick and C. A. Goss, Vice-Presidents; A. C. Peterson, Secretary; and W. A. Dewey, Treasurer. The heads of the Bureau have been placed in charge of the following committees: Clinical Medicine, C. B. Currier; Obstetrics, J. A. Albertson; Diseases of Women, J. W. Ward; Diseases of Children, L. J. Kellogg; Surgery, R. H. Curtis; Ophthalmology, H. C. French; Materia Medica, S. Lilienthal; Medical Education, G. E. Davis; Electricity, J. W. Moliere. In view of the growing importance of the Annual Meetings of the State Society and its large increase of membership, it is particularly desired to have full reports from all the Bureaus.

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PROF. COWPERTHWAITTE advises an injection of Hamamelis in cases of hemorrhage from the urethra in "old sinners" who have suffered often from Gonorrhœa.—*Era*.

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*Ignatia* is the remedy for grief when it is not of long duration. The chronic or long lasting effects of grief call for *Phosphoric Acid*. (Farrington.)

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SCHUSSLER'S Biochemic treatment has been recently translated into Spanish by Dr. Convers, of the Homœopathic Institute of Columbia.

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A NEW Homœopathic college is announced at Bogota, South America. It opens February 15, 1888.

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## EDITORIAL.

### VOLUME VI.

Homœopathy is growing in popularity and strength wherever it is introduced — hospitals, colleges, dispensaries, books and journals are on the increase. There is no town of any size throughout the land where there is not at least one representative of our school; and with the large increase of population in California, made up chiefly of that element of society who are inclined to Homœopathy, our cause is duly strengthened and become a strong force in the community. Responding to this general state of well-being and vigor, the CALIFORNIA HOMŒOPATH will, with this sixth volume of its existence, appear monthly, instead of bi-monthly as heretofore, and, in order to more adequately represent the cause and fulfill its increased duties, it has secured the services of an additional editor. It is their intention to give to

the Homœopathic profession this side of the Rocky Mountains a good journal—one truly representative of our cause, now growing so rapidly in this vast territory. In order to do so they need the active co-operation of the entire profession. All its members can aid this project by subscribing to the Journal, thus giving their moral and financial support. Many can still further help to make it a live journal by sending bits of their experience in their effort to practice Homœopathy. What they most desire is just what the general practitioner can give—records of interesting cases, illustrations of the action of homœopathic remedies—rather than theoretical disquisitions. They prefer short, pithy, practical articles simply because these alone meet the want of the average reader.

An ophthalmological and otological department conducted by Prof. H. C. French, has been added. Contributions to this department will be received from the principal eye and ear specialists of the coast. This department will contain the latest developments of these sciences, and review any new books that may bear on this specialty.

The publishers of the CALIFORNIA HOMŒOPATH earnestly request all those intending to subscribe to this Journal to *send in their names at once*, and thus each subscriber will be assured of the complete volume at the end of the year, as after the present number they do not intend to publish more copies than will be required by their subscribers and exchanges.

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#### FARRINGTON'S CLINICAL MATERIA MEDICA.

Good work that is the expression of a living faith in established principles yields permanent results, and its influence does not cease with the removal of the worker to another sphere, for the character of the work makes a more or less lasting impression upon his contemporaries, which, in the case of a teacher like Farrington, must go far to mould the mental form of those who may have been privileged to be brought within the influence of his teachings. His voice now still, yet speaks again to willing ears through these printed pages of his *Clinical Materia Medica*, arranged from his

lectures by some of his devoted former pupils. Farrington, like Dunham and Hering, was an ideal homœopathist—ideal because strict fidelity to the fundamental principles of the Organon was united in him, with open-mindedness to every avenue for truth. Without the offensive dogmatism of the extreme purist, Farrington yet retained the former's faith in and loyalty to the words of the Master; without the coquetry to the old school, characteristic of the modern homœopathic liberal, he yet kept abreast with its latest scientific achievements; without incorporating the results of modern experimental pharmacology, so attractive to many amongst us, into the pure Homœopathic Materia Medica; he yet accepted whatever good they offered, using the results for illustration, illumination and explanation, making them thus to pay just tribute to the great principles of Homœopathy, putting them in the subordinate position where they belong—the frame to the pictures of drug action he so masterly portrayed. He thus recognized the true relation of modern pharmacological research to the Materia Medica of Homœopathy, and while the self-sufficient purist may sneer at his willingness to accept aid from this source at all, the true physician can but be grateful that there was one amongst us whose mind, while constantly bathed by truth from all directions, yet was anchored to the great truths of Homœopathy so thoroughly, that all fresh facts in the collateral sciences were at once relegated to their respective places, subordinate to the dominant sway of the Law of Cure. Such were the characteristics of Farrington's work, his practice, his teaching, and so we see it illustrated in this collection of his lectures. It is a privilege, indeed, to possess this Clinical Materia Medica. While those whose delight it was to listen to his lectures will miss much of the happy illustrations casually given, will miss the rare charm of *listening* to one who spoke from the fullness of his heart, yet it will bring back to their memory hours when their hearts burned within them as they felt the truth so lucidly given, inspired by so fervent a faith.

Farrington's Clinical Materia Medica is destined to take a permanent place in our literature. For the student, it is by far the very best, the only text book of our school of its most important branch. For the practitioner it is an excellent

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guide, and the very admirable double index added by Dr. Bartlett materially aids the practical usefulness of the work for ready reference. To all who want to learn the method of applying the homœopathic law practically, this work is simply indispensable. For in order to realize the operations of the Law of Cure, the first desideratum is the possession of a knowledge of the pure effects of drugs and the relations these bear to the various diseased conditions met with in daily practice, in other words, we must apply our symptomatology clinically, and this is what Farrington's lectures teach, and the truths they teach are for all time, no matter how their outward form and expression may have to be changed to meet the wants of passing clinical distinctions.

Our grateful recognition is due to Dr. Bartlett, whose energy and faithfulness have seen the present volume through the press.

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## CLINICAL ITEMS.

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*Cancer fluviatilis* (Astacus) is an excellent remedy for chronic Hives and Nettlerash. Use the third or sixth potency morning and evening. In inveterate cases, with constipation and earthy complexion, remember also *Nat. mur.*

*Kali bich* 3x for polypi: Use also locally, gr. ii to 1 oz., night and morning. Paint the polypi with the solution. Follow with

*Teucrium* 1x every six hours, and use the same remedy locally.

*Naphthalin* 3x is one of the best general remedies for Hay Asthma or Hay Fever; also

*Sabadilla* 3x, when there is violent sneezing, with lachrymation, redness and swelling of eye-lids, contractive, stupefying headache. Use also locally applied as a spray, or snuffed up the nostrils.

J. H. CLARKE.

## CORRESPONDENCE.

**NOTE BY THE EDITORS.**—Through some unaccountable mistake, the following communication was not published before, and we are glad to do so now, and for the sake of presenting the facts of the case referred to before our readers, reprint the article by Dr. Albertson.

## A PECULIAR CASE.

By J. A. ALBERTSON, M. D.

Mrs. C ———, aged near 30 years, was confined about two years ago. The labor was easy and normal with the exception of an hour-glass contraction which caused a sharp flooding and some trouble in delivering the placenta. The patient made a good recovery in the usual time. The child (a girl) from a superficial examination, appeared to be in a normal condition. The child thrived and did very well for about three months, when it began to get pale, languid and ceased to grow, did not see the child but made several prescriptions without benefit. One day the mother told me that the "top of the child's head had all grown up solid." After a few days I had a chance to make an examination. I found the fontanels, to all appearance, closed. The child continued to lose flesh and strength; had suppression of urine a part of the time; light spasms; very sleepless; pupils largely dilated, and lids remain partly open when sleeping; teeth making an effort to appear; bowels in fair condition; muscles flabby, and skin white as marble. The condition, to say the least, was not encouraging; but after treating the case between three and four months with but little change, it began to improve rapidly, and, upon examination, I found that the anterior fontanel had opened over one-fourth of an inch, and remains so at present. The child is now growing finely, is playful and seems perfectly well.

Without going into the treatment in detail, I will only give the two remedies under which the case improved. The first was *Helleborus Nig.*, which never failed to relieve the suppression of urine. Second, *Hydrobromic acid*. The *Helleborus* was given in the third decimal dilution, and only when necessary to relieve the urinary trouble. The *Hydrobromic acid* was given in doses of half a drop to a whole drop in a little sweetened water, two to four times a day, and continued most of the time for nearly three months, only omitting the medicine a few days occasionally. The result was eminently satisfactory, much more so than any pathological theory in regard to the case that I have been able to formulate.

**EDITORS CALIFORNIA HOMŒOPATH:**—In a recent issue of your journal I notice the history of "A Peculiar Case." Permit me to make a suggestion which may throw some light on the apparent mystery.

The symptoms seem to clearly indicate a case of *Hydrocephalus*, or more particularly *Inter-cranial Dropsy*, as a result of *Tubercular Meningitis*. This form differs from *Acute Hydrocephalus* in the fact that it is not preceded or accompanied by *Acute Meningitis*, and is much slower in its development. The loss of flesh and strength, the suppression of urine, the light spasms, the dilatation of the pupils and partly open eyes when sleeping, the flabby muscles

and the marble whiteness of the skin, are all prominent and almost ever present symptoms of this form of Hydrocephalus. The apparent closure of the fontanelles was doubtless due to the pressure of serum within the cranium. It filled the fontanelles so completely that no cavity was ocularly perceptible. Careful taxis would doubtless have demonstrated the above theory to be correct.

The treatment goes to prove the correctness of the above diagnosis, for no remedy rivals *Helleborus Niger* in its curative effects in such cases. The Hydrobromic Acid possibly met the Cachexy which was the cause of the serous effusion.

Yours truly,

E. J. FRASER, M. D.

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## Personal Notes, Locations, Etc.

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DR. GEORGE H. MARTIN, formerly of Honolulu, was in town a few weeks ago, on his way to New York, to attend the post-graduate and polyclinic courses this winter. He is to devote himself to diseases of the respiratory system, and expects to return to San Francisco to locate permanently. We have the promise of several contributions from him.

DR. DAY, formerly surgeon on the steamer *Australia*, has located in Honolulu, having purchased DR. MARTIN'S practice. We wish the Doctor the success of his predecessor.

DR. FLORENCE N. SALTONSTALL is in New York completing her studies at the post-graduate courses of that city.

DR. DEWEY has removed his office to 834 Sutter street. Hours: 10 to 12 A. M., and 7 to 8 P. M.

DR. H. K. MACOMBER, of Pasadena, recently paid us a visit on a much needed trip for health and rest.

AMONG recent graduates we find DR. A. D. FOUCHY has located at 504 Filbert street, between Stockton and Dupont; and DR. G. FICHTNER at 504 Fell street, near Laguna. Both gentlemen announce special attention to diseases of women and children.

DR. F. W. SOUTHWORTH, of St. Paul, Minn., a well known homœopathist, has located in Tacoma, W. T. We hope the Doctor will find his new field a congenial and prosperous one.

COQUILLE CITY, Coos County, Oregon, wants a homœopathic physician. The neighborhood is well settled, and there is at present no one there.

SAN BUENAVENTURA, at last accounts, had no Homœopathic physician. A city of 5,000 ought to be a good field.

SALINAS, a town of 3,000, has no Homœopathist.

HORACE T. DODGE, M. D., of the Class of '87, Hahnemann Medical College, has opened an office at 36 Geary street.

ASTORIA, Independence, Woodbern, Silverton, Jefferson, Eugene City, and Oregon City, in Oregon, all flourishing towns, from 1,500 to 5,000 inhabitants, so far as we know contain no Homœopathic physicians.

DR. BOERICKE has removed his *residence* to 1329 Pine street. His office is unchanged, 834 Sutter street. Hours 2 to 4.

DR. G. TAYLOR STEWART has removed to Pasadena.

DR. E. R. BALLARD has changed his office to 114 Geary street.

OWING to an increase of business, MESSRS. W. H. DUNCOMBE & Co. have removed to more commodious quarters at No. 427 Sutter street. Here is to be found a veritable medical exchange, with reading-room, library, nurse register, etc. Give them a call.

DR. C. L. TISDALE, of Alameda, has opened an office in this city at 427 Sutter street, where he will devote himself to his speciality of Rectal diseases exclusively. Hours: 1 to 4 P. M.

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## BOOK REVIEWS.

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**Rimedi Individualizzati per Sintomi e Malattie.** Ovvero grande Repertorio Clinico Omiopatico, del DOTTOR TOMASO CIGLIANO; Napoli, 1887. Paper; 8 vo.; pp. 964.

(Clinical repertory of remedies individualized by symptoms and diseases. By DR. TOMASO CIGLIANO, Naples.)

Among our confreres who hold aloft the banner of Homœopathy in sunny Italy, none are better known than Dr. Tomaso Cigliano. More especially will he be remembered in connection with his untiring endeavors to obtain an official recognition of Homœopathy during the cholera epidemic of a few years ago.

Aside from Dr. Rubini's work on *Cactus Grandiflorus*, very few contributions to our literature have been received from Italy, until the present volume, which is by far the most important of all. It is the most *complete* repertory that we have in any language, and its arrangements supercedes all others in simplicity and facility of study. It should either be translated into

English, or, at least, form the basis for a comprehensive repertory in the English language.

Dr. Cigliano has had a herculean task in compiling and arranging this book, and we hope that his endeavors toward a recognition of Homœopathy in Italy may be furthered by it.

We advise all physicians who are conversant with Italian to procure this work, indeed, we are not sure but that it would pay others to learn the language in order to use it.

**Handbook of Treatment.** Arranged as an alphabetical index of diseases to facilitate reference, and containing nearly one thousand formulæ by WM. AITKEN, M. D. Edited, with notes and additions, by A. D. ROCKWELL, M. D. New York: E. B. Treat, Publisher, 1887. Price, \$2.75.

This book is a compilation from the well known work of Dr. Aitken, so far as the therapeutics are concerned, enriched by additions of Dr. Rockwell, the New York Electro-Therapeutist. All theoretical discussion of pathology, etc., are excluded—dealing solely with the treatment, as the title indicates, it puts in our possession in a very handy volume the latest and best therapeutic measures in possession of the regular school. As such it must be invaluable to representatives of that school, and to us Homœopaths it supplies a niche long desired, namely, to get at a glance, and for ready reference, whatever aid is offered by modern old school therapeutics. Conciseness and comprehensiveness characterize the volume.

**The Prescriber; a Dictionary of the New Therapeutics.** By J. H. CLARKE, M. D. 2d Edition. New York: Boericke & Tafel.

This little volume supplies to the practitioner what the preceding one lacks—namely, the therapeutical measures possessed by Homœopathy, given like the other volume, without any pathological disquisitions. It is really a most useful and practical work. This new edition, besides being much enlarged, includes a glossary of medical terms, rather superfluous, however. It is an excellent supplement to all books on "practice," and should be at the right hand of every prescriber for the sick.

**A Manual of the Physical Diagnosis of Thoracic Diseases.** By E. DARWIN HUDSON, JR., A. M., M. D., late Professor of General Medicine and Diseases of the Chest in the New York Polyclinic; Physician to Bellevue Hospital, etc. One volume. Octavo. 162 pages. Nearly 100 illustrations. Muslin. Price, \$1.50. New York: William Wood & Company.

From the preface by the author's friend, Dr. L. Johnson, we learn that the talented author and teacher suddenly died even while the manuscript of the present volume passed through the press. The book is the outcome of the needs felt while teaching at the N. Y. Polyclinic, and certainly supplies them well, so far as it is possible for any book of instruction to do, in a field where after all the eye and ear alone can teach accurately. But the present volume tells how to train these, and points out what to look for in the various diseased conditions of the thoracic organs. Very good diagrams and illustrations greatly facilitate the understanding of the text.

**Diseases of the Female Mammary Glands.** By TH. BILLROTH, M. D., of Vienna, and **New Growths of the Uterus.** By A. GUSSEROW, M. D., of Berlin. Illustrated. These two works constitute Vol. IX of the "Cyclopædia of Obstetrics and Gynecology," (12 vols.; price \$16.50), issued monthly during 1887. New York: William Wood & Company.

**Diet in Cancer,** containing full text of nine cases, and various theoretical considerations by E. CUTTER, A. M., M. D. Reprinted from the Albany Med. Annals, 1887. New York: W. A. Kellogg.

**Faulkner's Visiting List,** published by Boericke & Tafel, Philadelphia, is so well known by the Homœopathic profession, and needs no comment of ours. Its special feature is the addition of a very excellent repertory, besides all the usual information found in similar publications. Now is the time for supplying yourselves with a new Visiting List. If you have never used Faulkner's, give it a trial, and probably you will never change.

**Thirty-eighth Annual Announcement of the Homœopathic Hospital College of Cleveland, Ohio.**

**The Sacramento Medical Times.** Edited by J. H. PARKINSON, M. D.

**A Few Words About Oxygen.** By C. B. CURRIER, M. D.

**Lindsay & Blakison's Physicians' Visiting List.** 1888. Philadelphia P. Blakison, Son & Co.

This little book is of much practical worth to the physician. Besides the visiting list proper, which is admirably arranged, it contains many useful hints which materially enhance its value. This is the thirty-seventh year of its publication, and each year has added improvements, so that the present is well nigh perfection.

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## POPULAR DEPARTMENT.

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### THE MANAGEMENT AND CARE OF CHILDREN.

By WM. BOERICKE, M. D.

#### I.

#### THE FIRST MONTH OF INFANCY.

No creature is so helpless at birth as the human infant. In order that it may survive at all, it needs all the protection and care the parents can give it. The principles underlying this protection and care are so few and simple that they are within the reach of all, and if carried out would banish much

suffering and discomfort, and frequent doctors' visits, from the lot of the little ones. They are all embraced in cleanliness, warmth, suitable nourishment and rest. Keep your baby warm, clean and dry, give it plenty of pure air, just sufficient suitable food, and secure for him plenty of rest and you fulfill the ideal conditions for its health and happiness, and its ready, responsive growth, in such a genial and well adapted environment, will delight you from day to day.

Now, simple as these conditions are, it is astonishing how comparatively few babies are permitted to enjoy the comfort their application gives, simply because it is a comparatively rare thing to see these principles applied to the daily routine of a baby's life intelligently and really thoughtfully. Many of baby's discomforts originate from the neglect of these first principles, and the cure lies rather in their rigid adoption, than in ostracising the enemy you yourself have called up by drugging and dosing and use of soothing syrups.

THE FIRST BATH should be given to all infants soon after birth, except in those cases where extreme weakness makes it inadvisable. Here simple anointing with olive oil, will answer every purpose until the child grows stronger, and in every case prepare for the first bath by rubbing every part of the body, especially the scalp, and between thighs, and under arm pits, with warm sweet oil, for the purpose of dissolving and detaching the coagulum, the "cheesy mass," which more or less envelops the newly born. Besides the oil is soothing and comforting to the sensitive, tender surface. Now remember that the recent home of this newcomer was very warm, the temperature of the water of his bath should be nearly the same—about 100 degrees Fahrenheit; after the first baths it may be reduced to 90 degrees. Do not guess at it, but have a bath thermometer at hand ready for use. Having anointed the baby all over, with a soft sponge or very soft flannel cloth, and warm water and a little white castile soap, wash every part of him, and then finish up with a quick plunge in the little tub, after which envelop him in the warm, large, soft flannel apron, for thorough drying. Everything about the first bath must be done *speedily*. Let the exposure be as slight and as short as possible. Be-

fore going on to dressing see that the hands and feet are not blue and cold. In order to do everything as expeditiously as possible, every needful article must be within reach and collected together *beforehand*. Be sure about this, as nothing is so trying to everybody, especially the little victim, as looking for some necessary thing with a naked and wet baby in your lap.

The bath may be given to every healthy infant every morning. For very restless babes an evening bath may ensure a good night.

**THE CORD.**—The next thing in order is the *dressing of the Cord*. This is a remnant of its pre-natal existence, and nature gets rid of it by a *drying* process. The true care of the Cord, therefore, consists in aiding nature in its method of separation, not by the usual method of excluding evaporation and besmearing it with salves, etc., but simply keeping it like every other part of baby's body, *dry and clean*. How? Simply washing it, drying and wrapping it in absorbent cotton. In a few days it will come off, and now a little vaseline, or better still, calendula cerate, applied to the naval will prevent any further trouble here. While the Cord is still attached, it should be laid to the left, underneath the belly-band. This is to be pinned (on the side) with *safety-pins*, which should lie crosswise of the body.

**BELLY-BAND.**—In regard to the Belly-band; you need it, of course, until the naval is healed, after which time it becomes questionable whether it is performing any use. While not really essential now, I cannot consider it "a hoary nuisance," and really do not think it prudent to leave it off for six months, simply because it protects the abdominal region from cold and exposure, and tendency to diarrhœa. But it must not be so tight as to impede respiration, or interfere with the various dimensions of the abdomen from feeding. Knitted woolen bands are the best; these accommodate themselves to the size of the body; a little lapel knitted on the lower edge may be pinned to the napkin to prevent the slipping up.

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ORIGINAL ARTICLES.

GLOSSITIS.

By S. L.

Hughes, in his "Manual of Therapeutics," of which a second edition would be highly welcomed by the many admirers of this English author, mentions only acute inflammation of the tongue, but gives us no hint of a chronic Glossitis; and for the former he has only to recommend Belladonna and Mercurius, perhaps Apis; and when scalding caused it, Cantharis.

Our old friend, Baue, is not more explicit in his indications; and though we meet in his classical work a good article on cancer of the tongue, we do not find it amiss to study a little more thoroughly the remedies applicable to the painful affection.

Kafka, in his *Homœopathic Therapeutics*, I, 395, remarks: "That in chronic Glossitis, the patient feels a local pain during masticating or speaking, and with every motion of the **manuscript and indurated spots, which are moved as cancer of the tongue.**" He then **on the left margin of the tongue, there les, and between them, cicatricial re-**

tractions. Several physicians of eminence gave an ominous diagnosis. These three nodules corresponded to three sharp edges of teeth, which kept up a continuous inflammation. After filing away the sharp, irritating edges of these teeth, a few doses of *Silicea* removed the whole process in a few weeks. Let us remember this hint in similar cases; and in acute cases, let us not forget that opening in time the abscess, before symptoms set in, which at a later stage necessitate tracheotomy, are hints not to be neglected. Surgery also has its domain, and we must not expect perfection in the physician, nor in his drugs; or, perhaps, the case may come so late into our hands, that to relieve the sufferer, even if it is not *jucunde*, may become the duty of the moment. It is all very well to say that under strict homœopathic treatment, the disease should never reach such an alarming state, but accidents will happen even to the best of us.

In my own repertory, I find the following hints for more remedies than those usually employed or recommended.

*ACONITE*.—Piercing and tingling pains in tongue, with burning and swelling; ptyalism, with stitches in tongue; face swollen, hot, red, with quick pulse; headache, delirium; burning vesicles on tongue; sensation of dryness and rawness in the middle of the tongue; *chronic affections of the tongue* ( a most valuable symptom, especially with the mental symptoms of the drug).

*Apis*.—Glossitis, after a *sting in temple*; tongue red, swollen even to suffocation, the whole margin of the tongue feels as if scalded, as if quite raw; little papular elevations appear along the edge of the tongue; dry tongue, fiery redness of buccal cavity, with painful tenderness; patient is scarcely able to talk; no thirst, or great thirst, but can only drink a little at a time (mental state differs from that of arsenic).

*Arnica*.—Laceration of tongue as often seen after epileptic fits, or from sores made by offending teeth; biting sensation on the tongue, with soreness, burning and stinging in the back part of the throat; tongue dry, with a brown streak through the middle; tongue coated and swollen, fetid, putrid smell from mouth; *adynamia*.

*Arsenicum*.—Edge of tongue red and takes imprint of teeth; foul taste, offensive breath; speech unintelligible; violent burning of tongue; swelling about root of tongue, externally and internally; ulcer on inner cheeks; irregular, jagged edges and spongy base; *gangrene of tongue*, spots on tongue burning like fire (Anthracin after Arsenicum); burning thirst, without especial desire to drink.

*Arsenicum hydrogenisatum*.—Tongue enlarged; on the right a deep, irregular ulcer; next day a second nodular swelling of a darker color, coming to a point; peculiar taste in mouth; tongue, fuliginous, furred; mouth, hot or dry, with very little thirst.

*Baryta carb.*—Hardness on middle of tongue, burning when touched; burning sense of excoriation at the tip; fissure on left border, feeling excoriated; tongue cracked, feels very sore; burning blisters on tip of tongue, of long duration; pain on side of tongue, as from blisters; intolerable stench from mouth, unnoticed by himself. (Baryta, such a great remedy in the decline of life, may here prevent carcinoma, or, at least, keep the dire disease off for several years.)

*Belladonna*.—Inflammatory swelling of tongue; pappillæ of deep red color, tip of edges light red; tongue painful to touch; feeling on tip of tongue as if a vesicle was on it, with burning pain when touched; red inflammatory swelling of mouth and fauces; suppression of stool and urine.

*Benzoic acid*.—Glossitis: Extensive ulcerations of tongue, with deeply chapped or fungoid excrescences; deep cracks with spreading ulcers; ulcer on left side of mouth behind last molar; swallowing difficult, with soreness on back of tongue; heat around mouth; irritability of bladder; urinous odor highly intensified; hypochondriasis.

*Calcareæ ostrearum*.—Glossitis after abuse of mercury; cancer or syphilitic tubercle of tongue; abscess, cracks or fissures on tongue, blisters on inner surface of cheeks and tongue; tongue sore on tip, sides and dorsum, preventing eating and speaking; violent burning of tongue and mouth; foul breath; uvula feels elongated and swollen; swollen and ulcerated tonsils.

*Calcarea sulf.* (Hepar). — Glossitis when suppuration threatens.

*Cantharis.*—After scalding of tongue inflammation, swelling and suppuration; sore, burning or smarting vesicles in mouth; aversion to drink, as it increases the pain; dryness of mouth, extending into the posterior nares; sublingual glands swollen and red; loss of epithelium on lips, tongue and palate; throat inflamed and covered with plastic lymph.

*Carbo animalis and veget.*—Glossitis when tongue becomes indurated and knotty; tongue heavy, with difficult speech; foul taste and offensive odor from mouth, from abuse of mercury.

*Causticum.*—Painful vesicles on tip of tongue; pain in tongue, as if he had bitten it (during fit); tongue white on sides, red in centre; pain and swelling at root of tongue; burning, scraping sensation in tip of tongue, attended with great flow of saliva, and flat taste in mouth.

*Conium.*—Soreness of tongue, especially about the root; swollen, painful tongue, with dryness of mouth and impeded deglutition; *stony hardness* of the enlarged and indurated tongue, with darting pains (carcinoma linguae), often the result of bruising the tongue; noma, tongue and mucous surfaces swollen, with offensive discharge, with great difficulty in swallowing, and tendency to gangrene. Acts best in the first stage, before the disease is too far gone.

*Lachesis.*—Blisters on tongue, which change into ulcers; threatening suffocation by the swelling, difficult speech, heavy tongue, cannot open the mouth wide; tongue catches behind teeth, swollen, coated white; papillæ enlarged; dry, red, cracked at the tip, mapped, dry, black and stiff; abundant, tenacious salivation; bad odor from mouth; great thirst, with disgust for drink; gangrene of both edges of tongue; tendency to soft cancer; disposition to empty swallowing, worse evenings, with dryness and thirst (*Crotalus Vipera*).

*Manganum acet.*—Burning vesicles on left side of tongue; nodosities on tongue, worse at night, better in fresh air.

*Mercurius sol.*—Tongue inflamed, indurated or suppurating, with pricking pains or great flabbiness of tongue, with pro-

fuse salivation, fetid, or tasting coppery; hard swelling of tongue, with ulcerated edges, which become indented by the impression of the teeth; stiffness of jaws; ulceration of salivary glands; difficult swallowing.

*Mercurius cyanatus*.—Tongue swollen, red at edges, and covered by very adhesive grey coating; blisters on margin of tongue and on soft palate, developing into irregular ulcers; spreading ulcers in mouth, covered with a grayish-white pulp; constant and copious flow of saliva; salivary glands swollen; extreme prostration, so that he cannot stand up; frequent faintings; icy coldness.

*Petroleum*.—Inflamed tongue, with fetid salivation; tongue coated white in centre, with dark streak along the edges; putrid, slimy, flat taste; hawking of a tough, disagreeable, tasting phlegm, worse mornings.

*Silicea*.—Tongue dry or coated with a slimy mucus; swollen and numb; difficult deglutition, rigors and suppuration; ulcer on right border of tongue, eating into it and discharging much pus (carcinoma); gangrene, with perforating ulcer on palate; pricking pains in tongue, mouth and fauces; anxiety and despondency.

*Sulfur*.—Ulcerated tongue, white, with red tips and borders; ptyalism, from abuse of Mercury; bad smell and taste from mouth; ulcers on tongue and mouth, with raised, swollen edges, bleeding easily, with tearing, stinging pains, and discharging fetid pus.

*Tibacum*.—Tongue feels swollen, so that in speaking, his words run into each other; trembling of tongue; dryness of tongue and lips; fine stitches in tongue (hardly enough to consider the abuse of the cigar the cause of carcinoma of the tongue, but in persons with hereditary psora, the use of tobacco ought to be forbidden).

Let that suffice, but from the few remarks here made, let us never despair, even in desperate cases; still more, let us teach our patients that "a stitch in time saves nine," and that prevention is more to the point than the seeking for a simillimum, when a cure has become impossible.

## DISEASES OF THE RECTUM.

BY CHAS. L. TISDALE, M. D., SAN FRANCISCO.

Among the hundreds of diseases to which the human body is liable, there are none more loathsome and painful than those which effect the Rectum. The unfortunate habit of regarding the Rectum as of little consequence among the organs of the body, has resulted in great ignorance concerning its influence on our health, and also in an untold amount of suffering and distress. The abuses to which this organ is daily subjected, through the thoughtlessness of even intelligent persons, is a frequent cause of the distressing train of disorders with which they are afflicted. Constipation is dangerous not only to the general health, but to the integrity and well being of the Rectum. All persons should be taught that carelessness or inattention in the daily conduct of the bowels is almost certain to result seriously. Regular habits in eating and drinking, proper exercise, and a punctual daily visit to the closet should be faithfully observed. The habitual use of cathartics is certain to aggravate the disorders they are given to relieve, for the secondary effect of all these remedies is to render the person still more costive, and thus make more serious and complicated any incipient Rectal disease. This abuse of cathartics is almost universal, and it is our duty to emphasize the fact that every pill taken only weakens the coats of the bowels, and when its temporary effect passes away, leaves the intestine more obstinate and rebellious than before. For the same reason enemas should be used with the greatest caution, and only resorted to when the direst necessity demands.

My space will not admit of even a reference to the many hygienic measures to be employed in the proper care of the delicate structures here involved, but the judgment of the experienced physician will suggest the best course to be pursued in any case he may be called upon to treat.

There is no class of diseases where wise council is of such value as in those of the Rectum, for nine-tenths of all Rectal disorders are brought on by the carelessness or ignorance of persons themselves, and when once established as much of

the success of a cure depends upon the patient's habits and mode of life as upon the medicinal agents employed.

One fact to be remembered in the diagnosis of Rectal diseases is that the sensations arising from them are frequently first noticed in other parts of the body. We imagine the seat of the disease to be in the kidneys, the bladder, the liver, the womb or the lungs, while in reality these organs are only sympathetically complaining for the Rectum, which, because of its quantity of sensory nerves cannot speak for itself, and so must express its distress through organs more favored in this respect. For this reason hundreds of persons are to-day suffering with various rectal diseases who have continually attributed their ill feeling to some remote organ. But notwithstanding the obscurity of the symptoms and the foolish dislike on the part of the sufferers to have their case investigated, the fact is well established that diseases of the Rectum are among the most common ills to which the human body is subject, while the necessity for their immediate and intelligent treatment is vitally essential.

In this article, I can only speak of one of the many diseases to which the Rectum is liable, reserving for future discussion other equally important disorders. One of the most serious, and at the same time, frequently overlooked of all the diseased conditions to which this organ is subject, is ulceration. By Rectal Ulcer, we mean a raw sore within the Rectum, anywhere throughout its length. In the majority of cases, the posterior wall is the seat of the ulcer, which is usually located within three inches of the Sphincters. It may be so superficial as to be barely perceptible, or it may have gone on until the Rectal wall has become perforated. A solitary ulcer may be present, or a number of sores may exist in different places. Various causes produce Ulceration of the Rectum. Chronic inflammation, or catarrh, if neglected, may result in extensive ulceration. Traumatism, or mechanical injury, is a frequent source of this malady. The irritating presence of hardened feces, or the passage of bones, fruit seeds, cherry stones, or other sharp substances, may so lacerate the delicate mucous membrane of the Rectum, as to produce, if neglected, serious ulceration. As a rule, Rectal Ulcers are not excessively painful until they have made con-

siderable progress, and have begun to seriously implicate neighboring tissues and organs. This freedom from pain is due to the absence of sensory nerves in the Rectal walls, so that it is only when the destructive process has eaten into the deeper tissues that the local pain drives the patient to seek remedial relief. But Rectal Ulcer, though locally so nearly painless, has a number of symptoms which make its diagnosis quite clear. Itching about the anus is frequent; a discharge of pus, more or less mixed with blood, or in some instances, copious discharges of almost clear blood, are indicative of this disease. Of course, in many cases of Rectal Ulcer, there is no such discharge, as the foul pus is re-absorbed directly into the system, giving rise, in time, to the characteristic symptoms of blood poisoning. Another marked symptom of Rectal Ulceration is morning diarrhœa, the evacuations consisting of mucus mixed with a substance resembling coffee grounds. Or there may be only an intense desire for stool, unattended with satisfactory results. The straining at stool produces a dull, heavy feeling in the Rectum and anus, extending, perhaps, to the back and legs. In many cases of Rectal Ulcer, the 'sympathetic irritation extending to the prostate gland, brings on emissions, which from ignorance of the true condition, is often mistaken for seminal weakness. Indeed, the results of Rectal ulceration are exceedingly various; the irritation to the nervous system, the poisoning of the blood, and the wear upon the body, are very great, and the general health becomes seriously impaired. Often, in persons having a natural tendency toward lung difficulty, a long standing, or poorly managed case of Rectal Ulcer may result in pulmonary consumption. Many times, an ulcer eats its way completely through the walls of the Rectum and produces most serious results. If high up in the rectum, it is apt to reach the peritoneum, causing fatal inflammation of that membrane. If the perforation is lower down, it may burrow along outside the Rectal Wall till it finds an opening near the anus, forming a complete fistula. Thus it will be seen that Rectal Ulcer is one of the most dangerous diseases that can affect this organ, and from the number of cases which have come under my observation, I am inclined to consider it among the most common. There are

symptoms of infection to-day in whose treatment the physician has already made considerable progress. We are the highest importance of the case having in mind the prognosis. It will only be when the disease has advanced to serious proportions that they will avail in the necessity of submitting a patient to surgery. It is to be regretted that a few months before would have been a case of comparative simplicity.

A CASE OF PARALYSIS OF THE HEART

By Dr. J. V. WHITE, M. D., PHILADELPHIA

Extended by courtesy of the operating physician in London, the following case.

The patient, aged about sixty-five, suffering from what was thought to be a polyphasic form of the heart disease, namely, that the mitral valve was some extent from its normal position of normal relationship, otherwise nothing special.

The operation was to remove the growth by the means considered better than as an operation, therefore no incisions were made beyond those of a very simple character. The operation being done with a small knife, having it be quickly removed and every effort was made to keep the time the primary pressure used and administered made. There being good results which demonstrated the fact. She was under such treatment the operation of course if the surgery had been performed the a. i. i. operation of heart. This however had not been performed owing to want of time. The physician in charge of the operation proposed the case for the other and administered it in the usual way, patient taking it well. There was occasional good, all things looking toward speedy recovery. When the sinusoidal stage was reached there was the ordinary amount of stretching, not holding out of keeping with the condition of affairs. At this point it must be stated the patient made the case passed the tower across the patient's face, over nose and mouth and pointed upon a certain irregularity of structure. This was followed by still more the same stages which called for more attention in the same

way. With presently, stertorous breathing, ears growing purple, face purple, and in blotches; matters growing no better, some alarm was excited, and the operator who had been doing what he could at his work, turned his attention to seeing what was ailing his patient. Her tongue was drawn forward with no effect; respiration now coming in occasional gasps, finally ceasing altogether; no heart's action noticeable. The body was lowered, head down, brandy hypodermically administered, artificial respiration persistently used; a battery procured and electricity administered. This, with rubbing, etc., was kept up for an hour, when it *was decided that the patient was dead* from paralysis of the heart; cause not stated.

I report this case without comment. The moral is plain. On fuller investigation, the polypoid was found to be a cauliflower growth, involving the whole cervix and part of the vagina. Explorations with the finger causing pieces of considerable size to crumble off and come away. Her prognosis, at best, must have been hopeless. Her death was made short and easy, but I could not advise it as a measure to be generally used.

### CHININUM ARSENICUM.

By J. L. MEYER, M. D., SAN FRANCISCO, CAL.

The following case came under my notice through Dr. R. Cartwright, of Grass Valley: and while the case is not as yet complete, I think it will at least throw some light upon the indications of the usage of Chininum Ars. In the south, or malarial districts, where Calomel or mercurial treatment is in vogue, I have had several cases similarly affected.

The patient is Mr. ———, Grass Valley.

From earliest history this subject was a sufferer from bilious attacks, and severe constipation; never sick otherwise. The following is his own statement:

For the past 35 years I have been a mining engineer; never exposed in any way to inclement weather, nor subject to any sickness, save chronic constipation and bilious attacks. For said complaints my former physician prescribed Quinia and Calomel; in addition to this I have, on my own account,

resorted to different cathartics at intervals of two to three weeks. I did not begin to feel any undue decline until four or five years ago, and from that date to about a few weeks before Dr. C. saw me, I began to sink rapidly. I could not leave the room. I had severe rheumatic pains.\* I could not sleep at night without the aid of morphia; food was distasteful, my breathing labored, and my head indescribably heavy sometimes, as though bursting with blood; dryness and pain in the throat; my whole frame at times seems to be overcome with a partial paralysis."

Upon examination I found the lower lobes of lungs non-resonant, i. e., collapsed, as though from hardening of the tissues; the upper half of right lung very much engorged; the emaciation existing peculiar to mercury; in fact the skin presented conditions in every sense peculiar to mercury. My diagnosis, was induced pulmonary Phthisis, i. e., by inordinate use of Quinia and Calomel. Perhaps this may be a little vague, yet I claim the correctness thereof, as I have before successfully treated similar cases and restored vitality and health. Patients had symptoms otherwise peculiar to *Ars*, also marked symptoms of *China*—Dr. C. informed me that he had used both to no effect. I prescribed *Fal. Sz.* for the head troubles, and *Chininum Ars.* for the other conditions. The following extract will show with what results

"Dear Doctor I trust your advice upon that Mr. B., whom you visited with me. In the first prescription I am sorry to say I received negative results, whereupon I put him on *Chin. Ars.* both of which I had read separately to no purpose, and am glad to say found it the thing, as patient is improving daily."

Practical experience has shown me that *Chin. Ars.* is applicable in all cases where Mercury or Quinia has been abused though not in direct combination with poisons, such is the case. I have prepared *Calomelum Pur.* for each patient and further results shall be noted. Dr. C. bears me great credit for said patient was pronounced beyond mercury over six months ago and accordingly can justly claim another victory.

\*From questioning he did not seem to have realized a rheumatic meaning.

## SELECTIONS.

## NASAL CATARRH.

By W. S. GEE.

[*Clinique December 1887.*]

*Kali bich.*—Nose obstructed by large slugs, clinkers of greenish, fetid, hardened mucus. At times a cast of the nasal cavity will thus appear. Rapid exfoliation and ulceration; loss of smell; disgusting odor; perforating ulcers are seen on the septum or elsewhere; right side most affected; distress and fulness from inflammation of frontal sinuses; worse mornings and on going into the open air.

*Kali. carb.* in action resembles the above, but has more of the hemorrhagic feature as manifested in the blood-tinged mucus discharge; nose-bleed, excoriating, acrid greenish mucus, making nostrils sore and crusty. You will recall that unique peculiarity of this remedy—the menstrual blood excoriates, developing an eruption on the thighs. Acrid bloody discharge in catarrhal conditions with greenish mucus, should remind us of *Kali. carb.*

The nose is obstructed, making breathing almost impossible. This patient, like the above, is chilly outdoors, but strange to say, the nose is *relieved in the open air*, and becomes obstructed again on entering a warm room.

Under *Kali. bichrom.* the fulness, distress and obstruction are *worse* in the open air.

*Merc. iod. rub. (Biniiodide)*—This is a remedy apparently best adapted to chronic catarrh affecting the posterior nares. The nasal bones and turbinated bones become involved. A raw, excoriated feeling is experienced, and a dropping of mucus which occasions much hawking. (Spig. when it causes choking at night.) The nose, ear and other head symptoms are on the right side, while in the throat and below the left side of the body is acted upon by this remedy.

*Merc. iod. flavus* (*Protoiodide*) has similar symptoms, but the locations are reversed, and the discharges appear the color of the crude drug. The *thick yellow coating on the back of the tongue* (*Kali. bich.*) gives another hint.

*Aurum met.* — This remedy corresponds to the *ozena* with excessive fetid discharge; caries of the nasal bones; burning, itching, smarting; soreness in nose, which is sensitive to touch. The putrid odor is recognized by the patient, although that sense is very much impaired. A most despondent condition grows out of it; the patient bent on committing suicide. The frontal headache almost drives him to distraction. The caries extends into cheek bones, and the same tearing, boring accompanies. Sensitiveness of the zygoma and malar bones; bony destruction about the ear, obstinate otorrhoea as concomitant symptoms.\* This weary, distressed patient may be greatly relieved by giving *Aur met.* in the crude, externally, and in the potencies internally.

*Pulsatilla* must not be forgotten in the treatment of this class of troubles, for its symptoms occur frequently. In the submissive, tearful patient, suffering from nasal catarrh, we find: Loss of smell and taste — bad stomach from acrid, *yellow-green* discharge. Green fetid discharge, thick, yellow, bland discharge. Nose-bleed, suppressed menstruation, and *tears in morning*, relief outdoors and expectation from heat, and other general characteristics of the remedy.

*Sticta Pulmonaria* This remedy meets a different set of symptoms, and has proven to be of great value when indicated. The swelling and most annoying symptom is the *discharge of the mucus membrane of the nose* *Sticta* does. This illness gives the constant inclination to *pick the nose* or bore into it. It is a disease of *chronic accumulation*, but the charge results in *pus* or *pus* is present. It is *very* forming *scabs* *difficult to separate* — constant *itching* of fullness and *rawness* and the *other* *symptoms*. The reflex from *sticta* *is* *the* *same* *as* *the* *other* *remedies* *the* *other* *symptoms* *are* *present* and *the* *remedy* *is* *very* *valuable*.

\* *Sticta Pulmonaria* is a valuable remedy in the treatment of *ozena*.

## OPHTHALMOLOGY AND OTOTOLOGY:

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

The profession is at last awakening to the fact that many obscure nervous diseases are often traceable directly to errors of refraction, and notably to astigmatic aberrations, and that frequently under the use of the very lowest cylindrical powers, these troubles are promptly and effectually cured.

Dr. Adolph Alt reports a case of diphtheritic conjunctivitis in which the cornea was involved, as cured by merc. cor. and boracic acid. He says: "I found on the inner surface of the lid a yellowish-white mass which was immovable. The cornea I could not see. I ordered cold compresses and instillations of a solution of bichloride of mercury, 1-2500 every hour, and a solution of atropia and four per cent. cocaine with boracic acid, to be instilled every three hours." As to the result he says: "To my astonishment the membrane began to dissolve the next morning, and the second day after having instituted this treatment, the whole of the membrane was gone." Dr. Alt reports this as the most successful result in nine similar cases treated by various methods, but gives no symptoms which would aid in differentiation, but doubtless the case here mentioned would have yielded just as magically to the internal administration of the potentized drug.

And here comes that numerous oracle again, with the statement that he saw the eye taken out, scraped, and put back again with no injury to its function. Why try to correct him? They always did and always will believe it, in spite of the potent argument of the deep orbit, the recti muscles, the short and unyielding optic nerve, and other concurrent evidence to the contrary.

Dr. Thebold, of Baltimore, has introduced aluminum probes for obstructions of the lachrymal apparatus, and claims for them greater smoothness and facility of introduction than can be obtained with silver.

I.—The ear is full of pus, and the patient complains of pain, and the temperature is raised. The patient is very restless, and the pain is very severe. The patient is very restless, and the pain is very severe. The patient is very restless, and the pain is very severe.

Q.—What is the cause of this? A.—The cause of this is the inflammation of the middle ear, which is caused by the infection of the middle ear.

OTITIS MEDIA ET EXTERNA

Teacher—Halle, Arns

Answer—Halle, Arns

I.—A man of the name of ... has a pain in his ear, and the pain is very severe. He had a slight chill, and now has a high fever. The pain is very severe, especially on the right side, and is worse in the night. I made the ear examination, and with the means at my command, but could find no local changes or account for all this pain. What is the trouble?

A.—It looks like an acute attack of otitis media inflammation of the middle ear. It probably started in the process of sending along the pharyngeal, mucous membrane through the Eustachian canal, or the tympanum. The Eustachian canal has been closed, and the inflammation persists in the middle ear cavity, producing pressure in the drum-head, and the pain. What has been done for him?

D.—The external canal was first filled with the hot vapor of a baked onion, which giving no relief, his friends poured into that unresisting orifice in precipitate succession, hot sweet oil, lanthanum, owl oil, and the "fire of life," the last of which he said suggested the fire of the infernal regions. Still no relief has rewarded the industry of his devoted friends. What shall we do?

A.—Try to open the Eustachian canal by a careful use of the air bag, if you have one, and in the absence of a Politzer bag, have him hold his nose and close his mouth tightly, and blow suddenly and forcibly. If air can be forced through

the canal it frequently gives immediate relief, restoring the balance of pressure on the drum-head from within and without. After the energetic local treatment give him a rest, simply applying a large wad of hot dry cotton over the ear and mastoid. If that fails, put ten drops of Fl. Ext. of Belladonna into half a cup of boiling water, and let it drip into the ear from a small rag, as hot as it can be borne, till the pain abates, then apply again hot dry cotton, binding it to the ear with a silk handkerchief or woolen roller.

D.—What remedies would you suggest?

A.—Follow the symptoms. From experience we would suggest the following list: Acon., Arsen., Bel., Hepar., Puls. and Merc., as most commonly indicated.

D.—How about hot poultices?

A.—Never use them unless you are sure that suppuration is already established, and even then not continuously, but alternately with dry heat. The aim in all inflammations involving the drum-head should be to avoid as far as possible, destruction of tissue. If the pulsating drum-head can be seen, it should be punctured at once, and thus the ragged opening following a spontaneous rupture is avoided. A clean cut in the drum-head will heal in a few days, but the ruptured membrane is almost certain to leave a permanent solution of continuity. Good bye.

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## Colleges, Hospitals and Societies.

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### NEW LICENCIATES.

The following have been granted licenses to practice in the State since our last issue:

S. Worcester, M. D., El Cajon, Harvard Medical College.....	1868
Anna H. Barnes, M. D., San Francisco, Hahnemann Med. College, S. F. . . . .	1887
J. S. Hodge, Pasadena, Hahnemann Med. College, Chicago.....	1882
Jas. Sinclair, San Bernardino, Hahnemann Med. College, Chicago.....	1884
F. W. Wheeler, Los Angeles, Hahnemann Med. College, Chicago.....	1887
Ruth A. Graham, Elsinor, Chicago Hom. College.....	1881
Eliza J. Beach, Pasadena, Hom. Hospital College, Cleveland.....	1877
Mrs. H. Tyler Wilcox, Los Angeles, Hom. Medical College, Mo.....	1884
George S. Walker, Cucamonga, Jefferson Med. College, Pa.....	1852
N. L. Thompson, Tulare, Jefferson Med. College, Pa.....	
M. F. Munson, Los Angeles, Hahnemann Med. College, S. F.....	1886

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**AMERICAN INSTITUTE OF HOMŒOPATHY.**

The officers for the present year are: President, A. C. Cowperthwaite, M. D.; Vice-President, N. Schneider, M. D.; Secretary, P. Dudley, M. D.; Treasurer, E. N. Kellogg, M. D. Place of meeting, Niagara Falls.

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**LADIES HOSPITAL AND SOCIETY.**

A meeting of this Society was held in Irving Hall, Wednesday, January 18th. The regular election of officers for the ensuing year resulted as follows: *President*, Mrs. Ariel Lathrop; *Vice-President*, Mrs. Adley H. Cummins; *Secretary*, Mrs. Martin Schultz; *Treasurer*, Mrs. S. Gonzales; *Executive Committee*, Mrs. C. B. Currier, Chairman, Mrs. Crooks, Mrs. H. R. Judah; *Membership Committee*, Mrs. J. W. Ward, Chairman, Mrs. F. Bryan, Mrs. A. C. Peterson; *Entertainment Committee*, Mrs. A. H. Cummins, Chairman, Mrs. Martin Schultz. A circular letter in the shape of an appeal, to be addressed to every homœopathic family in the city, was read and referred to a committee for publication. The meetings are to be held on the first and third Wednesdays of each month, at the Palace Hotel, Parlor A. Ladies interested in this good work are cordially invited to be present at the meetings.

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**THE HOMŒOPATHIC CLUB OF SAN FRANCISCO.**

Stated meeting November 17th, 1887; Sidney Worth, President, in the chair.

The last session of the Homœopathic Club convened at the office of the President.

Dr. Pratt, of Chicago, was introduced, and gave a most instructive evening on official surgery.

The Doctor prefaced elaborately with the theory of the subject, and finally proceeded to draw the practical inferences. He remarked that health is the acme of our effort<sup>4</sup> cure, and its permanency depended upon an equilibriū

the circulation. In as much as the vaso-motor nerves preside over the vegetative sphere, controlling cardiac action in part, and the calibre of blood vessels throughout the system, they, therefore, must be susceptible to unhealthful alike with healthful stimuli, carrying the impressions to the organs of their distribution, and profoundly influencing nutrition. He called attention to the supply of cerebro spinal nerves to the voluntary muscle, and of the sympathetic system's distribution to the involuntary fibres. The application of these anatomical facts leads him to the physiology of the orifices of the body. Each lower orifice of the body is guarded by two sphincters—the external of which is under cerebro spinal control, while the interior is under the influence of the sympathetic system. Irritations of orifices must reflect on the general system through the medium of the sympathetic nervous system. In a large class of chronic diseases there will be found a morbid irritability of orifices of rectum or sexual organs. Certain conditions of obscure pockets and sensitive papillae are found which exert a depressive influence over the nervous system. Attention was centrally called to the resistance of cure in chronic affections, and then relief by cutting out the pockets and snipping the papillae, and thus release the sympathetic system which serves as the brain of the involuntary muscles, from being in communication with a peripheral irritant.

JAMES W. WARD, Secretary.

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#### FROM OTHER JOURNALS.

[Extract from letter to *Hahnemann Monthly*, by Bushrod W. James, M. D.]

“ \* \* \* I was much pleased with the College, and although the building is not commodious, yet it suits for a young institution. The Homœopathic fraternity of the Pacific Coast, I think, has started out well in its educational organization, and from the appearance of the class, composed of both ladies and gentlemen, I am sure that the best material exists in this College, as well as on this Coast, for first-class Homœopathic practitioners \* \* \* ”

[From the *Southern Journal of Homœopathy*, December 1887.]

“The idiot who recently sent this journal a copy of the *Oakland, California, Tribune* of June 4th, containing an article written for that paper by Dr. J. M. Selfridge of that city, attacking the Hahnemann Medical College of San Francisco, should butt his head into an over ripe cheese if he has anything to do with the circulation of the Dutch doggerel enclosed, likewise attacking that institution. The *Journal* has no sympathy with that class of men denominated soreheads, who voluntarily obstruct the efforts of others to advance Homœopathy and her interests, who would compose and circulate unsigned doggerel of the character of that alluded to. If he will send us his address we will not only publish it free of charge, but will return to him the *Tribune* and his ‘pome,’ postage paid.”

IN old persons (men I should say), who from cold or other causes cannot urinate, or where there is a frequent desire to pass water and only a few drops pass with much straining—frequently with a mucous discharge from the bowels with much rumbling and rolling in the abdomen—no remedy has proved more efficacious than COPAIBA OFFICINALIS.—*Bowie*.

SIZYGIUM JAMBOLANUM, the new remedy in Diabetes, has worked miracles in some cases, while in others it has failed to benefit. This may be due to the quality of the tincture. This should be prepared from the triturated seeds, as that made from the bark and twigs, though cheaper, is often inert.

PROF. ARNOT says, “it is not wholly true that Bell is a right-sided remedy in throat troubles, if only one side is affected it is the left (under Bell), but if both sides are affected the right is the worse.”—*Era*.

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A MONTHLY JOURNAL,

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## EDITORIAL.

### BOARDS OF HEALTH.

According to the Official Register of Physicians and Surgeons in the State of California, for 1887, there are 641 inhabitants to each legal practitioner of medicine. In the Homœopathic school there are 197 Licentiates; and in the Eclectic, 192; these, according to the above ratio, represent 249,349 of California's population.

In Washington, D. C., the citadel of our great nation, where, presumably, one may expect to find the highest type of our national intelligence and culture, the claims of Homœopathy are recognized, and are represented in the National Board of Health.

In view of these facts, it seems to be no more than just, that we, as well as our Eclectic confreres, should be represented in the State of California, where we each have so large

a following. Unlike our Allopathic brethren, we do not claim to be the only "*Regular*" physicians; for, while our faith is thoroughly established in the principles inculcated by our own Hahnemann, we believe, also, that "whatsoever things are true, whatsoever things are honest, whatsoever things are just," if there be any virtue, especially when considered medically, we are willing to concede and acknowledge it; but in all justice and fairness, we believe that the Homœopathic, Eclectic, and Allopathic Schools of Practice should, without discrimination, be equally represented in the State and city Boards of Health, and that to them should be equally conceded a proportionate right in the various hospitals and institutions supported by public money.

A large proportion of those unfortunates who, when attacked by illness, are obliged to apply for admission to the charitable institutions provided by the city and counties, are believers in the Homœopathic system of cure; and why, in this free country, should the sick poor be obliged to submit themselves to such curative measures as they have no faith in, and which, perhaps, from past experience, they know to actually disagree with their own special organization?

This is not the case in New York and other eastern cities. Why should California be so far behind the age? Of the seven members who compose the State Boards of Health, at least two should be appointed from the Homœopathic and two from the Eclectic ranks. In this way, fairness would be shown, and by the constant vigilance exercised by each school over the others, the public at large might be benefited. Wards should be set aside in our public hospitals in which patients may be treated homœopathically or eclectically, as they may elect; and visiting physicians should be chosen from the ranks of these schools—for it is by the results of any given system of cure can be judged, and how well it affords the test.

It cannot be urged against our system of medicine that we ignore sanitary measures, for it has been the charge of detractors of the old school that we cure our patients by *sanitary laws alone* that we cure our patients by giving to them, we "give no medicine," and that we are strict in the observance

that is surely one great reason why homœopathy is well adapted to hospital management.

We, who represent 250,000 of the culture and wealth of California's population, should unite in our demand for representation upon the State and City Boards of Health and the public institutions; and at our next election we should make this subject a plank of the platform, and vote only for those in favor of *equal* rights. There is no need for special organization in this matter, but individual efforts should prevail. Let us see what can be done.

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#### BOVINE VIRUS.

During our recent small-pox epidemic, we were in receipt of numerous letters inquiring which we considered the most reliable and purest virus. There seems to be a general unanimity of opinion, based upon experience, that the most reliable is *Alexander's*, from the Lancaster County Vaccine Farms, Pennsylvania. It is especially recommended by the San Francisco Board of Health, and is endorsed by similar bodies in eastern cities.

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#### CLINICAL ITEMS.

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*Hippurate of Calcium*—According to Dr. J. J. Gaynor (*Physicians' and Surgeons' Investigator*), the hippurate of lime and (simultaneously the neutral phosphate of soda) will often be of incontestable utility in modifying the soil in which the bacilli tuberculosis develop, so as to render it unfit for their multiplication. A very large number of scrofulides are amenable to hippurate of lime. Among these may be placed impetigenous eczema and impetigo, to which may be added ecthyma, lichen, and chronic prurigo, rupia and certain forms of lupus. The hippurate may also be given for many of the skin diseases, which are symptomatic of liver disorder. Among these are certain forms of pemphigus, of urticaria, rum blossoms, and the blotched ruddy face and red

nose, supposed to be met oftenest in this country. Indeed, this compound is a specific for red noses. It is admirably adapted to the diseases of hot countries, where hepatitis is so common; and it will render good service in our temperate climates, to all those who, spontaneously or as a result of alcoholic excesses, are prone to simple engorgement or cirrhosis of the liver.

The following is Poulet's formula for "syrup of hippurate of lime:"

Hippuric acid, pure .....	100 grammes.
Milk of lime (whitingsize), q. s. to produce alkaline reaction.	
Hot water .....	2 litres.
Sugar .....	2400 grammes.
Essence of citron .....	15 grammes.

Dissolve the hippuric acid in a portion of the hot water (80 per cent.), and stir in the whiting size (lart de chaux) gradually until litmus paper gives an alkaline reaction. To do this properly requires at least a quarter of an hour's work. Then add the rest, and place over a slow fire, etc. Dose, a tablespoonful three or four times a day.

*Arsenate of Strychnine.*—This new chemical, as well as remedial, is being highly recommended in the premonitory symptoms of the acute infectious diseases, such as muscular lassitude, malaise depression, etc. It is specially spoken of as having powerful antiseptic properties, and as aborting threatened typhoid fever, if used carefully in the early stages of the attack. It is also stated that even at the tenth day of the disease its use was promptly followed by marked improvement and early recovery. Dr. J. Russel has employed a solution of 1 in 250 of water, using it hypodermically, beginning with 1-64 of a grain, and gradually increasing until 1 of a grain is used.

*Anthracine*, an alcoholic tincture made from the a bacteric spleen. Splenic fever in cattle, hounds and their shepherds. Most cases of Carbuncle remedy. Remember in Carbuncles also

*Tarantula cubensis*, which has achieved

*Lobelia Inflata*—Dr. E. M. Hale considers that the sphere of action of this remedy lies between tobacco and veratrum album, or their active principles, nicotine and veratrine. It acts upon the motor nervous system, and upon the respiratory center in the medulla. We find it useful principally in asthmatic affections; it is useful in two varieties—namely, the nervous, which arises from paresis of the respiratory center, and the catarrhal or humid asthma. In the first, it has been found curative in very minute doses; in the latter, when the mucous rales are loud, and the sense of suffocation is due to a mechanical obstruction by the mucus, and the coincident spasm of the bronchi, larger doses must be used. Almost magical relief has been seen to follow doses of one drachm repeated every hour, without nausea or vomiting following its use. Permanent cures of asthma of many years have been made by larger doses. Sometimes these large doses (half an ounce) have not caused vomiting; at other times smaller doses vomit violently, leaving the patient much prostrated, but with disappearance of the asthma. Dr. Hale has cured asthmatic attacks by small doses of veratrum when lobelia seemed indicated, but had failed. In some cases of asthma, the patient complains of a “dreadful sinking sensation” the epigastrium, with violent, distressing efforts of respiration; this faintness at the pit of the stomach—caused by paresis of the sympathetic nerve—is a clear indication for the use of lobelia, and it will promptly relieve such cases in doses of 1-10 or 1-100 of a drop frequently repeated. Ignatia, cimicifuga, digitalis and veratrum, all cause the same symptoms by their depressing action on the same system of nerves. The primary effect of lobelia on the heart is to paralyze its motor nerves, like tobacco or aconite; hence it is a prominent remedy in primary cardiac weakness and irritation. The “sinking faintness” at the epigastrium is here the symptoms most complained of. Small doses must be used to combat this condition. Some patients will bear doses of one or two drops of the tincture; others are made worse by it; and only find relief from the second or third dilutions. The secondary or reactionary effect of lobelia is to cause violent spasmodic palpitations, or symptoms closely resembling angina pectoris. In such cases quick and good

results are obtained from five to ten drops of the tincture. Primarily, lobelia paralyzes the various sphincter muscles, and can be used in physiological doses: For spasmodic retention of urine or feces, or rigidity of the os and perineum, or rigid and undilatable os has been seen to rapidly give way after a single dose of twenty drops. It will allay and regulate the severe pains in the loins during labor, which seem to arise from the rigidity of the genital passages. In dysmenorrhœa, due to this same cause, small doses give prompt relief. In this respect it resembles gelsemium and belladonna. In hysteria, lobelia is frequently indicated. Hysterical convulsions have been cured by injecting into rectum a teaspoonfull of the tincture in water. In gall stone or renal colic, in incarcerated hernia and in spasmodic gastralgia, lobelia often relieves promptly.

*Hippurate of Lithia.*—Except in cases of atony, where hippurate of lime takes precedence, hippurate of lithia may be resorted to in dealing with uric diathesis, marked by the formation of gravel, by knotty rheumatism, or by gout, with tophus, articular nodosities, etc. It is as useful in preventing the access of gout, as it is in curing the lesions already formed or in way of formation, and should be employed continuously for a long time in both cases. We often find it advantageous, too, to combine or alternate the hippurates in these cases.

The following is Poulet's formula for syrup of hippurate of lithia.

Carbonate of lithia.....	8 grammes.
Hippuric acid.....	85 grammes.
Tepid water.....	1600 grammes.
Sugar.....	1200 grammes.

Dissolve the acid and carbonate in a small portion of the water, so as to obtain an alkaline re-action. Add the rest, and place over a slow fire. Each spoonful of the syrup contains twenty-five centigrams of the salt, and but three centigrams of the base. The sugar must be left out of both solutions when prepared for diabetes.

## CORRESPONDENCE.

## A SAN DIEGO LETTER.

SAN DIEGO, CAL., December 22d, 1887.

EDITORS CALIFORNIA HOMŒOPATH—Assuming that a brief history of my personal experience, the progress of homœopathy, and the astounding changes wrought in San Diego during my residence here, would be of interest to you, I shall endeavor to give them to you in as brief a manner as possible.

Two years and as many months have elapsed since I arrived and cast in my lot with this then quiet town, "but at present most important and progressive of Southern California towns." Health, fame and fortune were the objects that prompted me to locate here, and as health and fortune have favored me quite liberally with their blessings, I naturally should have no cause for complaint. My first year's experience, however, was such that I feel justified in speaking thereof. Notwithstanding the fact that there were but two Homœopathic practitioners in San Diego when I arrived here, my first year's experience was very discouraging; it being constant up-hill work, my practice barely netting me sufficient to keep body and soul together. This fact naturally dampened my enthusiasm for my newly-selected field of operations. The sensations I experienced during this period were analogous to those of many other young and enthusiastic doctors. I realized that the goddesses of Fame and Fortune required a provokingly-long time to find one out and bestow their respective gifts. Oh, why was not the hanging out of ones shingle followed by the realization of those beautiful and enchanting pictures which many of us had portrayed in our minds during our college days? Where were those long rows of deformed and suffering humanity anxiously awaiting for their turn to see the doctor, to be cured of their ailments, and who in return, out of their inmost gratitude were to shower skekels of silver and gold upon us? Truly the now realization of these pictures was a poor reward for three weary years of enforced bench-polishing at ones Alma Mater. Notwithstanding my discouraging prospects during the first year, I braved it out, and to-day I feel amply rewarded for my perseverance. Moral to young doctors: go and do likewise.

During my two years or more of residence in San Diego, I have seen the place grow up from a small, insignificant town of about 3,000 population until at the present time it has an estimated population of 28,000. The beautiful and substantial brick buildings and blocks, four, five and six stories high already erected, and those in contemplation, demonstrate the character and solidity of our improvements of a private nature. The public improvements are very numerous, and consist of street grading, the construction of a \$400,000 sewage system, the building of street railways, and other improvements too numerous to mention. Yes, truly, San Diego has assumed metropolitan appearance and importance. This wonderful growth and development may be attributed to two charmed words—Bay and Climate. These words, in conjunction with judicious and persistent advertising of the wonderful resources of the surrounding country, have had the desired effect, and to-day San

Diego's future as a great and important commercial center is assured. No without cause may ye of the Golden Gate City tremble for your safety, for you have a mighty rival springing up in this southernmost portion of California.

As was to be expected with this large influx of people, there came also an influx of doctors, until their numbers have become such that strangers have remarked, "Why, the population of the whole town appears to be composed of doctors and real-estate agents!" It is with sorrow that I am compelled to chronicle the fact that the alleged regulars are in the majority. Their number will reach into the sixties. Why is it that the crude teachings of Hermes and his as crude Egyptian followers should still have so many exponents in this enlightened age? This, truly, is a phenomenon the solution of which is a mystery to me. But I suppose so long as people will be dosed and purged with vile concoctions, so long will the followers of crude and barbaric methods find a place among civilized nations.

Homœopathy at the present time has a fair representation in San Diego, but here again, as elsewhere, we are in the minority and without organization. I have on several occasions urged the importance of organizing a society, even though our number be small. My proposition, however, was not received with much favor, so the matter was dropped. There are altogether ten homœopathic practitioners in San Diego and vicinity. I shall enumerate them in their order as to length of residence here: Dr. G. W. Barnes, of Cleveland, arrived in San Diego in the month of November, 1870; he was the pioneer Homœopathic practitioner in San Diego. Dr. E. A. Clark arrived in San Diego in January of the year 1881, and was associated with Dr. Barnes until 1884, when he removed to Los Angeles. Dr. A. Morgan came to San Diego in 1884, associated himself with Dr. Barnes until 1887, and then retired from active practice. Dr. B. F. Mertzmann, of Philadelphia, arrived in San Diego in October of the year 1885, and is in active practice. Dr. C. E. Tennant, late professor of diseases of women and children in the Woman's Medical College of Missouri, came to San Diego in June of the present year, and is practicing. Dr. S. Worcester, of Salem, Mass., arrived in San Diego in June of the present year, and is located at El Cajon. Dr. Gamber, of Cleveland, arrived here in October of the present year, and is practicing medicine in conjunction with Dr. Barnes. Dr. Johnson, a convert to homœopathy, has established himself in National City during the present year. Dr. J. J. Peckham, of New York, has recently opened an office here, though he has been in the State three years. Dr. Polhemus, a graduate of Ann Arbor, Mich., has also located here. Dr. T. Docking, L. R. C. P., L. M., L. S. A., M. R. C. S., England, Member of the American Institute of Homœopathy, etc., is a new-comer for public favors. During the past year there have been three other Homœopaths in San Diego; they, however, did not remain long. Two or three other Homœopaths, whose names I have forgotten, intend locating here in the near future.

B. F. MERTZMANN.

A New Homœopathic journal has appeared at Barcelona, in Spain. It is called *El Consultor Homœopatico*, and its editor is Dr. Salvio Almato.

## Personal Notes, Locations, Etc.

DR. G. DART has removed to Sacramento.

DR. J. S. HDGGE has located in Pasadena.

DR. J. MILLER has located at Healdsburg.

DR. H. C. VETTERLING has located at Santa Cruz.

DR. EMOBY BALLOU has located at Santa Monica.

MRS. H. TYLER WILCOX, M. D., has located at Los Angeles.

CLOVERDALE is a good opening for a Homœopathic physician.

SLAUGHTER, in Washington Territory, is a good location for a Homœopathic physician.

PETROLIA and vicinity, in Humboldt County, offers a promising field for a Homœopathic physician.

DR. ANNA LILJEBOTH, of the class of '85, Hahnemann Medical College, is practicing in Omaha, Nebraska.

DR. DE DERKY has removed to No. 759 Market Street, opposite the Phelan Building. Hours: 10 A. M. until 12 M., and 5 to 7 P. M.

PHYSICIANS on the Coast will confer a favor by informing the Editors of the CALIFORNIA HOMŒOPATH of promising locations for Homœopathic physicians.

DR. GEO. H. PALMER has removed his office to No. 427 Sutter Street, near corner of Powell. Residence, northeast corner of Jackson and Fillmore Streets. Office hours 1 to 3 P. M.

DR. W. R. JONES, of Alhambra, on account of ill health, offers his extensive practice for sale. Alhambra is a good field for a thorough Homœopathist, besides being one of the loveliest places in the State.

DR. J. N. ECKEL, the veteran Homœopathist of this city, has met with quite an unfortunate accident, having fractured the tendon of the right quadriceps, near the patella. We are happy to announce that the Doctor is doing well, and we wish him a speedy and complete recovery.

OFFICE TO RENT.—A dentist, having a good practice, desires to associate with him a physician. As having just lately taken more rooms, in connection with those he already had, has now a little more room than required by him. Address F. A. BLISS, 906 Market street, Rooms 7 to 10.

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 BOOK REVIEWS.
 

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**Manual of Medical Jurisprudence; with special reference to injuries of the Nervous System.** By ALLAN McLANE HAMILTON, M. D. New York; 1887: E. B. Treat & Co., 771 Broadway.

This work professes to be, as it is, merely "an elementary treatise and book of reference for lawyers and doctors," within the boundaries so mapped out on the title page. An obvious criticism upon the title to this monograph is that it is hardly entitled to be considered a "Manual of Medical Jurisprudence," embracing, as it does, only one, though a most important, branch of the science. Being written by a physician, the medical side of the science receives much more attention than the jurisprudential. The leading characteristic of the work is its excellent arrangement—the copious use of sub-heads for the subdivision of the various topics into manageable shape. The advice to the medical expert, with reference to his conduct upon the witness stand, is sound and wise. A valuable feature is the citation, in an abbreviated form, of late cases upon the subjects under investigation. The portions of the work devoted to feigned diseases are very concise, but ample. It would, perhaps, be impossible to write anything upon this theme without quotations, but the size of the monograph has been considerably swollen by this means. The work closes with an interesting chapter upon spinal diseases, and the malingering which is indulged in by many who endeavor to lay the foundation for heavy damages against transportation companies, etc., although it becomes manifest on reading but a little way that, as an expert, the author has generally been retained on behalf of the corporations. O.

**Transactions of the Homœopathic Medical Society of the State of Pennsylvania.** Twenty-third annual session. 1887. Philadelphia: Sherman & Co., Printers.

The present volume of transactions fully keeps up the high standard established in previous years, of this active Society's work, and it is interesting to see so many of the younger men joining the ranks of their older brethren, sharing the work. Among the various Bureaux that reported we notice, as usual in this Society, the Bureau of Materia Medica of special excellence, reporting seven separate papers of much interest. The Bureau of Gynecology, represented by a study on Cervical Endometritis, by Drs. Betts, Smedley and Ingersoll; Bureau of Surgery reported also seven papers, one by Prof. Helmuth on Myo-Fibromata of the Uterus. The rest of the Bureaux were equally well represented, and show a remarkably healthy activity on the part of this State Society. We shall take pleasure in transferring to the pages of the CALIFORNIA HOMŒOPATH some of the good things offered in this volume of Transactions.

**Wounds, Their Aseptic and Antiseptic Management.** By DAVID PRINCE, M. D., Jacksonville, Illinois.

**An Index of Materia Medica**, with prescription writing, including practical exercises. By Drs. MAY and MASON. New York: Wm. Wood & Co. 1887.

This little volume is designed as a supplement or companion to larger treatises and therapeutics and materia medica, and contains much practical information not incorporated in these. It is specially useful to the student, and for physicians preparing themselves for medical examinations.

**Observations on the Climate of Florida.** By H. R. STOUT, M. D., Jacksonville, Florida.

**Radical Treatment of Trachoma.** By A. E. PRINCE, M. D., Springfield, Illinois.

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## POPULAR DEPARTMENT.

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### THE MANAGEMENT AND CARE OF CHILDREN.

By WM. BOERICKE, M. D.

#### II.

THE NAPKINS should be of the softest material and of good size. For very young infants, cotton diapers are softer than linen and absorb better. The napkins need your constant attention. The baby must not be left any longer than can possibly be helped in soiled or wetted diapers. Replace them at once with clean and dry ones. And when changed, the parts soiled should first be wiped clean with a soft cloth, moistened in warm water and then thoroughly dried by gentle pressure with a soft, dry, warm towel, and lastly dusted with baby powder, consisting simply of corn starch. Corn starch alone, or mixed with a little powdered orris-root, makes the best baby powder, much more preferable than the perfumed packages of druggists, which frequently contain sulphate of lime, or even more violent poisons.

Never be guilty of the abomination of drying napkins in the nursery, or, indeed, anywhere, before they are washed, for remember that *the napkins should always be washed and rinsed*, using but little soap, and dried well before being

used again, and always boiled thoroughly once, or better, twice a week. Few mothers realize the necessity of *washing* a diaper after being used by the baby, and hence the need of dwelling on this point. Almost every case of chafing, soreness between thighs, "red gum," etc., is due to neglect here. Absolute cleanliness and dryness, rather than medicines, are the indications for treatment.

Besides cleanliness and warmth, the other great factor of baby's comfort and good nature is its *clothing*. How should it be dressed? The principles underlying this problem are also few, and easily fulfilled. First of all, the garments should be simple and few. They must be warm and soft. Pressure must be avoided, so as not to interfere with the motions of the child. The "Gertrude suit" fulfills all these conditions. It is composed of three distinct garments, yet shaped exactly alike, which can all be put on together. For the benefit of young and inexperienced mothers, the following detailed description of baby's wardrobe is prepared by one who has given much thought to the subject, based upon practical experience:

"First of all, if you can indulge in such a luxury, provide your baby always with the soft, hand-knit shirts; for comfort, warmth and flexibility they have no equal, and are particularly desirable on account of being so easy to slip on and off over baby's head, for nothing is more distressing to a child than a stiff, uncomfortable shirt pulled over its head.

Next to this in desirability, is the shirt made of softest silk flannel, which washes beautifully and does not shrink, and which should be opened and buttoned all the way down, in order to secure the child's comfort in changing. Next comes the pinning blanket, which is *not* a necessity, but a very good thing for the first two months, especially for delicate children, since it promotes warmth to the lower extremities.

However, if the child thrives, leave it off entirely, thus giving the little one more freedom of its limbs, and use instead, a square, the size of baby's diaper, made of cotton flannel—being less heating—bound with simple flannel binding; this folded and placed just under the diaper, and then wrapped loosely around the child's body, protects the other

clothes, absorbs moisture, and best of all, can easily be slipped out and changed for a warm, dry one. Think how much easier for both mother and child than to have to undress the baby and take off the pinning blanket, or retain this with the odor and discomfort.

Next comes the flannel skirt, which should be long enough to cover the toes and gathered on to a linen waist with *arm holes*, but no sleeves to be buttoned up and down the back with *flat linen* buttons, to which can be attached the white skirt, thus simplifying the process of dressing and adding much to baby's comfort. Be sure to button the two skirts together before commencing the toilet; by so doing, you avoid tiresome turning the child back and forth. Over the skirt a slip of simple white—easily laundered—material, with sleeves a little longer than the skirt, completes the wardrobe.

Avoid the habit of bundling up the baby in sacs, shawls, etc. Let it become accustomed to change of atmosphere and the temperature of a well aired room, always using discretion in the case of a delicate child.

Now for the *Night Apparel*, which for the first two months is often used for both day and night purposes, always having a change of shirt, however, as described above. Besides, a little night petticoat of flannel, made all in one piece, without sleeves, buttoned in front, loose and flowing down below the toes. Last, the little white night-slip, made of cool muslin material. The sleeves of the flannel shirt, and of the white slip, are all that are necessary over a baby's arms, with proper bed covering, which should be warm and light. Many children are made restless at night by heavy, burdensome covering and hot flannel double gowns and wrappers. A soft, knitted blanket thrown over the shoulders when taken out of a warm bed, is all the further protection it needs against the possibility of taking cold. Before the night dress change is made, rub baby's back and extremities and toast its toes before an open fire, if possible. Always be sure that the little feet are warm, for no child can sleep well with cold feet.

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ORIGINAL ARTICLES.

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THE SURGICAL TREATMENT OF DR. BOLLE.

By S. L.

In the *Monats-bletter* of 1887, we find the following severe traumatic cases successfully treated by Dr. H. Bolle, according to his method.

1. A gentleman came to my office, the hand covered with a bloody cloth, he was nearly fainting. About half an hour ago he mashed his finger in a powerful machine; all the fingers were more or less injured, the middle finger the most, which was nearly torn off and hung only by a shred on the surrounding skin; broken bone splinters could be felt in all the phalanges. If Bolle would have followed the rules laid down in most works on surgery, he would have been justified to amputate the finger, for it is said there that amputation is advisable:

1. Where the bone is torn into splinters and the soft tissues destroyed.

2. When several bones partook of the injury, though the soft parts did not participate in the same degree.

3. As the splinters are the cause of continuous excessive pains and may at any time produce a hæmorrhage, an early amputation prevents these dangerous sequelae.

4. Where the blood-vessels and nerves are torn in a severe form, amputation is advisable, even where the bones and soft parts are apparently still in a healthy state.

But in the case before us all parts had equally suffered and amputation therefore *lege artis* clearly indicated in order to prevent gangrene, pyæmia, ichorrhæmia, tetanus, etc. Might not the question be asked whether all such sequelæ are the necessary corollaries of the old treatment, and may not a rational treatment lead to better results. It was at least worth a trial. In examining the wound and by the attempt to remove the loose splinters, bleeding set in again, but as it did not spurt, the margins of the wound were brought together by eight sutures as well as circumstances would permit. As everything was mashed and already swollen, the sutures were only made superficially, whereas the old surgery teaches to put the sutures in as deeply as possibly, the sixteen points of entrance and of exit of the needles increased the bleeding considerably but with such an enormous wound much connective material was necessary to glue together the edges and to fill up the empty spaces inside of the wound.

Fine strips of soft cotton, soaked in tincture arnica, were put around the torn finger and they were immediately full of blood. Over this bloody wadding larger pieces of clean wadding were put, covering the finger its whole length and fastened round with adhesive plaster. The two less injured fingers right and left were brought into use as splints, all the fingers as well as the hand covered with dry wadding and a bandage applied over the whole, the arm put in a sling according to rules and the patient advised to go home and go to bed.

At the evening visit the patient had not complained of any pain and the hand rested nicely on the feather bed. Old surgery would have covered the hand with cold moist compresses, Bolle covered it with a warm pillow and allowed him to satisfy his appetite. Every two hours a dose of arnica 2d. The patient never showed a trace of fever. After ten days of uncertainty and fear whether the finger was healing or decomposing, the bandage was carefully loosened, not a trace of any foul odor, and the patient felt it clearly when

the tip of that finger was touched. So far there was no hurry to remove the threads, and the "let well alone" principle was fully carried out, only that the bloody wadding was again moistened with arnica. This dryness of the surrounding wadding is the surest proof that no suppuration exist and that the healing steadily progresses.

Four weeks after the bandage was put on, it was found rather loose, showing that the healing process was finished. Some threads had fallen off already, others were now cut out, and if there was a suppuration, the quantity must have been trifling. The whole wound cicatrized, though the finger still thick and stiff. After another month he could use the finger again and he only complained of some stinging pain near the cicatrix and gradually some splinters of bone were discharged, and with their discharge the movements of the finger became normal again.

2. In a personal quarrel between an employer and a workman, the latter took up an iron stick and hit the gentleman over the head. The wound was about  $1\frac{1}{2}$  inches long from the forehead backward, penetrated and fractured the bones of the skull. After thorough examination, that neither hair, particles of iron or other foreign substances were in the wound, its edges were brought together with four silk sutures (without shaving off the hair around the wound). The needles were only superficially introduced, only deep enough to prevent their tearing out. According to the old surgery we are told to carry the threads through the deep parts of the margins, but such deep sutures irritate the epicranium and cause suppuration, as the thread acts as a foreign body. A piece of very fine wadding was soaked in arnica tincture, and covered with a thick piece of dry wadding and the whole covered by a firm bandage. Rest in bed, every two hours a dose of arnica internally. Neither in the evening nor the following morning could any fever be detected, he had slept excellently and enjoyed his breakfast. The next day the hardened crust was softened with hot water, the sutures taken out and the wound looked so well that the patient after a few weeks could follow his usual occupation.

One of my former internes is now surgical director on a railroad, and in the course of several years he treated nearly 300

cases of railroad accidents according to Dr. Bolle's rules with arnica or symphytum. In only three cases there was some slight suppuration, which also passed rapidly away.

Let us make a comparison between the old and new methods.

OLD METHOD.	NEW METHOD.
Ice bladder and cold compresses on head.	Moist heat.
Hardly any sleep on account of the constant disturbance from the renewal of the cold compresses.	No disturbance and good sound sleep.
Nurse employed day and night.	None necessary.
Suppuration and wherever the pus burrows a counter-opening must be made.	No suppuration and no burrowing.
Five to six weeks necessary to heal the wound.	Six or seven days suffice in most cases.
Pains more or less all this time.	No pain.
Fever and strict diet.	No fever, can eat whatever he likes.
Wet bed.	Dry bed.
Salves, plasters, drugs of all sorts.	None necessary.

### HEALTH AND EDUCATION. No. III.

By F. F. DE DERKY, M. D., SAN FRANCISCO.

The mind with its faculties is exercised from the time it begins to develop, which is from the first opening of the eyes of the young being. But the understanding as it gradually improves and unfolds, should not be forced by the usual hot house process, with cramming and stuffing the memory to produce phenomenally bright and smart children for exhibition to flatter our pride. Nay make them healthy animals first! If their physical condition is improved and sustained their mental capacity will not lag behind, but develop together with the body, even pace. Rather be more anxious to improve the boy and if the right stuff be there, the intellect may be allowed safely to take care of itself. It will develop in due time the more so and the better as a matter of course, the more efficient and proper the help that is offered. Physical education will instruct in and lend to rational physical culture by teaching both theoretical and

practical the proper cultivation, exercise and right use of all the different organs of the body. In case of one or more of these organs showing signs of inherent weakness or defect as constitutional taints or disease, they would need for their strengthening or restoration more particular care and should receive especial attention either to stimulate or subdue them as the case might require to a more healthy activity. There can not be the least doubt, that such exercise and culture if conducted in the right way will free the body from disease and refine and beautify it, at the same time that it is strengthening and giving it an increased vitality. Though the earlier years of life are undeniably the best and most proper period for the eradication of hereditary tendencies, yet no time of life should be considered improper or too late for the commencement of such exercise for general or special specific purposes.

In the true liberal education system of the future, to teach us "how to live completely" all the above enumerated branches will be cultivated simultaneously without neglecting or favoring one at the expense of the others. If at present for the improvement of the health of the race to come, there were to be given a preference to either of these branches, it should be accorded to *physical education*. Health and its resulting happiness ought to be considered the principal objects of all education, these two will fit the individual best to run successfully the race of life. Parents should be made to understand and should know the importance of this question and carry it home into the bosom of their family. At the present day it is acknowledged, that in early childhood, the mental faculties should not be exercised too much, that a precocity and premature smartness in little children can not be developed without doing them physical harm and material injury, and that both mental and physical development should go hand in hand.

The investigation of school-education has taken up again much attention of late, not only at home, but more particularly so in the old country, as the newly appointed commissions for that purpose in the principal European countries as Great Britain, France, Germany, Switzerland, etc., testify. There is much said about over-pressure in schools

and its result in regard to the production of disease, which are found to be quite alarming. Such results would not follow school-education or at least would not be so injurious in their effects, if a common sense home physical culture would be more generally introduced and attended to from birth or early childhood.

All of which makes it obvious that a radical reform in these lines is most necessary for the growing generation. A great step in the right direction would be a more general adoption in our common and primary schools of the educational system of the German educator, Friederich Froebel. His motto "come let us live with our children," shows the fundamental idea of this reform. We hope and intended that it should be carried, first into the primary schools and thence home into each separate family, in fact that it might be of universal adoption. This *kindergarten* system, not as most generally met with however, but properly conducted according to the founder's plan and combined with appropriate physical culture and gymnastics, adopted for the individual age and bodily constitution, would achieve for the child and youth the object of simultaneous physical and mental development, especially if it were carried out and practised more in the family circle as intended by Froebel. And by doing this it would lay the beginning to a foundation for a better general health of the human race so much needed. As long as physical education shall be neglected in favor of the advancement of the mental and intellectual, the race will become more and more subject to disease and personal and individual predisposition to the same will be enhanced, the power of resistance will become lessened. The invasion of any particular region, large or small, by telluric, atmospheric or animalcular disease causes, will find many people in that region in a condition and state to be impressed by the invading noxious influence and they are those, who are most apt to fall as victims, not so much to the external influence brought to bear upon them, as from their own inherent susceptibility to be impressed and to produce the disease. And this susceptibility should have been overcome to the greatest possible extent by early training and education.

## FURTHER EXPERIENCE WITH THE TISSUE REMEDIES.

*Natrum mur* is recommended by Dr. A. Menninger in the treatment of Bright's Disease. He claims that this drug will produce a decrease in the amount of albumen and an increase in that of urea and a very marked increase in the quantity of chlorides eliminated. He recommends it as an adjunct to all recognized modes of treatment.

Dr. Spiethoff, of Liebeck, relates a prompt effect from *Calcar fluor 6* and *Silicea*. The patient was afflicted with a large sarcoma on the superior maxilla, giving the frog-like appearance to the face. For eight months old school physicians had tried to establish suppuration but failed, except to produce several fistulous openings, discharging a fetid, almost clear fluid. Without much hope of producing suppuration, *Silicea 6*. was given. No change occurred for two weeks except the appearance of two protuberances in the median line of the tumor. *Calc. fluor 6*. was now given and the next day a profuse suppuration began, greatly ameliorating the case. The prompt action of the remedies was very striking.

We have no medicine which is the peer of *Ferr. phos.* as a fever remedy, whether idiopathic or symptomatic, and none better than *Kali mur.* to cause absorption of infiltrations.—*I. F. Nicholson, M. D.*

*Magnesia Phosphorica* in Sleeplessness—(J. C. Morgan in *Am. Inst. Trans.* 1887). “Dr. Schussler has recommended *Magnesia Phosphorica*, as the great brain and nerve nutrient or tissue remedy. I have given this drug for a variety of nerve defects from neuralgia and nervous cough to convulsions, employing it in the 12th and 30th potencies, and have an increasing confidence in it. This kind of Insomnia being only one in a train of symptoms indicative of the enervated condition referred to, the remedy is almost sure to prove useful.”

*Natrum phos.* in the treatment of acute Inflammatory Rheumatism.—In a recent note to Dr. Goullon, Schussler

calls attention to *Nat. phos.* as a remedy for Inflammatory Rheumatism, having successfully used it in several cases with rapid curative results. While *Ferrum phos.* corresponds to simple uncomplicated cases, there can be no doubt that *Natrum phos.* corresponds more nearly to such cases as are characterized by *yellow coated tongue*, acid symptoms or where there is a scrofulous basis. It is just as essential in applying the Tissue Remedies successfully to individualize each case as in the strictly homœopathic method. Therefore, do not forget in the treatment of Inflammatory Rheumatism, besides the two remedies mentioned, also *Magnes. phos.*, *Kali mur* and *Natrum sulph.* The following indications are taken from the new volume on the Tissue Remedies by Drs. Boericke and Dewey :

*Magnes. phos.* : Excruciating, *spasmodic* pains, acute rheumatism of the joints, for the violent pains as an intercurrent remedy.

*Kali mur.* : Second stage of rheumatic fever when exudation takes place around the joints. This remedy removes swelling by restoring the non-functional cells of the excretory and absorbing structures to normal action. Rheumatic gouty pains if movement makes them worse and if the tongue is white or gray furred. Chronic rheumatism with swelling or when all movements cause pain.

*Calcar. phos.* : Rheumatism which is worse at night, aggravated by heat or cold, worse from change of weather. Rheumatism of the joints with cold or numb feeling ; creeping feeling in the parts affected, numbness and lameness. *Every cold brings on rheumatic pains in the joints.*

On the use of this remedy in this affection, Dr. Farrington in his newly published Clinical Mat. Med. says : We may use *Calc. phos.* in rheumatism appearing in any change of weather. On exposure to dampness we find stiffness of the neck, aching and soreness in the limbs and wandering pains through the limbs, particularly around the sacral region and down the legs. All these symptoms appear with every change of the weather ; also pain along the sagittal suture. Again, where the sacrum unites with the iliac bones, forming the sacro-iliac synsyses there *Calc. phos.* produces pain.

If, during pregnancy, a woman complains of pain in this locality, *Calc. phos.* ought to help her.

*Natrum phos.* produced in the provers seminal emissions every night. At first there seemed to be erethism with lascivious dreams, but later emissions took place one or two in a night without any sensation whatever. These were following by weakness of the back and trembling of the knees which felt as though they would give way.—*Farrington.*

*Natrum sulph.* in rheumatic pains; pains and stiffness in nape and back; pain in joints, especially of toes and fingers and wrists; pain in hip joints, *aggravated when rising from seat or moving in bed.*—*Perkins.*

*Kali sulph.* is reported by R. H. Stiles, M. D., of New York, as doing good work in rheumatism of the wrists, hips, thighs and back. In rheumatoid or neuralgic cases, worse at night and *in the evening in a warm room* (key note), it accomplishes good results. The secretions are slimy, yellow and sticky. The nightly aggravation is very marked, the patients being “*very sore from 3 a. m. until day.*”

*Magnes. phos.* has been of signal service in some troublesome cases of indigestion, where there was a marked disposition to spit up food immediately or very soon after eating.

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## SELECTIONS.

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### SOME REMEDIES IN NEURASTHENIA.

We will take *Nux Vomica* as a typical remedy, and consider others in connection with it.

*Nux* is eminently suited to backache accompanying abdominal plethora, with piles, constipation and urging to urinate. Pain as if beaten or bruised. Pain worse at night; the patient must sit up in order to turn over from side to side. Back worse at 3 or 4 A. M.

Allopathic physicians hesitate to employ *Nux* if there is any spinal congestion, since they believe it may cause irrep-

arable mischief (Hammond). But if the universal characteristic of the drug is present, we, who depend solely upon molecular action, can administer the remedy regardless of the status of the blood vessels.

This universal characteristic is inharmonious action of the various functions of the body.

If we apply this to the symptoms accompanying lumbar neurasthenia, we find: Stiffness of the legs, with tottering gait; trembling of the limbs, with sudden sensation of loss of power. Tension in the calves. Convulsive jerks of the legs. Ineffectual urging to micturition and to defecation, not from atony, but from irregular, inordinate action, or from spasmodic constriction. If paralysis obtains, it is ever associated with evidences of irritation, such as violent jerks, great debility, but with over-sensitiveness to external impressions. All this arises from the well-known fact that strychnine increases reflex excitability.

*Phosphorus* in many respects is very similar to *Nux*. Both increase impressionability; both cause spinal anæmia. But *Phosphorus* tends to a complete paralysis, *Nux* generally to an incomplete paralysis, depending upon exhaustion, though both have proved useful in spinal softening.

*Phosphorus* causes: Nervous sensitiveness with weakness, most severe in the lower portion of the spine in the region of the last lumbar vertebræ and in the sacrum (very common seats of neurasthenia).

Every trifling fatigue, or the carrying of even a light bundle, causes pains in the back. Pains at the union of the sacrum and last vertebræ; worse while standing, with numbness of the feet when pressing on the last two lumbar vertebræ. Small of the back weak and as if asleep. Burning also, in small spots; better from rubbing. Back pains as if broken.

Legs feel weak; feel as heavy as lead, with numbness, trembling and coldness. Numbness increased by every exertion. Awkward, stumbling gait, not from clumsiness, but from sheer weakness.

Urination involuntary; passes during coughing or if the inclination is not immediately attended to. A similar weakness of the anal sphincter; stool involuntary the moment

faecal matter enters the rectum. Involuntary passages on the least motion, as though the anus stood open.

Sphincter weakness is not a common accompaniment of neurasthenia, but in some cases it exists, and is manifest by slight prolapsus recti during stool, and by some dribbling after micturition. *Phosphorus*, then, stands as it were on the border-line between spinal weakness and organic spinal disease. Dr. Hammond has observed involuntary urination as a precursor of locomotor ataxia, manifesting the disease long before the appearance of any of the ataxia symptoms. It behooves us to remember this clinical fact, and to strive to cure all sphincter relaxations with the hope that we may be warding off incurable organic lesions.

Dribbling after micturition is found under: *Agaricus*, *Selen.*, *Helon.*, *Graph.*, *Silica.*, *Calc. Carb.*, *Natrum Mur.*, *Picric acid.*, *Petroleum*, *Conium*, *Kali Carb.*, *Cannab. Indica*, *Arg. Nitr.*, *Staphisagria*.

*Selenium* is suitable to neurasthenia from sexual excess, with dribbling of prostatic fluid and also of semen, both at stool, the latter also during sleep.

*Helonias* applies excellently to neurasthenia when the lumbo-sacral region is weak and feels tired. Burning and aching. Warm numbness in the legs; numb feet while sitting. Feels tired all over, but better from motion or when the mind is occupied.

*Graphites* is neglected in spinal disease. It is applicable to both sexes, to the male with impotence, to the female who, though obese, is really anæmic, with profuse leucorrhœa and weak back, and with delayed, scanty menses. The limbs go to sleep readily, and walking is difficult from muscular weakness. Sudden sinking of strength. Throbbing of the blood-vessels; rush of blood to the chest and head, but not from true plethora. The blood is watery and contains a relative preponderance of white corpuscles. Vertigo to falling, and faintness in the morning. Spinal anæmia, with pain, mostly noticed in the cervical region, but also noticeable in the lumbar region. The patient is cold from want of animal heat, and suffers from flatulency, as under all the carbons, and also from an herpetic, rough, rhagadic skin; eruptions oozing a sticky moisture.

*Natrum Muriaticum*, in its first effect, stimulates the nervous system, causing muscular contractions very much like those induced by galvanism. It also increases the red-corpuscles, glandular secretions, digestion, etc. It is from this stimulating action that salt is so effective when applied locally with friction to weak muscles, etc. Later, however, *Natrum Mur.* exhausts the nerves, diminishes glandular activity, and develops asthenia and anæmia with emaciation. The skin is dry, harsh and sallow; mucous membranes are dry, cracked and glazed, with smarting and rawness, or with scanty, corroding discharges. Great complaints are made that the mouth is dry, when in reality the annoyance arises from the stickiness of the secretions; they are not normally fluid.

Now, from this atonic effect of salt, we observe spinal neurasthenia. The small of the back feels paralyzed, especially in the morning, on arising. Back feels as if broken. Legs weak, trembling; worse in the morning. Feet heavy as lead. With all this, it may readily occur that the bladder becomes weak; troublesome dribbling of urine after a normal stool. And we may admit this vesical symptom as a concomitant of spinal weakness, even though the prover had no such association, because such a combination is quite in keeping with the genius of the remedy. We may regard both spinal and cystic atony as a part of a general tendency in salt to produce exhaustion, hence not as a symptom of paralysis, but rather of neurasthenia.

*DIOSCOREA*, excellent when weak back and weak knees follow seminal loss. *Calcarea* follows well. And *KOBALT* is a good substitute if the backache is markedly worse while the patient is sitting.

*Nymphœa Odorata* claims attention for weak lumbar region with weak bladder and weak legs.

*ZINC* has backache worse when sitting and from long walks. Legs weak, trembling; hungry at 11 A. M., with increase of spinal weakness. Small of the back weak while walking. Muscular twitching. Wine increases the pains and the nervous weakness. Violent pain in the small of the back when walking steadily relieved by continuing to walk. Drawing in the back.

*Æsculus Glabra* and *ÆSCULUS HIPPOCASTANUM*, both cause paralytic weakness. The latter induces hyperæmia, with numbness, prickling, tingling, great sacro-lumbar pain; and especially a paralytic weakness of the symphyses, making locomotion difficult or impossible. It may be that the *Æsculus* patient must display also irritation of the mucous membranes, catarrh, gastric disturbances and symptoms of piles. But nervous symptoms, in Dr. Burt's provings at least, were the first to appear.

*COCCULUS INDICUS* causes paralytic pain in the small of the back, with spasmodic drawing across the hips, preventing walking. Knees sink under him from weakness. The soles of the feet go to sleep while he sits, with sticking as from pins. Attacks of paralytic weakness, with pains in the back.

There is in *Cocculus* a peculiar combination of convulsive irritability with paralytic weakness, eminently qualifying the remedy for neurasthenia. Like Strychnine, its active principle, Picrotoxine, causes tetanic spasms. But respiration is accelerated by the latter, not from spasms of the respiratory muscles only, but by spasm of the glottis; and there is not the same over-susceptibility to touch in the two poisons. In the *Cocculus*, spasms tend more directly to paralysis than in Strychnine; and we observe a speedily developed relaxation of tissues as shown in the empty, gone feeling in all the splanchnic cavities.

We find the *Cocculus* needed, then, when any loss of sleep, any drain on the mental powers, or any loss of fluids, leads to speedy nervous exhaustion, combined with irritability. Thus, though sleepy, he is so nervous and weak he can not calm his brain, though very tired, he is too restless to keep still.

Finally, the sort of pain experienced is sometimes of importance. The pains of neurasthenia simulate those of ataxia, but are transient, usually less severe, and referred to the lumbo-sacral region only. *IPOMŒA* helps, especially when they provoke nausea; *SULPHUR* when there are transverse stitches; *Natrum Mur.* with cutting through the back; Zinc, cutting down into the legs; *SEPIA*, pains go around like *Pulsatilla*, *Berberis*, etc., or down the thighs; *GELSEM-*

IUM, when there is severe pain extending into the hips. Bruised sensation is common to nearly all. Tension is marked in *Zinc*, *NUX*, *SULPHUR*, *Natrum Mur.* and *Valerian*; while sensation of a band is very characteristic of *Pulsatilla*.

The lumbar spine is sensitive in *PHOSPHORUS*, *AGARICUS*, *Bryonia*, *Lycopod.*, *PULSATILLA*, *Sepia*, *Arsenic*, *Alumina*.

Those who suffer from lumbar weakness should avoid tea, as it tends to increase the disease.—*Farrington in Hah. Monthly*.

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## OPHTHALMOLOGY AND OTOLOGY.

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

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### EYE-STRAIN IN ITS RELATION TO FUNCTIONAL NERVOUS DISEASES.

By G. H. MARTIN, M. D.

At the present time, there is a heated controversy being carried on, as to the result of eye-strain upon the nervous system, Drs. George T. Stevens and Ambrose L. Ranney, on one side and I might say all of the Oculists and Ophthalmologists on the other. About five years ago Dr. Stevens of New York, noticed that a large percentage of persons suffering from various forms of nervous troubles, had some serious ocular deviation. His attention was so strongly called to it, that he began to investigate further, and finally to operate, for the relief of these visual errors. His results have in many cases been marvelous; Epileptics, Choreics, Neurasthenics, and Hysterical patients, have been carefully examined, and treated, either by correcting the refractive error with the proper glass, or overcoming the muscular insufficiency by operation. Two years later Dr. Ambrose L. Ranney, also of New York, became interested in the same line of investigation and has added many cases to the list of Dr. Stevens, of patients treated in this manner. The

study is certainly an interesting one, and should claim the attention of every general practitioner, as well as the specialist. While the Oculists have well understood, the effect of long continued eye-strain, upon the general system, none of them have gone so far as these two men, in this line of study.

It is well known to everyone, that if a book be held as close to the eyes as it is possible to discern the letter, and one attempts to read, that very soon intense pressure is felt in the eyes as if they were starting from their sockets, and if continued, intense headache and vertigo will follow. If a strong prism is placed before the eye of a person in a debilitated or weakened condition, and he is directed to merge the two images of the candle into one, the strain is often so great, that when the two images do come together suddenly, the person will almost fall from the chair. Now what is it that causes these symptoms? It is simply the result of the terrible strain, that the delicate muscles have to undergo, to accommodate the eye to its imposed condition. If the results are so serious in a short experimentation, one may well imagine what might be the results of a life time of such accommodation, in cases of grave errors of refraction.

It is said that 80 per cent. of all eyes are hypermetropic to a greater or less degree, and yet very few, comparatively, suffer from any serious nervous trouble; but that many so suffering, have been cured, or greatly relieved, by correcting latent errors of vision, is a fact, and as such we must accept it. Near-sightedness is not so apt to cause serious trouble, as far-sight; for in the first condition, the patient is early made aware of the fact, by his not being able to see across the room, he is accordingly attended to, but in the large number of hypermetrops who can read Snellen's card to the bottom, at twenty feet, and are always bragging of the "good eyes," is where the trouble lies. They begin by complaining of their eyes smarting and paining them after reading; their headaches, and they become nervous and irritable; some are effected with a chronic "blephoritis ciliaris," and yet the physician will lay it to almost anything else, than eye-strain. Frequently recurring sick headaches, is very often caused by these conditions, and as I have mentioned before,

the graver forms of nervous manifestations, epilepsy, and chorea.

Eye strain may be due to one of two causes, or a combination of both, *i.e.*, errors of refraction and accommodation, and ocular insufficiency. In testing for errors of refraction, the patient should *always* be put under atropine, and any latent error will then be easily discovered; but we have no such way, as yet, of bringing out any latent ocular insufficiency, and the test for discovering it, have to be carefully and patiently employed. It often takes weeks to make a thorough examination, and in many cases under the greatest disadvantages. One is confronted at the outset with many difficulties in this branch of study, and to go through with it, requires great tact and perseverance on the part of the physician. Many patients object to having their accommodation paralyzed, and many cannot give the time that is required; therefore, it is impossible to do anything with them.

Ocular insufficiency is most always congenital and varies in degree, with the nervous condition of the patient, so at times a person can see without any discomfort, and at others, there is serious trouble. One may go on for years overcoming his insufficiency, until the nerve force is exhausted, and then, when nature can do no more, a general collapse takes place, and any form of nervous trouble may ensue. So we see that from birth this drain takes place, and is it to be wondered at, that in time, and it may be longer or shorter, the end must come. How many cases of simple nervousness may be due to these causes is hard to tell; but in every case, it should be thought of, and the eyes should be carefully examined.

That no organ in the body can act without affecting others in a greater or less degree, is true; but to what degree an imperfectly formed organ may influence the whole system is for us to decide by careful study. When the abnormal part is the eye, so delicately adjusted, and so richly supplied with extremely sensitive nerve fibres, its effects may be deeper and more lasting than we have ever believed to be possible.

It is not my purpose to discuss this question on one side or the other; but simply to bring it up for thought and investigation. It is an interesting subject, and perhaps the

well-being of many an individual depends upon our ability, as general practitioners, to discover the cause of their trouble, and correct it.

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**CATARACT EXTRACTIONS.**—Dr. Knapp reports 66 per cent of successful extractions without iridectomy. This will doubtless be the operation of the future, giving maximum vision with minimum deformity, yet the experience of oculists thus far goes to show that iridectomy will always be imperative in a small percentage of cases.

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**TRANSPLANTATION OF THE EYE.**—Dr. May, in the March Archives of Ophthalmology, has given the details of a plucky and persistent effort to transplant a rabbit's eye to the orbit of a "form divine," with the result of total failure; and a half jeering "I told you so," greets the Doctor all along the line.

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**STENO CARPINE.**—Cocaine with a record more brilliant than that of any other known drug in the domain of Ophthalmology, has already found in Steno Carpine an ambitious rival. It is derived from the thorny locust, or *gliditschia triacanthos*, a tree indigenous to North America. Thus far, the drug while developing powerful mydriatic properties, has not proven itself a formidable competitor with cocaine as a local anæsthetic.

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**MULLEIN OIL.**—Those who have tied their hopes to the extravagant claims of Mullein Oil in the treatment of ear troubles will doubtless meet with disappointment. Its range of application is very limited, and even where indicated, it is more than probable that we possess other agents equally efficacious. For dryness of the *membrana tympani*, and especially where a small portion of cerumen has become inspissated, and intensely hardened upon the margin or surface of the drum-head, brilliant results will sometimes follow.

Colleges, Hospitals and Societies.

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## COLLEGE ANNOUNCEMENT.

The Fifth Annual Announcement of the Hahnemann Hospital College is now ready. Similar in appearance and style to the previous ones issued by this institution, we note an improvement, however, in the new arrangement of the curriculum, which is now systematized and simplified, ensuing greater thoroughness of the work done. Some changes in the faculty are also noted. We miss the familiar names of Profs. Currier and Boericke—men who have been connected with the college from its beginning and whose work was done well, meriting the appreciation of both students and that of their co-laborers on the faculty. While all will regret the loss of their active labor, we feel confident that their sympathy and best wishes are with the institution they have served so well. The men who succeed them are well known in the profession as hard and enthusiastic workers for our cause, and will undoubtedly continue the good work for homœopathy and our school.

From the numerous applications for announcements received by the Dean and Registrar, during the past six months, it would appear that the coming class is to be a fine one. Lectures open May 1st and students should arrange their plans to be on hand at the opening.

Those who have not received a copy of the announcement should at once address the Registrar for the same.

D.

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RETIREMENT OF DOCTOR CURRIER.

In the retirement of Dr. Currier from the Deanship of the Hahnemann Hospital College, this institution loses a leader who combined all the qualities for a popular and successful Dean of a young institution. The present prosperous condition of this College is largely due to his devoted, disinter-

ested and untiring efforts to secure recognition and the necessary support for the young and struggling institution of which he was the first to assume charge. No one who has not been actively connected with starting into life and nurturing the first years of a medical college, can have any adequate idea of the difficulties encountered and the rare tact and wise management required in the leader to prevent disaster. These qualities Dr. Currier possessed in a large measure, and those whose lot it was to have been associated with him in the work will look back to this time of labor for the cause with pleasure, and always regret that the time had to come when his lion share of the work was to devolve upon others.

#### NEW LICENCIATES.

The State Homœopathic Board of Examiners have issued the following Certificates since our last issue:

A. Whitlesey, Verdugo, Hahnemann Medical College, Chicago.....	1880
B. L. Baker, Riverside, Hahnemann Medical College, Philadelphia.....	1887
H. C. Vetterling, Santa Cruz, Hahnemann Medical College, Chicago.....	1883
M. W. Hill, Redlands, Hahnemann Medical College, Philadelphia.....	1871
W. I. Howard, Los Angeles, University of Michigan .....	1882
A. C. Grigsby, Petaluma, Cleveland Hospital College.....	1883

*Phytolacca Breast.*—Its influence on the mammæ of cows is interesting. Near its growth cows often eat it, and soon the udder takes on inflammation. Contact with the teats on milking gives pain, and the cow shows illness in her movements generally. Milkmen use it prepared with lard for swollen udder. So in the human female, mastitis calls for it. This is very frequent in the young mother, from defective nipples; breast is but imperfectly emptied; cold, pressures cause it. The whole gland, or portions of it, become hardened, motion of the arm is attended with pain, preceded by heaviness. Pain down arm from axilla, nausea, suppression of urine, and other reflex symptoms.

*Natrum salycil.*: Noises in the head, deafness and giddiness. Vertigo is worse raising the head or sitting up.

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## EDITORIAL.

ADOLPH LIPPE, M. D.

Adolph Lippe, the old warhorse of pure Homœopathy, died January 29d, 1888, and with him another link is severed, which bound the old guard together. Adolph Lippe may have made, by his sturdy ways of detecting fatal errors, many professional opponents; but even those have to acknowledge now, that our deceased teacher was not only honest in his convictions, but he dared to offer battle to all who in their mode of constructing Homœopathy, yielded to the *sua- viter in modo* more than to the *fortiter in re*. No alliance with any society who did not fully carry out the principles of the master, as laid down in the Organon, was the rule of his life, and he carried out that rule at the bedside and in the literature of the day, and he was a successful healer. It

would be well for Homœopathy if we had more of his stamp, and those who new him best loved him well, despite his rough manners, which resented every infringement on the domain of pure Homœopathy. Blessed is the man who dares to live up to his convictions during a long and well spent life; truth knows no half-way station, and Adolph Lippe will always be honored and revered as a true follower of Hahnemann. He is gone to join the departed members of the old guard, only a few are still allowed to tarry; but may the old and the young physicians of our school always follow such a noble example as the departed gave us, and humanity will be the gainer by it.

S. L.

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#### THE HAHNEMANN HOSPITAL AID ASSOCIATION.

That hospitals are indispensable adjuncts to the prosperity and well-being of all large communities will not in this day of broad philanthropy be denied, that there is never any reason to fear that there will be too many hospitals is also an indisputable fact; for it will hardly ever be possible for them to keep pace with the growth of large cities and the consequent increased demand for suitable accommodation for the sick and disabled.

These are undeniable, self evident propositions, and here is still another: *Homœopathy is no longer an experiment in medicine.* It has revolutionized the treatment of disease, has largely divested the sick room of its terrors, and according to all statistics it has lengthened the span of human life at least 33½ per cent, wherever its treatment is followed.

It has stimulated Allopathy in improving the quality and diminishing the quantity of their formerly crude preparations, at the same time making them more palatable. In fact at this present time there is no physical law more thoroughly acknowledged or firmly established, than that of the Homœopathic law of cure. This being conceded, is it not especially incumbent upon all true believers to demonstrate the truth which they advocate and help to diffuse it among their fellow men? How better could this be accomplished than in the building and maintaining of well organ-

ized and equipped hospitals, where all the conditions requisite for the proper treatment of the sick, and with the best chance for recovery, be provided for those who can not command them for themselves.

There are some fifty odd Homœopathic hospitals in the United States. Yet San Francisco with its large homœopathic representation in both physicians and patrons, and ranking first in point of wealth among the cities of our land, has no homœopathic hospital worthy of its name and rank. It is true that one was projected a few years ago but it was allowed to die an untimely death for want of proper support. Again an effort is being made to establish a homœopathic hospital which shall be an honor to the cause and to the city to which it belongs.

As has already been told in the pages of this journal, the Trustees of the Hahnemann Hospital College of this city (formerly known as the Hahnemann Medical College) realizing the necessity of a hospital which should be exclusively devoted to the homœopathic methods of cure, finally, after much difficulty, and opposition from the sort of people who are always to be found blocking the wheels of progress everywhere, by their own unaided efforts, successfully launched the Hahnemann Hospital of San Francisco. Not despising the day of small things, they built wisely, and secured a rented house at 312 Page street, which they fitted up in the most approved hospital fashion, and which while it has admirably served its purpose, has in the year in which it has existed already become too small to meet the increasing demands made upon it. It being evident that larger accommodations were required and that funds to secure the same would be necessary, the Trustees issued an appeal to the homœopathic ladies of this city, asking for their earnest co-operation in erecting a suitable Hospital Building, and in the maintaining and extension of the hospital work. In answer to this call, the Hahnemann Hospital Aid Association was organized early in January of this year. Its aim and object is to assist in the erection of a hospital building which shall be a substantial representation of the favor with which our system is regarded in San Francisco. To secure a fund which shall establish and maintain free beds and

attendance for those who will not be able to pay for the same. To organize a training school for nurses—which latter is one of the long felt wants of the homœopathic profession on this coast. Nurses who have been educated in old school hospitals are often so prejudiced in favor of their own especial training, that they do not take kindly to our ways. Another important want is the establishment of a children's free ward. To accomplish all this commendable work, the ladies beg that the physicians will not fail on their part to present the matter to the families under their charge, and to urge upon those who are especially fitted for the work, to come forward and give it support and influence and to those who are financially able, to supply the oil without which the flame can not burn.

Every physician and every friend of homœopathy should use whatever influence they may possess to favor this worthy end.

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#### OUR CLIMATE.

We notice in the recent issue of the *Medical Era* a letter by Prof. E. M. Hale, of Chicago, from which we quote the following remarkable sentences:

“San Francisco should be avoided; it has a climate as bad as Chicago, and old residents tell me it is growing colder every year.”

“I have visited all of the noted places, lauded as health resorts, in Southern California, from San Diego to Monterey, on the Pacific Coast, and I must say, I found no advantages in them over any town on Lake Michigan.”

The Professor reminds us of the nomadic son of Albion, who skips across the Channel and does Paris in a day, returns, and sets himself up as an authority on everything Parisian, including the climate.

Professor Hale, during his recent visit to this coast, escaped, and seems to have forgotten, the snow, ice, blizzards, and frozen humanity of his home, where the temperature ranged from 20 to 30 degrees below zero, and sits down in his comfortable room in the Palace Hotel and writes the above, reflecting upon our glorious climate, our invigorating

breezes from the Pacific, and our fogs, which are as welcome as the "gentle rain from heaven."

Of course, this opinion, though coming from such a high authority as the learned Professor, cannot be of much value, as it is diametrically opposed to the opinions of all astute observers on climatology, among whom we might mention Major Sternberg, U. S. A., of whose excellent work Prof. Hale seems to be ignorant.

There may be some method in the Professor's madness, as we understand he is the possessor of a large orange grove in Florida, of which place he speaks rapturously in the same letter; and, naturally, it pains him to see the tide of ailing humanity take its course westward instead of southward.

In conclusion, we will say, that we hope the learned Professor's conclusions, relative to the new drugs of which he has written so much and so ably, are not results of such superficial investigations as his climatological researches seem to be.

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#### A NEW BOOK.

In this number we desire specially to note Prof. Lilienthal's review of the new work on the Twelve Tissue Remedies, by Drs. Boericke and Dewey; also the continuation of the series of articles upon these remedies, commenced in our last volume. Nearly every month adds new experiences and indications for their use, therefore we present our readers a *resume* of the same from time to time.

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#### CLINICAL ITEMS.

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*Eupat. purpureum*, the Queen of the Meadow, or Gravel Root. The *urinary symptoms* are important. In moderate doses it acts as a powerful diuretic, patient must empty the bladder frequently on account of the excess of urine secreted. When the dose is increased, symptoms of *vesical irritation* arise, micturition becomes more frequent, urgent and painful,

urine is scanty, high colored, dense, containing mucus. It is thus homoeopathic to *Diabetes insipidus*, a most obstinate affection, and also in inflammatory affections of urinary organs, with above symptoms. Excellent for the *vesical irritability* so common in women. Chronic Cystitis with tendency to rheumatism. 7/

*Senecio* also affects the urinary organs, producing *Tenesmus of bladder with heat and urging*. Frequent copious flow of urine, also pain in loins, and bloody urine, showing considerable action upon the kidneys. Has proved curative in renal dropsy and congestion of kidneys and chronic inflammation of neck of bladder.

Useful also in functional derangement of reproductive organs of females. Congestion of all pelvic viscera, producing a catarrhal state of its mucous surfaces. Leucorrhoea instead of menses, or with urinary troubles. *Menstrual irregularities with hysterical symptoms*.

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## CORRESPONDENCE.

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### LETTER FROM PHILADELPHIA.

January 10th, 1888.

EDITORS CALIFORNIA HOMŒOPATH.—Several circumstances suggest a line to you—the call for experience of physicians, in your very useful journal, and information just received from a Michigan lady, who travels much, and is therefore, often her own family doctor, as to two of Schüssler's remedies, viz: *Ferrum phos.*, and *Magnes. phos.*, both of which she prescribes in the 3x. Of the former, she says, "I give it to my children for nearly every acute attack, of any kind, and with success. Of the latter, my little boy, during his whole teething period, was subject to frequent spasms. Traveling, as we did, we had the best homœopathic physicians, everywhere; they could help him, but did not cure him. Finally, I heard of the *Magnesia phos.*, and gave it, and he was permanently cured. I tell you, I have believed in Schüssler, ever since."

As an appendix to this, I will say, (aside from Schüssler, however), that I have discovered the beautiful power of the *Kali bromatum*, 3x, to cure *apoplectic* attacks, whether with or without convulsions, and whether uræmic or otherwise. I give it in water, at short intervals, until consciousness begins to return, then lengthen the intervals. I trust this treatment will be faithfully tried by the homœopathic fraternity. K

J. C. MORGAN.

## LETTER FROM VANCOUVER, B. C.

January 27th, 1888.

EDITORS CALIFORNIA HOMŒOPATH.—“When in the course of human events,” a doctor pulls up his stakes in one city and puts them down in another, “a decent regard” for the opinions of the two or three whose business it is’nt, etc., etc. The short of all this is that I have left Victoria and am now located in Vancouver, B. C., and don’t you forget it, I won’t bother the type-setter telling where the new Vancouver is, or how it was burned. Every decent man knows all about it.

If you itch to know more, I may mention that I have here encountered scabies and pediculi capitis et corporis. Rather unusual on this Pacific Coast. I am well myself.

One thing I miss, it is the old family doctor, who is worse than the above afflictions combined. You know him. “We would like to have homœopathic treatment but we do hate so to turn off” etc., etc.

His qualifications used to be. “He knows so well how much medicine we can stand.” I have known health to be regained because of the death of the old family doctor! He is not here in this new community. New ties are being formed and many are hitching on to mild medicine. I am vaccinating them with medical truth.

It has taken every time and will prove prophylactic against the great swindle of the ages. There are many things that I might write unto you, O most excellent editors; too many for this occasion. Let it suffice now that Victoria is on the down grade and that Vancouver is prosperous. About 5000 here already. A magnificent site for a city, a harbor to match, and a wealthy corporation (the C. P.) behind it, becoming famous abroad and most interesting of all to me, I have a piece of it *navelly* situated with four houses thereon and four more projected. In the matter of *rent* the great incubus of the doctor the boot is on *my* foot, and I am bent on revenge for the quarter of a century during which I was the victim. I am still the only Homœopath in the province, and one man is a very small farce. The profession however are very friendly and respectful.

The feeling amongst them seems to be against sectarianism in medicine, and they are too ignorant of homœopathy and its history to know that their side is responsible for it.

After all, my dear editors and readers, the opinion is pressing itself upon me of late that we keep our supercilious corrugators unnecessarily contracted in the matter.

Let me start you thinking if you are not already in a new dietetim. Consider the function of the doctor in the economy of nature. Are we not often when, we are most successful thwarting nature’s principle of the “Survival of the fittest,” by enabling the weak to survive? Were not the old Sangrados friends of a redundant population? Would not Homœopathy with its reduced mortality be a curse to China, India and even to toe-tramped Europe? Is there not need of, less altruism and more egoism in the medical profession?

Think this matter out, ye anxious, worried Æsculapian slaves, and be free with me.

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

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## Personal Notes, Locations, Etc.

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DR. C. F. BENNETT has located at San Diego.

MRS. DR. M. B. AVERILL has located at San Diego.

DR. L. HOLTZ, of Hollister, has removed to Santa Barbara.

DR. E. B. HOPKINS has opened an office at South Pasadena.

E. H. MATTNER, M. D., of the class of '87, has opened an office at 84 Fell street, announcing diseases of women and children as specialty.

LOS GATOS is in need of a Homœopathic physician, the nearest at present being San Jose. The surrounding towns are thrifty and contain many homœopathic families.

THERE is a demand for a homœopathic physician in the new and enterprising town of Escondido, in the most flourishing part of San Diego county. There is a good sentiment there in favor of the practice.

THROUGH an error on the part of the business manager, DR. BREYFOGLE'S card in this journal was omitted in our January and February numbers. We are taking memory lessons of PROF. LOISETTE, and in the future will forget nothing.

B. L. BAKER, M. D., a graduate of Old Hahnemann, Philadelphia, has located at Riverside. The doctor intends to pay special attention to diseases of women. We hope that his skill and ability as a physician will be made available for our school in his new home.

NOTICE.—All those who have not subscribed to this journal and intend doing so will confer a favor upon the editors by sending in their names at once, as after this number only bona fide subscribers will receive it.

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## BOOK REVIEWS.

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**The Twelve Tissue Remedies of Schussler.** Arranged and compiled by W. BOERICKE, M. D., and WILLIS A. DEWEY, M. D., of San Francisco. Philadelphia: Hahnemann Publishing House. 1888.

"Go West," Horace Greely said, and we add to it, "Go to the Pacific Coast and convince yourself that all the wisdom is not confined to the old world nor to the old States of our own blessed country." This good work on

Schussler's tissue remedies may be perhaps the first scientific work emanating from the Homœopathic physicians of this coast, and we venture to say that others will follow in good time. At any rate, we feel under great obligations to our young friends for this splendid beginning. Our late Father Hering, with his progressive and never resting mind, never uttered a truer idea than when he remarked, "Schussler has stumbled on a great truth;" for this great truth foreshadows the explanation of the action of every drug in our *Materia Medica*, and it will not only do away with the old cry that Homœopathy is mere symptom hunting, and that any earnest and pains-taking layman can be as good a prescriber, as good a healer as those who gave years of study and close application to the different branches of medical art and science. We present now, in these combined labors of Drs. Boericke and Dewey, the seeds of a true physiological *Materia Medica*, and we invite the physicians of any school to cooperate with us in this glorious undertaking, whereby our *similia similibus curentur* will be acknowledged by the whole medical fraternity all over the world. Grauvogl, Hausmann, Schussler, Hering, master minds, every one of them, masters who did not feel satisfied with the mere facts—that they cured their patients—but who would also delve in the mysteries of nature to find out the cause of the healing power inherent in the means which they employed. One step leads to another, and on page 18 of the introductory chapter, our friends invite us to a table, which promises far more than they are able to set before us at a moment's notice. If potassium phosphate hints to the dangers of mental or physical decay, no wonder we find among its analogies such drugs as *Baptisia*, *Pulsatilla*, *Rhus*, *Veratrum* or *Ailanthus*, *Hamamelis*, *Phytolacca*, etc., and when we examine the ashes of these plants, we are sure to find this *Kali. phos.* a pre-eminent constituent of them. Thus let us delve in the mysteries of this vegetable or mineral kingdom, it is a mine worth working out; there is no guess work about it, and no fashion in the application of drugs, as it is the case with the treatment of the ancient school, who in spite of twenty odd centuries, still confesses to an unknown therapia; and no physician who styles himself a disciple of Hahnemann, will be satisfied with mere symptom-hunting, nor crave for the fleshpots of Egypt, with all their bacilli and other scavengers of our unclean bodies. We agree with the authors that there is no danger that in the application of the tissue remedies at the bedside the *Materia Medica* will be neglected. We take a hint from the mineral springs, the water contains many ingredients, and still it is a thing, a living being, which chemistry may use, but cannot give the spirit, which lives in the water. Thus also our plants, our ophidians, our metals are individuals, composed, like everything in nature, of many constituents, and by studying them, just like Grauvogl and Schussler did, we learn in which direction nature is at fault, and how to restore that equilibrium which we call health. Some very critical physicians of our school object strenuously to the application of Schussler's remedies because some of them did not go through the prover's mill. True, have they never heard of a breach presentation, as Father Hering said, and that clinical facts preceded the proving? And if there were no Homœopathic data for *Kali. phos.* or *Magnesia phos.*, our authors give us a pathogenesis now which only needs filling up to make it perfect. It really seems that students and physicians now-a-days have no time to waste on provings; they live on the work of others, and remain the drones in the beehive of Homœopathy. The twelve tissue remedies, as

published by the authors, is as yet only a fragmentary work, and in its repertory many an ailment will be looked for in vain. But they could not give us more than they found in our literature. It is our duty to help them on in the good work, so that the second edition will be more perfect. It is the duty of men and women to prove what so far has been neglected, so that this objection may be overruled; it is our duty in the laboratory to search for the inorganic salts in our remedies, so that their action may be revealed to us. Let us aid the authors and we will be the gainers. S. L.

**The British, Continental, and Colonial Homœopathic Directory for 1887 and 1888.** KEENE & ASHWELL, 74 New Bond Street, Homœopathic Publishing Company, 12 Warwick Lane, London, E.C.

This little volume is of particular use to the American Physician who desires to keep posted on the Status of Homœopathy in foreign countries. It gives valuable information and statistics relative to our foreign confreres and the good work they are doing. The following taken from its pages is of interest. In Great Britain there are 264 Homœopathic Practitioners; London has about 85, Liverpool 17, Manchester 7, Edinburgh 2, Glasgow 6, Dublin 3. In France, Paris has 65, Marseilles 5, Bordeaux 8, Lyons 9. In Germany, the home of Homœopathy, Berlin has 20, Munich 8, Leipsic 7, Dresden 5, Stuttgart 5. In Austria, we find 22 at Vienna, 20 at Buda-Pesth, and 3 at Prague. In Switzerland, 5 at Basle, 4 at Zurich, and 4 at Bern, while Geneva has but 2. In Italy, Naples heads the list with 16, Rome has 10, Florence 5, Turin 5, Genoa 12, Milan 4, and Venice but 1. In Belgium, there are 6 at Antwerp, and 11 at Brussels. At Copenhagen there are 7, at St. Petersburg 12, and at Moscow 5. In Spain, the showing is somewhat better as here we find 55 at Madrid, and 27 at Barcelona. Many cities with a population of from 20 to 100 thousand have but one Homœopathist, and many of the same population are entirely omitted from the work. Looking at these figures from an American standpoint, there seems to be plenty of fields for Homœopathists in Europe.

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## POPULAR DEPARTMENT.

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[NOTICE.—The third paper on the Care and Management of Children by Dr. Boericke will appear next month and will be the important subject of "Diet."—EDITORS.]

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### THE PHYSIOLOGICAL EFFECTS OF ALCOHOL.

[A paper read before the W. C. T. U., by MRS. M. G. CAMPBELL, Chairman of Committee on Scientific Temperance Instruction].

Food is a substance, which when taken into the body, supplies material which either goes to the building up of the body in the actual making of all its parts, or else it generates heat, and in either case provides the energy that does all the wonderful work of this noiseless, ceaseless machine.

Within these limitations water is food, because water constitutes more than three-fourths of the body, being indispensable as a constituent portion of its every atom.

Lean meat is food because it perfectly replaces the substance of our bodies used up every time we think a thought, or utter a word, or lift a finger.

Fat is food, because although it does not build up our bodies, yet the busy life forces pull the fat apart, and in being pulled apart it develops heat, just as quicklime develops it when the lime is being slaked with water, and this body heat is as important as our heart's blood, since without it no fire would suffice to keep us warm.

Salt is food, because it aids chemically in making new compounds out of old ones, and because it forms part of the tissues.

Sugar is food, because it, like fat, burns up in the body and feeds respiration.

Fruit is food, because its acids and salts not only enter into vital compounds, but assist in the dissolving and sending away of the burnt up atoms, the ashes so to speak of the human furnace.

Let these few typical food stuffs illustrate the uses of all, and now we are ready to compare the functions of alcohol in all its forms with the functions of food as here described.

We will suppose then that this alcohol, unsuspected as an enemy, having indeed the form of a friend, and the credentials of an enemy, is invited to enter the human body as a guest. Coming the first time it is apt to be clothed in some charming disguise. Perhaps as a dainty hot punch, with the fragrance of lemon added to its own bouquet and with sugar to mask a certain unwelcome sharpness of spirit; perhaps as a delicious wine with the ravishing odor of ripe grapes still exhaling from its purple globules. In any case it passes the portal of the house without a challenge, for the tongue is a most unreliable gate keeper. If the guest be agreeable to it, it demands no countersign, but lifts the port-cullis and sends him into the very citadel itself.

Here, however, he has a different sentinel to deal with. The nerves of the stomach are not to be hood-winked by odors and flavors. They instantly recognize the presence of something inimical. Reinforcements of blood are sent for; water is poured out from all contiguous tissues to weaken the force of this foe, and to enable the wardens of the body's life to carry him off more quickly. And in a moment, in all directions, broken into a million fragments, this intruder is being dragged to every outlet of the body and thrust forth.

But in the mean time what does this commotion involve? This is what it involves.

You all know there is but one short cut out of the body, and that is by the stomach, being willing to turn itself upside down, and throw out by the mouth what came in by the mouth; but this it does seldom, and always under protest. The usual course in expelling a poison is for that organ to dispose of it which is best adapted to the work, and this it is which gives the great variety of so-called "actions" to different poisonous drugs, the "action" being on the part of the vital organs in getting rid of them.

And right here is a point to be observed: Just in proportion as this vital action is shared by all the organs, the excitement produced by expelling the

poison is a pleasurable one, and just in proportion as it is confined to few, or one, it is painful.

Now alcohol is one of the poisons which is sent out of the body by all its depurating organs, and this means general activity, and activity of the healthy organs means physical happiness.

But if the activity is not rewarded, if the work is all uncompensated, and the organs wearied without being nourished, this means physical unhappiness as a resultant, and this is precisely what has happened. Alcohol has been carried all over the body by the same channels through which food is carried, but it has given nothing in return for all the labor it has occasioned—nothing at least except a little fleeting functional pleasure to the cheated laborers.

It has made the heart beat faster to supply blood for the means of carrying away the enemy, but it has given neither food nor drink to the heart in return.

In the body all work means waste, but usually this work is performed in preparing materials for growth, and so the waste is perpetually made good by the supply of new matter. But alcohol supplies nothing. It blows the fire, but it puts in no fuel.

It leaves every tissue gasping with thirst because they have all contributed their fluids to dilute it, and this is perhaps the way in which it does its worst mischief. The red portion of the blood consists of round, bright discs, one of whose important tasks is to load themselves up with oxygen in the lungs, and carry and distribute it throughout the body; for it has been said that there must be an atom of oxygen for every atom of food that is assimilated. Alcohol withdraws water from these discs, and makes them shrink up into forlorn, disreputable bits of matter, their edges ragged and numb, and themselves unfit for duty.

Next: Throughout the whole body, surrounding not only every muscle, but every bit of muscle the size of a needle point: not only every nerve, but every white speck of nerve substance; there is a beautiful, transparent membrane as lustrous as sunlight, and unimaginable fine and thin, and this membrane has been found to be the last pausing place of the food elements before they have become transformed into living matter. In the act of passing through these crystal walls the dead becomes alive, and a change takes place as mysterious, if not so solemn as that by which one day "this mortal shall put on immortality."

This being the case, you can easily see how much depends on maintaining the integrity of this membrane, and alcohol is deadly hostile to its integrity. Under the influence of alcohol it loses its natural moisture and shrivels up, or else it changes into a degenerate, fatty tissue.

In the first of these cases it ceases to be able to pass the food through to the hungry molecules inside of it, and thus the whole body is badly fed, no matter how much food we take into the stomach. This is especially true of the liver, that great, wonderful filter of the system, whose vast importance is not yet appreciated, in spite of volumes of both glib and obscure utterances about it. This membrane I have been talking of dries and tightens all through the substance of the liver, until that organ gets full of little hard lumps. This is one, and only one of the many ways in which the liver is injured by this unfriendly agent. On the other hand, when the deterioration is of the

second kind spoken of, viz., into fatty tissue, then we have the opposite trouble.

Instead of barring out the things which should go through, it lets out everything that should stay within. It is like a sponge or a sieve; and just as the next to the last change has been effected in the food that has been digested and become almost as highly organized as blood, and ready to be turned into flesh and bone, then this membrane, ruined in character, and made false to duty by alcohol, lets it all leak through; and so impoverishes the system nearly as much as if it were blood itself that was being poured out and carried away among the waste matters of the body.

But time would fail me to tell of all the injuries inflicted by it, and this, too long before it shows itself the open and recognized enemy that every one admits it to be when a man becomes an habitual drunkard. These symptoms and a thousand others connected with the stomach, the heart, the brain, the organs of special sense, form the daily history of the condition of that large number of persons, who, without being actual inebriates, drink constantly some sort of alcoholic beverage.

It is true that there is a much larger number of gentle, dutiful women, and of earnest men, who, although taking their wine every day for dinner, never exceed a decent moderation, never take more than the one or two glasses, which custom or medical advice has convinced them should form a part of their daily food.

Do not imagine that because they may not experience palpitation of the heart, nor black spots before the eyes, nor hardened or fatty liver, nor gout, nor dyspepsia, nor Bright's disease (which is one of the saddest and surest results of intemperance), that they escape scot free.

If nothing more perceptible happens to them, their blood-vessels every day are undergoing a gradual weakening, and by this one effect alone they are being rendered less capable of resisting the ordinary wear and tear of mere existence, and the extraordinary shocks of disease and accident.

This influence of alcohol is especially to be deprecated, if it be true, as a venerated authority in medical observations has asserted that: "A man is young just in proportion as his arteries are elastic and sound."

It is this weakening of the coats of the blood-vessels, too, that is the cause of the sensitiveness to cold which all persons experience who use alcoholic liquors with only occasional intemperance. The first sensation, of course, after drinking some form of alcohol is one of warmth. This is because of the quickening of the pulse, and the streaming of the blood to the skin. But the next effect is that this blood in the hair-like vessels of the skin gets cooled off, not as any other liquid would do that is spread over a large surface, and returning to the mass of blood it takes away some of its heat, and comes back to the skin each time a little cooler than the last, so you can easily see why it is that scientific persons have shifted their ground as to that phase of the subject, and are now agreed that it actually diminishes the heat of the body instead of increasing it. This ought surely to cut away from under the feet of the defenders of alcohol the very last inch of ground on which they have stood to claim that if alcohol did not furnish food for the body it at least gave it heat.

If it is not a flesh former then, and not a heat giver, let us own that it is neither a servant or a friend, and let us insist that its only proper function in the human system is that of a medicine, whose office is to modify vital action and not to support it.

This relegates it into the right hands: the hands of the physicians, and *were* be to them if they abuse the trust.

THE  
CALIFORNIA HOMŒOPATH.

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ORIGINAL ARTICLES.

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CONSTRUCTIVES AND DENTAL CONSIDERATIONS  
IN INFANT FEEDING.

By W. I. THAYER, M. D., BROOKLYN, N. Y.

Why do human teeth decay in some cases after they have been erupted but a few months?

Why is it that the large majority of young persons lose their teeth so early in life? We have stated a fact that any one at all observant must have noticed, perhaps thought about.

Cause and effect follow each other in such rapid succession that we can almost catch the sound of universal wasting, and see the works of oral desolation going on around us.

Hardly a village in the land that does not support its dentist. Yet thousands, extending into a countless multitude, are either too poor or indifferent to save their teeth.

The petrous tissues are composed of three different textures, dissimilar, yet somewhat alike. The enamel, dentine and cementum or the hard structures of tooth composition consist in gross of two substances, which we will term soft solids and calcareous salts.

If the teeth were all made up of protoplasm they certainly would not have enough of resistance to be good or indifferent

comminuters of the various foods that are usually presented for their consideration. Hence, if for no other reason, the earthy basis should be *well packed* into the interstices of the soft solids. But how can that be stored that has *not* been presented or provided for construction?

Where does this needed material, these calcareous salts, come from? Certain it is, they do not present themselves for position. They come as all nutrient matter does, from the food. It follows then, that the food *must contain* these inorganic substances if certain tissues are to receive them.

Time is a factor to be considered with the petrous tissues, since in *every case* certain conditions prevail, and that is, *that the teeth are built up once for all?* Then, at the time they are building, to *build well!* Put in good foundations.

The germs of the teeth can be detected as early as the sixth week of foetal existence. From this moment up to the thirtieth year calcareous matter should be provided so that *it can be appropriated.*

Frequently it has been said: "that a mother must lose a tooth for each child she may have," which is more than theoretically true. Why? The growing child must have its lime salts from some source, and from such a source as this it must needs be poor. That is, from the destruction of its mother's petrous tissues.

*Vegetable Salts.* The vegetable salts are especially valuable in food. The mother should have these carbonates and phosphates of lime, magnesium, and traces of other inorganic compounds in her daily food. In no way can a supply be so easily appropriated as from the cereal foods; for a wise Provider has made one of the functions of the vegetable kingdom so peculiar as to prepare its mineral constituents in such a manner as to make their use for an animal life the sum of convenience and ease.

The *whole* of the grain, save its coarser woody fibers, should be used, whether it be wheat, rye, oat or corn. Ground fine it may be, but *not bolted.* All bread foods should be constructed out of the *meal* product of such grains, then the inorganic constituents are preserved and eaten. Eaten! then digested and appropriated where needed.

When a child is brought up on human milk thus well supplied with these cereal salts, it has good material to build up good strong petrous tissues.

But what can be done for the bottle fed babies? How can the lime salts be given them? Certainly not to the extent that they had ought to be if supplied with cow's milk alone, simply because it is not there in sufficient quantities. I have found in the German Pharmaceut, Central Halle, Berlin, 1886, No. 8, an analysis made by Prof. Stutzer, Food Analyst for the Pension Government, which I submit to elucidate some facts about foods for artificially fed babies.

PROF. STUTZER'S ANALYTICAL FOOD TABLE.

	Carrick's Soluble Food.	Nestle's Food.	Mellin's Food.	Wells, Richardson & Co's Lactated Food.	Horlick's Food.	Dr. Ridge's Patent Food.	Anglo-Swiss Food.	Imperial Granum.
Fat.....	5.00	4.66	0.50	2.19	0.60	1.27	2.37	0.80
Protein substances, Albuminoids	18.22	11.46	8.34	9.05	11.30	8.76	12.38	10.73
Hydro-carbons, Dextrine, etc...	67.74	76.69	79.29	78.44	79.04	80.45	76.03	78.88
Cellulose.....		0.10	0.58	1.54	0.55	0.73	1.09	0.97
Water.....	6.14	5.34	7.76	6.52	5.75	8.31	6.18	8.25
Salts and inorganic constituents	2.99	1.75	3.53	2.26	2.76	0.48	1.95	0.37
Amount of Nitrogen in protein substances.....	2.915	1.833	1.335	1.448	1.809	1.403	1.981	1.717
Amount of protein substances readily digestible.....	16.45	11.09	7.38	8.35	10.85	7.97	11.20	9.55
Proportion of nitrogenous alimentary substances, Protein=1	1:4.4	1:7.7	1:9.6	1:9.2	1:7.1	1:9.3	1:6.6	1:7.5
The inorganic constituents contain	Lime. . . . . 0.645	0.390	0.155	0.390	0.060	0.060	0.520	0.001
	Phosp.acid 0.874	0.630	0.583	0.688	0.421	0.260	0.800	0.167

Here we have an analysis of eight different foods presented for our consideration.

Three of them are what would be called a "Starch food."

Two, possibly three, are milk, nitrogenous foods.

It is claimed by physiologists and conceded by the medical profession, that the carbohydrates, which consist mainly of *starch* and gum with some sugar, are *not* always easy of digestion, especially with babies and invalids.

Starch, in the course of digestion, as we find in the natural process, in contradistinction to the artificial reduction, are first changed into *dextrine*, *not* malt sugar, and there should not be over from 68 to 70 per cent. of the hydrocarbons in an infant artificial food, (see table) which shows soluble food



to be *within the safe line* in starchy elements. Starches are transformed into a substance—dextrine and then sugar—that *can be absorbed* and then appropriated by the amyolytic ferments found in the saliva and pancreatic juice, and not fully digested until the latter ferments can reach them in the duodenum. Among these starchy foods we find Lactated food, Dr. Ridge's and Imperial Granum, which are difficult for infants to dispose of.

Malt foods. We find among this order Mellin's and Horlick's foods, and they are similar to the starchy foods, in the entire conversion of the starch in the cereal, into a malt sugar.

Malt foods are valuable in some diseases in the adult, but *they are ill-adapted for infants or children* as a substitute for human milk. Malt sugar is quite as liable to ferment in a child's stomach as is cane sugar. Why? If they ferment they produce stomach and bowel troubles. Why malt and cane sugar ferment is that they are not disposed of in the stomach on entering, but are acidulated by the stomach secretions, so that, when they reach the duodenum, they reach this gut as a sour fermented substance, which the amyolytic qualities of the pancreatic juice cannot change—what should have gone there as a dextrine—into a soluble and unfermented or unfermenting sugar, ready for *absorption and appropriation!*

Milk or nitrogenous foods. We have three, namely: Carnrick's Soluble Food, Nestle's Food and Anglo-Swiss Food.

Of all the foods in Stutzer's table, these "milk foods" are the best. For proof of this compare their "fat" producing qualities of 5.00, 4.66 and 2.37 as compared with .50, .80 and .60 per cent.

As it has been intimated *too much starch in the hydro-carbons tend to make an artificial food indigestible!*

Carnrick's Soluble Food we find excels others in having a greater amount of nitrogenous substances, eighteen and twenty-two one-hundredth, and the next best in this respect is in the seventh column 12.38. Next 11.46.

The *digestibility* of an artificial infant food is an important matter to be considered. One is found to be as low as 7.38, another 7.97, 8.35, while the easiest of digestion is 16.45,

found in first column. These nitrogenous foods have a greater or less per cent. of desiccated cow's milk to bring up their per centum of fat and protein substances. The best of these foods have fifty per cent. of cow's milk.

The casein in cow's milk is more difficult to digest than the casein in human milk. Still, that food that has fully fifty per cent. of cow's milk is the easiest of digestion. This is accomplished by partly pre-digesting, with pancreatin, *the casein*, so as to make its conversion into chyle as easy as the casein in human milk. Nor is this all that is *necessary* to do to make an artificial infant food—*easy of digestion!*

Every one of these foods *contain starch!*

The starch should be converted into *dextrine*, and not malt sugar. Malt sugar is very liable to ferment in a baby's stomach. The amylolytic solvent in the saliva *helps* to turn dextrine into sugar in the stomach; and, when the partly converted dextrine reaches the duodenum, then this *partly* converted pabulum is *farther acted upon* by the amylolytic solvent found in the pancreatic juice and intestinal fluids and *fully* converted into sugar, which has *not* had an opportunity to sour, because the starch has not been fully turned from *its* form of dextrine into sugar, *until* it has got into that position in which it is taken up and carried up through thoracic duct and tipped into the left sub-clavian vein, entering the circulation and *ready to be appropriated* by the *hungry tissues!*

While *it is necessary* to have an artificial baby's food *rightly balanced of easy digestion*, and capable of nutrifying *every tissue*, I cannot refrain from pleading for the FUTURE TEETH of the little patient.

Built up once for all! The physician can *build better* than the dentist can repair. Build better! *if he will furnish the material to build with!*

One of the foods has of "salts and inorganic constituents" 3.53 per cent., but are *unbalanced, deficient* in lime of only 1.55, and phosphoric acid only 5.83, while its fat, albuminoids and digestibility are not up to standard. The most of these foods are deficient in "inorganic constituents" that "contain" lime and phosphoric acid which are *the petrous tissue builders*.

But one food is free from cellulose, and that is a substance

that is *worthless* to even furnish protoplasm, or the soft solids of tooth structure or any other tissue! The "salts and inorganic constituents in the first column of 2.99, nearly three per cent., are well balanced and *sustained* by having of lime 0.645, and phosphoric acid 0.874 per cent.

The reader will find great profit in his analysing Prof. Stutzer's table so as to get at *all* the facts bearing on so important a matter as an artificial food for infants, and the writer respectfully requests that whatever pabulum is furnished the nursing and grown child, that if human milk is used, it too shall be made *rich in lime salts by feeding the nurse with the coarser kinds of bread foods.*

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### APHASIA AND AGRAPHIA.

By PROF. CHARCOT.

A woman of sixty-four years, an inmate of the Salpêtrière, had when forty-four years old her first attack of hemiplegia, right side, with paralysis of the tongue, all of which passed off after some time; but since then she lost all power to write, though she holds the pen firmly, knows well enough what she wants to write and how to spell the words, but the idea of the letters (graphic motor power) is wanting: she cannot recollect any more the forms of the letters. She reads daily without any trouble the newspapers, and speaks clearly and distinctly.

1879, another attack: she falls suddenly down in the street; left-sided hemiplegia and total loss of speech, recovers her powers again. 1885, a lighter attack, followed after a few months with a more severe one; there is now paralysis labio-glosso-pharyngo-laryngo pseudo-bulbaris, so that she has to be fed with a tube, as swallowing is difficult, and the laryngoscope reveals why phonation is impossible. All this time she is perfectly able to draw the object of what she wants, but she cannot write it down with letters. She hears and sees as well as ever, understands perfectly whatever is required of her, but has lost the mechanism which allows the thought to be transformed into written language.

According to Charcot agraphia was usually considered an aphasia of the hands. In relation to the word we accept an auditory image, a visual image, the power to pronounce or to write, and we consider it therefore, as an impression made on the ear, on the eye (printed or written), as an impression to speak or to write. Every aphasia or agraphia is therefore a word amnesia situated in some central ganglion of the brain, and it is doubtful whether the convolution of Broca is always the one at fault.—*Progres. Medical, February, 1888.*

If called to such a case should the homœopathic prescriber fold his hands and consider the case an incurable one, or should he consider time to be the great restorer, and await the absorption of apoplectic effusion, or should he, according to the totality of the inauspicious case, look up in his *Materia Medica* a remedy or remedies which might not only be of temporary benefit, but which might also prevent sequelae. We know that arnica has decided absorbent power, and does not the brain feel bruised from the pressure which the exuded mass necessarily entails. Aching soreness of the body, stertorous breathing, bed sores, left side (Broca's convolution) are hints enough to stamp our arnica to be *the* drug which will do more for the patient than all bleeding and blistering, all bromides and antipyretics can accomplish. Side by side we might mention Opium, the Barium salts, the Ophidians and our glorious Causticum; though we even do not know its chemical constituents. It works well and this suffices.

But even in this cerebral defect this aphasia and agraphia, our *Materia Medica* comes to our aid and invites us to study up such remedies as the salts of lime and of potash, especially the phosphates and bromides; our own glonoine or conium, hyoscyamus, lachesis, lycopodium, magnesia, cenanthe, oleander, plumbum, stramonium and the different salts of zinc; and bothrops lancirolatus is mentioned by Farington for it.

P. Jousset recommends *baryta carb.* Amnesia of words cannot recollect the names of things and of objects.

*Chamomilla.*—Omits whole words in speaking or writing.

*Conium.*—Forgets words; cannot understand what he reads; cannot find the words when speaking.

*Colchicum*.—Cannot find certain words; vain efforts to pronounce them; troubles of comprehension and of association of ideas; in writing leaves out syllables of whole words.

*Lachesis*.—Though hearing is perfect; does not understand what is said to him; the exact sense of the word is lost; confusion in numbers and dates; mistakes in writing.

*Lycopodium*.—Uses words which do not express what he wanted to say; full of mistakes and cannot read what he wrote.

We find, especially in *lycopodium*, loss of memory for letters of the alphabet in reading or writing, and so far as I can make out comes as near to be the simile to such cases of *agraphia*, as making it worthy of a trial. Let us never give up the ship; every ailment must have its remedy, if we only knew it. S. L.

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## SELECTIONS.

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### ODIUM MEDICUM.

During the past few months, an animated discussion has been going on in the *London Daily Times* upon the above subject. Voluminous letters for and against Homœopathy have been written, and several editorials have also appeared, in which homœopathy has triumphed. In the last number of the *Nineteenth Century*, is an excellent review of the question by Mr. Kenneth Millican, who is one of that rare species to be found in England—a liberal allopath. We take the following from the *London Homœopathic Review*, March, 1888. After replying to an article which appeared in the *Globe*, the reviewer continues as follows:

Since the foregoing remarks on *The Globe* article were written, an essay by Mr. Kenneth Millican has appeared in *The Nineteenth Century* on "The Present Position of the Medical Schism." By the medical schism is understood homœopathy. As might be expected, this paper takes a much clearer and broader view of the situation than that to which we have already replied.

Mr. Millican reviews the history of the antagonism with which homœopathy has been met with great impartiality. He does so, moreover, with a knowledge of what homœopathy means, and possessing some insight into the manner in which its representatives practice. His object to "do something, if ever so little, towards the healing of the breach" which has been created, is one worthy of all praise.

He traces the opposition we have encountered to the conclusion, in the first place, that the rule *similia similibus curentur* was an "axiomatic absurdity," and to its possibility being held to be quite out of the question. He adds that "It is true that all through the controversy, a few great minds, rather more catholic than their fellows, conceived it possible that there might be an element of truth even in what they did not understand," and in illustration of this he quotes passages from the works of Trousseau, Liston and Sir John Forbes. He then goes on to say:

"But this contention of the axiomatic absurdity and utter impossibility of the rule can only hold good so long as we are prepared to deny that such a case of the cure of morbid symptoms by a drug producing similar symptoms on the human body in health ever takes place. Prove one single instance, and the *a priori* objection vanishes. If it can and does occur in one case, there is no special reason why it may not occur in two, or ten, or a thousand. The whole field of argument has changed, and instead of denying the rule as an impossibility, we can only say that its general application is not proved to our satisfaction. To that it may fairly be retorted by the homœopaths, 'Have you tried it?' It is now no longer a theory to be reasoned about in the abstract, but a question purely of experience; and questions of experience are about the most variable of things."

He then shows by quotations from their works on *Materia Medica* that the application of this rule is taught by Dr. Ringer, Dr. C. Phillips and Dr. Lauder Brunton, adding that "it would be easy to multiply such instances."

"Therefore," he proceeds, "this proof of the fact that like *sometimes* cures like, coupled with the admission that the law *is* of partial application, shows that the question as between homœopathic and other practitioners in reference to a

particular rule of drug selection, is no longer one of kind (as it would be were the doctrine attacked held to be a scientific nullity), but one of degree, viz: to what extent the rule is available as a therapeutic aid."

Mr. Millican touches, secondly, on "the doctrine of infinitesimal dosage," as a reason for ostracising homœopathic practitioners. The principal upon which a small or infinitesimal dose is held to be adequate for curative purposes, he thus states:

"That an organ in a morbid condition, or temporarily unbalanced, will respond to the stimulus of a much smaller dose of a given drug endowed with a special action upon it, than would be requisite to influence it in health."

This is so far correct, but to it must be added, as accounting for the action of such particles, individual susceptibility to particular drugs. That there is both susceptibility and want of susceptibility in certain individuals to certain drugs has been too frequently proved by experiment to allow us to regard it as doubtful. This alone proves not only the existence of matter, but the potentiality of such matter in quantities so infinitesimal as to excite the ridicule of men of the R. B. C. stamp—men who simply ask the question "how can such small doses have any effect?" And, not being able to discover the "how," at once conclude that they have none. The idea of an experiment with a suitable person does not occur to them.

Mr. Millican here says that he is "bound to admit that with some this principle is carried to, in my opinion, an absurdly ridiculous extent." The extent to which infinitesimal dosage may be carried is, however, not a matter of opinion, but of experience; and we do not doubt but that if Mr. Millican gave an accurately-selected homœopathic medicine in a dose which at present he would regard as "absurdly ridiculous," he would be very much surprised with the results he would obtain. He then passes on to show that "here again the essential difference between the 'homœopathic' and the ordinary practitioner is a matter not of kind, but of degree." In doing so he says: "We find the ordinary practitioner learning to utilize smaller and smaller doses of drugs, so that quantities are now commonly prescribed which would, forty

years ago, have been regarded (and, as a matter of fact, are still so regarded by many veteran practitioners who were educated in the old school) as almost equally ridiculous with those of the homœopaths themselves." Here he instances such doses as 1-3d of a grain of gray powder, 1-160th of a grain of corrosive sublimate, 1-36th to 1-48th of a grain of tartar emetic, and so on. "These points," he argues, "are enough to show that there is a gradual drawing together of the two schools on the subject of dosage, and that the difference between them is one, not merely of kind but of degree." Yes, this is true; but it proves more than this. These very small doses are only operative where the medicine *is prescribed homœopathically*. The dose must ever bear a relation to the principle upon which the medicine is prescribed. It is useless to expect an anti-pathic action from such doses as these. Diarrhoea may be cured with 1-3rd grain doses of grey powder, but never, save, in very susceptible subjects, will purging be obtained from such a dose. When a sub-physiological dose is given there must, as a rule, be a homœopathic relation between the medicine and the condition of the individual taking it for such medicine to have any effect in so small a quantity.

From the conclusions arrived at by this analysis, Mr. Millican contends—

"That the wholesale ostracism of 'homœopathic' practitioners can no longer claim any justification from the plea of an essential incompatibility in methods of practice."

Mr. Millican now proceeds to the examination of "the objections based upon grounds of medical politics and ethics." Quoting from Dr. Lauder Brunton, he defines the first objection under this head as "the doctrine of infinitesimal doses and the 'universal' application of the law of similars." After showing in a brief sentence the untenability of the doctrine of infinitesimal doses as an objection, Mr. Millican, by quotations from Dr. Holcombe, of New Orleans, and Dr. Jousset, of Paris, proves that "universality is not an essential article of faith, nor exclusiveness a matter of practice with the so-called 'homœopaths' as regards the 'law of similars.'"

Finally, the objection raised to professional association on

the ground of our designation as homœopaths is exposed with great but no unnecessary fulness.

“Now let us,” writes the author, “look back a little into the history of medicine. A therapeutic rule by no means novel, but which had for centuries remained practically buried, was unearthed as it were by a certain section of the medical profession and proclaimed afresh. That rule was the ‘law of similars,’ and the application of it is fitly called ‘homœopathy,’ and those who use it to any extent are, *to that extent*, homœopaths. Its applicability, either partial or universal, was at first flatly denied and pronounced absurd by the mass of the profession, and it therefore, not unnaturally, came about that those who acknowledged it, independently of the extent of their claim, were dubbed ‘homœopaths’ *by their opponents*. They were also, as a matter of history, anathematised and excommunicated; were deprived of their posts in hospitals, of their chairs at universities, of membership of medical societies, and were thus, in accordance with a law of nature, driven into combination and organization *in self-defence*. There was then no question of the ethical aspect as a ground of objection; it was purely and simply a refusal to recognize as professional brethren those whose practice was based to any extent at all upon the despised ‘law of similars.’ On that ground Dr. Rapp, Professor of Pathology and Therapeutics in the University of Tübingen, was dismissed from his chair; Dr. Reith was removed from the staff of the Aberdeen Infirmary; while virulent but unsuccessful attempts were made to deprive Dr. Henderson of his post as Professor of Pathology at the University of Edinburgh, and Dr. Tessier of his staff appointment in the Paris hospitals.”

Then, “in order to show that the present ground of objection is a complete change of front,” Mr. Millican quotes the notorious resolutions passed in reference to association with homœopathic practitioners by the Provincial Medical and Surgical Association at Brighton in 1851, according to which it was declared to be derogatory to the honor of members of the Association to hold any intercourse with—“1st. Real homœopathic practitioners; 2d. Those who practice homœopathy in combination with other systems of treatment;

3d. Those who under various pretences, meet in consultation, or hold professional intercourse with those who practice homœopathy." On this he makes the following comment: "The second of these classes clearly ostracises even those who acknowledge only a partial application of the 'law of similars,' while the last enunciates a course of bigotry and intolerance which I believe it was reserved for the year 1887, in spite of the much wider views we now hold, to attempt to put into action."

The truth of this matter is that their puerile objection to us—that we are called homœopaths—was first made by Mr. Oliver Pemberton, at Birmingham, in a circular issued by him in 1875, when endeavoring—fruitlessly we are pleased to remember—to exclude homœopathic practitioners from the medical Institute of that town.

*The Lancet*, commenting on Mr. Pemberton's circular, said: "The whole dispute turns upon the assumption by the homœopaths of a name that is calculated to mark them off from the general body of the profession."

In a criticism upon this, at that time novel objection to us, we said:

"The name has come to be applied to us through the sectarian attitude and gross intolerance of the so-called allopaths. It is submitted to by us lest we should, by denying its propriety, seem to reject the truth of the doctrine, the holding of which has given rise to it. Had homœopathy been investigated calmly and dispassionably on all sides as a therapeutic doctrine, the name homœopathist would never have been known, while the homœopathic method would have been perfected, purified, and thoroughly established on a sound scientific basis long ere this."

This, and indeed much more, is now practically admitted to be a sound contention by Mr. Millican, who writes: "In the face of the facts I have just related, I would ask, 'ought we to complain, can we even be surprised, at the existence of a sectarian designation or of independent organizations?'"

Having in a previous passage compared the relations as to drug treatment between homœopathists and "orthodox" physicians with those now obtaining among surgeons with antiseptic surgery, he here says:

“It may be objected that \* \* \* there are no Listerian hospitals or societies, no men who dub themselves or permit themselves to be dubbed Listerians or Antiseptists. Granted; but are we so certain there would not have been if Lister had been deprived of his chair at Edinburgh, and if those who did not believe in or use his method had cast out those who did from their societies, dismissed them from their posts in hospitals, and refused to hold any professional intercourse with them whatever?”

A precisely similar illustration was given in the address before the British Homœopathic Congress in 1877, by Dr. Pope, when, after tracing the frequent and general use of the word homœopathist to the fact that homœopathy has never been allowed to be a fitting subject of enquiry through the ordinary channels for the investigation of professional questions, he said, that had its enquiry been thus propagated, those who adopted it might have come to be known as homœopaths, just as the followers of Brown and Broussais had been known as Brunonians and Broussaisists—a distinction which would have been confined to professional circles and unattended by any professional ostracism. “Oh!” but it was replied “they never attempted to open Brunonian dispensaries and Broussaistic medical institutes.” To this Dr. Pope rejoined: “The followers of Brown and Broussais were never on account of their therapeutic views excluded from filling posts at hospitals and dispensaries. Had they been so, doubtless institutions, where they could have put their views to the test of public practice would have arisen, and having arisen would have been known by some designation more or less indicative of their *raison d’être*.”

To recur to Mr. Millican’s illustration: A friend of ours, some three or four years ago, had occasion to engage the services of a well-known operating surgeon for a patient. In discussing the method of procedure, the surgeon said, “I make a point of letting it be known as widely as possible that I do all my operations antiseptically.” “Quite right, too,” was the reply, “but why, then do you object to me, and others like me, making it known that we prescribe medicines homœopathically? That was “a different thing altogether,” of course. But, though tested, he could not point out where the difference lay!

In reply to the question, "How stands the case now?" Mr. Millican says: "We are told that if those whose practice is more or less based upon the 'law of similars' will only abstain from calling themselves 'homœopaths,' give up their special organizations, directories and societies, and dismantle their hospitals, the hand of professional fellowship shall be once more extended to them. Individuals have tried it, and with what result? Why that they are at once accused of dishonorable conduct. Call yourself a homœopath and you are 'trading on a name' that is derogatory to the profession. Do not call yourself one and you are sailing under false colours. 'Heads I win and tails you lose.'"

In this article Mr. Millican, in the capacity of the "candid friend," has told the profession some wholesome truths, and by publishing them in a widely-read popular magazine has displayed to the public gaze the hollowness and utter insincerity of the reasons alleged by medical men for refusing all professional intercourse with homœopathists. Such a paper as his would have been suppressed by either of the leading medical journals, and we are not sorry that its being well known that it would have been so has led to its publication in a periodical enjoying a large general circulation. There is nothing that the ordinary medical opponent of homœopathy dreads more than the discussion of the therapeutic methods he ignorantly hates *in foro populi*. The attitude he has assumed towards it, and those who from experience believe in its truth, will not stand the test of ordinary common sense being applied to it. This he knows full well. The public, however, are perfectly well able to judge of practical results; are quite capable of knowing whether a method of treatment in cholera followed by a mortality of 16.8 per cent. is more or less desirable than one where the mortality rises to 51.0 per cent. The public are quite capable of forming an opinion of the relative merits of methods of treatment under which the patient is ill for 12 days and 32 days respectively—as in pneumonia. While as to the motives which actuate the "R. B. C.'s" and the "J. B. C.'s," the Thudichum's and the George Johnson's in their coarse and insolent treatment of homœopathic practitioners, the public are also very fair judges—as outsiders they naturally see most of the game!

## OPHTHALMOLOGY AND OTOLOGY.

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

## THE OPHTHALMOSCOPE IN MEDICINE.

The ophthalmoscope has taken its place in the ranks of modern medical appliances, and has come to stay. In the near future the necessary skill to at least determine the appearances of the normal fundus and its more marked pathological changes, will be one of the requirements in the most ordinary medical education.

As a means of diagnosis in some of the more obscure diseases of the human organism, and as a confirmatory authority in pathological conditions better known, the ophthalmoscope does and will take first rank.

The obstacles to the mastery of this wonderful instrument, like those to the acquisition of the art of swimming, are only apparent, and the knack once acquired, practice alone is necessary to proficiency.

During the coming college year it will be our earnest effort to stimulate ophthalmoscopic research, especially in the senior class. In the brief space allotted to us we will briefly mention without explanatory comment a few of the pathological problems to which in trained hands the ophthalmoscope will prove the absolute or confirmatory key. Its most brilliant revelations will be found in disorders of the urinary system, the frequent loss of sight from uremic poisoning, being universally known. In diseases of the brain and cerebro-spinal system, both organic and functional, the ophthalmoscope will give most brilliant results, notably in abscess, anæmia, hyperæmia, inflammation, hæmorrhage, injuries, concussion, tumors and softening. It has also a large range of application to vascular disorders, aneurisms; aneurism of the carotid is reported by Jefferson as resulting in inflammation and œdema of the optic papillae ("Staungspapillae"), also to plethora, anæmia of various parts, and diseases of the blood itself. And these are only a few of the uses of this wonderful gift to science, an instrument as yet in the very infancy of its growing usefulness.

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**EVERY MAN HIS OWN OPTICIAN.**

We recently saw two men, with the look of ordinary intelligence in their faces, engaged in the singular occupation of trading spectacles.

It would appear that the style and quality of the bows was the chief consideration in the barter, and the question of the adaptation of the glasses to the wants of the eye wholly secondary. It is astonishing how frequently in response to the oculist's inquiry as to where patient's glasses were obtained, he is met with the child-like response, "I found them," or "a friend gave them to me." Thus, instead of adapting glasses to the suffering eyes in accordance with the laws of refraction, these delicate organs are subjected to the fatal task of adapting themselves to any glasses that chance may throw in the way of their inconsiderate owner. This idiotic practice is the foundation of some of the worst and most hopeless cases of refractive trouble with which we meet. Let the general profession with oculists lift their voices and use their influence against the growing evil.

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DR. JOHN MORGAN, of Philadelphia, referring to the paragraph on aluminum probes, in the February number of *THE HOMOEOPATH*, says: "The aluminum probe in surgery is a home suggestion and practice of many years standing," and speaks of its use in detecting bits of glass in a wounded palm in his own practice, closing with the remark, "It beats silver all hollow."

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*Croton tig.*: In peculiarly violent forms of conjunctivitis, and more particularly the phlyctenular variety, and resembling the profuse, persistent and gushing lachrymation of rhus tox., we have often obtained brilliant results from this remedy, especially when the characteristic eruption of C. T. has been present around the inner canthus, and extending upon the nose. If the above symptoms are present the remedy will be found equally efficacious in phlyctenular keratitis.

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## Colleges, Hospitals and Societies.

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### NEW LICENCIATES.

The following have been granted licenses by the Homœopathic Board since our last issue:

B. F. Gamber, San Diego, Homœopathic Hospital College, Cleveland. . . . .	1877
Jackson Miller, Healdsburg, Western Reserve College, Cleveland. . . . .	1869
E. B. Hopkins, Pasadena, Homœopathic Medical College, New York. . . . .	1862
H. I. Hoppins, San Buenaventura, Homœopathic Med. College, Chicago. . . . .	1883
W. S. Ruby, Riverside, College of Hom. Physicians and Surg., St. Louis. . . . .	1877
E. B. Philbrook, Pasadena, Boston University. . . . .	1887

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### COLLEGE NOTES.

The prospects for a large class at the coming session are very flattering; letters of inquiry are constantly pouring in from all sources, especially from the East, where students are learning that by taking a course here the hot Eastern summer months can be avoided and time saved.

Several additional changes in the *personelle* of the college have taken place; Dr. S. P. Burdick has resigned his chair, Dr. Boericke has retired as treasurer, and the Board of Trustees has been increased by the following accessions: Drs. Lilienthal, Davis, Curtis and Peterson.

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### THE DISPENSARY.

The Hahnemann Dispensary, as an auxiliary of the Hahnemann Hospital College, has been recently established within the College building. It has been thoroughly equipped for service, having an earnest, working board of nineteen physicians and surgeons. Its object is to increase the clinical instruction of the College, for the practical advancement of her students; at the same time offering to the worthy poor their needful attention.

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A most convenient and useful article for those who wish to temporarily bind the HOMŒOPATH is one manufactured by the American Binder Co., of St. Paul, Minn. It is durable and an ornament to any physician's table. Price, \$1.00.

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## EDITORIAL.

WE wish thus early to call the attention of our California Homœopathists to the next meeting of the State Society, to be held in this city next month. The number of its members has been greatly increased, and we may look for interesting and valuable papers from the various bureaux, which seem to have been filled with care. But we wish to take this opportunity of inviting volunteer papers by any one, whether on an appointed bureau or not. It has ever been the policy of our State Society to encourage such contributors, since it is clearly impossible for the President to be acquainted with the special tastes and peculiar bent of the different members; and no one is ruled out from active work on any bureau simply because his name does not appear on it in the published list of appointees. We hope the many accessions to our ranks, especially throughout the Southern

part of the State, will avail themselves of this opportunity of meeting the homœopathic physicians of this city and come and join the State Society, and thus do their share in strengthening Homœopathy on this coast.

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THE Secretary of the Board of Examiners, of the California State Homœopathic Medical Society begs to call the attention of all new-comers into the State purporting to practice medicine to the law regulating it. The law as it now stands, requires a license issued from one of the three Boards of Examiners representing the three different schools. This license can only be obtained by sending to the Secretary of the Board *the diploma*, accompanied by an affidavit, stating the applicant to be the rightful owner of the diploma, (blanks for which can be had from the Secretary on application), and the fee viz: \$5.00. It is necessary to send the diploma itself for examination. The Board has no discretionary power whatever; cannot examine candidates; cannot receive certificates from other bodies, such as the State Board of Health, etc. The law is absolute, requiring a *diploma from some recognized medical college and the affidavit*.

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OUR readers will observe that the venerable Prof. Samuel Lillenthal, the results of whose fertile pen have graced almost every Homœopathic journal in the land for a generation, is a regular contributor to THE CALIFORNIA HOMŒOPATH. Each number will bring, we trust, some original contribution, or one of his inimitable translations of foreign matter to our pages, and we feel confident that every one of our readers will be gratified thereat. It may be of interest to inform the homœopathic profession right here that Prof. Lillenthal is industriously at work on the third edition of his Therapeutics, which he intends to make the most complete Homœopathic work on the subject.

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*Yerba Santa.* Cough with escape of urine every time he coughs. (Caust.)

## CLINICAL ITEMS.

*Eucalyptus*. In doses of 10 drops every four hours has been used in over 300 cases of Typhoid fever successfully. The remedy steadily and rapidly reduces the pulse rate and temperature, cleans the tongue and produces moisture of the skin within a few days. (L. Kestera, M. D.)

*Vipera* 7. Cured two cases of phlebitis, one acute and other chronic, where the symptoms of *bursting feeling in the veins* was very marked. The symptom of *Vipera* that called attention to the drug was observed in the cases of poisoning and reads: The veins would swell in the extremities and the recumbent position was painful.—Prof. Allen in *Chir-onian*.

*Thuja*: Intermittent neuralgia, worse evenings. Sleepless. Paretic weakness in extremities. Tendency to excessive obesity.

*Ichthyol in Chronic Urticaria*.—In the *Wiener Med. Blätter* is recorded the successful use of *Ichthyol* in two most obstinate cases of Urticaria—dose five drops three times daily, and applied also externally. This course established a perfect and lasting cure.

ACAYLPHA INDICA is the well known remedy for Hæmorrhages, especially of the lungs, rectum, etc. It is worthy of trial in all hæmorrhages, especially having notably a morning exacerbation.

*Nux* 12. Sleeplessness of literary workers who take coffee and who wake early, about 2 A. M., and cannot go to sleep again. The 12th of *Nux* will infallibly prove curative, but not the 1x. When there is aching in the limbs, not exactly rheumatic, *Rhus* 12–20 will act, but not in a low condition. For the sleeplessness of pruritus, *Morphia* 3x — Hughes — (Citric acid—*Magnes. mur.* and *cactus* should not be forgotten in insomnia).

*The Cough of Chronic Alcoholism* is peculiar in that it is mainly laryngeal. It has a whistling sound and is a characteristic as the loud bark of hysterical cough. It may be severe, causing redness in face, but is followed by no trouble, and is therefore distinguished from cough of Phthisis or Bronchitis, which is always followed by quickened respiration, due to diminution of residual air. In chronic alcoholism it is due to irritation of epiglottis, and is accompanied by diffused redness of fauces. In Bronchitis the cough often wakes a patient out of sleep, but in alcoholism he does not cough until after he has waked up.

The unwholesome fidelity to the researches of the old school is the legitimate result of materialism, which believes only in the tangible. It obscures thought and throws doubt over all interior mental processes. So long as we keep our minds bound to the vague generalisations of the allopaths, we will never advance one step forward, and will, sooner or later, utterly discard what has already been taught in the *organon*. (Farrington.)

*Hydrastis*.—The general symptoms calling for it are the cachectic state: weak muscular power, poor digestion and obstinate constipation. (O. S. Runnels.)

*Chimaphila*.—I have employed in incipient and progressive cataract with pleasing results, having been able to hold the increasing lenticular opacity in check in quite a number of cases. (B. W. James.)

*Cannabis indica* in lame back. A peculiar lameness in the lumbar region which interferes with motion of any kind. Patient complains of an ache, a gone sensation, a condition virtually the result of a strain—not to be confounded with lumbago. (Medical Era.)

*Ipecac* is a most valuable remedy in hæmophysis; its action is two-fold—the hæmorrhage ceases with the oncoming of nausea, and when vomiting ensues the lungs are cleared of the blood remaining in the bronchi and their subdivisions, thus lessening the dangers of after complication or sequelæ.

## CORRESPONDENCE.

[We are glad to publish the following communication from Prof. E. M. Hale, of Chicago, which sufficiently explains itself, and is certainly a very interesting, and, as now stated, we believe a just estimate of the climate of California.—EDITORS CALIFORNIA HOMŒOPATH.]

March 8th, 1888.

EDITORS CALIFORNIA HOMŒOPATH:—In your strictures on my letter to the *Medical Era*, relating to the climate of California, you unwittingly do me an injustice. You should have published the whole of my letter or none.

My letter was concerning California as a *winter climate for invalids*. Like thousands of other physicians in the Eastern and Northern States, I had read so much and heard so much about your glorious winter climate, that I sent hundreds of patients there, suffering with all sorts of diseases, to escape the *rigor of our winters*. I have had some sad experiences. Many whom I have sent to California died, and many got well. I could find no reliable testimony as to the kind of diseases that were certainly benefited by your climate. I therefore determined to visit your State in mid-winter and see for myself. I was soon convinced that your climate in winter is suitable for a certain class of diseases, and my previous observations were verified.

I found that *neuræsthenics, victims of brain fag, dyspeptics, the victims of hepatic diseases*, anæmic and choloretic women, and those of that sex who suffered from the duties of our exacting fashionable life. All with the above disorders I had sent to California (and many are now in San Francisco) were greatly benefited.

*Per contra*. Invalids suffering from cardiac diseases, pulmonary, bronchial, laryngeal or catarrhal troubles were *not* benefited. People broken down from old age or chronic rheumatism, or neuralgia were *not* benefited. I cannot recall one single case that reported favorably. Bear in mind that I refer particularly to your *winter* climate. I know nothing about your summer climate from personal experience, or from patients, for I have sent none at that season.

Californian physicians, with but few exceptions, have erred in the same manner as have the physicians of Florida and Minnesota. I recall the time when Minnesota was lauded to the heavens as an Eden for "consumptive and all kinds of chronic diseases." So was Florida and North Carolina. But later experience has brushed away all these "glittering generalities," and as the climate of those states becomes better understood, we find that it is adapted to only a small class of chronic maladies.

The climate of Florida is almost the opposite of California, it is moist (except in the middle belt); it is soft and enervating. All this winter the mercury has ranged between 50° and 75°, rarely going lower than 60°. The *winter* climate of Florida is favorable to the very diseases that are not benefited by the winter climate of California, and *vice versa*, except in one instance, neurasthenics do well and soon recover in both, unless they live in the great crush and bustle of hotels. In both States they must live quiet and peaceful lives. Let me add, in conclusion, that I value your climate highly for certain

~~Homeop.~~ Your skies are glorious; your mountains grand; your seashore inviting, and your tropical fruits appetizing, but your physicians must *discriminate*. You must not praise your climate for all diseases. Only by careful observations, experience and statistics, made by men who are unbiased, can you be enabled to state positively what diseases are benefited by your winter climate. Dr. Storuberg dare not say that all diseases are benefited by it. No California physician dare to assert it.

Yours truly,

E. M. HALE.

#### GOOD LOCATION AT SELMA.

(~~Advertisement~~): If you know any good Homœopathic doctor who wants a good location, tell him we need one here. We have a nice, thriving town of about 2,000 inhabitants, it has more than doubled in population in the last year, and is growing very fast yet, and will continue to grow. The water is as good as any in almost any part of the valleys of California, and is as fine a fruit country as there is in the State. Selma is sixteen miles from Fresno City, south; the population is mostly Eastern emigrants, and still they come; we have six churches and one good school, with six teachers in it; there are six doctors, all of them are of the old school, or allopathic, and all of them quacks, and positively not a good one among the whole lot of them. There are a great many people here of the Homœopathic belief, and they want a good doctor. Please do what you can to get one here as soon as possible, and oblige, yours truly,

J. A. LOWE.

**MORE WONDERFUL THAN HOMŒOPATHIC SMALL DOSES.**—The crystalline lens of the eye of the codfish is found by the microscope to consist of above five millions distinct fibres. These fibres are furnished with teeth like those of a watch wheel, and the teeth of the adjacent fibres lock into each other. Now, there are 62,500,000 of these teeth. Each tooth has six surfaces, which come into contact with the corresponding surfaces of the adjacent teeth, so that the number of touching surfaces is 365,000,000.

The attention of our readers is directed to the advertisement of Mann & Co., patent solicitors, in another column. Their name is familiar to patentees throughout the country. In connection with the publication of the *Scientific American* for the past forty years, they have made the drawings and specifications for more than one hundred thousand inventions, and their facilities for obtaining patents were never better than now.

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## Personal Notes, Locations, Etc.

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SIDNEY H. SMITH, M. D., has removed his office to 427 Ellis street.

DR. D. E. LANE, formerly of Rochester, Wis., has located at Alhambra.

DR. C. S. INGERSOLL, the pioneer Homœopathist of Montana, has located in Astoria, Or.

DR. GEO. B. DAVIS, of Petaluma, gave us a call the other day. The Doctor is doing well and seems to enjoy country life.

DRS. HENRY I. and ANNIE M. HOPPINS have located at San Buenaventura. The field is a good one, and we wish them success.

DR. ANNA H. BARNES has opened an office at 1010 Larkin street. A good location, and we wish the doctor the success she deserves.

DR. M. B. AVERILL, of San Diego, recently paid us a flying visit. The doctor is about to start a homœopathic pharmacy in San Diego.

We are pleased to learn that the authorities of the National Homœopathic Hospital of Washington, in which all homœopaths are interested, have elected Dr. Laura A. Ballard as Vice-President for California.

THERE are some good openings for Homœopaths in Oregon. Ashland, Medford, Jacksonville and Oregon City all need some one to practice Homœopathy, as there are in all those places homœopathic families.

THE annual commencement exercises of the Minnesota Homœopathic Medical College will be held on the 2d of April, when a class of four or five will graduate. Our enthusiastic friends of the northwest have been doing good work in their College, and we wish them success.

WASHINGTON TERRITORY offers some superior openings. Homœopathy is very favorably received everywhere in that region. Centralia, two thousand population, with over twelve homœopathic families, and no representative of our school. Olympia, over fifteen homœopathic families. Both ought to be occupied.

DR. HENRY R. STILES, late Medical Superintendent of the Middletown Insane Asylum, has established a private retreat for patients suffering with mental and nervous affections, and his well-known standing in the profession is sufficient guarantee of what the institution will be. This retreat is located at Hill View, Warren county, New York.

## BOOK REVIEWS.

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**A Compend of Pharmacy.** By F. E. STEWART, M. D., Ph. G. Second Edition. Philadelphia: P. Blackiston, Son & Co. 1887.

This excellent little volume is one of the most useful of the Quiz Compend series. It is based upon Prof. J. P. Remington's text-book of pharmacy, and contains within its compass the essentials of pharmacy, such as every student should be acquainted with. It would be well if every physician would, from time to time, glance through the pages of this or some similar volume, and thus refresh his memory about the drugs and preparations he constantly prescribes. Let every student avail himself of this labor saving and concise and practical work.

**A Consideration of the Wealth and Poverty of Nations;** embracing also the Evolution of Industry and its outcome. By W. N. GRISWOLD, A. M., M. D. San Francisco: The Bancroft Co. 1887.

This valuable contribution to the study of economical science is made by one of our ranks, and its production must have been a source of pleasure to its author as it is undoubtedly of profit to his readers. We hope soon to get the leisure to read it, and recommend all our readers to procure a copy and thus derive a wholesale change of mental pabulum.

### Prize Essays on Public Health Topics.

The American Public Health Association is fully justifying its title to be considered all that its name implies by the character of the sanitary publications it has recently been issuing. Its handsome volumes of Transactions are unfortunately only seen by those immediately concerned in its proceedings; but the reports of its committees, and individual papers which have been published as pamphlet monographs, notably, the reports of the Committee on Disinfectants, of the Committee on Disinfection of Rags, etc., are exceedingly creditable, and of inestimable value to the public. By far the most valuable of its publications, or of those of any other national association in this country or any other, are the Lomb Prize Essays, which are the fruits of the generous offer of one of its members, Henry Lomb, Esq., of Rochester, N. Y., on the following subjects:

- I. Healthy Homes and Foods for the Working Classes.
- II. The Sanitary Conditions and Necessities of School Houses and School Life.
- III. Disinfection and Individual Prophylaxis against Infectious Diseases.
- IV. The Preventable Cause of Disease, Injury and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them.

The wide reputation of the successful authors, and the ability and impartiality of the several prize committees, are sufficient guaranty of the excellence of the essays. They represent the latest accepted opinions on the

several subjects, and are written in non-technical style, that they may be interesting and intelligible to the popular audience for whom they are intended. This admirable series of essays should be in the possession of every one interested in the better preservation of the public health, on which public prosperity and national advancement so greatly depend.

The prices of the essays are as follows: No. 1, 10 cents; Nos. 2, 3 and 4, 5 cents each. In book form, well bound in cloth, 50 cents. To be had at the book stores, or upon application to Dr. Irving A. Watson, Secretary of the American Public Health Association, at Concord, New Hampshire.

**Photographic Illustrations of Skin Diseases**, being a complete work on Dermatology, an atlas and text-book combined. By Geo. H. Fox, M. D.

A new edition is being published; the plates are hand-colored, and represent ninety illustrations from life. It will be complete in twelve parts, at two dollars per part. Published by E. B. Treat, New York, and can be obtained by subscription.

**The Homœopathic Therapeutics of Rheumatism and Kindred Diseases.** By D. C. PERKINS, M. D. Philadelphia: Hahnemann Publishing House.

As the little work before me is just the very thing we have been looking for, I wanted to know who Dr. D. C. Perkins is, for though C. W. from Pennsylvania, Wesley from Maine and N. R. from Massachusetts, are members, I failed to see the name of D. C. among the Perkins' members of the American Institute, nor did I have better luck searching for his name among the members of the I. H. A. Well then, if we did not know before who D. C. Perkins is, we know it now, as his Essay on the Therapeutics of Rheumatism stamps him as a thorough student of our materia medica, as a strict adherent to the guiding principles of Hahnemann. We would only ask the author, if so permitted, what does he understand in speaking of kindred diseases? If he means "diseases of the nervous system," then we must beg him to give us a separate treatise on that interesting subject, and Dr. Perkins is perfectly able to undertake that task. Alas! at Hahnemann's time, that branch of medical science and art was an unknown factor, but by reading between the lines we get many a good hint from our present provings, and reprovings will fill up the gap. The name of D. C. Perkins will be soon a household name with every homœopathic healer, for rheumatism is the tormenter of too many people, and by selecting from the ample repertory the drug which covers the totality and thus curing our patient *tuto, vito et jucunde*, Perkins' name will be blessed forever more by physicians and patients.

S. L.

**Contributions to the Study of the Heart and Lungs.** By JAMES K. LEAMING, M. D. New York: E. B. Treat & Co.

"Old Wine in New Bottles," but the fine aroma of these essays loses nothing by being published in book form, in fact it is a great treat (beg pardon, no pun meant), as our younger colleagues hardly delve in journals of years gone by and many a valuable lesson is thus lost to students. As Homœopaths the therapeutical parts always attract our attention, and Leam-

ing's indications for *Thuya occidentalis*, for *mercurius dulcis* or *corrosivus*, for *ammonium muriaticum* and *kali. chlor.* are to the point, they are homœopathic, minus the dose and quantity is only the corollary, not the essence of homœopathy. All of us can subscribe to his idea that of all our medicinal agents each acts in a specific way peculiar to its self (which our school learns by its provings) upon the human organism and is beneficial or otherwise according to the wisdom of the practitioner directing its use. Leaming laments the prevailing empiricism of his school, and still the truth of a governing law in therapeutics, though known, remains to most of them a forbidden fruit, they are afraid of the name which clings to that eternal truth, and I candidly believe homœopathy under any other name would be accepted, and even the parvules swallowed. Of the pathological part it need only be said, Leaming is a thinker, such men have their own ideas and fear not to promulgate them. Buy it, by all means, you will learn that it is not so very difficult to examine heart and lungs.

S. L.

**A Practical Manual of Gynaecology.** By G. E. SOUTHWICK, M. D. 408 pages. Boston: Otis Clapp & Son. 1888.

This work, as we learn from the preface, is intended for the general practitioner and student, wherein can be found all the details of minor surgical gynaecology, diagnosis, local treatment and therapeutics of uterine diseases, and as such it seems to fill the bill exactly. The work in arrangement is a practical one. The therapeutics are good, but might be worked out a little more carefully. The hints as to local applications and methods are not out of place. The book deserves an extended sale, and we take pleasure in recommending it.

Among new publications is an interesting little volume by DR. J. C. BURNETT, of England, on Diseases of the Skin, from the organismic standpoint; written largely from the clinical experience of its author. He does not believe in merely local treatment of this class of diseases, holding it to be "shallow in conception, wrong in theory, harmful in practice, and therefore, inadvisable." If disease of the body bubbles up, so to speak, into the skin, like water from a spring, to treat it by washes and ointments or other outward applications, is really *not* treating the diseased state at all, but *only preventing its peripheral* expression. The little volume is an excellent homœopathic treatise, calculated to do much good in counteracting the baneful influence of the teaching that skin diseases are local in character and local treatment alone suffices.

#### PAMPHLETS RECEIVED.

**On the use of the Vaginal Tampon in the Treatment of Certain Effects Following Pelvic Inflammations.** By THOS. A. EMMET, M. D. Reprinted from the *New York Medical Journal*, February, 1888.

**Ledger of Monthly Balances and Index of Accounts.** A companion to the Medical World Visiting List. Philadelphia: *The Medical World*.

**A Treatise on Salol**, the new remedy for rheumatism, etc. Published by W. H. Schieffelin & Co., New York, 1888.

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**POPULAR DEPARTMENT.**

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**THE MANAGEMENT AND CARE OF CHILDREN.**

BY WM. BOERICKE, M. D.

**III.**

The first bath and dressing having been accomplished, and the baby enjoyed its first nap, it is now ready to make attempts at nursing, which introduces at once the important chapter on

**HOW TO FEED THE INFANT.**

As a rule, it is well to put the child to the breast after the first long nap of the mother, which is so essential to her welfare and speedy recovery, though the baby probably needs no nourishment for the first twelve hours. However, in order to appease its crying, should it do so persistently, and the anxious fears of the household lest it be starved, a teaspoonful of warm, sweetened milk and water now and then may be given. The very fact that the breasts do not secrete true milk until after two days, shows that it is not essential to the child, although the fluid found in them at this time, the so-called colostrum, contains necessary salts, and by its slightly-purging effect acts quite wholesomely on the contents of the child's intestinal tract, and, again, the influence of suckling reacts favorably upon the mother's organism, aiding the re-establishment of the natural state of things. Of course it is practically impossible to do otherwise for the first week or two but give baby the breast whenever it awakes, perhaps every hour and a half or two hours, but as soon as possible it will be advisable to establish regular times for feeding: every two hours during the day, and every four hours at night—that is, one meal between 9 P. M. and 5 A. M.; but after three or four months this night meal should be omitted in the case of every healthy babe, and the day-meals given every three hours. The duration of a baby's meal is usually twenty minutes, and it may be prolonged, especially with weakly infants, to thirty and thirty-five minutes.

A really healthy babe does not sleep during nursing, but afterwards. There may be some difficulty at first in getting the baby to suckle. It must be trained to it, and it often requires a good deal of patience and knack on the part of the nurse. There are a few points worthy of special remembrance. The mouth of the infant and the nipple of the mother should be carefully wiped with a soft cloth dipped in warm water before and after each nursing, and the breasts themselves protected from every pressure. The baby's head must be so held that it cannot jerk backwards, and the nose must not be pressed into the breast, for obviously then it cannot breathe. The horizontal position is best while the mother is convalescing, thus securing her rest and protecting the pelvic organs from pressure by weight; but frequently all sorts of positions must be tried before the baby's efforts at nursing prove successful.

If the mother has a sufficient supply of healthy milk, *the child needs absolutely nothing else for the first eight or nine months*, or until the teeth begin to appear. Unfortunately, many mothers cannot, and some who could will not, fulfill this highest use to their offspring, and frequently, too, after the fourth or fifth month, the mother's milk decreases or becomes deteriorated in quality, or her strength suffers in consequence of the nursing, and so it becomes necessary to substitute some sort of artificial feeding, which demand is met by innumerable infant's foods advertised everywhere, and the market becomes thus flooded with all kinds of substitutes of mothers' milk; *all of which, when compared with nature's article, are inferior to it*, without any exception, and most of them only more or less objectionable. In choosing a substitute we must remember to secure one that bears closest resemblance to mother's milk. This must ever be our guiding principle; but, further, we must also bear in mind that the infant's assimilative powers are very limited, and that it reacts violently against imperfectly digested substances. The artificial food, while containing all the necessary nutritive elements in the same proportion as mothers' milk, must be free also from all foreign matter liable to produce mischief in the digestive tract—as foods containing starch, too much sugar, etc. What shall it be? is the impor-

tant question to be solved. Naturally enough our first thought is *Cow's Milk*; not necessarily milk from one cow, as was held so strenuously some years past, but good, ordinary cow's milk, such as is obtainable at all times. Only be sure it is delivered to you in as pure a state as possible and undiluted. Now, by comparing both kinds of milk with each other, we notice certain differences of composition, which we must bear in mind in order to prepare cow's milk in the most acceptable form for the baby's power of digestion; that is, by bringing its composition most nearly to that of mothers' milk. Without going into the minute analysis, it will be sufficient to call attention to one or two of the chief differences in their composition. Of the ingredients of milk, we find that cow's milk contains decidedly more casein, more butter and salts and rather less sugar. For all practical purposes, therefore, we approach very nearly the composition of mothers' milk by simply diluting cow's milk with water and adding sugar of milk. The water for this purpose should be previously boiled. It is not advisable to dilute the milk, except perhaps for the first few days, with more than an equal amount of water since by a greater dilution, we lessen the quantity of fat contained in the milk which is a very important factor in the development of the infant's organism. After a few months, two or even three parts of milk to one of water will give the right proportion.

The difference in the quantity and also in the behavior in coagulating of the casein forms the most important practical difference between the two kinds of milk. For while the mother's milk coagulates in minute particles, that of the cow causes a curd of comparatively large tough masses, which fact explains its more difficult digestion, requiring more time for the digestive fluids to penetrate and dissolve them. Now, it is a fact that the addition of lime-water, securing as it does the alkalinity of the milk, also makes a difference in the formation of the coagulum, and it is quite rational practice on theoretical grounds to use the same. Still I should prefer to avoid its regular and continuous use and employ it only at times, or when gastric irritation plainly calls for it. The best substitute then for mothers' milk during the entire period of infancy is cow's milk prepared as above suggested.

Other substances are advisable only when this cannot be obtained or plainly disagrees.

For the first month prepare as follows: Boil a cup full of water, add a small teaspoonful of sugar of milk, then simply add one-half a cup full of cold milk, and the food is ready for use. After the first month, add one cup full of milk instead of one-half, and after the fourth, should there be some difficulty of digesting this preparation, it may be well to add some lime-water until the function is normal; to the above quantity two tablespoonsful will be sufficient.

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*Kalmia* is of superior value in rheumatic affections of the heart, especially when associated with albuminuria. Ascites occurring in a rheumatic subject, when the heart has been impaired and a large percentage of albumen is transuded through the tubuli of the kidneys, would be benefited and probably occasionally cured by *Kalmia*.

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*Ledum* may be serviceable in ascites associated with the gouty diathesis. A prominent symptom is constant chilliness, though at midnight there may come a sense of suffocation and heat, patient throwing off the bedclothes and becoming very restless. *Ledum*, patient is morose, discontented, much interested in the subject at hand.

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*Argent. nit.* is frequently called for in albuminuria. I have given it in those cases where the quantity of urine seems to be sufficient, but where the quantity of albumin is also relatively large. I have found that *Arg. nit.* would more rapidly diminish the quantity of albumin than any other remedy. (Dr. Custis.)

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*Gelsem.*—Neuralgia of anterior crural nerve, pain goes up to the iliac crest and down to the knee on the inner side, between these points there is great tenderness; tenderness behind the great trochanter.

THE  
CALIFORNIA HOMŒOPATH.

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ORIGINAL ARTICLES.

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MERCURIUS CYANATUS IN DIPHTHERIA.

By S. L.

The old school is perfectly welcome to verify the drugs which emanated from our own school, especially as they are also falling in our traces to give one remedy at a time in minute doses. In fact one might nearly believe that the old school takes everything from us without acknowledging receipt, in fact some of them become even more Homœopathic than some who belong to our school, pride themselves to be Homœopathic physicians, but fail too often to be Homœopathic prescribers. As long as this dominant and domineering school fails to adopt our shiboloth, the *similia similibus curantur* as the guiding star in their therapeutics, empiricism will remain for them the only guide, and what an unsafe guide this only remains experience has shown for centuries. But to my point. In the Allgemeine Med. Central Zeitung, 20, 1888, Dr. Sellden gives his experience with the Mercur. cyan and gives his own statistics in the treatment of Diphtheria with or without that drug. From 1879 to 1882 he treated 564 patients and lost 523 or nearly all at that time. Prof. Schultz recommended the cyanide of mercury very highly, and during the four years

from 1883 to 1886 he followed strictly that advice, treated 160 persons and lost only 29. It cannot be said that the symptoms in the first four years were more severe than in the later years; it cannot be considered merely accidental, for he met the same pseudo membranes, glandular affections, foul breath, etc., and where as formerly he relied on Kal. chlor., Pilocarpinum, balsamica, etc., he relies now exclusively on one drug and fares well with it. Other well known Swedish physicians relied upon the cyanide of mercury in more than 1,400 cases and lost only 69, a percentage of 4.9.

Still there were a few cases where its action was not prompt enough, and he gave it then in alternation with the iodides of mercury. He thinks that with small and frequently repeated doses the body becomes so saturated with Hg. that the bacteriæ of Diphtheria do not find a suitable soil for their growth, their reproduction is limited, the constitution of the patient gains time to recuperate, and the vis medicatrix naturæ gains the victory.

His prescriptions are: R. Cyanide of Mercury, two Centigrammes (one third of a grain); Tinct. of Aconit., 2 grmm.; mel. crud., 50 grmm.; aqua destill., 150.0 grmm; MDS, a teaspoonful every  $\frac{1}{4}$ ,  $\frac{1}{2}$  or whole hour, according to the age of the patient. He is opposed to all swabbing and penciling, and gives as a gargle, R. Mercur cyan., 4 ctgrmm. to 400 grmm., Aqua menth piper. MDS, gargle every  $\frac{1}{4}$  hour.

This is about one-third of a grain to more than six ounces fluid, and approaches closely to some of our lower medium potencies, and we may well be satisfied with the dose and with the frequent repetitions. In order that our own physicians may prescribe it with more confidence, let us study its symptomatology. Allen gives us in his Encyclopædia, VI, p. 263, 8-10, eyes sunken, pupils dilated; 20, gums swollen and covered with a thin, adhesive, whitish coating; tongue with yellow coating at its base; buccal mucous membrane red and injected, ulcer in mouth spreads and is covered by a large gray leathery coating; 30, great redness of fauces with difficulty of swallowing; 94, general debility and extreme prostration, frequent fainting; 102, icy coldness of skin; 110, skin moist and cold.

Farrington in his *Classical Clinical Materia Medica*, p. 548, teaches: We have in the Cyanide of Mercury one of the very best remedies in diphtheria, especially when it is of the true malignant type, by reason of the presence of the prussic acid you will find it indicated in cases where the patient is very much prostrated from the beginning. The pulse is quick, 130-140, and has no volume. The membrane at first is white, covering the velum palati and tonsils; the glands soon begin to swell, and then the membrane becomes dark, threatening even to become gangrenous; weakness extreme; breath fetid. loss of appetite; nose-bleed sets in, and this a dangerous symptom; expectoration thick and ropy; harsh, barking, croupy cough, with dyspnoea; blueness of surface and extremities; quick, weak pulse.

Selden goes a step further than Farrington, and believes that prevention is better than a cure, and as he is not an adherent to strong symptomatic individualization, he practices only from pathological indications. Diphtheria is to him diphtheria, and cyanide of mercury its prophet. Our younger colleagues might do worse than to follow the example of these Swedish physicians, but still our materia medica offers so many similia that he who reads well the symptoms of the patient cannot fail to find its counterpart in his materia medica, even though he owns only the condensed works of Hering, Lippe or Cowperthwaite. Stick to your flag and you will succeed.

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### SCHUSSLERISM AND HOMŒOPATHY.

It has been objected that the indications of Schussler for *Natr. Mur.* and those of homœopathy are not the same; that in some cases they are the opposite, etc., and therefore homœopathy cannot claim even a relationship with biochemistry.

Upon a careful examination of the provings, we find that no indications for this drug mentioned by Schussler are absent, though sometimes they are expressed differently; for instance to correspond with Schussler's symptom: "frothy bubbles of saliva upon the tongue," we have half a page of

Allen's Encyclopedia devoted to saliva symptoms, moisture of the mouth, tongue, etc.

Schusslerism is an *incomplete* homœopathy. The indications are scanty and no Homœopath would think of prescribing *Natrum Mur.* or *Silicea* upon them alone, so long as the provings offer a more complete and reliable guide.

The following we take from the *St. Louis Clinical Reporter* from an article entitled "Characteristics in Throat Diseases," by Prof. J. T. Kent.

*Ferr. Phos.*—"Throat inflamed, red and hot; some fevered face; painful swallowing when indications for other remedies are not clear. (This should not be given for the first stage of diphtheria, nor should any other remedy be given for the first stage of a disease, when there are clear, undoubted *indications for a remedy it* [the indicated remedy] *should be given*, and not until, should any remedy be thought of for the first stage.)"

This seems to be rather paradoxical. We are not to give a remedy for the first stage of a disease because it is the first stage, nor at any time except when there are "*undoubted indications for a remedy*," but we may give it "*when the indications for other remedies are not clear*"—that is, when we do not know what else to give! Jahr, in his "Forty Years' Practice," recommends Ipecac in intermittent fever when the indications for other remedies are not clear. This is given to "clear up the case." We know of no proving wherein the symptom, "when the indications for other remedies are not clear," has been recorded. "Consistency, Thou are a jewel."

We once asked one of our homœopathic nestors, who is considered an authority on pathology and therapeutics, whether he used Schussler's remedies. He informed us that he did, but always, according to the homœopathic indications as found in the provings, and then we were cautioned very strongly against the unhomœopathic theories of Schussler. "Where do you get indications for *Magnes. Phos.*," we asked. "From the combined pathogenesis of *magnes. carb.* and *phosphorous*," was the reply!—another case of consistency and scientific accuracy combined.

*Salt in Migraine.*—Common salt in appreciable doses in water has aborted paroxysms of Migraine, especially in those cases arising from stomach disorders.

An article appears in the *Homœopathic Physician* for April on ten of Schussler's remedies, homœopathically considered. In it are notes of two cases (from B. and D.) cured by *Kali Sulph.*, and some kind words about *Magnes Phos.* curing colic. Both are unproven remedies, but they were used by a pure Hahnemannian.

There are several interesting cases of cures by *Kali. Phos.* on record, but as the cures were not made by members of the I. H. A., the authenticity was probably questioned, as no mention appears in the above article.

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## SELECTIONS.

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### PHYTOLACCA CONIUM, AND ARSENICUM IODIDE, IN DISEASED MAMMAE.

By J. C. CULVER, M. D., BOSTON, MASS.

PHYTOLACCA, "poke-wood," "American night-shade," or cancer-root, is a native plant found in our uncultivated fields and meadows, or along hedges, and is known by agriculturists as "garget." It is also found in North Africa and Southern Europe, and supposed to have been transplanted from America. When young it serves as an article of food, as dandelion or spinach. When mature, its foliage is quite attractive, and one finds upon the same plant (which attains a height of five or six feet, with the main stalk several inches in diameter) large, rich-colored leaves, beautiful clusters of purple berries, green unripe fruit, and blossoms at the same time. Its appearance is thus very striking.

From the ashes of the stems and leaves, according to the United States Dispensatory, a large per cent of potassa is obtained,—not less than forty-two per cent of caustic alkali.

The officinal preparations are from the fresh root and ripe

berries, the former considered to be the most active. The berries yield a purplish-red juice, which is sweet and nauseous, slightly acrid. From analysis the root is found to contain tannic acid, starch, sugar, resin, and other substances.

*Its Toxic Effects.*—It is emetic, purgative, narcotic, produces violent tonic spasm of the muscles, great prostration of strength. Hale gives its analogues as ars., bell., arum., iris, kali bi., lach., merc. iod., sanguinaria and sulphur.

Hughes recommends employing the whole plant, and specifies the action of the drug as best seen in its power over certain manifestations of rheumatism and syphilis, its adaptations to certain throat ailments, and its influence upon the mammary glands. The tincture made from the berries only, seems to be better adapted to rheumatism. The use of it for granular conjunctivitis is mentioned.

Its influence upon the mammæ of cows is interesting. In the vicinity of its growth they are sometimes tempted to partake of its foliage. The udder soon takes on inflammation. Contact with the teats by the milkman gives pain, and the cow shows illness in her movements generally. Some of our intelligent dairymen are in the habit of steeping the garget, as they call it, and, adding lard to it, they apply the same to the swollen udder.

In the human female, mastitis is not uncommon, especially in the young mother. The breast is imperfectly emptied, attributable to sensitive or diseased nipples. Or the nipple is defective, imperfect, causing obstruction to perfect freedom in the flow of milk from the breast. This, and other causes, as sudden cold, continued pressure, may cause a disease in the otherwise healthy gland, and oedema results. The entire gland or portions of it, become indurated; motion of the arm is attended with pain, which is often very distressing, and particularly so if excoriation of the nipples co-exists. A sense of heaviness is observed preceding the pain. When left to its self for a short time, the skin becomes red, swollen, the temperature of the body is increased, and pyrexia is present; rigors occur later, and suppuration follows. Headache, anorexia, pain in the back, pain shoots down the arm from the axilla, and reflect symptoms are seen in unsuccessful attempts to urinate, with nausea accompanying.

The patients are usually of a scrofulous diathesis, nervous temperament, blond complexion. Here is your picture for the *phytolacca* internally. May we not imitate the farmer, and apply the same externally? As an inunction, it soothes the distended and inflamed surface, softens and subdues the inflammation. It acts like a narcotic in quieting the pain.

The third dilution does good work for these cases, taken internally. With the tincture, we would make, with *cosmo-line*, the preparation for outside application.

*CONIUM*, or spotted hemlock, is a native of Europe, but has become naturalized in our own country. It grows near old residences, on waste ground, or by the roadside. It is a plant growing from three to six feet in height. The blossoms, which are very small, appear in June or July. Their color is white. From the plant is exhaled a disagreeable fetid odor, at this time, and its effect is said to be very narcotic. The higher the temperature, and the dryer the atmosphere, the more powerful its effect.

Official preparations are from the leaves and fruit, which are mere seeds. Hughes, as in *phytolacca*, recommends the use of the whole plant.

According to the United States Dispensatory, water distilled from the fresh leaves has the odor of the hemlock, and a nauseous taste, but does not produce narcotic effects. The narcotic properties are secured from treatment in alcohol and ether.

Taken in half grain doses, it produces headache, vertigo. Its toxic effects were well known to the ancients, and used to destroy life. It produces diminished action of the heart, difficulty of speech, sensation of numbness, dimness of vision, and ultimately death.

By analysis, a very odorous oil, resin, and other substances are obtained from the plant, the oil being the principle containing the odor spoken of as existing in the vicinity of its growth.

Dunghlison says "Davidson's remedy for cancer" is said to consist of powdered hemlock and arsenious acid. *Conium* he speaks of as having been applied as a fomentation to cancerous and scrofulous ulcers. It has been used as a remedy

for various diseases of the skin, as psoriasis, acne, eczema, and prurigo; given in scirrhus, in mammary tumors; and the fresh leaves as an anodyne cataplasm.

From the provings of conium, Hahnemann found engorged glands, or a tendency to them, and recommended it in practice for such conditions, notably from traumatic causes.

He says it is anti-scorfulous, has a specific action on the female breast, dissipating its engorgements and tumors, and relieving its pains. During the catamenial period, it is noticeable in hysterical, highly nervous temperaments, that the breast is sensitive, irritable, sometimes painful. A blow, contact with any hard substance, or a closely fitting dress, even, with whale bones pressing upon the breast, at such times arouses inflammation more quickly. Age does not seem to make any difference, as we find these cases among our young girls as numerous as among our women of thirty-five and forty.

Tumors of the breast, involving a greater or less portion of the mammary gland, frequently come under our observation, which are traceable to injuries, not infrequently during lactation.

Over-use of the arms (in book-keeping, in persons employed in printing offices, in factories, in servants who do a great amount of sweeping) tends to bring on, in scrofulous persons, diseased conditions of the mammæ. I think house-keepers or house-servants, as far as my observation extends, are more often the victims. It may be due to the fact of their being subject to a constant change of temperature.

The cold compress greatly aids in reducing these swollen, indurated glands, and in conium we have a remedy which acts like gelsemium in quieting the hyperæsthesia of the nervous system. It acts like baryta carb. in reducing the œdema and softening the indurated portion, and like phytolacca in relieving the pain. Persevere with its use, and you will be pleased with your results.

ARSENICUM IODIDE.—Just how long this drug has been in use, I am unable to say. Hale gives it a place in his "New Remedies." He gives no special indications for its use in diseased mammæ, but quotes from Thompson its use in dis-

eases resembling cancer. It gives me pleasure to give you from my experience, results from its use in a few cases which were unlike in origin, occurring in youth and middle age.

CASE No. 1.—A widow of fifty-eight years. Never a mother. Business woman, of active temperament and strong constitution. She has been a victim, two years previous, to an attack of hemiplegia, from which she had not fully recovered.

She accidentally received an injury in the left breast, which at the time gave her some pain, but in the course of a few days passed off, and the injury was forgotten, until several weeks after, a dark red spot appeared above the nipple. It was three quarters of an inch in diameter, and covered a portion of the mammary gland, which, upon examination, seemed hard, like cartilage. It was extremely painful, and she described the pain as clawing, drawing, burning, giving her little rest by day or night. The pain passed to the dorsal surface, and down the arm of the affected side. The axillary glands were sensitive; and, from loss of sleep, and the great anxiety lest she was the victim of a cancer, her general health was empai red.

From recent success with the drug in the case of skin disease, I was led to employ it in this case. The sixth was given in grain powders. A slight improvement. We were both encouraged. Its administration was continued (omitting occasionally as other remedies were indicated for a cold, or other slight disturbances) for a period of eighteen months, when the gland appeared entirely healed. It is now three years, and we have heard no note of alarm.

CASE No. 2—A young woman. Single. Also of habit active. Age, thirty-three Scrofulous diathesis. Victim to varicose veins in both legs. Always overworked. Right lateral side of right mammæ indurated. Painful. No discoloring of the skin. Burning, heavy pain extends to dorsum. Arm of side affected, weak. Motion increases pain. Axillary glands sensitive, enlarged. "Cannot remember any fall or bruise," but thinks it possible she may have felt some sensitiveness in the whole side since she made a desperate

effort to save a friend from falling from a railroad bridge over which they were walking. Four months persistent effort was put forth in her behalf, during which time she received *ars. iod.* From time to time other remedies were made use of, but we were led to return to the first named, and we always felt rewarded. The result was satisfactory to both.

CASE No. 3.—Single woman, thirty-five years of age. Worked in a chocolate-factory. Had to use her arms rapidly and constantly. When the case came under observation, a portion of the breast had been removed by a friend applying a plaster which she had in her possession, supposed to be efficacious in the removal of cancers, this person supposing she had one. The breast was entirely healed on the affected side, but for two years she had been treated by a quack for a tumor upon the inner side, towards the sternum. Upon examination and consultation with Dr. Talbot, the portion of the gland affected was decided *not* to be in a cancerous condition. It was indurated, gave her pain in the arm of the affected side, was weak and almost useless; but the axillary glands were not enlarged or sensitive. He advised perfect rest, and remedies to be given, *phytolacca*, *conium* and *asterias rubens*; the three to be given, one following the other; the administration of each remedy to be continued a week. The progress was satisfactory until necessity drove her to her work again; then appeared more acute symptoms than before. *Ars. iod.* was given, with success. No further trouble has been experienced. The whole treatment occupied the most of two years.

CASE No. 4.—This was a case of cancer; the patient, eighty years old; of scrofulous diathesis, but of active temperament and cheerful disposition. Had been fighting the terrible suffering very privately, not allowing her best friends to come into the secret, until the diseased mass was sloughing off and becoming offensive.

It occupied the left breast, and already a large portion of the gland had disappeared. *Ars. iod.* relieved the burning pain, gave quiet sleep, and did greatly mitigate her sufferings to the end.

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**OPHTHALMOLOGY AND OTOTOLOGY.**

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

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In the March number of the *North American Journal of Homœopathy* is an article by Dr. Chas. Deady, on "The Pathology of Conjunctivitis Trachomatosa," which merits more than a passing notice. In no department of ophthalmology is there more confusion than in the relation of the different forms of palpebral conjunctivitis as described in the books. Dr. Deady has started a line of thought and research, which, if carried to its legitimate fruitage, must result in a better understanding of disorders which at present are greatly confused in their pathology and aetiology. Undoubtedly a want of accurate knowledge of the nature of the simple forms of conjunctivitis has resulted in excessive and irrational measures in dealing with diseases which, under proper hygienic conditions, would recover spontaneously. The milder forms of follicular conjunctivitis are undoubtedly often converted into incurable trachomas by too energetic treatment. The frequent merging of the simpler with the graver troubles in the pathological picture, suggests the advisability of leaning to the side of simplicity and mildness in the selection of curative agents. Blue-stone is the active agent in the production of many cases of trachoma which need never have gone beyond the stage of simple catarrhal or follicular conjunctivitis.

The meeting of the State Society will follow closely this issue, and let us hope that Ophthalmology will receive the attention which its importance deserves in the convention.

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**THE EYE IN DISEASE.**

A physician in New York, who has made a lifelong study of the eye, thus sums up his experience: Falling of the eyelid indicates paralysis of the 3d pair of nerves. Inability to close the eye indicates facial hemiplegia and cerebral disease.

Yellow lamina indicates liver disease. Ecchymosis into the conjunctiva indicates laryngitis. Redness of the conjunctiva with watery discharges from the eye indicates the initial stage of eruptive fevers, usually measles. If the tears flow freely indications favorable. Spots upon the cornea indicates strumous constitution. Dilatation of the pupil indicate fatigue, worms in the intestines, meningitis in second stage, and blindness occasionally. Atrophy of the optic nerve, epilepsy and chloroformism. Unequal dilatation of the pupils indicates progressive paralysis. Contraction of the pupil indicates tabes dorsales. Deformities of the pupil shows Iritis or syphilis. Cataract in the old is usually of diabetic origin.—*News*.

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## Colleges, Hospitals and Societies.

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### STATE SOCIETY.

The twelfth annual meeting of the California State Homœopathic Medical Society will convene at the Hahnemann Hospital College, in this city, on Wednesday evening, May 9th, at 8 P. M. A full attendance is expected. The Chairmen of the Bureaux are as follows:

Clinical Medicine, C. H. Thompson, M. D., Santa Rosa; Obstetrics, H. L. Stambach, M. D., Santa Barbara; Diseases of Women, E. R. Ballard, M. D., San Francisco; Diseases of Children, L. J. Kellogg, M. D., San Francisco; Surgery, J. J. Miller, M. D., San Jose; Ophthalmology, H. C. French, M. D., San Francisco; Materia Medica, Samuel Lilienthal, M. D., San Francisco; Medical Education, etc., G. E. Davis, M. D., San Francisco; Electricity, J. W. Moliere, M. D., San Francisco.

It is the duty of each Bureau to present a report, thus aiding in making the meeting a success. Those who contemplate joining should prepare an initiation paper, not that such is required, but that it is a good habit to get into.

## NEW LICENTIATES.

The following have been granted licenses to practice by the Homœopathic Board since our last issue:

C. E. Connor, Pomona, Chicago Homœopathic College.....	1888
C. F. Bennett, San Diego, Chicago Homœopathic College.....	1884
L. Gregory, San Jacinto, Chicago Homœopathic College.....	1887
E. P. Lanthurn, San Rafael, Pulte Medical College, Cincinnati.....	1882
J. C. Harrison, National City, Bennett Medical College, Chicago.....	1882
H. H. Crippen, San Diego, Homœopathic Hospital College, Cleveland..	1884
C. L. Dyer, San Jose, New York Homœopathic Medical College.....	1885

The following resolution has been adopted by two of the Boards of Examiners of California, and will probably be adopted by the third at its next meeting.

WHEREAS, the law to regulate the practice of medicine in the State of California provides that the Board of Examiners, in the discharge of its official duties, shall determine what colleges, the diplomas of which are presented in applications for certificates, are "in good standing;"

And, whereas, it is apparent that the protection of the public, and the best interest of the profession require a higher standard of medical education than that which is now adopted by many medical colleges, therefore,

*Resolved,* That on and after April 1st, 1891, the Board of Examiners, of the Medical Society of the State of California, will not grant certificates to practice medicine on diplomas issued after that date, by colleges which do not require that all candidates for graduation shall have studied medicine not less than three full years, and shall have attended not less than three full regular courses of lectures delivered during three separate years.

## THE COLLEGE.

Prof. Albertson will deliver the opening lecture at the College on Tuesday, May 1st. A good class is expected; several have already matriculated. The clinics at the Dispensary are the best on this Coast; a record should be kept of them and an annual report published in connection with the College announcement. This would show up our clinical advantages in good style.

## THE AMERICAN INSTITUTE SESSION — PRELIMINARY NOTICE.

EDITORS CALIFORNIA HOMŒOPATH:—The American Institute of Homœopathy will convene in its forty-first session and celebrate its forty-fourth anniversary at the International Hotel, Niagara Falls, New York; commencing Monday evening, June 25th, and closing Friday noon, June 29th. The local Committee of Arrangements has secured suitable rooms for the general and sectional meetings, as well as for committees, etc. The capacity and accommodations of the hotel are ample for all members and other physicians and their friends who may be in attendance. The Committee on Railroad Fares expects to secure reduced rates over all the trunk lines and branches. Full particulars of hotel and railroad rates will be announced hereafter.

Among the general subjects to be considered during the session, may be mentioned the following: "Results from Homœopathic Medication;" "Provings, and Verification of Provings of Zincum Met. and its Salts;" "Indications for Zincum in Nervous and Uterine Diseases;" "Surgery of the Intestinal Tract;" Operations upon the Gall-bladder;" "Accidental Complication of Gestation;" "Uterine Therapeutic;" "Nervous Diseases of Infancy and Early Life;" "Acute Inflammations of the Eye, Ear and Throat, and their Consequences;" "Influence of External Agents in causing Disease;" "The Relation of Nutrition to Nervous and Mental Disorders," etc., etc.

Reports of great interest will be presented upon the subjects of, "Statistics of Homœopathy;" "Pharmacy;" "Drug Provings;" "Medical Education;" "Medical Legislation;" "Medical Literature;" "The Colleges," etc.

Any member of the Institution engaged in the preparation of a paper, and who has not already reported its title to the appropriate bureau chairman, should do so at once. Papers should be completed at the earliest possible day, and those likely to consume more than fifteen minutes in reading, should be accompanied by an abstract. See Article VII, Section 11, of the By-Laws; also see Resolution adopted July 1st, 1887, Transactions, page 848.

It is very desirable that all requests for statistical and other information, sent out by Dr. T. F. Smith, of New York, Chairman of the Bureau of Organization, Registration and Statistics, should be responded to *without the usual delay*—a delay that always makes it difficult for him to complete his report in time for presentation to the Institute.

Any physician having special knowledge of the life, labors and character of any Institutè member, who may have died during the year commencing July 1st, 1887, will confer a favor by communicating with Dr. Henry D. Paine, the Necrologist, No. 134, Madison Avenue, New York.

Each State or Inter-state society is entitled to be represented at the session by two delegates, and one additional delegate for every twenty members; each county or local society by one delegate; each hospital, asylum, dispensary, and journal, one delegate; each college two delegates to compose the Intercollegiate Committee of the Institute. It is not necessary that delegates be members of the Institute, yet they are entitled to all the privileges of membership except voting and eligibility to office.

The "sectional" plan of scientific work, inaugurated last year, proved a step in the right direction, and the Committee having the matter in charge is working earnestly to improve and perfect it. Under the operation of the new method last year, while the aggregate text of the essays was diminished, the amount of "discussion" was increased about sixty per cent., requiring for its publication ninety-four closely printed pages of the *Transactions*. The *quality* also of the discussion was of a higher order than heretofore. Under the improvements likely to be instituted this year, it is reasonable to anticipate a session successful in some respects beyond all precedent.

It is suggested that in those States and localities in which the Institute membership is small, the offices of the State and local societies should provide for a canvass of their respective districts, for the purpose of increasing their representation in the National Society. Especially should the "active members" of local societies be induced to identify themselves with the Institute and its work.

The terms of membership are: Initiation fee, \$2; annual dues, \$5. Blank applications for membership may be obtained by addressing the undersigned.

The General Secretary's circular, including the entire programme, will be issued some three weeks prior to the session. Full details will be furnished to all the homœopathic journals in time for publication in their June issues.

PEMBERTON DUDLEY, M. D.,

General Secretary.

S. W. Cor. Fifteenth and Master streets, Philadelphia, Pa.

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### CLINICAL ITEMS.

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*Gelsemium* is the remedy in dysuria from stricture, and will rarely fail in enabling the patient to pass urine in from four to eight hours. (Scudder.)

*Calabar Bean Extract*.—1-50 grain doses every half hour for six or eight doses for flatulence and sensation of fluttering at pit of stomach worse at menopause.

*Bellis per.* 1.—For effects of masturbation, "auto-traumatism" of Dr. Burnett. Its action is often marvelous.

*Apocyn. can.* is to be remembered in passive menorrhagia. Flow too profuse, too long and too frequently repeated. Also in rheumatism, with tendency to œdema, and a peculiar blanched, glistening appearance.

*Asclepias tuberosa* is especially a child's remedy, allays nervous irritability, is slightly sedative, and certainly increases the secretion from the skin. (Scudder.)

*Lithia benzoat.* is indicated by deep-seated pains in the loins, pain in the small of the back, uneasiness in the bladder, with frequent desire to pass urine and deposits of uric acid.

There is a particular kind of gastric irritation characterized by painful digestion, distress after eating, slow digestion of food in the stomach, with formation of gases and fermentation, vomiting of food or injesta mixed with mucus. Rx: Colorless Sol. Hydr., 1 oz.; Bismuth, subnit., 1 oz.; Pure Pepsin, 1 oz.; Aqua, 3 oz. A teaspoonful before meals—in bad cases also *after*. (Hale.)

*Kali mur.*—In injuries of the skin I have found *kali mur* to act very favorably applied in compresses, especially in those cases where the sensation of *burning* is marked.—T. A. Pop. Zeit.

*Apomorph.* is invaluable in capillary bronchitis. In doses of 1 to 2 grains of the 3rd dec trit. every 1, 2 or 3 hours it acts promptly, producing an easy expectoration of thick, tenacious phlegm which otherwise so often strangles the little sufferer.

*Chelidon.* has dry cough through the day, with pain and stitches in the *right* side, with hoarseness each evening at five o'clock.—*Hom. Phys.*

*Ustilago.*—Hæmorrhage is of mixed character, partly coagulated. Flow is passive, slow and long continued, *Menorrhagia*, with vertigo during climateric period. Depression of spirits accompany.

*Phosphor.*—Has feeling of *weakness* and coldness or emptiness across abdomen, and sensation of heat between scapulæ.

*Indigo* in Headache.—Sensation as if brain was frozen.

*Asarum* resembles *Ledum* in the chilliness and may be of service in cases caused by alcoholism. Myalgia in those parts where muscular tissue is plentiful.

*Glonoine* as a remedy in uræmic conditions is spoken of as most valuable, sometimes giving relief after coma has supervened.

# The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only Homœopathic Medical Journal west of the Rocky Mountains.

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THE CALIFORNIA HOMOEOPATH, No. 234 Sutter St., San Francisco, Cal.

## EDITORIAL.

WE wish to call the attention of our readers to the communication elsewhere published by the General Secretary of the American Institute of Homœopathy, and would urge upon all our Pacific Coast physicians the duty of joining the oldest national medical association. The Institute is the defender of our professional interests, and deserves a better support than it is now receiving. We trust the next meeting will show a large increase of membership.

## A FEW OF OUR EXCHANGES.

*The Minnesota Medical Monthly:* Among our younger journals we have the above, and no journal comes to our table that is more welcome. It is in its third volume, and is de-

voted to homœopathy in the Northwest. We have a slight acquaintance with the editor-in-chief, Dr. Wm. E. Leonard, and regard him as one of our best materia medicists, and are confident that if each number of the *Minnesota Medical Monthly* contained one of his inimitable lectures, the circulation of the journal would be greatly increased—at least we would have something good to copy.

*The Chironian:* The advent of the *Chironian* marked a new era in homœopathic journalism. It was the first one emanating from the students of a college—the New York Homœopathic. It is now in its fourth volume, and its general make-up, excellent editorial and business management, make it a most valuable journal. It is of special value and interest to the alumni of the New York Homœopathic College, and should be well supported.

*The Medical Institute:* This, like the *Chironian*, is a college journal, and is edited mainly by the students of “Old Hahnemann.” In its pages we find many interesting lectures delivered by members of the faculty of the college, original articles by students, alumni and others. It is a bright, newsy journal, well edited withal,—its one marring feature being the abominable practice of mixing up advertisements with reading matter. This interleaving of “ads” detracts from the appearance and value of many of our best journals.

*American Homœopathist:* Another excellently edited journal with the same marring feature as the preceding. In this case the flaming interleaf is *Kraftily* inserted just previous to the last reading leaf, probably that it may escape notice. We are sorry to learn that the *American Homœopathist* is not more carefully read! We have always considered it a most excellent journal; more especially has it improved under its present editorial management.

*The New York Medical Times:* We count among our exchanges allopathic, eclectic and scientific, as well as homœopathic journals. The above, however, cannot be classified; in truth there is no other medical journal of its kind pub-

lished, and we are happy to record this fact. It is the *Tramp* of medical journalism, sailing under no flag, having no object in view; a deserter, even a traitor to its foster parent, homœopathy. We gladly exchange with it, in the hope that by sending its editors THE CALIFORNIA HOMŒOPATH, they may at least have a monthly dream of the good old *Homœopathic Times*.

*The Clinique:* This excellent journal is devoted to the publication of abstracts and proceedings of the Clinical Society of the Hahnemann Hospital of Chicago. It is, as its name indicates, a purely clinical organ. Its editors are Professors R. Ludlam and E. S. Bailey, which fact alone renders further comment on its excellence unnecessary.

*Homœopathic Physician.* — This able representative and champion of Hahnemannian homœopathy, pure and simple, is always a welcome visitor at our table. If the Purists appreciate the single-heartedness of this journal as much as we miserable backsliders do, its editors may rest in the consciousness of a duty well performed. We wish every homœopathic physician would subscribe to this journal, and gauge thereby the downward tendency of his daily routine prescriptions, and possibly it may lead him to something better, and even if it fail in this, its monthly visits will scatter good seeds in his mental soil that may bring forth fruit sometime when most needed.

*Medical Advance:*—This, like the *Homœopathic Physician*, advocates pure homœopathy, but is not characterized by so much discrimination in the selection of its contributions as the other. It has a horror of the "pathological livery," and tries to do its share to disentrall modern liberal homœopathy from its coquetry with old school methods. May it succeed.

*Southern Journal of Homœopathy:*—We feared at one time to lose this most excellent journal, and we are delighted to know that Brother Fisher has received sufficient encouragement to permit its continuance for another year. We hope

by the end of that time the majority of physicians will feel as we do—that we cannot do without it. In appearance the Southern journal leads. It is a beauty, especially the January number. We are not so much stuck on the color of the February and March numbers. The general get-up and newsy character of the journal, combined with the fact that it is *edited*, renders it one of our A No. 1 journals.

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## CORRESPONDENCE.

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From a recent communication of Dr. H. N. Griswold, a former Secretary of the Board of Examiners, to the present Secretary, we extract the following:

“ Has it occurred to you that the profession and the people are suffering from an abuse, which the former sustains without protest, quite equal in its baneful results as practiced by the irregular and uneducated, in the multiplication of colleges and the flooding of a defenseless community with crowds of new fledged doctors, male and female, with their ceaseless volumes of *inexperiences*.

Organized mechanics regulate the number of new apprentices, determine approximately how many can secure adequate employment at living compensation, and the time is not distant when professional men will feel obliged to take action in that direction, not only to protect themselves but to save the public from being overrun by too large a proportion of *inexperienced* practitioners.

Yours fraternally,

W. N. GRISWOLD.

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NOTE.—Back numbers of this Journal can be obtained by new subscribers who desire the complete volume. Interesting articles on the tissue remedies occur almost in every issue.

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*Lycopus* is an excellent remedy when the heart's impulse is feeble, the patient nervous, irritable and extremities cold. Remember it in Exophthalmic Goitre.

*Rhus* for sleeplessness due to aching legs.

*Conium* when legs are cold and torpid.

*Naja* sleeplessness due to constant coughing.

*Raphanus* lx. Sexual Insomnia, immoderate sexual desire.

*Fluoric acid*.—Hob-nailed liver of drunkards.

## Personal Notes, Locations, Etc.

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W. N. GRISWOLD, M. D., has removed to 122 Turk street.

DR. L. GREGORY has settled at San Jacinto, and DR. C. F. BENNETT at San Diego.

DR. E. B. PHILBROOK has located at Pasadena, and is the partner of Dr. J. K. WADE.

DRS. J. C. and FLORA S. GLEASON have settled at South Riverside, California.

FOR SALE.—A good practice located at Fairfield, Solano county, California. For information, address: H. L. BRADLEY, M. D., Fairfield.

DIED.—In Los Angeles, March 31, DR. F. HILLER, Sen., formerly of San Francisco. The doctor leaves a large family to mourn his loss.

DR. G. W. BURLEIGH has an office at No. 14 Geary street, and devotes himself especially to diseases of women. His residence is at 778 Eleventh street, Oakland.

DR. J. L. MEYER has returned from his tour through Oregon and Washington Territory, and reports a prosperous condition of Homœopathy throughout that part of the country.

BAKERSFIELD, county seat of Kern county, is an excellent opening for a Homœopathic physician. It is a large place and we hear there is no Homœopath in the county, and we believe one is wanted immediately.

DR. GEORGE H. MARTIN, who has been spending the winter among the medical lights of New York, is again with us, and this time permanently. He locates in association with DR. CURRIER, at 921 Geary Street.

CHARLES L. DYER, M. D., a graduate of New York Homœopathic Medical College, has located in San Jose. We have been personally acquainted with Dr. DYER for many years, and know his excellent qualities as a man in every respect, and trust he may succeed in surrounding himself with an appreciative clientage.

DR. HORACE F. IVINS, Philadelphia's Homœopathic throat and ear man, has recently added to his popularity by taking unto himself a wife. The doctor is to spend the summer months abroad. This is the kind of a honeymoon we should like every year. Doctor, when in Wien, write to us and tell us about Ronacher and the Krankenhaus.

DR. H. H. CRIPPEN, of the New York Ophthalmic Hospital, formerly at the Bethlem Royal Hospital, London, England, and formerly House Surgeon to the Diakonissen Institute, New York City, has located at the Fifth Avenue, 1248 Fifth street, San Diego, California, where he will devote special attention to the treatment of diseases of the eyes, ear, nose and throat. Office hours: 12 to 4 P. M., and 7 to 8 P. M.

PROF. R. LUDLAM, the well-known gynecologist and surgeon, of Chicago, favored us with a call, during his recent visit here. We also had the pleasure of spending a pleasant hour in his company at the Palace. The Professor is one of those men with whom it is a pleasure to meet, and in whose company a person cannot remain a moment without being made better and wiser. Our only regret was that he remained in town so short a time. The sixth edition of the Professor's excellent work on Diseases of Women is just out. (See book reviews.)

The San Diego *Sun* of February 16th, says: "Upon invitation of Dr. G. W. Barnes, a party of his professional friends yesterday evening partook of an elegant dinner. A post-prandial social hour was spent in the discussion of matters of general interest. Dr. Barnes proposed the following sentiment: 'May all who unfurl the banner of Homœopathy in San Diego, bear it aloft nor suffer it to trail in the dust. May they creditably represent their faith and creditably practice their art.' The sentiment was fittingly responded to by Drs. Polhemus, Mertzman, Gamber, Morgan and Crippen."

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## BOOK REVIEWS.

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**Medical and Surgical Lectures on the Diseases of Women.** By R. LUDLAM, M. D. Halsey Bros., Chicago.

The sale of medical works is a good index of their popularity and value, and the fact that the fifth edition had been out of print for a year, with constant demands for the work, made the issuing of a sixth edition a necessity. Professor Ludlam is one of the most successful operators and teachers of gynecology in our school, and the hundreds of students who have listened to his lectures and who have witnessed his operations, would alone make a demand for the new work. But aside from this, our homœopathic practitioners all over the country who are called upon to treat the many ills with which our modern ladies are sufferers from, feel the necessity of a practical text-book on this subject, giving not alone the surgical method of treatment, but the medical treatment as well.

Undoubtedly one of the reasons of the success of Professor Ludlam's work is the colloquial style in which the book is written, which makes it most attractive reading, and many who are in the habit of skimming over a book will find themselves attracted and *studying* before they are really aware of the fact.

There have been several new chapters introduced, viz: two on the Pathology of Ovarian Tumors; one on Explorative Laparotomy and Tapping; one upon ovariectomy; one on the After-Treatment and the Results of Ovariectomy; and one upon the Diseases of the Uterine Appendages, including the Battey Tait operation. The chapter on Laceration of the Perineum has been enlarged, but we miss Emmet's latest, his new operation, so-called. Perhaps Prof. L. omitted it advisedly, as the opinions as to its efficiency seems still to be an unsettled question.

The only fault that we have to find is that the medical portion is not as thorough as we should desire. Our provings of drugs, as far as female provers are concerned, are very meager, and the symptoms as put down in our works of *materia medica*, leave us in the lurch as to their being purely subjective, or whether they are accompanied by actual changes in the generative organs. The bulk of our physicians are therefore dependent upon the clinical experience of our Professors whose hospital appointments give them the opportunity of studying the effect of our drugs upon the patient, and who should lose no opportunity of giving us reliable clinical symptoms. The homœopathic therapeutics of the diseases of women has yet to be written. Let us hope that with the seventh edition Professor Ludlam, who has both the ability and the advantages, may supply the present omission.

J. E. L.

**A Practical Treatise on the Medical and Surgical uses of electricity.**

By Drs. BEARD and ROCKWELL. Sixth Edition. New York: Wm. Wood & Co., 1888.

The changes and additions in this work, as successive editions have been issued, have been confined mainly to physics and physiology and the department of nervous diseases, where electricity has wrought its best results. While this agent is far from being a panacea, yet its increasing range of usefulness in medicine may be best illustrated by reference to these various additions. In the second edition the chapters on Electro-Physics and Physiology were largely rewritten; the method of central galvanization described and illustrated, electro-surgery more fully treated, and the relation of electricity to the diseases of children and of the skin considered in detail. In the third edition were given the highly satisfactory results following the treatment of exophthalmic goitre by galvanization of the sympathetic and of some of the sequela of acute diseases by general faradization. The chapter on Electro-diagnosis also was largely rewritten. A fourth edition was rendered necessary by a revival of the use of Franklinic electricity, due to vastly improved appliances, and contained also the extraordinary results following the application of dynamic electricity to cases of extra-uterine pregnancy.

The fifth edition discussed facts hitherto, and even now, but little appreciated, concerning the induction coil, its varieties, and the differential indications for their use. These statements the author deems worthy of careful consideration, and believe that further experience will result in still more important, as well as more definite deductions. Within the past two or three years Apostoli, of Paris, has by his experiments and the results that he has succeeding in obtaining, greatly enlarged the domain of electricity in gynecology. The revision in the present edition, therefore, has been mainly restricted

to this subject, and the chapter on the Diseases of Women almost entirely recast. The methods through which these better results in gynecology are obtained do but confirm the truth of the observations made in the Preface to the third edition, to the effect that the real scientific basis for the use of electricity in medicine and surgery is found in electro-physics more than in electro-physiology.

**A Practical Treatise on the Diseases of the Hair and Scalp.** By G. T. JACKSON, M. D.; New York, E. B. Treat, 1887.

Cleanliness is next to Godliness is the first lesson which Jackson teaches, and sanitation takes also here the first rank, for prevention is better and easier than to cure. Physicians to boarding schools and orphan asylums know the value of these sanitary measures, especially as morbid dispositions call it scrofulous, psoric, or whatever you like, are often the soil or which cutaneous diseases flourish, and which only can be suppressed, but not eradicated, by external means. We are pleased to see that Jackson takes a middle ground, and all through the work we see constitutional treatment recommended. The vast literature on diseases of the hair and scalp is really overwhelming, and we feel thankful that the author has condensed them into a moderately sized volume of 300 pages. In a world where baldness nearly reigns supreme, such a book may aid us in recommending some treatment which may stop the death of a part so necessary to beauty, but just here the author fails, because the patients will go on in their usual mode of life and the girls will marry even a baldheaded sinner. Read, digest this treatment, use internal treatment and cleanliness, and strong measures may then only be exceptionally needed.

S. L.

**Diseases of the Heart.** By ALONZO CLARK, M. D., Emeritus Professor of the Principles and Practice of Medicine, Coll. of Phys. and Surg., New York; E. B. Treat, Publisher, New York, 1888.

This is the sixth volume of the "Medical Classics" series, published by E. B. Treat, and a very acceptable acquisition to the list. It cannot fail of being of great value to practitioners, as it contains the results of a large and pre-eminent experience.

The last chapter treats of the effects of certain drugs on the heart which we regret is rather fragmentary, but as far as it goes, very suggestive and interesting.

1. **Transactions of the Hom. Medical Society of the State of New York, 1887.**
2. **Transactions of the Hom. Medical Society of the State of Ohio, 1887.**
3. **Transactions of the Hom. Medical Society of the State of Pennsylvania, 1887.**

We are chagrined that we have to acknowledge that in the transactions of the State of New York medical lore may be abundant, but for several years passed we miss in the meeting as well as in their transactions, the true ring

of homœopathic materia medica. Have all the physicians of that great State turned iconoclasts, and worship more at the shrine of medical science than of medical art? Let them emulate their next-door neighbor, and we may then expect transactions worthy of the State and worthy of homœopathy, for we know that there is good material there, and we beg them to stand by their colors, as New York ought to be always excelsior.

Why is it that Pennsylvania is the banner bearer of homœopathy, and that we can never open the transactions published in the Keystone State without being fully repaid for our time and for the outlay? The transactions of '87 are full of good things, and Philadelphia and Pittsburg have done equally well. We do not speak only of the Bureaus of Materia Medica and Clinical Medicine, but Smedley gives sound treatment on gynecology; and the ladies, God bless them, show that they are up to the mark; and Drs. Johnson and Schreiner deserve fully the success which crowns their strict homœopathic treatment.

I always thought that Ohio is rather a metaphysical philosophical State, and I am only sorry that I cannot agree with my good friend, Dr. Buck, about the difference between mind and soul. I always advised my students to leave the soul to the theologians and the mind to the body, and then we can verify *mens sana in corpore sano*. How about hypnotism? The old regulars in France and Germany believe in it and teach it, and when such men as Charcot and Kraft-Ebbing are its defenders we might just as well agree with them. Now dynamis is put ahead of matter, and we want, despite of the assertion of our worthy friend, Schneider, a more powerful microscope than so far has been made, to find out the matter even in as low a potency as the thirtieth. Oh! that *vis medicatrix nature* may be a great physician, but just stubborn, chronic affections, especially on a psoric, sycotic or syphilitic basis, are the touchstone for successful treatment, and here a faithful selection of the *similia*, the single dose and tincture of time, have often driven out the devils who harass poor mortals. Is there any witchcraft in high potencies?

There is one bureau in the transactions of all three States which deserves unstinted praise, and that is the Bureau of Sanitary Science, and no wonder Ohio stands foremost with a Beckworth for chairman. Bushrod W. James must have been too busy with his own private hospital, or else he would have given us more, and we are always eager to read the emanations on sanitation from our friend.

Prevention is better than cure! Homœopathy is alive and prospering. Now let us go and attend the meeting of the American Institute, and by our deeds prove that we are faithful followers of Samuel Hahnemann. S. L.

### BACK NUMBERS.

Those who receive sample copies of this Journal will please consider it an invitation to subscribe. The volume commences in January. Back numbers furnished.

## POPULAR DEPARTMENT.

## THE MANAGEMENT AND CARE OF CHILDREN.

By WM. BOERICKE, M. D.

## IV.

Next in importance to pure cow's milk as an article of diet for infants, prepared as stated in the last article, comes

*Cream.* One part of pure cream to six and very soon to five and four parts of water and a tablespoonful of sugar of milk to a pint of this mixture forms an excellent food, and one strongly recommended by many physicians.

Dr. J. F. Meigs used with great success a mixture of equal parts of milk, cream, lime water and a weak arrowroot water with a little sugar. The following very closely resembles mother's milk: Fresh cream 2 tablespoonfuls, cow's milk 1 tablespoonful, lime water 2 tablespoonfuls, warm water 3 tablespoonfuls, add sugar of milk 1 teaspoonful. Occupy about 5 minutes in warming, stirring gently meanwhile, but do not boil. Add a small pinch of salt.

*Condensed milk* has been and is very popular as a substitute for mother's milk. The great objection to the ordinary condensed milk is the large proportion of sugar it contains, nearly 40 to 45 per cent., and the relative small proportion of albumen and fat. Now by diluting it as required we either have too much sugar in our preparation or too little of the other nutrient constituents. In either case it fails to be a perfect food to the growing infant. Still it cannot be denied that many children fed upon it certainly seem to thrive, nevertheless I should be afraid to use it exclusively after the first few weeks. It ought to be diluted with eight to ten parts of warm water, the tendency being to preparing it too strong. It cannot be denied, on the other hand, that intestinal catarrhal affections, and if continued for longer periods, rickets, are especially frequent in children fed exclusively on ordinary condensed milk. The nutritive value and digestibility of it may

be increased by using oatmeal or barley water as a substitute for ordinary water in its preparation, and which should by no means be neglected, if condensed milk be employed after the third month. But even then I do not think it as desirable as either cream or pure cow's milk.

*Oat-meal water* for this purpose is made by soaking a teacupful of oat meal in a pint of water, with a little salt added, over night; strain thoroughly through a thick napkin next morning. To make *Barley water*, take a teacupful of pearl barley and soak it for half an hour in a little lukewarm water previously salted: drain off the water, pour the barley into a pint of boiling water, and let it simmer one-half hour; when done, strain into a pitcher—(*Gatchell*). By giving the preference to the oat-meal water if there be a tendency to constipation, and to the barley water if the tendency is to looseness, they can be regulated without any trouble. Condensed milk, prepared without sugar when obtainable, would undoubtedly be unobjectionable, and may be the sole reliance in traveling, and whenever a good article of cow's milk is not readily obtainable. Quite recently importations of a German article, Loeflund's Cream Milk, have been made, and we are now in possession of a most excellent article of what seems to be real creamy milk. It is a sterilized, condensed milk, free from all adulterations, such as cane sugar, glycerine, boracic or salicylic acid, etc. Diluted with the necessary amount of water, it equals in appearance and taste the best milk. If its present quality can be maintained it does seem that we have an ideal article, superior even to ordinary city milk, where we are not certain of the condition of the dairies and the food of the cows which so materially affect the quality of the milk.

A very good preparation is the following, which may come into use when from any cause substitutes as prepared above do not agree.

Take a piece of isinglass or gelatine about two inches square and soak for a short time in one-half pint of cold water, and then boil until dissolved for ten minutes. To this is added, with constant stirring, a teaspoonful of arrowroot rubbed smooth in one-half pint of milk, and just before re-

moving from the first one to two teaspoonfuls of cream and a little sugar is added, the quantity of both to be increased according to the age of the child. (Underwood.)

It seems to me that in all cases of artificial feeding of infants, a reliance on the methods above described will secure the most desirable end—the healthy growth and development of the child. Only when all these fail, and the failure is not dependent upon faulty methods of giving the food, as pointed out below, is it advisable to give one or the other of the numerous prepared substitutes. Of the more popular of these are undoubtedly Mellin's, Nestle's and Horlick's, and also a more recent candidate for favor, Reed & Carnrick's. But I would confine their use rather to diseased conditions when, according to the needs of the organism, one or the other, according to its composition and digestibility, may be required, relying on the various forms of milk, as above described, for regular feeding.

I have said nothing of the wet-nurse, as her modern substitute is undoubtedly the feeding-bottle. It is so difficult to get the right person for so delicate and important a function, and with all so expensive, that practically it is ever a questionable procedure. Should one be determined upon, the selection must always be entrusted to the family physician.

Much of the success of artificial feeding depends upon the care exercised in preparing and administering the food. *Perfect cleanliness* is the one condition absolutely required. This is so important that it will necessitate the mother's own supervision as a rule. Get *two* nursing bottles, the Acme is the best, and while one is being used keep the other, with all its belongings, in a basin of water. Once daily, the bottle, tubes and mouth-piece (for no rubber or other attachments ought to be used that cannot be scrubbed both inside and outside) must be thoroughly scalded in hot water and soap. or soda by adding a teaspoonful of cooking soda to the tumbler of water. Directly after each using, the nursing bottle must be thoroughly washed out. Besides this washing and daily scalding, I advise two or three times a week having them dried in the sun and aired. In this way only can they be kept sweet and free from all deleterious accumulations

that would tend to give a hiding place for fermenting germs, damaging the milk and producing sickness in the child. When thus cared for the objections to the nursing bottle with tubes really vanish, and their advantage over others remain. For by their means the feeding can be more readily regulated, and is done with much more facility than with the ordinary bottle with merely a nipple. However, remember the one condition for their use is the perfect care and cleanliness described; if this cannot be assured the long-tubed nursing bottle becomes an abomination, and in that case it is best to obtain a simple glass bottle, with a slightly flaring neck, over which the rubber nipple can easily be fastened. Black rubber nipples alone should be used. Sometimes the holes in the nipple are very small and must be enlarged with a darning needle. Still the milk should not run out in a stream, but only *drop by drop*. Again the flow can be regulated in older infants who draw vigorously, by tying a loose knot in the tube, which is one of the advantages of the tube bottle. For the food must not be received too quickly nor too easily, and not without some exertion at sucking — the very conditions nature makes in furnishing the breast-milk to the suckling babe. The chief objections to all nursing bottles is that they allow too rapid and free swallowing of the milk, thus overdistending the stomach and producing colic and indigestion. Again, the baby's food should always be given warm, about 98 degrees. F. *Never give cold milk to an infant*, it will disagree with it. Never allow the baby to continue to suck after emptying the bottle or on the nipple without the food. Aside from the injurious results, as seen by the colic diarrhœa, etc., it establishes a vile habit, which will tyrannize over child and mother for a long time.

#### FAITH CURES.

Notwithstanding the constant exposure of the arrant knavery connected with the business, the faith-and-mind-cure quacks continue to do a thriving business. It seems to do little good to expose the absurdity of the so-called philosophy of these pretenders, for there are apparently plenty of people who delight in being humbugged.—*Good Health*.

## DOMESTIC RECEIPTS.

1. *For Exhaustion.*

Beat the yolk of a fresh egg, add one dessertspoonful of milk, one dessertspoonful of cream, a small quantity of powdered loaf sugar, and one tablespoonful of brandy.

2. *A Diet Drink for Colds.*

To one pint of barley-water add two oz. of gum arabic and 2 oz. of sugar candy, to be boiled in the barley-water whilst it is being made. Afterwards add the juice of half a lemon. Sip from time to time.

3. *Port Wine Jelly.*

1 pint port wine,  
 $\frac{1}{2}$  oz. isinglass,  
 $\frac{1}{2}$  oz. gum arabic,  
1 oz. sugar candy.

First dissolve the isinglass in the port wine cold; then boil all the ingredients together ten minutes. Pour it into a mould.

4. *Diet for Diarrhœa, No. 1.*

Take three handfuls of flour: tie in a cloth, as you would a dumpling; boil nine hours. The outer rind must be scraped away, as it becomes discolored when dry. When quite hard and dry, grate as required, and use the flour as you would arrowroot. What is not required will keep in the lump a long time. Keep it in a tin box, and put the box in a dry place.

5. *Diet for Diarrhœa, No. 2.*

Break the yolk of an egg into a basin, and mix slowly with it one wine-glass of brandy.

6. *Diet for Diarrhœa, No. 3.*

Take the whites of one or two eggs. Beat up into a froth. This is best accomplished with a knife, the white of the egg being poured into a plate for that purpose. When completely frothed pour into a wine-glass, and add a few drops of lemon juice or a little loaf sugar. In some cases a patient may be fed exclusively in this way for a time.

If any of our readers can improve on the receipts we have given above, or shall give subsequently, we shall be happy to hear from them.

## TWO POPULAR DELUSIONS.

Among the beliefs prevalent with the laity, these two stand prominently forward—that fish is a brain food of great value, and an exceedingly good diet for invalids, and that ice is always pure, no matter how filthy the water from which it was formed. Nor is it at all certain but that the profession has held, at different times, these same sadly erroneous beliefs; indeed, it is feared that some even yet cling to the fish as an article of diet especially created for the sick room. The truth is, that fish as a brain food is worth no more nor as much as many other foods, and as an article of diet for sick rooms, in the majority of cases is absolutely injurious. Relapses have been caused frequently by fish when given after fevers and nervous complaints. Loss of weight followed a fish diet, and very promptly. It should be stricken from the diet card for sick rooms. To convince the average man that ice is or can be filthy is a hard task. But it can be done, and the people should be taught that ice may be as unfit for use as water; and, for the same reason, that freezing does not remove all impurities, nor kill disease germs. It is true that some of the frozen matter is eliminated in congelation, but not all. The fact should be proclaimed, that ice from stagnant pools, or water that contains refuse of any kind, is not fit for use, and that it may breed disease and death.—*H. & H.*

## HOT AND COLD FOODS.

Dr. Uffelmann, having studied foods as affected by temperature, says that cold food and drinks lessen body temperature; the lowered temperature is a genuine loss of heat.

The ingestion of cold substances lessens the irritability of the diseased stomach. Cold substances raise the tone of the stomach, increase intestinal peristalsis; they promote the passage of stools, and in dysentery cause an increase of pain. Cold foods and drinks increase the liability to cough. Warm foods raise the temperature slightly and promote perspiration. Hot foods and drinks are more stimulating than cold. When often given, hot foods lessen the tone of the digestive tract.  
*Wiener Klinik.*

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ORIGINAL ARTICLES.

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PRESIDENT'S ADDRESS.

By G. H. PALMER M. D.

[*Delivered at the Twelfth Annual Meeting of the California State Homœopathic Medical Society, May 9th, 1888.*]

This is the twelfth annual meeting of the California State Homœopathic Medical Society, California's representatives of the Homœopathic Medical profession, being here assembled in the chief city of the Pacific Coast. We are here to compare notes, to discuss the occurrences of the year, and those various questions relating to and bearing upon the profession of medicine and surgery. It is well to halt occasionally and examine our surroundings—to pause awhile—to look out from and beyond ourselves—this meeting affords us such an opportunity. Throughout this great region known as the Pacific Coast, there has been a great awakening as to the destiny and possibilities of the country—thousands of home-seekers have annually poured in from less favored regions determined to cast their lot with us; and still the stream keeps on, and will keep on until every nook and corner of this wonderfully favored land shall be fully peopled and occupied; and that too by a class who appreciate the beauties of a climate unsurpassed, and a soil the varied productiveness of

which bewilders and astonishes the senses, being at once the garden spot not only of America, but of the world. Can we speculate upon the justice of a people who are influenced by such surroundings? Can we forecast the results of this happy influence in moulding character and life and society, with possibilities like these in process of development? What relation shall the profession of medicine sustain to so complex a social existence when this shall have been accomplished? Do we realize that we are individual factors in the process of evolution that is going on around us? What part are we taking in the building process? What foundation are we laying individually and collectively? Are we building for all time? Will the foundations we are now erecting be adequate to support so great a superstructure? Will they be lasting enough to defy the elements and storms sure to test their strength? These and kindred subjects press themselves upon our attention as physicians and surgeons. Let us realize the full importance of the work in hand, and if it is our lot to build only the foundation of the enduring and noble edifice sure to be erected to the shrine of Homœopathy in this State, let us do our work well, let us dig deep and broad and build wide, that no undoing shall be necessary in after years. Professionally we know we are in the front rank—Homœopathy never stood better nor enjoyed the confidence of the people more than it does to-day. Our college is no longer an experiment; it is well thought of and will be supported, and has the entire confidence and good will of the profession and every one interested in the profession. This result has been attained by hard and continuous work and expenditure of money and time; but the college is a fixed fact and here to stay. Our hospital is also here to stay, and this, too, in the face of adverse legislation. We have, that is, the Board of Trustees, of Hahnemann Medical College, of San Francisco, have fought the enemy in the courts, and though defeated in the lower courts and her officers imprisoned, have fought on and in the higher court finally established the rights they contended for—that of existence at the sight chosen, No. 312 Page street, the ordinance to the contrary notwithstanding.

The college has taken another step onward this year,

which, in its bearings upon the future of Homœopathy on the coast, cannot be overestimated. For more than a year past the college has maintained the hospital, it being associated or connected with the college, but not being a part of it. As matters progressed the trustees of the college found it advisable that the hospital be in closer connection with the college, and determined that it should be. This would necessitate again greater expenditure of money and work, but a wider influence and usefulness for both college and hospital. Legal advice being therefore sought it was advised that we re-incorporate so as to include college and hospital under one charter which was done, and under the name of Hahnemann Hospital College, of San Francisco. The two institutions were finally merged and with the wider usefulness outlined and anticipated, the capital stock was correspondingly increased from \$25,000 to \$100,000. Thus the college and hospital stands before you to-day firmly entrenched with an ever-widening field of usefulness before it.

This is not all that is in process here, though it were sufficient perhaps for any one year, but to show that the results are being appreciated, I wish also to state that Mr. Sutro has offered an acre of ground for hospital purposes, this awaits acceptance at the hands of the ladies in charge, if not indeed already accepted by them. This land is in a charming location where the climate is suitable for the purposes intended. Other parties have promised funds for hospital purposes, and it is expected that in the near future sufficient money will have been secured to erect such a structure as the location and necessities of the hospital shall seem to require.

Every Homœopathic physician in the State should do his part in sustaining this institution; should take special pains to send such patients as is advisable to the present hospital, for much medical and surgical relief may be secured there that is not attainable in home localities. This kindness on the part of physicians will prove at once satisfactory to the physician and patient, and will go very far towards building up a hospital in this city that will be an honor and a credit to the whole profession. So much for progress in this new country and city. How about it in the older countries and cities? How is Homœopathy gaining in England? The new

school has won a signal victory there of late. A controversy has been going on between representatives of Homœopathy and the old school in no less a paper than the London *Times*, and the editorials referring thereto show that the old school have been badly worsted, and that Homœopathy has got a verdict in its favor in old conservative England that will go far towards securing there for the new system of practice a fuller and freer recognition to an extent and degree certainly not accorded to it previously. This shows progress in the old world.

To come back to matters at home, it occurs to me that physicians located in different sections should study carefully the climatology and adaptability of his locality in relation to conditions of health and disease. Records should be kept and statistics secured, and these should be published in our journals or given to the society for publication. Then physicians living in the vicinity of mineral springs could do a very valuable service by noting their efficacy in certain diseases. Climatic and other statistics should be diligently sought after and secured, for great as this State is as a sanitarium, singularly difficult is it to get data on which it is possible to base a satisfactory opinion in regard to adaptability in any given case of sickness. The medical men in the several sections of the State can do much to do away with this uncertainty. Other facts not thoroughly understood should be constantly kept before the people; at least that portion of it seeking health. How few of these, for instance, know that there is a large area of country that in the winter season is a perfect sanitarium for persons suffering from bronchial, pulmonary and asthmatic difficulties. I allude now to the Sierra Nevada foothill region of Northern and Central California, which equals and even rivals Southern California. Indeed, no country of the world can compare with this part of California; for healthfulness and beauty of winter climate it stands unrivaled to-day. Winter resorts that are in every sense semi-tropic, with a sunshine and an atmosphere beyond comparison, are here waiting for occupants, and this too true of a region lying hundreds of miles north of San Francisco.

It is the duty of physicians to establish these facts, and to

publish and to emphasize them at every opportunity, for the better guidance of those seeking life and health anew.

There are several matters that I believe should be brought to the notice of the Society, hoping that such consideration as may seem necessary may be given to them. The time given to the meetings of the Society is wholly inadequate to the business brought before it. The three sessions into which is usually crowded the work we transact, is not sufficient. I would suggest that the constitution be so amended that we shall remain in session three days. This will insure a much more deliberate and satisfactory meeting.

We attend these meetings to learn what is going on in the profession, for mutual instruction and acquaintance, for an interchange of personal thought and experience. The Society needs more time to allow of this, besides it would be well for the amendment to specify that the meetings will always continue three days, and begin at a certain fixed time as to day and hour. I also believe the several Bureaux should be limited to not more than three or at most four members for each committee, this will insure better and more thorough work on the part of the several Bureaux, and with the longer time devoted to our annual meetings, much more time will be at command for reading the committees' papers and for discussing the same. We should have ample time for the deliberate consideration of every subject brought before us, and we should establish a fixed time and method for every annual meeting, thus physicians before they leave home, will know the exact time the session begins and the time of adjournment, such an amendment must prove of great advantage to the Society.

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## ELECTRICITY IN MEDICINE.

By G. H. MARTIN, M. D., SAN FRANCISCO.

[*Read before the California State Homœopathic Medical Society, 1888.*]

It is my purpose in this paper to define in as few words as possible the field of electricity in medicine. Like all agents or new remedies when first brought to notice, it has been used for almost all kinds of cases; and when it has failed in

many, regardless of the fact whether it was indicated or not, it is at once set aside, and forever more the experimenter decries its use in disease, and cannot be induced to give the subject the careful investigation he ought before passing an opinion upon its usefulness. Within the last ten years, the subject has received the careful thought of many able men, and to-day, while we are yet unable to explain many of its phenomena, its field of action has been very clearly defined.

To become an electro-therapist one must first have a thorough knowledge of electro-physics and electro-physiology. Most of the bad results, or lack of any results, from the use of this agent in disease, have been due to the fact that this knowledge was not possessed by the operator. No one can get the best results from any remedy unless he understands the nature of that remedy and its effect upon the human system. So with this one, if well understood and accurately prescribed we have no agent more potent for good, and none more capable of serious results if improperly used. Unless the proper time and study can be given to enable one to understand the fundamental principles of its action, it should never be used; for it only requires the turning of a switch or the reversing of a current to cause a life of suffering to some poor unfortunate.

There are three forms of electricity manifest: First, magnetism, which has very little therapeutic influence, and therefore need only to be mentioned. Second, Static or Franklinic electricity; and third, dynamic electricity. It is with the third form, dynamic electricity, that we have principally to deal. This is again subdivided into two kinds—galvanic or voltaic electricity, the result of chemical action, and faradic or induced electricity, the result of current induction.

Now, as to the field of usefulness of this agent in medicine; it is to the neurologist that it is particularly valuable, both as a means of diagnosis, and as a remedy in abnormal conditions. As a diagnostic agent it is of great service, for by it we are often able to distinguish a paralysis, due to a central lesion, from one of peripheral origin. We speak of a paralysis as central, when the nerve-center, from which the nerves, supplying the paralysed muscles, take their

origin, is sound. In such cases, we find we have some contractions upon the application to the galvanic current; that there is but little wasting of the muscles, and that the irritability of the muscles to the faradic current, is not much diminished. A paralysis is of peripheral origin, when the paralysed muscles are cut off from their nerve centres, or communicate directly with centres, whose physiological activity is destroyed by disease. In such cases, we have degenerative reactions to the galvanic current, in the diseased nerves, there is rapid atrophy of muscles, and faradic contractility is soon lost. A muscle in its normal condition, will contract upon the closing, and opening of either pole; we therefore have four kinds of contractions: the cathodal, or negative closure contraction, the anodal, or positive closure contraction, the anodal opening contraction, and the cathodal opening contraction. If nerve and muscle are in a healthy condition, the contractions will take place in the order named; that is the C. C. C. will be stronger than the A. C. C., and the A. O. C. will be stronger than the C. O. C. If this formula is changed in any way, then we have what are called the reactions of degeneration, and we know at once there is trouble somewhere, and seek to find it. The faradic current causes contractions through the intramuscular nerves, and when these are diseased, contractility is lost; but the galvanic current acts principally upon the muscular fibres. This explains why it is, that in some cases of paralysis, the muscles will retain their power of contraction longer, to the galvanic current, than to the faradic; for in such cases the intramuscular nerves are affected from the beginning, and the muscular fibres are only affected later.

We have degenerative reactions in cases of traumatic paralysis, where the continuity of the nerve has been completely interrupted, in pressure paralysis, lead palsy; in some forms of infantile paralysis, in spinal paralysis, where the gray matter is much involved; in progressive muscular atrophy; and in some cases of neuritis. Many times the only means we have of determining whether a case be one of poliomyelitis anterior or progressive muscular atrophy, is the fact that faradic contractility is early lost in the former, but is retained in the latter, as long as there is left a muscular fibre

to be acted upon. In certain cases of hemiplegia, with an irritative lesion, and in the early stages of facial paralysis, due to cold, the readiness with which a muscle responds to electrical stimulation, is increased; and a galvanic current that would not be strong enough to cause contractions in health, will do so readily in disease.

In the last stages of bulbar paralysis, progressive muscular atrophy and myelitis, the readiness with which contractions take place rapidly decreases and is finally lost. It is an interesting fact that the resistance of the body to the electric current is very much decreased in Basedows disease; while the resistance of the body in health is from 2,500 to 3,000 ohms, in Basedows disease, it is from 800 to 1,100 ohms. We have in electricity a most powerful agent for the detection of malingerers; and even the most skillful of them cannot surmount this obstacle to the successful consummation of their plans. We come next to the use of electricity in therapeutics. It is in the various forms of paralysis to keep up muscular action and so promote the nutrition of the parts, until peradventure, the central or peripheral lesion is healed, that we find the grandest results. Upon the lesion itself, particularly if it be of central origin, it seems to have but little if any direct results. It has been claimed by some that the absorption of a clot may be hastened and the nutrition of a damaged brain be improved, by acting upon the cervical sympathetic nerve; but one should be very careful about giving too much credit to this agent in these cases. In degenerated nerve tissue if a current can once be made to pass along the nerve, it will usually be transmitted more easily the second time, and so on, by repeated applications, until finally the nerve current itself will be conducted properly. But to be able to do this there must be some nerve fibre intact, and the current passing along these will sometimes influence the adjacent diseased fibres, nourishing them and so causing recovery to take place.

In organic spinal cord lesions electricity, locally applied, usually seems to do more harm than good, and we should be very careful of its use in such cases. There are many cases, such as those of *hysteria*, *epilepsy*, *chorea*, *Basedows disease*, and the sequelæ of acute diseases, of which much has

been written concerning this agent and but little done. In these conditions it has been disappointing, and when good results have followed its use I believe it is due more to the mental effect upon the patient than to any real result of the current itself. And why should it not be so when an agent that is capable of rending the strongest oak like a straw, moving railway trains, lighting cities and transmitting messages thousands of miles is so controlled that it passes silently through our body, thrilling us from head to foot. No wonder its results upon a susceptible individual are for the time being marvelous; but they are not permanent and will soon pass away.

We now come to another field for the use of electricity, and that is in gynecology. In uterine displacements, sub-involution, myo-fibroma, amenorrhœa, dysmenorrhœa, and extra-uterine pregnancies, it has been used with excellent results. It is particularly in the latter condition that it is the most valuable. In extra-uterine pregnancies of three or four months, it is a sure and safe remedy; many lives have been saved by its use, which otherwise would have been lost. In surgery vast strides have been made with this agent, and the wonderful results of electrolysis, in causing the chemical decomposition of morbid growths, in various parts of the body, have been many, and yet, even here, we must not be too sanguine of success, for although in some cases the results have been marvelous, yet there have been many disappointments. The electro-cautery is a valuable addition to our armamentarium, and holds an important position.

In closing let me sum up briefly the field of electricity in medicine. As an aid in the diagnosis of obscure nervous disease; in paralysis, to keep up the action of the muscles; in some cases of spinal irritation; in uterine displacements; sub-involution, and extra uterine pregnancies; and in some morbid growths, which may be destroyed by electrolysis. At present this is its field, and when carefully used in these conditions, it will be found to be invaluable. This subject is a large and important one, and much can be written upon it, but I have taken it up thus briefly, to bring it before the mind of the general practitioner. Many consider it so difficult, and void of interest, that they do not investigate it. But it is of vital importance to many a poor sufferer, that we

understand it, and understand it thoroughly. And to-day, when such rapid strides are being made in the advancement of medical science, no general practitioner can afford to hazard his reputation, upon faulty diagnosis, or unskillful treatment of his cases. And to be well equipped in this great work of relieving human suffering, he must have a knowledge of the use of electricity, among the other numerous remedies, he is to call to his aid.

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## SELECTIONS.

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### SCHUSSLER'S FIFTEENTH EDITION.

Through the courtesy of Dr. Schussler we are the recipients of the Fifteenth German Edition of his *Abgekürzte Therapie*, bearing the date of March, 1888.

Although in general much like the previous editions, yet we find a few improvements and some additions which we here present for the benefit of our readers.

\* \* \* \* \* "The nature of disease is the altered cell," says Virchow. Health is normal cell action. The constitution of the cells is determined by the composition of their immediate nutritive field; just as the growth of plants is influenced by the nature of the soil about their roots.

The agricultural chemist speaks of the "law of minimum," according to which a fertilizer must contain that special nutrient of the plant which happens to be found in the *least* quantity in the soil.

The agricultural chemist needs only three fertilizers—either combined nitrogen (ammoniak), phosphate of lime or potash—the remaining materials of plant nutrition are contained in sufficient quantities in the soil itself. The "law of the minimum" is also applicable to the biochemic remedies.

For example: Suppose that within the nutrient domain of the bones of a child suffering from rachitis, there has arisen in consequence of a disturbance of the motion of the phosphate of lime molecules, a want of this salt.

The quantity of phosphate of lime intended for the bones, which cannot reach its place of destination, will form a surplus in the blood if it is not excreted in the urine, since the kidneys have the task to care for the proper composition of the blood, and so to remove all foreign matter and all superfluous constituents. After the disturbance of the molecular motion in the affected nutritive field (Nahrboden) has become restored by means of minimal doses of the salt, the superfluous calcium phosphate can be brought into the normal circulation, and the curing of rachitis be accordingly accomplished.

Every normal cell possesses the capability to take on and to throw off matter. The capability, to throw off injurious matter is lessened or arrested if the cells in consequence of an irritation experience a deficit in any one of their salts.

The *status quo ante* is again restored as soon as the deficit is supplied by homogenous material from the immediate nutritive field (Nahrboden). If the supply does not follow spontaneously it is to be supposed that the required salt is present only in minimum quantity within the cellular nutritive field.

Therefore it is requisite that we act therapeutically according to the law of the minimum.

When by means of a fresh supply of the materials lost the changed cells regain their integrity, then they are again in condition to functionate normally and thereby to cause the chemical removal of diseased products. (Exudations, Transudations, etc.)

The biochemical method of healing furthers the restorative endeavors of nature which furnishes the natural remedy (the inorganic salts) where they are wanting.

Biochemistry reaches its aim *directly* by the supply of a deficiency. Other methods of cure which employ remedies foreign to the constituent materials of the human organism reach this object *indirectly*.

Whoever without prejudice tries to realise this aim and the ways and means by which it is reached will come to the conclusion that the biochemic remedies employed according to a proper choice will suffice for the cure of all diseases curable by means of internal medication.

Some physicians have put forth the assertion that the biochemic remedies must be proved upon the healthy, and thus by means of such provings obtain symptoms which are to be taken as indications for their use. That is thoroughly false. The indications for the biochemic remedies must be furnished by Physiological and Pathological Chemistry—that is, they must be determined through the results of their employment against disease.

Who will believe that diseased conditions having a similarity with puercupral fever, Typhus, Articular Rheumatism, Intermittent fever, Hygroma patellae, etc., can be produced by means of cell salts in large or small doses employed upon healthy persons.

The biochemic remedies are to be used in minimal doses; but as they are not selected according to the principle of Similarity, *Non Similibus in no Homoeopathy.*

The general action of many of the remedies has been enlarged and improved somewhat in this edition thus under:

*Acid. Mur.* The Natrum Mur. Molecules contained in the epithelial cells of the peptic glands become split up by the weak action of the carbonic acid of the blood, its chlorine is separated and the free soda unites with the carbonic acid, and this combination reaches the blood while the chlorine, united with the hydrogen and dissolved in water, reaches the stomach as hydrochloric acid. If, on account of a want of salt in the epithelial cells of the peptic glands, no HCl. can be formed there occurs an increase of the exudated alkaline mucus from the superficial epithelium of the mucous membrane of the stomach. Diluted hydrochloric acid given in order to reduce the quantity of the superficial epithelial cells to the proper quantity, is but a palliative procedure, a rational cure must be effected by restoring the disturbed motion of the NaCl Molecules which are found in the nourishing fluid of the epithelial cells of the peptic glands by means of administering Homogeneous Molecules.

This is also the function remedy of mucus which is secreted in the epithelial cells of all mucous membranes. It causes a reach or rush when its characteristic excretion is present just as the hydrochloric acid formed in the epithelial

cells of the peptic glands reduces the increased alkaline mucous exudation of the superficial epithelium to the right quantity, so can the hydrochloric acid that is formed by splitting up of the chloride of sodium within the mucin of all mucous membranes limit the secretion of mucous in the formative (nascent) stage.

It is a fact that hydrochloric acid is obtained from salt, (Natr. Mur.) not only by means of carbonic acid acting upon the salt in a mass, but a similar result is obtained by the action of water. In the former the carbonic acid unites with the sodium which has lost its chlorine, and this combination reaches the blood; in the other case sodium hydroxyd results which dissolves the mucin and increases the secretion of mucus. This explains the origin of catarrh in damp atmospheres.

*Natrum Mur.* corresponds as a remedy to watery exudations which are often excoriating and irritating; head, face, teeth and other aches when flow of tears, saliva, or vomiting of watery fluids is present.

If the natr. mur. molecules of the epithelial cells of the serous membranes suffer a disturbance of equilibrium, we have a serous exudation.

*Kali mur.* — Kali mur. is found in the blood corpuscles, muscles, nerve and brain cells, as well as in the intercellular fluids. When in the walls of the blood or lymph vessels, the molecules of kali mur. become disturbed, and in consequence thereof, a minimum of this salt arises, there results a fibrous exudation and white blood or lymph corpuscles. If the integrity of the affected tissue is again restored by the administration of kali mur. molecules, then a resorption or a throwing off of the exudation occurs. Either result is attained probably by the production of hydrochlor. acid, formed by the combination of one part of chlorine from the kal. chlor. with hydrogen. The action of this hydrochloric acid consists in dissolving the fibrin *in the formative (nascent) stage.*

*Natr. phos.* — This is found in the blood, muscles, nerve and brain cells, as well as in the intercellular fluids. It is useful in podagra, gout, as well as in acute and chronic articular rheumatism, being thus a remedy for the so called uric acid diathesis.

*Kali sulph.* — The sulphates found in nature and also the oxide of iron, serve as oxygen transporters. If a sulphate and Iron oxide come in contact at the same time with certain organic substances in decomposition, they give off their oxygen, and there is formed sulphate of iron. This becomes decomposed by the air, it forms sulphuric acid and Iron oxide, which, under certain conditions become again oxygen transporters.

Similar processes can be accomplished in the human organism; therefore, of the sulphates, probably the *kali sulph.* plays an important role, because this is found in *cells* and in intercellular fluids, while *calcium sulph.* and *natrum sulph.* are only found in the latter.

From a functional disturbance of the molecules of *kali sulph.*, such manifestations appear as intermitting pains, changing place frequently, becoming worse by quiet and warmth, and better in the cool open air, that is, rich in oxygen. Profuse epidermis scaling with yellow mucous exudation, etc.

*Natr. Sulph.*—Does not appear in cells, only in the intercellular fluids: it aids and regulates the excretion of superfluous water, *e. g.*, that which arises from the decomposition of lactic acid with *natr. phos.*, oedemas, etc.

Further, on pages 20, 21, 22, 23 and 24, we find the following:

The inorganic tissue salts suffice for the healing of all curable diseases.

The question whether this or that disease depends upon the presence of Bacteriæ has absolutely no influence upon the Biochemical therapeutics. The therapeutic purpose is reached in a much shorter way by using these remedies according to the indications given.

Diseases which arise from the misuse of medicines, Quinine, Quicksilver, etc., can be healed by minimal doses of the cell salts. The symptoms determine the choice of the remedy.

While the above mentioned diseases are curable by means of the tissue salts, acute Arsenic, Phosphorus, etc., poisoning must of course be treated according to the well known rules.

By several physicians the assertion is made that the *Organic* combinations of the human organism should also be incorporated in the biochemic therapeutics. Such a view rests upon an error as I shall endeavor to prove.

The biochemic theory is, as has already been mentioned, an analogue of Agricultural Chemistry. — If a plant receives from nature a due amount of inorganic material, then it is in condition to develop in itself all the organic combinations which its organism requires. One does not manure plants with Chlorophyl in order to cause the leaves to take on a green color, since it is known that the iron contained in the plant takes care of the production of the green for the leaves. One does not manure with Lecithin, Nuclein, etc., in order to supply the plants with phosphatic combinations. We fertilize when necessary, with phosphate of lime. The plants take the phosphorus acid from the lime phosphate and unite it with other materials already present in them to constitute Lecithin Neuclein, etc.

If anyone put forward the assertion that the agricultural or horticultural chemists are in error since they believe that three fertilizers are sufficient, that they must use as fertilizers all the organic matters of the plants, *e.g.* Chlorophyl, gummi, resin oil, starch, grape sugar, acetic acid, etc., we would smile at such as wise Daniel.

If the human organism contain organic nutrient material, albumen fats and carbo-hydrates, together with the proper inorganic cell salts, in sufficient quantity and proper relation, there must be produced by the influence of oxygen and the consequent separations and syntheses all the necessary organic combinations and the individual will find himself in a condition of health.

Syntheses which were formerly considered as an exclusive property of the plants take place also in the animal and human organisms.

To those who believe that the *organic* substances also should be incorporated in my biochemic method of cure belongs Doctor Ring, of Ward's Island Hospital, New York.

He blames me because I have not accepted the *ultimate* organic combinations in my system. He says, among other things, "that the organic substances as Keratin Tyrosin,

Kreatin, Kreatinin, etc., are normal constituents of those tissues in and upon which cancerous growths form, and for this reason we are authorized to accept, so that by a proper preparation and choice of the same, a specific action upon the tissues related to can be exercised."

That is partly true, the greater part however is not true. True it is that kreatin is a normal constituent of certain tissues, but it is not true that kreatin and kreatinin are constituents of the tissues, *they are contained therein as products of retrograde cell metamorphosis.*

All organic combinations which, as kreatin, kreatinin, urea, uric acid, etc., become excreted from normal urine, are to be viewed as ultimate results of the oxydation of organic nutritive materials. They are to be compared in respect to their uselessness for the human organism to the resin which is thrown off from certain plants as a useless product.

The idea of curing a diseased tissue with one of its related healthy tissues is a peculiar one. Cartilage tissue is related to the mucons tissue. The functional remedy of both is *natr. mur.*

It is reasonable to suppose to cure a coryza — a diseased condition of the nasal mucous membrane calling for *natr. mur.*—with a preparation of cartilage.

Over thirty years ago, Dr. Constantine Hering conceived the idea to try hardened epithelium (horngewebe) as a remedy. He and his friends prepared some *castor equoreum*, the horn-like wart which is found on the legs of horses, and proved it on men and horses. In the symptom records of this proving we find the statement: "A broken down old horse became twenty years younger."\*

In spite of this highly promising symptom, which stamps *castor equoreum* as an analogue to a woman's rejuvenating mill, the remedy has passed into oblivion.

Dr. Ring and associates prepare these organic substances in order to prove them upon healthy persons.

Their undertaking will have as a consequence, mere manufacturing of symptoms, and in all probability we will be treated to very strange ones.

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\* "An infirm old horse became rejuvenated." are Hering's words.—Eps.

If the Physiologico chemical views of the above gentlemen were a little clearer, they would be able to see, that their attempt is, at best, a useless trifling.

If they, for instance, employ Lecithin, then they are doing nothing else but employing a phosphate. If they use Keratin, which is very rich in Sulphur, they are doing nothing else but obtaining the action of a Sulphate. Why wander in the distance, when biochemistry already offers five phosphates and three sulphates.

When an inorganic salt becomes excreted in excess from the urine, there exists in consequence of a molecular disturbance a deficit of the said salt in the immediate nutritive field of the cell district, and a homogeneous salt is indicated as the remedy (vide Rachitis).

If the urine contains albumen, sugar, etc., then there exists in the nutritive field of the cell district, a minimum of a substance that is physiologically and chemically analogous to these substances, and a homœogeneous salt is indicated as a remedy. Any deficit in a nutritive field is occasioned by some tissue salt, *never by an organic substance*. Therefore organic substances are excluded as remedies.

Those who doubt this should make the attempt to cure some disease by means of molecules of Gluten, Mucin, Tyrosin, elastin, sugar, fat, etc. The result will be a negative one.

For the building and maintenance of the human organism the following substances are requisite: Oxygen, Fats, Albumen, Glutinous substances, Mucin, Keratin, Elastin, Hæmoglobin, Lecithin, Nuclein, Cholesterin, water and inorganic salts. The Albumen forms the principal part of the plasma of the blood and the Lymph. It is in the muscular fibres, the axis-cylinders of the nerves and in the protoplasm of all cells. From glutinous substances originate the organic basis of bone, cartilages, ligaments and connective tissues.

Mucin is contained in the epithelial cells and mucous membranes; Kreatinin is the organic basis of the epidermis, hair and nails; Elastin of the elastic fibres.

The Gluten, Mucin, Keratin and Elastin are products of the disintegration of albumen, through the action of oxygen. The Hæmoglobin of the blood cells is the combination of an albuminous body with a body containing iron.—*Haematin*.

Lecithin and Nuclein originate from albumen, fat and a phosphate, in consequence of a transposition of the molecules.

Whatever is found in the tissues besides the above named organic and inorganic building materials is a product of retrograde cell metamorphosis and the degeneration of the albumen: substances which must be eliminated by the activity of the cells. To the products of retrograde cell metamorphosis belong, as already stated, Kreatin, Kreatinin, etc. To the products of the degeneration of albumen belong Tyrosin, Leucin, etc.

The albuminoids and fats are reparation substances and fountains of force.

Oxygen, carbo-hydrates and glue (not to be confounded with glutinous material), are all sources of force. The inorganic salts are reparation substances and regulators of functions. Equalization of functional disturbances is synonymous with the renewal of health. This purpose is only reached biochemically and through the inorganic salts.

The hope of Dr. Ring and his associates to cure diseases by means of Tyrosin, Keratin, Kreatin, etc., rests upon a fallacy, and which disappears when physiologically illustrated.

Every inorganic salt contained in the blood, has, in the walls of the capillaries special passage ways, grace to this arrangement every tissue receives only its requisite mineral salt. The connective tissue, *silicea*, the mucous tissue, *Natr. Mur.*, etc., without this arrangement there would be such a confusion of molecular movements in the intercellular fluids that the building up of new cells would be impossible. In healthy cells and in their intercellular fluids, the salts are found to be in such a favorable local relation to each other, that they are unable to influence each other in a purposeless manner. Without such a favorable relationship contrary transpositions would occur; as when one dissolves *Natr. Mur.* and *Kali phos.* in a fluid, there is formed in consequence of a transposition *Kali Mur.* and *Natr. phos.*

Such processes must be borne in mind by those who give two biochemic remedies at the *same time*.

When the two mentioned salts in ponderable quantities become dissolved in a fluid, the transposition is only a partial

one, but when minimal doses come in contact with one another in a relatively large quantity of fluid, the transposition can possibly be a complete one.

The special therapeutic part of this edition is much the same as the preceding edition. The following, however, are new:

*Natr. Phos.*.—Rheumatic pains in the joints with profuse sour smelling sweat. Acute Gout (after Ferr. Phos.), Chronic Gout and chronic articular Rheumatism, Gravel.

*Natr. Mur.*.—Falling out of hair and dandruff, inflammation of the uvula.

Perhaps *Kali Sulph.* and *Calc Sulph.* are remedies in diabetes.

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## OPHTHALMOLOGY AND OTOLOGY.

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

### A CASE OF GLAUCOMA, FULMINANS WITH IRIDECTOMY.

By H. C. FRENCH, M. D.

[Read before the California Homœopathic State Medical Society, 1888.]

On April 26th, 1888, was called to see Mrs. S., a lady of 58, with large blue eyes and sanguine temperament. She had been suffering intense pain in the left eye and entire orbital region and temple of the same side; for 36 hours just preceding my visit. The ball was almost stony hard, iris dilated to a narrow band, cornea anaesthetic, the lens semi-cataractous, more markedly in its temporal half, and vision was absolutely nil, so that the presence of a bright light could not be distinguished from total darkness. Of course, there was no reflex, and the paramount symptom was the extreme tension. The right eye revealed no change, either in appearance or function, and was free from pain or uneasiness. Being too late to operate that day, an appointment was made for the following afternoon. The case held out no promise of functional restoration, and the patient was so informed.

The operation was performed under the influence of cocaine, in the presence of members of our senior class, with Dr. E. R. Ballard as assistant. The anterior chamber was almost obliterated by the forward pressure of the lens and iris, rendering the operation both difficult and dangerous. But for the great chemosis of the lids and bulbar conjunctiva, we would have chosen the narrow Von Graefe knife as safer, but the narrowing of the palpebral aperture necessitated the use of the bent keratome. The iridectomy was made well back to the ciliary bodies and wide in extent, and was followed by free hemorrhage, filling completely the interior chamber. Perfect relief from pain did not follow immediately, but there was a gradual amelioration of suffering up to the fifth day, after which little pain was experienced. Rhus tox., spigelia, and lachosis were the internal remedies employed, and a one per cent solution of salicylate of eserine was instilled into the eye every two or three hours, with no apparent effect up to the 5th day after the operation, when the narrow band of iris began slowly to widen. No change in function was noticeable until May 5th, 9 days after the operation, when she discerned flashes of light, and the day following could tell when the lamp was brought in and so on up to the 9th, when she could see the attendant's hat. The pupillary space has narrowed down almost to normal, and the hemorrhagic products are rapidly clearing up, but the most marked change is in the tension, which is now slightly greater than normal.

*Ätiology.*—About four months previous to the attack, while playing hop-hoy struck her with a spoon over the closed lid of the now totally glaucomatous eye. This was doubtless a predisposing cause—mental anxiety, and excessive use of the operation as subsequent operations. Our most sanguine hope in the case was to save the sightless globe, and protect the sound eye, and the result amply avers the solemn importance of the prompt diagnosis of glaucoma, and the immediate employment of Von Graefe's iridectomy operation.

When the author's original report at the State medical convention coincided exactly with that of the other bureau.

it was not such as the importance of the subject demands. The conductor of this department read two short papers, reporting cases, one on Glaucoma and one on Retinitis Albumenurica.

Dr. Simpson inquired if the frequency of asthenopia in the young was general amongst his colleagues or merely a temporary coincidence in his own practice.

Drs. Green and French reported similar experience, though in minor degree.

Dr. Green spoke of Onosmodium as having a specific influence in these cases.

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### Colleges, Hospitals and Societies.

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The twelfth annual meeting of the California State Homœopathic Medical Society convened at the Hahnemann Hospital College, on Wednesday, May 9th, 1888, at 8 p. m.

A large number of members and visitors were present. The President, Dr. Palmer, occupied the chair, and called the meeting to order at 8:30 p. m.

The censors reported favorably upon the names of the following physicians, and they were elected to membership.

Dr. C. Scott, Menlo Park; Dr. G. Fichtner, San Francisco; Dr. Florence Saltonstall, of San Francisco; Dr. E. H. Mattner, San Francisco; Dr. G. H. Jenks, San Francisco; Dr. A. D. Fouchy, San Francisco; Dr. Minnie C. F. Love, San Francisco. The entire evening session was devoted to the consideration and discussion of the proposed amendments and changes in the Constitution and By-Laws, the most important of which was that essayists be limited to twenty minutes, and the President to appoint merely the Chairmen of Bureaux, and these their own committees.

After the amended Constitution and By-Laws were adopted, an invitation was extended to the society to visit Fabiola Hospital, and one from the Hahnemann Hospital Aid Association, to visit the San Francisco Homœopathic Hospital, 312 Page Street, where lunch would be served at 1 o'clock Thursday. Both invitations were accepted.

The President then delivered his annual address, after which the society adjourned.

MORNING SESSION—THURSDAY MAY 10TH.

The President called the meeting to order at 10:15 A. M. Nomination and election of officers resulted viz:

*President:* S. Powell Burdick, M. D., of Oakland.

*First Vice-President:* Jno. J. Miller, M. D., of San Jose.

*Second Vice-President:* Laura A. Ballard, M. D., of San Francisco.

*Secretary:* A. C. Peterson, M. D., of San Francisco.

*Treasurer:* W. A. Dewey, M. D., of San Francisco.

*Censors:* Drs. Samuel Lilienthal, C. L. Tisdale, H. L. Bradley, G. H. Jenks, W. E. Ledyard.

*Directors:* Drs. J. N. Eckel, J. A. Albertson, L. H. Bradley, Wm. Boericke and C. B. Currier.

*Board of Examiners:* Drs. R. H. Curtis, Wm. Boericke, J. W. Ward, G. E. Davis, H. C. French, Sidney Worth, A. C. Peterson.

The Treasurer reported a balance on hand of \$57.70.

The Secretary of the Board of Examiners, Dr. Wm. Boericke, reported sixty-one licenses granted and four refused, since May, 1887, and balance on hand of \$286.95.

Under the head of Scientific Committees, G. H. Martin, M. D., read a paper entitled "Electricity in Medicine," and defined the sphere of usefulness of this agent, viz: A diagnostician in obscure nervous diseases; in paralysis to stimulate action of muscles; some cases of spinal irritation; uterine displacements; sub-involution; extra uterine pregnancies; destruction of morbid growths by electrolysis.

B. F. Mertzmann, M. D., presented a paper entitled, "Why Lacerations of the Cervix are so frequent."

Dr. De Derky in discussing the paper, claimed that most lacerations occur from meddlesome midwifery, and favored taking plenty of time for nature to assert its power.

Drs. S. Lilienthal and Burdick attacked the position of Dr. De Derky, and condemned waiting, as the strength of the patient is exhausted and grave results apt to ensue.

W. E. Ledyard, M. D., reported cases from practice cured by high potencies. (Swan.)

Dr. Burdick here demonstrated that Swan high potencies were fallacious, the millionth being just about the eighth.

The Society then adjourned and partook of a generous lunch at the hospital, 312 Page street.

#### AFTERNOON SESSION.

C. L. Tisdale, M. D., read a paper entitled "Anal and Rectal Fissure," which described the various kinds of fissures, their causes, remote and recent, with different modes of treatment, together with the author's own method of procedure.

Dr. Miller asked in case of hemorrhoids and fissure if Dr. Tisdale operated on both at the same time?

Dr. Tisdale replied that he cures hemorrhoids first, and that the fissures cannot be cured until hemorrhoids are first done away with.

J. J. Miller, M. D., read a paper entitled "A Few Desultory remarks on Surgery in General, and Conservative Surgery in Particular," an excellent review of the wonderful advance of surgery within a few years past, and the opening up of what have for centuries past been considered sealed volumes.

Dr. De Derky deprecated the too free use of the knife, and characterized some surgeons as butchers, always ready to cut and slash for their own glorification.

Dr. S. Lilienthal criticised Dr. De Derky's remarks on "butchers," and cited a case of epileptic spasms cured by trephining after years of fruitless medication.

H. C. French, M. D., presented papers entitled "Retinitis Albuminurica" and "Glaucoma Fulminans."

Dr. Simpson spoke of the unusual number of cases of neuro-retinitis and thinks errors of refraction the cause and urged the necessity of testing refraction in every case.

Dr. Green attributes the frequent asthenopia and hyperaesthesia of the retina in this State to the glare from bare brown earth in summer.

Dr. Burdick attributes many eye troubles in this sunny country, from glare of white painted houses and concrete sidewalks.

Samuel Lilienthal, M. D., read a paper entitled "Imperfections of Homœopathic Materia Medica," and urged the

necessity of new and thorough provings, whereby we may differentiate the true and false drug symptoms, but we could not, at present, afford to do away with any symptoms in the *materia medica*.

Dr. Burdick had made provings of many remedies, and thinks  $\frac{2}{3}$  of symptoms recorded in our books are unreliable. He made the first proving of *Yucca Filimentosa* and noted its powerful action on the bowels and cured many cases of dysentery, to which this remedy corresponded, and urged the Society to prove certain drugs.

Dr. Boericke was elected delegate to American Institute.

Dr. E. H. Hurd of Rochester, N. Y., Dr. A. von der Lühé of Brooklyn, N. Y., and Dr. S. Powell Burdick of Oakland, Cal., were delegates of the Homœopathic Medical Society of New York, elected at the Annual Meeting of that Society, convened in Albany, February, 1888.

Scientific Bureaux being reopened, A. B. Bishop, M. D., read a paper entitled "Uterine Displacements."

Drs. S. Lilienthal, Dewey, Boericke, Ward, Peterson and Martin were elected to represent the California State Homœopathic Medical Society in the Intercollegiate Committee of the American Institute.

Dr. Lilienthal moved a vote of thanks to the ladies of the Hahnemann Hospital for their sumptuous lunch, which was unanimously carried.

Drs. Dewey and Boericke conducted Dr. Burdick the incoming president to the chair. Dr. Burdick greeted the Society cordially and asked the co-operation of every member of the Society to aid in bringing about good will and harmony; to endeavor to advance the interests of the Society and thus the interests of humanity.

After tendering a vote of thanks to Dr. Palmer, the retiring President, the Society adjourned.

A. C. PETERSON, M. D., Secretary.

#### OHIO STATE HOMŒOPATHIC SOCIETY.

The Homœopathic Medical Society, of Ohio, met at Delaware, Ohio, May 8th and 9th. A good and enthusiastic

meeting; average attendance seventy-five. The following officers were elected: C. E. Walton, M. D., President; C. L. Cleveland, M. D., First Vice-President; Frances J. Derby, M. D., Second Vice-President; Frank Kraft, M. D., Secretary; C. D. Crank, M. D., Assistant Secretary; H. Pomeroy, M. D., Treasurer; H. E. Beebe, M. D., Chairman Board of Censors. Next annual meeting at Cincinnati, Ohio, second Tuesday of May, 1889.

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### NEW LICENTIATES.

The following have been granted licenses to practice by the Homœopathic Board since our last issue:

O. W. Green, Los Angeles, Hahnemann Medical College, Chicago.....	1886
M. S. Putnam, Santa Barbara, Woman's Medical College, New York... .	1884
J. S. Gleason, South Riverside, State University, Iowa.....	1883
Minnie C. F. Love, San Francisco, Howard University Med. Department.	1887
S. F. Davis, Pomona, State University, Iowa.....	1879
Florence N. Saltonstall, San Francisco, Hahnemann Hos. Col., S. F.....	1887
Willis P. Polhemus, San Diego, University of Michigan .....	1881
M. L. Hurlbert, Pasadena, Hahnemann Medical College.....	1872

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### OAKLAND HOMŒOPATHIC HOSPITAL.

On Saturday, April 29th, a large crowd assembled at the New Fabiola Hospital building, corner of Moss Avenue and Broadway, Oakland, to witness the dedication of that building. The exercises consisted in addresses by Mayor Pierce, and several prominent clergymen of that city, after which the guests were invited to inspect the buildings and grounds. The building is large, roomy, of fine architectural effect, and cost about \$18,000. The site was donated by the late Anthony Chabot, and Frederic Delger started the building fund with \$5,000, the balance was raised by the homœopathic ladies of Oakland.

The main building is 100x60 feet, with a large wing 60x120 feet, extending to the rear. It is two and one-half stories in height, and the inside is commodiously arranged with large wards, library, reception room, operating room, bath, private apartments, etc. A tower rises on the west and a turret on

the east, while in the sloping roof are dormer windows. With this new hospital in Oakland, and another new one projected in this city, the Pacific Coast will no longer be behind the age.

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#### ALLOPATHIC MEDICAL SOCIETY.

At the recent meeting of the California State Medical Society (Allopathic) quite an interesting report was made by the Committee on Mental Diseases.

Dr. Robertson, of the Napa Asylum, did not believe in medical and mechanical restraint to patients. By medical restraint he meant the use of opium, chloral hydrate and that class of drugs. He said that there was not a straight jacket in the Napa Asylum, although there were fifteen hundred patients.

Dr. Mays, of the Stockton Asylum, showed that insanity was no more common in California than elsewhere. Our ratio being one to four hundred and forty, while the percentage in New York, is one to three hundred and fifty; in Massachusetts, one to three hundred and sixty.

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#### CLINICAL ITEMS.

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*Natrum. Phos.* has few equals for ulcerations of the buccal mucous membrane. "Canker sores" of the lips and cheeks yield to this remedy in the 3x or 6x attenuation, where Borax, Antim. crud. Baptisia, Kali Chlor, etc., have failed to cure.—*S. J. Hom.*

*Arsenite of Bromine.*—Professor J. H. Smith recommends warmly this remedy in cases of diabetes for the removal of sugar from the urine; 5 to 8 drops 3 times daily gives excellent results.—*Era.*

*Dioscorea* has great burning distress in the stomach, with prickling pains, faintness, also constant heavy pains in the pit of stomach, worse after eating, and which is relieved by copious eructations of gas.

# The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only Homœopathic Medical Journal west of the Rocky Mountains.

EDITORS. - - WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

PUBLISHERS, BOERICKE & SCHRECK.

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THE CALIFORNIA HOMOEOPATH, No. 234 Sutter St., San Francisco, Cal.

## EDITORIAL.

THE twelfth annual meeting of the State Society was held on the 9th of May. The attendance at the same was not such as could be desired. There are nearly 250 Homœopathic physicians practicing in the State, only a third of whom are members of the State Society, and of those who *are* members, hardly one-half are present. It seems to us that more interest should be taken in our State meetings. There is plenty of material among its members to make an interesting meeting. Let us commence now to prepare for the thirteenth annual meeting that it may surpass in interest all former ones. At least one day of the year should be given up to the furtherance of our system of medicine when our old school brethren give up three for theirs.

THE College opened to a fine class on the 1st of May, the Dean giving the opening lecture. At present everything is running smoothly, and we hear the students are getting down to solid work.

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THE College museum should be worked up; some interesting specimens are already to be seen there, among which is a skull presented by Dr. Henderson, of Oregon, which is a beautiful illustration of how the top of the head can be "blown off." Those who have interesting specimens cannot do better than to forward them to the College museum.

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NOTICE.—Those of our readers who do not wish to keep the *April* number, will confer a favor by sending us the same, as we are entirely out of that number.

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### Personal Notes, Locations, Etc.

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DR. P. K. GUILD, of Santa Barbara, is spending a few weeks in our genial climate, and, we learn, is steadily improving in health.

DR. S. POWELL BURDICK is the new President of the State Society, which fact gives much promise of a most interesting meeting next year.

DR. MINNIE C. F. LOVE, recently from Washington, D. C., has located in San Francisco, at 1907 Pacific Avenue, where she will devote herself to gynaecology and obstetrics.

TWINS.—Our editor (the one whose specialty is children of course) recently became the happy father of twin girls. Practice in his specialty, which has been rather dull of late, will now have a boom.

AMONG the "country members" at the recent meeting of the State Society, the San Jose Homœopaths were well represented by Drs. SIMPSON, MILLER and BISHOP. Excellent reports were made by each.

DR. J. N. ECKEL, who recently met with a serious accident to his knee, is again able to be out. He is at present spending a few weeks in San Luis Obispo county, where we hope he will regain the strength lost by so long a confinement, and upon his return be able to attend to his large practice as of old.

**DR. FLORENCE SALTONSTALL** has returned from her eastern visit full of enthusiasm and noble ambition, and has opened an office at the corner of Sutter and Polk streets. We bespeak a brilliant future for the doctor.

**PROF. MARTIN**, formerly of Honolulu, has permanently located in San Francisco, at 921 $\frac{1}{4}$  Geary street. Office hours from 2 to 4 P. M. An interesting paper read before the State Society by him appears in our present number.

**PROF. T. J. KENT**, the brilliant teacher of *Materia Medica*, has been called to the Hahnemann Medical College, of Philadelphia, to fill the chair of Homœopathic, *Materia Medica* and Therapeutics in that venerable institution. No more worthy successor to Farrington could have been chosen, and we congratulate both the college and the Professor on the important change.

The editors of this journal, among others, participated in the lunch given to the members of the State Society by the ladies of the Hahnemann Hospital Aid Association. If the spread given was a sample of the diet list, we would not object to being a chronic resident of the Hospital. The ladies are enthusiastic and doing a good work for the cause, and deserve every encouragement.

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## BOOK REVIEWS.

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**Sallent (prominent) *Materia Medica* and Therapeutics.** By C. L. CLEVELAND, A. M., M. D.; Lecture on *Materia Medica* in the Homœopathic Hospital College, Cleveland, Ohio. Member of the American Institute of Homœopathy and of the Permanent Bureau of *Materia Medica*, Ohio State Society: Hahnemann Publishing House. 1888.

Blessed be the name of Dr. Cleveland for ever and ever, for now Homœopathic Therapeutics are ground down to a very small compass, and the lazy drones of our schools, and there are only too many of them, can proudly excuse themselves for their ease as a lecturer on *Materia Medica* has shown them the way to do it, though it is not exactly according to the teaching of Father Hahnemann. But what do we to-day care for the notions of the good old man! We live in a lively age of progress and everything must be done rapidly, though it may not be always well done.

More in sorrow than in anger I put the book aside; an honest prescriber can have no use for such a condensation. Take the very first remedy and can anyone say when to prescribe Acetic Acid, or later, page 14, Aconite for croup? We ask pathologically what croup? and homœopathically what indications? Cleveland fails to answer both questions, and their routine treatment is encouraged. It may be a satisfactory work to some physicians, especially to those who glory in the use of palliatives. But certainly Dr. Cleveland felt himself that it is neither a Homœopathic *Materia Medica* nor Homœopathic Therapeutics in its strict sense, and therefore wisely left that important word out, for which omission he has our hearty thanks.

AN OLD HAHNEMANNIAN.

**Repertory of Symptoms of the Head.** By C. NEIDHARD, M. D., Philadelphia: Hahnemann Publishing House. 1888.

Neidhard is acknowledged authority, and anything coming from such a source can be considered reliable, and it is therefore rather presumptuous to find fault with it; but that is rather the fault of all repertory work, that it takes too much time to look up the case in hand, when time is money. For a long time I could not make out what the numbers placed before each remedy referred to, and even now I am in doubt what the numbers put after a symptom mean. It is true, page 53, the author says that they refer to different kinds of pain, but even when comparing one with the other, we often failed to observe the concordance. What we want in a future edition is to see them more clearly elucidated; the treatise would thus gain in practical value, and he who seeks can then find more easily what he needs. Despite all progress, a reliable *Materia Medica pura* and a trustworthy repertory are yet *pia desiderata*, but let us be thankful for what we received and the younger generation may be more successful in the attempts where the old guard failed. Never mind imperfections. "Rome was not built in a day." S. L.

**Carlsbad, its Springs, their Physiological Action and Indications.** By THEODORE KAFKA, Consulting Physician at Carlsbad.

Dr. Kafka has published a valuable resume of all that is necessary to be known about the various springs of Carlsbad, giving in a small compass its uses and abuses.

**Schussler's Abgekürzte Therapie.** Fifteenth edition. March, 1888. (See selections.)

**Disarticulation of the Right Half of the Lower Jaw for Enchondroma.** W. D. HAMILTON, M. D. Columbus, Ohio.

**Oidium Medicum.** Being a reprint of the recent discussion in the *London Times*. To those who are interested in the above discussion and the favorable ventilation of Homœopathy in conservative England, it is a valuable pamphlet.

**One Hundred and Ten Laparotomies for Removal of the Uterine Appendages.** W. GILL WYLIE, M. D., New York, 1888

**Diseases of Biliary and Urinary Organs and Fat Cures.** THEODORE KAFKA, Carlsbad, 1888.

**A Years' Work in Abdominal Surgery.** W. GILL WYLIE, M. D., New York,

**Proceedings of the State Sanitary Convention held at Philadelphia.** Harrisburg. 1888.

## POPULAR DEPARTMENT.

## THE MANAGEMENT AND CARE OF CHILDREN.

By WILLIAM BOERICKE, M. D.

## V.

The success of cow's milk, either used alone or as an adjunct to prepared infants' foods, depends, of course, upon its quality and upon the methods of keeping it until it is ready for use.

It must be *unadulterated, pure milk*, and should be slightly alkaline, but sometimes it is slightly acid, in which case it is very apt to disagree with children. It is advisable to test the reaction by means of a strip of litmus paper, obtainable in every drug store. *Good milk will change red litmus paper to blue* after some minutes' contact. If it changes blue litmus paper to red, the milk is acid and is not suitable to a young child.

The milk should be kept in a pitcher or bottle absolutely clean, and *away from all odors*, because milk very readily absorbs impurities of all sorts and thus becomes contaminated. Keep it well covered *outside the window* on a shelf, and prepare no more at one time than is needed for one feeding. Never keep the milk in the sick room or nursery. In hot weather it may be best to boil the milk and then allow it to cool; it will then keep much longer. But never use any substance like borax or bicarb. of soda, or Salicylic acid to "sweeten" the milk; should it have become tainted in any way; such procedure is the most reprehensible and hurtful to the youthful organism.

After each feeding, baby's mouth ought to be wiped out with a very soft cloth moistened in warm water, and in case it takes the breast, the nipples should be similarly treated before and after each nursing.

It may be put down as a general rule that prepared infants' foods in the market lack the element for baby's nutrition. Fortunately,

tended as *substitutes* for milk, but are almost all prepared *with* proportion of milk. In this way the milk makes up to an extent the deficiency in fat. It is well to supplement these infants' foods when they must be employed with *inunctions of oil*, especially when the child seems ill-nourished. Such inunction with olive oil may be made daily at bed-time, or even twice a day in case of wasting, all over the child's body. It will not alone be an additional source of nourishment, but frequently correct nervous restlessness as well.

Still another necessary article of diet as an adjunct to all others is *water*—have it boiled and cooled before using it. It is too apt to be forgotten as a daily need for baby's comfort, for babies do get thirsty and crave for pure, fresh water. Offer it several times during the day and you will see that it is greedily taken when the ordinary nourishment is perhaps refused. Bottle-fed babies are apt to be *overfed*, and the substitution of water rather than the prepared food once in a while will not only correct troubles arising from over-feeding, but equally satisfy the body. Sometimes the addition of a teaspoonful of sugar and milk adds to its nutritive value.

Again, do not forget as soon as a few teeth have appeared, to give the child a hard *crust of bread* to chew. It is one of the best things and should never be excluded, no matter what food is determined upon. It will aid in developing the jaw and teeth, matters of greater importance at the early age than brain development.

In looking over the whole subject of infant feeding, we find that *regularity* in offering the food is the thing to be aimed at. And when we must find a substitute for nature's provision, let it be pure, simple and easily prepared. And never forget that *absolute cleanliness* is the one condition requisite for success. When baby does not thrive before discarding your food, see to it that every step in its preparation is done perfectly, and not until you are satisfied on this score, change the food for another.

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*Sarsaparilla* 3x is to be remembered in eruptions, extending in circular form, not forming crusts.

THE  
CALIFORNIA HOMŒOPATH.

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No. 7.

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ORIGINAL ARTICLES.

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A FEW DESULTORY REMARKS ON SURGERY IN  
GENERAL, AND CONSERVATIVE SURGERY IN  
PARTICULAR.

BY JOHN J. MILLER, M. D., SAN JOSE.

[*Read before California State Homœopathic Society, 1888.*]

The word "conservative" as used to define or limit the noun "surgery," is here almost synonymous with preservative, that is, it is surgery which conserves or preserves life and limb.

It is not used in the common acceptance of the term, which means the tendency to preserve what is established, the opposition to change and the disposition to maintain existing institutions in thought and action.

Conservatism as applied to surgery, does not mean "expectancy," that last resort of the medical attendant who, not being exactly clear as to the proper treatment to be pursued, waits like Micawber for "something to turn up." On the contrary, conservatism may often imply active interference and operative measures on the part of the surgeon. But it does mean, first, the preservation of life always; and secondly, the preservation of a limb or an organ by the employment of any

or all the measures we have at our control for securing that end. It means painstaking effort for the attendant, extending, it may be, over months in his endeavor to save a foot, instead of the easier amputation done at once; the use of skin or sponge grafting in a large, deep burn to prevent contraction of the hard cicatricial tissue; the removal of a tumor or foreign body which is pressing on some noble organ, and thereby destroying its function. Thus all surgery is in one sense conservative, but it is considered particularly so at the present in that class of cases which, under old treatment, demanded the sacrifice of a part in order to save the whole; the sacrifice of a limb to preserve a life, as being the lesser of two evils, but which, under the new dispensation, we are enabled by careful, long-continued effort, and a strict attention to details to conserve the whole.

The science and art of surgery has made a more notable and rapid advance within the last twenty years than that of medicine. I do not say that there has been no medical advance, but the changes for the better in surgical practice have been more memorable and striking in their effects, and in some departments of general surgery might almost be called revolutionary.

The direct and indirect results of writings and teaching of Joseph Lister we do not as yet completely realize. He and his followers have opened up for us at least three new fields where surgeons before his day did not dare to penetrate—the abdominal cavity, the pleural cavity, and the large joints, besides simplifying the treatment of all wounds, saving the patient's strength and the surgeon's time; causing them less pain and the surgeon less anxiety. Dr. George Jackson Fisher, in an article on the History of Surgery, says: "In the whole domain of surgery there is nothing at all comparable with the contributions of J. Marion Sims in gynecology." As another example of improvement in surgical procedures I would cite Bigelow's comparatively new operation of "litholapaxy," which has already greatly modified our views and treatment of stone in the bladder.

There are now a number of diseases that are classed as distinctly belonging to the surgeons sphere, that a short time ago received a purely medical treatment, at least medi-

cal treatment or expectancy which is still a well recognized method in therapeutics.

Among these can be mentioned tumors or abscesses of the brain, in fact anything pressing on the brain mass, clots of extravasated blood, etc.

We have, of course, trephined for many years, probably two thousand or more, for fracture of the skull, with depression, but it is only lately that surgeons have performed that operation for the removal of extradural clots, and in order to ligate the middle meningeal artery followed by drainage. It is within the memory of very young practitioners, since Mr. Harsley, led by the experiments of Munk, Ferrier, Hughlings, Jackson and others, in cerebral-localization, was enabled to diagnosticate an abscess of the motor tract to trephine and drain it.

The new territory discovered for us in this department of our art—cranial surgery—is something glorious to contemplate.

I would class such operations as being conservative, inasmuch as you cannot expect any results from either medication or expectancy. These abscesses or non-specific tumors gentlemen, cannot be removed or absorbed by any remedy, homœopathic or otherwise that I am acquainted with. A rupture of the middle meningeal which is constantly pouring out blood between the duramater and the skull will not be occluded by arnica, either in the 200th or tincture. Such conditions demand surgical assistance and that promptly rendered.

There are a goodly number of diseases classed by the old-school as being incurable medically which we, as Homœopaths, claim to be able to cure by that most difficult of all things to obtain, viz.: “the properly selected remedy given in the minimum dose.” Witness the number of remedies recommended for cancerous affections—for ovarian tumors, cystic or otherwise, even for toothache depending upon an ulcerated root. If we were immaculate—if we could always hit the bullseye at the first shot or possibly the second or third, I would say proceed with your firing gentlemen, even if you do use bullets of small calibre, but I for one cannot make these fancy shots, and knowing another method of ob-

taining the same end and obtaining it at once. I would be recreant to my trust if I did not employ that means. I believe that the knife is a glorious polychrest and the simillimum for innumerable diseases.

You can enumerate on the fingers of one hand almost, all the surgeons of our school who have attained eminence in their profession. I do not know why this is so. Surgery is taught in our schools, and the average culture and education of our students is as good, I believe, as in the old school, but the Homœopaths seem to be satisfied to be physicians only, and whenever a case requiring surgical assistance is met with, the friends and relations of the patient take it as a matter of course that an old school practitioner will be called into conduct it. They do not even expect a Homœopath to know anything about surgery, much less to practice it.

These remarks have no particular bearing on my subject, except in as much as they go to emphasize my statement that the Homœopathic school depend so much on medication that they forget the use of the knife almost entirely, and do not employ it with that frequency that it deserves. It is my private opinion, though it may be heresy to say so publicly, that the sooner we are willing to acknowledge that there are some diseases which the properly selected remedy given in the minimum dose will NOT cure, the better it will be for us. If you say that you are ready and willing to make this concession, then I remark that this being the case, you daily in your works of reference, overlook and practically ignore an amount of rubbish or padding which some one, I think, might have the honesty to clear out of our works on *Materia Medica* and therapeutics.

To return to our ruptured meningeal artery. Your diagnosis is made—what is to be done? Obviously your duty is to relieve the pressure due to the blood clot, and to prevent further hæmorrhage; and this you do by trephining, but trephining for fracture of the skull with depression, and trephining for extradural hæmorrhage without fracture, are two entirely distinct things. When you have a depressed fracture all you have to do is to look out for the venous sinuses, go ahead and elevate the bone; but in extradural clot, in abscess or tumor of the deeper seated parts of the brain, where you

require an exact knowledge of cerebral anatomy, that few men possess, you must not only know *how* to trephine, but *where*. Here the results of the men who have made cerebral localization a study become invaluable to us.

The particular spot where the hemorrhage or the abscess or the tumor is located is made known to you first by the peculiar nervous symptoms which follow, and second, or assisted by your knowledge of brain anatomy. You may have all kinds of paralysis or paresis, hemiplegia, paraplegia, anæsthesia, hyperæsthesia, crossed paralysis, monaplegia, numbness, formication, hemian-opsia or anosmia and delayed sensation. The symptoms are legion and while we have yet a great deal to learn before we can locate exactly such lesions, still enough has been done already to enable us to approximate them.

After your clot or tumor has been removed the case is treated on the ordinary rules of surgical procedure. The wound is drained, and if drainage cannot be secured through the first hole made by the trephine, another one is made at the most dependent portion of the skull in reference to the cavity to be drained, looking out of course for the sinuses.

Leaving the head we go down to the chest. Here we find a disease which formerly left to medical men alone is now treated largely by the surgeons, and with the result of conserving many lives. It is namely empyæmia.

Many years ago Dieulafoy invented the aspirator and used it for evacuating the plural cavity of either serum or pus, but it has been found by experience that many times in suppurative pleuritis the pus reforms again with remarkable rapidity.

Cases are reported where truly remarkable quantities of pus have been removed in the course of a few days.

When it is found that the pus tends to accumulate as rapidly as it is removed, then aspiration will do no further good. You must now cut through the chest wall, wash out the cavity and drain. At times it may be necessary to resect a small portion of a rib, but this is not often the case. The operation is not particularly a dangerous one, and seldom fails to give relief though it does occasionally.

The operation is particularly applicable in children. One

minor point which I had very forcibly impressed upon me once is this: that in placing your drainage tube through the incision, you must fasten it firmly to something outside, or the patient is apt, when coughing, to draw it clear into the cavity of the pleura.

This is an awkward accident and might result fatally. A good way of retaining the tube, is to split the external end into three or four slips, and spread each one flush on the chest wall, and retain by adhesive plaster.

These wounds, as a rule, remain open for a long time, but generally heal kindly in the end; and you must not be too anxious to close them.

The customary point of election for entering the pleural cavity, is about on the axillary line between the fifth and sixth ribs, cutting close to the top of the sixth to avoid the intercostal artery.

If the surgeons of twenty-five years ago could see the way in which the peritoneal cavity is now dealt with by their successors, they would truly be astounded. No greater change has taken place in the whole domain of medicine or surgery than the change in our views concerning wounds of the peritoneum. It was taught for years that no matter what the disease, or how severe the wound might be, the surgeon was never, under any circumstances, to enter the abdomen. The patient, might, under certain favoring conditions, survive a gunshot or knife wound of the belly by letting him alone, by paralysing the bowel with large doses of opium and cold externally. Tumors of the uterine appendages or perityphlitic abscess were similarly let alone.

Experience had shown that in almost every instance fatal peritonitis followed, and the surgeon was only inviting death when he entered that forbidden ground.

The treatment of these cases now is almost a diemetric opposite. Instead of entering this cavity, with the fear of death hanging over him, the surgeon nowadays makes exploratory incisions for diagnostic purposes only. He cuts down for the removal of ovarian tumor or disease of the uterus and fallopian tubes, for intussusception of the bowel, for perityphlitic abscess, and for all kinds of wounds of the abdominal viscera. This is indeed a great change. The

bowels now instead of being bound up tightly with morphine, are relaxed by a mild cathartic, the theory for the procedure being, that by opening this great emunctory, it serves as a drain to carry away the "septic material which if allowed to remain would develop septicaemia."—[Wylie.]

I am aware that this procedure is not followed by all laparotomists, but it was introduced and recommended by Lawson Tait, than whom there is none other greater in abdominal surgery.

It may surprise you gentlemen, that in this connection I make no mention of bell, bry, lycop or opium for the relief of peritonitis. I do not refer to these remedies for the reason that I have never seen them do the slightest good for the *kind of peritonitis* to which we are referring. Neither have I ever seen cystic tumor of the ovary disappear after the exhibition of apis or canth or thuja. I do not say that nobody else ever did, only my own short experience has been a negative one, and knowing of a remedy which will relieve this condition I am going to use it.

For what Niemeyer calls "rheumatic peritonitis," or as it is sometimes termed *idiopathic peritonitis*, the remedies alluded to above and others *may* be of avail, but we are not now speaking of that disease; ours is more of a secondary inflammation, or an inflammation following trauma.

I next wish to call your attention to a comparatively new operation which is a model of conservatism. It is Prof. Bigelow's operation of litholapaxy or lithotripsy, with rapid evacuation.

We have crushed stones for many years,\* but the results were so uncertain that there was but little satisfaction to either the surgeon or the patient. The stone was crushed gradually, requiring many sittings to complete the operation; it was attended with considerable danger, and was very often unsuccessful, inasmuch as it was almost impossible to remove all the debris, and one small particle left behind was sufficient to serve as nucleus for a new stone to form upon. In litholapaxy the calculus is crushed and entirely removed at one sitting; there is, in careful hands, but little danger, and there is no more liability to return than after lithotomy.

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\*Civiale devised the first lithotrite in 1817.

Prof. Bigelow, when he placed his new operation before the profession, did not discover and announce any new principle in either surgery or mechanics; he simply knew that stones could be crushed in the bladder by employing an instrument called a lithotrite, and he also knew that the bladder could be evacuated and washed out by various different instruments invented by Sir Philip Crampton, Clover and others and he, Bigelow, by putting the two together had litholapaxy. He made, it is true, many improvements on both the crushing instruments and on the evacuator, and to him belongs the credit of placing the operation on a well-recognized basis; so that it is to-day *the* operation for small stones in the bladder.

The consentus of surgical belief now appears to be to crush and reevacuate the small calculi and operate by the supra-pubic method for the large ones.

Leaving these greater operations and coming down to something more common, something that any of us are likely to meet in every day practice, minor operations of the fingers, or the face, or possibly an amputation of the hand, or a compound dislocation at the ankle. How does conservatism effect us here?

We will be obliged to specify particularly in order to get at the matter intelligently. Say that you have an injury of the last mentioned example. There is a dislocation of the ankle, the fibula or the tibia, or both protude from the wound, the end of the bones are injured, they may have been driven into the ground with violence. How would you treat such a case?

A few years ago a primary amputation would have been considered the cheapest way out of the difficulty, and so far as the surgeon's reputation is concerned, that man who cuts the most, who has the most major operations, is considered by the public to be the greatest surgeon.

But let me submit to you, which is the better, the surgeon who performs a brilliant operation, who amputates, or he, who by painstaking, careful dressings, by antisepsis, drainage, possibly the removal of small portions of necrosed bone, finally preserves that foot for his patient, even if there is an ankylosed joint, which is the better.

There can be but one answer. It is in compound fractures and dislocations that antiseptic surgery has scored some of her most brilliant triumphs, and it is now the well-recognized rule to attempt at least to save all such limbs, unless the part is almost pulpified, and the large vessels all severed—to make the attempt and if it fails, you can amputate secondarily.

It is astonishing at times from what injuries men will recover, and a great deal of odium has been thrown upon the profession from this very fact.

You will constantly meet men who served in the war of the Rebellion that still carry scars of gunshot wounds they received at that time, and very many of them will tell you: "This leg the doctors were going to cut off, but I just said, gentlemen, that limb stays right where it is, or you can plant the whole of me at once, and there you see it just as good as the other one." Of course, the men who made similar remarks and who died you do not see, for a very obvious reason: still there is no doubt that there was more primary amputating done than was required.

We do things better now, but the particular point I wished to emphasize was, never forget "*Vismedicatrix* (or *conservatrix*) *naturæ*," the healing or preserving power of nature.

Men will often recover from apparently mortal wounds with very little treatment. How much more likely then will they be apt to get well if only nature is given an opportunity to show what she can do, and is assisted by judicious aid rendered at the proper time in a proper manner, instead of an almost apparent antagonism, as has been the custom not many years since.

Take another example—The point of a finger up to last joint has been cut off by a clean cut incision. Many surgeons have recorded instances where by replacing the tip of the severed member and retaining it by a plaster dressing, it has united and good function been secured. I myself remember one such instance, and very many where the distal portion only hung by a tongue of skin.

If the finger or fingers are completely ground into pulp, then the occupation or trade of the person injured will affect your treatment somewhat. If it be a laboring man, you will

use every endeavor to save as much as possible, to conserve for him as many or as much of his members as you can. If on the other hand, it be a young lady in society, then your treatment will be to secure as neat looking stump as can be had under the circumstances. The general rule as to the removal of muscular or osseous tissue, is to be prodigal in removing bone, but sparing of flesh; prodigal of bone because it is seldom that you have more than enough flesh to cover your stump, particularly if the tissues are badly contused, and a good stump is of vital importance on the end of the fingers. You are sparing of flesh for the same reason; you want plenty of tissue for flap. An irritable finger stump is a most troublesome thing, the patient is constantly bruising it, and you will doubtless be called upon to relieve him by a secondary operation.

In injuries to the whole hand the treatment outlined for the digits applies with like force, and the same may be said of the lower extremities.

Save the whole limb if possible, and if you can't do that save as much as you can. The only exception is where you are willing to sacrifice usefulness for beauty. These remarks may appear so like truisms that I must crave your indulgence when I repeat them, but I do so only to emphasize their truthfulness, and to express my belief that they are often overlooked by surgeons who want an operation by which operation they give much eclat and save much trouble.

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### TREATMENT OF UTERINE DISPLACEMENT.

By A. B. BISHOP, A. M., M. D., SAN JOSE.

[Read before the California State Homœopathic Medical Society, 1888.]

No disease in the whole category is of so frequent occurrence, as that of uterine displacement. Three-fourths of all sick women have more or less dislocation, so-called, of the uterus. It is eminently an *American* disease. No civilized nation can number so many invalid ladies as our own. Indeed it is quite unfashionable for a lady not to have some degree of uterine abnormality.

I do not intend, in this paper, to discuss the character and causes of uterine displacement, but shall confine what little I have to say to its treatment.

First I want to enter a positive protest against all unnecessary interference with the uterus. The less meddling with it the better. The diseased organ resents any disturbance of its condition. Every practitioner tells his patient that she must expect to be worse for a few days, after the first use of the speculum, and after the first topical application; and yet the generality of physicians, particularly the *old-school*, because they place so little emphasis upon the therapeutics, and so much upon local treatment, demand an examination of the uterus, for every little pelvic irritation. The lady, single or married, who has summoned courage to consult a physician, is very apt to be told to assume the genu-pectoral, the supine, or the Sim's position for the examination of her genitalia. If she questions and hesitates, the doctor throws himself back on his dignity, and will have nothing to do with the case, unless she submits entirely to his judgment. Usually her objections are swept away, and the doctor comes out ahead. He may be perfectly sincere and honest in his judgment of what is best, but we think he is mistaken. Many a woman has submitted to months of local treatment for uterine disease which was not there till the meddling treatment began, or was there in but a slight and unimportant degree.

Prolapsus uteri is not in itself a disease, but merely a symptom of a diseased system. It is a *result*, and an *index* of a depressed and burdened vitality, an overtaxed and deranged condition.

I grant there are some exceptions, but the exceptions prove the rule. I do not refer to organic lesions, as cancer, myofibroma, laceration or complication with rectal ulcers and abnormal growths. These cases fall in the domain of surgery. But to interfere with speculum examinations and give repeated local treatment for every little deviation or prolapse of the uterus, is no more sensible than to scrape and mop off a furred tongue in order to cure liver and stomach trouble. Indeed the uterus and the tongue are about equally mobile in their respective cavities, and a slight change of

position in one is about as unimportant as in the other. Careful medication will clean off the tongue by correction of the stomach and bowels, so a displaced uterus can be returned to its normal position in the same way, by medication to relieve the depressed vitality and restore the general health.

This explains how certain Homœopathic remedies seem to act as specifics. The patient at the next visit would often exclaim with surprise: "The uterine trouble is better, and my general health is so much better too!"—whereas the pelvic improvement is the result of the other.

I have met with the most *satisfactory* results from the use of internal remedies alone, or aided only by injections and irrigations applied by the patient herself.

In my earlier practice I acted upon the basis, that the main benefit was to be derived from local treatment, from pessaries and appliances, aided secondarily by medication; but I have come to the conclusion after more experience, that the chief good is from careful Homœopathic medication after a strict individualization of the case.

Effects are often taken for the cause. A leucorrhœa, an ulceration, a congestion, or an induration is more frequently the *result* than the *cause* of prolapsus; nay, it is nearly *always* so. And if we claim to cure diseases of the skin without local application, and heal a sloughing and irritable ulcer on the external surface, by internal remedies, is it not logical and consistent to expect to heal an ulceration of the uterus, without topical application.

I believe in ordinary cases far more harm than good is done by pessaries, and speculums, and local application.

Dr. Henry Minton is much more sweeping in his assertions concerning the practice. He says: "I do not believe that uterine displacement of any kind or degree was ever *cured* or even *benefited* by the use of a pessary. It can be easily demonstrated that uterine displacement is not a disease. It is a symptom only, and as such will subside when the cause which induced it has been removed. The causes of which it is but a symptom will, in a large majority of cases, be found to be pelvic cellular inflammation, any interpelvic disorder which diminishes the supports of the uterus, or a local neurosis arising from an impaired or disordered nervous system.

The uterus being a movable organ, is subject to various changes of position. Its mobility is one of its most characteristic features. All its attachments, when in a healthy condition, are such as to admit of the utmost freedom of motion, within certain limits, in all directions. With every motion of the body, even by ordinary respiration, and when coughing, singing, laughing or walking, the position of the uterus is changed. When standing it sinks downward; with the finger it can be lifted up and moved in all directions, and during coition it is elevated to a considerable extent without giving pain. By tight clothing it is forced completely out of its place, without a word of complaint from the subject, or the development of a morbid sign. We are all familiar with what ease and impunity the uterus can be drawn down close to the vulva for surgical interference. The uterus is constantly exposed to forces producing temporary displacements; for instance, the bladder in front, when fully distended, produces complete retroversion, which, though annoying, is seldom painful, and what annoyance there may be comes from the bladder, and not from the uterus. Behind is the rectum, which, when distended, acts also as a displacing cause, operating from above and behind, producing ante-version. From above we have the abdominal pressure, which is constantly acting upon the uterus, and which is greatly increased by every straining effort which brings the abdominal muscles into action, or tension, while below the pelvic floor, has a constant action in supporting the uterus against the pressure from above.

From these facts it will be seen that the uterus may be displaced in any direction, and the causes of such displacements are but natural conditions, which are in constant operation. Thus we may have retroflexion, ante-flexion, ascent, descent, prolapsus, or in fact any decided removal of the uterus from its normal position, while the subject remains perfectly oblivious to the transition.

These displacements are transient and pass away when the conditions which produce them cease to operate. They are, therefore, purely physiological. It is only when the uterus becomes fixed and stationary, failing to return to its normal position, that treatment is called for.

What then is the normal position of the uterus? It has never yet been revealed to man. The very means which we must adopt in studying its topography—the speculum is sufficient to frustrate the end in view. The simple introduction of the finger into the vagina is often sufficient to excite a movement of the uterus. What the anatomist considers a normal position the gynecologist considers abnormal. Hence it is impossible to establish the normal position in health.

As before stated, uterine displacement is *not* a disease, but a *symptom*; the result of uterine and periterine inflammation, or a local neurosis, arising from an impaired or disordered nervous system, and

*First*, we have no evidence that uterine displacement alone ever causes local or constitutional disturbances of any kind.

*Secondly*, we have no evidence that replacement and retention of the uterus in the *supposed* normal position affords any relief from associated with its displacement, excepting the discomforts in cases of traumatism, a sudden shock or fall.

*Thirdly*, we know by experience that the displacement will disappear with the restoration of the general health.

With this view of the proper treatment of uterine displacement, the duty and policy of the Homœopathic gynecologist becomes plain—to arm himself with weapons from the arsenal of the *Materia Medica*. Close individualization of the case from the totality of the symptoms is the foundation of success in Homœopathy.

## OUR PHARMACEUTISTS.

BY L. HENDERSON, SALEM, OREGON.

[Read before the Oregon Homœopathic State Society, May, 1888.]

One year ago, acting on the suggestion of Dr. Emil Hasbrouck, of New York, I called the attention of my colleagues of the Homœopathic Medical Society, of the State of Oregon, to the abuses of Homœopathic Medical Journalism, and, on that occasion, hinted that at some other time I might also have something to say of our Pharmaceutists. The proceedings of the eighteenth annual session, of the Hahne-

mannian Medical Association, of Iowa, furnishes me much food for thought on the subject. At that session, C. H. Cogswell submitted a plea for "Purely Homœopathic Pharmacies," the whole burden of which was that of a complaint that Homœopathic physicians do not properly encourage their pharmacies. Mr. Cogswell evidently thought it necessary to assure the Hahnemannians that he was not a "pharmacist, nor the son of a pharmacist, nor were his sisters, cousins or aunts pharmacists." Most certainly he is to be congratulated if he enters also a like disclaimer of relationship, either approximately or remotely, to medical publishers of the class noticed at our session of 1887.

No one will, for a moment, hesitate to say that it is the duty of every conscientious physician to strive by every means at his command, to elevate the profession of healing, and leave it enriched rather than impaired for those who may follow after. Such preeminently was the characteristic spirit of the immortal Hahnemann, its lustre enlightening every avenue of our professional lives. Under the guidance of that spirit, the physician will seek and *know* his remedy and patient too, and by this marvelous knowledge elevate the standard of Homœopathy. We repeat that to these ends he is not only justifiable, but obligated to bring to bear all the means at his command. Such being the recognized duty of the practitioner, it is in order that we note the discouragements that he must meet and overcome. In this paper we shall notice those adventurers who, under the name of Homœopathic Pharmacists, seek to fatten off the profession, the sick and suffering, while at the same time they are perverting the principles and practice of Homœopathy. We now notice among our pharmacutists a particular class and submit you the query. "Are they deserving of patronage from the standpoint we have assumed?" Every practitioner receives from pharmacies claiming to be exclusively Homœopathic bulletins, price lists and publications, which reveals the fact that these pharmacists are engaged in the dual occupation of conducting a Homœopathic Pharmacy, and vending from the same various nostrums of contraband character. These are offered to the profession and lay patrons. From a close observation we have been able, often, to know who

the purchasers are, and we are prepared to say that they are those who always have been too indolent to study the approved methods of treatment. Such a pharmacy is a necessity only to such a physician, while the latter is a curse to humanity. To contemplate the number of each is not complimentary to the status of medicine.

We are aware that such pharmacies insist that they must live. Wherefore? For what reason? These questions can only be answered favorably to such pharmacies by disregarding the rights of those who should above all others be benefited, i. e., the sick. There are more just reasons why they should not exist:

*First.* There are more than are necessary.

*Second.* Out of the fact that there are too many, arises a competition of a character fraught with danger to the patrons of such pharmacies. We are indebted to their own bulletins and price lists for the information that remedies are produced cheaply with little regard to quality.

There are two ways that practitioners can either individually or collectively have much influence in mitigating the evils flowing from this source, to wit:

*First.* Elevate the standard of medical education. Well educated Homœopathists will have no use for the contraband goods.

*Second.* Discriminate against such pharmacies in ordering remedies.

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## ON VALVULAR DEFECTS OF THE HEART.

BY PROF. F. RIEGEL.

What is the direct action of valvular defects on the heart? Let us examine the most frequent of all valvular affection, mitral insufficiency and mitral stenosis, and we usually read that their most essential action is an overfilling of the venous system at the expense of a diminished fulness in the arterial system. Clinically we are taught the three symptoms — a systolic murmur, an increased secondary pulmonary sound, and an increased dulness in the cardiac region. Some authors also mention dilatation of the left ventricle. The

same symptoms are also found in stenosis, only with the difference that we have a diastolic instead of a systolic murmur. Why authors consider those murmurs of so much importance is unknown, as it is the most unreliable in the diagnosis of cardiac affections.

Between insufficiency and stenosis, in relation to the disturbance of their physiological action, there is a vast difference. *An insufficiency of a valve does not injure the circulation, nor does it cause an unequal distribution of the blood in the arterial and venous system; it is only useless labor. A stenosis from the very start causes an unequal division of the circulation. Every insufficiency does work which is of no benefit whatever, and every stenosis causes changes in the circulation, and this holds good with all valves.*

Let us consider a mitral insufficiency. With every systole of the ventricle a part of the blood regurgitates into the auricle. Thus the auricle, receiving blood from the pulmonary veins, and by reflux from the left ventricle, becomes over-filled and dilated. With the following ventricular diastole more blood flows from the left auricle into the left ventricle. But all this blood does not flow with the next ventricular systole into the aortic system, only the normal quantity, whereas the plus regurgitates into the auricle in addition to the quantity of the blood normally received by the auricles. But this plus, going and coming from the auricle to the ventricle and back again, is of no benefit whatever to the circulation, and the consequence necessarily is a dilatation of the left auricle and left ventricle, because they contain not only their normal quantity of blood, but an unnecessary plus, which requires secondarily greater labor, of no benefit whatever to the circulation, which may again lead to a moderate hypertrophy. This dilatation and hypertrophy are required for compensation, so that no injury may result therefrom to the circulation. *This dilatation of the left auricle and left ventricle are the primary and direct consequences of mitral insufficiency, the changes in the right heart follow later. But notwithstanding insufficiency of the valve, a dilatation of the left ventricle may not be discovered in the cadaver, and this happens when there is simultaneously a stenosis, which from the very start injures the arterial circulation, as the left ventricle receives then too*

little blood, the left auricle too much. Where there is an insufficiency and stenosis of some importance, a dilatation of the left ventricle will be prevented by the latter. Principally, therefore, every stenosis differs from insufficiency, as in the former the part below the stenosis receives too little blood, thus damaging arterial circulation. But in both, the part lying above the valve, the auricle, becomes dilated. *The same relations which we find in insufficiency and stenosis of the mitralis, holds good also for the aorta and all other valves.*

Every body considers the large vibrating pulse characteristic for aortic insufficiency, which means that with the ventricular systole and arterial diastole too much blood enters the aortic system, but this plus does not benefit the circulation, and regurgitates into the heart. *The same sequelae resulting from aortic insufficiency for the arterial system, must result from mitral insufficiency for the left ventricle.* There the aortic system, here the left ventricle is dilated. There is too much blood during the arterial diastole in the arterial system, here during the ventricular diastole in the left ventricle, and in both cases this quantity of blood fails to be forwarded to the periphery, but always partly regurgitates. We deal, therefore, with "love's labor lost" in mitral and aortic insufficiency, whereas in aortic and mitral stenosis the aortic system receives too little blood. We may put down as an axiom—*Every valvular insufficiency produces dilatation of the parts of the heart lying directly above and below, of the valve which lost the faculty to close up; every stenosis causes from the start a disturbance in the division of the blood, so that above the stenosed valve the blood stagnates, and there is too little blood below it.* We have, therefore, above the stenosed valve, dilatation with secondary hypertrophy; and below, a concentric atrophy. In relation to treatment, we must try in a case of insufficiency to preserve strength, so that the heart can perform this plus of labor, and every pure insufficiency allows therefore, a better prognosis than a stenosis.

It is also of great importance to differentiate between *compensatory dilatation with hypertrophy and disturbed compensation*; the former serves to remove all noxious influences; it compensates the latter, consists of disturbance of circulation, it proves that the heart has not strength enough to

equalize the disturbance; the former must be left severely alone, the latter must be prevented or removed. *Hence, in a pure mitral insufficiency, the dilatation of the right heart must be considered as a proof of an already existing compensatory disturbance.* For a compensation of mitral insufficiency it needs dilatation above and below the insufficient valve of the left auricle and left ventricle; also the hypertrophy of the right ventricle and an increase of the second pulmonary sound, as from the overfulness of the left auricle results an increased pressure in the pulmonary vascular system and hence more work for the right ventricle. But the dilatation of the right ventricle does not belong to the compensation, it only proves that it is unable to hold the balance between the left auricle and the pulmonary vascular system. In every insufficiency, wherever situated, only the parts of the heart lying directly above and below the insufficient valve become dilated, what becomes further dilated presents already a disturbed circulation.

Comparing authorities we find them to disagree in relation to disturbed compensation. When a patient, suffering from heart disease, shows a large liver, severe cyanosis, grave bronchial symptoms, albuminuria, high degree of dropsy and similar symptoms, everybody knows that there is a grand compensatory disturbance. The final act is easily recognized, but we must know *the first symptoms of a beginning compensatory disturbance.* Some mention moderate dyspnoea, others an acceleration of the pulse and slight oedema, all of which may be present, but we must know that the *primary* origin of all compensatory disturbances must be looked for *in the heart* itself, and not in peripheric organs. When the force of the heart fails to equalize the obstacle caused by the valve, a dilatation of a certain part of the heart follows, which we call *dilatation by stagnation* in contradistinction to *compensatory dilatation*, which serves to equalize the obstacle. It is, therefore, of the utmost importance to examine the heart of such patients daily. We must act early to prevent, if possible, the setting in of compensatory disturbances, and the necessary means to that purpose we hope to elucidate in another article.—*Berlin Medical, Wochenschrift*, 20, '88. (S. L.)

SELECTIONS.

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## MEDICAL EDUCATION.

[From Dr. N. Schneider's Presidential Address before Ohio State Hom. Med. Soc.]

The third question for your consideration is that of Medical Education. The subject demands the earnest attention of our Society, and indeed of the whole profession. The time has passed when men and women who are unfit to pursue the study of medicine, should be allowed to enter the office of a preceptor, much less the halls of a medical college. To enter a literary college every student is required to pass a rigid entrance examination. If he fails, he is obliged to further prepare himself, or give it up.

With the advance of science, the requisities of a good physician have increased. It is not enough to have some general knowledge, a common-school education; but the student, on beginning the study of medicine, should have at least a learning that would admit him to a literary college; and the doctor should discriminate, should carefully inquire into the fitness, both as to education and moral character, before he admits him into his office as a student. The preceptor should be the guardian to the door of the profession, admitting only such as are likely to be an honor to the profession, and while we guard the entrance, what shall we demand of our colleges? not that they strive to turn out the greatest number of doctors in the shortest time, but that they admit only those who are properly vouched for, with credentials from some school whose grade of study would permit them to enter the best literary colleges of our land. Demand of them facilities and teachings which will induce the broadest and most thorough medical education.

While you ask this of the colleges they demand of you and your clientage an endowment, that they may employ the best teachers—scientific men—in their various departments; that they may be equipped, not only with good lecture rooms, and suitable apparatus, but also possess all the facilities for illustrating and pursuing the various departments taught.

You endow literary colleges and theological schools. They select for their teachers the ablest men the land affords, and pay them for it; but our poor medical schools are obliged to struggle on in poverty, without sufficient apparatus to illustrate, without facilities for teaching, without money to pay a faculty, demanding of men who are overworked by the exacting duties incident to a busy practitioner's life, men who are obliged to sustain themselves and families by hard work, with minds robbed of their freshness by incessant toil and sleepless nights. I say you demand of them that they prepare men for this learned profession.

It is more important that men be better educated in the theories of theology, than they who devote themselves to the science of medicine?

Shall the education of men who have the physical welfare of our people in their hands be less provided for? Men who are expected to understand anatomy and physiology — that when tissues are diseased or functions disturbed they may be able to set them right? Men who are expected to understand the science of sanitation, that our homes may be protected from fierce epidemics, and the portals of our country guarded from the destroying angel of pestilential disease?

Should not every facility be given for their education? And yet members of the theological profession, enter the homes of your wealthy clients, secure bequests for their seminaries, even while you are administering to their physical sufferings, alleviating their pains, and as far as possible, giving them a comfortable exist from this world, and, perhaps, a happy entrance into the next. Would it not be well for us, as we love our profession, to wake up to the financial condition of our colleges. We have two worthy ones in this State, which are doing their best to educate the men who come to them.

Neither college has an endowment, both depend upon the fees they get from the students to meet their financial demands; and some of you ask smaller fees for your students, and search the country over for colleges which give cheaper lectures, and push them through in the shortest possible time. Let us endow *our* colleges—it can be done. Give something yourselves. Ask that friend, whose ills you have

oured, whose life you may have saved, by whose bedside you have watched and struggled to avert the fatal issue. Ask your friends for money to endow our colleges. Your cause is as worthy as the theologian's, be not backward, it is a glorious work. And, gentlemen, I have no doubt, if we work half as earnestly as our theological brethren do for their seminaries, you will see our old college at Cleveland, and our younger one at Cincinnati, liberally endowed; their lecture rooms spacious and comfortable; their laboratories equipped; their libraries filled with the best medical literature, and the various chairs so endowed, that the trustees will be able to secure the ablest and wisest instructors, and the clinical department enriched with larger and well-endowed hospital wards. Would it not be well for the Committee on Education to organize this work, and try what can be done?

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## OPHTHALMOLOGY AND OTOTOLOGY.

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

The following extract from a letter to one of our editors offers many instructive hints as to the methods of operating in the large hospitals of London.

“As I have seen a great many very interesting and instructive eye operations since I have been here, it would seem rather selfish not to let you share the paper and pen sight of some of those which I saw yesterday at Moorfield's Royal London Ophthalmic Hospital.

*Case I.*—Operated by Mr. Tweedy. A young woman who had a very decided conical cornea, with greatly reduced visual acuity, was placed upon the couch, cocaine having been previously instilled into the left conjunctival sac. The lids were held apart with a stop speculum. The eye was fixed by means of a pair of forceps which was held in the left hand; in the right a Beer's knife; with this the apex of the cone was scraped quite thoroughly; the space thus treated was nearly two lines in diameter.

Next followed the galvano-cautery point. This was brought to a cherry colored heat and drawn very lightly across the cornea two or three times, until the whole of the denuded surface had been cauterized. When Mr. Tweedy thought that about half the thickness of the cornea had been destroyed the operation was concluded with a drop of cocaine, 2 per cent. solution. No fixation was employed during the cauterization process, and at no time was there any pain experienced. Mr. Tweedy has operated in but three other cases by this method, and his past experience leads him to believe that this new method will gradually take the place of the trephine and the excision of the cone. In the milder cases he still prefers the frequent punctures.

The following case was that of a woman aet. 65 years. The left eye had been totally useless for a long time, and recently panophthalmitis had set in. The conjunctiva was still greatly engorged, and a marked peri-corneal injection existed. The cornea was opaque throughout.

The anæsthetics — chloroform followed by æther — were given, and the eye enucleated. Small bands of adhesion passed from the cellular tissue to the globe, the result of recent cellulitis which had not entirely subsided.

After the globe was removed the wound was thoroughly syringed with a 5 grain solution of zinc chlor. A tight bandage over a sponge was applied. Instructions were given to remove the dressings as soon as possible after the arrest of the bleeding, owing to the danger of increased infiltration and cellulitis from the pent up discharges.

The other cases which Mr. Tweedy presented were not particularly instructive, but not so with two of Mr. Lawson's cases, which I will try to describe briefly.

The first was a cataract extraction in a man 70 years of age. After the left eye was cocainized, a spring speculum was inserted, but no fixation was employed for the section; this was made with a stiff von Graefe knife held in the left hand. The middle finger of the right hand was placed against the nasal side of the globe near the point of counter puncture. The section was made well within the cornea, at the sclero-corneal junction.

An assistant was requested to fix the eye while the iridectomy was performed; this over, a curved, flat and sharp pointed probe was used as a cystotome to lacerate the capsule. The last part of the operation, viz: the extraction of the lens, proved the most instructive. A shell curette was taken in the right hand and placed against the sclerotic conjunctiva below the cornea; a metal curette was held in the left hand, against the sclerotic, above the incision. Alternate pressure with these instruments failed to present the lens. The capsule was then more thoroughly lacerated, this time at the periphery with a von Græfe knife.

Upon a second trial of the alternate pressure, the large, hard lens was forced into the wound; but even though it was a good sized section, the lens was too large to be forced out. With the shell curette placed against the cornea, the cataract was held between the lips of the incision, while it was lifted out with the cystotome, which had been gently insinuated into its substance.

The pupil was left clear and black. As the angles of the wound were clear, the eye was closed and a pad of prepared cotton placed upon it and its companion, over these a single bandage was placed, and the man rising from the couch, was led out of the room.

The next case was that of a boy eighteen months old. Congenital cataract had existed in both eyes; the left one had been needled and most of the lens had been absorbed, but the capsule was very thick and opaque, on which account the child was chloroformed and the capsule lacerated.

The first needle was inserted while held in the left hand, and made to push against the capsule which was so dense that it could, with great difficulty, be punctured. It was impossible to tear it, and on that account a cutting stop-needle was taken in the right hand, and with much effort forced into the capsule by the side of the first needle.

After this it was not difficult to tear the capsule and give a good, dark, central—though small—opening. No lens matter escaped, but the small amount that was in the sac would soon yield, no doubt, to the action of the aqueous humor.

A pad of dry cotton was placed over the eye, and a single strip of bandage material tied over it.

Were I to attempt to describe all of the operations which one sees at Moorfield's in a single week, I should make you feel that all of the eye surgery of England, and all of her possessions, was done in that institution; but such is not the case, for while it is conceded the largest ophthalmic hospital in the world, there are, in London, even some very large eye clinics at the general hospitals, as well as at other institutions devoted alone to the treatment of eye diseases.

While London is a great field for observation for the practicing specialist, it is not conducive to the preliminary studies of the itinerant student, as but little instruction is given without considerable questioning, save in the case of a few surgeons who are ever ready to impart a goodly share of their hard-earned store of knowledge. The student will find vast opportunities for clinical instruction on a grand scale in Vienna, as you know, and as good opportunities for clinical observation in London. Yours, very truly,

HORACE F. IVINS."

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## Colleges, Hospitals and Societies.

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### OREGON STATE SOCIETY.

The twelfth annual session of this Society, held on May 8th, 9th and 10th, at Portland, was of unusual interest and profit to those present. Amongst the most important papers read were: "Spongia Tosta," by Dr. Geo. Wigg; "Tarantula Cubensis," by Dr. A. Pohl; "Aconitum Napellus," by Dr. S. A. Brown; "Our Pharmacists," by Dr. L. Henderson; "Vesico Vaginal Fistula," by Dr. B. E. Miller; "The Insane and their Proper Treatment," a very interesting paper by Dr. Osman Royal, which appeared in the daily papers in full; "Tubercular Meningitis," by Dr. Emma J. Welty; "Bacteria as a Cause of Disease," by S. Lewis King, M. D.; "Iritis," by E. C. Brown; "Diseases of the Lachrymal Duct," by A. S. Nichols, M. D., etc.

The following resolution was passed, which is of interest to our California members:

*Resolved*, That the Homœopathic Medical Society of the State of Oregon extends to the Hahnemann Hospital College of San Francisco, its most cordial congratulations because of the steps taken in its organization to elevate the standard of medical education by restricting its choice of matriculates to such as have the requisite literary qualifications, to study medicine intelligently, and by restricting the number of its alumni to those only who have successfully prosecuted a three years course of study.

Upon completion of the new hospital (allopathic) in Portland, arrangements have been made securing to Homœopaths and their patients equal privileges, wards, medicines, nurses, etc., all to be under the exclusive control.

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#### HAHNEMANN ÆSCULAPIAN SOCIETY.

The above Society held its first regular meeting for the term of '88, on Thursday evening, June 7th, in the lecture room of the College.

The announcement that Prof. Wm. Boericke, M. D., would address the meeting, brought out the members and their friends in such numbers that the seating capacity of the hall was insufficient.

The meeting was called to order by the President, and after the order of business had been disposed of, Prof. Boericke was introduced, and taking for his subject "Natural Law for Healing," he favored the audience with an enjoyable hour, duly appreciated.

The President then announced that at the next meeting, to be held July 5th, Dr. Minnie C. T. Love would address the Society; subject, "The Physician as an Educator of the People." Adjourned.

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#### FIFTY YEARS A PHYSICIAN.

Prof. S. Lilienthal, who is delivering a course of lectures on the organon and nervous diseases in Hahnemann Hospital College, as he entered the clinic room on June 7th, remarked: "this is the anniversary of my wedding to my profession.

Fifty years ago to-day, I received my diploma, and a happy boy I was that day." The group of students crowded around with handshakes and congratulations, for the veteran standard bearer of Homœopathy is a great favorite among them, and one suggested that the hour usually devoted to the intricacies of medical science could, that day, be as profitably spent in listening to an outline of a professional life, which has comforted and blessed so many other lives, and ever reflected honor upon the principles of the illustrious Samuel Hahnemann. This proposition met with such hearty applause that the professor could only take his place upon the rostrum, and begin his story with his life in the native town of Munich in the gymnasium, where, with other boys as bright and jolly as himself, he studied history, mathematics, science, Greek and Latin, always maintaining a high standing in all but the classics, which were less to his taste. Graduating from the gymnasium with honors he entered the University, where he devoted himself to the study of medicine for six years, (an Allopathic college of course). Here every branch but that of surgery proved congenial, and we will call the attention of our students to the fact that his study of anatomy by the aid of dissections was pursued with a thoroughness and perseverance that gives us a clue to his present skill in treating nervous diseases. Not content with going over a part once or twice but many times, and with the aid of the microscope as well as his own good eyes, he traced out the courses of nerves—his pet pneumogastric coming for a good share we promise—and their possible functions. In his devotion to the acquirement of knowledge, the social life of the University was not altogether neglected. He was, at times, ready for a frolic as well as the rest, could defend his opinions with a practical demonstration of the flexors and extensors, if necessary. At last the happy years of student life drew to a close, and, like poor students of other climes and later days, in much fear and trembling, he went up for his final examinations. Stage struck at first he could not find the ready answers his professor knew were there, but speedily recovering himself he went on, finally passing with highest honors. In the German university the end is not here, but the unhappy student must write a thesis

on some abstruse subject, and he was made further wretched in being obliged to present and defend it before a crowd of professional critics, and woe betide the poor fellow who does not know whereof he states or presents a defective argument. Not so was it with our student, victorious here as in all else, he received the commendation of the faculty and his precious sheepskin. After a course in hospital work he began a career in Munich which soon gave promise of success, but at this juncture a friend announces a determination to come to America, and inspired by an ambition to try life in a new country the young doctor suddenly decides to accompany him. Leaving home and friends with a somewhat slim purse, for he is independent, this brave, sturdy young fellow!—he starts for this country in a sailing vessel. He has the good fortune to be appointed ship surgeon, and makes the seven weeks' voyage in safety.

Arrived in New York, he had letters of introduction to a physician at Allentown, Pa., and finding the stage journey thither an expensive one for his slender purse, he walks the entire distance. He is kindly received, and recommended to a physician in need of an assistant. His early experiences in America were rather severe, but success in practice always attended him, and from his income, however small, he always laid by a portion for a rainy day. The hard work proved too much after a time, and he was prostrated by a severe illness. Recovering from this in a measure, he sought the more congenial climate of the Southern States. There he found health and work, and there he brought his young wife. He had soon a good practice, and life assumed a pleasant aspect to him. After a few years he found, however, the climate did not suit his wife, and for her sake he relinquished his hopes in that field, and coming to New York, located in a town on the Hudson. Very soon again success crowned his efforts. When in an epidemic of scarlet fever he became convinced that his mode of practice was not the best; that the Homœopaths were doing what he could not, and that there was something in Homœopathy that he did not know and must find out. With his usual honesty and singleness of purpose, he made up his mind as to his course. Relinquishing his practice at once, he retired to a small town, where for two

years he devoted himself to the study of the Homœopathic Materia Medica. "This," said he, "was the only time in my life when I thought I knew my Materia Medica, I have found out since, I never can know it." Again he returned to New York City, and his career there is so well known to all loyal Homœopaths that it is needless to go over the ground here. For years a valued and honored professor in the New York Homœopathic College and in the Homœopathic College for Women, connected with Middletown Asylum for the insane, and editor of the *North American Journal of Homœopathy*, he accomplished a work and made a reputation which will live after him. We Californians are wholly indebted to our more genial climate for his presence here. He is following out his favorite work, and the students of Hahnemann Hospital College are indeed favored in having such a teacher. As the bell rang to announce the close of the brief hour, the Professor said: "I shall soon be done with life, bury me or cremate me as you will, but don't forget me." Prolonged applause and not a few moist eyes attested to the appreciation of his audience. Later in the day a superb basket of roses was sent by the senior class to the Professor's residence.

STUDENT HAHNEMANN HOSPITAL COLLEGE.

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## CORRESPONDENCE.

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### LETTER FROM TRUCKEE.

TRUCKEE, May 22nd, 1888.

EDITORS CALIFORNIA HOMŒOPATH: Being a friend and advocate of Homœopathy as well as a student in medicine, I write to inform you that in *my* opinion there is a good opening here for a good physician of steady habits. We have two physicians of the old school here. Both are unpopular.

I think you would safely recommend this place to any one looking for a location. Any other information wanted in *my* power to give will be cheerfully given. Yours respectfully,

DR. D. W. BEVERTON.

# The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only Homœopathic Medical Journal west of the Rocky Mountains.

EDITORS. - - WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

PUBLISHERS, BOERICKE & SCHRECK.

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## EDITORIAL.

BEFORE this journal reaches the hands of its readers the forty-first meeting of the oldest national medical association that this country can boast of will be a thing of the past. The success of this meeting was assured beforehand by the energy and labors of the men at the helm. The particulars are too late for this issue, but we hope in our next to have something to say about it. It seems to us that a reform should be instigated in regard to the place of meeting. Our National Society should be more national and not so much New Yorkian. The last three meetings were successively held in that State; indeed, five out of the last eight meetings were held in New York. The Committee upon Place of Meeting should bear San Francisco, Denver, Minneapolis, etc., in mind; all are available places for the forty-second meeting.

NOTE.—Owing to press of other matter we omit the "Popular Department" this month.

## Personal Notes, Locations, Etc.

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DR. H. J. SUTTLE has located in San Diego.

DR. ANNA, E. BAILY has located in San Francisco.

DR. J. N. SWASEY, formerly of New York, has located in Alameda.

DRS. SAMUEL and J. E. LILIENTHAL have moved to their new quarters, No. 1316 Van Ness Avenue.

DR. B. F. FOOTE, of Stanford, Conn., is at present on this coast. He will spend the winter in Alameda.

DR. J. P. FULLER, of Modesto, has been among us for a few days, taking a needed rest from the cares of a large practice.

DR. W. A. DEWEY, has removed his residence to 1133 Bush Street. Office, 834 Sutter street, as heretofore.

DR. R. CAETWRIGHT, of Grass Valley, recently paid us a call. The doctor reports Grass Valley to be booming and Homœopathy flourishing.

DR. JOHNSON, of the firm of Johnson & Stiles, the well known Homœopathsists, of San Bernardino, has been spending a few days in this city.

DR. GUY, formerly of Brooklyn, N. Y., one of the oldest Homœopaths in the country, has located in San Francisco, and has opened an office at 814 Sutter Street.

DR. J. N. ECKEL will resume his admirable lectures on Paedology early in July. During his absence DR. S. LILIENTHAL and DR. WM. BOERICKE filled the vacancy.

DR. AMY G. BOWEN has returned from New York, where she has passed the winter pursuing her studies. The doctor is enthusiastic over New York as a medical centre—in fact as a centre for anything.

DR. GEO. E. DAVIS, President of the California Homœopathic State Board of Examiners, is at present among the deer and trout of Siskiyou and Shasta counties. This explains why there is no list of new licentiates in this number.

MR. WM. A. BROOKS the efficient manager of Boericke & Schreck's Homœopathic Pharmacy who has been spending his vacation among our southern coast counties, has returned, and is replete with information as to good locations, status of Homœopathy etc., in said counties.

PROF. ADLEY H. CUMMINS, of the chair of Medical Jurisprudence at the Hahnemann Hospital College, has a card in this journal, and an office at No. 507 Montgomery Street. The Professor sees that his clients receive law in Homœopathic doses, hence those who do not wish to be drugged with law and lawyers cannot do better than to put their law matters into his hands.

NOTE:—We desire to call the attention of our readers to a number of new advertisements appearing in this number, as well as several changes in old ones. The liberal offer made by the *Medical Era*, *The North American Journal of Homœopathy*, and the seasonable notice of that favorite food *Bovtine*, will repay perusal.

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 BOOK REVIEWS.
 

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**A Repertory of Gonorrhoea.** Compiled by SAMUEL A. KIMBALL, M. D., I. H. A. Published for the International Hahnemannian Association. Otis Clapp & Son, 1888.

The arrangement of this little book is like all similar attempts emanating from the I. H. A., purely mechanical. It assumes every recorded symptom in the ten volumes of Allen, plus sundry other volumes, to be revealed truth to the suffering humanity, every jot and tittle of which must be preserved. These separate symptoms are arranged under different heads for ready reference. The differentiation goes on to an appalling degree, thus we find separate recognition being given to "stitching in the urethra," and to "stitches in the urethra."

We do not believe that such a mechanical arrangement leading to merely mechanical covering of symptoms is conducive to the true apprehension of our *Materia Medica*, nor to the speedy healing of a poor victim suffering with gonorrhoea.

**Foreign Sketches; Chiefly notes from the German Eye Clinics.** By HAROLD WILSON, M. D. Reprinted from the *Medical Advance*.

A most enjoyable and suggestive half hour's reading, for which we are greatly obliged to the author.

**Publications of the Massachusetts Homœopathic Medical Society,** 1887; Vol. X. Boston, 1888.

Another valuable addition to the list of transactions of our State Societies. Among the interesting papers which abound in this volume, is a complete one on Diabetes Mellitus, also a series on Pneumonia in children. The *Materia Medica* department gives a new proving of Apis, and a comparative study of Bryonia and Phosphorus. Besides, these papers on Surgery, Gynæcology, add to the value and interest of the volume.

**Photographic Illustrations of Cutaneous Syphilis.** By GEORGE HENRY FOX, M. D. Parts I and II. E. B. Treat & Co., N. Y.

This work is a worthy companion to the excellent and well known photographic illustrations of skin diseases, by the same author. It is to be complete in twelve numbers, and should be procured by every physician who has the dermatological series, and we believe most of our schools have them.

**An Ephemeris of Materia Medica, Pharmacy, and Therapeutics, and Collateral Information.** By Drs. SQUIBB, Brooklyn. June, 1888.

**President A. C. Cowperthwaite's Circular,** relative to the American Institute of Homœopathy.

**Annual Circular of the American Institute of Homœopathy;** for the session 1888, to be held at Niagara Falls, N. Y. June 25th to 29th.

**Zum Capitel der Krankheiten der Gallen—und Harnorgane und ueber Entfettungs Kuren,** von Dr. Theodor Kafka, Karlsbad.

THE  
CALIFORNIA HOMŒOPATH.

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ORIGINAL ARTICLES.

POTENCY IN SCHUESSLERISM.

By G. H. MARTIN, M. D., SAN FRANCISCO.

In prescribing Schuessler's remedies, it is sometimes very difficult to decide what potency to use in the case at hand, and it is as important to decide this question correctly, as it is to select the right remedy. These remedies, when properly given, act with great intensity, and I know of no other class in our materia medica, in which so much care should be exercised in selecting the right attenuation, as this. Many times have I heard physicians who have been using these remedies for a little while, say, "I do not get any results from them, although I prescribe carefully, according to the indications." No, they do not get the results that they wish and have a right to expect, and it is because they do not use the right potency.

Having used these remedies very extensively for the past three years, and having observed their action carefully, in disease, I have come to a few conclusions as regards the potency to be used in certain conditions. They are as yet meagre, but may be of use to some, who are, like myself, trying to solve this question. The 12x and 6x are the potencies most commonly used, and are in fact the only ones that

I have used thus far. In all cases of intense pain, where the nervous system is strung up to the highest pitch, as in the various forms of neuralgia, neuræsthenia; in high grades of fever, associated with acute inflammation of any organ or organs, I have found the 12x to act most promptly and permanently. In cases of this description where I have used the 6x, I have had decided aggravations, and they were not imaginary, either on the part of the patient or myself, I assure you. On the other hand, in cases of low fevers, or in cases of high temperature, where the patient is able to walk about, and do a portion of his work, and in chronic conditions, where intense pain is not a factor, the 6x has in my hands, given the best satisfaction; I will give two cases to illustrate my point.

No. 1. Was called one night to see Mrs. C., a slightly-built, pale little lady, of excessively nervous temperament, who was suffering excruciating pains in the left ovarian region, which was very sensitive to touch. They would come in paroxysms that would cause her to writhe in agony; sharp, lancinating in character, and aggravated by the least motion. I prescribed Magnesia phos, 6x, and waited for results, which soon came. In about ten minutes the paroxysms began to increase in vigor and frequency. I had prepared the magnesia by putting a five grain powder in about twelve teaspoonfuls of water, and giving a teaspoonful every ten minutes. At the end of a half an hour I concluded something else ought to be done; feeling very sure that my remedy was the right one, I decided to prepare a powder of the 12x in the same quantity of water, and give in the same way. After the second dose, the pains began to diminish, and in a half an hour I left my patient sleeping soundly. A few weeks after, I had the same thing repeated, as I was called in while passing by, and did not have any of the 12x with me. I gave the 6x and then went to my office for the other, which relieved as quickly as it had the first time.

CASE II.—Mr. A. came to me one morning complaining of a general feeling of exhaustion, lameness in every muscle, some headache, and lack of appetite. I found he had a temperature of 104 degrees. As he was very busy and did

not feel ill enough to give up entirely, I could not persuade him to go home and go to bed. I prescribed Ferrum phos. 12x., a five grain powder in two ounces of water, and directed him to take a teaspoonful every hour. The next morning he came to my office saying that all of his symptoms were worse; even now I could not get him to bed. Gave Ferrum phos 6x. in water, as I gave the 12x. Next morning he reported much better, and in three days was as well as ever.

These two cases are instances of many like experiences which I have had with these remedies. In the first case, the symptoms being intense, the system was peculiarly susceptible to drug influence, and the lower attenuation decidedly aggravated the condition; while the higher one contained just the right amount of the cell salt to supply the deficiency, and thus relieve the abnormal condition. In the second case a large dose was required, and was given with excellent results. One of the laws of Hahnemann is to give the minutest attenuation of the indicated remedy that will cure the disease, and that law holds good, whether we are prescribing according to Homœopathy or Schuesslerism, or any other method. These remedies act in a two-fold manner: First, as a food to supply the waste which has taken place; and second, in their Homœopathic relation to disease. According to Schuessler, a disturbance of the molecules of natrum mur. in the system causes a change in the normal proportion of moisture in the respective tissues, showing itself in a decrease of secretions in one part of the body, and an increase in another. As a result of this disproportion, we have a train of symptoms for which we many times prescribe Natrum mur. homœopathically; to substitute a drug effect for a pathological or functional condition. According to Schuessler we prescribe this salt to make up a deficiency which for some reason exists. Whether our Homœopathic remedies, as usually prescribed, do not also act in the same method as Schuessler's, is a question for us to decide. We know that our remedies contain, in a greater or less degree, the tissue salts, and it may be that by supplying these salts in various proportions they produce the effects attributed to them. For instance, let us glance at the list which contains Natrum mur. Boericke and Dewey, in their new work on tissue remedies, give it thus,

Cedron, Arum tr., Ailanthus, Anis stel, Hamamelis, Cimicif. and Secale. This group of remedies act upon the mucous membranes, glandular system, lymphatics, circulation, cerebro spinal system, female sexual organs and the skin, just where Natrum mur. acts. Whether these remedies act in curing disease according to the Homœopathic law or the biochemic theory, or both combined, we may never be able to tell, but, according to my experience, the tissue remedies act with more intensity, when properly prescribed, than have our Homœopathic remedies. They are more decided, both in their relief and their aggravation of symptoms, and for that reason we have to be very careful in selecting the right potency. I do not wish to be understood that I confine myself to the use of these twelve remedies alone in my treatment of disease; by no means, but I repeat, when properly indicated, and given in the proper attenuation, they act more decidedly than any other class of remedies that I know of. They seem to have an elective affinity for parts diseased, surpassing that of other agents, and thus the results are greater.

I have never gone higher than the 12x, or lower than the 6x, for I have usually been well enough satisfied with these; so, in summing up, I may say, that in all cases of excessive irritability of the nervous system the 12x will usually answer best. In chronic cases, or in conditions where this excessive irritability does not exist, the 6x will be best adapted to the case. In children under five years of age I invariably use the 12x.

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## THE IMPERFECTIONS OF THE HOMŒOPATHIC MATERIA MEDICA.

By S. L.

[*Read at the Meeting of the California Hom. State Society, 1888.*]

Nothing is perfect in this world of ours, and why should we expect it from the teachings and from the practice of Homœopathy? and still a Dunham stamped it as the Science of Therapeutics, and all of us have verified it in many a hard-fought battle.

But how can we, imperfect mortals as we are, master even that which is given to us from master minds, and how can we reunite in a harmonious whole the different opinions prevailing among many good and honest physicians? When a student of our own colleges or when a graduate from the other campus comes to me with a request to aid him in his endeavor to study the doctrines of Hahnemann, I recommend him to read Hughes' Pharmacodynamics, Dunham's Lectures and Farrington's Clinical Materia Medica; and still, Hughes and his writings were condemned by Adolph Lippe's school as a fatal error; Dunham was never forgiven for his prayer in behalf of liberty of thought and action—another fatal error; and Farrington leans too much on pathology to be considered a safe guide in the selection of the similitum. The purist's cry is: Read the Organon of Samuel Hahnemann. Let that inspired book be your Homœopathic Bible. Read it in the morning and at night; and so we all say, let the Organon remain forever the corner stone of Homœopathy, but let us also remember that this great work was penned by the Master just a century ago, and vast changes are taking place in this nineteenth century, which has done more in the last four decades of its existence than all the preceding centuries together. Homœopathy does not, cannot, stand still, when all around "forward, onward," constant progress is the watchword of this blessed century. Infallibility everywhere is considered nowadays not only out of fashion, but out of date, and if our Master could give us a new edition of his Organon, its truths would be still more fully elucidated, made easier to understand by plainer language, and even he, the greatest sufferer to medical illiberality and vituperation, would be more lenient to his enemies; for in 1888 he would not have any.

The inquiring student faints away when we put before him the ten volumes of Allen's Cyclopedia; he even shudders at the many though smaller volumes of Hahnemann's Materia Medica pura and chronic diseases; he even shrugs his shoulders at the condensations of a Hering, Lippe, Cowperthwaite; he looks with astonishment at the bulky volume of Allen's Symptom Register, at Clotar Muller's most excellent repertory; his vision becomes blurred by decyphering the

British Cypher Repertory or Lippe's Diamond Edition of Symptoms, and, if he is not endowed with a *Silicea* will, he returns to the easy way of attending patients, satisfied that the *vis medicatrix naturae* is, after all, the work on which to build a doctor's fortune, and that all other studies are, more or less, guess work in practice.

To present such misfortunes, let us open our eyes and acknowledge that there is much to be done yet to make our *Materia Medica* perfect. I, for one, would never allow to have one solitary symptom struck from our provings, for the least of them may become the keystone to a cure, and when so many desire to have the wheat winnowed from the chaff, I am in full accord with them in so far that all repetition should be disallowed; which could be done by using one word where there are now so many synonyms with nearly the same meaning. We do not want, we cannot stand, expunging of trivial symptoms, for there are none, but brevity must become the guiding star of a purified *Materia Medica*.

But again, says the Neophyte, how does it come that every remedy has double symptoms, diarrhoea and constipation, pain and palsy, anæmia and hyperæmia, and how does a poor fellow know what to give, how to give it, when to repeat it, and a thousand other questions. Why should I leave the pastures green and loose myself in a desert? Study the organon, says the purist; and illumination will be granted to you; and still there are many commentaries necessary to explain its truth, and, alas, the commentators differ in their opinions. More diversities still exist in regard to primary and secondary, or according even some tertiary symptoms, and when a Dunham denies their existence, when a Hale explains their action, according to his theory, and a Hempel according to another theory, shall the practitioner theorize where immediate action is of the utmost importance?

Look at the day-books of the provers and the prevailing darkness will disappear. Where are they to be found? For several years back a mild attempt has been made to publish a cyclopedia of drug pathogenesis under the auspices of the British Homœopathic Society and the American Institute of Homœopathy, and because it is not in toto what its name implies, because it is faulty in its arrangements and partial

in its selections, even the paltry five hundred copies, to which the American Institute guaranteed subscription, lie on the shelves and find no taker, and even the few who enriched their libraries with it, allow the dust to encumber its pages. It is good for nothing, says the purist, and we cannot deny that the iron rule to include no provings above the twelfth was an egregious blunder, a fatal error. But half a loaf is better than none, and let us be thankful for what we got and pray for more. That cyclopedia of Hughes and Dake is useless trash cries the materialistic adherent of a homœopathic school, for are not all these provings of Hahnemann and his disciples made when these adjuncts to a perfect pathological diagnosis were unknown quantities, when experiments on animals were hardly allowed, and the laborers and their work is condemned from both wings of the school. Is it not beautiful when brethren dwell in such unity? And still, to ensure progress, it needed radicals at every age, for conservatism alone gets stale and sleepy.

To satisfy both wings of our school we need reprovings of every remedy in our *Materia Medica*, made with the crude drug as well as with the highest potencies, and each proving supported by physical and chemical analysis, thus only we will accumulate day-books *for reference*, whose value nobody can dispute, and when we then arrange the symptoms according to the old fashioned, but still the most feasible plan, we will understand the full meaning of each symptom. Every remedy has its own central point around which all other symptoms revolve, let us then unite such similar centers to a class, as Farrington has shown us, and the differentiation between the remedies belonging to that group will be more easily grasped by the student. Attempts in that line have been made by Teste in France, by Gross in Germany, by Farrington and Jessen in our own country, but they all suffer from imperfections though they are good enough as far as they go.

For years Dr. Dake, of Nashville, has urged upon the American Institute a prover's union, but he spoke to deaf ears; and the reason is plain, the student wants to graduate, the young practitioner gives his whole mind and body up to his practice, and the old and retiring doctor loves his *otium*

*cum dignitate*, and the world still moves on, though our *Materia Medica* remains imperfect. If among the ten thousand homœopathic practitioners each one would give only one solitary proving each year, how easily its perfection would be accomplished, and it would hardly interfere with our daily work. If every county society in these forty States of our beloved Union would have the thorough reprov- ing of one remedy recorded in its favor, how they would enrich themselves and allow others to partake of their valuable gift. So far I have addressed only the physician, but what shall I say to you, my dear ladies? You have taken upon you the duties and the sacrifice of a physician's life, but the world has the right to demand of you a higher and a nobler sacrifice; you have to unfold the treasures which our *Materia Medica* has still hidden in relation to your sex, and woman must do this for woman. Who will give us a cyclo- pedia of clinical, and thus verified, symptoms? Will our *Materia Medica* ever approach perfection? Alas, I hear no echo. I will not give up the hope that there will be some at any rate, who will by their duty to God, to their profession, and to humanity.

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## SELECTIONS.

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### SICK HEADACHE—NOTES FROM FARRINGTON'S LECTURES.

SANGUINARIA has no equal in sick headache, especially in the form known as American sick headache. It produces a genuine sick headache, the pains begin usually in the morning, and in the occiput or back of the head; they are very intense; the patient buries the head in the pillow to press against it for relief. Pains travel over the top of the head and settle in the right eye. The disease is now at its height, the patient can tolerate neither noise nor light, she vomits everything in her stomach, and vomits bile; bitter, yellowish vomiting. If she can get to sleep that sleep relieves her;

sometimes the pain is so violent that the patient goes out of her mind and seeks relief by pressure, this is the *Sanguinaria* headache in its completeness. Not only does the remedy palliate, but it cures.

*BELLADONNA* has the similar character of pains, but more prominently than *Sanguinaria*, the intolerance to light; the least jar seems to make the pains worse; they cannot bear to have any one walk across the room; if any one touches the bed they scream out with pain. You see the two remedies are very similar. Practically speaking, *Sanguinaria* is the more useful of the two in the gastric form. In *Belladonna* the feet are cold and the head is hot almost always, which is not necessarily the case with *Sanguinaria*. The *Belladonna* patient is relieved by being propped up in bed, *Sanguinaria* has relief from lying down.

Then too, the symptom, "pain coming from the occiput over the head, etc.," is not quite so prominent under *Bell.* as it is under *Sanguinaria*.

*IRIS VERSICOLOR* is an excellent remedy for periodical sick headaches, especially of teachers, headaches coming on periodically every six or seven days, and attended with vomiting and throbbing pains in the head, supra orbital pains, they often affect the eyes and cause temporary blindness.

*PAULLINIA SORBILIS*.—There appeared here some years ago from France, some little pills, which were known as a specific for sick headache. They contained this *Paullinia* as their principal ingredient. The objection that I have to the remedy is, that it has been given in such large doses, and consequently, I do not think it is homœopathic to the case. Its active principle is identical with Caffeine and Theine, and is called Guarantin, it is an excellent remedy in sick headache, but it has to be given in large doses.

*MELILOTES*, a variety of clover, produces a headache, a headache which almost seems to drive the patient frantic; throbbing pains through the entire head, almost as bad as under *Glonoine*, mania even being simulated. In one prover the lady had prolapsus uteri and palpitation associated with the headache. It seems as if the brain would burst through the forehead.

**THERIDION.**—Sick headaches of hysterical women, closely resembling *Bell.* Intolerance to noise and motion. The *sensitiveness to noise* is a strong characteristic of *Theridion*, hypersensitiveness, nausea and aggravation from motion.

**SPIGELIA.**—Sharp neuralgic pains over the left eye, coming up from nape of neck and settling in and over left eye. It is apt to follow the sun, begins in morning, at its acme at noon; and gradually subsiding at sunset. Sensation as if head was open along the vertex.

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**NATR. MUR. IN SCARLATINA.** (AFTER SCHUESSLER.)

“A few days ago,” writes the pastor Sch. in W—, two of my children had the scarlatina, one of them being complicated with diphtheria. The allopathic physician pronounced the latter case hopeless. That which most frightened me was the complete insomnia, day and night. The convulsions and typhoid symptoms did not yield to any remedy. I employed successively, but without result, the following remedies: *Bell.*, *Rhus.*, *Zincum.*, *Bryonia*, then *Ferr. phos.* and *Kali. phos.* At last, in looking over Schuessler's work, I found that *Natr. Mur.* was the remedy indicated in the case. I at once made use of it, but with little confidence. However, the result was striking. After the first dose, the child had a peaceful sleep, and slept quietly all night. I continued the remedy, and my child, declared hopeless, was cured in a few days.—*Journal Pop. de Hom.*

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**OPHTHALMOLOGY AND OTOTOLOGY.**

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

“MOLASSES IN THE TREATMENT OF CONJUNCTIVAL AFFECTIONS.”

Dr. Wolfner, of the Post-graduate Medical School and Polyclinic, of St. Louis, has stirred up a hornet's nest among the elect, by assailing most vigorously the indiscriminate

use of harsh astringents by the dominant school in the treatment of conjunctival affections. He asserts that the abuse of blue stone, sulphate of zinc, nitrate of silver and kindred agents has resulted in "An immense number of chronic cases of inflammatory granulations," and claims to have avoided those sequelae by the local use of molasses, and says: "This plan of treatment has always been used in the department of Polyclinic, and we have to record the first failure." This is a good showing for treacle if the witness is trustworthy, and enforces a lesson which our allopathic brethren have for centuries been reluctant to learn.

Dr. Alt assails the paper in a ludicrous picture of patients whose lids are stuck together with candy and surrounded by buzzing flies. Dr. Wolfner's proposition that because so many eyes have pulled through, after a fashion, under the inevitable astringents, is no proof that they might not have made a better recovery under simple syrup, it is not adequately met by the saccharine argument of Dr. Alt. The universal use of astringents in these cases has rendered anything like accurate knowledge of their absolute or relative value, impossible. While our allopathic friends look to placebos for relief from the errors of ages, we have the better choice of a closer adherence to our law of similia.

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## Colleges, Hospitals and Societies.

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### THE AMERICAN INSTITUTE.

The American Institute convened its Fortieth Annual Session at Niagara Falls, N. Y., June 25th, 1888; President A. C. Cowperthwaite in the chair. The address of the President was principally devoted to the progress of Homœopathy and the important question of medical education, recommending that a comprehensive, uniform and rigid system be adopted, which should include the following requirements:

- 1st. A good preliminary education, including some knowledge of the classics.

2nd. A four years' course of study.

3rd. Attendance upon three courses of lectures of at least six months each.

The Treasurer reported a balance of \$550.29 on hand.

The balance of the first day was spent in receiving the reports of various Committees.

#### SECOND DAY.

Report of Committee on Pharmacy, Dr. Conrad Wesselhoeft reading a paper reviewing the work done during the past three years.

Dr. Lewis Sherman also presented an interesting paper touching the discoloration of trituations and their prevention.

The Bureau of Paedology made a full report.

Infantile Paralysis and Nervous Affections of Children. Papers were read by Drs. Clarence Bartlett, C. D. Crank, R. N. Tooker and others, and were ably discussed.

The Bureau of Surgery, Dr. J. E. James, Chairman, devoted its attention to Surgery of the Abdomen. Papers by Drs. C. M. Thomas and J. H. McClelland, were full of interest and a lively discussion followed, as is always the case in this department.

#### THIRD DAY.

The morning session was taken up by various committee reports, the most important of which being that of the International Pharmacopoeia.

The Bureau of Ophthalmology, Otology and Laryngology made a good showing of interesting papers, followed by an animated discussion.

The Bureau of Obstetrics in the afternoon and the Bureau of Materia Medica in the evening, completed the day, Zincum and its salts receiving the attention of the latter and the Complications of Pregnancy that of the former.

#### FOURTH DAY.

The report of the Committee on the President's Address was received. The Intercollegiate Committee also reported, resolutions by both of these Committees were presented, showing the necessity and recommending a higher standard

of medical education, the minimum being three years study of not less than six months terms.

The election of officers for 1889 resulted as follows: President, Selden H. Talcott, Middletown, N. Y.; Vice-President, I. Y. Kinne, Patterson, N. J.; Treasurer, E. M. Kellogg, New York; General Secretary, P. Dudley, Philadelphia, Pa.; Provisional Secretary, I. M. Strong, New York.

Lake Minnetonka, Minn., was selected as the place for the next meeting.

The Committees of Drug Provings and Psychological Medicine and Clinical Medicine occupied the balance of the day.

#### FIFTH DAY.

The Bureau of Medical Legislation, the Necrologists report and unfinished business occupied the remainder of the session.

#### NEW LICENTIATES.

The following have been granted licenses to practice by the Homœopathic Board since our last issue:

J. N. Swasey, Alameda; New York Homœopathic Medical College.....	1887
S. S. Guy, San Francisco; Albany Medical College.....	1846
Daniel E. Lane, Alhambra; Hahnemann Medical College, Chicago.....	1878
H. J. Suttle, San Diego; Hahnemann Medical College, Chicago.....	1888
Anna E. Bailey, San Francisco; Hahnemann Medical College, Chicago.	1875
E. Beckwith, Santa Rosa; Homœopathic College, Cleveland.....	1864
Charles Arthur, Pasadena; Homœopathic Medical College, Philadelphia.	1866
E. K. Wrenn, Placerville, Woman's Medical College, New York.....	1875

THE Homœopathic Medical College of Minneapolis has ceased to exist as such, having become a part of the University of Minnesota. This is a good move, and we see by the account that our Homœopathic brethren of the Northwest have lost nothing, as nearly all of the Professorships continue as before.

A new Homœopathic Medical College is to be opened September 15th, at Kansas City, Mo. Among its trustees are some of the most influential citizens of Kansas City.

## CORRESPONDENCE.

## LETTER FROM STUTTGART, GERMANY.

STUTTGART, GERMANY, June 25, 1888.

EDITORS CALIFORNIA HOMŒOPATH:—Permit me to correct an error in your article on Infant Diet on page 191 of your journal. You say that "good milk will change red litmus paper to blue." I was superintendent for three and a half years at the milk cure in this city, and as our physicians teach the same thing in regard to the reaction of cows milk, I experimented with hundreds of samples of milk. During the whole three and a half years, *but one* cow was found whose milk reacted neutral or possibly slightly alkaline; all the rest gave milk that reacted *slightly acid*. Any milk giving an alkaline reaction one half hour after milking, has been doctored with soda.

Respectfully,

A. ZÖPPRITZ.

## LETTER FROM ELSINORE, CAL.

EL SINORE, CAL., June 4th, 1888.

EDITORS CALIFORNIA HOMŒOPATH:—There is a place here for a good Homœopathic physician. Is there not some young man or woman in your vicinity who would like to start in a new place? There is no permanent physician of our school here or about. Riverside, twenty five miles away, is the nearest. It needs a person of good qualifications; one in earnest. There is but one of the old school here, who is doing much and he is more sick than well, and a good active man could make a living now, taking all the towns and country about.

R. A. GRAHAM, M. D.

## CLINICAL ITEMS.

*Cadmium Sulph.* 3x cured a right sided facial paralysis in a 10 year old boy, resulting from exposure to cold and after causticum had failed.

*Zincum* has burning in the stomach particularly a pressure when empty with dyspnœa and apparent stricture of oesophagus. Eructations with burning pain running into the back, with nausea and vomiting. Sometimes the least spoonful of food will be thrown back as soon as it strikes the stomach.

*Oxalic Acid*—Gastralgia appearing after eating with pyrosis and cold feeling externally between epigastrium and umbilicus.

*Benzoic Acid* proved curative in the hands of Dr. Geiger, of Portland, in a case of gleet that had resisted all courses of treatment, one of the features present being a congestion of the prostate gland.

*Dulcamara*—Oppression of the chest from accumulation of mucus, with much difficulty in expelling the phlegm in infants or old people from threatened paralysis of the vagi.

*Theridion* is very valuable in destroying the cause or cures in scrofulous people. It has stinging pains in various parts of the body and a continuous aching in left chest near articulation of floating ribs.

*Physostigma 3x*, is the remedy for Leucorrhoea worse in afternoon, with great muscular prostration, constant inclination to sigh, which is worse, when the leucorrhoea is worse; desire for much cold water.

*Three characteristics of the Stool of Veratum:* 1. Pain in abdomen preceding stool. 2. Profuse watery character of discharge. 3. Excessive prostration following.

*Three general characteristics of Sulphur:* 1. Mental pevishness and ill-humor. 2. General nocturnal aggravation. 3. Great aggravation by water.

*Four principal indications for Kali Bich. in Diphtheria:* 1. Yellow coated or dry red tongue. 2. In later stages of diphtheritic process after line of demarcation has formed and slough has commenced to separate. 3. No suppuration. 4. Pain extending to nose.

*Psorinum.*—Headache is increased on exposure to cold of weather; is preceded by dimness of vision; always hungry before vomiting; always hungry before vomiting; Vomiting of pregnancy in sensitive individuals.

*Ferrum Phos.* is a most powerful vein medicine, although its action on the arteries is its prime sphere. It has cured a small aneurism in my hands, and the great indication for it is *throbbing*. It is also a beautiful hypnotic, but those who usually sleep well are often kept awake by it. It acts brilliantly in old people. (Fluoric acid in young.)—*J. C. B.*

*Mercur.*—One of the greatest of all the characteristics of this remedy in lung diseases is great aggravation from, or utter impossibility of lying upon the *right* side. A knowledge of this one symptom has enabled me to cure more cases of serious lung diseases than through all its other indications combined. Also *fugitive pains*, now here, now there.—*Gregg.*

*Eriodycton* is a close analogue to Ipecac in cough, expectoration and asthma. It has not the nausea.

Prof. Von Nussbaum, of Munich, in an article on "The Internal Use of Ichthyol" in Liebreich's *Therapeutischen Monatsheften*, says: "In conclusion, I must remark that Ichthyol is an excellent example of Hahnemann's maxim, '*Similia Similibus*,' for while it acts in a marvelously curative manner on Eczema, there are constitutions in which it will produce Eczema." Ichthyol is the product of the distillation of a bituminous rock abounding in the remains of fossil fishes. It is at present a very fashionable remedy in Germany for various sorts of inveterate skin diseases.—*World.*

*Ferr. Phos.*—Prof. Goodno reports three cases of croupous pneumonia aborted with Ferr. Phos., after developing the crepitant rale and rust colored sputa. The disease went no further, but recovered by lysis, not by crisis, as usual.—*Era.*

*Ammon. Carb.* 3x cured many cases of coryza, indicated in gouty headache, with thickened right ventricle. Also in sore throat where the feeling was as if skinned.

*Strychnine* competes with quinine in its beneficial effect in chronic ear diseases. The chronic unvarying tinnitus is characteristic of it.

# The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only Homœopathic Medical Journal west of the Rocky Mountains.

EDITORS. - - WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

PUBLISHERS, BOERICKE & SCHRECK.

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THE CALIFORNIA HOMOEOPATH, No. 234 Sutter St., San Francisco, Cal.

## EDITORIAL.

### LADIES' AID ASSOCIATION FAIR.

The Ladies Aid Association of the Hahnemann Hospital of this city have decided upon holding a fair in the early part of next December, the proceeds of which are to be devoted to the establishment of a fund for the erection of a suitable hospital building and the maintenance of free beds. In the two years that have elapsed since its opening, the present hospital has outgrown its increasing accommodations. The large number of patients who are constantly admitted for admission demand better and more ample accommodations. In many cases patients have been denied admission for want of accommodation.

As has been already stated in the pages of this journal, San Francisco, while ranking first in point of population,

the cities of the United States, ninth in amount of population, and with a homœopathic representation second to none, had, until a few years ago, no hospital devoted to the cure of disease under the Hahnemannian law. Two years ago, after considerable deliberation and some opposition, the Trustees of the Hahnemann Hospital College, by their own unaided efforts, established and equipped a small hospital, containing only seven beds, which they hoped might prove to be a nucleus which would inspire others to concerted interest and effort, so that at a day not far distant San Francisco might boast of a homœopathic Hospital worthy of its rank and wealth. Already their little venture has accomplished part of its purpose. It has been the humble instrument of much good to many sufferers who have sought its shelter for relief from disease, and it has stimulated its projectors and friends to increased efforts toward enlarging its sphere of usefulness and extending its benefits to the sick poor, providing for them a home where they may receive the advantages of skillful medical and surgical treatment, and kind and careful nursing, "without money and without price."

A benefactor, whose generosity is well known in our city annals, has kindly offered the Hahnemann Hospital an acre of ground admirably situated for the purpose, the only condition exacted being that a hospital building costing not less than \$5,000 should be erected within three years from date of acceptance. Another friend to the cause has offered a sum of \$2,500, conditional upon the same amount first being raised by other means or parties. It is to be hoped that others, seeing their good works, may follow and do likewise. Meanwhile, the Ladies' Aid Association, which now numbers some fifty members, has decided to put its feminine shoulder to the wheel for the advancement of these laudable purposes, and to this end they have projected the proposed fair already mentioned, which has been arranged for the first week in December, to continue several days. A series of entertainments are proposed in connection with the fair, of which due notice will be given, and as every effort will be made on the part of the Ladies' Aid Association to help on the hospital work, it is earnestly hoped that the physicians will not neglect the opportunity for interesting their families and patients

and securing their generous co-operation in the many ways which shall combine service to homœopathy with pleasure to themselves. Contributions for supplying and beautifying the different booths connected with the fair will be gratefully accepted by the Aid Association, and if sent to the pharmacy of Boericke & Schreck, 234 Sutter street, they will be properly forwarded to the committee in charge.

We trust that this proposed enterprise may be the signal for a very warm and spontaneous expression on the part both of physicians and laity of their affection for and belief in homœopathy, and their willingness to do good work in its service, so that, at no distant day, hope realized may take the place of hope deferred, doubts and fears will vanish, and San Francisco may add to its benefits and attractions a homœopathic hospital of which none shall be ashamed. C.

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#### BOARD OF EXAMINERS.

For the benefit of the numerous newcomers who swell the ranks of the homœopathic profession on this coast, we again call the attention to the existence of our State law regulating the practice of medicine. *Every physician desiring to practice in the State of California must possess a diploma from a regularly chartered medical college.* This is absolutely essential. A certificate from any State Board of Health or any medical society, although it gives the holder all the rights and privileges of practicing physicians *within the states* where said Board of Health or Society exists, is of no use as a substitute for a regular diploma in California. The Board of Examiners cannot grant the license upon any such credentials, nor can it examine candidates or exercise any discretionary power whatsoever. It merely examines *diplomas*, ascertains their genuineness and determines whether they come from reputable Colleges. To aid the Board of Examiners in carrying out this their only functions, an affidavit is required from the applicant for the license of the Board, stating that said applicant is indeed the lawful owner of his diploma and has obtained it in the regular way. A blank form for this affidavit is furnished by the Secretary of

the Board of Examiners. The following circular by this officer explains itself:

“In order to procure a license to practice medicine in the State of California, the law requires that you send your diploma together with an affidavit as per blank furnished by the Secretary of the Board of Examiners and the fee (\$5.00) to the office of the Secretary, who will then present your application at the next meeting of the Board, and if satisfactory a license will then be issued to you.”

The Board holds a regular meeting on the evening of the first Monday of each month. Diplomas, together with the affidavit and fee, must be received before then in order to be acted upon, otherwise they must lay over until the next meeting. However, a candidate is legally entitled to practice from the time of his *application* for the license, even if this is not granted until a later date.

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### Personal Notes, Locations, Etc.

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H. KNAPP, M. D., has removed from Lathrop to Martinez, Cal.

DR. E. BECKWITH, formerly of Albany, Or., has located in Santa Rosa, and we understand is doing well.

PROF. J. N. ECKEL has resumed his practice and his practical lectures at the Hahnemann College to the great satisfaction of patients and scholars.

DR. AMY G. BOWEN has opened an office in the choice locality of San Francisco, (near the editorial office of the CALIFORNIA HOMŒOPATH) at 630 Sutter Street.

We desire to call the attention of our readers to the advertisement of OTIS CLAPP & Co's publications. They form an admirable addition to a physician's library.

We notice that DR. C. L. TISDALE figures as Secretary of the American Party Convention held in this city. The Doctor's head is generally pretty level, and we are glad to see the evidence of it in his political faith.

DR. C. E. FISHER of Austin, Texas, the able editor of the *Southern Journal of Homœopathy*, is contemplating his yearly pilgrimage to this coast. The attraction will soon be great enough to enable us to claim him permanently.

WE notice all our exchanges with but few exceptions have recently contained articles by DR. THAYER of Brooklyn, with varying titles, but of singularly unvarying contents, whose principal import seems to be the booming of the Soluble Food of our friends, Messrs. Reed & Carnrick. A clever advertising dodge, this, and we are glad that the astute CALIFORNIA HOMŒOPATH is not the only journal that succumbed to the charm.

THROUGH a misunderstanding an error appeared among the personal items of our June number. PROF. J. F. KENT succeeds to the practice of the late Dr. Adolph Lippe, instead of being called to the Chair of Materia Medica and Therapeutics in the Hahnemann Medical College as we stated it. In this case the wish was father to the thought, as we know no one more capable of filling the Chair of Materia Medica in any college than PROF. KENT.

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## BOOK REVIEWS.

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### Proceeding of the International Hahnemannian Association, 1887.

How I would like to belong to that Association, but we miserable sinners, who once in a while will alternate or put a wet pack on in pneumonia, cannot aspire to that honor, and then we must be satisfied to read and to learn from their transactions. Open them wherever you like and one is instructed. I rather have the series of their proceedings than most of the more voluminous transactions. I believe with Hitchcock, that there is a good deal in the now fashionable germ theory and the disposition lying behind it; and when potentiation only increases the virulence, we have here a **great acknowledgment** by old school authorities, and it is really wonderful that so many of our own school swallow the germ theory in toto, and still deny any action to potentized drugs. Blindness and prejudice can really go no further. Our friend Nash excuses himself for using unproved tissue remedies in his practice. He really ought to be expelled from the Association for this breach of trust. But we forgive him, for we sail too often in the same boat, and Schussler's tissue remedies are daily used in our practice.

New provings of salicylic acid and of aqua Sanicula, a mineral spring of Illinois, for which we are grateful. We may have very little use for the former, but the latter ought "to take the cake" in infantile marasmus and so frequent nervous dyspepsia of our age.

We like the discussion on hay-fever, for it "hits the nail on the head" by blaming a psoric constitution for the cause of it. I wonder whether Hughes and Dake will be allowed to include psorinum in their pathogenetic cyclopædia.

W. J. Guernsey gives an exhaustive article on variola, with a big repertory. That is his hobby, and let him stick to such work, which will be of vast benefit to us lazy drones. Only do not forget sanitation and lots of fresh air in the treatment of smallpox, or else even a similimum may fail.

Time is up, and reader buy these and all other proceedings of the I. H. A.,  
S. L.

**A Cyclopædia of Drug Pathogenesis.** Edited by R. HUGHES, M. D.,  
and J. P. DAKE, M. D.: 2d volume. 1888.

Poor treasures of the American Institute of Homœopathy, who has over two hundred copies for sale and distribution, and it seems nobody wants them. Even some physicians of our school who took the first parts of the work, became disheartened and stopped their subscription. Why is this lukewarmness for a work issued under the auspices of the British Homœopathic Society, and the American Institute of Homœopathy, when of Farrington Clinical Materia Medica sixteen hundred copies were sold inside of a year, and the demand is still kept up?

There are several reasons for it, that our physicians think they have no use for such a work. 1. It is of no earthly practical use at the sick-bed. 2. It fails to satisfy the demand for a *true* drug pathogenesis, and thus fails to please either wing of the homœopathic school. 3. It neglects drugs, especially the antipsories, and gives too much space to drugs which are far less frequently used in the daily practice of our physicians. Thus, in the last fascicle, part VIII, graphite fills one page, while to hyoscyamus are granted over twenty pages. In fact, there are too many extracts from the London *Lancet*, from Virchow's *Archiv*, from Schmidt's *Jahrbucher* and other allopathic sources, and too little homœopathy. It does not satisfy an allopathic physician searching for the physiological action of a drug, and he who tries to prescribe according to Hahnemann will fail to find even the simile from such a pathogenesis.

We do not blame the editors, as they were handicapped from the very start in giving us a trustworthy drug pathogenesis. The whole work was conceived with materialistic ideas, and the dynamis, which is the very essence of homœopathy, had to be considered a forbidden fruit. The editors did the best they could under such unfavorable circumstances, and after all, one may learn a great deal from the two volumes which have so far appeared; but homœopathy remained true to itself and refused to accept the dictum of the British and American Society as the principle on which our school rests. It is a glorious sign of our times that these two hundred copies rest peaceably on the shelves of our British confreres, and would it be out of order if we request the worthy editors to give homœopathy a little more latitude, even should they have to transcend the limits allowed to them. Only thus can they hope that the two volumes which have still to appear may help the sale of the work.

A faithful drug pathogenesis, revealing the primary and secondary symptoms, and to this purpose the whole scale is needed, is still a work to be prayed for, as the British-American Cyclopædia does not cover the ground.

S. L.

**Diseases of the Nervous System.** We learn that DR. CHAS. PORTER HART is busily engaged in preparing a new edition of his well-known work on "Diseases of the Nervous System."

The work will be rearranged, enlarged, and almost entirely re-written; in short, it will be essentially a *new work*. The doctor feels that his advancing years demand that he shall no longer postpone the preparation of a *complete* edition of the work to which he has already devoted so many years of scientific labor and research. Not only will the therapeutical portion of the work be greatly modified and enlarged, but much greater interest and value will be given to the pathological portion, by means of numerous micro-photographs specially prepared for the illustration of this branch of the subject. Those who attended the professor's lectures and clinics on nervous diseases in the Hahnemann Medical College in this city, in the summer of 1886, will have some idea of what this feature of the work will be, from the microscopic views which the doctor then presented to the class. But it will be two or three years, at least, before this new edition will be ready for the press, and in the mean time the present edition is the best work we have on the subject, being still "up with the times" in every essential particular.

**Atlas of Venereal and Skin Diseases.** Edited by PRINCE A. MORROW, A. M. M. D. New York; Wm. Wood & Co., 1888.

This important work now in process of publication, is certainly the completest work of the kind published in this country. It will be composed of fifteen parts, three of which are already out, and the whole is expected to be finished within one year. It is comprised of original contributions and selections from the works of Kaposi, Neumann, Hutchinson, Fournier, Ricord, Piffard and other standard authorities. The plates are indeed, the finest ever produced in this country and as good as those of the celebrated work of Hebra. The editorial work is excellent, while the part of the publisher is done in superb style. We are glad that we have every prospect now of having so perfect a work on this special subject in the English language and can very cordially recommend our readers to subscribe for the same, feeling sure that their library will be enriched thereby.

**Domestic Cook Book.** A companion to Pulte's Domestic Physician. By MRS. DR. J. H. PULTE, Cincinnati: Geo. H. Smith, 1888.

This practical guide in the preparation of food for the well and the sick, fills a want long felt in our Homœopathic literature. The antiquated book on "Homœopathic Cookery" is out of print and the receipts by an experienced housewife will prove very valuable. In addition to the recipes, it also contains useful hints for the homœopath. This book we are informed, has been carefully tested by the medical profession and is of good. An excellent collection of recipes for the sick, which enriches the volume. We bespeak a large sale.

**One Hundred and Ten Laparotomies for the Treatment of the Abdominal Organs.** Sixty one operations without a fatal result. WILLE, M. D., New York.

**The Tenth Annual Announcement of the College of the New York Ophthalmic Hospital.**

Our school may well be proud of this excellent institution, where theoretical and clinical instruction in Diseases of the Eye and Ear is unsurpassed. The course of lectures opens Monday, October 1st, 1888.

**The Trituration of Alkaloids.** By E. PYNCHOW, M. D., Chicago.

Slowly, but surely our old school friends are adopting not only the results of our Materia Medica studies, but also even our distinctive pharmaceutical methods.

**Report of Proceedings of the Illinois State Board of Health.** Quarterly meeting, Chicago, April, 1888.

Articles on Small-pox, Cholera, Water Supplies, Wear and Tear of the Medical Profession.

**An Aseptic Atmosphere. Club Foot. A Rectal Obdurator. Palato Plasty.** By D. PRINCE, M. D. Jacksonville, Ill.**The Cause of Diphtheria, and the Difference between Diphtheria and Croup.** Read before the State Medical Society by J. P. SCHMRTZ, M.D.

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## POPULAR DEPARTMENT.

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**THE MANAGEMENT AND CARE OF CHILDREN.**

By WILLIAM BOERICKE, M. D.

**VI.**

THE DISEASES OF EARLY INFANCY are few. Most of these first troubles are due to lack of proper care, and result from mismanagement. Preventive treatment, better care and management are required, rather than medicine.

Sometimes the baby will not pass fæces or urine in the first day after birth, and not freely for several days after. It may suffer much pain in consequence. Rub the abdomen with olive oil, or insert a conical soap suppository whittled out of castile soap two inches long in order to produce a discharge from the rectum. A dose of Nux may be given.

For the retention of urine, cloths wrung out in hot water may be placed over the region of the bladder or baby's back. A few doses of Aconite or Apis may be given, although it is rarely necessary to resort to medicine, only when baby is in evident pain, manifested by restlessness, crying and sleeplessness, is it advisable.

For the first few days after birth, the urine is naturally high colored from the excess of urine salts excreted. The diapers are often stained in consequence. If this should continue too long, a few doses of *Lycopod* will correct it.

CHAFING OR SORENESS OF INFANTS.—A redness and soreness of the skin, affecting the buttocks and the folds of the thighs. Due to lack of care. It generally arises from napkins saturated with urine being allowed to remain on, thus causing irritation of the skin. It is true, however, that constitutional causes may also contribute towards this trouble, thus the condition of the urine above described may favor its development. The treatment is largely preventive. Change the diapers just so soon as soiled. Never use a diaper that has not been rinsed out in water. Do not merely dry them. This is very important, and usually the cause of the difficulty. Always bathe the infant's parts after every passage, dry with a soft cloth and powder with corn starch. If these simple measures do not suffice, give a few doses of Rhus. This together with careful management, will soon correct the difficulty. In scrophulous children give *calcareo* 30 every night a few pellets. Locally use, besides, a lotion of *Calendula*, one teaspoonful of the aqueous tincture to a tumbler of warm water, three times daily.

EYE TROUBLES.—During the first days, we often meet with inflammation of the eyes, due generally to lack of care in the first washing, too bright light either of the sun or artificial light, cold, etc. When washing the eyes, do not be afraid of clean water, no matter how much gets into them. Wipe with a very soft cloth. Inflamed eyes must not be neglected. Cleanliness above all is the remedy. It is not an easy job to wash out the pus that may gather inside the lids, but the pitiful cries of the little patient must not be

allowed to prevent thoroughness. Place the crib so that no strong light can reach baby's eyes, and bathe with a solution of Boracic acid, about five grains in small teacupful of warm water every two hours, or, if inflammation is severe, every hour. Internally, give two pellets of *Aconite* every two hours, and follow with *Pulsat.*, same dose. But it is not advisable to rely on your own prescription in these troubles; having carried out the accessory measures described; it is best to leave the selection of the remedy to the physician.

**JAUNDICE.**—All new born infants, during the first few days after birth, have more or less intense red color of the skin, which gradually fades and disappears in about a week; sometimes it gives place to a more or less bright yellow hue, which is known as jaundice of the new born. This usually lasts several days and gradually disappears in eight to fourteen days. No special treatment is necessary, but remember that impure air, cold, use of purgatives and weakness of the infant favor its development. The urine colors the napkins, the stools are pale and dry or thin and watery. Child is drowsy, disinclined to take the breast. A few doses of *Chamom.* two pellets three times daily, especially if the child is peevish and fretful, may be given. *Bryonia*, same dose, may be substituted, if the stools are constipated, large and dry. If after several doses, both urine and stool do not assume their normal type, give *Lycopod* 30, two pellets three times daily. This is especially indicated if the child is drowsy, weak and spiritless. If the urine and stools change, even without change of color of skin, the little patient is improving; the jaundiced skin remains unchanged longer.

**SWELLING OF THE BREASTS.**—In infants, a few days after birth, a swelling of the breasts often takes place. The parts become hot, swollen, tender and *may* suppurate. *They must be neither rubbed or squeezed.* Apply a tepid compress or some camphorated vaseline and give two pellets every hour. If suppuration occurs, apply flaxseed poultice and give *Hepar* instead of *Bellad.*

**HICCUGH** is frequently an annoying trouble. Generally it is caused by rapid feeding, overloading the stomach, cold by

exposure of some part of the body. Seek to the removal of the cause and dissolve a few pellets of *Nux* in a little water and give a little of it every few minutes. Sometimes little sips of water, sweetened or not, is just as effectual.

**SNUFFLES** consists of a swelling of the mucous membrane in the nasal passages, and consequently difficult and noisy breathing. It frequently is quite obstinate, lasting weeks. The treatment consists in avoiding excessive dryness or moisture of the atmosphere, or a dusty air and draught, and rub on nose, inside and out, a little camphorated or plain vaseline, and give two pellets of *Nux* three times daily. A little almond oil applied with a camel's hair brush, or cold cream, or the vapor of hot water allowed to pass up the nose, are all efficacious.

**CRYING, WAKEFULNESS AND RESTLESSNESS.**—Infants do not cry without some cause. This is certainly true of frequent and long continued fits of crying. The first thing to do is to discover the cause. The child may be hungry, wet, cold, especially the extremities, or soiled. The clothing or bed may be wrinkled—he may be in an uncomfortable position; often the mere turning is sufficient to relieve the distress. Thirst is not rarely a cause of crying in very young children; especially is this likely in attacks of diarrhœa. The cry for water is apt to be a constant wail of low tone, accompanied by marked restlessness. On no condition resort to soothing syrups, paregoric, etc., to quiet the child. After drying and warming him, toasting the toes before an open fire, filling a rubber bag with hot water and allowing the baby to lie on it with his stomach, and offering his food if near the time for nursing, or, if not, a little warmed water, he will in the great majority of cases, quiet down, and perhaps go to sleep. In regard to medicines, it is advisable to give chamomilla pellets, especially if the baby seems really cross and irritable, demanding constant carrying about. Give two pellets every half hour for a few doses. This may have to be followed by coffee, which often relieves the sleeplessness and excites the little patients.

**RESUME.**—Remember the following essentials for baby comfort: Every new-born child should have the benefit of

clean, dry, warm, soft and loose clothing; breathe pure and warm air, both day and night; be kept perfectly sweet and clean, and receive its proper nourishment at regular intervals. Among the more common sins against these rational needs we meet with most, and must especially avoid, tight clothing and bandaging, cold bed, wet napkins, and soiled clothing generally; too warm covering for head, too much rocking, too bright light; imperfect washing of eyes, behind ears and other parts; the administration of soothing syrups, teas, gin and other quieting potions; the sucking of nipples or sugar-teats; too great exposure at bath; under-clothing not sufficiently rinsed and dried; imperfect cleansing of feeding bottles, tubes and utensils; keeping the child in close, too hot or too cold, draughty rooms. Avoiding these, and you will succeed in warding off most troubles of early infancy.

#### MANAGEMENT OF SIMPLE CONSTIPATION.

Sir Andrew Clark, M. D. (*Lancet*, London, January 1), after mentioning the evil results following the use of strong aperients frequently repeated, says that, for the most part, troublesome consequences of constipation may be avoided by attending to the conditions of healthy defecation. (1.) Plenty of solid and fluid digestible food; people leading a sedentary or social life become disposed to eat too fine foods and to drink too little liquid. (2.) A moderately full colon is essential; if it is more or less completely emptied by an aperient, defecation will be suspended until it becomes more or less full. (3.) Ignorance of the average amount of fæces required for the daily healthy relief of the bowels is one of the main causes of constipation, the unnecessary use of aperients, and the evils that arise from both. For a man of average weight, consuming an average amount of food, the average amount of fæces ready for discharge in twenty-four hours is about five ounces. This should be formed sufficiently aerated to float and coherent. According as the cylinder is moist or dry, it will measure from four to six inches in length. The writer concludes by giving the following brief instructions for the management of simple constipation. (1.) On first

waking in the morning, and also on going to bed at night, sip slowly from a quarter to half a pint of water, cold or hot. (2.) On rising take a cold or tepid sponge bath, followed by a brisk general toweling. (3.) Clothe warmly and loosely; see that there is no constriction about the waist. (4.) Take three simple but liberal meals daily; and, if desired and it does not disagree, take also a slice of bread and butter and a cup of tea in the afternoon. When tea is used it should not be hot or strong or infused over five minutes. Avoid pickles, spices, curries, salted or otherwise preserved provisions, pies, pastry, cheese, jams, dried fruits, nuts, all coarse, hard and indigestible foods taken with a view of moving the bowels, strong tea, and much hot liquid of any kind, with meals. (5.) Walk at least half an hour twice daily. (6.) Avoid sitting and working long in such a position as will compress or constrict the bowels. (7.) Solicit the action of the bowels every day after breakfast, and be patient in soliciting. If you fail in procuring relief one day, wait until the following day, when you will renew the solicitation at the appointed time. And if you fail the second day, you may, continue the daily solicitation, wait until the fourth day, when assistance should be taken. The simplest and best will be a small enema of equal parts of olive oil and water. The action of this injection will be greatly helped by taking it with the hips raised, and by previously anointing the anus and the lower parts of the rectum with vaseline or with oil. (8.) If by the use of all these means you fail in establishing the habit of daily or of alternate daily action of the bowels, it may be necessary to take artificial help. And your object in doing this is not to produce a very copious dejection, or to provoke several smaller actions; your object is to coax or persuade the bowels to act after the manner of nature by the production of a moderate more or less solid formed discharge. Before having recourse to drugs, you may try, on waking in the morning, massage of the abdomen, practiced from right to left along the course of the colon; and you may take at the two greater meals of the day a dessert-spoonful or more of the best Lucca oil. It is rather a pleasant addition to potatoes or to green vegetables. (9.) If the use of drugs is unavoidable, try the aloin pill. Take one-half an hour be-

fore the last meal of the day, or just so much of one as will suffice to move the bowels in a natural way the next day after breakfast. If it should produce a very copious motion, or several small motions, the pill is not acting aright; only a fourth, or even less, should be taken for a dose. When the right dose has been found it may be taken daily, or on alternate days, until the habit of daily defecation is established. Then the dose of the pill should be slowly diminished, and eventually artificial help should be withdrawn. The aloin pill is thus composed: R. Aloinæ,  $\frac{1}{2}$  gr.; extr. nucis vom.,  $\frac{1}{2}$  gr.; ferri sulph.,  $\frac{1}{2}$  gr.; pulv. myrrhæ,  $\frac{1}{2}$  gr.; saponis,  $\frac{1}{2}$  gr.; fiat pil., 1. If the fæces are dry and hard, and *if there is no special weakness of the heart*, half a grain of ipecacuan may be added to each pill. Should the action of the pill be preceded by griping, and the character of the action be unequal, half a grain of fresh extract of belladonna will probably remove these disadvantages. If the aloin pill gripes, provokes the discharge of much mucus, or otherwise disagrees, substitute the fluid extract of cascara sagrada, and take from 5 to 20 drops in an ounce of water either on retiring to bed or before dinner. And when neither aloin nor cascara agrees, you may succeed by taking before the mid-day meal two or three grains each of dried carbonate of soda and powdered rhu-barb. The exact agent employed for the relief of constipation is of much less importance than its mode of operation. If, whatever the agent may be, it succeeds in producing after the manner of nature one moderate formed stool, it may be, if necessary, continued indefinitely without fear of injurious effects. But treated upon physiological considerations, I have the belief that in the great majority of cases simple constipation may be successfully overcome without recourse to aperients.

#### BURIAL TO PREVENT THE SPREAD OF DISEASE.

Vincent Jackson, Senior Surgeon of the Wolverhampton and Staffordshire General Hospital, who is also Mayor of Wolverhampton, presided recently at a "Burial Reform" meeting, and defined the reforms required to be: Coffins of the most perishable and lightest material, all lasting sub-

stances being rejected; interments as early as possible; the pall to be discarded as an unnecessary and baneful covering, and burial in plain earth with total disuse of vaults and bricked graves. Vaults were condemned by Dr. Malet, Medical Health officer for the borough, as tending to the spread of disease and injury to the health of persons attending burials.

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#### DANGER IN UNVENTILATED COTTAGES.

In a paper by Dr. Arthur Ransome (English), entitled "Some Evidence Respecting Tubercular Infective Areas," attention is called to the frequency with which groups of several cases of deaths from consumption in one family occur in small, badly ventilated cottages situated on damp clay soils. It is dampness and want of ventilation that makes a house or a group of houses dangerous, and they probably do this, in large parts at least, by causing or promoting slight inflammations of the air-passages, sore throats, bronchitis, etc., which lower the vitality of the tissues and so make them fit to support the tubercular bacilli.

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#### SMOKERS' VERTIGO.

Dr. Decaisne is reported in the *New York Medical Record* as having recently investigated a number of cases of vertigo in smokers. Out of sixty-three patients, forty-nine were between fifty and sixty-six years of age. More than half of them suffered, in addition, from digestive troubles, with constipation alternating with diarrhœa, insomnia, palpitations, dyspnoea and diuresis. In a third of the number there was marked intermittence of the pulse, and granular pharyngitis, while others suffered from aphthæ, amblyopia, etc. Thirty-seven were persons who smoked habitually on an empty stomach, and these suffered from vertigo, principally in the morning. The vertigo is generally concided with suppression of perspiration and diminished excretion of urine. The treatment consisted mainly in regulating or suppressing the cause, but thirty-three out of thirty-seven patients ceased to suffer on merely refraining from smoking on an empty stomach.

## THE DIRECTION OF SYMPTOMS.

Professor Kent says: "In every case of disease you should carefully notice the *direction* of symptoms. In acute diseases which run their course without treatment, the same succession of symptoms may always be observed, viz: the symptoms which first appear are the last to disappear. If the symptoms be carefully watched throughout the course of the disease, they will be seen to disappear in the reverse order of their coming. But if the disease is interfered with by treatment, the natural course of the disease will not be followed. But if the proper remedy is administered, and in the proper manner, it will check the progress of the disease in any stage, causing a disappearance of all the symptoms. In chronic diseases especially is this knowledge of the direction of symptoms most valuable. In all diseases—more easily observed in the chronic—when being cured homœopathically, symptoms disappear from within outward, from above downward, and in the reverse order of their coming. Thus, in rheumatism of the shoulders, after administering the appropriate remedy, the disease may go to the hips, afterward to the knees. Then you may be sure, although your patient suffers more pain than before, that he is getting well. On the other hand, if the disease is incurable or is getting worse, the direction of the symptoms will be reversed; they will travel from below upward, and from without inward. For instance, if a patient has rheumatism of the shoulders, as in the previous case, and you administer the indicated remedy, if the disease is incurable it will be very likely to attack the heart or go to some other vital part."—*Medical Era*.

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THERE seems to be considerable rivalry among our various colleges in respect to the style of their annual announcements. Thus far The New York Homœopathic seems to lead.

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At the recent commencement of Yale University, the title of L. L. D. was conferred on Dr. Wm. Tod Helmuth, an honor well bestowed and richly deserved.—*Times*.

THE  
CALIFORNIA HOMŒOPATH.

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ORIGINAL ARTICLES.

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A CASE OF WHOOPING-COUGH, BY DR. KUNKEL,  
KIEL.

TRANSLATED BY S. L.

N. N., a man in the fifties, was my patient for a number of years, suffering from a morbid irritability, quarrelsomeness and ugly humor, so that he became an eyesore to the family. Under the use of staphisagria he gradually improved, but it changed to a contrary mood, or, as he expressed it, he would feel callous about it if his house would burn down. For two months he complained about his chest, which disappeared when herpes zoster set in with cough. The zoster passed away, but the cough changed into a whooping cough, which then was epidemic in the city, and of which his family also suffered. The attacks appeared every two hours with fainting spells, whereby consciousness was only lost for a few moments. The fainting fits increase in intensity, the strength steadily decreases. Before the fit, trembling of the left hand; after it, rattling breathing; during it the face is intensely red. Drinking of hot water relieves; pulse normal, about 100; functions normal; no attacks at night; eyes dull and veiled. When rising from a seat he has to support himself to keep

from falling; pupils normal. R: cuprum 6th, every morning and evening; a dose for four days. May 25th patient feels and looks vastly improved; no attacks; only last evening he had a severe fit, but did not lose consciousness. He only fears now the return of his ugly humor, and thus his bad behavior to his family. R: staphisagria 30, 5 powders, one daily, and cuprum, if the attacks should return. A month has passed and he may be considered cured. The appearance of a last severe attack has nothing strange about it. The radical cure of epilepsy, of intermittent, often shows a final severe attack. In our case paralysis of the vagus probably threatened. Cuprum has usually "amelioration by the use of cold water," as everywhere in our *Materia Medica* extremes meet.

In *Bulletin de la Societe Medicale Hom de France*, July 1888, Doctor P. Jousset relates the case of a patient suffering from whooping cough, who is chlorotic and very weak. She received *drosera* 3d for several days without the least amelioration, and the tincture also failed to be of any benefit. *Coccus cacti* now succeeded, but catching cold in the garden the cough reappeared and *drosera* 6th now gave her great relief.

His chief drugs for whooping cough are *drosera*, *cuprum* and *coccus cacti*.

*Drosera*: Convulsive cough excited by a tickling in larynx and at the base of the fauces, followed by vomiting and often accompanied by nosebleed; there is a sensation of constriction at the diaphragm and at the pit of the stomach. It is also used for the spasmodic cough of consumptives, for it has been observed that sheep, when they feed on it, cough and emaciate. (Farrington, in his *Clinical M. M.*, 27.) *Drosera* has spells of barking cough, which comes so frequently as not to give the patient an opportunity to recover his breath; worse after midnight. The child holds each hypochondrium during the cough, and, if sputum is not raised, vomiting and retching ensue. The patient may have a diarrhoea with stools containing bloody mucus. (250.) *Drosera* is also indicated in the spasmodic cough of consumptives; coming on in the evening, perhaps again after midnight; every effort to raise a little phlegm ends in retching and vomiting. Often the pa-

tient is unable to expectorate—he succeeds in raising the sputum so far, when it slips back into the pharynx.

*Cuprum*: Incessant cough and dyspnoea nearly suffocating, accompanied by muscular spasm and convulsions; deep red color of the face and coldness of the extremities. (Farrington, 348: *Cuprum* is the complement of *ipécacuanha* in spasmodic affections and in whooping cough; in the convulsions spasms of the flexors prevail. Baehr considers it a specific for whooping cough, which is not the case, except when it is the epidemic remedy.)

*Coccus cacti* suits best the second stage of the disease, especially in very impressionable children with pale urine, and when the cough is extremely spasmodic. (Farrington gives us here *morning aggravation*: The child awakens in the morning and is immediately seized with a paroxysm of coughing, ending in vomiting of clear, rosy mucus, hanging in great, long strings from the mouth. *Coccus cacti* also affects the chest, the apices of the lungs are sore, and the patient coughs up this rosy mucus, with sharp stitching pains under the clavicles.

It is a fact that many a physician pins his faith on a certain drug, and hopes thereby to cure every case of whooping cough. Just as we have the plague of locusts every seventeen years, so may we have epidemics of whooping cough, and only by finding out the remedy antagonistic to this bacillus can we cure most of our cases *tuto cite et jucunde*. Whooping cough would not run for months if our physicians would take more stock in epidemic remedies. It may be *mephitis* (enabling the patient to stand extreme cold) in one epidemic; *corallium rubrum* (smothering the cough and great exhaustion afterwards), or *ambra* (cough followed by eructations of wind from the stomach), or any other drug, as *arnica*, *cina*, *senega*; even the *kali's* or magnesium phosphate, and some authorities give a whole lot of remedies and still more symptoms, and forget entirely the individuality of the epidemic, and to this individuality there can be only one *similimum*, and this will then suit nearly every case during the reign of this epidemic, and with its change another drug will become the *similimum*.

It is another curious fact that most remedies suitable for whooping cough are also indicated at some stage or another of phthisis pulmonalis. In both diseases bacilli are found; in phthisis more at the apices, because they are the *loci minoris resistentiae*; in whooping cough, as it has been demonstrated, under the tongue and way back near the glottis, and it is, therefore, a question in my mind whether we have the right to neglect entirely these objective symptoms of the disease, for certainly they also belong to the totality of the symptoms — the shibboleth for every faithful follower of Hahnemann, that dear old man whose foresight hinted already to facts which only now, a seculum after him, are recognized and made useful. His Psora taught us to destroy the soil on which the bacillus will flourish, and thus render the plaguey thing innocuous. We must keep the soil in good healthy condition, we must keep our powder dry, so that we can battle the invading tribe whenever and wherever it shows itself.

There is not a better homœopathic physician in all Germany than our trusted Kunkel, and still that close prescriber found it necessary to alternate at certain intervals Staphisagria and Cuprum. May we not ask our masters in *Materia Medica* whether there is not a remedy which combines the action of Staphisagria and Cuprum, and may thus be acknowledged the similitimum to the case. Here it is where most physicians find themselves in trouble by not finding the drug which covers nearly all the symptoms of a case, and Boeninghausen's tripod may fail once in a while. In Dr. Kunkel's case he certainly had to deal with a gouty patient, perhaps also with one who had been mercurialized in his youth, for fifty years ago salivation for internal inflammations was too often practiced; we see there was some peccant humor which tried to relieve itself by the zoster, and after the eruption was out, the cloud which hung over his mind cleared up, but that intangible psora, that minus in his vital force, still prevailed and showed itself in the fainting fits during the existence of the whooping cough, and even such a good physician as Kunkel is known to be, had to alternate at intervals two drugs, because he did not know the one drug capable of curing his patient. Perhaps somebody will tell us that remedy; let us help one another, only thus can our *Materia Medica* be perfected.—*Allg. Hom. Zeitung*, July 1888.

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**DEFECTIVE SEWERAGE OF THE CITY. ITS CONSEQUENCES. THE REMEDY.**

BY S. S. GUY, M. D., SAN FRANCISCO.

Since you have a fair share of lay as well as professional readers, it will not be amiss to pique them just a little, by way of apocalyptic suggestion upon the possible unsanitary condition of the sewerage drains of this otherwise healthy and beautiful city. In what shall be herein set forth let my readers fully understand and believe, that we are not only treading upon the toes of the profession, but are actually engaged in the nefarious effort to deplete their already scantily filled purses. This is said in order to ward off any lurking suspicion in the virtuous minds of the dear public that doctors, like other humans, can possibly become peccable, even by suggestion. For, were it otherwise, they would not be found constantly urging upon the attention of the citizens the importance of better sanitary measures. Were the people sufficiently watchful and properly observant this would not be necessary, but in the exciting hurly-burly of business they often lose sight of this important matter, and therefore need a frequent reminder. We are fully aware that at the present time the city is in a state of unusual healthfulness, and also that this would apparently justify a contradiction of what follows. But these post meridian winds may not always continue as at present to promptly bear away the miasms which so continually arise from the pest holes at the corners of the streets.

We are credibly informed that notwithstanding the unusually favorable topography of this city, that there has been no unity of system in its sewerage drains. That in other words there are several different plans or systems, and in many instances they do not coalesce, but are out of joint with each other. That the pipes are not at equi-grade, but that the upper descending tube is in places several inches, if not feet, below the grade of the continuing pipe.

What must necessarily be the result? A large deposit of animal and vegetable matter in a state of semi fluidity constantly being absorbed into the earth at that point, gradually

extending its area and retained there, becoming more and more putrescent, till at some unhappy moment—when for some purpose of utility—this earth must be excavated and laid open to the action of the suns' rays, there emanates forthwith a virulent poison which immediately permeates the atmosphere for squares around, entering the lungs of every air-breathing being within the scope of its noisome pervasion. What *must* be the natural sequence? The weak and susceptible ones must absorb into the system more or less of this refined and potentized toxic substance.

Per consequence, in a few days it is found that a greater or less number of these weak and susceptible ones begin to complain of dullness and general lack of potency; rise in the morning with a feeling of unrest and perhaps a dull pain in the back of the head and an indescribable feeling of morbid uneasiness extending down the spinal cord, with little or no appetite, a nasty taste in the mouth, a foetid breath, and general malaise, and wonder what in the world is the matter with them.

My lay readers may not be readily able to answer that last wondering query, but when you call the doctor to diagnose the case, he will be able to inform you at once that you have been seriously poisoned by that horrible *sewer gas*, and that you are in the first stage of enteric fever, and must take to bed and go through a regular course, and in a week or two he may prognose the case as incurable. This may not be a pleasing or agreeable representation. But, gentle reader, it is not in the least overdrawn; on the contrary, it is but a faint and merely suggestive picture when compared to what really might take place. I am no alarmist, but write merely precautionarily. As evidence of the truth of what has been suggested above regarding the state of the sewers, you have only to walk to the windward up any of our principal streets in the afternoon and receive impressions through your nasal organ. This I think will fully satisfy you that something is *rotten in Denmark*, and will need no other argument to enforce its truth.

Admitting this state of things to exist, who is to blame, and where lies the fault? Is it through ignorance or inattention in the citizens generally; or is it the fault of the

municipal government; or are they in turn prevented by the parsimony of the taxpayers? Perhaps it is all three combined. If the latter, woe be unto this city at no distant day in the future, for as sure as effects follow causes, so sure will you some day be visited by such a dire typhoid or diphtheritic epidemic as will decimate your population and bring woe and mourning into many a now happy home.

But how is this dreadful state of things to be avoided or prevented? In the most simple manner possible. Two things are necessary. First, regulate and unify your sewage system, so as to render complete drainage possible. Second, build one or more reservoirs upon the highest points of land in your city, keep them filled with salt water from your capacious bay, and thoroughly flush the sewers with it once or twice a week during the dry season, and at other times also if the rain be not sufficient, and the end will be attained, and the terrors of an anticipated epidemic will pass away forever.

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## SELECTIONS.

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### CADMIUM SULPHATE.

A LECTURE DELIVERED BY PROF. J. T. KENT, M.D., ST. LOUIS.

[*Stenographically Reported.*]

This medicine corresponds to very low forms of disease; and especially where the stomach is involved in extensive irritation, attended with exhaustive vomiting and extreme prostration. Aggravation by the slightest motion, runs through this remedy. We have a desire to keep quiet, like bryonia; and we have the exhaustion and extreme irritability of the stomach of arsenicum. In this you see we have a cross between arsenicum and bryonia. That is one valuable point.

You will see that it is not necessary to alternate bryonia and Arsenicum; when you have the "cross," and don't know what to do, you can always find a true specific by looking long enough.

You have the extreme irritability of the stomach, although bryonia has much of this it doesn't take your patient so low down into this state of prostration and irritability. It has vomiting of mucus; vomiting of green, gelatinous slime; and it has sometimes frothy mucus with blood; or even vomiting of blood.

The prostration is so great that he thinks he will die. With this there is a tenderness over the stomach; tenderness over the abdomen generally, with tympanitic condition. There is marked soreness in the region of the liver. And withal the skin is becoming yellow and sallow. The urine becomes scanty; at first heavily loaded, and finally suppressed. At times there is bloody urine.

The blood also passes from the bowels in black, offensive clots. The stomach seems to fill up; there is a feeling or distension; it seems full. There is gagging and retching, and violent nausea; and finally violent vomiting of an inky substance—of black blood, with sinking and collapse.

Cadmium Sulp. seems to take the patient down fully as low as *Arsenicum*. His stomach is in every sense as irritable; the nausea is as great; the sinking and prostration as profound. All these symptoms resemble *Arsenicum*; but he has not been restless like the *arsenicum* patient; on the contrary he must keep very quiet. Vomiting of inky substance and blood.

These are the states you will find in yellow fever. Several physicians of our school have used this medicine in yellow fever, and verified these symptoms.

Now, this same irritable state you will find in cholera infantum. Irritable stomach with frequent mucus, slimy stools, greenish discharges; greenish gelatinous vomiting; greenish gelatinous stools. These you will find under this medicine. You will find these conditions in cholera infantum. It has been found a wonderful medicine in cholera infantum; and, in this, I will again say to you, it is a cross between *Arsenicum* and *Bryonia*.

Wherever it occurs to you that, from your symptoms you have a mixture—that you have a cross between *Arsenicum* and *Byronia*, you can find in this no excuse for alternation, because you have the proper medicine in cadmium sulp. It

may be a difficult matter for you to get hold of a potency of cadmium sulph., because it is not very much used here. You can probably get it very low at the pharmacies. I use it only very high.

This remedy also produces paralysis of certain muscles. That is another characteristic. Paralysis of the side of the face of either side, but the left has been favored. Inability to lift the upper eye-lid, or to contract the muscles of the side of the face. This medicine has cured such cases even when of long standing. It has cured both painful and painless paralysis of the face. Inability to close the eyes caused by this paralysis.

Another marked symptom for this medicine is coldness. Coldness with cold sweat; especially on the face; associate that with the severe pains of the paralytic kind; or severe pains in the stomach in connection with this vomiting. Violent cutting, burning pains in the abdomen. There it is again like *Arsenicum*, burning in the stomach like *Arsenicum*.

Here is this symptom in the text: tongue shows traces of black vomiting, dirty brown or black. Upon the mucous membrane there adheres to the sides of the mouth and to the teeth, stringy appearances of dark, bloody exudations, and it is very offensive. In this remedy there is violent thirst, like in *Arsenicum*, *Byronix* and *Phosphorus*; violent thirst. With all these conditions you may have that which would make you think of *Belladonna*; for this medicine has in the head—in connection with the attack—that which threatens great violence; preceding this vomiting, preceding this condition of the stomach, it has *hammering in the head*, so violent are the pulsations. Throbbing and burning, with great heat of the head; coldness of the extremities. It seems as though all the blood in the body was rushing to the head. This may make you think of *Belladonna*, but here cadmium sulph. has this state.

In the text I find pain in the vertex, lung, in the head, tongue; digging and drawing in the head; pulsation in the head and temple. Inflammation of the brain with the hammering; and this violent state has been so great that it has produced rupture of blood vessels and apoplexy, which has resulted in paralysis.

The stomach symptoms as they are laid down in this text, are most astonishing. There are a great number of stomach symptoms, and you will find them in yellow fever, and low forms of disease attended with vomiting, cholera infantum, irritable stomach and gastritis are pictured in these symptoms in a very marked manner. I will read these stomach symptoms, to you in a condensed form (this is in connection with nausea and vomiting generally). Deadly nausea; intense retching and distressing nausea. Nausea in the mouth, chest and abdomen; often with pain and cold sweat in the face. The nausea is often accompanied with red face and lock-jaw; gagging, retching, and vomiting up of mucus every few minutes. Excessive vomiting of a yellowish, greenish semi-fluid, almost gelatinous. It is like *Alhusa* and also like *Arsenicum*; also *Byronia*, *Ipecac* and *Veratrum*; and especially in that greenish, semi-fluid state. Vomiting of sour, yellow, or black matter with pain in the abdomen. Excessive nausea, gagging, retching, and so sensitive that the least touch on the lips will bring on vomiting. Deadly nausea; must lie quiet. (There you get the opposite of *Arsenicum* to watch for.) Black vomit, which is still in the stomach and can be smelled; he feels it and smells it. That is a clinical experience. Nausea and black vomiting when other medicines fail in yellow fever. Vomiting brown fluid after drinking cold water. Vomiting of food, or bile, of mucus. Vomiting of acid matter, or yellowish matter accompanied by cold sweat in the face, and with griping. Burning pains in the stomach. (That also belongs to *Arsenicum*.) Violent cramps in the stomach. Gastric symptoms during pregnancy, in drunkards. After cramps in stomach; after drinking beer; in the forenoon. (This is a hint from Hering.) Cutting pains in the stomach; those are very characteristic; cutting and burning. It says here, intense burning in the stomach. Also burning from the œsophagus to the stomach; coldness in the stomach and hypochondrium; burning pains in the stomach and naval; urging to stool. There are your stomach, nausea and vomiting symptoms.

Can anything be more marked? Can anything stand out with a better picture—showing you the remedy that you will need in the South—those of you who are going South to

New Orleans, and Memphis, and Vicksburg? And some day we may have Yellow Fever to deal with here.

The pain and cutting, and the burning that belong to the abdomen, are similar to those in the stomach. But these general symptoms are likely to stand out. They will extend down to the stomach. Here is the grand characteristic: these evacuations that are of a gelatinous and yellowish-green, semi-fluid character; those are very characteristic of this medicine. It may be associated with alvine evacuations: but there will be these gelatinous, yellowish-green semi-fluid discharges. With these symptoms—the gelatinous, yellowish-green discharges, you will need to compare it with *colchicum*, *hellebore*, *podophyllum*, *sepia*, and *rhus*. *Kali.*, *bich.*, also has such a state in its general aggravations; in its general conditions. There is also severe cutting pain in the region of the kidneys, with suppression of the urine, or very scanty urine; or bloody urine.

You may find this remedy useful in connection with vomiting in pregnancy, if there be this severe gastric irritation which nothing relieves. *Arsenicum* is not indicated because she is not restless. It is too bad a case for *byronia*. It is a case that has been existing for some time; then you may find this remedy will help you out.

It is expected that you are homœopaths and will practice homœopathically; and that you will relieve these cases. If you get them in the beginning they are not likely to become very bad. They should be relieved speedily and promptly; especially the vomiting that occurs in the early stages—in the early months of pregnancy.

It has a cough with loss of consciousness, agitation and red face, pain in the stomach, or vomiting of bile.

There are some sleep symptoms that are also characteristic. When he goes to sleep he stops breathing, and wakes up suffocating and fears to go to sleep because of the spells. You will find that in *opium*; in *lachesis*; in *carbo animalis*, *grindelia squarrosa* and *grindelia robusta*. He rouses up with great dyspnoea, because he sleeps but a moment before he feels that something is taking place, and he is roused up by the dyspnoea—by the sense of being smothered. Then he goes along again and drops to sleep, but just as soon as he

does so, his breathing stops. Like *lachesis* the symptoms are all worse after sleep.

Now this is a little like *arsenicum*, in relation to the pains. The pains in *arsenicum* and most of the suffering states of *arsenicum* come on after he has been asleep a while, as well as coming on in the night or along towards morning. There is an aggravation of *arsenicum* by time—many of the symptoms come on in the night whether asleep or not. But the abdominal pains are likely to come on after waking in the morning. In this remedy the symptoms are mostly worse after he has been asleep, whether in the night or day time; on waking the symptoms are generally worse. In this remedy there is great sleeplessness—annoying, protracted sleeplessness.

There is another state in connection with this congestion of the brain, and that state would be very likely to be associated with cholera infantum. A child will lie with its eyes open and apparently unconscious. With all these stomach symptoms, with the bowel symptoms and congestion of the brain, you may imagine a bad case of cholera infantum. Child lying apparently asleep; so far as its movements are concerned it is motionless. It can be roused up as from a sleep. It is not that unconsciousness of *hellicore* and *zincum* and *opix* which have an unconscious state from which the child cannot be roused; but this appears to be a stupor as from sleep. The eyes are open. That is something peculiar about this medicine.

Children will go into a profound stupor from which you cannot rouse him, like *opix* and *zinc*. Other remedies have it too, but those are leading, and are the most common.

There is one peculiar state in which this medicine has been found the most useful in the treatment of Yellow Fever. The case of most infirmities when a patient seems to have been doing well for a while, seems to have been getting better, and then suddenly at a short interval he takes cold, and all the symptoms of the disease return. Now, when you have had some of these cases, when a patient seems to have been getting well, and then suddenly at a short interval he takes cold, and all the symptoms of the disease return, you should think of *arsenicum*. Yellow Fever is almost sure death. It always does very much worse than what is thought what it has given.

Now, if he has been perspiring while convalescing, a slight draft of air, or a slight throwing off of the clothing will bring upon him this state of prostration—a feeling as if he was going to die. For a relapse with all of these violent symptoms Cadmium sulph., clinically, has been a most important remedy. For this reason I believe, from the symptoms, that we will find it an important remedy in this state of things. *Crotalus* has also been used for this state with great benefit. (I shall talk to you about that the next time.) Whenever sweat is checked in Yellow Fever from any cause, these states are likely to come on, and this remedy is likely to be indicated, because the symptoms call for it.

Cadmium has a very strong resemblance in this state to that of *zincum*, but there is this much about it: there seems to be a different sphere of action, and a different way of bringing these states about. *Zincum* has this same vomiting but it is from a different cause, and it comes about in a different way. If a child, for instance, has gone through with a congestion of the brain, after it began to rouse up—begins to come to his senses—there is likely to be great prostration; slow convalescence, vomiting of a tea-spoonful of water; almost paralysis; the stomach refuses to tolerate anything—not even a little liquid—after he has gone through with this congestion, with the stupor, then *zincum* would be indicated. But here we have another state. Here the stomach symptoms are primary. Or if there is congestion it is of the active type coming on with great violence like *belladonna*. Hence, you see its sphere is unlike *zincum*. In the text you might confound it with *zincum*; but knowing these facts you could not. Both *belladonna* and cadmium have rolling of the head in cholera infantum.

There is a grand relation between *carbo veg.*, and cadmium. The very lowest form with tendency to septic blood in Yellow Fever will demand *carbo veg.*, and may assist cadmium to do its work. In *carbo veg.* there is more bleeding, less nausea; exudations of blood about the teeth; a great deal of dyspnoea. Patient wants to be fanned; a great deal of cold sweat. Sweat comes out hot and becomes cold soon. There is suffocation and sinking. Puffiness of the surface. *Carbo veg.* may correspond to some of the lower forms of yellow fever.

## OPHTHALMOLOGY AND OTOLOGY.

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DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

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## LETTER FROM PROF. IVINS.

[The following letter from Prof. Ivins, of Philadelphia, to one of our editors contains some interesting and instructive cases, and shows how they do things in Paris.]

PARIS, France, July 14th, 1888.

EDITORS CALIFORNIA HOMŒOPATH—In your letter of June 22nd you say, "Write us a letter on Paris and the eye there. We hear plenty about the eye in Germany but not any about Paris, and I am sure there is something there if it is to be found."

I fully agree that there is something to be said of the eye clinics in Paris. It is true that almost none of the celebrated Parisian oculists are Frenchmen, but are from Germany, Switzerland, etc. However, that does not in the least detract from the oculists' work here, and these one-time strangers are now quite French.

Acting upon your suggestion I made some notes, in which I hope you may find, in part at least, an answer to your request. Although I visited the clinics of Drs. Landolt, de Wecker and Galezowski on the same day, I prefer to send you an account of the operations by the latter; not because the work of the other surgeons was not as interesting or as well done, nor because they were less in number, but I cannot recount them all, and further, there are certain peculiarities about the methods of Dr. Galezowski which are not manifest in the operations as performed by the celebrated Landolt and de Wecker.

After the doctor had examined and prescribed for a large number of patients in his hospital, on Rue Dauphine, he proceeded to operate upon those who required more than could be done in the ordinary way.

The first patient who mounted the operating table was a woman fifty years of age, who was afflicted with a Morgagnian cataract of the left eye. Cocaine was used but no general anæsthetic given, neither was there an instillation of

atropine or eserine. A spring speculum was inserted and the conjunctiva grasped with fixation forceps. A narrow von Græfe's knife was thrust through the cornea near the outer sclero—corneal junction; when the point of the knife was just beyond the margin of the pupil, it was thrust into the lens capsule, and with a slightly dipping motion, a rent was made in the sac.

When the knife was brought back to its proper level it was pushed across the anterior chamber and through the cornea at a point opposite that of insertion. The section was completed in the usual manner but more thoroughly in the cornea than is usual in Philadelphia.

The next procedure was the removal of the speculum and a change of position so that the operator stood at the head of the patient instead of at her side, as in the first step. The end of the third finger of the right hand was then thoroughly chalked so that it would not slip while the eyelid was being held up. With the same hand a metal curette was gently pressed against the sclerotic, well behind the incision. The thumb of the left hand was placed over the closed lower lid, but before any pressure was exerted the patient closed the lids forcibly and the lens was pushed out. Fortunately no damage was done; the iris was not even prolapsed, and only a small quantity of opaque lense matter remained in the capsule and anterior chamber. This was readily removed by means of the curette which was passed through the wound.

The pupil was left round and perfectly black, and the patient was able to count fingers.

When all was in readiness for the dressing, a small sheet of sublimated gelatine was dipped into a warm borated solution and placed under the lids. This sheet of gelatine is about the size of an ordinary microscopical cover-glass, and the appearance is very like it. On the surface which comes next to the globe a small amount of sublimated glue is placed. When the sheet is introduced it is quite stiff and causes a little annoyance, but it becomes quite soft almost immediately and is absorbed in about twelve hours. Over the closed lids was placed a strip of iodoformed etamine thoroughly covered on its under surface with boracic salve;

and over this was placed a layer of oiled muslin, and finally the bandage.

CASE II.—Cataract in a woman seventy years of age. The cataract in the right eye was mature. In this case the lens was delivered by means of the alternate pressure of the finger and curette. No cortex remained. A fold of the iris was left between the lips of the wound, but the pupillary edge was well within the anterior chamber. By means of a slender, blunt probe the iris was gently replaced. When the edges of the wound had been thoroughly cleansed the vision was tested and found very good. The same dressing was used as in the preceding case.

It will be noticed that no iridectomy was done. The excision of the iris as a part of the operation of cataract extraction is rarely practiced in Paris now, the only marked exception being in the case of Dr. Landolt.

CASE III.—Man aged forty-five. A cataract had been removed from the left eye two years ago. Ten days after the operation a plastic (syphilitic) iritis made its appearance. After the iritis was cured the capsule was found to be opaque and it has recently interfered very much with the vision. Under cocaine a very small curved bistoury was pushed through the cornea and made to cut an opening in the capsule, after which the vision was improved greatly.

Atropine was instilled and the same dressing used—minus the gelatine—as in the preceding cases.

CASE IV.—Woman aged twenty-five. Vision was lost from an ophthalmia neonatorum. A very small space of moderately clear cornea existed below. There was almost no anterior chamber, so that it was only with great care and skill that a narrow von Græfe's knife could be inserted. The operation was further complicated by the soft condition of the eye, the tension being almost — 2. A small piece of iris was removed and the ordinary dressing applied.

CASE V.—Woman aged sixty. Two small abscesses existed in the right cornea, following a herpes. Cocaine was used and a von Græfe's knife passed through both at once. The knife penetrated the anterior chamber in its passage.

Eserine was instilled. Borated vaseline was placed on iodized etamine and over this a padding of cotton.

CASE VI.—A baby fifteen months old had an old leucoma, the result of a former ophthalmia. It existed to such an extent as to entirely exclude the pupil and to leave but a small space of clear cornea at the upper inner angle of the right eye. The child was placed under the influence of chloroform and an iridectomy performed in the most favorable position.

CASE VII.—Woman aged twenty-three. A chalazion on the left lower lid. A clamp was placed over the lid, the skin incised and the hardened sac cut out with curved scissors. The wound was stitched carefully and no dressing applied.

CASE VIII.—A young woman with a chalazion on the right upper lid. The lid was everted, an incision made into the sac, which was thoroughly scraped in the usual manner.

Although this may not be a very interesting series of cases, I have chosen to recount them to you as showing what was done by one man on the day following the receipt of your letter.

I do not mean to say that each oculist has such a series of operations every day, for such is not the case, but the regular operation days occur two, three or four times a week, according to arrangement, and the cases already recorded represent a random day for Dr. Galezowski.

When it is remembered that there are at least five very well recognized eye clinics in Paris and a number which have an average attendance of thirty to forty patients on every clinic day, it can no longer be said, "We hear plenty about the eye in Germany but not any about Paris \* \* ."

Yours very truly,

HORACE F. IVINS.

LAST week we were the happy recipient of a visit from our former teacher, Dr. George S. Norton of New York, now on a visit of sight-seeing in our State. The balmy breezes of the occident seem to have banished the old-time pallor and painted him with ruddy colors of health. His modest merit

has placed him at the head of ophthalmology in his own school of medicine, and won for him a recognized peerage in the ranks of the old school representatives of his chosen specialty. We forgive him for all those sly and insinuating interrogatories he was so fond of shooting at us during the days of our Eye and Ear novitiate at the old Ophthalmic Clinic, and wish him and his good wife the fullest enjoyment of our paradisiacal climate, our peerless mountain scenery, and the matchless wealth and hospitality of our intermural valleys.

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#### GLIOMA OF THE RETINA.

We last week met with the second case of this somewhat rare disease in our private practice. It is a disease of early childhood, and presents unmistakable features. A yellowish white mass may be seen projecting into the vitreous from its point of origin, and usually the retinal vessels, may be seen passing over it. Gowers reports one case in which glioma was mistaken for cerebral hemorrhage, and another in which it was supposed to be brain softening. Eucleation is the only treatment, and unfortunately this is only successful in a small percentage of cases. We some years ago reported a case in which red clover was successful in the after treatment of this dread disease, and in a letter from Dr. Norton I have been informed of its favorable action in a case in his practice.

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#### Colleges, Hospitals and Societies.

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#### ANOTHER PLEA FROM THE SECRETARY OF THE BOARD OF EXAMINERS.

Physicians contemplating settling within the State of California will bear in mind that a license issued by the State Board of Examiners is a legal necessity. In order to obtain such, a diploma from some regularly chartered medical school *must be presented for inspection* to said Board. It will

not answer that such a diploma is packed up in some box or trunk and hence not readily obtainable, since the Board's function consists solely in *examining diplomas*, and no statement or affidavit can be substituted. However unreasonable this may appear, the Board is compelled to abide by the letter of the law, and the secretary would urge upon every physician packing his worldly goods for this blessed coast to so pack his diploma as to have it within ready and easy reach. Please bear this in mind.

For necessary blanks apply to Wm. BOERICKE, M.D., secretary, 834 Sutter street, San Francisco.

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#### THE COLLEGE.

The second half of the college term opened on August 14. This session of the college has been the most promising in its existence, both in regard to the number of students and the work done. The dispensary report shows that clinical material is abundant and utilized for the benefit of the students. Dissecting material is plentiful and all of the lectures are well attended. The class of '88 is getting down to good work for the short time remaining to them.

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#### NEW LICENTIATES.

The following have been granted licenses to practice by the Homœopathic Board since our last issue:

Mahlon T. Losey, San Francisco; Eclectic Med. Ins., Cincinnati . . . . . 1884  
 Beverly R. Westfall, M.D., Santa Barbara; Hahn Med. Col., Chicago . . . 1877

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#### DISPENSARY IN SAN DIEGO.

Under the able leadership of Dr. G. W. Barnes, the pioneer Homœopath in San Diego, our professional brethren of that city have advocated the cause of "Similia" so effectually that they have succeeded in establishing a Free Homœopathic Dispensary. The financial backing is put upon the firm basis of dues received from membership in the "San Diego Free Dispensary Association," which numbers upon

its roll more than 125 of the influential people of San Diego, upon donations, and upon monthly and annual subscriptions. The dispensary was opened the first week in July, with the following staff: Consulting Physician, G. W. Barnes, M. D. Attending Physicians, H. J. Suttle, M. D.; J. J. Peckham, M. D.; W. P. Polhemus, M. D. Attending Surgeons, B. F. Gamber, M. D.; C. F. Bennett, M. D. Gynæcological Surgeon, B. F. Mertzmann, M. D. Ophthalmic and Aural Surgeon, H. H. Crippen, M. D.

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## CORRESPONDENCE.

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"S. L."

EDITORS CALIFORNIA HOMŒOPATH.—On numerous pages of the August number of your journal, just received, I am confronted with our well known abbreviation "S. L." Does it mean Sac Lac, or something else not less familiar to the eye of the homœopathic student? Nor less essential to the good of homœopathy. Whichever it may mean, it may not be uninteresting for S. L. to know that these articles *are read* and pondered over by the student who wonders if we *have* a system of medicine founded upon a law which he has been taught is infallibly unerring, which we can follow as a guide? And if so, why this same S. L. who endorses Pharmacodynamics, Hydro-pathy and the germ theory, says let the Organon remain the corner stone of Homœopathy, and weeps because he is not a member of the I. H. A., but "one of those miserable sinners who will alternate or put on a wet pack in pneumonia," equally endorses Schussler's tissue remedies, (and says "used daily in our practice") which Schussler says *is not homœopathy at all*. What is the matter? Is homœopathy weak, unable to cope with disease in its most formidable aspects? Are we compelled to fall back on this biochemic treatment? Good for S. L., he seems bound to take it all in. But how about us poor fellows, limited in our mental capacity, unable to grasp such a vast array of medical science. How about the students of the only Homœopathic College on this Pacific Coast, who have not the wonderful brain capacity to take it all in? S. L. truly says "we have the Organon the Bible of Homœopathy, Dunham's, Farrington's, Herring's Condensed, Lippe's, Allen's Cyclopedia, and Symptomen Register, Jahr Raue, Guernsey, Benninghausen and others too numerous to mention, enough to make the student appalled at the vast array of homœopathy *Materia Medica* set before him." Well might the wisest exclaim in the words of Prof. Silliman "when I compare the little that I have learned of chemistry with what I do not know, I feel like the little child playing with the pebbles on the shore when the vast ocean unexplored is spread out before him." Is there no rest for us? Is there no solid ground

on which we can stand? Must we be forever reaching out after the intangible? Are we to slide off the solid rock of truth discovered and promulgated by Hahnemann a hundred years ago, the truth of which has been proved on many a well fought field of battle with disease, into the uncertain, crude and unknowable generalizations of Schusslerism? Brethren, who is sufficient for these things? Who can grasp it *all*? Life is too short, the human mind too limited. Is not the law true? Is not homœopathy sufficient, that we are continually reaching out after something better? Is there a better way? Is the Biochemic Method better? "S. L." and G. H. M., August number, page 225, give their "experience;" I will give mine. My own experience has been the contrary. From an occasional use of the Twelve Tissue Remedies in the sixth x for the past four years, I have not discovered that they "have an elective affinity for diseased parts surpassing that of other agents." Nor that "the tissue remedies act with more intensity than our homœopathic remedies." The remedies have been prescribed by me in the most general manner, as I have found no indications in Schussler's (9th edition) to assist me in selecting the remedy with any exactness, and I have observed that the report of cases treated was from selecting remedies by the names of diseases instead of indications. So that when I have been tempted to "leave the green fields" and wander in the desert of Schusslerism I confess I am always glad to get back and patiently follow in the footsteps of the master. Selecting the drug which, according to our provings "has the nearest likeness to the totality of symptoms manifested by the sick." Give us homœopathy pure and simple, plenty of "S. L." (please to give old mother *vis medicatrix naturæ* a chance) and less of the glittering generalities of allopathy, eclecticism and Schusslerism.

E. BECKWITH.

#### S. L.—A REPLY.

There are on this terrestrial globe so many sinners and so few saints! The gospel of Hahnemann is preached from many a pulpit and still the devil rules the roost. Let us be grateful that we have among the blessed ones some men who are not ashamed to give the rod to us poor sinners. S. L. acknowledges himself a sinner, who has preached and will preach "liberty of thought and action," and if my accuser has ever seen a quarterly which S. L. has had the honor to edit for many a year, he might have seen that many a time that miserable sinner defined *Homœopathy the law of therapeutics, as far as drug action is concerned*, but should it be therefore an unpardonable sin to use other means which a kind Providence has provided for us? Has Saint B. never heard of Climatic treatment, of Electrotherapy with its glorious tripod, galvanic, faradic and static application, the use of hot or cold water, has he no use of the laws of hygiene and sanitation? And if it is a mortal sin to make use of these laws to heal the afflicted, then I am glad to belong to the sinners; I find it far more glorious to prevent disease than to cure it.

Saint B. accuses poor S. L. with alternating. Exceptionally S. L. might do it, as a rule there is no necessity for doing it; but some of the Saints do acknowledge that exceptionally they have alternated, have applied a hot or a cold compress, and did not think themselves on that account less strict followers of the Master. When even Saints make mistakes, what can you expect from poor sinners!

Have you, Saint B., ever studied the germ theory, as you call it? For whether it is cause or effect, is still a question undecided. Perhaps it is of little consequence for the selection of the *simillimum*, but Hahnemann's *psora* and this then unknown bacillus, not the *acarus scabiei*, showed that even He was a believer in it, and the physician must study everything belonging to Medical Art and Science, and *Psora* is no idle dream.

But Schüssler's tissue remedies! You miserable sinners, don't you know the commandment; thou shalt have no other God but me? Alas! that even Saints dabbled in the forbidden fruit and Saint B. failed with them, because he did not fully comprehend their symptoms. Perhaps he did not go high enough and stuck to the letter, here the sixth potency, whereas when indicted even the C. M. will show its innate power. Have you never heard of father Hering's breec presentation, where the clinical facts preceded the provings and where the latter verified the former? Poor S. L. is here in good company, for even members of the I. A. H. have used them with benefit and now prove those which came into the world by a breec presentation.

S. L. endorses pharmaco-dynamics, in plain English "the dynamic power of drugs." How can I hope to endorse it, when this very idea is the essence of Homœopathy. But Saint B. means probably the infidel Richard Hughes and his work called Pharmacodynamics. Yes, this old sinner, S. L., thanks here again the author for this glorious book it; was written to teach the A. B. C. to men who would like to learn something of Homœopathy, and it gloriously fulfills that task. Those neophytes cling to the flesh pots of Egypt and only gradually can they be weaned from their prejudices and accept the law of Homœopathy. It has done S. L. good service in that direction, for it was the *saccharum lactis* for these beginners.

Finally, who is S. L.? I once was young, but now I am old and look forward to the ringing of that bell which will summon me home, and in my last hour I feel happy to say that during these many years I find nothing of which I might be ashamed of. My course always was, always will be a straightforward one and nothing to conceal. I hope and trust to see *perfection* in higherspheres. As long as I am allowed to remain here, count among the sinners

S. L.

*The Initials of Saccharum Lactis and of Samuel Lilienthal.*

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#### FOR CONSULTATION.

POMONA, CAL, AUG. 1, 1888,

EDITORS HOMŒOPATH.—Male, age about 35, habits good. Has been a resident of Southern California for about 10 months. Has had diarrhœa most of the time since coming here. Has tried several doctors and received no benefit. Diarrhœa worse from early morning until about noon. Stools watery light yellow, sometimes mixed with a meal-like sediment and a little mucus. Stools come away with great force. Diarrhœa painless, not much prostration except when very watery, copious and frequent. Then patient becomes exhausted, irritable, morose and indisposed, with thirst, sensation of heat in the bowels especially immediately after stool. Appetite not much impaired. A slight nausea most of the time, never amounting to vomiting. Great deal of rumbling and gurgling in the bowels like fermentation, espec-

ially upper part of bowels. Last half of stools are mostly gas. Thinking possibly the water might be the exciting cause which contains Mg. S. O. I advised milk instead, with no satisfactory result. The same with fruit, which he discontinued for several weeks with no better results. No well marked organic disease except nasal and bronchial catarrh. Suggestions for cause and treatment are solicited.

A SUBSCRIBER.

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## CLINICAL ITEMS.

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*Borax* in 3x to 12th has been used for psoriasis quite successfully.—*McClatchey*.

*Dulcamara*.—Nettle rash with much itching, burning after scratching, better in cold, worse in warmth.

*Vespa* is an invaluable remedy for affections of the left ovary, with tenderness, frequent desire to urinate and pain in sacral region, which may extend up the back.

*Berberis* is a valuable remedy in vaginismus. Nephritis and constipation; contraction and tenderness of vagina. Valuable remedy to be considered in many complaints of women, particularly if the kidneys seem to sympathize as a prominent feature of her sufferings.—*H. N. Guernsey*.

*Cough: Magnesia Phos.*—Dr. F. W. Southworth reports in the *Minnesota Medical Monthly* two cases of spasmodic cough promptly relieved by *magnesia phos* 4x and 6x respectively. The leading indications being its spasmodic character, worse on lying down and at night and on breathing cold air, better on sitting up, tightness across the chest. The second case had spurting of urine when coughing.

*Natr. Phos.*—Imperfect assimilation of fats from lack of bile.

*Sticta pulm* has been used with good effect in scanty flow of milk, increasing the same, an occasional dose being all that is necessary.

*Calc. fluor.* is an invaluable remedy for pelvic abscess proceeding from caries of some bone.—*Southwick.*

*Nitric Acid 3x* is a useful remedy in many cases of acue, stinging or pricking being an indication. It is also useful in many cases where subjective symptoms are absent.

*Cyclamen.*—Coryza when there is complete loss of taste and smell with frequent sneezing.

*Asterias* must be remembered in the treatment of many chronic skin diseases. Congestion of brain with obstinate constipation. Scirrhus of breast.

*Corallia* is an admirable remedy in whooping cough, also in nervous cough, asthma millari, and gastralgia; spasmodic conditions generally around the chest call for it.

*Alumina* comes in usefully in chronic gonorrhœa, chronic induration of testicles, obstinate leucorrhœa and burning, itching papular eruption in pubic region.

*Calcar. jod.* yields good results in pustular conjunctivitis, characterized by sticking pains in the eyes, swelling of cervical glands and profuse sweat with superficial ulceration of cornea.—(*Norton.*)

*Ferr. Phos.* is an excellent remedy for the sore throat of singers and those who are constantly using the voice.

*Calc. Phos. 30* in a small girl's constant headache, frequently attended with nausea and vomiting, cured promptly.

*Arum triph.*—The raw bloody surface on lips, mouth, nose, skin indicates this drug. Much itching, causing pricking and boring often present.

*Asafoet* must not be forgotten in ulcers that are very painful, sensitive on circumference. Caries: painfulness of periosteum with great sensitiveness. Ulcers affecting the bones, thin, ichorous pus.

# The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only Homœopathic Medical Journal west of the Rocky Mountains.

EDITORS. - - WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

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## EDITORIAL.

### OUR CLIMATE AGAIN.

In the July number of the *Olinique* appears an article by Dr. A. K. Crawford, of Chicago, on "Climatic Treatment of Diseases," in which the doctor, after stating that California possesses all that a climatologist can desire, and after making the claim modestly that he is in a better position to give a fair opinion of the fair land than some others, makes the following statement, to which we desire to take exception:

"That cases of pulmonary tuberculosis must not be sent there (to California) by any physician valuing his reputation as a climatologist or caring to be considered as a humane being."

The doctor then goes on to say that he does not consider tuberculosis and consumption to be identical, and makes the following remark, which he does "not wish to be considered

paradoxical:" "That California is an excellent place for consumption, because it has a multitude of climates."

Leaving aside the question of identity of tuberculosis and consumption, we believe that California, by virtue of its "multitude of climates," is by far the best place to send tuberculosis patients to, if sent anywhere; and we furthermore believe that California, by virtue of the same "multitude of climates," should not be judged by those who have spent a few days, or even a year or so on this coast. In fact, there are few, if any, physicians who send patients to this coast who appreciate this fact. How many physicians in the state of Illinois, for example, are familiar with the varying shades of atmosphere or of elevation of even its chief towns, and yet there are some physicians who claim to be able to direct patients intelligently to the various parts of California, a state in which two Illinoises could be put with nearly enough room besides to tuck Florida and its "slimy swamps," and all this, after a residence of a couple of seasons within its borders.

We have known patients sent from the east to Los Angeles who have died there, believing that because their doctor sent them there they must stay, while perhaps at Pomona or Pasadena, a few feet higher, or at Santa Ana or Anaheim, a few feet lower, their days would be prolonged in comfort.

It is not for a physician to say to a patient: the place for you is just such a number and a half miles from the sea and just such a number and a half feet of elevation; the patient must aid the physician.

We believe the patients, so far as practicable, should look about for themselves, aided, of course, by the advice of some local physician, someone who is conversant with the varying shades of the climate of his neighborhood, and if the patient does not improve there let them waste no more time but try another location.

Patients should not be sent here, or anywhere, who are so far gone as to be unable to look about for themselves and find a place that agrees with them.

We do not wish to leave too much to the patients, but we must not lose sight of the fact that the patient often can tell

better the conditions for his own breathing and feelings than can his physician.

As to tuberculous patients, the fact that there are thousands within our borders who are improving and doing well, simply because they have found the right place ought to be an inducement for more to come, and for more careful and reasonable advice to them by their physicians.

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### Personal Notes, Locations, Etc.

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DR. HELEN J. UNDERWOOD of Chicago, recently paid us a call. The Doctor locates in San Jose.

DR. WILLIAM OWENS of Cincinnati, Ohio, has recently been on this Coast and made a flying visit to this City.

THE *Medical Era* "They say man," hints that a good sign for a doctor's office would be "Pay as you go; but don't go till you pay."

DR. E. H. MATTNER has removed his office to 322 McAllister St., devoting as before his attention to diseases of women and children.

DR. B. F. GAMBER, of San Diego, formerly Professor of Physiology in the Cleveland Homœopathic College, recently paid us a visit.

DR. E. S. BREYFOGLE has retired from practice and has gone East, to Louisville, Ky., we believe. DR. E. N. LOWRY succeeds to his practice.

DR. JULIA F. BUTTON has removed from Los Angeles to Beaumont, where she has charge of a large sanitarium. We know of no better place than Beaumont for a sanitarium, and no one more capable of conducting one than DR. BUTTON.

OUR fighting Editor, DR. C. E. FISHER, has again shown his warlike visage on this Pacific Coast. As we predicted in our last, the attractions here have proved sufficiently strong, editorially and professionally, for him to decide to become one of us.

WE notice in the last issue of the *Southern Journal of Homœopathy* the genial phiz of W. E. LEONARD, M. D., Professor of Homœopathy *Materia Medica* in the University of Minnesota. Brother FISHER in giving us the likenesses of our younger representatives could not have made a better selection to start with.

AN informal gathering was held at the home of DR. WILLIAM BOERICKE on the evening of August 14th, in honor of PROF. GEORGE S. NORTON of New York, and DR. C. E. FISHER of Austin, Texas. Among those present were DR. G. E. FOOTE of Stamford, Conn., DR. S. S. GUY formerly of Brooklyn, N. Y., and a goodly number of our local celebrities. The Doctor, assisted by his charming better half, and the twins, presided; the warmth and cordiality of the reception cannot be expressed in cold type, so we rest our case. D.

## BOOK REVIEWS.

### Proceedings and Papers of the Homœopathic Medical Society of the State of Kansas 1888.

All honor to this young western State, whose physicians inculcate in the many papers published therein that prevention is better than curing, and that sanitation and hygiene take the front rank in the duties of the medical citizen. It is only a few years since chairs for the study of sanitation and hygiene were established in the old Eastern Colleges, in fact they were driven into it by the voice of the people, and here we see it flourish at the very confines of civilization, and we might say, the welfare of the people considered of more importance than the almighty dollar.

Dr. Diederich teaches us the decalogue of Homœopathy and it may be worth while to give it for the edification of our readers.

1. Similia similibus curantur is the law, and thou shalt not practice other false laws.
2. Thou shalt not bear the name of Homœopathist in vain.
3. Remember to keep the medical meetings and conventions.
4. Honor thy Alma Mater.
5. Thou shalt cure promptly, pleasantly and permanently.
6. Do the same, but do exactly the same (Macht's nach, aber machts recht nach.)
7. Thou shalt love and cherish the whole science of medicine with all thy heart and strength.
8. Thou shalt not give false witness against thy neighbor physician.
9. Thou shalt read the current medical literature and thou shalt write thy experiences and discoveries.
10. Thou shalt not kill thyself when thou curest others.

I hope every journal of our school will transcribe these golden rules into their pages, so that they may be read and studied and followed out for the benefit of ourselves and our children's children, Amen. S. L.

**Antipyrine.** By BENJAMIN MARSHALL, M. D., San Francisco. pp. 10. 1888.

In this short pamphlet, which is a reprint from an article appearing in one of our journals, the doctor makes an able defense of this drug, and decries its too sudden relegation to the shades the past. He predicts wonderful results

from its proper use, a point upon which stress is laid. In acute rheumatism he believes it curative. It is as good as Hamamelis in hemorrhoids, externally applied. It is to prove specific in Migraine. It is better than Colchicum in gout. "Sthenic, asthenic diseases, epilepsy, labor pains, hysteria, carbuncles, all yield more or less to its potent influence." In these as well as numerous other diseases, it is, according to the doctor, a sovereign remedy. We hope the Doctor's predictions may be true. If they prove true, we shall only need one or two other drugs with a like universal action, to practice medicine with. Nearly every new drug is at first lauded to the skies, then comes the just reaction, but after a time, like the ball dropped through a hole in the earth, it will sway back and forth but finally remain at the centre of gravity, where it belongs.

**Specific Medication and Specific Medicines.**—4th revision. By JOHN M. SCUDDER, M. D., Cincinnati, 1888.

Our eclectic readers will be glad to learn of this new edition of a well known book. For the Homœopathist, the indications for remedies seem meagre enough and must frequently preclude their successful employment in disease, when a little more of the feared individualization of our school would guide to more satisfactory results. For him, therefore, the present volume, while suggestive, is of little practical value

**City and County of San Diego.** Illustrated and containing biographical sketches of prominent men and pioneers. San Diego, 1888.

We are indebted to one of these prominent men of San Diego, our genial friend, Dr. George William Barnes, for a copy of the above interesting volume. We can now understand better than before, why the long period of living on mere hope at last found its reward by these men of San Diego becoming the citizens of a wealthy, prosperous and populous city. Such men form a worthy backbone to any commonwealth.

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## POPULAR DEPARTMENT.

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### EGGS AS FOOD.

Eggs are an article of cheap and nutritious food which we do not find on our tables in the quantity economy demands. Persons probably do not fully comprehend how valuable eggs are as food; that, like milk, an egg is a complete food in itself, containing every necessary for the development of a perfect animal, as is manifested from the fact that a chick is formed from it. It seems a mystery how muscles, bones, feathers, and everything that a chicken requires for its perfect



tinin, it is more stimulating. The temperature of the body is not raised by it. In gastric irritation, gastritis, and acute dysentery it ought not to be given. Veal-broth is liable to increase diarrhœa, mutton-broth constipation, and is therefore perferable in cases of diarrhœa. A broth of beef, which contains from 1.5 to 2 per cent. of albumen, is made by mixing one part of beef and six of water with a little chloride of sodium and allowing it to stand from ten to twelve hours. Then it is slowly boiled and the whole mass pressed out. Still better is a beef-tea, which is obtained by adding one-half pint of water, with six or seven drops of dilute muriatic acid, to a quarter or one-half of a pound of finely cut lean beef, stirring it occasionally during two hours, and boiling a few minutes. Beef-juice obtained by pressing out beef after slightly boiling it, contains from 6 to 7 per cent. of albumen. It is slightly acid and spoils quickly.

VALUE OF RAW MEAT.—Instead of raw *minced* beef, often recommended, scraped beef is far more easily digested, as it is free from sinews, and it is more palatable. It may be prepared as follows: "Take a piece of steak cut like a little block, scrape the surface with a silver spoon until all the pulp is extracted, then cut a slice off the steak and scrape the newly-cut surface again. A dessert-spoonful of the pulp for one meal may be given to children, mixed with red-currant jelly, or spread as a sandwich between bread. In the latter case, it requires a sprinkling of salt and some pepper." Pulp thus prepared has been taken with great benefit in diarrhœa, and debility from any other cause. The above has also been given to consumptive patients with great advantage.

THE deterioration of rubber tubing is due to the gradual decomposition of the sulphur into sulphuric acid. "Very elastic caoutchouc tubing gradually loses some of its elasticity. Later, the tubes break on stretching, even if previously laid in warm water, and finally they crack if pressed between the fingers. By frequently washing with slightly alkaline water, the action of the acid is prevented. Tubes washed five or six times a year remained perfectly elastic."

**THIRST IN YOUNG INFANTS.**—It is a mistake to suppose that because milk is a liquid food it is at the same time a drink which is capable of satisfying the thirst of infants. Although milk appeases hunger, it makes thirst more intense after it has remained some time in the stomach and digestion of it has begun. It is thirst which causes healthy, breast-nourished infants to cry for long periods of time in many instances. There are many cases of indigestion due to weakness or insufficiency of the child's gastric juice which would be greatly benefited or even cured if the child were allowed an occasional drink of water.

IN bottle-fed babies, cleanliness of every article necessary is paramount. Constant watchfulness must be exercised. Food must be right temperature; must be given *slowly*, resting at intervals to trow up wind. Very necessary. Sometimes baby will go to sleep "wind sleep." Do not be misled by it and stop the feeding; for in ten or fifteen minutes he will awake and cry. This cry is not colic nor crossness, nor discomfort but desire for *more food*.

HAVE at least two bottles for the baby, allowing one to be aired and sunned while the other is in use. The short rubber nipple is preferable to the long tube.

CRADLE sheets should be changed as often as they get wet, and all the bedding be aired every day. Pillows filled with the best curled hair are less heating than feathers.

PADS made of white cheese-cloth, with a layer of cotton batting between the sides, and tufted with worsted, are useful for slipping between the baby and the holder's waist to put beneath the child when it is laid on bed or in cradle.

Good graham crackers are better for the little one with its trial teeth than white biscuits or bread.

DON'T burn a lamp in the children's bedroom. It soon vitiates the air and renders it unfit for breathing.

PERFECT physiological development is absolutely dependent upon mother's milk.

REGULARITY of feeding is one of the conditions of healthy development.

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THE  
CALIFORNIA HOMŒOPATH.

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ORIGINAL ARTICLES.

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PNEUMONIA CROUPOSA CURED BY KALI IODATUM.

By S. L.

Dr. Heuser, of Leipzig, publishes in the *Allg. Hom. Zeitung*, August, 1888, the following interesting case: A boy of 9 years took sick May 15th with right-sided pneumonia crouposa; treated by an old school physician up to June 9th, and on this, the 24th day of his sickness, resolution failed to set in. Two of his brothers died with manifestations hinting to tuberculosis, though the parents and grandparents enjoyed good health. The young patient had often suffered from bronchial catarrh, passed through several diphtheritic attacks, and traces of former rachitis can still be noticed, as well as different hard swollen lymphatic glands around the neck and in the inguinal region. Examination of the lungs revealed absolute dullness over the whole right lung. Only bronchial breathing can be heard over the affected side. Diarrhoea, temperature over a hundred, without regularity; pulse, 100-120; tongue coated white, moist; appetite lost, great debility, night sweats, sleep interrupted and unrefreshing during the day. He often dozes with half-closed eyes; very little cough. If the asthenic fever and

the gastric and intestinal catarrh do not exhaust the strength of the boy, the disease may pass into a caseous infiltration. The right lung most probably was already in the stage of grey hepatization of its transition, and chronic caseous broncho-pneumonia could be expected. As we had to deal here with an oxygenoid constitution, Kali Iod 1 dec. was proposed and accepted, to take five drops every three hours.

June 15th—Objective state of the affected lung the same, but sweating and diarrhœa were less; appetite increased; the boy is more playful and he sleeps good; less fever, but still some fever; hardly any cough. I remarked that solution may take place suddenly any day. Treatment continued.

June 22d—The day before the boy coughed up immense quantities of tough, yellow, purulent sputa. Over the whole right lung numerous rales of rough vesicular breathing; no fever; the severe cough disturbs his sleep, but he eats well. The same treatment in diminished doses. At the end of the month the boy is up, and cough and expectoration have nearly ceased. A powder, Phosphorus 30, finished the treatment, and our little patient enjoys his play again.

The iodum preparations are too much neglected in the treatment of the respiratory organs, though Kafka led our attention to it years and years ago, and in pneumonia Phosphorus is often given at an earlier stage, being only indicated when the infiltration passes over into the necessary fatty degeneration. The patient often then lacks the necessary vital power to pass through this stage of resolution, and he succumbs because the weakened heart is unable to carry on its function with blood deprived of its pabulum, and Phosphorus is then our only sheet-anchor, the real tonic of the heart, liberating the overloaded and overfilled lungs. The more the patient expectorates, the more oxygen can enter the lungs, and Phosphorus, in just such a potency as Heuser prescribed it, will carry the patient safely to recovery.

The Iod. preparations are indicated long before we reach such a state, and Farrington in his *Clinical Materia Medica* hits the nail on the head when he says, page 658, "The tendency of the drug is to produce infiltration, so that when it is thoroughly indicated you will almost always find an œdematous or infiltrated state of the part affected. The patient exhibits

a great deal of anxiety about the heart; the face is flushed, the head is hot, etc. In pneumonia it is an excellent remedy when the hepatization has commenced, when the disease localizes itself and infiltration begins, and it is also called for when the hepatization is so extensive that we have cerebral congestion, or even an effusion into the brain as the result of this congestion. We may also have Kali Iod indicated in phthisis pulmonalis, if there is present this same sort of frothy expectoration, night sweats and loose stools in the morning; the cough is of a violent, racking, tearing character, worse in the morning." Page 465 he makes another valuable remark on the actions of Iodum, saying that it produces induration of the glands which are hard, large and usually painless. *Torpidity and sluggishness* are characteristic of Iod. The very indolence of the disease is suggestive of Iodine, and we see from this very remark when these Iod. preparations are preferable to our usual prescriptions, as aconite, belladonna or bryonia.

It seems rather queer that the Iodide of Potash revealed such a remarkable curative effect in such a neglected case, while Kafka maintains that if Iodum or its salt is administered when the physical signs first appear, it will arrest the progress of localization, and abort the whole disease. But we see from this very case that a drug will work at any stage of the disease, when it is the simillimum of the disease, and one great characteristic for the selection of a drug is the individuality of the patient. Heuser had to deal in this neglected case with a patient of scrofulous, if not tubercular tendencies, and Goullon in his work on scrofula has shown us that scrofula is essentially a morbid condition of the lymphatic and lacteal system, whereby the lymph and the chyle are supplied in an imperfect or vitiated state of the blood, and the nutritive processes thereby impaired. As Iodum and its preparations are slow in their action, they must be continued for sometime to insure a favorable result, and we feel pleased that the Doctor never changed his treatment till resolution had set in, and all hectic ceased. Heuser feared calcification, but he also shows that the same drug is of use in phthisis pulmonum, for we meet among its symptoms instant tickling and inclination to cough in the tra-

chea and under the sternum; expectoration of transparent mucus, streaked with blood; night sweats, emaciation, hectic fever, etc. We may often make use of it in those pleuritic attacks which so often are found in connection with phthisis, and it may be advisable to differentiate strictly between Kali Carb. and Kali Iod. We meet in all the salts of potassium the morning aggravations, though some consider it only characteristic of Calc. Carb., but in the latter profuse purulent expectoration prevails with much pain in the walls of the chest, while the cough of the iodide is rather dry, often insignificant during the stage of hepatization, hawking, and only more copious after resolution begun. Hence we can understand the urgent request of Kafka to give it at an early stage, when, perhaps, it may cut short the disease, or at least keep dire consequences at bay.

In relation to Phosphorus in pneumonia we again quote our favorite author, Dr. Farrington, page 525: In pneumonia Phosphorus is indicated when the bronchial symptoms are prominent. It does not cause hepatization of the lungs, but it may be indicated in the latter part of the period of deposit, and in the early part of absorption there is a great dryness of the air passages, with burning, excoriated, raw feeling in the upper part of the chest.

Farrington is here in accord with Kafka, who gives as indications for Phosphorus in croupus pneumonia: Where the pneumonia already lasted some time, the infiltration is considerable, the fever already of a remitting character, when the patient is pale, weak and emaciated, with tough sputa which are only raised with great effort; when physical examination fails yet to detect any beginning resolution; when watery diarrhoea sets in, threatening increased loss of strength, or when adynamia threatens with dry tongue and wild deliria (typhoid pneumonia.) Here Phosphorus becomes the great analepticum, and the tonic of the weakened heart.

Schuessler, as usual, cuts the Gordian knot, and gives his ferrum phosph. for high fever, short breathing, which is oppressed and hurried, expectoration of clear blood, and this he follows with Kali muriat. for the fibrinous exudation into the lung substance, while the mucus is white and viscid,

whereas for Kali sulph. the expectoration is yellow, loose and rattling, with wheezing breathing. Alas! that even Schuessler's remedies do fail sometimes, and there is no royal road to make a cure.

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### PIPER METHISTICUM VS. NAT. MUR.

By W. A. ELY, M. D., ST. HELENA, CAL.

A confirmed dyspeptic of nervous temperament, aged 60 years, was attacked August 20th with diarrhoea from eating too freely of grapes, melons, peaches, etc. Symptoms were very frequent inclination to stool, but nothing passes save a little glairy, frothy mucus, transparent, with escape of flatus toward the last; sensation after stool as if something remained behind; aggravation from every attempt to move and by eating or drinking; tongue clean, moist; no pain except in arms and lower part of rectum; loss of appetite, with prostration. He feared he was going to have one of his "interminable" diarrhoeas. I prescribed aloe, but find no improvement; next day prescribed with a good deal of confidence, Schuessler's Nat. mur, it seemed so well indicated from the character of the discharge, but the result was nil, save in one stool was found a little bilious fecal matter. I now learned that there was quite an aggravation from thinking of his symptoms, notwithstanding his efforts to divert his mind from his complaint. This peculiarity brought to my mind a case I had a year ago presenting this same characteristic, viz., aggravation from thinking of his symptoms, which was promptly cured by one dose of Piper Methisticum c. m. Acting upon this keynote reminder I prepared a few powders of the 200th, directing one to be taken every four hours unless he noticed a decided improvement from the first one. He had no occasion to repeat the single dose, notwithstanding his anxiety about his "interminable" diarrhoea, until the next day, when he took another powder, and upon my arrival exclaimed: "Well, docthur, I guess you have hit the nail on the head this time,; why didn't you give me the last medicine first?" Three doses cured his "interminable" diarrhoea.

Now, there is nothing remarkable in all this, but the query in my mind was, why did the kava kava succeed and the Nat. mur fail, when the latter seemed so well indicated? I am led to explain it on the ground that the patient had a previous history of two attacks of gonorrhœa which were cured by large doses of cop. bals. and cubebs with injections of argent. nit. and other drugs which entailed upon him a twenty years of irritable urethra with more or less spermatorrhœa and its attendant nervous depression, which certainly did not lessen the indications for the use of the Hawaiian drug. There is only one other medicine I can call to mind at present having the peculiar symptom above named; it is the Loco weed (*astragalus molis sima*), but it lacks—as far as the proving goes as yet—the irritability of the mucous membranes which the former has conspicuously.

### ETIOLOGY OF DYSMENORRHŒA.

By LAURA A. BALLARD, M. D.

[Read before the California State Homœopathic Medical Society.]

My province being only a part of this structure or paper, we will accept and use the generally received classification of dysmenorrhœa as sufficiently accurate for our purpose, yet it must be remembered that we rarely in practice find a typical case of any one class, each patient presenting some of the features of two or more of these forms of dysmenorrhœa, namely, ovarian, neuralgic, congestive or inflammatory, obstructive and membranous.

1. OVARIAN, is not caused from the immediate sanguinous flow, but to the growth and rupture of the Graffian follicles of the struma or surface of the ovaries, which may be enlarged, tender and displaced. This form is usually of a secondary nature, most frequent in married women, following abortions. May be found in the unmarried, caused from exposure to wet and cold, about the menstrual cycle, or from severe injuries of the abdomen over the ovaries.

2. NEURALGIC.—Is less frequent than formerly supposed—uterine pathology being better understood. It may be caused

from a neuralgic, rheumatic, or gouty diatheses, luxurious or enervating habits, or various conditions that tend to exhaust the nervous system.

3. INFLAMMATORY OR CONGESTIVE; may be caused by pelvic inflammations or from influences that prolong the congestion excited by ovulation.

The most frequent of these causes are displacements, general plethora, sub-involution following labor, exposure to cold and moisture. Some of the above conditions not causing real inflammation, may produce a hyperæmic state of the uterine vessels, which being increased by the menstrual epoch, causes pressure upon the nerves and hence painful menstruation.

4. OBSTRUCTIVE AND MECHANICAL—The usual causes of this form of dysmenorrhœa may be congenital, or acquired contraction of the cervical canal, flexions or versions of the uterus, vaginal stricture, small polypoid growths near the os internum, fibroid in the parenchyma of the neck of the uterus.

Possibly retro-flexion is more frequent and more painful than the other recognized flexions and versions of the uterus.

5. MEMBRANOUS—The real cause of this form is unsettled, as its true pathology is not well understood, and happily, it is seldom met with in practice.

Some writers, with Oldham and Tilt, consider it the result of ovarian disease, others, with Lebert, Handfield, Jones and Simpson, consider it an exfoliation of the uterine mucous membrane, for which no cause can be assigned.

Rhob and others, that, it is an exudation, the result of endometritis.

At present the most recent and generally accepted etiology is that the entire mucous membrane of the uterus is exfoliated, due to congestion and irritation, transmitted in this organ.

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*Canadol*, an extract of naphtha, is employed for local anæsthesia by means of a spray, in the same way as ether is used. It is more rapid than ether and only costs half as much.

SELECTIONS.

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## THE ART OF LIVING ONE HUNDRED YEARS.

A professor of the University of Gand, Dr. Burgraeve, has lately published a large book upon this actual subject. According to him, one can reach with very little trouble the age of Mr. Chevreuil, the renowned French chemist (now in his 102d year.) His system is very simple; it consists in the rational employment of salt, which, according to him, is the preventive of all diseases, and for this reason he urges that salt should be duty free in all countries, at the disposition of all, like water and air.

Dr. Burgraeve asserts that to be in good health is not a thing of chance, as is ordinarily supposed. The laws which regulate life are calm and regular phenomena, and it suffices to watch that they operate without obstacle.

Salt, according to Dr. Burgraeve, is the great regulating agent. Is the blood too rich? Salt renders it less charged. Is the blood poor? Salt will enrich it; will give it its necessary elements.

It is certainly not a complicated remedy, and to shield the power attributed to salt he cites examples.

The most severe punishment which formerly existed in Holland for soldiers was to give them bread without salt, and if this régime was persisted in for a few months, it was rare that the prisoner lived through it.

Towards the end of the last century, a terrible epidemic broke out in Saxony, having some analogy with scorbutus; it made such rapid progress among the poorer classes that the government ordered an investigation. From this there was discovered a singular fact that the miners and their families, although reduced to the same misery as the other workmen, remained completely exempt from the disease. But the alimentation of the miners was not to be distinguished from that of the other workmen except upon a single point: that is, attached to the government, they received their salt free.

Salt was tried as a curative measure and the disease disappeared as by enchantment.

In phthisis the Belgian physician assures that salt is sovereign. He cites an example of a man who was dying after all his connections had died of the same disease; he seemed lost, and the doctor, as a relief to his conscience, ordered him to take salt water; he lost sight of him. The following year a veritable Colossus accosted him on the street and made himself known; it was the phthisical patient, thanks to salt, completely cured.

For cholera, salt is still, according to Mr. Burgraeve, sovereign. He cites the example of the Russian peasants who, during an epidemic of cholera, protected themselves from the scourge by putting a strong dose of salt in their milk.

He regards salt as the true panacea for all diseases; only, he adds, it is so simple that it has not been thought of and by preventing disease, longevity is assumed.

It is necessary for a healthy man to consume 20 grammes a day under ordinary circumstances (about five-eighths of an ounce.)

To determine the dose to be employed in morbid states is what is required of the physician following this elementary system.—*Journal Pop. de Med.*

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## THE TISSUE REMEDIES IN HIGH POTENCIES.

BY E. H. HOLBROOK, M. D., BALTIMORE, MD.

For several years I have been using these remedies with great success and satisfaction. During the first two or three years I seldom went higher than the 6th centesimal. After reading a few very striking articles on the use of high potencies, I ventured to procure a set of the 200th (B. & T.), and used them right along. With these I made some very pretty cures. One especially I will here mention:

On the evening of the 28th of June, 1886, a gentleman brought his little son to my office. He was feverish and labored terribly in breathing. His chest was bowed out like

a bird's, in his effort to breathe. I examined his throat and found both tonsils inflamed, and so much enlarged that there was scarcely space enough between them to push a slip of writing paper. I gave *kali mur.* 200, a powder every half hour for three hours, and then every hour through the night. The next morning I called quite early, and I was astonished to find the little fellow greatly relieved in every way. I left more powders, and the next morning he met me down in the parlor, comparatively well.

Since last April I have been using considerably the *cm.* (Swan), and with what result may be seen from a few cases:

1. Miss C. L. B.—Left eye greatly inflamed and somewhat painful. Nervous and exceedingly displeased with everything and everybody. Nothing is as it ought to be. "Life is not worth living." Morose, irritable, low-spirited, and feels horrid generally. I gave four powders of *kali phos. cm.*, one to be taken every two hours. The next day I found her quite a different person. The eye was nearly well, only a slight redness remaining. She said that after the second powder her eye was considerably relieved, and she "felt at peace with all the world."

2. Woman.—Severe headache, eyes inflamed, running water, sneezing, feverish. Headache from the day before. *Nat. mur. cm.* in water. Teaspoonful every two hours. Was greatly relieved after the second dose, and was up and about the second day, apparently well.

3. Mrs. G.—Complained of bearing down pains, with desire to urinate every few minutes. Gave *calc. fluor. cm.*, but it gave no relief. As she was pregnant, I thought it might be a threatened miscarriage, and gave *kali phos.*, and if this did not relieve in a few hours, to take *ferr. phos.* Neither of them gave the slightest relief. *Mag. phos. cm.* was now given, and in a little while she was greatly relieved, and remarked when I saw her the next morning, that she was another woman.

4. Mrs. S.—Rheumatism. Scarcely able to move. Pains all over her, but especially through the hips, aggravated by movement. As she belonged to a gouty family, I gave *nat.*

*sulph. cm.*, but after two days' trial she sent me word she was no better, but a great deal worse. I sent her *kali mur. cm.*, to be taken in water, and saw her a few hours later, when she said she was feeling better already. Two days afterwards I found her up and almost well. She said she never saw anything act as much like a magic as that medicine did.

5. E. S.—Child about three years old. High fever, cheeks very red, slightly delirious, twitches, eyes watery, throat inflamed. Gave *nat. mur. cm.* in water, a teaspoonful every hour for two hours, and then every two hours. He was considerably better in two hours, and was up playing when I called the next morning. I first saw him at 7 o'clock the previous evening.

6. Miss S.—July 7, 1888. Dysentery. Stools bloody and purulent. Gave *calc. sulph. cm.* in water, a teaspoonful every hour. The next day she was much better. On the 9th her menstruation had appeared, and she was suffering great pain from it. *Mag. phos. cm.* gave some relief, but on the 10th I found the dysentery had changed to a bilious diarrhoea. Gave *nat. sulph. cm.* in water, teaspoonful every hour until better, then every two hours. On the 11th she was sitting up relieved of both disorders.

In dysentery, I have found *calc. sulph.* about a specific for the bloody discharges. I have used it almost entirely in the *cm.* for this disease. It may not in all cases be sufficient to cure. Where there are bilious symptoms it will need to be alternated with *nat. sulph.* Other symptoms will have to be met with the indicated remedy.

In the above and many other cases I have proved, to my own satisfaction, that when the proper remedy is selected for a case, it will act and cure in the high potency in the majority of cases as well as, if not better, than in the low. In the following case this is illustrated:

7. Baby—Constant rattling of mucus in the lungs. Drooling. *Nat. mur. cc.* was given for two or three days without any improvement. The same remedy was now given *cm.* in water. After a few doses there was very decided improvement, and he was entirely relieved in a few days.—*Homœopathic Recorder.*

## MAGNESIA PHOSPH.

Dr. H. C. Allen reports a case of right facial neuralgia with sharp, quick, spasmodic, lightning-like pains, sensitive to touch, relieved by heat and pressure, accompanied by prostration and night sweats, cured by *magnes phos.* 200, after several other remedies had failed to give permanent relief.

Also, another case cured by the same remedy and potency where the pains were intermittent, darting, lightning-like, suddenly appearing and disappearing, relieved by heat and pressure; at the same time an annoying constipation disappeared.

Dr. A. P. Davis relates a case of dysmenorrhœa with severe pains in uterus, back and lower limbs; heat applied to abdomen did not relieve; a large dose of *magnesia phos.* 6x lessened the pain in one-half hour; another dose brought on a free flow. The pain usually lasted several hours previous to flowing. The remedy was given as a preventive during several subsequent months with good effect, and the patient finally cured.

Dr. Davis regards *magnesia phos.* superior to *cimicifuga* in neuralgia of the uterus and in the relief of menstrual pains, and regards it useful in uterine engorgement, and gives a case of menorrhagia cured with the 6x.—*Advance, September.*

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CURES WITH DR. SCHUESSLER'S TISSUE  
REMEDIES.

DR. QUESSE IN MONATSBLÄTTER, SEPT. '88, TRANSLATED BY B. & D.

1. An actor, Mr. E., consulted me for a severe irritation in the throat, that interfered much with speech, and on account of an exceedingly bad breath. This was especially disturbing, as he was obliged to appear in a role three days later, in which near proximity with his fellow actors was necessary.

From an examination I concluded that it resulted from a deficit of *kali phos.* (why? Eds.), and so I ordered this remedy. On the evening of the second day Mr. E. informed

me that he was fully recovered; of the foul breath there was not a trace to be perceived. He also stated that he was able to notice an improvement even after the second dose.

2. Farmer B. consulted me for a singular affection. All acid food caused an attack beginning with a strong chill, followed by fever and a profuse weakening sweat. I ordered *natr. mur.* 6. After fourteen days he informed me that the attacks had entirely ceased, and the partaking of acid foods did not cause him the least discomfort.

3. Mr. Bl., from C—, came to me on account of a swelling on the right eye, which had appeared suddenly. He had already visited a Specialist who declared that the only help was an operation. The palpebral aperture which was opened with difficulty, was filled with a yellowish-green projecting mass. The conjunctiva was infiltrated. The patient could not see out of the eye.

*Kali sulph.* 6 removed the swelling and inflammatory symptoms completely and permanently in one and one-half days. Several weeks later when I saw the gentleman there was no difference to be perceived between the two eyes.

4. Mr. D., from Er., suffered from meningitis, and a prognosis of the attending Allopath was designated as at least doubtful, and nothing was prescribed. The case was especially severe, since in his family there was a history of hereditary brain disease, and his nearest male relatives had died of the disease. At the time I was called the patient had been almost two days in a frightful delirium, that had increased almost to madness. Consciousness had disappeared; temperature over 40°. I ordered *ferr. phos.* and *kali phos.* 6. After a week I found the patient free from fever, still somewhat weak, but subjectively fully recovered. To hasten the convalescence I gave *calc. phos.*, and eight days later the patient was able to be out and at his calling.

A young girl about 18 consulted me (so writes a student of medicine) for painless vomiting which had existed for a long time, and occurred after almost every meal. The color of her face, and the visible mucus membranes were pale. Menstruation was scanty and delayed. No other symptoms of

importance. Pregnancy was not present. I ordered *ferrum phos.* 6. After a time I accidentally saw the patient again, and received the pleasing news that the vomiting had entirely disappeared from the commencement of the use of the remedy.

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## OPHTHALMOLOGY AND OTOTOLOGY.

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DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

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### TOBACCO AND OPTIC NERVE ATROPHY.

Only within the last thirty years has the influence of tobacco in the production of amblyopia (loss of vision) and optic nerve atrophy, been admitted, and only within the last decade has it been recognized as an established fact in ophthalmology. While many of the victims of tobacco amblyopia have developed, acquired or inherited predisposition, it is not at all certain that this popular poison may not destroy the eye in the total absence of any such bent. Laborious sedentary employment, sexual excess, brain-fag, anæmia from any cause, and eye-strain may be mentioned as among the predisponents to amblyopia in tobacco users, but unfortunately there is no known law by which with any certainty we may determine who can or cannot use this terrible poison with absolute safety. With these facts before us is it not our duty as workers in the great field of physical reform, to bear stalwart testimony against the ravages of this insidious poison?

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### ASTHENOPIA.

Many obscure, nervous diseases of the eye are directly traceable to loss of co-ordination in the ocular muscles. Properly selected remedies enable us to meet, in some degree, these defects in the proper balance of the globe, but led by such men as Stevens, of New York, at no distant day the profession is destined to relieve these muscular faults by

a simple and radical method of treatment, that of weakening the too powerful antagonist by a delicate division of a portion of its central muscular fibers at their insertion in the globe, and at the same time, stimulating the function of the abnormally weak muscle. F.

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## Colleges, Hospitals and Societies.

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### SAN DIEGO DISPENSARY.

The quarterly report of the above institution shows it to be in a flourishing condition. In the two months of operation of the dispensary, 39 patients have been treated, 86 indoor prescriptions and 27 outdoor visits have been made. Of the 39 patients, 21 remain under treatment, and 18 have been discharged cured. Several surgical cases have been attended to and in some instances the patients will be restored to the means of gaining a livelihood, of which they are at present deprived.

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### COMMENCEMENT EXERCISES.

The fifth annual commencement exercises of the Hahnemann Hospital College will be held on the evening of November 1st, at Odd Fellow's hall, instead of November 7th, as announced in the catalogue, the election being on the 6th rendered this change necessary. The programme is to be an interesting one, good speakers, fine music, and a bright graduation class. Come and bring your friends.

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### NEW LICENTIATES.

The following have been granted licenses to practice by the Homœopathic Board since our last issue:

A. Southworth, Pomona; Western Homœopathic College, Cleveland.....1869  
 J. W. Reynolds, Los Angeles; Hahnemann Medical College, Chicago....1875  
 H. C. Royer, Los Angeles; Cleveland Hospital College.....1871  
 Annie M. Hoppins, San Buenaventura; Chicago Homœopathic College..1882

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 CALCUTTA HOMŒOPATHIC DISPENSARY.

The report of this institution for 1887 and 1888, just received, is highly interesting, and shows the prosperous condition of Homœopathy in India. The number of patients attended was 5,901, with an average daily attendance of 16.16. The prevailing diseases seem to be fevers, stomach and skin troubles.

The founder of the dispensary, Dr. Banerjee, is very enthusiastic in the good work.

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 NEW ZEALAND.

The allopaths have been endeavoring to have a bill passed in the Parliament to "regulate" the practice of medicine. Dr. Murray Moore entered a protest, and with the newspapers on his side, succeeded in exciting quite an excitement about medical freedom. The object of the bill of the allopaths was so to "regulate" the practice of medicine that no Homœopath could practice in New Zealand. The bill has not been passed.

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 SEMI-ANNUAL REPORT OF HAHNEMANN DISPENSARY OF SAN FRANCISCO. SIX MONTHS ENDING AUGUST 1, 1888.

Total cost in equipping Dispensary.....	\$420 25
Total expenditures during six months.....	620 15
Total receipts during six months.....	620 15
Average receipts per month.....	103 35
<hr/>	
Total number of prescriptions issued.....	2,540
Average number of prescriptions per month.....	420
Average number of prescriptions gratis per month.....	34
Total number of patients treated.....	2,308
Average number of patients treated per month.....	384
Average number of patients visited at their homes.....	29
Average number of accouchments attended.....	1

JAMES W. WARD, Medical Superintendent.

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DISEASE of the pancreas are present in about one-half of all cases of diabetes and is one of the causes of it.

## CORRESPONDENCE.

GRASS VALLEY, CAL., September 9, 1888.

EDITORS CALIFORNIA HOMŒOPATH: Your Pomona subscribers case, so far as described by the writer, would indicate to my mind: One dose of podophyllum 6, or probably two doses at intervals of six or eight hours, given afternoon and evening for several consecutive days, or until improvement or aggravation occur, then omit medicine, and be governed according to our principles of administration. If any attenuation were thought of or tolerated in the prescriber's mind, after a couple of days would prescribe sulphur 30x trit, in the very early morning, or commence its use the morning after the podoph. had been given. Aloe, gumme gut., and plantago, you might consult or try. Hastily and respectfully yours,

J. L. COOMBS.

N. B.—Of course nothing new is supposed in above suggestions; merely an exchange of thought which was doubtless intended unless it be the patient writing.

J. L. C.

EDITORS CALIFORNIA HOMŒOPATH.—As all true men are under bonds to each other to render aid in distress, I will strive—at least by suggestion—to aid my brother who calls from Pomona. If the hints given should be soundly based and promptly acted upon then *forsan miseros meliora sequentur*. If the diagnosis of his case of diarrhœa is proximately complete and his statement regarding the drinking water is well based, I suggest—as preliminary—that he drink only water that has been boiled. Then as to medical treatment, let the patient take a tolerably strong sniff of Camphora Tinc, four or five times a day, for 3 or 4 days. Follow this with Sulph. 200<sup>c</sup> centesimal, or upwards, 4 doses during one day, and then after waiting a week, if the case continues and is similar to the diagnosis given, let it be treated with Croton Lig., any potency convenient from 3d to 30th centesimal; repeated at the discretion of the prescriber.

SAMUEL S. GUY, M. D., 814 Sutter Street, S. F.

## THE CYCLOPEDIA OF DRUG PATHOGENESY.

NEW YORK, June 20, 1888.

The American Institute of Homœopathy, at its meeting at Saratoga in 1886, voted to guarantee 400 subscribers to the above work.

Up to date I have received but 131, subscriptions, of which 14 came from physicians outside of the Institute. This does not include those who subscribed for the first volume only and then fell out.

The work will be completed in sixteen parts, of which seven have been issued, and the eighth will soon be ready for delivery.

The cost price is 70 cents per part, or \$11 for the whole sixteen, which includes the postage from London where the work is published.

As less than one-third of the necessary number have thus far subscribed, it is evident that the Institute will have to bear a heavy pecuniary burden, unless the list be speedily and largely increased.

Your personal aid and subscription is earnestly requested.

134 East Thirty-sixth Street,

E. M. KELLOGG, M. D.,  
Treasurer.

## CLINICAL ITEMS.

*Iodoform in Hæmoptysis.*—The use of iodoform in the treatment of hæmoptysis has recently obtained a marked success according to the *Progres Medical*. Several cases are cited in which the results are more striking than either tannin, ergot, or opium employed alone. It is administered either in combination with the above—preferably with tannin—or alone, in which case it is administered in pills containing five centigrams, five being given per day. In case tannin is used, ten centigrams of tannin to five of iodoform are made into pills, and from three to five a day being given. In every case cited, the effects were prompt and decisive.

*Lobelia infl.*—Urine has a copious red color. During labor, as very rigid in obstetric practice. Stimulates contractions of the uterus and thus strengthens the pains.

*Calc. Fluor.*—Dr. Foster recommends the ricose veins about the cervix, and in distension of the ovarian and sub-ovarian plexus of veins. Differing from *calc. fluor.* he finds that the latter has a greater affinity for muscular tissue, and has relief while *silicea* is worse from cold. His quotations from Farrington, indicating the hæmorrhagic affections of the lower tissues, the venous scars; lacerations of the cervix, with a consequent of scar tissue.

The Doctor also cured a case of papillomatous erosion of the cervix with calc. fluor. 6x, in which the local symptoms were accompanied by a dyscrasic condition, enlarged cervical glands, emaciation and weakness. His prescription was based upon the constitutional changes, the local conditions (the fissured appearance of the cervix), and an abundant yellowish leucorrhœa.—*Hahnemanian Monthly*.

*Physostigma* has produced and hence cured many symptoms characteristic of *neurasthenia*. Nervous headaches stand foremost in the pathogenesis. Intense painful pressure in vertex and both temples, worse mental exertion after accompanied by lachrymation, increase of saliva and perspiration. Mental exhaustion. Eyes feel weak and swollen. *Smarting, sore feeling on the tip of tongue* which feels as if scalded. Irritable spine. The headache. Aversion to cold water, increased frequency of defecation and the tendency of mental exertion to produce nausea, form the most important guiding symptoms to its homœopathic employment.—*Transactions N. Y. H. Md. S.*

*Badiaga*, from its symptoms, such as severe headache on top of the head and over the frontal portions of the brain, together with a sensation of dizziness, soreness throughout the muscles of the body, weakness and clumsiness of the limbs, and mentally a feeling that his mind is more clear and more inclined to activity than ordinarily it is, would be an excellent alleviating remedy for that fatal disease—general paresis.—*Talcott*.

—Eczema, humid, scaly eruption of the scalp, itching, temporarily relieved by scratching, soon burning and increased itching. Marked weakness of lower limbs, and gloomy, irritable, mental state accompanying symptoms.

ema characterized by thick, crusty and face; dirty, chalky look of is freely under the crusts, often scratches until parts bleed.

*Bellis perennis* is curative of complaints, due to drinking cold drinks when the body is heated, *i. e.*, effects of sudden chill from wet cold when one is hot.

I would also recommend it in the acute and chronic dyspepsia from eating cold ices, as the conditions here are identical, for I have, in such cases, found it an eminent curative agent.—*J. C. Burnett.*

*Boric acid*, fifteen grains to ounce of water, will rapidly relieve styas, if applied by means of a camel's-hair brush, three times a day.—*Times.*

#### TREATMENT OF HIVES.

An eruption of little solid eminences, pale in the center and red at the circumference attended with smarting and itching. Symptoms worse towards evening or when getting warm in bed. Generally due to indigestion, or be induced by a chill or change in the weather.

#### INDICATIONS FOR REMEDIES.

*Aconite* when caused by a chill.

*Antimon.* when caused by shell fish or nuts.

*Dulcamar.* when worse in damp weather or attended with rheumatic symptoms.

*Pulsatilla* when caused by fat food, pork, pastry; patient is chilly.

*Rhus.* Small spots like flea bites with purplish swelling and intense irritation, particularly on the joints.

*Verul. vir.* Intense pain and tingling. Use locally as well; one-half of the tincture and one-half hot water.

To relieve the itching, bathe the parts in above lotion and if it still persists, add a few drops of carbolic acid solution; then dry the parts with care.

# The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only Homœopathic Medical Journal west of the Rocky Mountains.

EDITORS. - - WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

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## EDITORIAL NOTES.

The recent publication of a work on the Tissue Remedies, as well as the former editions of Schuessler's little work on Abridged Therapeutics, have led to a very wide use of those remedies according to the indications originally found there. The broad and often brilliant generalizations that form the basis of these indications, have given rise in some quarters to the fear that the finer distinctions characterizing the pure Homœopathic method for drug selection would be supplanted by Schuessler's so-called vague theories. Thus the *New England Medical Gazette* in its review of a recent work on Schuessler's Remedies, says: "If the grave of Homœopathy is ever to be dug, Schuesslerism will furnish one of the mortuary tools for that sad operation. How, no unprejudiced student will deny that there is not a single remedy in our present art of Homœopathy that is neither

the result of accurate observation or correct induction—a host of unimportant, unreliable and doubtful symptoms that might as well be buried, and if perchance Schuesslerism can aid in this burial process, we can but feel grateful for the beneficial service rendered our school.

THERE are some industrious workers in our ranks whose chief activity seems to be to arrange and rearrange this wonderful and intricate array of symptoms, whose industry would be far better employed if a little more of the critical faculty characterized their work, and instead of accepting every little symptom as a revelation from above, and hence inviolable, would seek rather to interpret the symptom and learn to understand the pathological state it seeks to express.

As an illustration of this blind worship of the letter with its exaltation of each minutest symptom, and consequent necessary tendency to mere mechanical covering of symptoms independent of all rational interpretation, we quote from two very recent contributions found in two representative Homœopathic journals published within the last month. In one we find *seven* pages devoted to symptoms of the big toes. Here we have an amazing variety of symptoms to distinguish, which is certainly unnecessary to the average practitioner, even if the symptom had originally been correctly observed and recorded. A few of the most curious and simple are as these: Burning in the tip of the right big toe, *oleander*; burning in the tip of the right big toe at rest, *staphasagria*; burning at the tip of the middle toe, *calc. carb.*; burning in the base of the right big toe, *axacum*; burning pain in the ball of the right big toe, *crud.*; burning pain in the left big toe, *gust.*; burning pain in the left great toe, *gust.*; burning in inner side of left big toe, *gust.*; *lact mirabile dictu*, has sharp pains in the ball of the big toe, and also in ball of big left toe.

Why not amputate this sorely afflicted toe?

AGAIN in another valuable and usually discriminating journal we find running through several numbers of fifteen pages each, a repertory of tongue symptoms, the practical character of which can best be judged by a sample of its meaningless subdivision thus: Tongue dry in middle, *apis. argent. nitr.*; tongue dry in forepart, *natr. mur.*; tongue, dryness of fore part, *caps, como, coffea, rumex*; tongue, middle dry, *acon. ant. t colch, crotal hyos. phos., sulph. acid*; tongue, dryness of root, *hydras. tongue, dryness of sides, cocc. dios.*; tongue, tip dry, *arn. bry. carbo. hyosc. nux. oxalic acid. psorin. rhus. secale*. Now, if these are the necessary guiding symptoms for the choice of the right remedy, and if this method is the ideal method, we hold it is absolutely impracticable. We do not believe that the compilers themselves make frequent use of these undigested conglomerations of often hypothetical symptoms. Their publication simply keeps alive delusions, and dignifies them by making them more permanent.

huesslerism offers a corrective for *such* Homœopathy in its burial, it does seem as if it freed us from some bondage, and brought us to the borders of daylight, for *such* Homœopathy is but a caricature of blind adherence to an empty form, an ignis-fatuus imagination.

### al Notes, Locations, Etc.

has located in Los Angeles, Cal.

, recently from the East, has located at North San

fitting up a new office, corner of Geary and Polk

red to rooms 1 and 2, 58 South First street,

C. B. DICKSON, M. D., has located in Los Angeles, office 229½ South Spring street,

R. C. DAILEY, M. D., formerly of Stockton, has removed to Visalia, a very promising field for so good a man.

THE Commencement exercises of the Hahnemann Hospital College will take place November 1st, in Odd Fellow's Hall.

MISS. S. J. FENTON, of the class of '89, is acting Resident Physician of Fabiola Hospital, Oakland. We congratulate the Hospital and Miss FENTON.

A NEW Register of medical practitioners in this State is being prepared for the press. Please notify the Secretary of the Board of Examiners, No. 634 Sutter street, San Francisco, of any change in your address, in order to have it appear correctly on the Register.

THE Treasurer of the American Institute of Homœopathy, DR. E. M. KELLOGG, calls attention to the publication of the "Cyclopædia of Drug Pathogenesy," the seventh part of which has just been issued. Send your subscriptions direct to him, as per notice.

## BOOK REVIEWS.

**The Homœopathic Therapeutics of Diarrhoea, Dysentery, Cholera, Cholera Morbus, Cholera Infantum, and all other Loose Evacuations of the Bowels.** By JAMES B. BALL, M. D. Third edition. Philadelphia: F. E. Boerleke. 1888.

All homœopaths are familiar with this classic of our school. All will rejoice to see it in an enlarged and revised edition. Ball's little book was the first monograph on special homœopathic therapeutics, and it has ever been the best. It has served as a model for all subsequent ones, but not one approaches it in accuracy of symptomatology or in logical arrangement. The present edition has been enriched by four new remedies, according to the author, are of little importance, namely, *rustum*, *monilia*, *arsenicum* and *castoreum*. But surely the working process itself has been enriched more extensively, and might have included *iodinum*, *chalcium*, *arsenicum*, and we fearlessly add *thrombidium*, and directed to their appropriate homœopathic remedies as *ferr. phos.*, *natrum phos.*, *arsenicum*, *plumb.*, *silicium*, *arsenicum*, and think that the homœopathic therapeutics of diarrhoea, dysentery, cholera, cholera morbus, cholera infantum, and all other loose evacuations of the bowels, are simply overwhelming in their favor, and we trust that future editions of the work will not fail to do them ample justice. The writer has written in the usual admirable style of the Hahnemannian Schooling House.

**The Physicians' Leisure Library.**—Published by Geo. S. Davis, Detroit, Michigan. Issued monthly. Price per year, paper \$2.50; cloth \$5.00; Single copies: Paper, 25 cents; cloth, 50 cents. 1886 and 1887.

This is the best medical reading for the price, we have ever seen, and every physician on the Coast should spend \$2.50 a year to procure them. Mr. Davis has succeeded in giving us in a handsome well-printed, in many instances, beautifully illustrated, and cheap form, a large number of very useful books. Let us look at the list for the first two years.

1886.—“Inhalers, Inhalations and Inhalants,” by Beverley Robinson, M. D.; “The Use of Electricity in the Removal of Superfluous Hair and the Treatment of Various Facial Blemishes,” by Geo. Henry Fox, M. D.; “New Medications,” by Dujardin-Beaumetz, M. D. Translated by E. P. Hurd, M. D.; “The Modern Treatment of Ear Diseases,” by Samuel Sexton, M. D.; “Spinal Irritation,” by William A. Hammond, M. D.; “The Modern Treatment of Eczema,” by Henry G. Piffard, M. D.; “Antiseptic Midwifery,” by Henry J. Garrigues, M. D.; “On the Determination of the Necessity for Wearing Glasses,” by D. B. St. John Roosa, M. D.; “The Physiological, Pathological and Therapeutic Effects of Compressed Air,” by Andrew H. Smith, M. D.; “Granular Lids and Contagious Ophthalmia,” by W. F. Mittendorf, M. D.; “Practical Bacteriology,” by Thomas E. Satterthwaite, M. D.; “Pregnancy, Parturition and the Puerperal State and their Complications,” by Paul F. Munde, M. D.

1887.—“The Diagnosis and Treatment of Hæmorrhoids,” by Charles B. Kelsey, M. D.; “Diseases of the heart, Vol. 1,” by Dujardin-Beaumetz, M. D., translated by E. P. Hurd, M. D.; “Diseases of the Heart, Vol. 2,” by Dujardin-Beaumetz, M. D., translated by E. P. Hurd, M. D.; “The Modern Treatment of Diarrhœa and Dysentery,” by A. B. Palmer, M. D.; “Intestinal Diseases of Children,” by A. Jacobi, M. D.; “The Modern Treatment for Headaches,” by Allen McLane Hamilton, M. D.; “The Modern Treatment of Pleurisy and Pneumonia,” by G. M. Garland, M. D.; “How to Use the Laryngoscope, by an Eminent Laryngologist; “Diseases of the Male Urethra, by Fessenden N. Otis, M. D.; “The Disorders of Menstruation,” by Edward W. Jenks, M. D.; “The Infectious Diseases” (in two volumes), by Karl Liebermeister, translated by E. P. Hurd, M. D.

Look at the names of the authors; Fox, Dujardin-Beaumetz, the two volumes of whom to a Homœopath are worth the price of a series. Hammond, St. John Roosa, Munde, Jacobi, Otis, Liebermeister, etc. Next to the world, we would have the leisure library for two bits a volume. Run this list carefully, and look out for that of 1888, which we shall note

**Library Masturbation and Continence.**—By JOSEPH W. author of Emergencies. E. B. Treat, 771 Broadway, N. Y., price, \$2.75.

handles its subject and all of its accessories, and answers are constantly being asked of a practitioner, whether authority, owing either to ignorance or useful book. One of its most interesting chapters which is examined from all sides, moral and

religious, as well as physical. As an appendix to the treatment of spermatorrhœa the Homœopathic remedies are given. It should receive a large sale, more especially so, since its publisher has bestowed such admirable taste in its get up.

**Traumatic Insanities and Traumatic Recoveries.** By SELDEN H. TALCOTT, M. D.

This able paper is a reprint from the *American Journal of Insanity*, July, 1888.

**The Distribution, Nature, Causes and Successful Treatment of Cancer Without Operation and Without Opiates.** By R. S. GUTTERIDGE, M. D. London: Kerby & Endean.

**The Curability of Consumption by Specific Medicines, Mechanical Apparatus and Diet.** Second Edition; by R. S. GUTTERIDGE, M. D., London.

**The Medidal Treatment of Our Time; or Medicine Orthodox and Heterodox.** By one of the Excommunicated. J. D. HAYWARD, M. D., London.

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## POPULAR DEPARTMENT.

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### THE MANAGEMENT AND CARE OF CHILDREN.

By WILLIAM BOERICKE, M. D.

#### VII.

##### TEETHING,

As popularly understood, takes place about the sixth month and continues with intermissions until after the second year. It is a physiological process which may take place without any untoward symptom, but more generally various disturbances in the general health of the child are noticed, which in the weakly or poorly nourished, may assume very serious proportions.

There are twenty milk teeth, five pairs in either jaw. The rule is that they come in pairs, that the lower teeth precede the upper of the same class by two or three months, and that there is an interval of rest between the appearance of the

different pairs. Remember that the special order in which the teeth are cut is less important than that *they should come in pairs* and that *a period of rest should intervene*. Usually, however, the following order is observed: The *two lower incisors* or front teeth appear sometime between the sixth to eighth month. A period of rest of three to six weeks follows, when another group appears, within one or two weeks the four upper incisors. Now comes another pause of one and a half to three months, when the first molars show themselves; thus about the eleventh to the fourteenth month; again a pause of two to four months—say when the child is about a year and a half old—the canine, the so-called eye and stomach teeth, appear. Usually about the completion of the second year, or later, the second molars appear.

But there is a wide difference in different children, depending on the constitution, hygienic surroundings, nutrition, etc. Occasionally a tooth may appear soon after birth, or not at all for a whole year, and in either case the child be perfectly healthy.

*Premature dentition* is more apt to be attended by constitutional disturbances, precocity as a rule being an evidence of weakness rather than strength.

*Retarded dentition* is met with always in rickety children; here the first incisors may not appear before the end of the first year, and the whole process may extend into the third year. Where the eruption of the teeth is delayed in children of comparatively sound constitution, the process after it is once begun, is rapidly completed and causes but little disturbance. The cause of rickets is improper nourishment, such as poor or insufficient breast milk, due to too late nursing, to early weaning, and consequent use of food beyond the baby's digestive power, particularly starchy food. Any kind of improper food may produce the result. In late teething look to the nourishment first of all. Even if the child seems plump and bright, there is probably room for improvement in the child's nutrition. Very often such children are kept on which is not up to the mark, and only enting it with some other food, will the development progress.

*Some Symptoms Indicative of Teething.*—In healthy children sometimes there is no noticeable disturbance of any kind, but usually observant mothers and nurses do notice more or less change in the child's demeanor and physical state. It has been popularly held that *drooling*, an increased flow of saliva, is always indicative of the beginning of the process of teething; yet it is not necessarily so. Drooling is due to changes in the development of the salivary glands, which take place about the fourth month, and hence frequently coincides or precedes the evolution of the teeth. There may be heat and swelling of the gums, thirst; hence the advisability of frequently offering sips of water, which alone will often quiet the restlessness and fretfulness so generally met with at this time. The baby shows constant desire to thrust things into the mouth; biting seems to relieve the itching and irritated gums. The most common complications arise in derangements of the digestive tract, skin and nervous system. With the advancing tooth we find usually some feverishness, which reduces the digestive power, so that the ordinary diet may become difficult to digest, and hence irritate the bowels, giving rise to diarrhoea usually, although sometimes to constipation. Now, the diarrhoea *due to dentition*, if not severe or weakening, is not to be checked too suddenly. It is rather beneficial. But if really due, *as it frequently is*, to improper diet, summer heat and sudden chilling, it must be attended to and watched carefully.

*Constipation* when obstinate in teething children is apt to give rise to tendency of blood to the head which would increase the nervous disturbances of the child, such as restlessness, sleeplessness, fever, etc.

*Skin troubles* during dentition are common. Various forms of "tooth rash" are met with. Eczema, hives, etc., may appear or be aggravated at this time. If there is any hereditary tendency to these affections, they are sure to appear now, but whether entirely due to teething or dependent as well on the general congestion of all the parts of the head which is due to the great development of the skull and brain at this time, it is difficult to say. These skin troubles

must not be supplied or healed too rapidly by the use of external means, such as strong salves, lotions, etc.

*The Nervous Disturbances* are most marked. During this time the whole system is in a sensitive and irritable condition, so that even trifling causes excite a train of acute and serious symptoms. Therefore a cold, improper diet, over-feeding, etc., are more apt to produce trouble at this time. The child is more fretful and restless than ordinarily, cries more. It will cry out at times; sleep is apt to be disturbed and restless; there may be twitchings of various muscles. The most alarming but also rare condition met with is that of convulsions. They are said to occur most frequently with eye teeth and molars, and are usually met with in children that are hereditarily inclined thereto, so that any error in diet, the approach of an acute disease, produces the terrible symptoms. The weaker and more excitable a child is the more decided is the tendency to convulsions. A dry cough is often met with that seems due to teething since we cannot discover any other cause; also, a peculiar feebleness shown in the easy fatigue and the timid walk after the child had already learned to walk well.

Again, teething may lengthen the course of any acute disease, or it may aggravate the attack on account of this nervous hyper-sensitiveness.

These morbid conditions need not be due to Dentition directly, but they are met with to a greater or less extent at this time, because this is the period for many important changes in the development of the infantile organism, apt to unsettle its equilibrium. Thus the brain is growing more rapidly than at any other time, the digestive apparatus and the bony structure are undergoing changes and rapid development.

*Treatment*—Do not fall into the error of neglecting any condition by the excuse that the child is teething. That very fact ought to make you more careful, and try to rectify toward symptom that may arise. A teething child requires more than ordinary hygienic care. To promote eruption of the teeth, proper clothing, suitable diet and sleep, fresh air and sunshine, judicious ven-

tilation of the nursery, cleanliness of both child *and nurse*, avoidance of draughts, patent medicines, sleeping drops, paregoric, etc., are all necessary. Remember that especially at this time the exciting cause of sudden and serious illness is anything which may unduly increase the circulation, such as overfeeding or underfeeding, improper diet, sudden chills, etc. If your baby is restless at night, cries out and twitches, and yet seems so bright in the day time, see to it that you are not tiring him too much by injudiciously pushing him forward. You know he is so cunning and quick to learn, and seconds all your efforts so readily, that you like to show him off, and you repeat this much more frequently than is good for him. The little brain that has so much to learn in this world, every moment of which during his waking hours demanding attention, gets exhausted, and these irritable symptoms at night may be only the reaction of the day's work, the result of an over-tired nervous system. Lancing of the gums in strong, robust babes often gives immediate relief to a host of disagreeable symptoms, and always permit your physician to do that simple operation if he thinks best. The prejudice against it is not well founded.

Every mother who has children to raise should seek the timely counsel and advice of her physician in order to *preserve the health* of her little charges and further their best development. Do not wait until sickness has invaded the little one's body — interest your physician sufficiently to aid you in *preventing* this as much as possible, and with his help try to surround your children with the best attainable conditions for their soundness of body, for only then can you expect to rejoice in their possession of soundness of mind.

*Remedies*—Homœopathy possesses simple and harmless remedies that will greatly facilitate this process and ward off dangerous symptoms. As a general remedy to act constitutionally, a preparation of *calc. phos.* 3x is advisable. Especially indicated if the teeth are slow in erupting, the child is in poor condition; has exhausting diarrhœa, etc. A powder may be given in the milk once daily.

*Coffee* subdues the irritation that generally accompanies dentition.

*Chamomilla* for cross, irritable children, must be carried all the time; diarrhœa, flushed face, constant crying.

*Terebinthina*, uncertain tempered children, wakeful at night, screaming, as if frightened; staring look; twitchings; urine scanty or suppressed; convulsions.

Of the selected remedy, three pellets may be given every hour or oftener, but not so frequently when child begins to improve.

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#### PIPER METHISTICUM IN TOOTHACHE.

Almato finds piper methisticum especially indicated where the excessive toothache is accompanied by severe earache, and gives us verifications in some cases.

Marie, eleven years old, but small and poorly developed, of nervous, excitable temperament, comes to the office with her father, suffering from terrible toothache. Her gums are slightly discolored, and the *right tonsil somewhat enlarged*. The right second upper molar is the criminal from which the pain spreads over the whole right side of the face, *radiates into the ear* with such intensity that the poor child screams, throws itself upon the floor; pain worse at night; despite all medical treatment, no relief and no sleep. She had such attacks, lasting five or six days, sometimes two and three times a month, for the last half year. Piper met. *O* six drops in a glass of water, given frequently during the pain, and then at longer intervals, gave great relief. The following day the right face swollen, and some pain at the base of the tongue, removed by apis followed by mercurius. She had another but lighter attack removed by piper met., but no swelling of the face, and this was the last one.

Mercedes, thirty-two years old, nervous temperament, delicate, soft skin, was confined about three weeks ago, caught cold, had chills, malaria, restlessness and severe pain on top of head, with some fever. Aconite 3 gave some relief, but she complained next morning of severe pain over the whole right side of her face, especially in the teeth and gums of that side. *Chamomilla* and *staphisagria* failed; the pain ex-

tended now to the ear, so that she screamed and tossed about. Piper met. brought quick relief, but next day the right face was swollen. Apis and pulsatilla.

Theresa B., sixteen years old, chloro anæmic; nervous; caries of molars; had already three extracted, always when the pain became unbearable, ending usually in the gumboil and swollen face. She also suffered frequently from amygdalitis, ending in suppuration. Catching cold on coming out of the theater, all her troubles returned, and were unrelieved by any treatment till piper met. 6 was given. After the third dose the patient felt in her ear the sensation as if a cork were drawn from the neck of a bottle, and immediately was cured.—*Revue Hom. Belge.*

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SAYS EUSTACE SMITH: "The successful adjustment of the diet—an adjustment in which the quality and quantity of food allowed for each meal are accurately adapted to the powers and requirements of the patient—is a matter which can be properly learned only by experience, and which often makes large demands upon the tact, ingenuity and the patience of the medical attendant. This experience every one should labor to acquire, for without it success can seldom be attained in the treatment of chronic functional derangements of children."

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THE first thing a new born baby does is to scream in a burst of anger and displeasure at the unwelcome change. It is the first sign that there is a human soul within. No animals cry when born, not even a monkey, neither mother nor child.—*Hering.*

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A WORK on *American Climates* in relation to the treatment of diseases, by Dr. Bushrod W. James, Philadelphia, Pa., is in progress. The Doctor having traveled a great deal and being a close observer, will speak from personal experience and observation of many of the localities mentioned.

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ORIGINAL ARTICLES.

TREATMENT OF PHTHISIS PULMONALIS.

TRANSLATED BY S. L.

To a Californian, living in a country where every one can sit under his own fig tree or under the bower of vines, where everybody can live nearly the whole year out of doors, there can be hardly any theme more interesting than a description of a journey to Falkenstein, as given by Dr. Pouzet in the *Bulletin Medical* of July, 1888. The doctor says:

I do not know a more attractive and instructive excursion for a physician than a visit to Falkenstein, where Dr. Dettweiler takes care in his private institution of about 120 phthysical patients, and his whole treatment is hygienic; plenty of fresh air, good nourishment and rest. The house looks like a large surf-cottage, surrounded by mountains covered with forests, through which many beautiful walks meander, and with an extended panorama, never obstructed by fogs. From the terrace of the sanitorium the view is enchanting, and here it is where most patients pass their time in a long covered gallery, lying on sofas or couches, covered with shawls, rugs or wraps. Small tables are set before each patient so that they can read, write, drink their

water and milk or register their temperature. On the floor a large spittoon, an electric button, a gas burner, are close to each of them, so that they can enjoy themselves during the evening. (Here in America we would use electric lights for that purpose.) Annexes are everywhere found, as the gallery could not contain all the patients; here a grotto for two, an arbor for others; shielded against others, again, a large open barrack for ladies, which they irreverently call the palace of monkeys; at some distance a large Kiosk, where the young gentlemen amuse themselves, and this whole world engageth itself out-doors in all sorts of weather.

Before the patient gets up in the morning he is rubbed down with a dry towel or with an alcoholic fluid, or with a wet cloth, according to individual indications—those who are feverish receive the dry rubbing, which cleanses the skin, the stronger ones can stand a douche. At 8 o'clock everybody is down stairs, and those who come too late pay a fine of one dime. The breakfast consists of coffee, with milk, tea or chocolate, with lots of cream and lots of butter to their bread. After that rest on one of the settees, only interrupted during the forenoon five or six times by a walk of ten or fifteen minutes. The patients are advised to walk slowly, the shoulders thrown back, and have to breathe every quarter of an hour about eighteen inspirations through their nose, deep and prolonged, so that they may enlarge their thorax, strengthen their lungs and get more room for the function of respiration. This gymnastic exercise they must also take when in a horizontal position. The stronger ones are allowed to ramble through the forests for an hour or so, but only after the recommendation of the physician. At 10 o'clock a glass of milk, taken in slow sips. At 1 o'clock, dinner, which is the principal meal of the day, in the huge dining hall, consisting of soup, eggs, three courses of meat, compots of vegetables, and all eat well in spite of the fever which reddens their cheeks. White or red wines are enjoyed, but no beer is allowed. It is astonishing that hardly any coughing is heard at the table. Dettweiler urges on his patients to resist the tickling felt in the throat or larynx, just as one can resist the desire to scratch, and coughing becomes soon easily suppressed. In order to breathe easily through the

nose some suck at first a pastile, or take a sip of cold water, or of hot milk, in their mouth, and thus become accustomed to breath through their nostrils.

A patient hardly coughs more than three times before expectoration follows, and it is strictly forbidden to expectorate on the floor or in a handkerchief. At every corner of the house are large spittoons filled with water and thoroughly cleansed twice a day. After dinner the patients return to their settees and take their coffee in the fresh air; some of them take a little brandy which they carry with them in small flasks, and the weaker ones are allowed to take during the day sixty to eighty grammes in milk or in water. The afternoon is devoted to the same rest, only interrupted by short walks, just as in the forenoon. Every patient takes three times a day his temperature in the mouth, and notes it down on his tablet. At four another cup of milk, with most of them, fresh from the cow, when they are milked. The cow-house is kept in the best of order, and especial care is taken that the cows are in the best of health, and frequent renewals become therefore necessary. At seven, supper, composed of different cold meats, ham, cold poultry, cold filet, etc., and the patients are allowed to enjoy themselves outside for an hour or two, then they take their grog and go to sleep in their rooms, where the windows were kept wide open during the day, and an awning kept the heat from penetrating. For thorough ventilation all through the house extreme care is taken. Neither carpets nor curtains are allowed anywhere in the house. Doors and windows are not tight and in the corner there may be a small stove, which is perhaps heated in cold weather during morning hours while dressing.

We thus see that at Falkenstein, the consumptive patient passes his time in the fresh air which hardens his constitution to withstand the influence of atmospheric changes, so detrimental in the course of this disease. Another advice of Dr. Dettwieler is to avoid everything which would make the patient perspire, for nothing weakens so much, nothing is more frequently the cause of catching cold than perspiration. For that very reason all exercise is done by the order of the physician, and if by accident a patient sweats, he must immediately return to his room where he is dried and rubbed down. We consider this a most excellent regulation.

Patients who have greatly improved under such treatment are allowed to smoke one or two light cigars a day, and the ladies are allowed to sing a little. A billiard room and a reading room are at their disposal, where the windows are always wide open.

Hardly any drugs are used; off and on a little antipyrine or antifebrine, a little morphine in water, but never more than one centigramme, and never after midnight. Such medical treatment amounts to nothing. *Dettweiler relies on fresh air, abundant nourishment, absolute rest, strict precautions, and especially on pulmonary gymnastics.* In his sanitarium 27% are cured, and among those far advanced cases. Twelve years have passed since its organization, and its benefits are shown by facts. Most patients remain there five or six months, and they are then requested to keep up, as near as possible, the same life which they enjoyed at Falkenstein, and many a patient was able to return to his avocation. A few words on the moral situation of the patient. Dettweiler tells them the whole truth, and their own will-power must aid them to get well again. Away from their homes and families, isolated from business, they have here a chance to get well again. Obedience is strictly demanded and carried out, and whoever cannot stand it and abide by the rules, his absence is more desirable than his presence.

In reading this article queer ideas come into my mind, and how our whole life is made up to sin against nature. Go into any one of our houses of the better class, and everything is done to shut out light and air. Curtains and lambrequins, the more and heavier the better, are put up and the rooms kept dark, so that the harmonious colors of the heavy carpet should not fade or be soiled. Heavy portiers are hung over the doors so that no breath of air would taint the fashionable heavy air of this sacred precinct. And it is no better in the upper stories, for here again fashion rules the roost, and the lovely embroidered coverlets might get a speck of dust if the windows were kept open, and in the nursery the children would be exposed to draught, or might fall out of the windows if they were kept open during the day. The good nurse is ordered to take them out for half an hour or so, but they must be orderly and well behaved,

like little ladies and little gentlemen, and romping, so natural to the child, is interdicted.

No wonder that thus the seeds of many diseases are inflated without accusing heredity by the sins of the parents for it. Prevention is better than cure, and it is the duty of us, as physicians, to be the regulators of the family life. Let the dear ladies reap their harvest which they sow in the parlors and boudoirs, but let us look to it, that the nursery and the children's bedrooms are devoid of all such nuisance—no carpets or window hangings; let them breathe God's best medicine, fresh air, by day and by night, and though we may not rear hot-house plants, we will harden their young constitutions by that other neglected medicine, so free to rich and poor—fresh, cold water, and the coming generation may, perhaps, then be an improvement on the present one.

*California*, that State so blessed by a variety of climates, where neither the heat of the summer solstice nor icy coldness of winter prevents the sojourner from living out-doors the whole year round. California, which is considered by many a weary sufferer as the Mecca where he may regain that only boon worth striving for, his health, is just the place where such sanitarium ought to be established, and they ought to be named Falkenstein, so that he who makes the pilgrimage, might know that health can only be gained by following strictly these minutious regulations necessary for such establishment. Have we any physicians courageous enough to carry out such a mode of life as Dettweiler insists upon? Financial success can be assured, but only under that condition, though our American mode of living will revolt at first against all infringement. Let such phthisical patients recollect that liberty is only possible under the law, and that license brings its own punishment. What a boon to be able to restore health without punishing the patient with drugs.

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BACK copies of the *Hahnemannian Monthly* (previous to January, 1888) may be obtained from the office of the Hahnemannian Co., cor. 18th and Mt. Vernon sts., Philadelphia.

## LEPROSY IN THE HAWAIIAN ISLANDS.

BY GEO. H. MARTIN, M. D., SAN FRANCISCO.

Situated as these islands are, within a week's sail, by steamer, from San Francisco, and having a large trade with this country, we are naturally interested in this question of leprosy, which is making such fearful ravages among the native population there. The biennial report of the President of the Board of Health to the Hawaiian Legislature, session of 1888, gives us much useful information on this subject.

The first clear case of leprosy in the islands was discovered in 1840, in the person of one of the native messengers of the chief. In 1863, fifty cases were found on the Island of Maui alone. In 1868, by reports of the different tax assessors to the Government, by direction of the Minister of Finance, 274 cases were found in the different islands of the group. Since that time leprosy has made fearful strides; until, in 1888, it is estimated that there are 1,500 cases. The total population of the islands, according to the census of 1885, was 80,000; thus it is seen that 5.2 per cent. of all the inhabitants are infected with this dread disease. Segregation has been partially carried out by the Government. Until recently there have been two lazarettas, where lepers have been confined; one at Kakaako, in Honolulu, which accommodated about a hundred, and the other at Kalawao, on the Island of Molokai. Within the past few months the Kakaako hospital has been done away with, and hereafter all of the lepers, as fast as they can be brought in, are to be taken to the settlement at Kalawao.

March 31st, 1888, there were 749 lepers at Kalawao. From the reports of the agents of the Board of Health, there were known to be 644 lepers at large throughout the kingdom. That this is not all that are at large, cumulative evidence goes to show. The new government is doing its work nobly, in regard to this question, and the tremendous difficulties that they have to contend with—in finding out, and segregating, those afflicted with this terrible disease—are gradu-

ally being overcome. From July 1st, 1887, the time the new government went into power, to March 31st, 1888, there were added to the population of the leper settlement at Kalawao 321 lepers; this included 86 sent from Kakaako branch hospital, when that was abolished; the other 235 were picked up in the various islands. For the year ending July 1st, 1887, there had only been 27 cases added; thus we see that the new administration mean to do their work effectually, and, if possible, check the progress of this scourge that has settled upon that fair kingdom. The burden upon the country, in taking care of this large number of persons, is becoming a serious matter; for most of them are unable to work, and therefore can render no return for their support. It is only by the strictest kind of segregation that the disease can ever be stopped, and the only hope of the nation is in following this plan to the letter. Now comes the question, is leprosy contagious? No physician who has ever been to the Hawaiian Islands, and given the matter any thought, would think of saying that it was not. But to what degree it is contagious, or communicable, is a question that is hard to answer. That it is contagious, I think is proved by the rapid spread of the disease in these islands. There is another fact that goes to prove it. There are living at the leper settlement a number of people, friends or relatives of the lepers, called "*kokuas*," who go there to take care of the afflicted ones. A short time ago the Medical Commission, after examining 66 "*kokuas*," who went there perfectly free from leprosy, 23 were declared lepers, and 11 showed symptoms which caused them to be declared "*suspected lepers*." Father Damien, the Catholic priest, who has been at the settlement several years, is now a confirmed leper. A physician in this city, who has had much to do with leprosy, has declared the non-possibility of the inoculation of the disease. To disprove this statement, I will cite the case of the condemned convict *Keanu*. Dr. Arning made application to his Majesty's Privy Council to make some inoculation experiments upon this man, who was under sentence of death. The application was granted, and the sentence was committed to imprisonment for life. On September 30th, 1884, after a careful examination into the personal and family

history of the condemned man, and a thorough examination of his body, which satisfied Dr. Arning that he was perfectly free from any taint of leprosy, he was inoculated with the leprous virus. Careful microscopical examinations made of tissue taken from the inoculated spot showed the presence of the bacillus lepræ in large numbers, until March, 1885. After that time they gradually decreased, until fourteen months later only a few could be found. But now, in October, 1888, four years after inoculation, I learn that "Keanu" is a confirmed leper, and of a bad type. One year ago, when I last saw this man, he was perfectly free from it, but since that time the disease has developed with great rapidity. He has been kept within the prison walls all of this time and there is no way that he could have contracted the disease, other than by inoculation, and it would seem that the proof was positive.

Now, how is leprosy ordinarily contracted? I know of cases where the wife is a leper and the husband, cohabiting with her, shows no sign of it. There is a well known case in Honolulu where husband and wife are both lepers and neither their children, of which they have many, or grandchildren, show any signs of it. Again, quite young children are afflicted, and neither their parents or grand-parents manifest any symptoms of it. Thus we see that it is not always hereditary, as some authors have claimed. From my observations, I have come to the conclusion, that there must first be some peculiar individual idiosyncrasy, some certain constitutional predisposition existing, before one can contract the disease, and the Hawaiians seem to possess this unknown factor in a high degree. We find leprosy prevailing as an epidemic evil in Norway, India and China, and sporadic cases are found all over the world, but nowhere else does it prevail to such an extent as in the Hawaiian Islands.

Of the 749 lepers on Molokai, there are 6 British subjects, 2 Germans, 1 Pole, 1 American, 1 Belgian, 1 Russian, 23 Chinamen, 1 Raratonga native, 1 South Sea-Islander. All the rest are Hawaiians and half-castes. As far as I can find out, there are not more than a dozen cases among the white population, that have ever been discovered, in all of the history of the islands.

As regards to etiology, most of the commonly-accepted opinions we have seen put to nought; but that the children of lepers are the most liable of any one to develop it, in after-life, is a fact. Again, an individual without the leprous taint is more liable to develop the disease in a country where it abounds than in a non-leprous region; that is, after he has been exposed to the contagion. The Hawaiian government has spent large sums of money for investigations as to the cure of leprosy, but as yet with no avail. In November, 1883, Dr. Edward Arning was sent out by the Berlin Society to study up this question. He was given some aid by the government, and went to work at once upon his arrival in a very systematic manner, classifying his work thus: I. Clinical. II. Pathological, anatomical. III. Special bacterial research. IV. Therapeutic. V. Hygienic. For two years he gave these different classes about an equal amount of attention, and had made a most excellent beginning, but, unfortunately, owing to a short-sighted policy of the government, under the Gibson administration, he was not allowed to continue. And the fact is to be regretted by the whole medical world, for there is no other place where investigations can be carried on so easily and so successfully as on these islands. There is one fact that Dr. Arning proved, if nothing else, and that is, that a person can be inoculated with leprosy, as by vaccination, as is seen in the case of "Keanu," which I cited above. At the present time the Board of Health are in communication with Dr. P. G. Unna, of Hamburg, whose alleged cures of leprosy have been favorably noticed, as to the advisability of sending someone who is acquainted with his methods to try them upon the cases at Kalawao. If satisfactory arrangements can be made, and someone can take up the work where Dr. Arning left off, we may yet know more of the disease and how to treat it. I have often been asked if there is not danger of leprosy spreading on this Coast from the fact that lepers sometimes leave the islands and come up here. I do not think that it would ever become endemic here, for it has not the right soil to take root in. There are always some cases of it in San Francisco among the Chinese, and there are also some cases among the whites, but I do not think

there is anything to be feared from them. If it were imminently contagious, every white person, as well as every native, in the Hawaiian Islands would have it, for they mingle freely, and until recently lepers might have been seen everywhere—on the streets, in churches, in the theatre, or at any large gathering. As we become accustomed to a danger, the less we fear it; so with leprosy, the more we see of it the less we think of its horror, and we are apt to settle into a state of indifference, which is fatal to our welfare. That is the condition of the Hawaiians, and also of anyone who lives there any length of time, and for that reason it is difficult for the government to carry out the plan of strict segregation. But now the people are awaking and it will not be long before all cases of this disease are properly taken care of. I do not think that leprosy can be contracted by ordinary contact, but I do believe that all lepers should be segregated and as few healthy persons come near them as possible. While we do not know the exact manner by which this disease is spreading, yet we do know that strict segregation will stop it where it is. The world is looking to Hawaii to see that she deals with this evil that is in her midst as she should, finding some means of cure or alleviation for the sufferers, if she can; if not, preventing them from being a source of contagion to their fellow-men.

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### WHO ARE HOMŒOPATHS?

BY A LAYMAN.

One of the first inquiries made by a man who is invited to join any particular body or order is, "Who compose it?" It is a very essential inquiry, and may furnish a text for this brief disquisition. It is not perhaps so applicable in this instance, as in that of societies and organizations generally, for the reason that Homœopathy is a grand and beneficent scheme for the relief of all inheritors of pain, whether they dwell in marble halls, or the humble cottages of the poor. Yet it may not be amiss to ask the question, for the answer is significant. First: it is people who think; and second;

people who are grateful for the mighty amelioration of the medical art coeval with the appearance of Homœopathy.

It is people who think, because they are dissatisfied with ancient, mouldy and exploded methods of cure, and demand something consonant with the dignity of standing of the other sciences in this century. It is people who have some gratitude in their composition, because the sick-room is no longer a torture chamber, such as those in which the viciously inventive intellect of the Dark Ages rioted, but the rather a spot where in full sway are perceived all the gentle, kind and successful methods adapted to restore the wounded in the battle of life to that harmony with their surroundings, which is the great secret of Mother Nature. The result of the fact that the most thoughtful are the strongest adherents of the system, is that its main support and strength are drawn from the classes who have means. In one respect this is fortunate, for it signifies that that class, which is so influential, is the one which should be the most able to spread its empire rapidly; but there is a misfortune in this respect: that a medical system which can successfully cope with the infinitude of diseases, aches and pains which afflict a class which has leisure, takes little exercise, and is reckless about what it eats, ought to be more widely diffused among the sons and daughters of toil, for it would meet their simpler cases with marvellous efficiency.

It is said that a certain old-school physician of Cleveland, Ohio, remarked concerning a famous and elegant street in that city: "The homœopathic physicians are pulling more door-bells on Euclid Avenue than we are;" and this would undoubtedly be a mere repetition of what might be said concerning the most elegant streets and avenues of every large town and city all over the United States.

When the simple clapper on every poor man's door-panel is also twanged by the physicians of the school, then pain and suffering may probably be expected to shrink within those dimensions which kindly nature intended. A. H. C.

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*The Southern California Practitioner* for August, contains an interesting article on the Climate of Tehama county, Cal.

## IS IT POSSIBLE TO ERECT A HIGHER STANDARD OF MEDICAL KNOWLEDGE IN THIS AGE?

BY S. S. GUY, M. D., SAN FRANCISCO.

### I.

Of all the sciences medicine is the most uncertain. I am aware of the boldness of this statement, as well as of its far-reaching challenge. It is not, however, made in bravado, or for the purpose of a wrangle, but with a view to a fair and candid discussion of its truth and an endeavor to put forth some suggestions regarding some evolutionary processes by means of which it may be rendered *more certain*, and thus become a truer and surer means of ameliorating, modifying and perchance curing some of the protean forms of disease to which all human—as well as—inhuman beings are more or less subject.

Why is this science so uncertain? First, because it has to deal with that which we know the least about, because of its inscrutability to the finite mind, viz., the thing we call life; and second, because of the lack of knowledge in this direction we have no certain basis on which to build a science.

I need not enter into or attempt an analytical discussion of these postulates, for the good reason that they have to a great degree become axiomatic to all deep thinkers.

In this dilemma what are we to do? Sit down and quietly submit to fate, doggedly insisting that because up to this time no certain way out has been found, therefore there is no way? Not so. By a very meagre survey of the history of progress in bygone ages we shall see that all advancement—in whatsoever direction—has taken place through seed-sowing, engrafting, gestation and oftentimes through long and painful parturitions. The marks of slow and gradual evolution are everywhere found. To be sure there have been cataclysms, both physical and spiritual at various times and places, when violent and rapid evolutions have taken place, but always at the expense of great destructions and apparent waste of energy which must always be repaired and restored before an equilibrium could be attained and orderly progress could be resumed.

Nevertheless, although exceptional, these violent inter-ludes performed a use, and obtained a certain end in the economies of nature and spirit. While they seem to be outside of law, yet they were controlled by—shall I say—a higher law, as yet only partially recognized on this natural plane of being, and only seen dimly by even the most highly illuminated mortals. Yet to these they are sufficiently clear to become beacon lights which ever beckon them on to deeper and deeper insights into the arcana of real existence.

But to return. We find this law of progress by evolution ever persistent, ever advancing and aggressive. It is not in the power of man to stop it, but it is in his power to hinder—apparently—its operation upon himself for a time—and to himself this hindrance seems persistent and continuous, but alas, it is but a mental illusion which his vanity and egotism makes to seem real.

Given the truth of this proposition, what follows? An inference, at least, that these movements are actuated by a power outside of man himself.

What then, is this wonderful power that while it seemeth as expansive as eternity, yet is able to concentrate its eternal mightiness, in leasts, in the tinniest mote that floats in the sunbeam? May we say that it is the power by which all things have been and are now created or brought into existence and sustained in all the functions which they are created to perform?

So far but two attributes of this power have been presented, viz.; Almightyness and Omnipresence. But is it not readily also seen that there must be attached to it, or inherent in it, the attribute of Omniscience? This is clearly seen in all the extended arrangements and harmonious operations of the creative forces, as well in the relations of the minutest atoms, as in the rolling spheres of the complex starry heavens.

These attributes in their infinite activity, challenge the extremest stretches of intellectuality in man. He continually wrestles with some of the smallest problems involved in this contemplation, and yet when he has solved those within the scope of the most far-reaching powers of his mind, he finds the result but the merest shimmerings on the confines of the illimitable problems beyond.

But there is one other and supreme element exhibited in this wonderful power which seems to overtop all the rest; in fact, which seems to be the soul and center of all, and for the use of which all the others exist. This is Love; love of use, love of ends for which all things are goodness, beneficent outworkings of affectionate care, even for the least things in creation, as for the greatest. This is the climax and end of all.

Now, it is said that Man was created in the image and in the likeness of this wonderful power which embodies all the attributes named or that can be named which embody goodness and good willing. But when we look around us and behold man in his average state and condition we stand amazed at the terrible contrast between the image and likeness and the original pattern. We are at once inclined to challenge the statement that any such images ever existed; or, if we consent to the statement, we at once set up the query, as to how or wherefore this terrible fall from the true image or likeness. But I must desist; here is my theological limit. You must argue the case for yourself until I am permitted to enter into that most interesting discussion, or it may perchance become involved before we get through, if permitted to go on in the inquiry we have set up.

For the present, however, it must suffice that I assume it to be a fact that man has actually declined or fallen from his highest estate into great physical and moral evil, and as a consequence there has been entailed upon him mental, moral and physical disease.

Hitherto it has been the habit of all prevailing schools of medicine to regard physical disease the principal objective to which all study and research must be directed. In fact, most of the scientific text books and teachings of the schools are based largely upon what is called materialistic philosophy. Assuming that force and matter are the essential elements of all beings, and that all effects are the result of force in motion acting upon matter. This might be a sufficiently clear statement of basic or elemental truth, were it not that the promoters of it insist that force exists *per se*, and is in no way related to a supreme and organized intelligence. This agnostic tendency in the so-called scientific evolution

of the age is the chief barrier to true progress and genuine development of truth. It permits only the presentation, or setting forth the mere appearances or bare shells of real scientific truth. Science consists in setting forth the true facts in orderly sequence. The truthful value of the deductions, or conclusions reached from this setting forth depends upon the preponderance, or otherwise, of the *true* facts in the sequential arrangement.

The conclusions of science relating to therapeutics, up to the second quarter of the present century, are well known to-day to have been of the most fallacious character. Virtually the merest empiricism, even the pretended principle, *contraria, cantrarius, curantur*, had been virtually abandoned by the more intelligent of the profession, and the foremost professors were seeking everywhere for a true guiding principle or therapeutic law. A large proportion of them are still seeking for it and will continue to seek, but in vain, until they rise to the plane of genuine scientific truth.

But the age generally produces the Man, and as soon as mind has become sufficiently developed, he comes forth and unfolds a principle which shall become the basis for another grand step in human progress.

Hahnemann proved to be the man for his time. He developed and proclaimed a principle, as a basis for therapeutics which has proved to be proximately true. I speak advisedly. I will not attempt now to say wherein the law is not absolute. This is not necessary to the discussion. But I will say that while he propounded the law *similia, similibus curantur*, as the nearest expression of his conception of a true principle in the healing art, he also tacitly acknowledged the operation of a still higher principle which reached up towards the primary source of all laws and all power. This law of similars has been wrought upon by his followers, but up to the present has not been improved in a single iota, thus proving that his inspiration was genuine as far as his vision was permitted to be cast in advance of his time.

But this is a rapid moving age and new steps in progress must therefore be made more frequently than in the past. The past developments are fast becoming dissolving views, but thanks to the moving power new views are brought forward as the old ones fade away.

## OPHTHALMOLOGY AND OTOTOLOGY.

DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

## KALI MURIATICUM IN PARENCHYMATOUS KERATITIS.

BY GEO. S. NORTON, M. D., NEW YORK.

In my last edition of "Ophthalmic Therapeutics," attention was called to the value of kali mur., in parenchymatous inflammation of the cornea. Since then a more extended experience in its use has moved to emphasize its importance and widen its sphere of action. It is not only of service in the chronic, low forms of interstitial inflammation, which have been running their course for weeks and months, but is of marked benefit in the early stages of the disease. Illustrative of this assertion is the following case which is similar to several others on my records:

Louis G—, aged 19, came to my office July 3d, 1886, by advice of his physician, Dr. Nichols, of Hoboken, N. J. The young man was of good physique and apparently perfectly healthy. He stated that his right eye had been "bloodshot" for a week and that the vision had been steadily failing for five days. Examination of the eye showed moderate photophobia, lachrymation, conjunctival redness and ciliary injection. The cornea was very hazy, appearing like ground glass throughout its whole extent, but was not vascular; the surface was clear. The vision was reduced to counting fingers six inches from the eye. The history of the case, though not clear, pointed towards a strumous rather than syphilitic origin. Atropina was instilled and kali mur. x given internally. Under this treatment alone he steadily and rapidly improved until he was discharged, August 19th, with vision  $\frac{1}{6}$ . On December 27th, he was again seen, when the vision in the right eye was found to be perfect ( $\frac{15}{2}$ ). But the disease was making its appearance in the left eye, as evidenced by moderate inflammatory symptoms, and cornea hazy at the outer edge. L. V.  $\frac{15}{30}$ . The same treatment was

prescribed as had been so successfully employed before, but for two weeks the cornea gradually grew more opaque, the redness increased, the pain became more marked, as if there were something in the eye, the photophobia and lachrymation became excessive and the vision decreased to counting fingers at six inches. *Rhus tox. x* was then alternated with *kali mur. x*, when the sthenic type of the disease soon changed and the inflammatory symptoms rapidly abated; after which under *kali mur.* alone the improvement continued so long that in eight weeks his vision was  $\frac{1}{4}$ ; and later became perfect.

From a study of the cases of parenchymatous inflammation of the cornea in which the potassium chloride has been given, it is found to be especially adapted to the non-vascular variety of inflammation. *Aurum mur. cannabis* and mercury are oftener called for where the cornea is vascular and inflammation more active. *Calcarea phos.* is also of value in the non-vascular form of diffuse keratitis, but the photophobia is more marked than under *kali mur.* and the scrofulous cachexia so indicative of lime is well pronounced. When *kali mur.* is required there may be some photophobia and lachrymation, but it is never excessive as is the case in the remedies above mentioned. The pains are not distinctive either in character or time of aggravation, but are always very moderate in intensity, even in the early stages of the disease. The conjunctival redness is always present in a greater or less degree, but it is never excessive, bright-red and fiery as in the more sthenic type of the disease.

The above indications for *kali mur.* hold good for all other corneal diseases, in which it is a remedy of great importance. In ulceration of the cornea, however, it will often be found that the base of the ulcer is vascular, as I have already demonstrated in an article upon the subject published in the *North American Journal of Homœopathy*, September, 1885.

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WE are in receipt of three numbers of "The Physician's Leisure Library," published by George S. Davis, Detroit, Mich. "Granular Lids, and Contagious Ophthalmia," by W. F. Mittendorf, M. D., covers a much larger field than its

title would indicate, and in the treatment touches upon diseases of the cornea and iris. He runs counter to the opinion of many good authorities in his mention of "acute granular lids;" also, in his reference to the "follicular variety of granular lids," which is a plain confusion of pathological conditions, and while follicular conjunctivitis may co-exist with trachoma, the two diseases are distinct. Nitrate of silver and sulphate of copper are mentioned as chief agents in the treatment of granular lids, which seems a long way "behind the light house" to a homœopathic therapist. Upon the whole, the book will prove a benefit to the busy practitioner, and for the price, 25 cents, considering its artistic makeup and good general arrangement, is a model of condensation and cheapness.

D. B. St. John Roosa, M. D., furnishes the Library with a 73-paged pamphlet "On Determination of the necessity for Wearing Glasses." This is the most delicate and difficult part of the many intricate duties of the oculist, and this work will be found in the main beyond the reach of the ordinary practitioner, and any one prepared to treat the class of cases here recorded would require no little special training, and a formidable outfit of glasses and other appliances for discovering refractive errors. In short, the doctor who would need this work would need a more complete one of its kind.

The gem of the trio before us for inspection is one by Dr. Samuel Sexton, entitled, "The Modern Treatment of Ear Diseases." It gives "the classification and treatment of over two thousand consecutive cases of ear diseases," as recorded on the title page, and is in every particular reliable and practical in its treatment of this very difficult and important subject. We most heartily commend it to the general profession as a work that will be found strong where strength is needed, and one that will not, as is so often the case in this class of works, prove a harrassing disappointment in crucial want. The illustrations are all excellent and the pamphlet is a model of orderly and practical arrangement and lucid brevity. All these works are neatly bound in paper, strong and durable, and are a credit to the artistic and mechanical skill of the house of George S. Davis. F.

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## Colleges, Hospitals and Societies.

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### HAHNEMANN HOSPITAL COLLEGE.

The fifth annual session of the above institution closed on the 19th of October, after six months of most satisfactory work. The class matriculated this year is the largest in the history of the college, twenty-one in number. These together with the middle and senior classes make a very respectable total as regard numbers, and not only that, Brother Fisher, of the *Southern Journal*, says in his last number: "And in composition it is of the very best material. We have never seen a more thoroughly intellectual and earnest body of young men and women assembled at a medical college than are now in attendance upon this institution." Brother Fisher's powers of observation even before he got his new spectacles were of the acutest.

The commencement exercises will be held November 1st, at Odd Fellows' Hall. As in former years they are to be short but interesting. The programme consists of addresses by Professors G. H. Jenks, George E. Davis, Rev. J. A. Cruzan and a valedictory by Dr. J. A. Ostrander. The music is to be furnished by the well-known band of Noah Brandt, a special feature of which is a mandolin solo by Miss Marie Hyde.

The graduating class consists of the following: T. I. Janes, S. M. Janes, Mrs. C. L. Guild, Miss Ida V. Stambach, H. Damkroeger, H. S. Pelton, J. N. Nellis, J. A. Ostrander, Mrs. J. Wagner.

The following members of the junior and middle classes also passed satisfactory examinations in the branches of those years: H. W. Edmonds, Miss Alice Badger, Miss S. J. Fenton, Miss E. S. Lynch, E. Weirich, Mrs. J. Dewese, R. R. Baldwin, Miss A. M. Goss, W. E. Alumbaugh, G. W. Pleasants, A. B. Jordan, John Callen, G. C. Eschelman, C. T. Caldwell, Lucy G. De Haven, D. G. Bennett, Miss T. B. Cosack.

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**SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.**

The fifth annual meeting of the Southern Homœopathic Medical Association was held at Louisville, Ky., October 10th, 11th, 12th, 1888. Officers: George M. Ockford, M. D., president, Lexington, Ky.; Walter M. Dake, M. D., first vice-president, Nashville, Tenn.; E. A. Guilbert, M. D., second vice-president, Jackson, Miss.; C. G. Fellows, M. D., recording secretary, New Orleans, La.; C. B. Mayer, M. D., corresponding secretary, New Orleans, La.; Robert A. Bayley, M. D., treasurer, New Orleans, La.

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**NEW LICENTIATES.**

The following have been granted licenses to practice by the Homœopathic Board since our last issue:

- A. B. Weymouth, Los Angeles; Bellevue Hospital College, New York...1863
- G. E. Tennant, San Diego; Homœopathic Medical College, Missouri...1879
- G. B. Dickson, Los Angeles; Homœopathic Hospital College, Cleveland, 1888

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**CORRESPONDENCE.**


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**LETTER FROM VANCOUVER, B. C.**

EDITORS CALIFORNIA HOMŒOPATH—I am not a Quaker, but I am periodically moved to do certain things—amongst these, to write to the HOMŒOPATH, the favor, however, is irregular. I think it occurs when I have something to say. I don't know any drug with this peculiarity, but you may not desire to perform a cure.

I believe I have a couple of highly important matters to convey. One is the new front presented by the "regular" School to Homœopaths. The keynote has been sounded in England, but whether as second fiddle to Canada I am not sure. Ontario, at least, long ago put Homœopaths on the same footing as the others, and indeed the profession of that province seem to have striven to do honor in a special manner to the followers of Hahnemann. I have not space to show how this came about. When I left Canada, over twenty years ago, the ostracism, with which you are familiar and which still prevails in the United States, was in full blast, and when, in 1883, I returned I supposed I would have to fight as yore; but I noticed that when I needed assistance in an operation for instance—I got it promptly.

On returning from Victoria to this place I found no traces of the old opposition, but the contrary, and a few months ago, when a Medical Society was formerly here, I was invited to join. It was done in such a matter of course way, too, that I did not think twice on the subject, but attended the first meeting for organization and every one but one since. I have thus become personally acquainted with every one of the doctors in the town. You know how far this goes to remove prejudices and to further the existence of harmony. Until lately we have not reached any discussion of therapeutics, but have been attending to the organization of the new City Hospital.

Recently the question came up whether the medicine required had better be kept in the hospital or dispensed in the drug store. I listened quietly to an animated discussion pro and con. One thought that the more commonly used things, "salts" and "oil," should be kept on hand. When they got through I suggested that both drug store and "salts" and "oil," could be dispensed with. That I boycotted both myself and had done so for about thirty years. It surprised them to hear such a radical proposition, and after some cross (not angry) examination we adjourned.

A desire has thus been aroused to hear more on the subject and I am to read a paper at our next meeting.

Here is what should have been done at the outstart and while Homœopathy would have been generally adopted, Homœopaths would have been unknown.

The new front is that sectarianism be abolished and the utmost toleration be accorded to all educated physicians be practiced.

I intend the title of my paper shall be "The Regeneration of Practical Medicine;" and intend to insist that the matter be viewed and conclusions reached by actual practical tests of practice, not by theoretical considerations.

We had decided to attend city patients in the new City Hospital gratuitously each taking a week (there are nine of us), but at the last moment the Council reduced the number to five—Had a dispute with the Board of Health as to the jurisdiction, and so four, including myself, were left to continue our peaceful keeping instead of being rudely called out in the night for nothing; not even thank you from any body, I am pleased with the outcome.

The other important matter relates to ethics; it will stun some of your wranglers. The slavery of the sick is being abolished. Vested rights in families is tabooed. The "family doctor" is to exist no more. No more shall he trample on the rights of the unfortunate. No more shall he hold on when he knows he doesn't know. No more shall the people have any obstacle in their way when they wish to try and do better. No more shall the doctors themselves quarrel as to the ownership of families or patients. The words "patient of another physician" are to mean a sick person who is actually being attended by another physician only. This will not hurt Homœopathy, but the reverse. You know how frequently patients would come only for fear of offending their *owner*, the "family doctor." And now I would stand on the top of the statue of Liberty in New York harbor and proclaim that Canada has won the Champion belt of freedom and that the boast of America is taken from her, leaving her poor indeed.

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

P. S.—I wish to say that I would like very much to have one or more Homœopaths locate in either Victoria, or New Westminster, or here. There

would be no difficulty, I feel sure, in any well educated man obtaining the license. The Council meets here in November. It is very isolated to be alone in a whole province. Besides, I am inclined to withdraw from the field, or partially so—Reason—real estate umbilically situated, and—well let me see—business.

E. S.

## CLINICAL ITEMS.

*Agaricin in night sweats.*—Few practitioners appreciate the exceedingly great value of agaricin as a remedy in night sweats, especially those of phthisis. The most profuse sweat is checked almost by magic, with a single dose. It operates by diminishing thirst and increasing the secretion of urine. The dose may be pushed to the extent of one grain in the course of twenty-four hours. The single dose for an adult is from one-eighth to one-fourth of a grain.—

*Myrica in Jaundice.*—An interesting clinical confirmation of the use of one of the indications for a comparatively uncommon remedy occurred in a patient under my care. The subject was a stout person, aged 50, with dyspeptic history, sallow complexion; tongue thickly coated; breath offensive, no appetite; stools pale; urine dark; lassitude extreme, and great weakness during the day; abdominal pain and tenderness, greatest in the hepatic regions. Prescribed *nux vomica*  $\bar{d}$ , with unsatisfactory results. The conjunctivæ became yellow the next, and the symptoms were all worse. Prescribed *myrica*  $\bar{l}$ , one grain every twenty-four hours, and a speedy and steady improvement followed in a few hours. This drug was selected from a characteristic symptom: tenacious, thick, mucous secretion in the mouth. I have found it a valuable remedy in jaundice. Dr. Thomas Simpson, *Monthly Homœopathic Review*.

*Am. Pkw. a. Tom. Remedy.*—Dr. Schuessler recommends this drug as efficient in venous affections. Dr. A. C. Kumbal, of Berkeley Station, Neb., reports a case in his practice with the following results. The patient, a boy aged 6 years, had spasms and had been treated by several physi-

cians without benefit. After using nat. phos. 3 for six weeks, three times a day, he passed four feet three inches of tape worm, much to the astonishment of all interested. This is the first recorded case of nat. phos, producing such a result. It is believed the entire worm was passed, there being no evidence of any remaining. Nat. phos. is especially efficient in cases of pin worms.

*Guaiacum* has pleuritic stitches between the scapula, aggravated by every inspiration; sharp stitches from scapula to occiput; stiffness of whole of left side of neck and shoulders.

*Sanguinaria* tincture should not be forgotten in muscular rheumatism of the shoulder joint, and cervical region; neck stiff and pained greatly in movement; impossible to raise the arm from the side.

*Magnes. Phos. in Ague.*—Dr. Sherbino, of Dallas, Texas, reports two cases of ague cured with magnesia phos. 13x. The indications being: Before chill, pain in neck; stiffness; pain down the spine; during chill, cramps in lower limbs, ameliorated by some one taking hold of the foot or feet and drawing on them or extending them (which will relieve any cramp in extremities—Eds.); thirst before and during chill; none during heat or sweat relieves; cramps and vomiting at same time during chill.—S. J. H.

*Lycopod.* is to be thought of in dysuria, retention of urine, spasm of the bladder, especially in teething children. Red sand is found on the napkins. Much pain before passing water. Now remember that *periodical crying, lasting from five to ten minutes, day and night, oftener only at night*, should always make us think of spasm of the bladder or painful urination. Politzer (Vienna) mentions a case of a little two-year old girl, who had been treated homœopathically without success and who had eight to ten crying spells a night for four weeks, where one dose of emulsion of lyc. and bell. cured immediately. He says that such cases are at once met by the administration of lycop. emulsion with or without bell.

# The California Homœopath.

A MONTHLY JOURNAL,

Devoted to the cause of Homœopathy on the Pacific Coast. The only  
Homœopathic Medical Journal west of the Rocky Mountains.

EDITORS. - - WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

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## EDITORIAL NOTES.

THE CALIFORNIA HOMOEOPATH is in need of short, pithy, practical articles for its pages, contributed mainly by Pacific Coast physicians. There are some peculiar conditions with us, upon which it would be well to obtain the united experience of the profession. We name at present but one, and that is the baneful effects of our north wind, which blows regularly at this season, drying up everything in its course, producing and aggravating a host of nervous disorders, catarrhal conditions, etc. Give us your experience in combating this local foe. What peculiar conditions do you find more or less associated with the blowing of our north wind? What remedies and potencies have you found able to counteract these conditions? What remedies correspond theoretically, according to the *Materia Medica*, to the symptoms usually brought on by this meteorological factor? We need no carefully prepared articles, but merely a few pointed hints hastily written off. If there is any need for elaboration, trust us for that.

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## Personal Notes, Locations, Etc.

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DR. H. DAMKROEGER will remain in charge of the Hahnemann Hospital, 312 Page street for the present.

DR. R. S. JACKSON finds the attractions of Los Angeles so great that a flying visit is to be converted into a permanent residence.

REMOVAL.—DRS. JOHNSON AND STILES have removed their office from the Ancker Block to rooms 3, 4 and 5, Post-office Building, SAN BERNARDINO.

DR. KATE SHEPARDSON-BLACK, a former resident of California, but lately practicing in Buffalo, has located in Pasadena. Office in Wood & Bandbury Block.

DR. G. W. BURLEIGH, recently in San Francisco, has removed to Los Angeles and opened an office in 121 S. Spring street, where he pays special attention to diseases of the Stomach and Bowels, and also to diseases of Women.

DR. HORACE F. IVINS, of Philadelphia, who has furnished our readers with some articles on ophthalmology during his recent trip abroad, has returned to his home in Philadelphia.

THROUGH AN ERROR on the part of the printer, DR. J. H. WADDELL, whose advertisement appears in this number, was put down as from Winston, Ohio, in our last. It should have been Wauseon.

R. C. DAILEY, M. D., has located in Visalia, Tulare Co., a town of 3,500 inhabitants, full of malaria and just the place for a Homœopathist of DR. DAILEY'S skill and experience. We feel confident that he has chosen well.

E. V. VAN NORMAN, M. D., formerly of Springfield, Ohio, where he practiced for eighteen years, has located in San Diego. The doctor writes that his health has much improved since moving to this Coast. His office is 943 Sixth street.

MESSRS. REED & CARRICKS' agents recently called upon the editors of this journal and left us a supply of samples. They are manufacturing several new preparations, and any one knowing the excellence of their food will certainly look with confidence upon them.

E. & H. T. ANTHONY & Co., the well known dealers in photographic materials, have an advertisement in this number. We call our readers' attention to it, as photography is often a useful adjunct to medicine, and, as can be seen by their catalogue, furnished upon application, it is a simple, interesting and cheap pastime.

DR. E. A. DE CAILHOL, of Los Angeles, has opened a sanitarium in that city, on Pearl street, between Temple and Diamond. The doctor's whole attention has been given to this undertaking, which has been incubating in his mind for several years, and to judge from the photograph he so kindly sent us, it has at last culminated in a success. A fine main building, pavilions, gardens, etc., where the patients can enjoy the beautiful climate of Los Angeles and live most of the time in the open air. Our Eastern brethren should bear this sanitarium in mind in recommending patients to Los Angeles. We hope the doctor will write us up a full description of his new Home of Health.

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## BOOK REVIEWS.

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### **Helmuth House Reports, 1887—1888.**

One hundred and fifty operations performed and only six unavoidably fatal ones; two from uremia, one each from tetanus, carcinomatous, dysnasia, cardiac paralysis and hysterectomy. Well done, my good, old friend, and may for many years that Helmuth House remain under the guardianship of that blessed woman, Mrs. Helmuth. We need not fear more the taunt that Homœopathy is only good for little children and hysteric women, and still thereon hinges the only complaint which I find in the year's report. Not a word about treatment of the many interesting cases. Let us hear explicitly that surgery shows better results when combined with Homœopathy. Teach the younger members the value of the simillimum in operative surgery, and thus benefit the school of which you are such a valuable and honored member. May only prosperity attend the cases which seek aid and health in your hospice, and may for years to come this noble woman aid her husband in the work of this great charity.

S. L.

### **Disinfection and Disinfectants.**—Their Application and use in the Prevention and Treatment of Disease and in Public and Private Sanitation By the Committee on Disinfectants Appointed by the American Public Health Association, Concord, N. H., 1888.

The Committee was appointed in 1884 and for three years has continued its researches, investigations and experiments, composed as it was by men of great ability, we have in this volume a work of great importance and value, and is, in fact, the most complete and practical volume upon disinfection yet published. It ought to find a place in the working library of every physician, for the subjects it handles with so much clearness and ability are those that at present are engrossing the profession, and on which every physician should be enabled to give clear, concise and accurate information. The Secretary of the Committee has enhanced the value of the work very materially by a complete bibliographical list since 1880, and an ideal index to the whole work.

## POPULAR DEPARTMENT.

## THE MANAGEMENT AND CARE OF CHILDREN.

BY WILLIAM BOERICKE, M. D.

## VIII.

## WEANING AND FOOD FOR OLDER CHILDREN.

With the appearance of the teeth comes the question of weaning, and offering some other food besides milk. With some care and painstaking there ought to be no difficulty in making the change. The old fear of the "second" summer is, on the whole, an idle one, and it is a good rule to substitute other food for mother's milk just so soon as the child shows lack of steady gain in strength and weight. So long as it keeps plump, does not fret, and thrives generally, and the mother's health is also not disturbed, it is doing well, and no immediate change need to be hurriedly inaugurated.

When the child is about one year of age, it is a good average time to wean it, though it is well not to do so in the midst of very hot weather. It should be a *gradual* process, and it is well therefore, to give a meal of artificial food (properly prepared milk) once daily for months before.

*Diet after weaning.*—The essential characteristic must be *simplicity*. Avoid too much variety until the teething process is accomplished, thus, until after the second year, it is desirable that only milk and milk foods should form the *staple diet* of all children.

After the third year the child gradually adopts the varied diet of adults, though I never worry if meat is not taken before the fourth year. Even a good diet will not agree with all children. The differences in constitution and temperament are so great that no one prescribed diet can possibly apply to all. Frequently it becomes largely a matter of experiment to find the best diet for any one individual case; do not fear to change if the child is not prospering.

Remember that *a child should gradually gain in weight and strength*. Loss of flesh in a child not apparently sick, indi-

cates almost always faulty food or feeding. Its flesh should be firm and solid, not flabby, as is so frequent in children brought up on condensed milk alone, or too much starchy food. Now, if with these evidences of good nourishment, the child has no frequent attacks of colic, crying, indigestion, sleeps well, has a healthy skin, you may be sure that its food, whatever it may be, agrees with *that* child, however inadvisable it might be to force all other babies to the same dietary.

A good addition to milk is oatmeal or barley, the latter being preferable as a steady diet because oatmeal, on account of its containing fat and mucin, tends to relax the bowels. This can be advantageously substituted when there is a tendency to constipation. In regard to the kind of barley to be used, it is best to employ the *entire kernel*, including the yellow outer layer, which contains gluten. This ought to be finely ground and allowed to boil five hours, in order to let the outer layer burst.

The *pearl barley* is the inside kernel freed from the husk, and the prepared barley flour of the shops is very white and made from it, but both are inferior for our use to the entire kernel.

A good preparation is the *oatmeal or barley milk*, made by boiling a teaspoonful of oatmeal or ground barley in four ounces of water for a quarter to half an hour and then adding an equal part of milk.

After six months some addition of farinaceous food to the milk will be useful. Now any of the numerous patent foods, like Mellin's, Horlick's, etc., may come in as an *addition*, but not as a *substitute* for milk. The starch in these preparations is supposed to be converted into dextrine, so as to be readily acted upon by the digestive organs. For general use they are all too expensive, and every household can prepare for itself, from ordinary good flour, a preparation of dextrine by resorting to the old-fashioned *flour-ball*, made by taking a pound of flour, tying it lightly in a cloth, placed in water and boiled for ten hours. Afterwards, when cold, the softer outer covering of the ball of flour is cut away and the hard interior is reduced to powder with a fine grater. This powder, exceedingly light and delicate, is of pale straw color. One or two meals a day can be given. For each meal one tea-

spoonful of it is rubbed up with a tablespoonful of cold milk into a smooth paste. Add cold milk until it has the appearance of perfectly smooth cream. A quarter of a pint of hot milk or milk and water is then poured upon the mixture, stirring briskly all the time, and the food is ready for use; or one teaspoonful of this baked flour can be added to one of oat-meal; this is beaten up till smooth with four tablespoonfuls of cold water and then boiled with three quarters of a pint of milk until it thickens. A little sugar and salt should be added.

Besides milk we have, on the one hand, the various mushes or porridges, and other farinaceous foods, and on the other, different meat broths.

The most valuable of the mushes are oat meal, cracked wheat, graham, germea, corn meal, sago, barley, rice, etc. Children like to have a variety, and prefer different ones at different times if permitted to exercise their choice. There are a few general rules to be observed for making porridges for our purpose, which are essential. First, see to it that the cereal is of the best kind; not musty or stale; secondly, the milk must be fresh, the water clean and boiling and never cooked in iron or copper, and always in a double boiler to prevent burning, and lastly, be very particular in having it *thoroughly* cooked. Add but little sugar, and have them seasoned moderately with salt, and give with good milk or cream. Feed slowly, and teach children to chew well even soft food.

A good preparation of these farinaceous foods is obtained by making them according to the following receipts:

*Oatmeal Mush*—One cup granulated oatmeal,  $\frac{1}{2}$  teaspoonful salt, 1 quart boiling water. Put the meal and salt in a double boiler, pour on the boiling water and cook two or three hours, stirring occasionally with a fork. Serve with sugar and cream. For older children a baked apple or apple jelly may be served with it.

The oatmeal is especially adapted to children who have a tendency to constipation.

*Cornmeal Mush*.—One cup corn meal,  $\frac{1}{2}$  teaspoonful salt, 1 cup cold milk, 1 pint boiling water. Mix the meal and

salt with the cold milk and stir gradually into the boiling water. Cook half an hour in a double boiler stirring often.

*Graham Mush.*—Mix half a cup of graham flour and half a teaspoonful of salt. Make into a smooth paste with a little cold water. Stir all into one pint of boiling water, cook twenty minutes stirring often.

*Farina Porridge.*—Half a pint of boiling water, half a pint of fresh milk, one large tablespoonful Hecker's farina wet up with a little cold water; two teaspoonfuls of white sugar and a pinch of salt. Pour the hot water, slightly salted, into a farina or custard-kettle; be sure that it boils before stirring in the wet farina. Boil and stir a quarter of an hour, by which time the mixture should be well thickened and smooth. Add the milk, still stirring, and cook fifteen minutes more. Take from the fire and sweeten. Give it to the child a little now and then blood-warm. Make as much in the morning as will last all day, and be sufficient, when fresh milk is added, to form a supply for a possible midnight meal. Keep it in a cool place and prepare it for use by the addition of a little hot (not boiled) milk, beaten in. Pour it into the bottle as you would milk or give it from a pap-cup. Be careful to see for yourself that the farina is perfectly free from mustor sourness.—(*Marion Harland*).

*Bread Jelly* is made by soaking crumbs of stale bread in cold water for eight hours. The water is then all squeezed out. The pulp is next placed in fresh water and boiled gently for half an hour so as to burst the cellulose capsules of the starch granules. The water is then strained off and the pulp squashed through a fine hair sieve into a mould, where as it cools it sets into a jelly. Enough of this is mixed with warm water or milk to make food of a thin consistence. May be used instead of barley water.

*Broths* are an acceptable change from milk, and serve well for the noonday meal. Sometimes milk does not agree, and then broths form our mainstay. Veal, beef, mutton and chicken broth, made by taking one-half a pound of meat to a pint of water for younger children, and one pound to a pint for older, make nourishing and agreeable foods. Rice,

barley, bread, crackers, etc., may be added. Great care should be taken to have all fat and gristle removed from the meat when cutting it up. It is then put into a saucepan, covered, and allowed to stand by the fire four or five hours, and then simmer gently for two hours. It is then strained and seasoned with salt.

The following receipts have been tried and found excellent:

*Beef-tea.*—The expressed juice of beef is made as follows: A tender steak, cut an inch and one-half thick, should be broiled till cooked through, but not beyond blood red color. The juice should then be squeezed out with a lemon-squeezer or better still, a meat press, and seasoned. One or two tablespoonfuls may be given at a time with stale bread crumbs to a child over one year old.

*Broiled Beef Essence.*—Broil half a pound of round steak one or two minutes or until the juice will flow; cut into small pieces and squeeze the juice into a bowl placed over hot water. Add a pinch of salt and serve at once or pour it over a slice of dry hot toast. Or a

*Beef-tea* may be made by adding half a cup of boiling water to the meat after broiling as above.

*Beef-tea with Oatmeal.*—Mix two tablespoonfuls of oatmeal very smooth with two of cold water; then add a pint of strong boiling beef-tea. Boil together for five minutes, stirring well; strain through a sieve.

*Bread*, wheaten, graham or rye, should be given when comparatively stale; all hot bread and biscuit should be forbidden. Baker's rolls, especially when a day old, are good; graham crackers, seafoam crackers may be taken with the broth, or broken into it.

Zwieback, to be had of all German bakeries, is an excellent change, and forms with milk a good supper. Children as a rule learn to like it very much. Milk toast, cracker toast, sponge cake, lady-fingers, bread and butter, all form excellent foods. Do not deny the child fat in some form, good butter, or as bacon fat, to which is added some bread crumbs or mealy potato. The *potato* must be *baked*, not fried or boiled, and only the mealy ones selected. This with a little dish of gravy or fresh butter and salt is usually found an agreeable change of food.

*Eggs* should be soft boiled or poached, not fried and may be given occasionally; so the plain custard i. e. egg, milk and sugar without spices may be tried at times.

When the eye teeth are through, a portion of a soft boiled or dropped egg may be given, but solid animal food must not be given until all the teeth have appeared at the very earliest.

*Fruits* when ripe, and fresh are good and ought to be allowed liberally. But be sure that seeds, skin and core are excluded. Oranges, pears, bananas, peaches, apples, grapes with seeds and skins removed, strawberries, raspberries etc., may all be used with discretion after a year is passed, or better eighteen months. Baked apples and *stewed* fruits, especially prunes of the French or German variety are useful adjuncts.

A wholesome lunch for a child is lightly toasted, whole-flour bread spread over with finely pulverized prune-pulp. Especially useful when there is a tendency to constipation.

*Meat* need not be given to children under four years of age. When not encouraged otherwise, many children do not care to go outside of milk foods, broths and fruit until then, but there is no objection to meat as a diet two or three times a week or even once daily after the second year, when the molar teeth have appeared. The danger is of giving it too freely and too often. Especially is this true where children come to the adult's table and when the boarding house necessarily excludes the nursery from the child's life. Meat diet is encouraged, because parents believe it strengthens the child. But when given too early and too often, it is apt to lead to ill nourishment and hence colicky pains, boils, skin eruptions. Frequently such children will have sandy deposits in the urine, showing clearly that too much of a burden is laid on the liver. Return more generously to milk diet and fruit and your child will be all the better for it.

Coffee, tea, however weak, and it is almost needless to add wine and all other spirits, must be rigorously excluded from the child's dietary, no "tastes" should be allowed. Milk and water, the latter filtered and boiled, and for older children plain cocoa and cocoa shells, ought to constitute the sole drinks.

A valuable food and stimulant for infants is

*White Wine Whey*, made from half a pint of boiling milk and one glassfull of Sherry strained through a pint sieve and slightly sweetened with sifted sugar.

One rule of great importance is this: Do not pamper a child's whims, but see that he takes a sufficient quantity of simple and nourishing food. On the other hand, do not force a child to eat what he really seems to loathe. Nothing is gained by it.

THE  
CALIFORNIA HOMŒOPATH.

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ORIGINAL ARTICLES.

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REMOVAL OF A BULLET FROM A MAN'S HEAD  
FOLLOWED BY A COMPLETE RECOVERY.

By C. S. SARGEANT, M. D., STOCKTON, CAL.

On the fourth day of October, 1888, I was called to see Mr. M—, who was suffering from the effects of a pistol wound.

He gave me the following history. About the last of August, 1888, while a friend was toying with a number 38 Calibre Smith and Wesson pistol, it was accidentally discharged. Mr. M— was distant only some three feet, the bullet entered the right side of his head just above the right eye, he was in a profound coma for four days and delirium followed lasting one week. The face and eyes were badly burned by the powder and intense inflammation of the right eye followed the injury.

When I first met him the sight of the right eye was completely destroyed.

Upon a careful examination I discovered a slight elevation or ridge just above and anterior to the external auditory meatus and judging from the position in which the two men were standing at the time of the accident and the symptoms

following, I took it to be the seat of lodgment of the missile. He was suffering from intense hemicrania of the right side and felt dizzy at times.

I advised an operation and attempt to remove the bullet, to which he consented.

After placing him under an anesthetic I cut down immediately upon the suspected spot and found the ridge or elevation to be due to a fractured table from pressure within. I enlarged the opening in the table and found the inner table was also fractured, corresponding with the fracture of the external plate and resting upon the dura mater at this place was a portion of the bullet, which I extracted with but little difficulty.

After removing all spicula of bone and loose fragments, I introduced a few strands of catgut to the bottom of the wound to serve as a drainage and put in three sutures leaving the wound open where I brought the catgut out. He recovered completely from the operation with no untoward symptoms, completely free from pain and dizziness from the moment he came from under the anesthetic.

Union by first intention except at the spot my drainage prevented and that healed in a very few days by granulation. I used one to three thousand of Bichloride thoroughly throughout the operation and in after dressings.

The interest in this case lies chiefly in the course the bullet must have taken and the slight amount of damage done.

A cicatrix was to be seen just above the supraorbital notch of the right eye, between it and the superciliary ridge, showing the point of entrance and in order to be found where it was it must have taken a backward, outward and downward direction through the frontal sinus, traversing the greater wing of the sphenoid and lodging in the fossa of the squamous portion of the temporal bone, at the root of the zygoma, just above and in front of the external auditory meatus, fracturing both tables at the seat of lodgment, the bones being considerably comminuted at this spot.

The fragment of the bullet removed weighed sixty-two grains. A Smith and Wesson bullet 38 calibre should weigh one hundred and forty-two grains.

The bullet in its course injured branches of the ciliary arteries, veins and nerves, giving rise to considerable hemorrhage into the ball of the eye. The optic nerve was uninjured at the time, the bullet passing above and to the outer side.

Infiltration of blood into the tissues around and the resulting inflammation with laceration of the parts near the optic caused the loss of sight.

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### CASE OF EXTRA-UTERINE PREGNANCY.

BY ELIZA I. BEACH, M. D., PASADENA, CAL.

Mrs. P—, age 26, was first seen by me December 17, 1887. Found patient in bed vomiting, which had continued for four days at intervals day and night, accompanied by intense cramping pain in stomach. Ejected intensely acid undigested food, bitter green matter, and hot fluid. Bowels constipated; temperature  $102\frac{1}{2}^{\circ}$ , pulse 128; skin hot and dry; very thin in flesh; face pinched. Found abdomen enlarged and hard tumor in right iliac region. Uterus  $6\frac{1}{2}$  inches above pubic arch and 5 inches across fundus. Ordered Ars. 3x and Nux 3x every hour.

Gathered the following facts concerning previous history of patient. Had been feeble from childhood, had had two accidents (falls from carriage), and one serious illness from malaria. Had a child living, aged 7, and had had two miscarriages, each at 3 months, the last being three years previous to the time patient was seen by me. She had already consulted five physicians. September 10, 1887, cervix was dilated for anteversion, followed by what the attending physician called a miscarriage. She had also been aspirated for left ovarian cyst. Case had been diagnosed as Prolapsus with Metritis, and as ovarian abscess opening into bladder. Patient herself believed that she was pregnant.

December 18th—Vomiting controlled; temperature  $101^{\circ}$ ; pulse 120.

December 19th, 20th, 21st, 22d—Each day slight improvement.

December 23d—Pain in right hypogastrium, extending to median line. No marked tenderness or increase of temperature. Pain spasmodic and expulsive. Careful examination revealed suspicion of extra-uterine pregnancy.

December 24th—Vomiting. Pain continues. No marked increase of temperature ( $90^{\circ}$ ), or pulse (99). Called Dr. Rachael Gleason, who could not make a sure diagnosis. Ordered hot baths, fomentations, etc.

December 31st—Slight improvement. No more nausea. Sleeps very well. Awakes with fright. A tight feeling in throat.

January 1, 1888—Had a child at 3 A. M., followed by heat and sweat. No increased soreness or change of pain.

January 2d—Chill. Pain like labor. Still think it tubal pregnancy.

January 3d, 4th—No more chills. Still the pain.

January 5th—Called Dr. Van Slyck in consultation, who thought it an ovarian cyst. Agreed that, in either case, an exploratory incision be made. Consulted Dr. Wise, who decided to make the incision.

January 6th—Pain increased. Expulsive efforts at intervals, with haemorrhage from rectum.

January 7. 4 A. M. A five months foetus expelled through rectum. Exhausting haemorrhage. 1 P. M. patient died.

January 8th—Post mortem revealed left tubal pregnancy. Extensive adhesion among pelvic and abdominal viscera. Rupture in descending colon. Descent through rectum and out of anus.

#### PHTHISIS PULMONALIS—DISEASE OF THE LUNGS—HOT CLIMATE

Drs. Halstead and Kilns, in their paper on "The Treatment of Phthisis in the Hot Climate of California," *Berl. Klin. Wochenschrift*, 1887, p. 27, describe their treatment in phthisis in the hot climate of California. Drs. Kilns and found that the disease was not a true phthisis, because the tubercle bacilli were absent and bacilli cannot be cultured from the sputum.

over. Weigert goes it one better and makes patients breathe hot air from 60 to 80° C., and found that it can be inhaled for several hours daily with steady improvement, the bacilli finally disappearing entirely.

Other German physicians recommend, on the contrary, hot moist air. Krull published in the *Berl. Klin. Wochenschrift* 39, 40, his apparatus for inhaling moist hot air and gained most success from inhalation of 42 to 46° and repudiates inhalation of a higher temperature. All his patients improved, as even during the inhalations no irritation to cough was observed and though some of his patients exposed themselves during the winter to atmospheric influences, none suffered from a laryngeal or bronchial catarrh. He finds his treatment contraindicated in far advanced cases; when syphilis preceded or accompanies phthisis or where consumption and albuminuria go hand in hand, and gives for those suitable to the treatment, the following rules: 1. Breathe naturally without any exertion, as the hot air penetrates deep enough into the lungs. 2. One sitting a day suffices, as the best time for it is between 7 to 8 A. M., and better still between 5 to 6 P. M. 3. Begins with temperatures of 41 to 42 and found most benefit from temperatures between 43 to 46 and gradually, as improvement progresses, return to the lower grades. Inhalations ought never to last longer than 30 to 40 minutes. Strong afebrile patients can stand forty minutes, but in weaker ones half an hour suffices. Immediately after the inhalation the patient closes his lips so that the cold air can only come in through the nose, breathing only through the nose, abstaining from all talking for at least half an hour and lie down on a couch, sufficiently covered. To undress and to go to bed immediately after an inhalation is injurious; and no less so to walk about. Even in favorable cases a fever arises or a present one increases somewhat, but in a few days increased expectoration follows, a decline of the fever can be expected, and, where it keeps on, the temperature of the inhalations lowered, or inhalations only every other day given. An hour after an inhalation easy and increased expectoration follows in rare cases, sometimes mixed with copious sputa with increasing fever and de-

crease in weight contraindicate inhalations. Our patients must enjoy the fresh air as much as possible, but in moderation no over exertion! Even in winter they must go out, but with mouth closed and breathing only through the nostrils. When inhaling in the afternoon, he better remain in doors during the evening in winter, but in summer he goes out, and during the cold season the windows ought to be closed at night. In relation to diet experience shows that animal food and too much nitrogenous nutrition is injurious to phthysical patients, nor ought they be allowed to indulge freely in alcoholic beverages. Tepid baths act well, but keep away from cold douches and frictions. Inhalation treatment can only be thoroughly practiced under the supervision of a physician, and even after the patient may be considered cured the inhalations at intervals ought to be kept up for some time.

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## IS IT POSSIBLE TO ERECT A HIGHER STANDARD OF MEDICAL KNOWLEDGE IN THIS AGE?

BY S. S. GUY, M. D., SAN FRANCISCO.

### II.

In following up the subject commenced last month, permit me to observe that I make no pretention to an exhaustive discussion, but my chief hope and purpose is to concentrate more fully the attention of the profession to the importance of deeper reflection upon the all-important questions involved; and, thereby—if possible—to open up a wider and more expansive horizon for observation and thought in the direction and in the field which belongs to the science and true art of healing.

If the few statements there made regarding the obstacles to real progress in medical science and art are founded on true facts, then it behooves us all to be on the alert to discover a better and truer way. Also towards all of the attempts in this direction, however feeble and by whomsoever made, there should be extended the utmost charity and encouragement.

Ever since Sir Francis Bacon clearly made known to the learned world in his "Novum Organum, etc.," what he conceived to be the true philosophy under-lying all scientific development, and in which he intended to replace the scholastic logic represented in the Organon of Aristotle, the leading minds in the scientific world—so-called—have been actuated in their investigations by the principles therein laid down. Inductive philosophy has borne sway in nearly all efforts to pry into the secrets of the natural world; *from effects to causes* has been the watch-word, and men have gone on piling up the results of their labor in this direction until the mass of scientific conclusions reached is simply enormous, and the material results flowing from them have laid substantial foundations on which may rest in the near future the glorious and symmetrical structure of the temple in which *real science* and a true philosophy shall be developed to the wondering world.

But this reasoning from effect to causes, while it formed a foundation—as above stated—has had the effect to stunt the growth of all genuine philosophy, and relegate it to a new set of thinkers. It has led its investigators to stop short in the midland of proximate causes and to be satisfied with materialistic results. The proclamation of agnosticism has resulted, and our leading scientists *don't know*. They imagine it possible that there may be something beyond but are not quite sure, and on the whole regard it safe to fall back on the idea that after all, power is stored up in what they are unable to call force; and that somehow or other, by certain unexplained principles this force is set in motion and that it operates upon certain laws enacted by their principles, and produces upon matter to produce all the stupendous results which are visible in creation! *Mirabile dictu!* Now, in reasoning from effects to causes, our philosophers leave out one of the most important factors in the ratiocinative process. It is the cause which is necessary in true reasoning; either being neglected or it becomes defective. These are cause, effect, and necessity to result in a circle. It is the beginning nor end. Now the cause so resides the proximate cause, the effect returns,

when the process is completed. Without an end nothing can possibly exist. This end then is the primal cause which rules throughout the process.

The agnostic or materialistic philosopher virtually ignores the true primal cause and insists that he cannot go beyond the proximate cause. It is plain then that this limping logic must necessarily lead to false conclusions.

Let this reasoning now be applied to the leading medical scientists as to the results of their investigations, and it will readily be seen where they stand, and why medical science is so defective, and its applications so unsatisfactory.

What must be done then, to rectify this unfortunate state of affairs?

The true study of mankind is Man. Not this mere dead, physical body alone, for that has been ransacked to its extremest limits to produce the shells and forms of knowledge which we already possess, and which forms the basis of the ponderous tomes in which is found portrayed our present science of Medicine.

Nor alone the five delicate senses of the *living* body, for they but take cognizance of *material* things, and enable us to get but little further on in our researches after living truth in its higher forms.

No, they even do not of themselves take cognizance of anything. They are but sensitive instruments, mere vehicles through which are gathered the *appearances* of facts from the outer or phenomenal world. They are but parts of the material body, which of itself has no life, and, therefore, no inherent ability.

This is evident from all experiments. For when the life—or whatever we may name the principle of animation—leaves the body we know that the organs and senses of the body there which is able to gather facts from the outer world.

This leads us to the question of the nature of the faculties or qualities of this principle of animation. The qualities which we see exhibited in the human mind, and which are not noted in the material body, are self-consciousness, self-expression in the terms of thought, feeling, and action, and comes memory, or the power of retaining the impressions of the imagery of things as they appear to the senses.

through the medium of the senses. Then the faculty to recall those images, and the ability to arrange them in orderly relations, to compare these relations and abstract their properties and qualities and deduce from them ends or uses; in other words the faculty of reasoning. Whence come all these wonderful powers? Are they derived from inert matter or from stored up force? We do not see that experience and observation teach this, but rather the contrary. If so where shall we look for them. We must evidently look for them beyond or outside of mere materialistic conditions.

This leads us to consider if there be any beyond or outside the scope of the senses attached to the material body.

Men have lived in all ages of the world and now live who hold that the negative of this proposition is true.

I might adduce a thousand proofs which have been developed in modern times to substantiate the affirmative of the question, but doing so would lead to a range of discussion into which I prefer not at present to enter. Besides, my aim is not simply to try to convert bald and outright materialists, but to endeavor to lead back those who have been lead partially away from the truth by the sophistical reasonings of the materialistic philosophers. Persons, who, if openly charged with a tendency to adopt those ideas, would wonder how you could even insinuate such a thing. Nevertheless, I know many of this class—some among foremost teachers, whose minds continually tend in that direction.

We might adduce many arguments which would go to prove the existence of a world beyond and outside these material worlds, but the field has been so thoroughly cultivated that it would be a tiresome repetition to go over it again.

I shall therefore, for the purposes of these papers, take it for granted that my readers generally will agree with me that there is a world of real and substantial entities, besides this one which apparently is seen and known only through the senses of the body.

Nevertheless, it must be observed that this other, and per-named, *inner* world, has a direct and in-  
 & *outer* world. Indeed, it might be said  
 in sense, they stand in relation as  
 ore of this anon.

It is conceded by the most materialistic philosophers that a time was when this material world was not, at least in its present form, but was incoherent and nebulous, and was but slowly concreted and brought into form by consecutive operation of forces through long ages, if not eons of time. Who can tell, that by tracing it backward from the nebulous condition through equally vast eons it might not be found to have originated in something infinitely more refined than the vaporous nebulae? Go further back and you may find the primal cause and essence of it all in the form of pure spirit. Reasoning alone from analogies existing in the common human mind even, and we shall be nearly, if not quite, forced to this conclusion. But if we deemed it wise to adduce the proofs referred to above, they would be sufficient to confirm this conclusion beyond question. Still the time is not yet, and we must move discreetly. The minds of men are being opened gradually to a reception of these minor truths, and little by little they must be insinuated into them.

As said above, the things of this external world are but the *forms* for the reception of truths, all of which really came from that other world of causes which lies within and beyond the natural.

If this shall be received, then we are prepared to advance a little step further, and to affirm that the human being lives at the same time both in the natural and spiritual worlds, and that as to his real substantial self, he is altogether a spiritual being, and is capable of maintaining his individuality and identity after he leaves the material body.

In the preceding section of this paper we endeavored, in our reasonings and statements, to show that the primal or real actuating causes of things, so far at least as they relate directly to the phenomena of the material world and to the natural plane of being, lay entirely beyond the but proximate causes which are regarded by the materialistic philosopher as final, and beyond which they are not able to penetrate.

In order to concentrate our thoughts and bring them into a more orderly and tangible form we will take as the pattern for illustration of our philosophy man as he appears to us to-day.

What then is man as to his essence and development?

Man appears as a trichotomous being. Not as a most illustrious philosopher of the preceding century formulated him, as consisting of *spirit, soul and body*, but we much prefer the conception as expressed in the Greek of the New Testament, namely, *pneuma, nous, and psuche*, "the body being no part of man's true nature."

Literally and in a natural sense, *pneuma* means *the air we breathe or respire*. Also *respiration, breathing*. This is well attested by the meaning of all its derivatives. But it also has a still higher and more interior meaning; as, *the spirit, a living being*. It is equivalent to the Latin *anima*. A still more exalted meaning is also given it. It is clearly defined to signify and express the terms, *spirit, spiritual being*. Thus we see it carries in it the idea of that in man which is most exalted and supreme. The second term *nous* or *noos*, literally, signifies *mind, turn of mind, disposition, mood, temper*. It also expands to include the *understanding and reason, judgment, discretion, sense, power of thought, strength of mind*. This is equivalent to the Latin *mens*. *Psuche, life, soul, spirit*, (in its animal sense), also *sensual, desire, propension, appetite*, etc., and is equivalent to the Latin *animus*.

In this discussion we shall adopt the Latin terminology as more convenient.

We shall say then that man consists of an *anima*, a *mens* and an *animus*.

The *anima* is that inmost part of man that is usually designated as spirit. This so far as concerns man as an abstract being or as severed from any *higher* relations, is his supreme principle or that which does or may dominate all below it. It may be said—in a restricted sense—to be the creator of the body and the sustainer and director of all of its life-animating processes. For the present then we shall treat of it in this sense.

The first intelligent inquiry that projects itself into or upon the mind is how or by what means this highest principle comes into contact or relates itself to more external elements so as to be able to carry on the work of creating the body? Here I perceive that it will be difficult to proceed upon this separated plan of discussion without in some measure misleading the mind, unless some allusion is made

to a *supremest* power which exists some discrete degrees above the plane of being which we are now considering, and yet in a sense permeates all, and to whose *supreme power* and jurisdiction we shall ultimately be obliged to refer all things which we are permitted to consider and discuss.

When I say the spirit is the creator of the body I must not be understood as saying or suggesting that it originates the least element of the being. It stands for or is a procreator, nevertheless, it works and acts as if from itself in the restricted sense referred to above.

How far the *mens*, as a differentiated entity, enters into the work carried on by the spirit, and assists in the process, would form the basis of an interesting discussion. However this process may be set up, whether it develops *pari passu* with the body or whether it be a completed creation awaiting its nexus with the soul of the body at an appropriate time, matters little to my present thought. That which corresponds to its highest plane of action does certainly inhere in the *anima*. This is evidenced in all the processes which go on in the creation of the body. Differentiated intellectual movement is everywhere prevalent. What mechanical skill in the arrangement of the bones and muscles, the arteries and veins, and above and over all, what marvelous delicacy and skill is everywhere manifest in the complex structure and offices or functions of the brain and nervous system! We need not enlarge here for everything in nature conspires to emphasize and make clear our proposition.

But the subject here spreads out and enlarges to such a degree that it is difficult to limit it within bounds consistent with the end we have in view.

Whatever be the process or evolution by which the *mens* is set up or established, it appears clearly to me to be of a dual nature. In other words, it has two distinct planes of activity. One we will designate the spiritual and the other the natural or animal plane. One attaches to and is made the servant of the *anima*, while the other is similarly related to the *animus*.

If these positions are sound and well-based it clearly establishes man's trichotomy.

But you will ask me to do more than to merely state my proposition.

If the *anima* or spirit is the evolutionary force which projects the being into external or physical existence, how is it made manifest?

In considering some of the evidences which seem to sustain this position, we may ask for a wide latitude, but we will try to keep within the record of tolerably well-established principles of science and philosophy.

Nevertheless, we may feel obliged to present some phases of truth that are not universally accepted. Be this as it may, we shall be perfectly willing to let every presentation stand upon its merits and be subjected to whatever of criticism it may draw forth, as our supreme object is to elicit the highest truth and set it forth in the clearest manner.

If at times there is an appearance of discursiveness, we must be pardoned, for the subject is vast and far-reaching, and to be made reasonably clear, must be examined from many, and seemingly diverse standpoints. Notwithstanding this we promise to bring you safely back to the point whence we set out.

Everything that has life in the natural world is propagated from seed or from a seminal concretion or center of activity. This seed must be surrounded by certain conditions before it can become prepared in any way to become fecund. And then certain other conditions must be successively brought to bear in order to complete the process and to produce or bring forth the living thing or being. These conditions, then, are the tools of the creating power.

In their cor-related and continuous order they furnish complete and irrefragible evidence of a supremely intelligent power in operation in the process. This process may be said to be practically uniform in all departments of living creations, from the protozoa to the most exalted, that of Man.

The potter has power over the clay to mould it into whatsoever form he pleases. The extent and qualities of the intelligence and power used is always made manifest in the character of the productions brought forth. What then must be the quality and power of the intelligence and wis-

dom that brings forth such a stupendous creature as man? Look at him simply as a physical being, as a mere congeries of mechanical structures and adaptations and one becomes dazed and bewildered in its contemplation. Has any man yet been able to imitate perfectly even its *mechanical* structure, to say nothing of setting it *functionally* in operation.

This is said of man as a mere material and physical being, and if it is true it forces us into another realm of being for materials from which to construct even a plausible theory on which to account for the living miracles which are thrust upon us at every turn.

But man is more than a mere physical being and in order to account for one ten-millionth part of what we behold even through our natural senses we must contemplate him in the higher aspects of his nature.

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#### NATRUM PHOS.

The *Medical Era* for November contains Dr. W. H. Hall's experience with the above remedy. He prescribes it for the following set of symptoms: Pain coming on an hour or two after eating, burning in the stomach, erructations of gas and some fluid. The trouble appears regularly and it makes no difference whether the patient eats much or little. The Doctor in such cases prescribes the 3x with success.

The following cases are illustrations:

I. Patient with troublesome burning in the stomach after eating, and continuing almost to next meal time, and pain developing one or two hours after meals; tongue light gray. No bad taste. No tenderness, bowels regular and stools normal. No thirst. The burning was so troublesome as to keep him awake at night. Natrum Phos cured.

II. Child with indigestion after Typhoid fever. Everything soured in his stomach, breath sour, vomited curdled milk and sour smelling fluids, green stool alternating with constipation, was troubled with colic, white coated tongue and was white around mouth, fretful, cross and restless. Natrum Phos cured.

*Worms:* Two cases of pin worms with itching at anus were cured by the same remedy in the 6x.

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## OPHTHALMOLOGY AND OTOTOLOGY

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DEPARTMENT CONDUCTED BY H. C. FRENCH, M. D.

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THE EAR AND ITS DISEASES, being Practical Contributions to the Study of Otology, by Samuel Sexton, M. D., Aural Surgeon to the New York Eye and Ear Infirmary; Fellow of the American Otological Society; Fellow of the New York Academy of Medicine; Member of the Medical Society of the County of New York, and of the Practitioners' Society of New York. Edited by Christopher J. Colles, M. D., Octavo, 473 pages. Numerous Illustrations. Extra Muslin, \$4.00. New York: William Wood & Company.

In a recent number of THE CALIFORNIA HOMŒOPATH, our readers were introduced to Dr. Samuel Sexton, as the author of an excellent little work on the ear, contributed to the Leisure Library series of George S. Davis & Company, of Detroit. All the good things we were, by its merits, constrained to say of his minor work, we can conscientiously repeat, and with greater emphasis, of the major one. The work is written in four parts, and its arrangement is natural and philosophical. The complex anatomy of the ear is brought down to the comprehension of the general profession, without the omission of any essential facts. Its ætiology is exhaustive and practical, avoiding those abstruse theories that encumber so many works of this class. The treatment is conservative, bringing to the aid of the practitioner the experience of the best authorities of the old school, and all the latest appliances of the aurist, which the publisher brings before the reader by the aid of most excellent illustrations. The author by a careful selection of clinical cases, has presented under each disease almost every phase of aural pathology to be found in that class, with its treatment. If the book were fortified with the Homœopathic Materia Medica, as a text book of otology it would leave nothing to be desired. This book is in every respect up to the highest attainments of a rapidly-advancing branch of medical science, and without hesitancy we can recommend it, as in the front ranks, as a text book.

## Colleges, Hospitals and Societies.

### FIFTH ANNUAL COMMENCEMENT.

The fifth annual commencement exercises of the Hahnemann Hospital College were held at Odd Fellows' Hall, November 1st. A large audience was in attendance. A class of nine, whose names appeared in our last, received the degree of Doctor of Medicine. The address of the evening was delivered by the Rev. J. A. Cruzan, and was a most excellent one. The music was an interesting feature; that by the Mandolin Club being especially fine. After the exercises, the faculty and graduates repaired to the Baldwin, where a sumptuous *table d'hote* awaited them. Toasts were responded to, and a poem, read by its author, Professor H. C. French, was loudly applauded.

### THE MEDIC'S DREAM.

By H. C. FRENCH, M. D.

[Read November 1, 1888, at the graduating banquet of the Hahnemann Medical College of San Francisco, Class of 1888.]

What power mysterious draws our hero on,  
Through blood, and stench, and labor never done?  
What subtle halo is it lights the goal  
Whose bright mirage still lures his restless soul?  
Is it the hope of gain, a dream of fees?  
His pay will prove too oft a dream, that flees.  
Of wealth in solvent promises and bills?  
Alas! for mortgages on swallowed pills.  
Perhaps 'tis glory of the doctor's life—  
The thrilling music of its varied strife?  
Ah! merry cadences of broken bones,  
Of pain and groanings, rapturous in tones;  
Whose cheerful score still stretches sweetly out,  
Through the capricious pentoth and gout.  
How great the returns that on doctors wait;  
Yes, on his score the numbers ebb and flow,  
The golden coins that on his desk are laid,  
The silver pieces that his patients find,  
The copper cents that on his table stand,  
The pennies that his patients find.

Through precious hours, enrapt, intranced, enchained,  
 He sits, while paying patients are detained,  
 A prisoned auditor of endless woes—  
 Of pains and aches, and cramps and conscience-throes,  
 Whose cheerful list reaches to ages gone,  
 Invades ancestral graves, and, one by one,  
 Recounts anew hereditary ills,  
 Outnumbering e'n their unreceipted bills (?)

Our Medic dreams of rest and leisure hours,  
 And nights of sweet delight in lethean bowers:  
 The festive jingle of the glad night-bell,  
 Its sharp, persuasive, peremptory swell,  
 Sends through the happy doctor's spine a thrill,  
 Whose force suggests an allopathic pill.  
 His leisure all too great when rest was pain,  
 His leisure all too small when rest were gain.  
 His devious paths in paradox abound—  
 His chiefest joy in misery is found;  
 For who, in all our impecunious ranks  
 But takes, whene'er he may, a fee, with thanks?

There is a fee which angels hedge around  
 With jealous care; a treasure only found  
 Where midnight sorrow broods o'er squalid bed,  
 From which pale dying lips in whispers plead  
 For that small boon man's meager skill can lend  
 A soul whose fading rays with darkness blend.  
 Better than gold, or praise of royalty,  
 The heaven-born incense that shall fall on thee,  
 O priest of pain, as robed in sacred power,  
 Thou stand'st 'twixt death and life, in such an hour.  
 A benediction sweeter it shall be  
 Than all thy dreams of glad futurity.

#### ALUMNI ASSOCIATION.

The third annual meeting of the Alumni Association of the Hahnemann Hospital College of San Francisco took place at the parlors of Odd Fellows' Hall, at the close of the commencement exercises, Nov. 1st, 1888.

The following graduates were elected members of the Association: Drs. A. B. Wightman, J. D. Chaffee, A. D. Fouchy, E. Mattner, H. Damkroeger, C. L. Guild, J. Nellis, J. A. Ostrander, H. S. Pelton, I. V. Stambach, P. Wagner.

The election of officers for the ensuing year was as follows:  
 President, Florence N. Saltonstall, M. D.; Vice Presi-

dent, E. R. Ballard, M. D.; Secretary, A. G. Bowen, M. D.; Treasurer, J. A. Ostrander; Executive Committee, Drs. John Townsend, I. V. Stambach, C. L. Guild and A. D. Fouchy.

A special meeting of the Society will be held in May for the transaction of important business. Notice of the date and place of meeting will be sent to each Alumnus.

#### CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY—SESSION OF 1889.

The following appointments to the chairmanship of the different Scientific Bureaux are announced by the President, S. Powell Burdick, M. D.

Clinical Medicine and Electricity, C. L. Tisdale; Obstetrics, H. L. Bradley; Gynæcology, J. M. Ward; Diseases of Women and Children, J. N. Eckel; Surgery, J. J. Miller; Ophthalmology, Wm. Simpson; Anatomy and Physiology, including Microscopy and Histology, W. A. Dewey; Materia Medica and Provings, Samuel Lilienthal; Medical Education, Statistics and Neurology, H. C. French; Legislation, G. E. Davis.

A. C. PETERSON, Secretary.

#### NEW LICENTIATES.

The following have been granted licenses to practice by the Homœopathic Board since our last issue:

L. K. Blakeslee, Los Angeles	Hahnemann Medical College of Chicago, 1883
W. H. Davis, Los Angeles	University of Michigan, 1882
Samuel N. Janes, San Francisco	Hahnemann Hospital College, S. F., 1888
Thomas I. Janes, San Francisco	Hahnemann Hospital College, S. F., 1888
J. A. Ostrander, Oakland	Hahnemann Hospital College, S. F., 1888
J. G. Nellis, San Francisco	Hahnemann Hospital College, S. F., 1888
H. Damkroeger, San Francisco	Hahnemann Hospital College, S. F., 1888
C. L. Guild, Santa Barbara	Hahnemann Hospital College, S. F., 1888
P. A. Terry, Santa Barbara	Homœopathic Medical College, Missouri, 1879

DRS. GAUTIER & MORGUES have recently called the attention of the French Academy of Sciences to the presence of alkaloids in cod liver oil, some of which are very active in oil that is not fresh.

## CORRESPONDENCE.

[The following letter, with comments by "S. L.," is of interest:]

WESTBOROUGH, MASS., October 29, 1888.

SAMUEL LILIENTHAL, M. D.—*Dear Sir:* On picking up the *American Journal of Insanity* for October, 1888, I find under the portion assigned to California, the following paragraph:

"The Hospital for Chronic Insane at Agnew is now definitely expected to receive its first consignment of patients, to the number of four hundred, in November next. The relief to the State Asylums will be only trifling, as both Stockton and Napa have a surplus of five hundred or six hundred patients more than they can properly accommodate. The urgent necessity for additional asylums in the State will be brought before the notice of the Legislature at its pending session."

In view of the fact of their being not accommodation enough for the insane in California, and of a petition going to the Legislature for increased accommodations this coming winter, cannot the Homœopaths in California make an effort to obtain an institution there similar to the Homœopathic institutions built in New York State and here in Massachusetts? They are pushing in this direction now in Pennsylvania; they are already building an institution, I understand, in Minnesota, to be under Homœopathic management; and it was reported to me that Wyoming lost a Homœopathic asylum by only one vote in the Legislature there last Spring.

Very sincerely,

N. EMMONS PAINE.

Per M. J.

We feel grateful to Dr. N. Emmons Paine, the Superintendent of the Westborough Insane Asylum, and formerly first assistant to Dr. Talcott, of the Middleton Insane Asylum, to have led our attention to the duties incumbent upon us at this hour. Only after many severe struggles the New York and the Massachusetts Homœopathic physicians carried their point in the Legislature. In some of the Western States it needs only one or two more efforts to come out victorious, and there ought to be a Homœopathic insane asylum in California as well as in Oregon. Let no side-issues interfere, but let us go, as one man, before our Legislature, and the old-school dare not refuse such a request when the three Allopathic insane asylums of this State are so overfilled that it is impossible to do the poor patients justice. Only lately I had to send insane patients to Napa or Stockton because we had not the opportunity to treat them safely at their own homes, where family influence interferes and becomes injurious, and we have no asylum where they can be treated according to our great law of cure. Hahnemann already long ago led our attention to the paramount value of the mental symptoms in selecting the remedy suitable to the totality of symptoms, and in both Homœopathic insane asylums the increasing number of cures verifies the prediction that Homœopathic treatment is the treatment for mental disorders. My friend and former pupil, Dr. Talcott, glories in the result that narcotics are unknown

in Middletown. We ought to go before our Legislature and demand our right to an asylum for the sake of poor, suffering human beings. It needs only a strong pull, and California, the land of mental hyperæsthesia with its consequent neurasthenia, is just the land where Homœopathy in the treatment of alienation will gain many a glory. Set the ball in motion, and success will be ours.

S. L.

[The following was received from Dr. Schuessler. We translate it for the benefit of our readers—EDITORS.]

DEAR COLLEAGUE—It is encouraging that the cause of biochemistry is spreading so rapidly in America, as is evident from the fact that in so short a space of time fifteen hundred copies of your work have been sold. You seem to believe that former English editions of my work have been published with my sanction, or directly by me, for you say: "Your English translation." That is an error. In regard to the translation by Mrs. Walker, I must say that that edition contains additions, ridiculous indications and erroneous explanations, to which I cannot agree. In regard to the centesimal scale recommended there, I cannot find fault, for in former editions of my work I recommended the same, but for some years I have employed the decimal scale. That it is possible for small doses of my remedies to produce diseases on healthy persons I do not believe; neither do I believe that *small doses of Homœopathic remedies* are able to produce disease. You say that in many cases my remedies work wonderfully, but that in some cases the Homœopathic remedies are to be preferred. That I contest. If my theory is correct, and it is correct, it follows of necessity, since in very many cases my remedies have been acknowledged preferable to the Homœopathic remedies, that this preference must extend to all diseased conditions at all curable with remedies. In this assertion of mine there is no logical error. Failures can only be the negative results of faulty perception of the cases treated. It is necessary to individualize. Let me illustrate with two examples: I was consulted about a rachitic child, which presented a watery, besotted aspect, and whose eyes, so to speak, swam in water. I did not give calc. phos., but natr. mur. A favorable result soon showed itself. An anemia which was characterized by a symptom calling for natr. sulph. was rapidly cured after the administration of this drug.

I beg for further communications on your part.

SCHUESSLER.

THE "British Homœopathic Pharmacopœia" is to be translated into Urdu for the benefit of the native practitioners of India, now, thanks mainly to the Calcutta Homœopathic College, becoming so largely indoctrinated with Homœopathy.

PROFESSOR H. W. ...  
remedy in the ...  
frequently ...

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 CLINICAL ITEMS.
 

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## POSITIVE STATEMENTS OF QUESTIONABLE TRUTH.

*Drosera.* A single dose of drosera 30 will cure whooping cough in a week.—*Hahnemann.*

*Kali Carb.* It is rarely that ulcerative pulmonary phthisis can be cured without this antipsoric.—*Hahnemann.*

*Plantago.* The 2x dilution will cure seven-tenths of all cases of toothache in 15 minutes.—*Reutlinger.*

*Plantago.* No homoeopathic remedy can compare with plantago in toothache.—*Hale, Hughes, Humphreys, et al.*

*Verbascum.* Incontinence of urine, cures nearly every case.  
*Cushing.*

*Spongia and Lachesis,* both at the 30th dilution, are the medicines which control the therapeutics of pleurisy. I should not know how to recommend too earnestly the employment of these two substances. We may remark, by the way, that this treatment, which is also that of peritonitis, seems adapted to inflammation of all serous membranes, with or without effusion.—*Teste.*

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*Senega.*—Soreness of the walls of the chest on moving the arms, particularly the left, with burning pain about the heart.

*Melilotus* has soreness of pleura with severe cough, great pain in chest, preventing lying on either side.

*Agrimonia* is an excellent remedy for painful kidneys, usually associated with loss of appetite, impaired digestion, and in women with wrong of the menses. Tincture in doses of one to ten drops.

*Stannum* cures headaches beginning with vertigo, growing worse during several hours and accompanied by nausea and vomiting—also gastralgia, characterized by constrictive pinching pains in the stomach and accompanied by faintness and nausea, especially after a meal. In chronic bronchitis and phthisis, with greenish or offensive expectoration, fatiguing cough morning and evening, with great oppression, chills and night sweats. Cough provoked by lying on right side.

*Menyanthes*.—Bursting headaches—a sensation of terrible tension in the membranes of the brain. Begins in nape of neck and spreads all over. Relieved by pressure. Feeling as if a weight pressed on the brain. Cold hands and feet.

*Phellandrium*.—Pain as from a weight on the top of head with aching and burning in the temples and above the eyes, which are congested; eyes water; can bear neither light nor sound.

*Antipyrin* produces catarrhal symptoms, beginning in nose and passing down into the trachea—*itching and burning in nose and eyes*; catarrhal conjunctivitis—itching and burning in mouth and throat, as well as in skin, especially on the inside of thighs—urticaria.

It ought to prove a homoeopathic remedy for hay fever, asthma and in diseases of the skin, erythema and urticaria, especially in women. Erysipelas and oedematous swellings. Its profuse sweating and sensation of extreme heat over the entire body would call for its use at the climacteric.—*Dr. Decker in N. A. J. of Hom.*

*Helonias* in 2 drop doses 3 to 4 times daily a specific for the dragging, pulling down sensation in the pelvic region experienced by many women at the menstrual period, or after having been on their feet. The sensation is common to women *leaving uterus prolapsed*.—*British Medical Times.*

*Nuxvomica* cures the diarrhoea of the most nourished children, and the diarrhoea of the most constitutionally pale children, and the diarrhoea of the most delicate children.

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THE CALIFORNIA HOMOEOPATH, No. 234 Sutter St., San Francisco, Cal.

## EDITORIAL NOTES.

With this number THE CALIFORNIA HOMOEOPATH finishes its sixth volume and the first as a monthly publication. We need but refer our readers to the index to the present volume that accompanies this number, and let them judge for themselves whether we have come up to our promises. We feel sufficiently encouraged to keep up the monthly issue, and simply wish for the co-operation of all—by subscriptions, articles and advertisements. In some one way, or all, every Homœopathic physician on this Coast can help. In the next volume we shall continue to publish short and practical original articles, translations of the best of foreign medical literature, and practical items of general interest to every practitioner. An industrious veteran Professor Lilienthal will contribute to the dignity and character of the next volume his valuable contributions, and we shall pub-

lish in each number one original study in *Materia Medica* by different representative men in our School—leading with one by Professor Leonard, of the Minnesota Medical University. We wish again to especially invite Pacific Coast physicians to give us short, practical contributions in regard to the character and treatment of the diseases of their daily round of professional work.

COLDS, influenza, etc., have furnished the bulk of doctors' patients during the past month, and the epidemic remedy has been the desideratum much to be desired. One physician of large experience has found *aconite*, and later *arum triphyl.*, to cure most cases. For ourselves, we found quite satisfactory results from *aralia racemosa*, which seemed to cover most of the symptoms. Our Schuessler apostle in the next room extols ferr. phos. and nat. mur, although we know for a fact that *causticum* 200 had to be called in to clear up the deeper recesses of his bronchial tubes.

WE are going to have a big Homœopathic hospital in this city sometime, judging from the enthusiasm of the Ladies' Aid Society and the bank account as a materialization of that enthusiasm. A very interesting entertainment was given recently for the benefit of the hospital, and during this month a fair will take place, about which particulars are wanting, save that it is to be held at Irving Hall during the first week of the month, and an important feature is to be a daily lunch. We hope every Homœopathic physician in this city will personally interest himself in this method, and go himself as well as urge his patients to do so. You will lose something if you stay away.

PROFESSOR LITTLE, in speaking of uterine cancer said: "When you have the cure of you are farthest removed from the disease."—H. C. LITTLE.

DR. A. B. [Name] [Address] [City] [State] [Country] [Year]

## Personal Notes, Locations, Etc.

DR. C. F. CLARK has located at Winters, Cal.

DR. L. A. BALLARD has returned, and resumed her practice at 205 Powell street.

MRS. C. L. GUILD, M. D., and IDA V. STAMBACH, M. D., have located at Santa Barbara.

HELEN J. UNDERWOOD, M. D., has located at No. 236 East Santa Clara street, San Jose.

S. H. BOYNTON, M. D., has located at Los Angeles, Cal., and gone into partnership with Dr. Beach.

BENJAMIN HARRISON, our President-elect, and the man we worked for, employs a homoeopathic physician.

DR. EDGAR V. VAN NORMAN has permanently located in San Diego, at 943 Sixth street. Residence, Hotel Florence.

DR. E. C. MANNING, of Los Angeles, has removed his residence to "The Ramona," corner of Third and Spring streets.

H. DAMKROGER, M. D., has opened his office at 312 Page street, San Francisco. He is the resident physician of the Hahnemann Hospital.

PROFESSOR DR. K. K. HOFRATH BAMBERGER, etc., etc., the distinguished Vienna professor, has recently died. He was a great favorite with American students.

P. A. TERRY, M. D., formerly of Wichita, Kansas, has found a new home in San Francisco, where he will pursue the practice of his profession. He is located at — Seventh street.

At the last meeting of the Society of Natural History, of San Diego, DR. GEORGE W. BARNES, who has been President of the Society from its organization in 1874, resigned on account of ill-health. The following resolution was unanimously adopted by the society:

"WHEREAS, DR. GEORGE W. BARNES, who has occupied the office of President of this Society from its organization in 1874 until this time, now

lecton on the ground of ill health; therefore, be it

That we express to DR. BARNES the grateful appreciation of a long, faithful and most unselfish labors in its behalf, and cordial wishes for his health and happiness."

WE have received the following: "DRS. BARNES, GAMBER & ARNDT. Offices: San Diego, 951 Sixth street; telephone 66, Coronado Beach, Hotel del Coronado. GEORGE WILLIAM BARNES, M. D., Emeritus Professor of *Materia Medica*, and late Professor of *Materia Medica*, Homœopathic Hospital College, Cleveland, Ohio; residence, 951 Sixth street; office practice. B. F. GAMBER, M. D., late Professor of Anatomy and late Professor of Physiology and Hygiene, Homœopathic Hospital College, Cleveland, Ohio; residence, B and Twenty-second streets; telephone 162; surgery and family practice. H. R. ARNDT, M. D., Professor of *Materia Medica* and Therapeutics and Clinical Professor of Nervous Diseases, Homœopathic Medical College of the University of Michigan; editor-in-chief of Arndt's System of Medicine; one of the authors of Hempel and Arndt's *Materia Medica* and Therapeutics; late editor of the *Medical Counselor*, etc.; residence, Hotel del Coronado; diseases of the nervous system and family practice." This makes as strong a team as could be desired.

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## BOOK REVIEWS.

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**A Text-Book of Gynæcology. Designed for the Student and General Practitioner.** By A. C. COWPERTHWAIT, M. D., Ph. D., LL. D. Chicago: Gross & Delbridge, 1888.

This volume grew out of the author's work as a lecturer on Gynæcology, when he seriously felt the need of a textbook for students that would be systematic in its arrangements, concise in its details and cover the entire list of diseases comprehended by the term Gynæcology, together with their homœopathic treatment. The work as presented seems to us an admirable arrangement and compilation for this purpose. We regret however, that the author depended so much from quotations from other works, which we fear takes away from evenness of style and readableness. The treatment seems to us admirable and rational; the indications for the remedies being clear-cut and concise and local treatment not discarded. The publishers have done their part in giving us a beautiful volume—paper, type and illustrations all being unexceptionable.

**Otis Clapp & Sons' Visiting List and Prescription Record.** Perpetual. Boston and Providence: Otis Clapp & Son.

Now is the time for looking for new visiting lists and we can do our readers no greater favor than again calling their attention to the one issued by Otis Clapp & Son. It seems to us the best of its kind, elegantly bound and adapted for either 30 or 60 patients. Besides being a record it contains observations on the pulse, temperature, dentition, disinfectants, poisons and other subjects of use for ready reference in such a place.

**The Significance of the Epi Blastie Origin of the Central Nervous System.** By G. W. JACOBY, M. D. Reprinted from *New York Medical Journal*.

**Abdominal Surgery.** By H. C. WYMAN, M. D., Physicians Leisure Library  
George S. Davis, Detroit, Mich., 1888, 25 cents.

We have received the above, being the first number of the series for 1888, and a most interesting little work it is, going into the subject quite thoroughly. These little books are worth twice their cost; others are to follow, and as we receive them we shall call attention to them.

**Report of the Murdock Free Surgical Hospital for Women.** Boston,  
1888.

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## POPULAR DEPARTMENT.

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### THE MANAGEMENT AND CARE OF CHILDREN.

By WILLIAM BOERICKE, M. D.

#### IX.

##### INDIGESTION.

The various dyspeptic conditions of infants, from simple indigestion to various forms of bowel trouble, ending with the dreaded cholera infantum, or summer complaint, form by far the most frequent diseases of infants, and it is especially in these diseases where domestic management and intelligent care as to the diet and surroundings of the little sufferer can do more than mere medicine, and without which the best medicinal treatment will be of no avail. Two factors account for the great prevalence of these conditions in infants—namely, first, *the great sensitiveness of the whole digestive tract*, the mucous membrane being exquisitely alive to all foreign impressions so that it will react violently to anything irritating; and secondly—*errors in diet and faulty methods of feeding*. Thus the largest number of dyspeptic victims is punished by the *artificially fed*, because hand feeding, in order to be successful, must be an intelligent and rational procedure. Most frequently it is some form of *starchy* food that first upsets the digestive tract, for it is not until after the fourth month, practically not until the first half year is passed, that the salivary glands enter into functional activity and starchy food needs the presence of saliva for its

perfect digestion, hence if given before this time, it will surely set up a gastric and intestinal catarrh, the chief symptoms of which will be some form of diarrhœa.

Again, cow's milk, unless modified by acting upon the casein, will often prove indigestible. The thick, tough curds cannot be acted upon by the secretions of the infant's stomach and thus are liable to become burdensome ballast, only to be vomited or by fermenting and decaying, produce gases, colic, pain and bowel disturbance. These untoward results of errors in diet are brought about more readily if favored by external circumstances, as for instance, hot weather, unclean surroundings, impurity in air, water, etc.

Now if such a dyspeptic condition goes on unchecked, even for a comparatively short time, it, *in turn*, produces other and very serious symptoms. The whole nervous system becomes depressed on account of the lack of proper nutrition, the child runs down rapidly, wastes away and by and by the irritative stage is displaced by an apathetic, listless condition, which is an alarming and dangerous state where some severe acute trouble like pneumonia, may intervene without producing any very marked symptoms. *Secondary disorders*, therefore, are the danger of such a chronic wasting condition and constant vigilance alone on the part of mother and physicians will prevent disaster. The chief *guiding symptoms* that will enable any one to locate the seat of the disease are *vomiting* and the *changed stools*.

The vomiting usually is of the food sour, tough curds, mucus intermixed at times with a little bile.

The stool is changed, both in color and frequency, from its normal, yellow, mushy, slightly acid character. Instead of one or two discharges, we may have as many as twenty per day, frequently half a dozen at least; the consistency is changed, the stools are thinner, watery, containing whitish lumps of undigested milk; often are greenish and offensive. Of course such a state of things soon shows itself in the general appearance of the child. It grows thin, lips blue, nose pointed and cold, extremities cold. In this way a simple dyspepsia soon develops quite alarming symptoms.

*The child is very restless* and *irritable*. The acid fermentation of food. It is common in warm climates especially in warm

weather. This looks like little bits of curd adhering to the tongue, cheeks and lips. Its presence shows a condition unfavorable to the ready assimilation of food. *Attacks of hives* and *red gum* are also certain signs of digestive derangement.

See that every simple diarrhoea is attended to—not suppressed by chalk mixture or opium but cured—by rectifying the diet and giving the appropriate homœopathic remedy.

The best guide to the digestibility of any article of diet, is watching baby's growth in stature and weight and examination of the stools. Remember that mere increase in weight however, is not always the desirable thing it looks to be; the flesh must be firm, not flabby, the skin of that beautiful mottled character so indicative of health. We often see abnormally fat, flabby children after exclusive diet of condensed milk and various starchy foods, but fatness and flabbiness is often associated with rickety bones and a similar condition of the mucous membranes, by which the child takes cold so very readily from the slightest chill or atmospheric impurity.

*The treatment* of dyspepsia and the consequent gastro-intestinal catarrh and wasting consists mainly in removing the cause and surrounding the little patient with the best possible conditions for his physical comfort and well-being. Look to the food and then to the method of its preparation and administration.

Breast-milk is the only proper food for infants, and practically, there is no safe substitute but good cow's milk prepared to meet the infants' needs, so long as the front teeth are not cut through. *Articles containing starch*, like arrow-root, sago, potatoes, crackers and all patent foods *must not be depended upon as food for very young infants.*

The best treatment for the acute dyspeptic symptoms is to secure rest for the stomach and body. If there is continued nausea or retching, teaspoonsful doses of ice water or some effervescing water like German Seltzer may be preferable. The cold water may be followed by small frequent doses of thin barley water, later equal parts of veal broth and ley water, given cold and in small quantities. This can be changed to mutton or chicken broth given in the same manner. During this time heat should be applied to abdomen

and extremities, and the child kept perfectly quiet. Then on attempting milk, give it sparingly and freely diluted with barley water. The feeding should be done very cautiously. Never give more than can be digested, in order to prevent fresh irritation and to save the energy both of the digestive organ and the body at large. On returning to milk, it may be necessary to add lime water for a time, especially if there is much acidity. Take at first one part of milk, later, two, and add equal parts of barley water and somewhat less of lime water. If the child is much prostrated, 5 drops of old brandy in a teaspoonful of cold water may have to be given every hour or oftener, but do not administer any alcoholic stimulant without your physician's advice, if this is obtainable.

If during the hot weather season a child is suddenly attacked with vomiting, prostration and purging it will be best for you to notify your doctor to call, put the child for a few minutes in a hot bath, then carefully dry it and wrap in warm blankets. Apply heat to extremities and abdomen, and give a drop or two of camphor spirits. An excellent stimulating food can easily be made by beating up the yellow of one egg with 2 tablespoonfuls of wine and 5 tablespoonfuls of water. This is readily assimilated.

Return very slowly and cautiously to the ordinary diet, relying for a time on some of the gruels. Make a *wheat gruel* by taking 1 teacupful of unbolted flour boiled in 1 quart water for  $\frac{3}{4}$  of an hour, strain, season with salt and sugar. This may be thinned so as to pass through a nursing tube and be given from the bottle. A little cream, say a tablespoonful may be added later to increase its nourishing qualities and if there be much wasting, add a pulverized hard boiled egg. This may be used as mush and eaten with cream and sugar.

*Beef-ten* is especially valuable as a food in diarrhoea, for it generally acts as a nutritive to the intestinal canal, weak mutton broth with three times as much water is also very serviceable. So is clam broth or the same with three times as much water.

In diarrhoea when there is a great loss of fluids, give a teaspoonful of the following mixture every hour until the fluids are restored.

more than you think it safe to let him have, but try putting only a small quantity in the cup and letting him have the satisfaction of *draining* it, you will accomplish a good deal in the way of satisfying him. Then there is rice-water, almost a necessity in diarrhoea, made best by taking 4 tablespoonfuls of washed rice to 2 quarts of water and boil down to 1 quart. Now add some sugar and a little nutmeg to flavor it. By adding to this one pint of milk you will have a nourishing diet.

*Soda Milk* is another excellent drink and will remain on the most delicate stomach. One half milk and one half soda water given cool. *Kumyss* is a refreshing and delicious beverage and fills a want often felt in the dietetics of invalids. When children can be persuaded to take it, for they object, as a rule to the sour taste, it is much to be recommended.

Next in importance to the regulation of the food is attention to general hygienic measures.

*Pure air is essential.*—The confined and polluted air of many rooms, especially in boarding houses and among the poorer classes, in tenements, are productive of the disease. But even in our best houses it is but too often that the nursery and sleeping apartments lack fresh air. Do not let the regulation of the ventilation be in the charge of your servants. See to it yourself, and *never* permit the drying of wet napkins in the rooms where your baby sleeps or plays. Pure cool air acts as a nerve tonic and the warmer the weather, the more important to keep the baby out of doors. Many a little patient with diarrhoea and vomiting, will sleep peacefully and rapidly improve in the fresh, open air, when it but languishes and wastes away within doors. See that the bed is cool and dry. Sometimes a wire-woven mattress, with a soft blanket over it is an agreeable change; or again, a hammock swung in some desirable place will bring comfort not found elsewhere.

Then remember in these dyspeptic conditions the *flannel bandage*. Indeed this should never be taken away until the sixth month and must be kept on so long as the diarrhoea continues. At the same time see that the feet are always warm, and the younger the child the more important this is. Watch the solid comfort and grateful enjoyment as you

toast baby's toes before an open fire, and every nursery should be provided with such an essential luxury.

Colds are very liable to produce these troubles, especially during first and second periods of dentition, these being the cold catching periods of a child's life. Protect therefrom especially the chest, abdomen, thighs and legs. Include in your baby's outfit an india rubber bag for hot water. By means of it, heat can be given readily in the quickest and most effective way, and many a case of colic relieved without medicine and much crying.

*Perfect cleanliness* you must insist upon. It is seldom that nurses can be prevailed upon to change the napkins often enough—the very moment it is the least soiled. The parts should be washed each time and dusted with corn starch. This will prevent chafing which would be inevitable, especially if the napkins are not *thoroughly rinsed* and dried before using.

Sponge the entire body in hot weather with cool water once or twice a day. Add a little salt or alcohol. Have the clothing and bed clothing clean, well aired and frequently changed. If the baby is weak and wasted, do not neglect rubbing all over, but especially abdomen, arm pits and soles, with warm sweet oil.

*Remedies.* Among the many remedies the physician has at his command, there are a few which are frequently indicated among which are *chamom* when the child is very fretful, peevish, has green stools, sour vomiting, much colic, head hot and sweaty, and one cheek red and the other pale.

*Ipecac* with much vomiting of food and green mucus, stools as if fermented and grass green.

*Calcar.* is an invaluable medicine for scrophulous or ill nourished children, for protracted teething or defective growth, chronic diarrhoea, *whitish, sour stools* and much sweat on head, feet feet damp, abdomen apt to be large.

VOL. VI.

DECEMBER, 1888.

No. 12.

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THE  
California Homœopath.

Miner  
Singer  
Miner

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EDITORS:

WM. BOERICKE, M. D. and W. A. DEWEY, M. D.

234 Sutter Street, San Francisco.

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### To Subscribers.

The present number completes Volume VI of THE CALIFORNIA HOMŒOPATH, and your subscription for Volume VII is now due. There is no better time to attend to the settling up of one's bills than at the end of a year or at the commencement of one. Doctors' pocket-books are plethoric then, if ever.

### New Subscribers.

Our subscription list has so rapidly increased during the past year that we shall have to get a new book on January 1, 1889, and we shall get one large enough to have plenty of room for new subscribers. *Every physician who receives a sample copy of THE CALIFORNIA HOMŒOPATH is invited to subscribe--\$2.00 a year only.*

### Pacific Coast Physicians.

Should aid the journal by inserting their cards. After the first of the year, and our list of cards is complete, we shall have a few hundred extra copies of them struck off and distributed to the pharmacies of the Coast, so that a patient desiring a Homœopathic physician, and inquiring for one at a pharmacy or drug store, will be handed the list from which to make his own choice. We are often asked the question: "Whom do you recommend in —?" Of course *we* recommend our subscribers first; but then we cut a small figure as compared with several hundred of our subscribers who do not know who to recommend. Put your card in the HOMŒOPATH, where they will see it, and in the course of a year you will find that it pays to advertise in the only way that is ethical.

### Our Advertisements.

They are all worth reading. Among our recent additions is the *Geo. W. Laird Co. Oleo Chyle*. We would inform our Southern brethren that Oleo Chyle is just the thing for the one-lunged inhabitants of the southern citrus belt. Its purity and efficacy are well known. Try Oleo Chyle before trying other brands of cod-liver oil.

**Tarrant & Co.**

This well-known New York firm's advertisement appears in this number. Those who do not know of *Hoff's Malt Extract* have an opportunity now to find out about it.

**Bovinine**

Has a large sale on this Coast, and deservedly. We have used it in our practice, and cannot speak too highly of it. It has saved the life of two or three patients for us.

**Otis Clapp & Co's Visiting-list.**

Now is the time to procure a visiting-list. See their new advertisement.

**Sample Copies.**

A larger number than usual of THE CALIFORNIA HOMOEOPATH will be struck off this month, to be sent out as sample copies, and we would suggest to those receiving it that they look over the *index* which accompanies it. It shows what we did last year, but it is not a circumstance to what we shall do in 1889.

**Reed & Carnrick's Food—A Correction.**

The *Boston Medical and Surgical Journal*, from which an extract was quoted by the *Medical Record*, bearing on the composition of several artificial foods, publishes a correction based upon the analyses of Professors Elwyn Waller and A. A. Breneman, regarding Reed & Carnrick's soluble food, to the effect that 38.26 per cent. of the albuminoids which it contains are in soluble form; that no "hard unchanged particles of casein" were found; that the casein is partially rendered soluble by the action of the digestive ferment; that the proportion of albuminoids in liquid peptonoids is limited only by the quantity which can be kept unchanged in solution; that sixteen per cent. of alcohol is necessary to prevent decomposition of the albuminoids, and that no greater than three per cent. of these can be held in solution in this liquid. We publish the correction from the same source as the original quotation as an act of justice to all concerned, regretting that we in common with our Boston contemporaries were in any manner misled by what appeared to be a well-authenticated official report.—*The Medical Record*, October 13, 1888.

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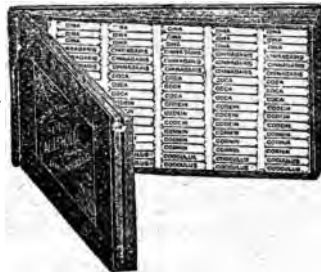
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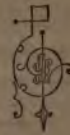
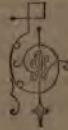
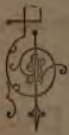
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