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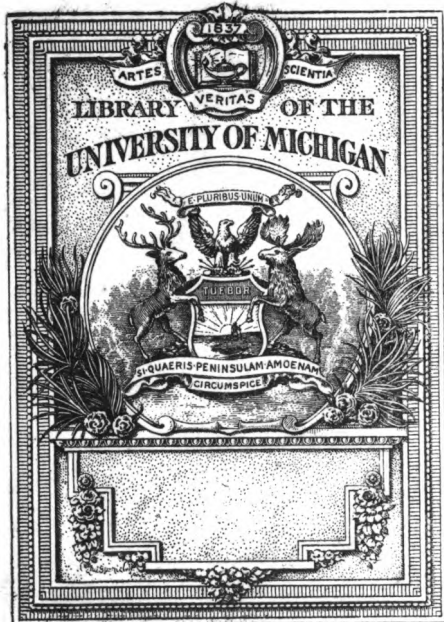
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THE CALIFORNIA HOMŒOPATH.

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

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

VOL. III. SAN FRANCISCO, JANUARY, 1885. No. 1.

EDITORIAL.

The third volume of the CALIFORNIA HOMŒOPATH, begins with this volume. The support accorded to us in the past, justifies our entering another year's existence. Since its first appearance, the CALIFORNIA HOMŒOPATH, has been loyal to its principles, advocating the Homœopathic method of cure as the safest, best and speediest of all therapeutical methods in vogue, and trying to illustrate from the experience of our best men, the applications in practice of our doctrines. We have identified ourselves with the progress of our school on this Coast, and this can only mean that we have advocated the claims to recognition of the Hahnemann Medical College of San Francisco, simply because that institution alone possesses the vigor and represents the cause of Homœopathy of our part of the country adequately.

Homœopathy as a system of medical faith and practice, has been growing largely in favor with our people. Our prosperous college, our hospital, our large dispensary, our pharmacies, our 250 representatives, and last but not least,

our journal, of course all give evidence that we are alive and ready to battle for our just claims as adherents to the great law for the selection of drugs to the cure of disease, *Similia Similibus Curantur*.

THE first term of lectures of the Hahnemann Medical College of San Francisco closed about the last of October; graduates represented the first crop of the new institution. The Board of Directors and Faculty have every reason to be gratified with the results of their first year of labor. When they first began to fill the want long felt by the profession of a separate school for the systematic teaching of Homœopathy, it was necessarily with some misgiving as to the method of the reception their efforts would receive. But the spontaneous endorsement from many unexpected sources was a surprise and a gratification, and not only was the new College enabled to start out with a class much larger than the most sanguine had dared to hope, but we have every reason to look upon it as the most auspicious outlook for future support. We hope that too is forthcoming. Every Homœopathic physician on the Coast has a duty to perform. Who will shirk it? Encourage students to come, remember the College with donations for its library, its museum, its building fund. Soon we must have our own building, that will accommodate the growing classes, and represent to some extent, the young giant school that is growing up, and must sooner or later take the position worthy of its advanced views on medical subjects.

ORIGINAL ARTICLES.

ECLAMPSIA INFANTUM.

READ BEFORE THE STATE HOMŒOPATHIC SOCIETY

By J. N. ECKEL, M. D.

The frightful phenomenon we call by the general term, convulsions, and which is met with so often during a physician's practical career, and strikes terror and dismay in happy families, and which demands from us speedy action, has been by old medical writers—such as Hypocrates, Plinel and others—described as epilepsy; and it would seem, at the first glance, as being the latter, as the cardinal symptoms are alike. Yet medical writers of the nineteenth century point out clearly the difference. Epilepsy is of a chronic nature. Who has ever heard of a chronic eclampsia?

Some writers went so far and called eclampsia acute epilepsy. In both there is unconsciousness, more or less insensibility. I am willing, for one, to submit to the modern classification; and we are indebted to Sauvage, who was the first one, who called convulsions of children and infants, eclampsia infantum.

Ozamam considers eclampsia a disease *sui generis*.

If we analyze every single case in relation to its origin, its pathology, the preceding and combined symptoms, we are inclined to believe, at first sight, that we have before us an epileptic form of disease, and, therefore, the old medical writers are excusable when they called it acute epilepsy. By irritation of the sensitive nerves, and by reflex action, the central nervous system—the brain—responds.

It appears under an apparent paroxysm of epilepsy.

As soon as the cause of irritation is removed the paroxysm stops, and we have again a complete restoration, unless a fatal issue occurs during a paroxysm.

This is sometimes the case. Such facts I have seen in malignant scarlatina. A repetition of the paroxysm is a sure sign of new irritation on the sensitive nerves; a sure sign that the cause of irritation has not been removed.

A chronic eclampsia, as already mentioned, is not known.

In short, what is eclampsia? A general *clonic epileptiform* acute spasm, independent of any material changes or morbid disorganization of the central organ—the brain—produced by transitory causes. As soon as the latter are removed the system and its various functions become normal again. There is, as you will perceive, an irritant cause noticeable by way of the reflex action.

It is not my intention to describe the different species of eclampsia. Such as the idiopathic or the symptomatic, the direct or indirect. Very often combined causes are at play. Not to get our subject mixed, we will only dwell on eclampsia in general. With your permission and indulgence let us consider its ætiology.

The disease is pre-eminent in children so much so that Sauvage added, with perfect right, the adjective *infantum*. After the second dentition we meet with it but very seldom.

There must be then, in the earlier childhood, a peculiar disposition, a disposition by which that character of *spasmophilia* is so well marked—a gradual development, a gradual declining, and at last completely disappearing disposition. There must be something in the organism which stamps this peculiarity, this tendency to spasms. Is it a family inheritance?

Does it not point that way? Have you ever met with families where almost all their children had more or less convulsions? Is there not a peculiar tendency in such families? Does not the law of transmission stand out boldly? I know of a family of four children; they all had convulsions; not one attack, but frequent attacks. It seems almost strange that sometimes a mere trifle should produce them in certain children, whilst in others a great irritant hardly affects them.

Bouchat mentions a curious fact, a family history so to say: Ten children in one family had convulsions. One of the ten in later life got married, had also ten children, nine of the latter also had convulsions.

Barthez and Rilliet speak of one child—four had already died in the same family of convulsions—who also perished of eclampsia during the progress of enteritis.

Dr. Weiss, of Prague, speaks of his own child having frequent paroxysms until it got up to the age of nine years. It even went into spasms from overjoy at the presentation of a toy.

My own son had frequent attacks of spasms during his childhood, until he reached the age of his seventh year. Artificial feeding did not agree with him; could always trace the cause to crude food. I do not think I have any right to classify him as belonging to a spasmophilic family, as my other children were never troubled with spasms. What, then, disposes children in their early life to eclampsia? What are the predisposing causes or circumstances by which such serious results are produced?

Baumes calls this tendency to convulsions convulsibility. "Such children," he goes on to say, "have a fine delicate skin, their muscles are thin, their eyes have an unsteady, confused look, the physiognomy is unchangeable; sometimes they look pale, sometimes red; sometimes one side of the face is pale, whilst the other side is red." All well and good for Baumes, I do not share his opinion.

Many appearances, taken from the physiological and pathological life of a child, for instance the little sensibility against pain in their infancy, the delicate development of the sense of taste (according to Saltmann); of hearing and smell (Vierordt and Gerhardt "*Handbuch der Kinder Krankheiten*") do not speak in favor of that peculiar erithism of the nervous system, at least during the first few weeks of their existence.

Soltmann asserts, in a very recent article on that question, that the sensibility is not so extensive or high as heretofore believed, on the contrary lessened. By several careful experiments he proved satisfactorily, that the motor nerves of a newborn infant are more difficult to irritate by electricity than in adults; that the peculiar irritability increases with the age of the infant between the fifth and tenth month, both the sensitive and motor nerves are easier disturbed.

It is conclusively shown by modern neurologists that the sensibility of the peripheral nerves are decreased, and we may not look for that increased reflex disposition and tendency to spasms in an infant a few weeks old. What part of

the body then, in children, is responsible for such tumultary? The first philosopher amongst the anatomists, Bischat—as Prof. Hyrtle calls him—says: The two great functions in children, motion and sensibility, and the intellectual functions, are only in the dark. Its mode of operation is only in anticipation of action.

Tiedemann (Anatomy of the Brain) says the brain of children 6 to 8 months old is reddish-white, the cortical substance can hardly be distinguished from the rest of the brain; the lobes are little organized, whilst the medulla oblongata, and the spinal cord are completely developed. Billard accuses directly the incomplete organization of the infant's brain.

Nothnagel, for instance, disputes the fact of an inherited disposition, whilst others of equal prominence say the contrary.

Weiss speaks of a family where either the father or mother had epilepsy, whose children had many attacks of convulsions. From 16 children eight had convulsions. Out of 56 children born from parents who had epilepsy 30 per cent. had neuropathic troubles. Children born from a hysteric mother are very apt to be liable to convulsions.

Even some authors speak of severe shocks to the nervous system during pregnancy as chargeable causes. As a matter of curiosity only, I will here mention the case of Gunsant and Blachet, that all three children born from a quarrelsome mother during her pregnancy had convulsions during their childhood. One great factor which predisposes children to convulsions is an anæmic condition in such children where they sustained loss of blood. Those who, artificially raised, especially amongst the poorer class, insufficient food, or food bad in quality, or too much in quantity; those who live in bad ventilated apartments; violent diarrhœa, cholera infantum. Of 56 per cent. children already mentioned by Weiss 12 per cent. had convulsions from loss of blood; amongst those were three children of Jewish parents, on whom circumcision was performed; also in children who have the rickets, Elsaesser and Gee of England, make the same assertion. Is it not, perhaps, more the anæmic condition of such children a predisposing cause than the rickets itself? Some

authors say female children are more liable than the male children. Barthez and Rilliet say more male than female. Weiss thinks the per cent. is about equal; 29 males and 27 females. My experience agrees with Barthez and Rilliet.

Resume.—The peculiar disposition to eclampsia during the early life of a child is inherited.

Epilepsy and hysteria of parents are predisposing causes.

Anæmia a decided cause. Food either too much in quantity or bad in quality.

To bring on an attack of convulsions there must be a decided and direct cause, without the latter, in spite of a predisposition, it will not occur.

Psychological impressions, such as fear, fright, or children whose brains are filled with ghost stories by ignorant nurses, etc. Violent and sudden impressions to the senses of hearing and sight; of eclampsies from a strong affect on the senses of smell and taste, we have no cases cited in literature.

Idiocyncrasy, is for instance, in hysteric persons, very often the cause of bringing on a hysteric attack. I do not know whether this is applicable to very young children.

The most frequent cause is an irritation of the peripheral sensitive nerves. Guersant and Blachet saw convulsions from too high a temperature.

Mechanical irritation, such as pins and needles (Baumes). Prof. Hensch of Berlin relates a case of gravel; foreign bodies in the ear; exposure of the *rete malpighii* from burns; also gall-stones (Weiss). The most attacks of eclampsia occur from crude food, especially in those children, who are deprived of mothers milk, by foreign bodies children swallow, as cherry and peach-stones, etc., or anything that is likely to irritate the mucous membrane of the intestinal canal.

Many years ago I made a *post mortem* examination of a child that died in Oakland, within the short period of two hours. It was thought by the attending old-school physician that it had swallowed a small, unripe apple. The child was picked up under the tree, in convulsions. No apple, however, was found. Cause, pulmonary apoplexia.

Weiss cites a case where a wet nurse got into a violent passion; nursed the baby, and a paroxysm came on. So

may the irritation of entozoa of the bowels. I never saw but one case of the kind; *tænia* was the irritant. However, the worms do not, at the present time, play such a great figure amongst the doctors as formerly, only in the heads of old, wise nurses, who see worms whenever a child rubs its nose, or grides its teeth during sleep, not thinking that it may be a large quantity of potatoes or a piece of mince pie, or these or some other crude substance.

Very often worms will leave the body without producing any plausible symptoms; so for instance in high fever, as worms do not remain alive in a high temperature, such as typhoid fever, scarlatina or acute gastro-intestinal catarrh. If the just mentioned diseases produce convulsions the worms were the cause; this is more plausible to a nurse, more so if the little creature should come away alive. The poor little children are very often unnecessarily tortured by anteworm nostrums. The medicine itself will often bring on the storm.

A case of this kind is cited by Weiss. His own child got sick during his absence. A friend of his gave to the latter some Santonine; no worms made their appearance; convulsions set in. Difficult dentition is another cause. I think too much stress, however, is laid to this cause, almost as much as the worm phantom. I have no doubt there may be some exceptional cases where the attacks of eclampsia may be ascribed to worms and the teeth. I do not believe with Conradi, who says, in the nursery you must yield to the prejudice of the mother and nurses for reasons of policy, so that they should not think we are ignorant. Neither should I dare say with Barthez and Rilliet that such doctrines belong to the land of fables. However, too much is put to the accounts of the teeth.

West thinks, when attacks of eclampsia during the period of teething occur, they should be ascribed to the general reduced constitution.

Of course a mother will be more satisfied if you tell her teeth are the cause of such attacks. Take out your gum-lancet and do your duty. The tooth is cut.

Is the Eclampsia cured? You will get a blessing if the

paroxysm comes on again. Vogel, in his compendium on diseases on children agrees with Conradi and other old medical writers, teething is a decided exciting cause. However, the possibility is there, theoretically and fully demonstrated in practice. I have seen convulsions during dentition, and caused only from difficult teething. I here refer again to the family of four children; every time they had a tooth, convulsions set in. I base my belief firmly on experience. The latter is always the best and wisest teacher. Every physician must be some times his own authority. Whilst I admit that difficult dentition will bring on sometimes Eclampsia, I will also state that often times other exciting causes may be overlooked by mothers and nurses; causes which do not strike their eyes so plainly as the teeth. Only think of it!—how often are the little ones tortured with that little handy instrument, the thimble, until the point of the tooth shines through the gums; a deep sigh, the agony is over, and joy rules supreme.

So, for instance, the child is dressed according to fashion; it must make a good appearance; it belongs to the nineteenth century. The chest is, perhaps, well covered and protected, but its short petticoats leave the legs bare; it goes 'out in cold weather; or the chest is not well protected, whilst the legs are kept warm, an acute intestinal catarrh, enteritis or pneumonia set in, what then? or the children are kept in a high temperature, no fresh air is admitted, carried through a cold hall, are sent out from a temperature of 70 or 72 Fahrenheit into the hall or streets with a temperature of 60 degrees or even less. The skin was in perspiration, it is now checked in a 10 degrees lesser atmosphere. It is suddenly chilled; pneumonia, broncho-pneumonia, or pulmonary apoplexy set in, with the preluding symptoms of convulsions; or the child is fed, over-fed, on potatoes and milk, and finished perhaps with ice cream. If the little one get an attack of eclampsia, that naughty tooth plays the only part in this terrible drama.

Thirty-nine cases out of 56, says Weiss, are caused by indigested food.

I also saw convulsions in intermittent fever.

The two great factors, and respondent in convulsions, are the brain and spinal nerves. We all know diseases of the brain produce convulsions.

It is an indisputable fact that the brain of a child contains more water than the one in an adult. That the changes of its substances are dependent on the great preponderance of water. That the reflex action of a child above the tenth month is more attenuated than in adults. The most important factor to suppress the reflex action, or which reduces it somewhat in its force is the will.

A strong will in an adult can suppress pain. If unprepared, however, even the tickling of the skin will produce reflex action, but if he puts his will against it, that is, if aware of things to come, the roaring of a cannon does not disturb him. What then when a sudden noise strikes the auditory nerve, and his mind rests on another subject?

In olden times very little sympathy was expressed for poor sufferers of convulsions. They were either in company with Mephisto, or in the power of witches.

Whatever I said on this subject matter is in conformity with the views of modern pathologists, and we will hold fast to the *one fact*: that we meet with individuals of neuropathic and psychopathic constitution.

SPINAL SYPHILIS.

By CHARLES PORTER HART, M. D., Wyoming, Ohio.

Under this title I shall include the syphilitic neoplasms of both the spinal cord and its membranes. Though much less than in the brain, they present the same two varieties, namely, the soft or jelly-like, and the hard or cheese-like, forms of syphilomata. They do not appear as well-defined tumors, but as small, multiple patches disseminated through the tissues, uniting the membranes with each other, and with the cord.

Symptoms.—The symptoms of localized syphilitic disease of the spinal cord, do not generally manifest themselves

until the later periods of the syphilitic affection, and long after the first appearance of constitutional symptoms. Thus, of seventeen cases coming under his care, Dr. Dowse found that three occurred during the secondary period; seven during, and co-existing with, the tertiary objective signs; four, three years after; two, five years; and one after six years of the syphilitic infection.

There is generally, but not always, well-marked syphilitic cachexia, the patient being feeble and emaciated, his skin sallow and earthy looking, and his mental faculties more or less depressed. Pains, increased by pressure, are felt from time to time in different parts of the spine; and various disorders of sensibility, such as pain, numbness, formication, anæsthesia, etc., are experienced in the lower limbs. At last the motor function becomes involved, and involuntary startings, muscular spasms, rigidity, and paralysis appear in one, and soon afterwards in the other lower extremity. There is now complete paraplegia. This may exist either with or without paralysis of the sphincters, and on the other hand the genito-urinary organs may alone be involved.

When the lesions are seated in the upper part of the cervical region of the cord, the paralysis involves, not only the lower extremities, but the trunk, the upper extremities, and the muscles of respiration. Under these circumstances the patient is liable to sudden death from paralysis of the phrenic nerves; and even in other cases a fatal condition is apt to be eventually developed, unless prevented by treatment.

Causes.—The causes of spinal syphiloma are the same as those of neuro-syphilitic affections generally. It is invariably preceded by the primary, and frequently by the secondary and tertiary symptoms of syphilis. It may occur at all periods of life, in children as well as in old people, but is most common between the ages of twenty and forty. The neuro-pathic constitution appears to favor its development; while over-exertion, sexual excesses, spinal concussion, and other like agencies are supposed to act as exciting causes.

Diagnosis.—The characteristic symptoms of the disease, taken in connection with the previous history of the case, and

the promptly beneficial effect of anti-syphilitic treatment, are generally sufficient to establish a satisfactory diagnosis.

Morbid Anatomy and Pathology.—Syphilitic neoplasms are developed on the periphery of the spinal cord in the sub-arachnoid space, and on the internal surface of the dura mater. The gummatous effusions, instead of being diffusely infiltrated into the tissues, appear sometimes in the form of miliary tubercles disseminated in the meninges and lymphatic spaces. The microscopical and histological characters are similar to those of cerebral syphilomata.

The effects are generally such as result from pressure. In some cases, however, the adjacent parts of the cord undergo proliferation of the neuroglia, swelling of the nerve-elements, and even softening, but, as far as known, the latter occurs without the development of myelitis. In some few cases, on the other hand, in which the symptoms of acute ascending spinal paralysis have been observed during life, no structural changes could be found in the cord after death, and these, therefore, are supposed to have been due to simple hyperæmia.

Prognosis.—In the majority of cases, if the paralysis is properly treated, the patient will recover; but in some cases, especially when the cervical spine is affected, asphyxia, bronchitis, pneumonia, or some other affection, may carry off the patient in spite of the very best treatment; and even where this is not the case, we can seldom expect perfect recovery to take place, as the posterior root-zones generally become involved to such an extent as to leave the patient permanently affected with the symptoms of locomotor ataxia.

Treatment. — Experience shows that no class of spinal diseases is more amenable to treatment than the syphilitic, provided proper attention is paid to the general health. It is not sufficient, in many cases, that anti-syphilitic remedies simply, such as *Mercurius* and *Kali-iodatum*, should be given, but the vital power should be raised, the nutritive functions improved, and the patient placed under the most favorable hygienic conditions. In addition, therefore, to the usual anti-syphilitic and anti-paralytic remedies, such medicines

should be administered as the particular symptoms of the case call for; in other words, the case should be carefully individualized.

*General indications.—For Constitutional syphilis:—*Arsen., Asaf., Aurum, Carbo reg., Coryd., Ferr. iod., Fluor. ac., Guaiac, Hec. lav. Hepar, Iod., Kali bich. and iod., Laches., Mercurous corr., Mezer, Nit. ac., Phos. ac., Phyto., Sars., Staph., Stil., Sulph., Thuj.

For Tubercular Syphilis.—Arsen., Carbo an., Coryd., Fluor. ac., Kali bich. and iod., Staph., Thuj.

For Mercurial Syphilis.—Aurum, Ferr. iod., Hepar, Iod., Kali. iod., Laches., Mezer., Nit. ac., Phos. ac., Phyt., Sars., Staph., Sulph.

For Syphilomata.—Arsen., Caust., Conium, Ferr. iod., Hepar., Laches., Merc., Nat. mur., Phos., Psorin., Silic., Sulph.

REMARKABLE EFFECT FROM A HIGH POTENCY.

By WM. BOERICKE, M. D.

About nine months ago a young lady consulted me, seeking relief of a chronic constipation. With this exception she appeared to be perfectly well, and on examination found it well nigh impossible to elicit any symptoms, subjective or objective. She informed me that for two years past she had *not once* had a natural passage—one unassisted either by an enema, or the result of purgative drugs. She had been under treatment of some of our leading old school physicians, who had exhausted pills, powders and mineral waters, and for six months past had been under the care of two homœopathic physicians with no result. She was perfectly discouraged, as at this time even the enemas that were administered had failed to give relief. She *looked* to me like a Graphites patient, but owing to the great variety of drugs she had taken I prescribed, without further thought, *nux vom.*, and knowing, moreover, her late homœopathic advisers to be adherents of the “low and lowest” potencies only, though very careful prescribers, I gave it in the 200th potency, a dose night and

morning for a week. I gave no directions about diet, and did not wish any change to be made in her way of living, and forbad enemas.

I mentioned, also, that she could not look for any immediate results of my treatment—my first prescription being largely antidotal to much that she had taken—and that I should study up the case meanwhile, hoping to find the curative remedy.

She returned in one week with the astonishing report, that she had *two* natural stools since taking the remedy. Now, I had intended to give her graphites, but, of course, this favorable report was too clear an indication of my future course. I continued the *Nux* 200 night and morning. Next week she had a natural stool every other day. Otherwise perfectly well, I now gave her *Nux* 1000, and at the end of four weeks she had no further trouble with the constipation, having a stool every day, skipping one once in a while. I now stopped all medicine, when she returned in a few weeks, saying that evacuations came not oftener than every three days, so I administered again *Nux* 200, which again changed matters very shortly to a perfectly normal condition. She has remained so ever since.

There can be no doubt that this case shows, not brilliant prescribing, for every tyro in Homœopathy would have given *Nux*, but the undoubted action of a high potency, and most likely of a high potency of *Nux*, after a low preparation proved inactive. I say, *most likely*, for surely one or both of my homœopathic predecessors must have given *Nux* sometime during the six months treatment.

The favorable action again could not have been the result of "confident expectation," for I held out no such hope to my patient, telling her plainly that this first prescription was but to pave the way for the real curative remedy which was to follow. Can there be any doubt that *Nux*, in a high potency, cured the case?

A PECULIAR CASE.

By J. A. ALBERTSON, M. D.

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

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

CORRESPONDENCE.

MODERN GERMAN ALLOPATHIC THERAPEUTICS.

EDITOR HOMŒOPATH:—In my last I referred incidentally to the *Materia Medica*, and *Therapeutics* of Nothnagle and Rossbach. Nothnagle is Professor of Medicine in the University of Jena, and Rossbach occupies the same chair in the University of Wurzburg. It is the highest authority on the subject in Germany, where it has gone through six editions in five years.

I have thought it would interest some of your readers to refer to it again without attempting anything like a formal review. The work is especially interesting to the Homœopath, as it is a late photograph of what is considered orthodox medicine in the land which gave to the world the immortal Hahnemann and with him medical light and hope.

This *Materia Medica* and *Therapeutics* represents what evolution has accomplished for German therapy since Hahnemann's famous fulmentations in Hufeland's *Journal* and the issue of the first edition of his "*Organon*." Allopathicians the world over confess that all that Hahnemann charged against their practice in his day is true. Allopathy had faith in drugs and the lancet in those days. Its depletions and poisonings were enforced by a belief born of fanaticism. In Homœopathy was seen a system which allowed people to die even in simple cases, who could easily have been saved by blood-letting and salivation. This latest phase of German therapeutics indicates that the sadly demoralized medical pendulum has, after the lapse of three quarters of a century, reached the opposite corner and dwells in the region of nearly absolute scepticism in the power of drugs to cure diseases. Millions of prescriptions for which the deluded patient's have paid high for to doctor and druggist are thrown overboard as quackery of the first-class.

The ground upon which our authors stand, while sweeping the allopathic stables, is chemistry. "In our classification," say they, "which rests pre-eminently on a chemical basis," etc.

It is simply a case of "reversion" to the practice of the "Chemickers" of the olden times.

The fact is that allopathic medication cannot stand much more than a decade on any ground, so that the patient simply wagers his life; that he happened to become sick when medicine happened to have the right fashion—a rather hopeless gamble; and yet this is the system which so many are afraid to abandon.

"Every few years," says the *N. Y. Graphic*, "the doctors find out that something they used to do is entirely wrong, and likely to kill more than cure. But they stick up just the same for whatever they are doing now."

That a medical writer, standing on the old ground of the "Chemickers," to bring order out of the allopathic chaos, should meet with any success ought not to be expected.

Space will only permit me to refer to a few specimen illustrations of the failure of Messrs. Nothnagle and Rossbach. While throwing some chaff away they throw the bread of life away also.

Their reference to aconite and belladonna is to the point. In accordance with a statement in the preface that, "wherever chemistry has made known the essential active ingredient of a drug, this has received prominence." We find mention made only of aconitine and atropine. The action of the latter, they say, is identical with belladonna. The former represents aconite.

Aconitine, they say, may be entirely dispensed with; and the only use for atropine (or belladonna) is in ophthalmology as a mydriatic. To a person standing on the solid ground on which stood Hahnemann, nothing further need be said to damn these three volumes of allopathic ignorance. Few Homœopaths would care to attempt to practice without aconite and belladonna.

To say nothing of their power over acute and otherwise fatal inflammations, the mental conditions which they remove, would, unchecked, oblige the doctor to abandon the case. I refer to the aconite impatience, which would soon make the ground hot under the doctors' feet, and the belladonna rage, which might pitch him out into the street.

The only thing surely known about tartar emetic by these authors, is that it will cause nausea and vomiting; and concerning veratrum, known and used by Hypocrates, and ever since his time, they say: "At the present day we know of no affection in which this drug is of certain and infallible benefit," and it makes no difference to our German Professors whether the veratrine, to which alone they refer, is procured from Sabadilla, Veratrum Viride or the classical plant veratrum album.

They are afraid to use it too, on account of its tendency to fatal collapse, the very condition in which the homœopath would not like to be without it, and out of which it has brought—like raising the dead—many an otherwise sure victim of Asiatic cholera.

There is only one hopeful indication in this book of German Therapy. It is its scepticism. Doubt in regard to any doctrine or practice is the first step towards abandonment, but we fear it will only be to embrace some other equally destructive delusion.

Meanwhile, let us who have the clearer light be thankful, and press on, not with bigotry and sectarianism, but with the determination which comes of knowledge of the right, and with the old enthusiasm and the name Homœopathy, and the thing itself as communicated in the Organon of Samuel Hahnemann.

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

ED. CALIFORNIA HOMŒOPATH: When I left San Francisco, a gentleman well versed in the subtleties of our peculiar system, (he presides at 234 Sutter street,) said, "if you do not use high potencies in Visalia, the regulars will walk all around you," I laughed. He was a dry dog and given somewhat to jokes. I went my way and thought no more upon the subject. Peculiar circumstances placed me in possession of my predecessor's stock in trade (minus his wisdom), and looking over his work during his five years of practice here, I classed him among the 'high potency men.' From

what I have learned since, his success was phenomenal, and his prescriptions included the potencies known by the mystic signs *m cm 4cm*. Suffice it to say, I have not yet been able to locate a suspicion that he used less than the 30th in any case. As I said before, his success was remarkable, and, being a stranger to the people and anxious to succeed, I knew that the results of my work must tally with his in order to establish that confidence that would warrant me in calling myself his successor. So much for the prelude. Tulare County I believe holds the banner as being the most infected fever and ague district in the State, and that particular part known as Visalia, seems to be its agueish as well as geographical center.

Hitherto I had been a devout believer in the efficacy of Quinine as curative of intermittents; but with the advent of my first case I was placed in a peculiar situation. As an avowed Homœopath, I could not consistently use Quinine unless it was clearly indicated; and as the thought of using as a shield to cover my unfamiliarity with any other mode of treatment, was repugnant to me, and my faith in the curative power of low potencies being completely destroyed by previous experience, I quickly analyzed the case, and gave Arsenicum 1000th. The patient, a three-year old girl, had been suffering some two weeks with a daily paroxysm, and was failing. Ars. stopped the chill and sweat, and Gels. 1000th completed the cure. Not being satisfied, I have since tried various potencies. My experience with three cases in particular was so discouraging while using potencies below the 6th, that I abandoned their use entirely. The use of the much lauded Arseniate of Quinine, persisted in, the insane delusion it would cure, cost me the practice of a whole family. A patient, living forty miles from here, wrote me his symptoms. For nine months he had been unable to do anything. Had bilious fever, a paroxysm of heat every afternoon at 4 o'clock, running into the night; headache, over the eyes; and constipation. Had taken unlimited quantities of Quinine and Calomel, and even essayed the virtues of Podophyllin, but to no purpose. I sent him Puls. 1000, and Nux Vomica 1000, with directions as to use. In twenty-

four hours, he was relieved, and has up to this time (two months gone) had no return of the fever. A man came into the office a few days ago, and prefaced his remarks with the statement that he had belief in Homœopathy. He had been suffering from hives, and had used external applications, and was suffering from the repercussion. Bry. 1000 was given, with marked relief to the pains and discomfort. He says he don't believe in Homœopathy yet; but the medicine, he thinks, helped him, and he is recommending the treatment.

I was called to see a lady who was suffering from dysmenorrhœa, the flow was of dark clotted blood, the pain in paroxysms and severe, a steady ache in the small of the back, China 60 relieved the pain almost immediately, and upon it she passed through her sickness. To follow the case further, I found she was suffering from prolapsus and a probable retroflexion. For three days the os had been in the vicinity of the vulva, when I prescribed Nux 1000 and proper position. With the exception of one day, she has never yet had a descent of the uterus since. Sepia and good diet contributed to a cure.

I do not write the few lines in any spirit of laudation, but simply to call the attention of those, who have been tempted to sneer at high potency as a snare and delusion, to the fact that it is both practical and safe.

My advocacy of them is due to my success with them in intermittents. The Elder Lippe says: "Every case of intermittent fever *can, has, and must be cured*, with the potentized remedies, under the law of the similars, Homœopathically." "The question of potency can only be settled by the test of experience; and each individual member must make the experiment for himself. Those who never use but one potency can never have any experimental knowledge of any other" (H. C. Allen).

In expressing myself in favor of a more extended use of the higher potencies, I do not condemn the use of the lower; they are valuable and must be used, but what I do ask is a trial of them, and clearer view of the action of the law of similars will be the result.

E. H. RUSSELL, M. D., Visalia, Cal.

WOOSTER Ohio, Sept. 10th, 1884.

ED. CALIFORNIA HOMŒOPATH.—Sir: My husband, Dr. M. A. Frost of Ohio, was, in the years '79-'80 or '81, stopping for a time in San Francisco, Cal. He was in poor health at the time and died at Farmington, Cal., in '81. I am very desirous of obtaining the address of some physician of San Francisco who knew him and could give me any information concerning him, the condition of his health, nature of disease from which he suffered, etc., at that time. If the fraternity will please pass this around among them, and it falls into the right hands, who will kindly communicate with me, I shall be under great obligations to the same.

MRS. M. A. FROST.

PERSONAL NOTES.

A. E. SCHRECK, Esq., of the firm of Boericke & Schreck, is on an extended visit through the East, visiting the pharmacies and publishers in the larger cities. He intends also to take in the New Orleans Exposition. We have no doubt the San Francisco pharmacy will profit very much through this trip of Mr. SCHRECK's, and we trust he will thoroughly enjoy every feature of his visit.

THE preliminary term of the Hahnemann Medical College of San Francisco will take place February —, and continue six weeks. Clinics continue throughout the year. All are invited to attend this course. The dissecting-room is open, and at present under the able direction of Prof. Dewey, with good subjects on the tables, good work is being done by the students.

DR. McCLELLAND has settled at Fresno.

DR. C. S. SARGENT has returned from a prolonged visit to the New York Polyclinic, where he spent most of his time in the study of surgery. The doctor is now a partner of Drs. Cross, of Stockton, and the trio is a splendidly matched team, and need no expressions of hope of success, for this is theirs already. Keep on.

DR. C. W. BREYFOGLE has taken a partner, in order to be better able to attend to the details of his large practice. DR. R. E. PIERCE, formerly of Boston, is the man, and we hope the new firm will prosper as its older branch has done.

DR. FRANK M. THOMAS has removed his office to the northeast corner of Geary and Stockton streets. Office hours, 2-4, and at 7 P.M.

DR. G. HART, late of Sacramento, has opened his office at No. 2076 Market street, in this city.

DR. E. A. CLARKE has located at Los Angeles. We heartily endorse the following card:

"SAN DIEGO, Cal., Oct. 12, 1884.

To whom it may concern:

Nearly three years of constant association with Dr. E. A. Clarke in the practice of medicine enables me to speak with confidence of his personal merits and professional standing. I cheerfully commend him to all with whom he may come in contact as a gentleman in every way worthy of confidence, because of his unexceptional private character, and his superior qualifications in the practice of his profession.

G. W. BARNES."

NEW PUBLICATIONS.

The Treatment of Uterine Displacements, including Prolapsus, Anteversion, Retroversion, Anteflexion and Retroflexion. By W. EGGERT, M.D. Second edition; illustrated. Chicago: Duncan Bros.

We are among those of our school who in preaching and practice object decidedly to that indiscriminate craze for local examinations that characterizes so many of the profession now-a-days. We believe in eliciting the general symptoms and giving remedies a chance before insisting to know the exact nature of the local objective symptoms; we therefore welcome Dr. Eggerts' useful little book as a true guide and invaluable aid for close and accurate prescribing. Duncan Bros., the publishers, have done their part in an unexceptional manner and altogether the book is one to be commended most heartily.

Characteristic Indications of Prominent Remedies for the Use of Students of Materia Medica and Therapeutics. By W. J. HAWKES, M.D., Prof. of Materia Medica in Hahnemann Medical College of Chicago. Second edition; revised and enlarged. Chicago: Halsey Bros.

This is a selection of the most characteristic symptoms of the more prominent remedies, such as have been repeatedly verified by all Homœopathic physicians, and without a knowledge of which such a thing as accurate and successful prescribing is simply impossible. They ought to be in the memory of every practitioner, and the student can be congratulated to have them in this compact and handy little volume ready for his use. It is exquisitely gotten up on beautiful paper, and in faultless print, which makes us hope that Halsey Bros. may enter the arena of publishers in a more extended way.

Surgical Emergencies and Accidents. By J. G. GILCHRIST, M. D., Prof. of Surgery, Pathology and Therapeutics in University of Iowa. Chicago: Duncan Bros.

This new volume of Dr. Gilchrist's is supplementary to his other works on Surgery and contains a vast deal of information not found in any single volume. He gives special attention to the numerous *details* of surgical practice, which are so apt to be taken for granted and hence never sufficiently dwelt upon. It is really a book for the general practitioner, treating of that part of surgery, the emergencies, that none can escape from. We are grateful to the author for the clear and explicit manner, with which he has presented his subject. Unfortunately, quite a large number of misprints have crept into the volume, giving evidence of hasty proof-reading, altogether unworthy of so good subject matter. We hope the volume will meet with general recognition, as it fills a want in our literature.

The Brain and the Nerves, Their Ailments and Their Exhaustion. By TH. S. DOWSE, M. D. New York: Putnam.

Brain: a Journal of Neurology. Edited by Drs. Bucknell, Ferrier and others. London: MacMillan & Co. (Quarterly.)

Treatment of Cholera, as Practiced by the Leading Homœopathic Physicians of the World. By C. Gatchell, M. D. Chicago: Gross & D.

The Diseases of the Will. By TH. RIEMER, Humboldt Library. Fitzgerald: New York.

The Chironian. Published by the Students of the New York Homœopathic Medical College. Edited by E. H. Porter.

SELECTIONS.

THE HEART AND ITS WORK*

By J. COMPTON BURNETT, M. D.

LADIES:—My friend, Dr. Donald Baynes, has been instrumental in arranging a course of Ambulance Lectures for ladies on various subjects, anatomical and physiological, and I consented to give one of these lectures. I call it "The Heart and its Work," and this constitutes a considerable restriction of the subject for to-day's lecture, as announced in the syllabus lying before you.

* Being a Lecture delivered to the Ambulance Class at St. Saviour's Hospital, London, January, 9th, 1884.

I thought it would be better to thus restrict the subject to be considered. You will admit, ladies, I *think*, that it will take us quite all the time allotted to us to get anything like an adequate conception of the "Heart and its Work."

It might be deemed a daring deed for one who is only a man to presume to add to the cardiologistical knowledge of those whose prime prerogative lies in heart-work; but then, ladies, it must be my business to consider the "Heart and its Work" principally from the stand-point of the anatomy room and of the physiological laboratory; and of the affections of the heart, not in the great realm of immortal love, but in the domain of those organic and functional changes which we call disease.

In obedience to time-honored custom, I speak of the heart in the singular number. In some senses, the heart is a singular organ, no doubt; but in a physiological sense, it may surprise you to learn that we really possess two hearts, and not one. Yes, ladies, each one of us carries two hearts about, and I will directly proceed to show how this is. But although we have two hearts, each one of us, they may, nevertheless, be considered one, because they have grown together, and are united together like our two nostrils with a septum or partition.

Our two hearts, then, are united by means of a muscular septum or partition, and hence are commonly spoken of in the singular. But we will first consider them separately. It is usual to speak of the *right* heart and of the *left* heart; but I shall take the liberty of sometimes calling the right heart the *pulmonary* heart or the *lung* heart, because its business is to pump the blood into the lungs for aeration. The left heart I shall sometimes designate the *systemic* heart, or the *body* heart, because its office is to send off the blood all round the body, all over the system. The blood in the right or pulmonary heart is black, or at least dark, and hence it is fitly called the *venous* heart; while the left heart contains red blood, and so the left, or systemic heart, is properly called the *arterial* heart. So when we speak of the right heart, the pulmonary heart, the lung heart, the venous heart, we mean the same thing, *i. e.*, the right half of the heart commonly so called. Similarly left heart, systemic heart, body heart, and arterial heart mean simply the left cardiac moiety, or left half of the heart.

It will be more convenient to consider the *systemic* heart, that is the arterial heart, first. Taken by itself, it has two parts, the smaller thinner upper part, which is called the *auricle*, and the larger lower part, which bears the name of *ventricle*.

Of course, you understand that the heart is just a muscular pump, or a contractile propulsive blood reservoir, and the business of the arterial heart in the systemic economy is to receive the vital fluid, and send it all over the body where it is wanted. It receives its blood from the four pulmonary veins, *i. e.*, from the lungs, the blood coming from the lungs being red.

Now, when the blood comes from the lungs, it passes into the left, or arterial, auricle, and flows thence into the left ventricle. But the vital fluid cannot remain here in the left ventricle, as it is wanted at all points all over the body to supply food to the tissues and new building material for cell-regeneration. Moreover, if it were to remain there death would ensue. And, inasmuch as it cannot simply flow away, it has to be propelled forwards. This is done by the muscular heart-walls contracting upon their contents, and out the

blood rushes from the left ventricle into the large arterial stem called the *aorta*. This contraction of the heart's walls, in order to empty the heart of its contents, is technically termed *cardiac systole*. In order to prevent the blood from going back into the auricle, whence it came, the Great Architect has placed a fold of the lining of the heart (the endocardium), and so arranged it that its free tips or flaps form valves that shut when the heart contracts and opens when the heart dilates.

We have noticed that the heart's contraction is called its systole, and now we might as well say that when the heart dilates this state of dilatation is called its *diastole*.

The valvular apparatus in the left heart between auricle and ventricle to prevent blood-reflux during the systole has two free tips or flaps, or *cuspidæ*, and hence the valve is called the bicuspid valve; and because it looks like a bishop's mitre* it often goes by the name of the mitral valve.

Doubtless you have all heard about valvular heart disease; and this valve it is that is most commonly affected. I will stop here a moment to remark that in acute rheumatism, even of the most mild description, the lining of the heart is apt to become inflamed by the rheumatic poison, and the inflammation very generally affects this valve. Herein more particularly lies some of the importance of knowing a little of the anatomy and physiology of the heart as a part of the house you live in.

I want here to interpolate a little story; it will serve to relieve your attention a little bit, and will show best the practical use of what I am aiming to teach you in this lecture on the "Heart and its Work."

Some seven or eight years ago I was summoned to see a bright little son of a country squire bearing an historic name. The little man was, as nearly as I remember, about ten years of age. He had been playing cricket with his brothers in the grounds, and had lain or sat on the wet grass when heated with the game. I found him with acute rheumatism in his feet, which were dreadfully painful. I had the boy put to bed in flannel and prescribed what seemed to be the appropriate constitutional treatment. I purposely ordered nothing locally for the feet. Next day I was greeted on arriving by the boy's mother thus: "Oh, Charlie's feet are well; old nurse *cured* (!) them by putting them in a hot mustard-and-water bath last night; but the dear boy has had a dreadful night with pain in his chest and great difficulty of breathing."

The boy's symptoms were those of *angina pectoris*, due to metastatic rheumatic endocarditis, or to put the same thing into simple language, the hot mustard-and-water bath given by old nurse to cure the pain and inflammation in Charlie's feet had cleared the rheumatism out of his feet, but sent it back into his body, and it had settled on the valves of his heart, producing dreadful pains in the chest and shortness of breath, and *permanently* injuring his heart. Charlie is now a very fine young fellow, but hardly quite understanding why he cannot run up-hill and busy about like other lads. The reason is that he has valvular disease of the heart; his mitral valve no longer shuts properly. Old nurse did him a sorry service when she cured the rheumatism out of his feet, where it did no harm, and sent it to the very centre of organismic activity.

From this you may learn that when a person has acute rheumatic pains in

* "Quam mitræ episcopali non inepte contuleris."—*Vesal.*

his joints, it is best to leave them there till the rheumatism is *really* cured and the patient *truly* healed. This kind of local pottering in the treatment of disease rarely does any good, but often an infinity of harm. With old nurse her little knowledge was indeed a dangerous thing.

So much for the commonest origin of valvular heart disease. Now, ladies, let us recapitulate the chief anatomical and physiological points of the left, or systemic, heart.

The blood flows in four large veins from the lungs, where it had gone for fresh air and its oxygen, into the left auricle; thence it passes into the systemic ventricle, to be pumped hence through the aorta along the numberless arteries all over the organism.

What becomes of the blood after it has thus been carried about and has vivified and fed the tissues? It returns to the heart whence it came, but it does not return with the real freshness of youth upon it; it loses that roseate hue, becomes dark—venous as we say—by losing its oxygen and other nutrient and vivifying qualities, and by taking upon itself the functions of a scavenger. For it is to be remembered that the vital fluid not only feeds, builds up, and vivifies, but it is charged with the no less important function of carrying off the organic dirt and rubbish left over from the various cellular, organic, and organismic activities in every nook and corner of the body, even in its most outlying districts, from the crown of the head to the tip of the big toe, and every where between.

Now, ladies, come in your imagination with me, and let us travel with a portion of this dark, dirty, venous blood along the little veins first—the little veins that drain it off from the cells and the intracellular spaces. Let us follow it, as many of these little veins join and pour their contents into veins of a larger calibre, till these larger ones at length unite in the largest veins, called the *venæ cavae*, that debouch like two large streams into the upper half of the right heart, the right auricle.

Why is the upper, smaller portion of each heart called *auricle*? You will excuse a little philological digression, as it is always well to know why things bear the names they do. And, then, you cannot know too much about the heart, for it is indeed a truly wondrous organ.

In olden times it would have been needful to tell an assembly of ladies that *auris* is the Latin for "ear," and that *auricula* is its diminutive word-form, and that auricle is its Anglicised appearance, the word auricle thus meaning a *little ear*; but now, ladies, *vous avez change tout ça*, and I should be afraid to descend to such elementary considerations for fear you should whisper to one another, "Look at the conceit of the man; he thinks because we are ladies we do not even know the etymology of auricle." But, in any case, why is the upper half of each heart called its *auricle*? Well, first because when you look at a heart in the anatomy room you see the auricles at their sides have each a bulging-out that really looks like a little ear, or an auricle. Originally it was only this little portion that was called the auricle, but gradually the word came to mean the whole top part of the heart. So much for the word auricle. The French use their word *oreillette* in the same wide sense as we do the word auricle. But learned anatomists, who write in Latin, do not use the word *auricula* in this wider sense; for them *auricula* refers only to the auricular appendage from the appearance of which the name was originally derived.

Perhaps we might now hark back to our venous blood as it came debouching into the right auricle, carrying with it all the little droppings from cell and substance, and bearing them in transit to the various excretory outlets of the body. You know the blood does not really stop long anywhere, and so it cannot tarry in the right auricle. Then where does it go next? When the right auricle is full of its black blood, what does it do with it? It contracts upon it, and sends it into the right ventricle. So now we have arrived at the right ventricle, and what about that? Well, it is just a muscular pump, almost exactly like the left ventricle, only smaller. But why smaller? I say, why do we find the right ventricle smaller than the left one? Simply because it has less work to do. The business of the left ventricle is to pump the red arterial blood out into the aorta all over the body, while the right ventricle has to pump the dark venous blood, just received from the right auricle, into the pulmonary arteries to go to the lungs for fresh air, wherewith to cleanse itself of carbonaceous impurities. When the right ventricle contracts upon its contents to expel the blood, and drive it into the pulmonary artery to go to the lungs, there is a tendency on the part of the blood to flow back into the right auricle whence it came; and in order to prevent this, the lining of the heart, which, you remember, is called the endocardium, is formed in three flaps, so as to serve as valves, just the same as those between the left auricle and left ventricle, only in the right heart there are three free flaps, or cuspides, and hence this set of valves are called the tricuspid valves.

A very useful side light is often thrown upon a thing by noticing what names it bears in other languages. So in regard to the heart. For instance, the Germans call the cardiac ventricle *die Herz-Kammer*, or the heart-chamber, and the auricle they call *Vor-Kammer*, or *Vorhof*, or ante-chamber. If we were to adopt this very convenient nomenclature, we should speak of the chambers and fore-chambers or ante-chambers of the heart.

I think of all parts of the heart the valves are the most curiously instructive. The cold scientist of the day would smile very sapiently at the teleology evidenced in this little *lecture*; but, nevertheless, I cannot refuse my admiration for the skill of the Maker of the human heart. If you want to realize the fearful wondrousness of our make, you cannot do better than study the mechanism of the heart as you feel it beating away in your own breasts. For, in addition to the bicuspid and tricuspid valves between the auricles and ventricles, to prevent the blood reflux at the heart's contraction, in addition to these we must not forget those at the outlets of the ventricles. Here the endocardium forms half-moon-like folds called the semilunar valves, whose object it is to prevent the blood from flowing back into the chambers of the heart when the heart dilates or enters its diastole.

You can readily understand that when the ventricles contract, the blood, instead of rushing out into the lung and body arteries, would go back into the auricles if it could, but the cuspid valves are here to prevent it; and then, again, when the ventricles dilate, back the blood would rush were it not stopped by the half-moon or semilunar valves.

But hitherto we have regarded the heart only as a muscular pump, viewing it chiefly as a propelling organ. In order to thoroughly understand its mechanism, however, we must consider the effect of a vacuum and of atmospheric pressure. You no doubt have witnessed, or performed, some simple

physical experiments showing these two vast powers of nature. Suction is a very potent factor in the mechanism of the heart and circulation of the blood. Another important force to be considered is the elasticity of the walls of the blood vessels. Now, to recapitulate the gist of the foregoing, we need only take an imaginary voyage round the little world which we call the human body, and let this *voyage imaginaire* be in the company of a blood corpuscle; and, further, let us choose the lungs as our rendezvous. Starting then with our blood corpuscle in the lungs, we arrive in the ante-chamber, or auricle, of the left heart, and, passing the bicuspid valve, we find ourselves in the left heart-chamber or ventricle; out of this we hurry past the semilunar valves of the aorta, enter the aorta, and sail on all through the arteries of the body. Then we wend our way homewards, and on this homeward-bound voyage we pass through the liver to look after the bile-manufacture, and anon we find ourselves in the *vena cava*, that quickly lands us in the right ante-chamber; only, however, to slip through the tricuspid valves into the right chamber, and then we sail past the pulmonary semilunar valves into the lung-artery, and there we are again in the lung at the very spot whence we took our departure. In this *voyage imaginaire* we have gone all round the body; we have made its complete circuit; in fact, we have completed the circulation of the blood. You know we speak of the circulation of the blood, and we thus express ourselves because the blood actually does make the entire voyage round our organismic world from its starting point and back again.

Now, ladies, I hope you have a fairly clear conception of the heart and of the circulation of the blood. Of the blood itself our time will not permit me to say anything; doubtless you will hear all about that from another gentleman in some subsequent lecture of the present course. Neither does it fall within my province to go over the usual surgical emergencies in relation to bleeding, or what to do to prevent or stop hæmorrhage. But I should like to say just a few words about heart disease in a general way, more particularly as explained by its structure and mechanism, and as a practical application of what I have been trying to lay before you about the "Heart and Its Work."

You know if you exercise a muscle over much you cause it to get very large; the heart is a muscle, and persistent heart overwork results in an enlarged heart, which is technically termed hypertrophy. Again, a muscle that has too little to do becomes thin, bloodless and flabby; similarly the heart-muscle may, from a listless, indolent mode of life, become weak, thin and flabby from inactivity—if present in a high degree we call this condition atrophy.

If the muscular fibers become degenerate and change into fat, that constitutes the fatty heart from which so many die. This is not the fat heart of fat people, for very lean people may have fatty hearts.

When any of the valves become affected by inflammation, we get the condition known as valvular disease of the heart, which is a very common complaint indeed, and is most commonly of rheumatic origin.

Many coughs are due to heart affections, and shortness of breath is a very usual sign of heart disease, though people generally attribute the disturbance to the lungs.

When the heart's action is excessive we get the condition known to every one as palpitation. It by no means necessarily implies anything wrong with the heart organically. Usually it is a merely transitory functional disturbance

readily remedied by very simple means. On the whole, the heart is a faithful, long-suffering organ, that will put up with a great deal, like a devoted old family servant.

People that have healthy muscular fibre need not be afraid of hurrying and running about, for it does their hearts rather good than harm. But when the tissues are unhealthy, and either hardened or softened, violent exercise, such as hurrying, running or dancing, may have a sudden fatal termination.

Ladies with valvular disease should, as a rule, not get married. There are, however, exceptions to this rule.

You know we doctors are rather great at pulse-feeling. What is the pulse? Just this. When the left ventricle contracts, it sends the blood out of the heart all through the arteries, and just at the wrist there is a big artery called the radial artery; it lies on the bone called the radius, and hence its name. When the blood from the heart rushes along through it, of course the volume of blood distends the artery; and if you have your finger pressed gently on it, you can feel the blood current. If the waves of blood in the artery come in rapid succession, you know the heart is beating rapidly. If the artery bounds powerfully against your finger, you know the heart's action is correspondingly powerful, and so on. You may get a very good idea of how the blood affects the artery through which it courses by watching the behaviour of a garden hose as the water courses through it when you are watering your flowers; you will see how the hose writhes in serpentine fashion; and if you place your fingers on one in full operation, you will be able to tell pretty well how much water is passing, and with what degree of force and velocity. This is just what the physician learns about the heart and blood when he feels his patient's pulse.

Now, ladies, it only remains for me to say that I hope I have not wearied you too much with this little talk about "The Heart and its Work," and to thank you for your attendance and attention.

FESTINA LENTE.

WM. JEFFERSON GUERNSEY, M. D.

The following rules are gathered from observations by men who *ought* to know, and whose success in practice proves that they *do* know, "whereof they speak."

Sympathy for the sufferings of those entrusted to our care, anxious entreaties of friends and relatives and the gibes of skeptical neighbors, all tempt the worried doctor to "hurry up the cure." As a check on this pressure to such ruinous haste, let the reader cut these *rules* out and paste them in his *Materia Medica*, and there review them from time to time.

'Tis here that the adage quoted above is proven a truth in verity.

The writer has repeatedly verified every one of the rules, and only regret that he has so many times, to his sorrow, neglected to be led by them.

RULES.

1. *Never* prescribe until you are *sure* of your choice of a remedy. (Study the case at the bedside, or give S. L., and wait till you reach your office; but do *not* give a *temporary* medicine. The *first* prescription may "make or break.")

2. In the first prescription, or subsequently on changing to another remedy, give but *one* dose and wait. (One dose will often cure a case. If it does not more can easily be supplied. Some cases are very susceptible and easily aggravated, which may confuse you and must delay the cure.)

3. If found necessary to *repeat* a medicine already prescribed, give several doses of the same potency in water, or, of a different potency, dry.

4. After repeating a medicine, allow an interval of *rest* without medicine.

5. Let the patient have plenty of Sac. Lac. (How can we expect the laity to have faith in the "one dose" system when so many of the profession ridicule it?)

6. Give no medicine so long as the patient continues to improve.

7. Do not be tempted to deviate from Rule 6 because *new* symptoms arise if the patient otherwise is *really* better.

8. So long as the patient grows *no worse, even if not better*, in a disease that would probably increase in severity without treatment, it is *favorable* and should go without medicine. (Dr. C. Lippe recently related to the writer a severe case of dysentery for which, at the first prescription, he gave one dose of remedy well indicated. The patient, who had previously been growing rapidly worse, was found the next day at a *statu quo*. No medicine was given. The day discovered precisely the same state. No medicine. On the following day the case was almost well. A great many

remedies require a rest, and as the *aggravation* had ceased, the Doctor rightly concluded he was "making his point.")

9. If a relapse into the same symptoms follow an amelioration from the single dose, that remedy must be repeated. (See rule 3.)

10. If *new* and important symptoms appear, be *sure beyond a doubt* whether they do not belong to the remedy just given. If they do, *wait*. (These new symptoms may be an aggravation of the remedy. If you cannot remember them as belonging under that drug, look it up rather than spoil the case by a change.)

11. If there is no improvement, and there has not been any, and the case is one that would probably remain so without treatment, review the symptoms to see whether the remedy last given is still indicated before changing to another. If you are satisfied with the *first* choice, *repeat* it as suggested in Rule 3.

12. If the disease is a "periodic" one, it is *favorable* if the next attack following the administration of the first dose is in the *slightest degree* lighter, shorter, or later; or if it is *markedly* the *reverse*, viz.: *very much* heavier, longer, or earlier. In either case, *wait*.—[*Hom. Physician*.]

MENTAL AFFECTIONS.

CHARACTERS OF A FEW OF THE REMEDIES.

By F. R. MOORE, M. D., ST. LOUIS, MO.

Nux Vom.:—A kind of fainting feeling, with nausea and flushes of heat, going off when lying down.

Compare, *Acon.*, *Ammo-m.*, *Arn.*, *Ars.*, *Cal.*, *carb.*, *Caps.*, *China.*, *Ig.*, *Mur.*, *Acid*, *Opium*, *Phos.*, *Puls.*, *Ipecac.*, *Lach.*, *Cham.*, *Sulph.*

Nat. Mur.:—He likes to dwell on past unpleasant occurrences, with depression of spirits.

Compare, *Arn.*, *Ars.*, *Carb. veg.*, *China*, *Lyc.*, *Nux. v.*, *Puls.*

Puls.:—Early in the morning, depression of spirits and full of cares about domestic affairs.

Compare, *Agar.*, *Ant. cr.*, *Arn.*, *Aur.m.*, *Bell.*, *Con.*, *Ign.*, *Lyc.*, *Lach.*, *Sep.*, *Sulph.*

Chelidonium.:—Full of sad thoughts about the present and the future; cannot remain long in any one place.

Compare, *Thuja.*, *Sulph. a.*, *Opium.*

Lycop.:—Weeps the whole day; cannot calm herself; worse from four to eight o'clock, P. M.

Compare, *Ars.*, *Bry.*, *Cal. carb.*, *Graph.*, *Phos.*, *Puls.*, *Sep.*, *Sil.*

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on the Pacific Coast.

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

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EDITORIAL.

IN CERTIS UNITAS.

The success of the Hahnemann Medical College of San Francisco is assured. It has entered upon its second year of work, the preliminary term of lectures having commenced February 3d. A good class presented itself, and we have every reason to believe that the second year of our college will add its share to the success already achieved.

The common bond that unites the Faculty and Board of Directors and students into a harmonious working body is the acknowledgement of the Law of Cure, and the desire to promulgate it and thus see it practically utilized in the treatment of the sick. Now, our distance from the centers, and the comparative fewness of our numbers, necessitates concentrated action, in order to insure best results. Let us unite our efforts on the great central principles that characterize our school, and not scatter our forces on side issues. Extreme views are always partial, narrow-minded and dis-

torted. Therefore, let us avoid them in our college teachings, for just so long as we teach dogmatically, and with a zealot's blind enthusiasm, that the true Homœopath is alone he who uses the high potencies exclusively, or, on the other hand, hold *him* up to derision who so believes and teaches, we make use of the methods of the politician to achieve party ends.

We thus would put the greatest obstacles in the way of the development of Homœopathy as a science, and by that course invite reckless partisans to make it the camping ground of parties. Let us rather cultivate among ourselves, and especially teach in our college, the true spirit of pursuing any science, such as was Carroll Dunham's—that true interpreter of Hahnemann—the spirit that refuses blind acceptance of the ipse dixit of any man; the spirit that upholds the attitude of mental openness to receive truth from whatever source. The cultivation of this spirit will strengthen and enlarge our school, and make its graduates ornaments of the profession.

This spirit, joined with the determinate purpose of looking only to the good of the cause, and not allowing personal ends to supplant higher aims, is the only method for our growth and success, and the only one worth while cultivating.

THE Hahnemann Medical College of San Francisco may well be congratulated on the acquisition of Professor Burdick, the eminent lecturer on Obstetrics, to fill that chair in our College. Prof. Burdick is an acknowledged authority in his specialty, a graceful and fluent lecturer, and experienced teacher, having been connected for many years with the New York Homœopathic Medical College.

Dr. J. W. Ward, late House Surgeon of the Hahnemann Hospital, New York, has accepted the appointment to the chair of Physiology, and this, too, is an acquisition for the College. Both appointments add much strength to the College Faculty.

ORIGINAL ARTICLES.

OVARIOTOMY AT THE HAHNEMANN HOSPITAL
OF NEW YORK.

BY JAMES W. WARD, M. D., HOUSE SURGEON.

A few items of interest may be gleaned from the notes of four successive cases of abdominal sections, performed by Prof. Wm. Tod Helmuth, within the last few weeks at the Hahnemann Hospital.

They elicit interest, mainly because of their variety, the complications arising in the subsequent treatment and because of the late hour at which all, save one, submitted themselves to the operation. In the first case, Lawson Taite's operation was proposed, removing the uterine appendages and thus establishing the menopause.

Dr. Robt. Battey of Georgia, introduced an operation termed by him "Homeal Ovariectomy," removing only the ovaries, allowing the tubes to remain. While this accomplished the cessation of ovulation, it did not abolish menstruation and accomplish the desired purpose of determining the menopause. The object of the first operation which I record, was to offer relief from a fibro-myomata of the uterus, marked by imperfect ovulation, profuse leucorrhœal discharge and "excessive menstrual menses." The patient had long been under medical treatment, with very limited relief and her strength was gradually being reduced to the minimum by the discharge, leucorrhœal and menstrual, which alternated, one of which was constantly present.

The mental state was that of marked cheerfulness, the patient feeling assured of the successful issue of the adventure. Taite's operation was recommended by Dr. Helmuth as the only means of removing the source of irritation.

On a section of the abdominal walls an immense fibro-myomata was brought into view, with its purple, congested and distended appearance and from which, the mere accidental touch of the point of the scalpel, caused for sometime, quite a smart hemorrhage. The left ovary with its tube was obtained with ease, while the right, being dislo-

cated behind the uterus, was with great difficulty brought within the grasp of the operator. Shock was combated with aconite 3.

Right here let me say, that for many months nothing save *potencies of homœopathic medicines* have been used in the Hahnemann Hospital in the treatment of shock.

The more closely the remedy has been chosen, the less need has been found for the employment of stimulants, a practice so popular in the treatment after large operations.

After the operation a curious condition presented. In direct contrast to what had been the former tendencies of her life, marked insomnia arose, which readily was conquered by three doses of opium 6.

The indication upon which the opium was prescribed was the great desire to sleep, yet with inability to accomplish it; no other condition being present.

A slight flow of blood from the vagina followed the operation, which gave place to a decreasing leucorrhœal discharge. The only interruption of advancement lay in the formation of a circumscribed abscess between the peritoneum and abdominal muscles, which promptly yielded to treatment. She passed the time, for one menstrual period while still in the hospital with scarcely perceptible flow for a few hours, disappearing with no signs of the former menorrhagia.

During convalescence she complained of a sense of weakness in the lumbar region, every motion of the body being constantly felt in the back, for which Sepia 6 was given, and gave permanent relief. For several nights, near the close of her stay in the Hospital, sleeplessness became again somewhat troublesome, nothing, however, being given for it until it became marked. When called to prescribe, at 8 p. m., I found her crying, but upon interviewing her a few moments this gave way to a smile. Her reason for not sleeping was the sensation she experienced of being about two inches from the bed—there suspended. Ignatia 30 was administered to cover the mental condition. After two doses at short intervals, she fell asleep for the night. I am not aware that this sense of suspension is found in the provings of Ignatia, but it certainly disappeared and did not return.

The second case was that of a Parovarian cyst in a young

lady of twenty summers. The diagnosis was made out chiefly by the inability to discover by microscopic examination any characteristic elements of ovarian cystoma.

She was physically anæmic, and mentally was not as buoyant as the former case, or as hopeful as the third of this group. She bore no history of previous attacks of peritoneal inflammation. There being no adhesion, the tumor was removed with great celerity, through an incision in the linea alba four inches in extent.

Arsenicum 6 aided in the recovery from shock, and arsenicum 30 was continued till the stitches were removed on the ninth day; she progressed well until the eleventh day. At this time, without any concomitant symptoms, an unaccountable rise of temperature occurred, which continued gradually increasing, subject to some variation, until at length it reached a morning temperature of 104.25° on the sixteenth day. As the temperature did not yield to remedies, nascent phenic acid was hypodermically injected, 40 minims, morning and evening, according to the method of Declat. On the morning of the sixteenth day, at one of the points made by the stitches, a small protuberance was noticeable, from which, being punctured, extruded a drop of pus, more being discharged by gentle pressure. A fetid odor was especially noticeable on the morning of the detection of the pus. During the interval elapsing from the operation to the discovery of pus, the abdomen had been subjected to repeated examinations, and especial attention had been directed towards the possible formation of abscesses along the margins of the wound.

The rise of temperature was unaccompanied by perspiration of any import—no chill had preceded it; no weakness, insomnia or anorexia characterized the condition, and had it not been for this alarming temperature, no one could have ever suspected any morbid systemic process. It was deemed best to enlarge the opening, and thus allow a free exit to the pus. She was again etherized, and Dr. Helmuth made an incision one inch in length on the left of the cicatrix, through the tissues into the abdominal cavity. A sponge-holder, armed with cotton, was gently passed into the abdomen, resulting in an immense outflow of decomposed pus; about 20

ounces of morbid matter was discharged, accompanied by several sloughs of various sizes. The abdomen was then syringed with a solution of carbolic acid 1-100; a glass drainage tube inserted; the corrosive sublimate dressing re-applied, and a stimulating diet ordered. Declat's nascent phenic acid was given hypodermically, 50 minims every eight hours. The temperature, within three hours, had fallen to 100.3°, and gradually continued to approach the normal standard. The abdomen was syringed twice daily; the drainage-tube removed on the day following the incision, and a tent of marine lint substituted. On the eighth day after the discharge of the pus, following a rectal enema, fæces were discovered to be passing through the abdominal wound. The discharge was liquid, having a distinctive fecal odor, and continued to pass for forty-eight hours. The bowels were allowed to rest for the following week, giving opportunity for the healing of the intestinal fistula, and upon again resorting to enema to relieve the bowels, a movement resulted, but no fæces passed the abdominal wound. Phenic acid was gradually diminished in quantity, and discontinued after four days following the discharge of the pus from the abdominal cavity.

She left the Hospital, entirely cured, and returned to her home, at some distance from New York.

In casting a retrospect over these details, one is impressed with the limited array of symptoms associated with so destructive a morbid process. The pus undoubtedly arose from the suppurating pedicle; the sloughs probably exfoliated from the pedicle above the knot; but how so extensive a sloughing, decomposing process could exist in the abdominal cavity, in a patient already strikingly anæmic, without arousing greater suspicion and alarm in the citadel of health, admits less easily of explanation, and admonishes us to consider the possible action of the phenic acid in guarding against the toxic effects of the septicæmic and pyæmic processes.

The third case of this little group was that of a maiden lady of 45 years. She traces the origin of the tumor to a fall five years ago. Had been confined to the bed since April, 1884, and had been the subject of several attacks of diffuse peritonitis.

She had been a constant sufferer, was physically anæmic, was troubled for weeks with partial insomnia; together with inability to regularly ingest nourishment with a concomitant depraved assimilation of the food. The mental condition was that of marked cheerfulness, which continued throughout the subsequent illness. This patient had been under the care of Dr. Belcher and Dr. Nott and had presented all the symptoms belonging to a suppurating cyst of the ovary, and had been aspirated by Dr. Helmuth on the 9th of September, 1884. The intense heat and the exhausted condition of the patient forbidding at that time the radical operation—a large quantity of fluid showing a supra abundance of pus corpuscles and degenerate granular bodies, was removed and the patient was somewhat relieved. She was never however able to leave the bed and was in a most exhausted condition when she came to the hospital, being emaciated, anæmic and very much prostrated.

Entering the hospital several days prior to the operation, she was ordered a nourishing diet, largely beef. Each evening she was given a sponge bath followed by an anointing with vaseline, that the skin should be excited to vigorous activity. For several months it has been my custom to order the patients about to undergo ovariotomy, a sponge bath each evening prior to the operation, followed by an anointing with oil or petroleum jelly. The patient's bowels are also freely moved by means of enemata, and the nurse is instructed to have the patient evacuate the urine before entering the operating room, in order that the bladder may fall behind the pubes and thus be less endangered during the operation. In the case in question, the usual preparatory injection was given (1-100th of a grain of atropine and 1-6 of a grain of morphine in a solution of 10 minims,) one half hour before the operation. An experience of two years with this injection, administered before operations of any magnitude, has convinced me of its efficacy in causing the patient to take less ether and lie more quietly during the administration of the anæsthetic. I have noted, also, that vomiting is less frequent during the etherization and is always more easily subdued or reduced to the minimum, subsequent to the operation, which is a very important consideration, especially in

ovariotomy. It must be also remarked that this method aids in aborting shock by establishing a general superficial capillary congestion.

The patient was carried to the operating table, and a polycysted tumor of the right ovary, in a very degenerate condition, weighing eighteen pounds, removed. Several adhesions existed near the umbilicus. The shock was combated by veratr. alb. 6, and the reactions following by arsenicum 3. The temperature scarcely arose above 100.5° during the subsequent treatment, although the average temperature prior to her operation, for several months, had been 100.1° .

The stitches were removed on the eighth day, and wound had entirely healed by first intention, only one dressing being required.

A catarrhal condition of the bowels had existed for some months prior to the operation, characterized by incarceration of flatus and consequent pain, relieved by pressing the spot of pain by the hand. Colocy. 30 promptly relieved this symptom.

A troublesome dry cough, produced by a sense of tickling in the throat, which was aggravated after midnight, with thirst for small drinks of water frequently, was cured by a few doses of arsenicum 30, after having existed for several months. Here again we note interesting features of the case: A patient apparently exhausted by successive weeks of suffering, emaciated, helpless, confined to the bed, and one bearing but little evidence of recuperative power, passes uninterruptedly onward to a speedy convalescence, in direct contrast to one's natural conceptions of the case. It may not be amiss to here note the favorable issue of those cases, in which the mental conditions prior and subsequent to the operations has been good. Perhaps it cannot be assumed that it is an unfailing sign of successful issue, but it has, at least to me, served as an index of favorable result.

Within the last two years there has not been an unsuccessful case of ovariectomy in this institution where this mental state prevailed. I am not aware of any one that has called the attention of the profession to the mental condition as of prognostic value. It has served me to look for a favorable issue before the operation, as positively as Keith's valuable

indication of passing of gas on the third day does after the operation.

The fourth case, which is now progressing rapidly to recovery, was that of an unmarried woman who had always enjoyed good health until about a year ago, when an abdominal tumor appeared, and grew rapidly. The diagnosis was readily made out, and the tumor removed by Dr. Helmuth, in the usual way. The operation was difficult on account of the friability of the sac, and the numerous adhesions anteriorly and posteriorly. The pedicle was double, each section being very broad, and requiring to be tied in five sections. The tumor was a multilocular colloid cyst, well-marked in all the diagnostic marks of that variety of growth. The same precautions and treatment that I have already noted were carried out, and with the same good result. Arsenicum 30 proved beneficial to the period of shock.

It was chosen because of the small wiry pulse, marked prostration, violent thirst for small frequent drinks, all of which symptoms it speedily removed.

A pronounced reaction followed, the patient was restless, thirsty but for large quantities of water, skin hot with a full, bounding pulse. Aconite 30 was prescribed for the reaction, the maximum temperature being 101°.

After the fourth day all symptoms had disappeared and Sac. lac. administered till the patient noted for several evenings a sense of oppression in the stomach, with drawing pains in various parts of the body, changing their locality frequently, associated with slight mental depressions. A clear indication for Pulsatilla and one dose of the 30th cured it promptly. A little later in her convalescence Dolichos 30 was prescribed for a peculiar sensation of itching developed over the whole body with no eruption visible, but it disappeared in a few hours after the administration of the remedy although it had existed several days.

It may not be out of place to remark here, the great care which I always endeavor to take in the preparation of the room in which the operation is to be performed. The bed linen, the assistants' and nurses' clothing, are all thoroughly sprayed with 1-50th solution of carbolic acid.

It may also be of service to remark the especial need of

having allowed the silk used at the operation, especially that for tying the pedicle, to be placed in carbolized oil of 1-30th strength for several days before it is to be used.

At the bottom of the glass containing the ligatures, there will be found a brownish precipitate containing particles of fibre, resulting from the action of the acid upon the silk. The neglect of this precaution in two cases, before its importance was recognized, resulted in the formation of intra-abdominal abscesses and postponement of convalescence. In both cases from six to eight weeks after the operation, the pieces of unabsorbed silk came away, the patient rapidly recovering.

FUNCTIONS OF THE BILE — MARASMUS.

By W. N. GRISWOLD, M. D.

In Dalton's Physiology is drawn the following picture:

"Two animals died, one at the end of twenty-seven, the other of thirty-six, days. In both, the symptoms were nearly the same, viz: constant and progressive emaciation; nearly every trace of fat disappeared from the body; in one case, two-fifths, in the other, nearly one-half, the weight of the animal vanished; the hair fell off, and there was a putrescent and disagreeable odor in the fæces and breath. The appetite remained good, digestion was not essentially interfered with, and none of the food was discharged with the fæces. There was much rumbling and gurgling in the intestines, abundant discharge of flatus, no pain, and death took place by the gradual wasting of the vital powers."

This picture is similar in some respects to ordinary infantile marasmus, and in other unimportant respects dissimilar. It is similar in the general, gradual and complete waste, or disappearance of the elements of the organism, especially the fatty matters.

It differs from Marasmus in its freedom from those distressing symptoms which attend the progress of the latter; among which are sleeplessness, extremes of appetite, abdominal distensions and retractions, pains, diarrhœas, and concomitants of hectic fever.

The picture referred to was produced by cutting off the supply of bile from the intestines, leading it into another channel and carrying it out of the body. The symptoms resulting from *absence* of bile, and loss of whatever function it subserves.

The symptoms of Marasmus are the result of enlargement, engorgement, and tubercular degeneration, and final supuration and ulceration of the mesenteric glands; often preceded or accompanied by irritation and inflammation of the mucus lining of the small intestines.

In both instances, the work of the mesenteric glands and assimilative system upon the biliary elements, the actions and re-actions between the two, are disturbed or eliminated. These actions and re-actions cease to exist, in the first instance, for want of biliary material, the supply having been diverted to other channels; in the second, for want of power and action on the part of the assimilative forces, they having been impaired by disease in the small intestines and mesenteric glands.

Does not this statement of two similar pathological results give us a reasonable clue to the real function of the bile?

This function has long been a study of physiologists. It has been supposed to exercise a powerful influence on the secondary digestion, and especially in the disposal or preparation of oleaginous matters for assimilation. Every successive step in the progress of investigation has shown, however, more and more conclusively, that bile does not, at least in any direct manner, influence the digestion of any of the elements of food. The digestion of the albuminous, saccharine and oleaginous elements are each provided for in some other way; and it seems very certain that the most that can be claimed for it, if anything at all, is, that it plays a part similar to that of a ferment, which, by its presence *alone*, influences changes in matters contiguous to it, without entering itself into those changes. It seems equally certain, from the experiments alluded to, that the *bile*, while not affecting the digestion, has a powerful influence in preparing the blood for use in building up the tissues, especially the *fatty* tissues, in the occult process of *assimilation*. This is conclusively proved; for these experiments show that its *absence*

from the intestine, or want of power by the assimilative organs to *use it*, lead to the progressive disappearance of fatty and other tissues, from the body and the blood.

The bile therefore is an assimilative fluid, but not as bile. It has been shown that after entering the small intestine, while in contact with a proper equivalent of intestinal secretions of a healthy nature, consistence and color, it undergoes a catalytic decomposition, and in this broken condition, in new, separate and composite detachments, it is taken up by the absorbents and transported into the realm of assimilation. What may occur on this route from the liver to the mesentery to prevent its action in the assimilative process? This acute or chronic inflammation, may impair, modify or destroy the normal efficiency of the intestinal mucus; in this case, the bile flows through the intestine as *bile*, until a necessity comes for its removal, therefrom, as a foreign body. In which case, it is taken up by the venous capillaries and carried into the system, producing one and a very insidious form of jaundice; or it attaches itself to the excrementitious matter and goes with that out of the system, producing characteristic biliary discharges or biliary diarrhœa. In some cases it may be eliminated from the intestine partly through the capillaries and partly by the rectum.

Owing to the non-decomposition of the bile, its full normal influence is not felt on the assimilative process, and hence the partial emaciation, which always attends chronic inflammation in the mucus membrane of the *small intestines*. The extent of the emaciation will fairly measure the extent of *diseased mucus* surface.

If the mucus surface affected is large, the amount of normal intestinal secretions must be correspondingly diminished, and the amount of bile decomposed and prepare for its action on the assimilative process, must be correspondingly small, and the emaciation correspondingly increased.

Nothing more clearly explains the complications connected with intestinal inflammatory disease, than keeping in view the relations between the normal bile and the intestinal secretions, abnormal deviations in the latter necessarily affecting and modifying any and all functions subserved by the former.

But the bile may be normal in every respect, and be received by the intestinal secretions in due form and submit to the most normal decomposition into more efficient subdivisions, and if disease of the mesenteric glands in any of its grades, from infiltration to ulceration is present, the result on the deposit or absorption of the fatty or other tissues will be, as if no bile had been thrown into the intestines, or decomposed by the intestinal juices. The potency of the biliary force will have been forestalled by mesenteric disease.

Do we know exactly into what other compounds, or simple elements the bile must be dissolved before it is prepared for normal action on the assimilative process? We do not. There is, nevertheless, one simple element, a large quantity of which is found in the bile, and which is believed to have much to do with the assimilative efficiency of the mesenteric glands; that element is sulphur. Those glands are used to the presence of a greater or less quantity of this simple substance.

Under the law of similia, would not an excess of this element, furnished from the bile, lead to excessive action, engorgement and enlargement of those glands, and ultimately to the very marasmic symptoms for which homœopaths so often use it among marasmic patients?

The presence of so much sulphur in the bile, its appearance in the excrementitious matter in proportion of one in the latter to fifteen in the former, makes the use of it in mesenteric disease an exceedingly important question, which should be placed in the way of practical solution.

As corroborative of the possibility that sulphur from the decomposed bile may assist in originating and pushing to fatal issue diseases of the mesenteric glands, it will be generally conceded that Calc. C. can be better relied on for relief in mesenteric diseases than sulphur. Each case will need to be considered individually, and from the consideration of *many cases*, a general rule of action may be evolved.

MODERN SCIENTIFIC DISCOVERIES AND HOMŒOPATHY, WITH HINTS ON THE IMPROVEMENT OF THE HUMAN RACE.

By F. F. DeDERKY, M. D.

It has been suggested repeatedly by wise men, that all sectarian teaching in Medicine should be dropped, and the one object, that of healing the sick, be kept in view only, for the general good of humanity. This suggestion would seem quite natural to the ordinary mind and lay portion of the people; and if the fact could be accomplished, the result might be very desirable, a sort of medical millenium. But, unfortunately, we cannot change the different views and opinions of the people generally, and still less those of medical people, to make them incline to run all in the same direction. This is one of the many impossible things. "Many heads, many minds." For this reason we shall have to let medical matters go on pretty much the same way as they have heretofore, until that perfection is reached when disease shall be cured with such unerring certainty as to establish medicine to be a perfect art. All sects or schools in medicine claim that they work toward the establishment of such a perfect art, and that each is accomplishing it as fast as possible. The opinions of each are set, and most stubbornly held on to, notwithstanding the many disappointments, failures and contrary individual experiences.

We, for our part, are convinced that Homœopathy is vastly in advance of all former systems; convinced that the healing success of our sneeringly-called Sectarial School is far superior to that of all the others. This seems to be abundantly proved by the instability of so many preceding and contemporary schools, such as they have sprung up from time to time. The most convincing proof, however, of the superiority of the Law of Similars is to be found in the fact that the "Regulars," as one school delights to call itself exclusively, as well as other "irregulars," gradually and silently, without acknowledging the source whence taken, incorporate into their text-books our remedies, and our ways of dividing them

and preparing the same. They adopt them in their practice and prescribe them in sickness in many instances according to our indications, as derived from the pathogenesis by the provings on the healthy. And all this they accept and claim as their own, recent and new discoveries. Several years since, I had the pleasure of listening to the lecture of a celebrated allopathic professor, who slightly alluded to the practice of Homeopathy, but was nevertheless constrained to pay it an involuntary off-hand compliment by saying: "That, after all, Medicine owed a debt of gratitude to Homeopathy for having taught the old school to give less medicine, and that in refracta dosi, and in a more refined form."

The time will undoubtedly come that crude drugs will be considered universally to be poisonous to the animal and human frame, with no other but a destructive action upon the living system. This destructive action, however, is their only language to communicate to the close observer their inherent powers to cure disease. There are no other ways so practical to discover these powers than to watch and observe these pernicious actions. We believe that it is the only true way to find them, hinted at repeatedly from Hippocrates down, until it burst, in all its brightness, upon the master-mind of Hahnemann. Notwithstanding, we cannot help but observe the obvious fact that the art of medicine has not reached that state of perfection, as yet, which future generations will witness. The gradual development of the perfect man, who will be taught by physical and physiological education the right use of nature's materia medica, will finally do away with the majority of so-called healers or medical men. Man, better informed concerning the principles of nature and the laws of life, will be less liable to infringe upon and violate these laws. He will suffer less from disease in consequence, and stand less in need of remedial agents to counteract the effects of sin committed through negligence or ignorance. Experience will teach him that disease, in most cases, if not in all, is an effort of nature to throw off the effect of some one or other violation of nature's laws. Until that time arrives, there will be a demand for people, men and women,

versed in the art of healing the ills that flesh is heir to, according to the common acceptance.

Ever since time out of mind, it has been the endeavor of all schools and sects in medicine, to find some cures and specifics against diseases, and the result has been always, or at least nearly always, the same lamentable failure. Supposed discoveries of to-day have been discarded and thrown overboard to-morrow.

The researches in the domain of nature, are laborious on account of the vastness of the fields that have to be gone over and over again with often-times but very little result. The important work of the famous discoveries of the age, could not have been accomplished but by patient perseverance. And although their supposed great discoveries were finally, or by later observations, rejected and lost sight of, their labors were not in vain. On the contrary, they have been and are of immense use by accumulation and comparison. Most of the physical laws have thus been found. The laws of nature are simple and beautiful, they are the thoughts of God. Obedience to them produces good, both directly and by retroaction. The work of science has been carried on with the minutest accuracy. Hygienic and sanitary researches have led to many practical and useful discoveries for the prevention of zymotic, contagious, epidemic and other diseases. And there it ends!—As to the cure of disease, scarcely a sign of improvement is to be found. The same groping in the dark, the same anxious looking for specifics, the same uncertainty everywhere.

It has been an old-time teaching in medicine, to find the cause of disease, and the cure of the same would easily follow, the saying has been, and in a measure is still adhered to, “*tollat causam, cessat effectus*,” hence the renewed indefatigable search after the cause of disease, ever since the microscope was brought into requisition for that purpose.

One of the last discoveries has been that of the supposed cause of cholera, the comma-shaped microbe, discovered by Dr. Koch and announced to the world with such great flourish. It is proudly maintained by the profession at large and held out to the people, that since the cause of this

scourge has been discovered, the finding of a sure cure for it will not remain long behind. But when the question is put to Dr. Koch, he very politely and facetiously answers: "I have nothing to do with the cure of cholera, my work is to find its cause, which I have shown to be the comma-shaped microbe." After him, however, comes Dr. Klein in his turn, and swallows the living comma-shaped microbe, he takes the supposed cause of cholera into his stomach and, contrary to expectation, is thereby affected in no way whatever. But this will be maintained to prove no more or less than that the predisposition necessary for the propagation of any disease may have been wanting in him, and consequently the cause of the disease fell upon a sterile soil and could not develop.

Dr. Koch the discoverer, was sent by his government to the supposed focus or original native birthplace of the disease, to India, that perchance he might also discover a cure for the same; and what are the practical results of these researches in regard to a cure of this dreadful pestilence? According to his own acknowledgment, absolutely nothing.

How different with our illustrious father Hahnemann. When more than fifty years ago, cholera was raging in Russia, and the symptoms of the disease were described, a disease which he had never seen before, of which he knew neither cause nor origin except from the then prevailing theories, he at once pointed out the mode and procedure of curative treatment. A treatment which under similar circumstances, that is to say if a disease is accompanied with the same conditions and symptoms, holds good to this day. It was the same symptomatic treatment of cholera that during its last invasion into this continent some thirty or thirty-five years ago, achieved such glorious triumphs for the cause of Homœopathy by curing most cases treated, whilst under all other treatments, a vast majority unfortunately ended in death.

In Hahnemann's time, disease was looked upon as something material superadded to the healthy organism, some morbid matter entering and existing in the body, which had to be cleansed and purged out. Hence the treatment by bleeding,

cathartics, emetics, sudorifics, etc., as then prevalent and even met with occasionally to this day.

He announced and proclaimed a different theory, more in accordance with his newly discovered law: *Similia Similibus Curantur*, viz.: "Diseases will not cease to be dynamic aberrations of our spirit-like vital force, manifested by sensations and actions; that is, they will not cease, for the sake of those foolish and groundless hypotheses to be immaterial modifications of our sensorial condition (health)." Neither of the two great theories, the living germ theory and the noxious gas theory, had been developed and come to that perfection they have reached since, though they were hinted at in various ways. Whether they are true or not, may concern us very little; for practical purposes, Hahnemann's Dynamic or vital-force theory may serve us better than either. Supposing, however, we accept both theories, as regards the cause and origin of disease, as true or partly true, since it is coming enlightened people not to reject at first sight the discoveries of the great men of science. Admitting them to be true, the question must occur: What good have they done towards curing disease or diminishing the fatality of any disease?

To judge from past experience, their advocates will have to give the same answer that Dr. Koch gave recently. In course of time, with continued experiments on the part of medical scientists, a sort of preventive medicine may be discovered, which might be worth working for, indeed, as it could not help but be an improvement on the old, time-honored aggressive style. Here, again, we, as Homœopaths, with the practical application of our law of cure, are decidedly in the advantage, and need not to be afraid of close investigation and comparison.

The uppermost and undeniably greatest necessity of the better-informed man of the future, still remains a most urging problem to be solved, viz: how to strengthen the physical body, and to eradicate therefrom the predisposition to disease, and in this way make it proof against the casual infection and contagion from any supposed cause of disease. A practical and effective solution of this problem

would be the greatest boon to the race. That it will be solved in due time is possible, nay, probable. At the present, to check the deterioration, and improve the general condition, of the race, would seem to be the best possible through physical culture and education. The improving of the sanitary condition of our houses in towns and cities and everywhere, are steps in the right direction. But the improvement of our body, with all that belongs to it, as the most immediate house we live in, concerns us vastly more. If we were to look more earnestly towards this accomplishment, and point our studies in that direction, it could not fail to lead finally to such discoveries of ways and means to make the human race strong and healthy that there would be no soil for disease-germs to thrive and flourish in, or for noxious gases to be affected by, except perhaps in such overpowering quantities as either is scarcely ever met with. Man will then become proof against infection, and this would make "health contagious instead of disease." The more general adoption of Homœopathy in sickness is a step towards this condition, inasmuch as it leaves the system, after recovery, uncontaminated by drugs, and consequently more free from future susceptibility to disease, the foundation to which is laid in many cases by intemperate drugging.

HAMAMELIS AS AN ANTISEPTIC.

By E. J. FRASER, M. D.

Recently I accidentally made a very satisfactory proving of the antiseptic and healing properties of Hamamelis, which may be of service to the profession.

The subject upon whom the proving was made is a lady now sixty-nine years of age. I made her acquaintance in March, 1882, at which time she was troubled with scirrhus of the right breast, and hemiplegia of the right side. She was very fleshy, weighing perhaps 200 pounds.

Owing to her age and enfeebled condition I did not deem it prudent to amputate the breast, fearing that she would die

under the operation. Having read Declat's treatise on the treatment of cancer by hypodermic injection of phenic acid, this seemed to be a justifiable case for a test of that method. After a faithful application for a period of about six months without benefit, enucleation was attempted in February, 1883. For this purpose a paste was used, composed of equal parts by weight of pulverized hydrastis and chloride of zinc moistened to the proper consistency with water. When the slough began to separate, several violent hæmorrhages set in, which severely threatened her life. Owing to the great tendency to hæmorrhage, the enucleation method had to be abandoned before the entire cancer was removed.

I then packed the cavity with lint saturated with fusel oil, which seemed to greatly retard the growth of the morbid tissue. This was continued till June, 1884, when the discharge became so very offensive that an operation for the removal of the remains of the cancer, together with the entire breast, was determined upon. This operation I performed on the 24th of June, 1884.

I confess that the operation was undertaken with no little fear of the results, for if she, in her feeble and paralyzed condition, was able to withstand the anæsthetic and the shock of the operation, I greatly feared hæmorrhage, which was naturalty to be expected, from past experience.

The anæsthetic and the operation were well borne, and to guard against hæmorrhage, I sponged the cavity thoroughly with strong Extract of Hamamelis,* till the hæmorrhage ceased. I then closed the wound, making complete coaptation by means of both deep and superficial interrupted sutures of well-waxed saddler's silk. The wound was then dressed with strips of lint saturated with Ex. Hamamelis, and the same remedy given internally, fifteen drops to half a goblet of water, two teaspoonfuls every two hours.

To my surprise, the wound, which extended from the sternum to the axilla, closed by first intention, without hæmorrhage or suppuration, except a spoonful or two at the lower angle, where a small opening was left for drainage. The

* The preparation used was a distilled Extract of Hamamelis obtained at the Pharmacy of Boericke & Schreck.

wound had, to all intents and purposes, healed in a week after the operation. I never before witnessed so easy and rapid a recovery. This I attribute to the use of the Hamamelis. The lady is now alive, and as well as could be expected, with no signs of a return of the cancer.

I have since used the Hamamelis with good results in minor operations, and I now think more favorably of it than I do of any antiseptic dressing now in use.

This case is reported, not because there is anything peculiarly interesting in it, but for the purpose of showing the causes which led, by successive steps in its treatment, to the discovery of the antiseptic and healing properties of the Hamamelis.

CORRESPONDENCE.

NEW ORLEANS, January 17th, 1885.

ED. CALIFORNIA HOMŒOPATH:—Please be so kind as to publish in your next issue the following lines:

To the Homœopathic profession:—The Hahnemann Medical Association of Louisiana, sends its cordial greeting to every homœopathic physician far and near, north, west, east and south, and abroad, and invites them to grace with their presence the forthcoming Convention of Southern Homœopaths. This will take place in the city of New Orleans, on the 9th day of April, 1885, for the purpose of organizing a Southern Academy of Homœopathy, and celebrating Hahnemann's birthday.

By order of the Association.

C. J. LOPEZ, M. D., Cor. Sec'y.

PHILADELPHIA, January 12th, 1885.

EDITOR CALIFORNIA HOMŒOPATH:—At the last regular meeting of the Society, held January 8th, the following resolutions were unanimously adopted:

“Whereas: R. E. Caruthers, M. D., of Alleghany, a valued

member of the Homœopathic Medical Profession, has been removed by death from his field of labor; and

“*Whereas*: We, the members of the Homœopathic Medical Society of the County of Philadelphia, appreciating the great services rendered by Dr. Caruthers, as Corresponding Secretary of the ‘Homœopathic Medical Society of the State of Pennsylvania,’ and recognizing the loss which Homœopathy in our State has sustained in his death, do hereby

“*Resolve*: That we extend our sympathy to the ‘Homœopathic Medical Society of Alleghany County,’ in their loss, and to his family in their bereavement.

“*Resolved*: That the Secretary be instructed to send a copy of these resolutions to the Alleghany County Society, and to the family of the deceased, and to the Homœopathic journals throughout the country.

“Committee Signed, { CLARENCE BARTLETT, M. D.
J. C. GUERNSEY, M. D.
H. NOAH MARTIN, M. D.”

Very respectfully,

HORACE F. JOINS, M. D., Sec’y.

CLINICAL ITEMS.

Arsenite of Bromine is the new remedy in Diabetes mellitus. From all cases reported, it would appear that two weeks of treatment consisting of anti-diabetic treatment and three—gradually increased to five—drop doses Liquor Brom. Arsen. in a glass of water after meals, is sufficient to clear the urine of sugar in most cases.

Arsenite of Bromine may also have a feature in the treatment of certain skin diseases, particularly those of nervous origin, catarrhs of upper air passages, in phthisis, liver and pancreatic affections and in neurotic anæmia, chorea, etc.

Kalmia as a remedy for Albuminuria, has been in use for a score of years. Prof. Burdick has used it in many cases

with success, and he estimates that it will help fully 70 per cent. of all cases.

ASARUM EUROP. *General Characteristics.*—For chilly persons who are always shrinking from the cold; for example, literary men who are addicted to a sedentary life, and are sick and chilly. Surgeons often give this drug after operations on the eye, for a darting pain which remains. Mucus stool. Sensation as though all the body, or part of the body, was being pressed together. Symptoms are generally on the left side. Vexatious dreams. Worse in cold and dry weather; in clear fine weather; in dry weather. Better from washing; in damp and wet weather; on wetting the affected parts.

AURUM. *General Characteristics.*—Strongest symptoms is a *great desire to commit suicide*. This idea is uppermost in the mind all the time, and every opportunity will be sought for self-destruction. Sleeplessness; anguish of the mind and great grief; seems to have no friends. There may be an irregularity in the labor pains, and when she rises up for anything, instead of lying down again quietly, she *thrashes* herself down *hard*; will have fits of anger, with great rashness. Hopelessness and dependency; mental irritability; affections of the external nose, as a knob on the nose, &c.; bones of the nose; stench from the nose; hearing and smelling too sensitive; hunger too strong; very violent hysterics, accompanied with desperate actions and thrashing about.

Apiol is said by F. Barker, to be almost specific in Dysmenorrhœa (Uterine, better when flow begins). Begin with two capsules after each meal, two days before.

Piscidia Erythrina has been used very successfully in sleeplessness. The remedy is milder in its action than opium, does not constipate and has no influence on the pulse, temperature or secretions. In many cases, sleep ensued after a half an hour and was uninterrupted throughout the night. The patient awoke without any trace of heaviness or headache.

Naja.—Sense of contraction or drawing together between the organs. Mental depression, aversion to talking, sensa-

tion as if heart and ovary were drawn together, pain in left temple, cardiac and left ovarian region.

Oil of Cade as a surgical dressing.—Prof. Younkin holds that there are but few antiseptics equal to this as a dressing in injured parts, old ulcers and conditions with suppurating tendencies.

Tenia Capitis.—Dr. Jay (Med. Times,) says that cases of tenia can always be cured by corrosive sublimate, 1 gr. to 10 oz. of water and scalp bathed thoroughly with the solution.

Bromide of Sodium in teething.—A few grains dissolved in a tumblerful of water, so that each teaspoonful may represent $\frac{1}{2}$ grain, will quickly quiet the nervous disturbance of teething infants or fever not dependent upon the onset of an inflammation. The dose should be repeated every 10 to 15 minutes.

Blatta Orientalis in Morbus Brightii.—Dr. Schlegel reports the use of this remedy with considerable success in this disease. After the use of the 6th potency, the quantity of urine voided was increased four times, with much decrease of the dropsy and the albumen in urine.

Crocus in Climaxis.—Headache during climacteric years, beating, throbbing on either side, swollen vessels not only of the head but other parts of the body, with pressure in eyes at times when menses ought to appear, when it will last day and night. Crocus 3.—Hartman.

Sulp. Acid.—Erethismus vasculosus—after menstruation.

Aethiops Antimonialis.—Scrofulous inflammations, especially of eyes and glands, also after *Salicylic acid*, when rheumatic and gouty pains still persist.

Erigeron in Ileus.—In two cases it acted with great promptness, the anti-peristaltic action ceasing to a normal action of the bowels, with immediate mitigation of the distress, occurring within less than two hours after the administration of the remedy.

DR. WINTERBURN.

In Hemi-crania, remember: The affinity of *Thuja* for left side; *Sanguin*, for right; *Colchic.*, both sides alternately.

Asarum.—Headaches come on just before or after menstruation, with weighty tightness or dulness of head and throbbing in occiput. (Puls. Sab. Crocus.)

Coccul.—Serviceable against Headaches following sudden suppression of menses, dizziness, nausea, vomiting and irritability of stomach. Feeling of emptiness and hollowness; just the opposite of Bell. and China, which causes a feeling of great fulness.

Nat. M..—in Headaches connected with chlorosis, defective nutrition.

Phosph..—against obstinate congestion to head, which resists Acon., Bell., Opium. Chronic irritation of brain.

Platina.—in females with excitable vascular system; too frequent and copious menses.

Arnica.—In headaches, flushings and perspirations, which attend the change of life in women, (Crocus, Amyl. nit., Laches, Sanguin., Sulph. ac.)

PERSONAL NOTES.

THE preliminary term of the Hahnemann Medical College opened February 3d. A good class presented itself.

H. C. FRENCH, M. D., removed to 2512 Mission street. At home, 8 to 9 A. M.; 7 to 8 P. M. His down-town office hours remain unchanged, at 319 Geary street—11 A. M. to 4 P. M.

F. E. J. CANNEY, M. D., Surgeon, removed to 121 Post street—Hours, 9 to 10, 2 to 4 and 6:30 to 7:30.

WM. N. GRISWOLD, M. D.; removed to 107 Taylor street—Hours, 9 to 10, 1 to 2 and 7 to 7:30.

AN OLD CALIFORNIAN.—DR. C. A. BELDIN, who left here thirty years ago, and has been practicing in Jamaica, New York, is out here on a visit of a few months for his health, and may eventually settle among us again.

We are very happy to welcome to this coast Dr. H. L. STAMBACH, a homoeopathic physician, late from Philadelphia. We knew the doctor as a classmate at old Hahnemann and had the pleasure to study in his company at the Vienna clinics.

WE wish to call the attention of our readers to our advertising pages this month, as there are several new and important matters brought to their notice. The Electric Battery advertised is the best pocket battery now in use by far. It gives both the galvanic and faradic current.

Especially to be recommended to families who are required to use Electricity under the advice of their physician.

BUTLER'S Treatise on Electricity is the best work on the subject. Get it!

ANOTHER good book is Haynes' Elementary Treatise on Electro-Therapeutics.

NEW PUBLICATIONS.

The Homœopathic Physician. A monthly journal of Medical Science. Edited by E. J. LEE, M. D.: Philadelphia.

We are almost sorry to confess that our own practice does not entirely conform to the teachings so ably represented by this monthly visitor, but we would not do without its vigorous tonic influence month after month. If it cannot wholly make us as pure as it is itself, it is not because its teachings are not earnest or convincing; but because of our own weak human nature, that delights in playing with the ignis fatuus of its own imagination, rather than uncompromisingly search the truth, even if this does run counter to preconceived notions. Every homœopathic physician ought to subscribe to it.

The Therapeutic Gazette. A monthly journal of Physiological and Clinical Therapeutics. Edited by H. C. WOOD and R. M. SMITH. Detroit: Geo. S. Davis.

With the January number of this valuable journal, that has done so much to introduce new remedies—good, bad and indifferent ones—it passes into the hands of the new editors. It retains much of the distinctive character of the old series, and we have no doubt that, under the new management, it will still further establish its claim as the freshest journal in Therapeutics now published.

FOR SALE AT GREATLY REDUCED PRICES.

A Set of Allen's Encyclopædia, 10 vol., cloth.....	\$35 00
Bartholow—Antagonism between Remedies.....	1 00
Holmes—System of Surgery, 3 vols., Russia.....	15 00
Knight—Improvement of Health.....	1 00
Angell—Diseases of the Eye.....	1 50
Lewes—Physiology of Common Life, 2 vols.....	2 50
Bell on Diarrhœa, 1st edition.....	50

Address BOERICKE & SCHRECK, San Francisco.

PUBLISHERS' DEPARTMENT.

MR. E. A. SCHRECK, the managing partner in our Pharmacy, has returned from his extended trip throughout the Eastern States, and our patrons will receive the benefit of the new connections formed, and the advantages gained, by a visit to the bases of supply.

A number of new lines have been added to our stock, and now the latter will bear a favorable comparison with the best equipped Eastern Pharmacies.

We are pained to notice, more and more, a growing demand for *cheap* goods.

That physicians should allow themselves to be influenced and led astray by low prices, such as cannot but represent inferior preparations, is all the more surprising when it is considered how eminently important it is to employ a reliable medicine.

For the sake of saving a few dollars during the year, the risk is run of neutralizing all the care taken in selecting the proper remedy; and often, by failure in the treatment, the patron is lost, and thus the very economy (a false one, naturally) which is sought to be exercised, becomes a source of loss.

This *demand* for low prices offers a premium to dealers for selling inferior goods, and becomes an almost irresistible temptation to furnish a low grade of preparations for the sake of satisfying a demand for cheapness, which, in the interest of the consumer, should be discountenanced.

Nothing can be more demoralizing to a professional trade than the pressure brought to bear by competition with inferior preparations.

The undersigned never knowingly keep anything but first class preparations—the best procurable—and for these they naturally have to pay first-class prices; it therefore becomes impossible to compete with houses of a doubtful reputation.

It has been our endeavor to compete with first-class East-

ern houses, and as we are satisfied with a smaller margin, we have succeeded. But beyond this we *will not* go.

It is a matter of pride with us that superior quality and reliability shall always be represented by goods emanating from our establishment, and the prices at which we sell them, consistent with this high standard, *are cheap*.

Please bear in mind, our unswerving policy is to dispense nothing but *reliable medicines*, PURITY and EFFECTIVENESS being our watchwords.

BOERICKE & SCHRECK.

HYDROCHLORATE OF COCAINE.

In the ordinary uses of hydrochlorate of cocaine, common usage seems to have fixed upon a strength of 4 per cent. as being at the same time sufficiently effective, and economical in regard to waste. It is more irritating on first application than a 2 per cent. solution, and less irritating than stronger solutions, but, from greater concentration, it is more prompt in effect, is less liable to spread over broad surface and be diluted by secretions, and less liable to waste by overflow in the increased quantity required.

Hence it is more than twice as effective as a 2 per cent. solution, and therefore more economical in cost as well as in time and promptitude of action. Beside, when a 2 per cent. solution is preferred, or a 1 per cent. solution is required for therapeutic purposes, these can be easily be made from the 4 per cent., by dilution with water.—*Squibbs' Ephemericis*.

We keep on hand a full strength 4-per-cent solution. Price: in 1-drach. vials \$2.00; 2-drach. vials, \$3.50.

BOERICKE & SCHRECK.

NOTICE.

Those of our subscribers who have a copy of the last January number of the CALIFORNIA HOMŒOPATH to spare, will confer a favor on the publishers by sending it to us, as we are left without a copy.

Popular Department.

SAID a physician to me the other day: "I do not believe in domestic homœopathy; it does more harm than good." Neither do we believe in the indiscriminate dosing sometimes met with. Homœopathic remedies, though harmless as a rule, can yet be abused. But our experience is decidedly in favor of a domestic practice of Homœopathy, when used within legitimate bounds. Such practice is, of course, far superior to the old method of taking pills, herbs and teas, for, to say the least, harmlessness cannot be predicated of these.

Then we know that Homœopathy has grown most widely where the domestic use of its principal remedies was encouraged. Cures by Aconite, Bellad., Nux, Pulsat., etc., for simple ailments, are matters of daily experience, and they are usually so prompt and convincing, that one layman mentions the fact to another and another. This one tries it and verifies it, and before long a new convert is gained. Now, if real sickness breaks out in the family, the chances are that a homœopathic physician is called in, and thus we have gained a permanent accession to our ranks. It is in this way that that much-abused and highly-valued preparation—abused by a certain class of narrow-minded physicians, and highly valued by all families who have tried it—the B. & S. Homœopathic Cough and Croup Syrup, works for the good of Homœopathy. This is a preparation of Stibium, first suggested many years ago in Dr. Hering's Domestic Physician; and for over a score of years it has worked for the cause, making more converts every year than any one physician in a lifetime. The little box of pellets, with the accompanying book of directions, is the best missionary of Homœopathy, and no far-seeing physician will do anything but encourage its introduction.

WHICH is the best form of homœopathic medicines for domestic use?

All homœopathic remedies can be had in liquid form—dilutions or potencies, and pellets or globules. For convenience and accuracy, the pellets certainly are to be preferred. A half a dozen of the medium size usually constitutes a dose. Sometimes patients object to the sweet taste; then the liquid is preferable. Generally, one drop suffices for a dose, or a few drops may be dissolved in half a tumblerful of water,

and a teaspoonful of the solution taken as a dose. When the triturations (powder form) are used, a powder the size of a pea may be considered the right quantity as a dose.

EDITOR CALIFORNIA HOMŒOPATH:—We hear it repeatedly urged by old-school friends, that Homœopathy is dying out. Have you any evidence to give to the contrary? A. GOULD.

We should think so. The growth of Homœopathy in the United States has been very remarkable. It was not until 1825, that Dr. Gram, the first homœopathic physician in this country, settled in New York. Up to 1844 we had no societies, colleges, hospitals or dispensaries, and but one feeble journal. What is our condition to-day? We have twenty-five hospitals, thirty-three special hospitals, forty-six dispensaries, twelve medical colleges, sixteen medical journals, weekly, monthly and quarterly, and over 7000 physicians, who believe in and practice medicine homœopathically, and are not afraid or ashamed to acknowledge it.

See Transactions of American Institute of Homœopathy, for statistics.

THE editor is willing to answer all questions of interest to laymen, pertaining to Homœopathy, through the columns of the HOMŒOPATH (Popular Department). All communications to be addressed direct to Dr. Boericke, 834 Sutter street, San Francisco.

DR. HENRY MINTON, of Brooklyn, in a recent address, utters some very timely and wholesome truths in regard to "local treatment" of women. We do not think the doctors are entirely to blame; frequently patients force them into making local examinations and treatment when there is really no necessity, simply because otherwise they would seek the services of some one who thus would treat them.

At no period in the history of medicine has the gynæcological craze, in regard to uterine displacements, reached a higher point than it now occupies.

Every pelvic pain, and many pains that are far from being pelvic, indeed, every abnormal condition of the female sexual organs, not easily accounted for, are at once attributed to "falling of the womb," or to some variety of uterine displacement.

The woman now who has the temerity to consult a specialist in regard to any of the numerous complaints to which her sex is liable, is almost certain, and without much ceremony, to be requested to assume the genu-pectoral position on a

gynæcological table, while a visual and manual survey of her external and internal genitalia is made. This examination must, of course, reveal something, and where no absolute infraction is found, displacement is sure to exist to a greater or less extent. Displacement, or what passes for displacement, is certain to be found, because the normal position of the uterus within the pelvis is never constant, but ever changing.

I hold in great disfavor this readiness and haste in making local explorations. The unwarranted presumption of many in the profession, that, because a woman suffers from back-ache and pelvic distress, she must therefore have some local uterine disease, demanding a speculum examination, should be frowned down by all right-thinking men. We thoroughly appreciate the necessity of a correct diagnosis, and would censure any man who failed to make all reasonable efforts to attain it; at the same time I am decidedly of the opinion that the treatment of sexual complaints, in young and unmarried women, should be purely constitutional until such time as the necessity for local exploration is *clearly* and *positively* apparent. Never resorting to, or placing any reliance upon, local treatment, the appearance of the parts, upon inspection, affords us no therapeutic indications, and therefore is of but little practical interest.

It can be easily demonstrated that uterine displacement is not a disease and that it does not deserve the attention in treatment that is now so bountifully bestowed upon it. It is a symptom only, and as such will subside when the cause which induced it has been removed. The causes of which it is but a symptom will, in the large majority of cases, be found to be chronic pelvic cellular inflammation, any inter-pelvic disorder which diminishes the supports of the uterus, or a local neurosis, arising from an impaired or disordered highly developed nervous system.

The uterus being a movable organ within the pelvis is subject to various changes of position. Its mobility is one of its most characteristic features. All its attachments when in a healthy condition are such as to admit of the utmost freedom of motion within certain limits in all directions. With every motion of the body, even by ordinary respiration, and when coughing, singing, laughing, or when walking the position of the uterus is changed. When standing the uterus sinks downward, even in the virgin. With the fingers the uterus can be lifted up and moved in all directions, and during coition the uterus is elevated to a considerable extent without giving pain. By tight clothing the uterus is forced completely out of its place without a word of complaint from

the subject, or the development of a morbid sign. We are all familiar with what ease and impunity the uterus can be drawn down close to the vulva for surgical interference. The uterus is constantly exposed to forces producing temporary displacements; for instance, the bladder in front when fully distended produces complete retroversion, which, though annoying, is seldom painful, and what annoyance there may be comes from the bladder and not from the uterus; behind, is the rectum which when distended acts also as a displacing cause, operating from above and behind producing anteversion. From above we have the abdominal pressure which is constantly acting upon the uterus, and which is greatly increased by every straining effort which brings the abdominal muscles into action or a state of tension, while below the pelvic floor has a constant action in supporting the uterus against the pressure from above.

From these facts it will be seen that the uterus may be displaced in any direction, and the causes of such displacements are but natural conditions which are in constant operation. Thus we may have retroflexion, antelexion, ascent, descent, prolapsus, or, in fact, any decided removal of the uterus from its normal position while the subject remains perfectly oblivious to the transition constantly in operation.

These displacements are transient and pass away when the conditions which produce them cease to operate; they are therefore purely physiological. It is only when the uterus becomes fixed and stationary, failing to return to its normal position from a continuance of the condition which displaced it, that treatment is called for.

HOMŒOPATHIC REMEDIES FOR CROUP.

Every family should have on hand the following homœopathic preparations for this disease. The symptoms usually set in so suddenly, at night, that it is often impossible, especially for people in the country, to obtain a physician at once. By means of these simple homœopathic medicines, the little patients are made comfortable and put out of danger in the shortest possible time.

Aconite in pellets of the 3d potency. Give six every five to ten minutes, for half a dozen doses. Follow, if necessary, with *Hepar* 6 and *Spongia* 3x. Give the last two in alternation, same number of pellets, every quarter of an hour, until relief is obtained. Keep on hand, also, a bottle of B. & S. Homœopathic Cough and Croup Syrup.

THE CALIFORNIA HOMŒOPATH.

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

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

VOL. III.

SAN FRANCISCO, MAY 1885.

No. 3.

EDITORIAL.

THE next meeting of the California State Homœopathic Society will be held in this city at the College Hall on May 15th. Next to the College and Journal, the Society is of greatest importance for the advancement of Homœopathy. But in order to fulfill its use, it is essential that each member do his share for the common good. Its meetings offer opportunities for discussing matters of professional interest where much may be learned, and strength and faith in our principles be gathered that will stand us in good need when we go back to our several fields of work. None of us can afford to work independently of the rest. We need the contact and intercourse of others avowing the same principles. We trust every Homœopathic physician in California, not already a member of the State Society, will join and help to make it a living, active body that will advance the interests of Homœopathy in this State, and thereby become a most useful instrument for the establishment of the Law of Cure as the one guide in rational Therapeutics.

ORIGINAL ARTICLES.

A SUCCESSFUL OVARIOTOMY.

BY R. E. PIERCE, M. D., SAN JOSE.

The following record is submitted, not on account of any novelty attaching to the operation but to show how but slight constitutional disturbance may occur after operations of the greatest magnitude and involving regions but a few years ago considered almost inviolable.

The patient, Miss S., about 40 years of age, had always enjoyed good health till about two years ago when she noticed a slight enlargement of the abdomen which rapidly increased in size until it attained or exceeded the size of the pregnant womb at maturity. This had caused but little constitutional disturbance beyond a slight dyspnoea and some oedema of the feet and ankles. Examination per vaginam was rendered difficult by the existence of a portion of the hymen, but the diagnosis of probable ovarian cyst was soon arrived at and its immediate removal advised. To this the patient readily consented, and on Thursday, February 19th, the operation was performed by Dr. R. H. Curtis, of San Francisco, assisted by Drs. Palmer, Breyfogle, Simpson, and Pierce.

Etherization was rapidly accomplished and an incision made in the median line of the abdomen three and one-half inches in length. The tumor was found to be multilocular and of the right ovary. The lower cyst was evacuated of eight quarts of the characteristic fluid, while a larger cyst at the upper part of the tumor contained a fluid so dense and grumous that it would not flow through the canula, so that it was necessary to enlarge the wound and remove the tumor without further attempt at evacuation. The incision was therefore extended upward one and a half inches and slightly to the left of the umbilicus. The tumor was found to be attached posteriorly but was soon liberated and removed. The total weight of the tumor was thirty pounds.

The pedicle was ligated with carbolized silk and returned

to the abdominal cavity. Upon examination, evidence of cystic disease was apparent also in the left ovary, and this likewise was removed. The abdominal cavity was thoroughly washed with carbolyzed water until the returning fluid was colorless. The wound was closed by eight deep and two superficial sutures, supported by strips of adhesive plaster and covered with antiseptic gauze.

The operation occupied two hours. The return to consciousness was slow and accompanied by symptoms of shock, the extremities becoming cold, the pulse feeble, and the temperature falling to $96\frac{1}{2}$. Heat was applied to the extremities and 30 m. of brandy administered hypodermically with good result. At 7 o'clock in the evening the pulse was 96 and temperature $99\frac{1}{2}$. The patient being very restless and complaining of pain a hypodermic injection of $\frac{1}{2}$ gr. morphia was given. She passed a very comfortable night and Friday morning found her quiet with pulse 80 and temperature $99\frac{1}{2}$.

The further record is as follows:

Friday.....	2 P. M.	Pulse 98,	Temperature $99\frac{1}{2}$
"	7 P. M.	" 96,	" 100 3-5
Saturday.....	8 A. M.	" 88,	" 98 4-5
"	2 P. M.	" 82,	" 98 4-5
"	7 P. M.	" 84,	" 99 2-5
Sunday.....	8 A. M.	" 80,	" 98 3-5
"	7 P. M.	" 84,	" 99 3-5
Monday	8 A. M.	" 84,	" 98 2-5
"	7 P. M.	" 80,	" 98 3-5
Tuesday	8 A. M.	" 80,	" 98
"	7 P. M.	" 78,	" 99 3-5
Wednesday....	9 A. M.	" 80,	" 98 2-5
"	7 P. M.	" 80,	" 100 2-5
Thursday.....	9 A. M.	" 82,	" 98 3-5
"	8 P. M.	" 100,	" 101 1-5

Up to this time the remedies used were aconite and arnica. For these was substituted arsenicum on Thursday and continued until the following Sunday.

Friday.....	8 A. M.	Pulse 94,	Temperature 99 2-5
"	7 P. M.	" 94,	" 101 2-5
Saturday.....	8 A. M.	" 88,	" 99 4-5
"	8 P. M.	" 104,	" 101 2-5
Sunday	9 A. M.	" 100,	" 101 2-5
"	6 P. M.	" 104,	" 101 4-5

On Sunday the tongue becoming somewhat dry and irregularly coated, there being considerable restlessness and sev-

eral mucous discharges from the bowels, the arsenicum was discontinued and rhus substituted, and a single hypodermic injection of Declat's nascent phenic acid used. The symptoms at once improved and the following morning the pulse was 96 and the temperature $99\frac{1}{2}$.

Monday.....	8 P. M.	Pulse 88,	Temperature $99\frac{1}{2}$
Tuesday	A. M.	" 92,	" 98
"	P. M.	" 84,	" $99\frac{1}{2}$
Wednesday ...	A. M.	" 80,	" 98 1-5

when all medication was discontinued and the patient discharged.

The bowels were moved with an enema on the fourth day and daily thereafter.

It will thus be seen that there was not the slightest evidence of peritonitis. There was no pain whatever after the second day. The sutures were removed upon the ninth day, the wound having perfectly united without the least suppuration. The only evidence of septicaemia lay in the slight increase of temperature between the seventh and twelfth days, and the mucous discharges. There was no chill, and but for the use of the thermometer the condition would hardly have been detected. To be sure, all conditions were favorable for the success of the operation: the patient's previous good health and her willingness and even desire that the operation be performed and at once; the scarcity of adhesions and the extreme care and skill of the operator all contributed to the most pleasant result.

DISLOCATION OF THE THIGH IN CHILDHOOD.

By C. N. HART, M. D.

I am induced to write of these cases, as but a few years have passed since in Suffolk, England, it was proved in a law-suit that seven years old was the earliest period at which this accident had taken place. (See, Hamilton on Fractures and Dislocations.)

And again, M. Guersant, Hon. Surgeon, Hospital Des-Enfants Malades, Paris, writes (1873), "Many practitioners

are almost ignorant of the fact that traumatic luxation of the femur occurs in children—this lesion is so uncommon that those who have had occasion to observe it may be considered specially favored.

When one seeks instruction in any standard work upon surgery, in this peculiar luxation of childhood, he is apt to be sadly disappointed.

From Hippocrates to Malgaigne, and since, very little has been written about it.

Hippocrates compares the consequences of unreduced luxation of this bone in children and adults, and considers that generally they are more serious in the former, "because it does not follow the progress of growth, and remains shorter than that of the sound side." (Op. Cit., p. 235.)

Guersant, in twenty years' experience at the children's hospital at Paris, only saw three cases, and two of these were aged twelve and thirteen years.

Knowing, then, the possibility of such an occurrence, and the terrible results, if through ignorance the luxation be unreduced, let us look to the treatment, which I will illustrate by giving my cases.

Some two years since, I treated a case in a boy of eight years successfully, with Liston's splint for fracture of the femur, but it was unhandy and dirty.

The last case occurred some two weeks ago.

A little girl, eighteen months of age, daughter of Mr. C. De M., was brought to my office "to have her knee examined."

The mother said she had been advised by a physician to apply Tr. Arnica and water, and had done so for about two weeks, but the child was worse rather than better.

She had left the child upon a foot-stool (some eighteen inches high) to be absent a moment, and upon her return found the stool upset, and the child on the floor crying; this some three weeks previous.

The child carried her right leg with foot everted (it was two inches longer than its mate); it gave considerable pain to move it, and she had no use except to drag the limb after her while holding on to some support, since the injury.

The head of the femur was upon the tuberosity of the is-

chium. With an assistant and considerable trouble the luxation was reduced, with quite a "snap."

Now, although we expect very little resistance from muscular contraction at this early age, yet we lose also an equal amount of counterforce, and whether from this reason or because of the lapse of three weeks, I know not (probably both factors), I had more trouble than I ever experienced in a like luxation occurring in after life.

The luxation being reduced, I placed a hip-bandage tightly around the pelvis and loins; two long splints on the outer side of each limb, joined by a cross-piece at the bottom (like Hamilton's splint for fracture of the femur in childhood, but more like Guersant's splint for similar uses); to these splints were bound the limbs at the knees, ankles and hips, by a turn or two of the roller. The case has done splendidly, and the child kept clean.

SELECTIONS.

EMERGENCIES.—EUTHANASIA.

By PROF. J. T. KENT, M. D., ST. LOUIS.

I am frequently asked, what should be done in times of great suffering, for immediate relief? To those who desire to obtain reliable information, and who wish to practice in accordance with our principles, I would say, take the symptoms of each individual case and select the remedy capable of producing similar symptoms. In a general way this is all that would be expected of me for an answer to the question, by those who are conversant with *materia medica*.

Consumptives often suffer greatly when left to themselves, and some medical practitioners, knowing no better way, give morphine and other stupefying agents, thinking that they allay human suffering.

This kind of practice cannot be too strongly condemned. Firstly, it is an acknowledgment that our law is not all-embracing; secondly, it is the *poorest kind of relief* to the

patient. But I would not deprive medical practitioners of all means of relief for their patients, without furnishing as good or better ones.

The consumptive when going down the last grade, needs the comfort of a true *healing art*, and not the makeshifts of mongrelism or allopathy. The homœopathic remedy is all that he, who knows how to use it, needs, to allay the severest distress. Every true homœopathist knows the value of these wonderful remedies.

A few hints may not be out of place.

When the hectic fever, that so rapidly burns the patient up, is in full blast; the hot afternoon skin, the night sweat, the constant burning thirst, the red spot on the cheek, the diarrhœa, the stool escapes when coughing, *the intense fever* p. m.; the constriction of the chest, suffocation; then should *Phos.*, *very high*, be administered, but *never repeated*. An aggravation will follow, but it must not be meddled with, as it will soon pass off, leaving the patient free from fever, and he will go on to death, many times, comfortably. *It is the regrettable meddling that causes the dying man so much misery.*

The distressed suffocation and inward distress in chest and stomach, streaming perspiration, great sinking; must have the clothing away from neck, chest, abdomen, ghastly countenance, and choking, call for *Lachesis*, and it may be given as often as occasion requires, but to give satisfaction and prompt relief, not lower than 200th.

To this ghastly picture, if we add, he is covered with a cold sweat and there is one on either side of the bed fanning him, and the abdomen is distended with flatus, and the breath is cold, *Carbo V.* in water every hour for six hours, and stopped, will give rest and beatitude, with many thanks.

But the time is yet coming when even these remedies will not serve us.

The ghastliness of the picture has not been changed, and to it we have added the pains of dying cells — death pains, the last suffering. Such pains come on when mortification begins. If it is in the abdomen we may avert it by differentiating between *Arsenicum* and *Secale*, but if this pain comes in the last stage of consumptive changes, we are beyond these remedies. Much later there is a remedy, and it is

Tarentula Cubensis. It soothes the dying sufferer as I have never seen any other remedy do.

I have seen *Ars.*, *Carbo V.*, *Lyc.*, *Lach.*, act kindly and quiet the last horrors, but *Tarentula Cubensis* goes beyond these. I have lately administered it in the 30th cent. potency.

When death is inevitable, the first named remedies seem to be mostly indicated, but no longer act, and the friends say, "Doctor, can't you do something to relieve that horrible suffering?" the pain, the rattling in the chest, with no power to throw the mucus out; the patient has but a few hours to suffer, but can be made as quiet as with the terrible morphine in a very few minutes, by the *Tarentula* 30th.

I believe that no physician would use a narcotic if he only knew a better way.

What is more inhuman than to leave the suffering patient in his last moments to writhe in the agonies of dissolution, surrounded by weeping friends? The true physician will embrace the opportunity to exercise his skill at these moments. It has come to pass that I am invited frequently to stand at the bed of *moribund* patients, whom I never attended during their curable ills, and as many times do I thank the Great Master for the wonderful means of allaying the pangs of the flesh, without resort to the necessity of departing from that law which I have so many times pronounced universal; even in the last moments—a euthanasia.—*St. Louis Periscope*.

SURGICAL THERAPEUTICS.

By PROFESSOR J. T. KENT, M. D., ST. LOUIS.

Stimulants are often called for in surgical practice. Champagne is the best kind of stimulant to use after shock—small quantity of it, iced. If the patient seems to be sodden as if drunk, and has wandering delirium, alcohol in some form, may be of use—there is prostration and coldness and sinking (especially in those persons addicted to alcohol). After injuries or violent exertion, whisky is often required.

CAMPHOR is often called for after injuries or shock; the whole surface of the body is cold and clammy; face is pale and bluish, and lips also; tendency to diarrhœa from shock and exhaustion; pulse feeble; stupefaction of mind. There is a feeling of great exhaustion and weakness as found in Opium, accompanied with sighing. Opium has a similar state of slow breathing. Opium also produces spinal meningitis.

CAPSICUM.—Great in shock after injury; soft, carious state of the petrous portion of the temporal bone, cold, clammy skin: pulse becomes thready and almost imperceptible; burning sensation internally and chilly externally; chilliness is especially in the back, between the scapulæ; prostration, beginning in the back, sluggishness of the body as in cold weather; anxiety from conscious danger of death, with chilliness in the back.

CHAMOMILLA.—Its mental state will often guide you to its use; unnerved by the pain; aggravated by talking and touch; groans continually; cannot endure the pain any longer; increased susceptibility to pain is a grand feature of it; cold, moist skin, perspiration on the forehead and extremities cold; pain is not made better from warmth. (Verat. has this sweat all over the body, something like Cham. only more extensive, and made better by warmth.) Cham. is the opiate of homœopathy; it is the best remedy to taper off opium eaters; diarrhœa and vomiting after the administration of large doses of opium. (Chronic diarrhœa after opium, is generally cured by Puls. Puls. will act with opium.)

COFFEA.—The mental state and hyperæsthesia of the skin are aggravated by any one walking across the floor ever so lightly; pain ameliorated by cold water; they are wide awake; sleepless so long as there is any noise about, even ticking of the clock keeps him awake, like opium. It is a great remedy for restlessness and sleeplessness.

GELSEMIUM.—Overpowering fear, with fatigue and great exhaustion, and tendency to diarrhœa; diarrhœa from fear; dizziness, unconsciousness and restlessness; pale and anxious face, aching in back and limbs, great fear of injury, and

recollection of the horror; paralytic weakness; there may be a good pulse, and yet this feeling of great prostration; the arms and head feel too heavy; he wants to lop down on a couch.

HYPERICUM.—Great remedy for tetanus; darting pains in the back; contraction of muscles of various parts of the body, resultant on injuries to nerves. Aco. and Arn. were once used alternately for tetanus, latterly Hyper. takes the place of both. Ledum, when a horse has picked up a nail; Hyper. when tetanus follows laceration of the skin; injuries, whenever there are sensory nerves involved; injuries of the feet and hands. Ledum: gouty and inflammatory conditions are relieved by ice-cold water; parts blue and dusky and veins enlarged.

NUX. MOSCHATA.—Patient is stupid, in the sense of sleepiness. In all diseases there is this constant drowsiness, even in chill; pain from pit of stomach to chest, sometimes very sharp and aching; the least exertion causes somnolence, peculiar prostration of old people; they become tired out very easily; (old people are very loquacious—Agar.)

ACONITUM.—Injury with fright, which is followed by fever and accompanied by the peculiar mental state; fear of death and misfortune; there is active obstruction, restlessness; all the senses excessively keen; pulse tense, thready and wiry, chilly when uncovered; when rising in bed the patient faints. (Bry. and Veratum also, but Verat. has also face covered with cold sweat in large drops.) Sometimes when Aco. appears to be indicated and has done its work, but not finished the case, Sulph. would follow it. If the patient seems to be sinking and the fear of death remains and other symptoms indicating that the patient is going down very fast, give one dose of Ars.

ARNICA.—The important use of it does not end in its local application for bruises, and hardly begins there. After an injury of any kind Arn. is very often the internal remedy indicated, and should not be given in the tincture if you want to derive the greatest benefit from it. Sickness at the stomach, vomiting especially, consequent on shock; aggravated

by motion and from rising; wants the head low. (Ars. and Bry. high.) Patient wants to be covered warmly, the whole body is cold excepting the head and face, which is warm or hot; bruised feeling of the body.

CHINA.—After exhaustive hemorrhages, the patient seems to be sinking; pale countenance and threatened collapse from hemorrhage; may have repeated hemorrhages. China has a peculiar sensation in this condition, bordering on collapse; they feel the blood coming warm from the heart; heat in the cardiac region. Another feature: If, after having opened an abscess, the patient becomes exhausted from collapse of the cavity remaining, or from emptying the pus, or after tapping the abdominal cavity; after excessive masturbation.

STRONTIANA CARB.—Similar to Carbo veg. Engorgement of the veins of the face and hands; oozing of dark blood from mucous membrane after injuries, from the nose and uterus in small quantities, but continuous. (Carbo veg. also). It is a very important remedy for sequelæ of hemorrhages; (like China), bright colors appear before the eyes; rheumatic pains, which generally confine themselves to the right side; great debility which he never had before (like Ars. and Carbo veg.), aggravated from fanning and ameliorated by warmth only; (unlike Carbo veg., which desires to be fanned and gets relief therefrom).

CHLOROFORM.—If taken in whiffs after shock or an injury, gives relief. Too much of it is injurious and might prove fatal. Inhalation of stimulants of any kind to resuscitate the patient. At times when respiration is almost stopped, few and feeble, features are motionless, lips are livid, pulse feeble, in fact he is almost dead; unconscious; it may be attenuated like any other substance and given on pellets.

NUX VOMICA.—Despondent; always angry and fretful, and fainting from slight causes. Convulsions coming on from flatulence. The convulsions are attended by cramps and contractions of a clonic character. Shooting pains in the limbs. Whenever a patient has been drugged, or when several bad prescriptions have been given, give Nux. and let it act for several days; (while Nux modifies the effect of Graph.

in the stomach, yet it does not affect the deep action upon the general system).

OPIUM.—One of the most prominent features is the long time between the respirations; the breathing is stertorous and at long intervals. Opium sometimes palliates apoplexy; patient falls down and froths at the mouth. There is a peculiar sound, generally indicating opi. in respiration; this occurs in apoplexy and injuries of the brain, shock, and sometimes concussion; (in all cases of impending collapse give but one dose of medicine).

SECALE COR.—Often indicated in gangrene. There is a similarity between Ars. and Secale in gangrene pathologically. The diarrhoea is watery and there is apparent deadness of the fingers and toes and threatened gangrene; great thirst for acids; wants to be uncovered though the skin is cold and clammy; this is Secale only. Cannot bear heat; wants doors and windows open; with all these symptoms attending collapse and gangrenous states, the urine is suppressed.

ARSENICUM.—Tendency to collapse as in cholera; skin is dry, cold, or moist, pinched and livid; great restlessness; thirst for water little and often; vomits drinks as soon as swallowed; wants external heat and cannot bear a breath of air; perspiration relieves the patient generally, and pain returns as soon as it stops. Let us suppose an advanced state of typhoid fever: bowels are tympanitic; patient vomits black masses; black, watery, offensive stools; great tenderness of the bowels; great prostration and thirst. This is description of gangrene and perhaps such a case almost too far gone to be saved. There is no time to lose. The proper remedy will save the case. Pathologists will say that Ars. is the remedy, not knowing that Secale will and has produced the same lesion. Now if you find that the clothing is thrown off, and the patient cannot bear the heat, Secale is the remedy. If you find the reverse, Ars.

CARBO VEG.—Will be called for in low state, particularly indicated in collapse, with the hypocratic countenance, which, as a rule, belongs to this remedy; (Ars. has it also). Cadaverous stools (like Ars.); but has that which Ars. has

not very prominently; the circulation is stagnant; it has coldness of the surface (like *Ars.*), patient is made better from fanning; patient is apparently dying and wants to be fanned; the breath is absolutely cold; the veins seem to stand out and are full of blood; frequent, scarcely perceptible pulse; (collapse with hot breath would scarcely call for *Carbo veg.*) *Verat.* also has cold breath, with excessive diarrhoea and vomiting. *Carbo veg.* has saved life at the brink of death, with these symptoms present. Cold sweat on the forehead particularly indicates *Verat.* In *Verat.* the sweat is cold in collapse; *Carbo veg.* it is warm when it comes out, and there is slight warmth of the surface. *Calc. carb.* the sweat is warm when it comes out, and becomes cold on the face.

CARBO. VEG.—Patient wants to be fanned. (*Mer.* is indicated for profuse sweat, which is warm and remains so until it is made cold by removing the covers, which makes him wild). Another prominent feature is that the patient lies with the limbs drawn close to the abdomen in these troubles. Nose, ears and forehead are very cold. (*Verat.* also). Patient is giddy and blind; that is, a sensation of blindness comes over him; skin livid and pulse thready and almost dies away; rapid yawning and incessant sighing, which is really gasping; dark areola around the eyes; increasing stupor.

LACHESIS.—Where the shock apparently strikes to the heart, producing pain in it, cold sweat, blueness of the surface and sinking, choking, wants to tear everything away from the throat, sensation of suffocation, the sweat comes out from suffocation and anxiety, hence being secondary; (in *Verat.* is primary and cold when it comes out). We have *Carbo. veg.*, *Verat* and *Lach.* for this cold sweat.

HYDROCYANIC ACID AND LAURO.—These are so similar in their pathogenetic effect, that the one might be substituted for the other in certain disease manifestations. The most prominent feature of the acid, is, a teaspoonful of water gurgles all the way down the throat to the stomach; (*Ars.* also). Distorted features and dilated pupils; eyelids paralyzed; cannot open and close the eyes. (*Lauro.* also).

TABACUM.—Collapse, especially deadly nausea as if he would die from sinking; legs are cold.

NATR. MUR.—If you can ascertain whether the patient needed it before receiving the injury. Great thirst and aggravated at 11 A. M. Threatened collapse of intermittent pulse; aggravated when lying on left side, with heart throbbing. Not so far advanced as Carbo. veg., Ars. and Lach. If you have chronic affections resultant on injuries, relieved by sweat; dreams of horrible things, robbers, fire and murder; aggravated from consolation; dream of robbers in the house, and he will not believe the contrary until search is made.

VERAT. ALB.—Cold sweat, mostly on the face; vomiting, diarrhoea and thirst; profuse sweat, extreme pain, delirium and terror; feels nervous, as if he would fly; despairs of life; numbness and chillness increased by drinking, though the thirst is intense; abdomen.

IPECAC.—Very important for hemorrhages; patient suffocates; blood a bright red; cold sweat drops from the hands; uterine hemorrhage of slight gush of bright red blood causes fainting, sinking; (Exhaustion from great loss of blood, China).

SULPHUR.—A ragged philosopher; patient craves liquor; old broken down inventor; is faint and weary and trembling; talking causes much fatigue; jerking of the limbs and falling asleep. Irritative Fever, Sulph. is my first remedy. I have been in the habit for a long time of beginning every case of puerperal fever with Sulph., because it is the very deep acting; unhealthy eruption, dejected appearance and feelings; patient looks besotted and has pimples and scaly eruptions; discolored skin; red patches on cheeks, here and there, with feverish condition; great thirst and sometimes voracity; food disgusts and he craves brandy and beer; patient dirty and dislikes to be washed; all the symptoms are aggravated by application of water; there is some pain throughout the body, and especially disposed to locate in deep seated parts and become chronic. The system is slow to respond to well selected remedies. (Nux opposite; well selected remedies

attack them viciously.) After Nux. this increased susceptibility is modified; (chronic syphilitic affections of the skin).

CALCARIA CARB. It often follows Sulphur; constant feeling of heat and coldness, with or without shivering; withered skin and emaciation; constant solicitation about his affairs; patient sweats from mental exertion; bone and other suppurations; marked fear; cold, damp feet; fat people are prone to sweat on the slightest provocation in the way of exertion; habitual cold hands and feet. (Sulph. also.) Hepar occupies a position midway between Sulph. and Calc.

LYCOPodium.—Aggravated from four to eight p. m.; red sand in the urine; great rumbling in the bowels; general engorgement of the abdominal tissues; sebaceous eruption; forced respiration, with fan-like motions of alæ nasi, caused by obstruction of respiratory passages, in low states; sometimes the patient will protrude the tongue in order to breathe more easily; warm applications aggravate the pains of Lyc. It is very useful in rigors attending suppurations, relieving them if it does not do any more; these rigors occur in hectic fevers and the incipient stage of puerperal fevers. (Compare Silicea.)

EFFICACY OF FUCUS VESICULOSUS (*Quercus Marina*) FOR THE CURE OF OBESITY.

Fucus vesiculosus, sometimes termed *quercus marina*, and *kelp-ware*, or *Bladder wrack*, is a cryptogamic sea-weed, which was formerly employed by the Romans for the cure of gout. Mr. Duchesne Duparc has recently published an interesting monograph on this plant, in which he informs us that Gaubius, Annel and Baster, to whom on Dr. Pereira's authority we may add the name of Dr. Russel, employed it with supposed advantage as a deobstruent in scrofula, goitre and glandular enlargements. The discovery of the medical virtues of iodine had caused it to be forgotten, but accident again recommends it to the attention of the therapist, and thanks to Mr. Duchesne Duparc, it is in a fair way to recover a portion, at least, of its former celebrity.

"Some years ago," says that practioner, "*fucus vesiculosus*



CORRESPONDENCE.

EUREKA, CAL., Dec. 26th, 1884.

EDITOR CALIFORNIA HOMŒOPATH—I have a curious and interesting case which I wish to report through the columns of your Journal. I would ask the fraternity if treatment be necessary, and, if so, what course to pursue.

Mr. T. —; aged about 50; fair complexioned; habits sedentary. During the last two years his health has been on the decline. The least exercise fatigues; over exercise produces difficult breathing and palpitation; appetite fair; bowels regular. Examined him carefully; found lungs sound, liver normal as to size, heart slightly enlarged, no valvular lesions. He has a sledge-hammer pulse, which beats just thirty three times to the minute; heart sounds clear cut; first sounds much the louder. I never met with such a pulse before. Prescribed Aconite and Dig. 2x in alternation. Patient goes about the street and does light work.

DR. SMITH.

EDITORS CALIFORNIA HOMŒOPATH—Please correct in your January issue the error (typographical) in my name, as it was printed in your last. I was credited with being Charles Porter Hart (my uncle) while I am only (myself) Charles Nelson Hart. It was quite an honor; but as he might not think so, and will surely see it, I will correct it.

Denver has a population of sixty thousand, and forty of these are Homœopathic physicians. We have had four years of good health; amongst the doctors, consequently, there is complaint.

Was in hopes of sending you a paper upon Lacerations of the Cervix Uteri, and Perinæum this month, but as an interesting case is "under way" and another in prospect, will delay a month. I have some new hints upon the operation.

Yours truly,

C. N. HART.

ORGANIZATION OF THE ALUMNI ASSOCIATION OF HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

On the evening of December 4th, 1884, an adjourned meeting of the Alumni residing in Philadelphia and vicinity was held in the lower lecture-room of the old College, for the purpose of effecting the permanent organization of the Alumni Association. The proposed constitution and by-laws were adopted. They provide that the name of the organization shall be "The Alumni Association of the Hahnemann Medical College of Philadelphia." Its objects shall be to promote the interests and extend the influence of the Alma Mater, to advance a higher medical education and to secure intellectual and social benefit. Any physician on whom has been regularly conferred the degree of the Homœopathic Medical College of Pennsylvania, or the Hahnemann Medical College of Philadelphia, and honorary members of said institutions, shall be eligible to membership. The annual meeting shall be held

at Philadelphia on the night before Commencement. An election of officers took place with the following result: President, Dr. Augustus Korndorfer, (class of '68), Phila.; Vice-Presidents, Drs. W. B. Trites, '69, Phila., Horace F. Ivins, '79, Phila., J. H. McClelland, '67, Pittsburg; Permanent Secretary, Dr. Wm. W. Van Baun, '80, Phila.; Provisional Secretary, Dr. Clarence Bartlett, '79, Phila.; Treasurer, Dr. Wm. H. Bigler, '71, Phila.; Executive Committee, Prof. Wm. Tod Helmuth, M. D., '53, N. Y. City; Prof. A. C. Cowperthwaite, M. D., '69, Iowa City, Iowa; Dr. John C. Budlong, '63, Providence, R. I.; Dr. Chas. H. Lawton, '71, Wilmington, Del.; Drs. Wm. B. Van Lennep, '80; H. Noah Martin, '65; Isaac G. Smedley, '80; John K. Lee, '51; and Joseph C. Guernsey, '72, Phila.

EDITORS CALIFORNIA HOMŒOPATH—February the 3d we organized the *Los Angeles County Homœopathic Medical Society* with about twenty physicians present. Dr. A. S. Shorb was elected President, Dr. J. C. Kirkpatrick Vice-President, Dr. E. A. Clarke Secretary, Dr. M. P. Chamberlin Treasurer. Several lively papers were read, and we had a good time all around.

Yours Respectfully,

A. S. SHORB.

VACAVILLE, March 26th, 1885.

EDITOR CALIFORNIA HOMŒOPATH—Please allow me to call your attention to the cause of Homœopathy in this place, hoping that you may be able to find one of the class mentioned in the last number of your journal that would be willing to locate in this place; one that practices Homœopathy on a scientific principle, and is not ashamed to own it. The field is probably as desirable as any to be found in a rural town, as the surrounding country is thickly settled with well-to-do farmers, and there is already an extensive field for a reliable Homœopathic physician.

Yours respectfully,

MRS. A. GARRISON.

ST. LOUIS, February 18th, 1885.

EDITORS CALIFORNIA HOMŒOPATH—Please notice in the March issue of your journal that the following societies meet in St. Louis, Mo., this year: Western Academy, May 28th, 29th and 30th; American Institute, June 2d, at 10 A. M. The above societies will hold their sessions at the Lindell Hotel. It is earnestly desired that there may be a full attendance.

Yours fraternally,

W. JOHN HARRIS.

By order Committee of Arrangements.

EDITOR HOMŒOPATH—If you know of a good Homœopathic Physician that wants a location in a new country, fast settling up, where he can have a good ride on the start, refer him to me. Here is a grand place for one, and he would very soon get a large practice.

GEO. B. WEAVER,

Larene, Lincoln Co., Wash. Ter.

CLINICAL ITEMS.

Phytolacca is suggested by Dr. Bayes for Constipation of the aged—also for Headache worse in wet weather—pain deep in head, temples and vertex, with sickness, foul tongue, disinclination for food, vertigo, disgust of life and for everything and every body. Restless and very irritable, nearly always lying down and head wrapped up. HOM. WORLD.

Ferrum picricum.—This salt, in doses of from 1-50th to 1-100th part of a grain, causes a tendency to night perspirations; patient wakes up in a fright and finds herself in a perspiration. It also causes a tendency to constipation and headache, the headache being markedly worse after meals. It causes too a pain along the urethra with a desire to urinate during the day, its enuresis being more painful than that of other preparations of Iron and besides the pain extends along the entire urethra and is not confined as with the phosphate to the neck of the bladder. This salt will be found useful in *Indigestion*, with symptoms of biliousness and tendency to headache and furred tongue and in *Phthisis pulmonum* with possibly such symptoms as night sweats, oppressed breathing and restless semi-delirious sleep. In bilious, dark haired persons, with whom Iron usually disagrees, it will be found, should the symptoms indicate it, of the greatest service.

DR. COOPER IN HOM. REVIEW.

Asarum.—Patient feels cold continually. Has great want of vital heat.

Ledum.—Absence of vital heat when warm in bed or from warmth generally.

Ammon mur.—Discharge of blood from bowels with menses. Menses: profuse at night.

Calcarea phosph.—When every cold causes rheumatic pains in the joints and in various parts of the body. Suffering from grief.

Antimon. prefigures a rather robust, corpulent patient, but predisposed to gastric disturbance.

Lycop.—Patient of keen intellect, but feeble muscular development, lean and predisposed to pulmonary and hepatic diseases. In chest symptoms it follows Phosphorus. With a sallow face, gray expectoration, neglected and maltreated pneumonia present, the choice for *Lycop.* is certain.

Mercury patient is irritable, malicious, suspicious, he is coarse in manners and tastes, likes beer not wine, presents a dirty, rough yellow face, is scorbutic, scrofulous or syphilitic, cannot bear damp, cold, winds or rough air, contracts catarrh, rheumatism, sweats easily. As a child, he has open fontanelles, anxiety when alone, restless during sleep with clammy thighs, and cold icy forehead, large tender abdomen, and readily contracts dysentery.

Calcar. arsen. was recommended by Dr. Hering as a promising remedy for Epilepsy. In several cases it lengthened the intervals between the fits—in a few they were entirely stopped. In this connection it is well to remember *Cotyledon umb.*, in doses of 3 drops 2–3 times per day has certainly cured cases of epilepsy in the hands of Dr. Bullar.

Carbo veg. is especially recommended by Dr. Goullon for violent bronchial catarrh of the aged instead of the too common use of Phosph. in that pathological condition. Remember the difficult breathing, burning in chest, rawness and soreness and cold knees that are guiding symptoms of *Carbo.*

Myosotis Symphit. is credited with superior virtues in cough with excessive expectoration. Broncho-pneumonia, when a persistent, profuse expectoration fails to yield to ordinary treatment, dose: 5 drops of 1x Dil. [CAL. MED. J.]

Lobelia.—Extreme *tenderness* over the sacrum. She cannot even bear the pressure of a soft pillow—cries out if any attempt is made to touch the part. She sits up in bed leaning forward to avoid contact with bed. C. CARLTON SMITH.

Oleander is one of the best remedies for painless paralyses—for it has anaesthesia well marked—sensory painless paralysis—Stiffness and coldness of limbs; loss of muscular power; hand trembles when writing; sensation as if soles were asleep when walking.

S. L.

Ranuc. bulb is one of our most effective agents for the removal of bad effects of the abuse of intoxicating drinks.

HOM. PHYS.

If well chosen remedies do not act, give *Psorin* when patient shows a psoric taint, *Opium* when of a torpid nature, *Carbo* when he is weak, emaciated with feeble pulse and *Laurocer.* when nervously agitated.

C. HERING.

Dulcamara covers more cases of Diarrhœa than any other drug—worse in damp weather and at night. Useful in non-itching, chronic eruptions.

Lycopod.—Teste commends it highly for chronic pneumonia, with purulent, foul smelling expectoration, even when one of the lungs (left preferably) has become partially hepatised. Dry, constant, persistent cough, day and night—great exhaustion after coughing, worse every drink and deep inspiration. Hoarseness, dyspnoea, progressive emaciation.

Iodide of Arsenic in Heart Disease.—Dr. J. H. Clarke of London read before the annual Hom. Congress in September an exceedingly interesting article on the above. The clinical cases given show that in the Iodide of Arsenic we have a powerful agent in strengthening the heart muscle, weakened by general exhaustion and disease, and arresting the process of degeneration. It is given alone, immediately after food 2 or 3 grains of the 2 or 3rd decimal trituration or in alternation with some remedy more particularly indicated by specific symptoms.

Indigo is a valuable remedy in hysteria, convulsions and epilepsy. The mental symptoms are those of melancholy, depression.

Zinc and Sepia should be given to women who have a tendency to abortion.

HERING.

Phytolacca, I find one of the best remedies for difficult dentition. Many cases that have resisted the more commonly used remedies have been quickly relieved by this remedy. Symptoms: child crying, moaning, restless and feverish, particularly at night. If it is hot weather, often

vomiting and diarrhœa. Teeth long in coming, and child wants to bite on something hard continually.—[E. B. NASH.

Ova Testa, 4th Trit., has been repeatedly verified as an excellent remedy for Leucorrhœa, with pain in back as if broken, the leucorrhœa not depending on any organic lesion.

Arsentie of Bromine.—Marked benefit is claimed for this remedy in cases of diabetes. From three to five drops before meals for two weeks, is sufficient to clear the sugar from the water. N. Y. M. T.

PERSONAL NOTES.

Don't forget the meeting of the California State Homœopathic Medical Society, May 15th. The place of meeting is changed very appropriately to the Hahnemann College, 115 Haight street.

GENERAL CONVENTION OF HOMŒOPATHIC PHYSICIANS.—The following was the programme of the General Convention of Homœopathic Physicians, which was held in New Orleans, Thursday, Friday and Saturday, April 9th, 10th and 11th, 1885, at the Tulane Hall, University of Louisiana:

First Day, morning session at 10 o'clock.—1, Invocation; 2, Address of Welcome, by Dr. S. M. Angell, President of the Hahnemann Medical Association of Louisiana; 3, Election of officers for the convention and installation of same; 4, Miscellaneous business; 5, Dr. W. Bailey, Sr., on Cholera; 6, Dr. Joseph Jones, on Pneumonia; 7, Dr. A. L. Monroe, on Typhoid Fever. Evening session at 8 o'clock—A special meeting of southern physicians, to consider the feasibility of a permanent southern organization as auxiliary to the American Institute of Homœopathy.

Second Day, morning session at 10 o'clock.—1, Dr. E. M. Hale, on Indigenous Remedies of the South; 2, Dr. C. E. Fisher, on Medical Legislation in the South; 3, Dr. C. J. Lopez, on Dysentery; 4, Dr. A. B. de Villeneuve, on Pernicious Fever; 5, Dr. D. M. Lines, on the Relation Existing between the Physician and the Druggist. Evening session at 8 o'clock.—Celebration of the Anniversary of the Birth of Samuel Hahnemann. Commemorative speeches have been invited from Drs. I. T. Talbot, T. F. Allen, Pemb. Dudley, J. C. Sanders, W. L. Breyfogle, J. P. Dake, J. T. Kent, J. H. Henry, W. H. Holcombe, F. H. Orme, W. J. Murrell, J. G. Belden, and others, on the life and works of the immortal founder of Homœopathy. It is intended to make this part of our meeting a specially interesting one, in which shall be presented the life of Hahnemann, the past struggles, the present status, and the

future possibilities of Homœopathy, and its modifying influence upon the science and art of dominant medicine. Impromptu remarks will be in order.

Third Day, morning session at 10 o'clock.—This session will be entirely devoted to the reading of papers presented at a late moment.

THE opening of the Thirteenth Annual Lecture Session of the California College of Pharmacy took place on April 6th. Prof. Wenzell delivered the introductory address. The College is in a very prosperous condition and is doing admirable work under the leadership of the new dean, Prof. RUNYON.

READ the announcement of the Hahnemann Publishing House in regard to Arndt's System of Medicine based upon the Law of Homœopathy, and then subscribe for the work.

WE are glad to announce to our readers that the next number of the CALIFORNIA HOMŒOPATH will contain reports of several important and almost unique surgical operations, performed by Prof. R. H. CURTIS of the Hahnemann Medical College.

WE have to announce the death of the venerable DR. F. R. McMANUS, of Baltimore, also that of DR. CHAS. H. BURR, of Portland, Me., a delightful gentleman and an excellent Homœopathist.

DR. H. L. STAMBACH, late from Philadelphia, has settled in Santa Barbara. The Doctor is a pure Homœopathist, with a wholesome dread of "mongrelism" and we are sure he will succeed in his new field.

WE wish to thank all who were kind enough to respond so promptly to our call for No. 1 of the HOMŒOPATH. Quite a number were received, and we are now enabled to supply those who have not yet subscribed, with the first number.

DR. M. T. WILSON has taken up his residence in Oakland, corner 11th and Grove Sts.

A good homœopathic physician is wanted at Los Gatos, Cal.

NOTICE.

Those of our subscribers who have not yet sent the subscription price of our Journal for this year, are requested to do so now.

NEW PUBLICATIONS.

A System of Medicine Based upon the Law of Homœopathy.
 Edited by H. R. ARNDT, M. D. In three volumes. Vol. I. Philadelphia: Hahnemann Publishing House, F. E. Boericke, 1885.

It is with great pleasure that we greet the appearance of Vol. I of this new Practice of Medicine. In appearance it is the peer of those stately volumes previously issued by the same publisher. The present volume, containing about 1,000 pages royal octavo, treats, after an introductory chapter by the general editor, and one on Physical Diagnosis by H. C. Clapp, M. D., of the Diseases of the Respiratory Organs, by Drs. Morse, Mitchell and Crawford. Diseases of the Circulation, by E. M. Hale. Diseases of the Great Blood Vessels, by A. R. Thomas. Diseases of the Organs of Digestion, Clarence M. Conant, W. T. Laird, H. R. Arndt, and A. C. Cowperthwaite. Diseases of the Liver and Pancreas, by W. H. Dickinson. Other contributors to this volume, besides those mentioned, are Drs. P. Dudley, Y. G. Gilchrist, E. N. Jones, W. T. Laird, L. D. Morse, and W. B. Trites—all names familiar to the homœopathic profession as men able and trustworthy and often brilliant in their respective branches. In order to give a better idea of the scope of this great addition to our literature, we append the following notes from the Preface, deferring until a later number an extended review of the work:

“The editor possesses one great advantage over the majority of the progenitors of new books in that he needs not enlarge upon the *raison d'être* of this publication. The entire homœopathic school have, for years, experienced the want of a work on ‘Practice,’ which should take the place of the very excellent, but now old, treatises of Baehr, Kafka, and others. It was justly argued that none of these works are sufficiently comprehensive to serve our students as a satisfactory text-book, or our practitioners as a reliable guide for consultation and a safe authority in times of perplexity and doubt.

“After a careful examination of the various methods of arrangement of contents employed by different authors, the editor adopted the general grouping of Reynolds, subdividing, however, each section upon an anatomical basis. Thus, the section upon Diseases of the Organs of Digestion is divided into diseases of the mouth, œsophagus, stomach, intestines, peritoneum, liver, and pancreas; each of these is again similarly subdivided. Thus, the Diseases of the Mouth are treated in the following order: diseases of the gums, teeth, tongue, salivary glands, tonsils, uvula, mucous membrane of the mouth.

“The treatment of each topic is based upon a desire to make every chapter of the greatest possible value to the reader. It has been the aim of contributors to give just enough space to ætiology, pathology, differential diagnosis, and so forth, to make the article complete, and to furnish a clear summing up of the present state of pathological knowledge and of the subjects enumerated.

"Particular pains have been taken with the 'treatment' of the various diseases herein discussed. The remedies in most cases have been arranged, not alphabetically, as has been the custom, but in the order of their clinical importance. This arrangement is not free from objection, because remedies which a writer deems of paramount importance in the treatment of some one disorder, may, to the professional reader, seem of little value in the same condition, and *vice versa*. Such result is unavoidable in a work of this kind, and readers may take consolation from the fact that the work has been done not only conscientiously but, in nearly all cases, by those abundantly qualified by extensive clinical experience to speak with authority.

"The indications for remedies are of necessity given with reference only to symptoms which occur in direct connection with the disorders treated, concomitant symptoms are usually ignored, because a work like this cannot be made to take the place of a work on symptomatology. In order to further increase the usefulness of this work, the chapters on 'Treatment' were not limited in range to therapeutics, but were made to embrace extensive observations on hygiene, nursing, dietetics, the use of hot and cold baths, electrotherapeutics, and the various means and agencies with which the intelligent medical man at this day combats disease and relieves suffering. Much 'liberality,' so called, has been displayed by contributors, at the particular request of the general editor, who is fully aware of the probable effect, in certain directions, of this course. The consciousness that the information thus furnished, and the directions here given, do not in the least compromise the dignity and the clinical value of the homœopathic law, that they represent the homœopathic practice of to-day as it really exists, and that they will prove the means of saving our younger colleagues much anxiety and possible blundering, these combined will more than outweigh any criticism which can be offered on this score."

We trust every homœopathic physician will subscribe to this work on Practice and those of the old school desiring to get acquainted with the Homœopathy of the present time can do no better than acquaint themselves with Arndt's System of Medicine.

DR. E. J. LEE, the editor of that admirable journal the *Homœopathic Physician*, announces that he has ready for the press a "*Repertory of Characteristics*," comprising clinical and pathogenetic symptoms. Such a work will be most valuable. It will be divided into two large octavo volumes at \$3.50 per volume to subscribers. Two editions—one with wide margins and heavy paper, the other on thin paper and narrow margins. Send on your subscriptions to *Homœopathic Physician* direct, or to Boericke & Schreck.

Chronic Sore Throat, or Follicular Disease of the Pharynx, Its Local and Constitutional Treatment, with a Special Chapter on Hygiene of the Voice. By E. B. SHULDHAM, M. D. Chicago: Chatterton.

This is the second edition of the well known popular work, "*Clergyman's Sore Throat*." The indications for the use of remedies, both local and internal, are accurately given and will render the treatment of these common disorders more successful and satisfactory.

A Treatise on Antiseptic Medication, or Declat's Method. By N. F. COOKE, M. D. 2d edition. Chicago: Gross & Delbridge.

We are all familiar with the first edition of Dr. Cooke's interesting little book. If it has done much to establish for a time the phenic acid craze, it has done so not without offering numerous examples of its virtue. The call for a second edition shows unabated interest and value in that method of medication. The book is gotten up in the publishers' best style and merits success.

Typhoid Fever and Low Water in Wells. Reprinted from the annual report of the Michigan State Board of Health for the year 1884.

This paper was read before the American Public Health Association at St. Louis, October 6th, 1884. It is a most interesting study of the subject.

Application of New Remedies in the Treatment of Mental and Nervous Diseases. By S. H. TALCOTT, M. D., Middletown. Reprinted from the N. Y. *Medical Times*.

Like all of Dr. Talcott's writings—excellent.

The Oakland Homœopathic Hospital and Dispensary Association. Reports, Constitution, By-Laws. Its Officers, Directors, Managers, and Standing Committees for 1885. Incorporated November, 1877.

A Layman's View of the Potency Question. By A. H. TOMPKINS, M.D. Reprinted from the N. E. *Medical Gazette*.

A Treatise on Uterine Catarrh. By S. J. DONALDSON, M. D., New York. Reprint from *N. A. J. of Homœopathy*.

A Treatise on Dysmenorrhœa. By S. J. DONALDSON. Reprinted from the N. E. *Medical Gazette*. Boston: A. Mudge & Son.

Report of the Homœopathic Hospital of Minneapolis, Minn., 1883-4.

Popular Department.

SOME SPECIAL INDICATIONS FOR THE USE OF HOMŒOPATHIC REMEDIES IN DISEASES OF CHILDREN.

Since it is impossible to ascertain the *subjective* symptoms (those of the patients own feelings and sensations) of small children accurately, we must make use of the objective symptoms, that is such as can be perceived by the senses of the prescriber. Such are the appearance, expression of the child, the pulse and temperature, etc. We will give some of the principal objective symptoms of remedies, which will enable us to prescribe the right remedy in the various diseases children are subject.

Aconite.—The child has a hot dry skin, is restless and sleepless, frets and cries a good deal, bites his fingers and has green watery diarrhoea; croupy cough, also cough in which child gasps at throat. When new born infants do not urinate a few doses will establish the function. The child is usually very thirsty, and seems to be relieved very much by holding to the cup containing cold water with its mouth, apparently for the purpose of cooling its gums. Pulse is full and quick and is hot all over.

Antimon. Crud.—Child has a white tongue; it looks as if it were whitewashed. It is very cross; won't let you look at him or touch him. A great deal of crying, with vomiting and diarrhoea—watery, profuse diarrhoea, containing lumps of curd.

Apis. Summer complaint; suppression of or painful urine; child has no appetite, is not thirsty; breathing is oppressed. The child starts with a loud, shrill scream from its stupor. Child bores head into the pillow.

Arsenic.—The little patient does not want to be spoken to, and seems relieved by being carried rapidly around. There is much thirst for cold water, but he wants but a sip at a time. Pale and cadaverous face; food passes undigested; stools are offensive; child is very weak and emaciated.

Belladonna is especially useful for precocious children blue eyes and blonde hair; for children that sleep but little, and yet are sleepy. Also for lively, obstinate children, that cry easily, perspire readily and apt to take cold; sudden crying out in sleep; pupils dilated; a sweaty feeling to the skin; child starts easily; has a tendency to convulsions; face flushed, red eyes; great heat of head and face; child puts hand to head, showing that it suffers pain there.

Borax. Child fears all downward motion. Even when asleep, it suddenly awakes by the downward motion to put it down on the bed; fears going down stairs, etc; violent starting at the slightest noise; sore mouth, which is hot, also, hot head and hot palms; child frequently lets go of the nipple, showing signs of pain in mouth on nursing; urine smells badly.

Bryonia.—The child does not want to be moved—any motion seems to increase his sufferings—must be kept still in order to be appeased. It is constipated, stools are large, hard and dry. Lips dry, parched and cracked; the child does not like to take hold of the breast, but when once its mouth is moistened it draws well. Much thirst, diarrhoea from hot weather.

Calcarea is the great remedy for scrofulous, fat, flabby children. There is much perspiration especially around the head, so as to wet the pillow. Bloated abdomen, white chalklike stools, child craves eggs, glands are swollen, slow and difficult dentition. The gums are pale and shiny when the tooth is a long time coming through. The child's feet are cold and damp and feel as if it had a cold, damp stocking on. Child frequently awakes about 3 A. M., and is then sleepless. Leucorrhoea of little girls.

Chamomilla.—This is the greatest homoœpathic remedy for diseases of children. The chamomilla patient is very fretful and wants to be carried about. Is very cross, wants everything but refuses it when offered; child stiffens itself and bends backward, kicks and screams. The child must have motion which is the only thing that relieves him. *Colic*, greenish diarrhœa, or like chopped eggs. Stools have odor of decayed eggs, one cheek is apt to be red, the other pale. The child seem to be extra sensitive to pain.

Cina.—For worms and reflex symptoms due to presence of worms. The child bores at nose or rubs it constantly, starts up from sleep in a dream, is frightened. It is seen to swallow continually, seems very hungry all the time, the urine is milky white, sleep very restless, pain near navel; the child is seldom quiet or good natured, whether sleeping or awake. Convulsive attacks at night.

AN HONEST ALLOPATH.

Occasionally we come across an honest allopath, strange as it may seem. His name is Dr. A. T. Spear. In his presidential address before the Lick Co. Med. Soc., (Med. Record, Vol. XXI, page 205) made the following remarkable statements: "I shall select two medicinal substances, viz., aconite and mercury, and shall try to prove by our standard authorities, that when we are successful in treating disease with them, it is in accordance with the Homoœpathic doctrine, and although all sorts of explanations are advanced as to their *modus operandi* the plain simple fact is, that Hahnemann gave the symptoms and treatment years ago that Profs. Bartholow and Ringer now emphasize. Will any gentlemen present explain to me why he uses mercury in any disease? Have we really made any progress in the practice of medicine except what has been forced upon us by those whom we regard as irregular practitioners? Now gentlemen, after the statement of Prof. Ringer that in one form of

diarrhoea, Bichlor. of Mercury acts more satisfactorily, and in another form gray powder; where shall we go to obtain some explanation or reason for this? Have we an author who will point it out to us? If we have I have failed to find him. On the contrary, the more I studied the matter, the greater was my confusion, until I sought in homoœpathic works for a solution and there I found it clear and simple; and I may say that the indications for the use of the different mercurial preparations as pointed out by the earlier homoœpaths, are those by which they are now governed in practice."—[HAH. MONTHLY.

FOOD FOR THE DYSPEPTIC.

Dr. J. Milner Fothergill, in one of his recent letters to the *Philadelphia Medical Times*, gives the following practical hints on this subject:

Not only in conditions of acute disease, where the digestion is almost annihilated, but in some very pronounced cases of more chronic character, the subject of feeding the patient is one of paramount importance. Milk is our sheet-anchor, doubtless; but, unfortunately, milk is distasteful to many persons; while it is apt, in certain cases, to curdle so firmly in the stomach that the curd never falls to pieces again until voided *per anum*, in consequence of which it is worthless as a food;* while the firm curd is a source of irritation to the bowels, setting up diarrhoea, and in cases of enteric fever even endangering the patient's life by the possibility of tearing the bowels at some spot weakened by ulceration. Not even where the precaution is taken of mixing it with an alkali, as Seltzer water, or Vichy or Vals water, can this risk be entirely obviated. At the London Fever Hospital, in order to avoid too firm curdling, and the consequential damages thereof, some farinaceous material is added to the milk, so that the curd will not be too firm for subsequent disintegration. What is often wanted is something which will sit

* Combining Extract of Malt with milk prevents the curdling of the milk in the stomach to a great extent.

easily upon the stomach (for, if it do not, it is soon rejected by vomiting), and at the same time require but a minimum of the digestive act. This last is of cardinal importance. Such a food should contain material readily convertible into grape-sugar, a certain proportion of albuminoids, and some fat. Milk, with baked flour, comes nearly to this standard. By the act of baking, starch is advanced on its way to grape-sugar. Crusts of bread, the well-baked outer portion of the loaf, soaked in hot water, and mixed with milk, present a form of starch requiring little saliva to complete its conversion into grape-sugar. The different "baby foods," too, present great advantages as food for those who are either pronouncedly dyspeptic, or whose digestion is partly impaired by acute disease. Where fluid food alone can be taken, the contact with the salivary diastase is too brief to be of much service; and, unless the starchy materials have had some previous acquaintance with diastase, they will in all probability be voided unchanged. Probably in acute disease little diastase is formed, whether salivary or pancreatic. Be that as it may, it is well to be upon the safe side by giving, as food, farinaceous material which has already been acted upon by diastase. Such a food is malt extract, under whatever name it is sold. A good malt extract is a valuable food—a costly food, doubtless, but a food of priceless value at times of emergency. We are accustomed to look at malt extracts too purely from their diastatic point of view; that is, as artificial digesters of starch by their free diastase. But they possess a value beyond that, which is scarcely sufficiently recognized. Even where the diastase has been to a large extent killed by careless preparation, there remain the albuminoids in soluble form, the phosphates in like form, and so much maltose or digested starch. Consequently, a malt extract is a very valuable food, and, what is more, is a food which sits well upon the stomach in almost all instances. Indeed, in a very bad case seen some months ago, the medical man in attendance upon the case had tried every food which the patient could tolerate except malt extract; and the only thing left for me to suggest was, that a teaspoonful of malt extract be given every hour. This was done; the stomach did not resent the presence of so small a bulk; and after a fortnight other food could be taken, and soon the patient got quite well.

In fact, in very grave gastric cases, malt extract is a food which may often be resorted to when almost at one's wit's end what to do. This food can be taken either alone, or mixed with milk or with Seltzerwater, as the patient pleases, and can either form part of a meal, or be taken betwixt meals, or it can be added to beef-tea or chicken-broth. Such

meat-tea alone has a very small food value; but the addition of baked flour or malt extract makes a mighty difference, and the combination constitutes a capital food. In cases of pthisis where the digestion is upset, and there is a palpable danger of the patient sinking from inanition, such food is indicated, and is usually well borne. It may alternate with milk with advantage. It must be borne in mind, that just as a variety of food is craved for by people in health, so some variety is relished by the dyspeptic. Milk with seltzer-water may precede some beef-tea with baked flour, and that again be followed by some compound food containing maltose, with milk. Then some stewed fruit may be given in such cases where it agrees with the patient. But cane-sugar is very apt to undergo acetous fermentation in the stomach, and so give rise to much acidity, and hence is contra-indicated in many cases. But, where it can be taken, the juice of stewed fruit makes a pleasant change; though, unfortunately, this is not often the case. More frequently the changes must be rung on milk and malt preparations. Maltose differs widely from cane-sugar in the liability of undergoing acetous fermentation in the stomach, rarely if ever undergoing that change. Of course, there is another matter to be attended to, which is not unimportant; and this is, that, as only a small bulk of food can be taken at once, it is necessary, in order to provide the patient with a sufficiency of nourishment, that these little meals should be taken at frequent intervals. About one-third of a pint at once, every two hours, is enough to start with; and, as the stomach gains power, the quantity can be increased. But, as variety is pleasant to all, a little white-fish, boiled, may be added to the "baby-foods" after a certain amount of improvement has been attained. It is as well, however, to remember the old proverb, "The more haste, the less speed"; for never is the truth of the adage more forcibly illustrated than in the case of dyspepsia, where precipitancy, and anxiety to get on, very commonly defeat their own aim. But there is a lower stratum than this, viz: a class of cases where only the most easily digested foods can be taken at all; where the stomach cannot be bullied, and where compromise alone is practicable. In these very troublesome cases "baby-foods" are our sheet-anchor to start with. And even when something approaching an ordinary meal can be taken in small quantities, a glass of milk with some good malt extract in it, about two hours after the meal, when the contents of the stomach are passing the pyloric ring, is a good addition to it. The increasing failure of digestive power of the present day calls into action the skill of the chemist; and, fortunately for dyspeptics, the chemist possesses the skill.

THE CALIFORNIA HOMŒOPATH.

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

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

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EDITORIAL.

THE Hahnemann Medical College of San Francisco began its second annual course of lectures to a very good class in the first week in June. The College is in a very prosperous condition, and at the end of this term steps will have to be taken for building a College for our own use, as the building now hired cannot be released. It will be desirable to secure a suitable lot in an accessible part of the city, large enough for purposes of college and a hospital in connection therewith. Every homœopathic physician on the coast ought to be interested to make this departure a perfect success. Now is the time to express in tangible and practical ways your interest in Homœopathy on the Pacific coast. Let us work together and put up a building worthy of our cause and our section of the country.

WHAT we in San Francisco need more than anything else is a local Club or Society composed of homœopathic physi-

cians practicing in the neighborhood. We ought to have weekly or monthly meetings, for which a paper is to be prepared and which should be thoroughly discussed. If there be anything else to discuss later on, so much the better. One or several clubs of that sort would do more to cement us into a working band, and do more for each one individually and the cause, than any number of meetings of the State Society.

By the way, the last report of the American Institute of Homœopathy credits us with a county society, and gives us the interesting information that there are bi-monthly meetings. Why not make this report true and begin to hold our meetings again? In the same report, Dr. S. Worth figures as President. Now why not call a meeting of said society, Mr. President, to be held say at the editorial rooms of the CALIFORNIA HOMŒOPATH, or any other place, and at such time as may be appointed? Surely the number who would respond gladly to such a call would be one very representative of the best elements of Homœopathy about here. Try it.

THE plan adopted by the younger generation of Homœopaths throughout the large Eastern cities, is to form small clubs of limited membership and for specific purposes sometimes. Thus we have the Hering Club, the Hughes Club, the Hahnemann Society, etc. Then again there are clubs for the study of Materia Medica, Anatomy, etc. Surely we have good material amongst us for similar organizations. The CALIFORNIA HOMŒOPATH would be glad to lend its pages for the publication of the labors springing out of such co-operation, if thought desirable. By that means it is that some of our younger exchanges are so living and practicable. They are so, simply because they give reports of the sayings and doings of a few active live men.

ORIGINAL ARTICLES.

ANNUAL ADDRESS OF G. E. DAVIS, M.D.

DELIVERED BEFORE THE CALIFORNIA STATE HOMŒOPATHIC SOCIETY.

LADIES AND GENTLEMEN OF THE SOCIETY:

Time, in his unceasing march, has completed another cycle; and, as members of this Society, we have again assembled in this cosmopolitan city of the Pacific, to renew our fealty to the cause we hold in such veneration, and to cheer one another by renewing our acquaintanceship, and strengthen each other in the good work by advice and counsel.

There are duties which are difficult of fulfillment, appertaining to every position in life, and no one has the right to shrink from them, no matter what feelings of diffidence and incapacity he may entertain; and with these feelings I appear before you to-day.

As members of the Homœopathic branch of the profession of Medicine, we number in the State of California a little over two hundred; and of that number our Society only has a membership of fifty-six, or, in round numbers, less than one-fourth. There must be some cause for this; and it rests with us to discover that cause, and, if possible, remove it, and offer strong inducements whereby our Society shall contain a larger proportion of our professional brethren.

This cause can mainly be found in the fact that our State being the second in size in the Union, and sparse of settlement, of necessity our physicians must be scattered over a wide expanse of territory, making a trip to our meetings a large expense, not only of money, but, what is of more consequence, of time, which the average physician has not yet educated himself to the point of affording.

Our cause is progressing on this Pacific Coast, but not as rapidly as it should, simply because we have not the talent necessary to fill the field; and to-day we find many families employing the dominant school of Medicine for no other reason than that they cannot find a homœopath to call upon.

I have none of that silly fear, often heard, that we shall lose business because our ranks are full, if we advise brother homœopathic physicians to come to this city and coast. The field is ready, and the harvest is plenty, and only needs reapers to gather it in. Each one makes his or her own practice, and their gains are our gains, from the fact that the field is that much more enlarged wherefrom the harvest is to be gathered.

We are a brotherhood doubly united, inasmuch as, up to the present, we represent a minority, which is rapidly diminishing, and a minority the more savagely fought because of its rapid diminution; and, again, not only by reason of our supplanting the dominant school in the affections of the people by the greater success we attain in treating disease, but by the greater solicitude we manifest for the prevention of disease, and the more careful attention we give to hygiene and dietetics.

As physicians, we are too fond of giving advice for the conservation of health, not taking these prescriptions to ourselves. It is a homely but trite saying: "All work and no play makes Jack a dull boy."

We advise our patients as to the necessity of a rest from the mental strain Californians are so prone to indulge in. Our climate is especially tonic in its action, causing mental and nervous break-downs from the overwork incident to its bracing nature.

It is a habit only too easily acquired by the physicians of the Golden State, to plod on from year to year, never thinking that they, of all people, need a rest from the anxieties and perplexities of the sick-room and office, until finally the grim destroyer takes them for his own, at an age when they ought to be in their prime.

"Intellectual work does not of itself injure health or shorten life, but mental overwork is a frequent cause of nervous break-down and premature disease." A lack of recreation, and mental worryment incident to pecuniary embarrassments, are likewise special causes of nervous break-downs and premature disease among physicians. Homœopathy, if it has done nothing else, deserves well of the people at large from the fact that it has shown to and forced the Allopathi



branch of the profession to very materially reduce the dose of medicine; and self-protection has compelled them to administer their nauseous drug by the use of the poor, despised pilule or homœopathic pellet.

The early physicians would rise in their graves could they but peruse the writings of the latest authorities of the dominant school.

By them we are taught that, first of all, the cause must be removed.

Surely, old things are passing away, and better treatment is promised poor suffering humanity; for, after many years of patient waiting, the truth so cogently set forth by our immortal Hahnemann is being slowly but surely forced into universal recognition.

"It is the vainglorious boast of the Allopathic school of Medicine, that their method of cure has descended in an unbroken line from the remotest antiquity.

They arrogantly claim a pedigree from Hippocrates, the acknowledged father of physic, almost as unique and canonical as the apostolic succession of the Church of Rome.

They claim that their system alone combines the accumulated wisdom of more than two thousand years."

Among the writings credited to him we find the following: "Diseases are sometimes cured by contraries, sometimes by similars, and sometimes by medicines which have neither similitude nor antagonisms."

The principle of contraries was not advanced as an exclusive dogma until the time of Galen, in the second century.

A native physician, lecturing in the Homœopathic hospital at Benares, India, says: "Homœopathy is nothing new; in the Hindoo writings the principle, as now laid down, is extant, and has been from time immemorial; that among the Arabs also the principle is admitted, and that Hahnemann only brought the system to maturity by a uniform observance of the rules."

These quotations certainly prove that, upon the claims to antiquity, the formula "*similia similibus curantur*" is entitled to equal veneration with that of "*contraria contrariis curantur*."

Medicine is, or ought to be progressive. As homœopaths

we should be found in the front ranks, and ought to place our entire dependence in our *Materia Medica*, for it is far more extensive and complete than that of our opponents, and will soon be the key-stone of our success or failure.

Our law of cure is either true or false; there can be no *half-way* truth in it; it is all true or all false.

We cannot long resort to expedients without its becoming more or less known to our patients, and many of them will argue that while homœopathy is good in simple cases, for the more complicated, dangerous and painful ones, *we* dare not trust it.

Some one, writing on this subject, well says: "the fatal results of this logical reasoning are too obvious and unpleasant to enlarge upon.

It puts the most dangerous of all weapons in the hands of our opponents—a lie, with truth for the handle.

Though the sharp blade is generally felt first by those who furnish the handle, the wounds are, unfortunately, not confined to them. Homœopathy suffers, too."

In speaking of the use of morphia, a leading allopathic writer says: "In private practice, the case is almost a hopeless one from the hour that the patient becomes dependent upon the use of an anodyne. There can be no improvement afterwards in the powers of nutrition, and the nervous symptoms are all increased, so as to mask the true condition."

During the past year the bacillus theory of disease has been much studied, especially during the last epidemic of cholera in France and Egypt; and, while Koch and other students claim to have discovered the particular germ causing the disease, the theories of treatment arising therefrom do not seem to have lowered the mortality. Dr. Chapman, of London, has written a very exhaustive essay on Cholera, which, to my mind, completely upsets the bacillus theory, and proves beyond question that the disease is due to reflex action of the great sympathetic system.

In surgery, the discovery of mercuric chloride as an antiseptic dressing has greatly superseded carbolic acid. It is used in the proportion of 1 to 1000 or even 1 to 2000, either in a powdered form or as an ethereal solution of atomization.

Does it not come pretty near to being a homœopathic dilution, when our allopathic friends find such good results in this use of our old and well-tried merc. cor.?

It is a strange fact that while many professed homœopaths have an extreme fondness for increasing their doses, our opponents are continually diminishing the same!

Iodoform, too, is coming into frequent use, both as an adjuvant for indolent ulcer dressings, and in gynæcological treatments. The old-fashioned and obsolete methods of dressing wounds is passing away, and with them the era of sloughing and infected wounds.

Ere long the public will have become so well educated that they will demand such measures of relief from pain, and freedom from danger, which the more advanced scientific research has made possible.

Under the present advances made in this branch of surgery (I refer to the antiseptic), while formerly we had a mortality of from thirty to forty per cent. of major amputations, now we get only six or seven, and Neuber records forty-nine cases of knee-joint excision, thirty-six of which went on to complete recovery under a single dressing. Where formerly all wounds were dressed from one to three times a day, under this improved antisepsis, the same number of dressings are used in a fortnight, and with almost an entire absence of pain.

As a distinct school of Medicine, we must be ever watchful if we would preserve our vantage ground.

Our powerful and well-organized adversary is watching our every weakness, and is only too ready to take advantage of any defect he may find in our organization.

I call your special attention to the following resolution, adopted, May 2d, by the American Medical Association, then in session at New Orleans:

NEW ORLEANS, May 2.—The annual convention of the American Medical Association yesterday adopted the following:

Resolved, That steps be taken to establish in each State a Board of Examiners of Medical Science, whose certificate shall be the only authority to practice in those States.

A bill to this effect will be referred to the societies in each State.

The resolution speaks for itself, and I am sure it needs only a reference to it to suggest to your minds the necessity

for a vigorous and prompt action on our part if we would defeat it.

We, of the homœopathic faith, have much to congratulate ourselves upon.

We are citizens of a great commonwealth, rich in climate, and all that makes life worth living for.

As a distinct school of Medicine, we can favorably compare with any State in the Union, both in energy, education and endeavor to faithfully uphold the banner of Similia.

We have a college in successful competition with those of other schools of Medicine on this coast, the graduates from which will mainly have the duty of carrying our law into new and untried fields, and God grant they may be true to themselves and to the illustrious founder of our system.

They should be living exemplifiers of the sublime apostrophe of Hamlet:

“What a piece of work is man! How noble in reason! How infinite in faculties! In form and moving, how express and admirable! In action, how like an angel! In appearance, how like a God!”

ACID AND ALKALINE CHILDREN.

By A. B. BISHOP, M. D., SAN JOSÉ.

The division of children into acid and alkaline is an idea developed by Dr. T. C. Duncan, of the Chicago Homœopathic College. What I have to say on the subject is chiefly due to him, as I heard from his lectures, and have gathered from his writings.

Hahnemann states, in his lesser writings, that the tendency to acidity in children is a disease tending, and acidity is a disease condition.

Dr. Scudder, whose name is honored among Eclectics, makes a noteworthy division among medicines. He states the indication for the use of acids, that the lips must be red; and for alkalines, that they must be pale. But red lips have been found to be an index of an acid constitution, and pale lips, of an alkaline; thus confirming Dr. Duncan's classifica-

tion of acid and alkaline, and at the same time corroborating the Homeopathic law of treatment of similars: acids for an acid condition and alkalies for an opposite state.

Grauvogel's classification of constitutions, as Oxygenoid, Carbo-nitrogenoid and Hydrogenoid, has been considered somewhat fanciful, but is founded in nature and fact. The Oxygenoid are the thin, spare, acid children; the Hydrogenoid the plump alkaline ones, and the Carbo-nitrogenoid represents the medium condition.

Dr. Hering, in 1850, though saying nothing about acid and alkaline constitutions, classified *medicines* according to their chemical and electrical nature; the electro-negative being the acids and the electro-positive the alkalies. This presupposes a corresponding basal division in the patient.

Dr. Duncan brought out the idea more fully and reduced it to practical account. In the Chicago Foundlings' Home, which he has had in charge for several years, he had ample facilities for observation. Dissections of small children were frequent, and he found that the spare and feeble, *i. e.* the acid children, had a large stomach and a small liver, while the plump, strong, alkaline ones had conversely a small stomach and a large, active liver. The explanation seems easy. The process of digestion and assimilation of food in a child is very active. Acidity means dissolution and decay. The gastric juices for disintegration and digestion of food are acid. All the excretions of the body are acid, while all secretions, the hepatic, pancreatic and intestinal, all except the gastric are alkaline. The blood is alkaline, and the digested food, though digested in the stomach in a strong acid, must become alkaline before it can be taken up by the absorbents and carried into the blood. Health requires a liver with vigorous alkaline secretions sufficient to neutralize the acid current from the stomach.

A very large stomach secretes a superabundance of acid for digestion, and as the stream of chyle passes by a *small* liver, the hepatic fluid is inadequate to counteract the acidity, hence an irritating current through the whole extent of the alimentary tract, resulting in colic, flatulency, green dejections indicating decomposition of the bile and mixed with undigested food. There can be but one result: imperfect

assimilation, impoverished blood, emaciation and disease. A gnawing hunger is the cry of the cold, watery blood for nourishment. As the blood cannot receive any *acid* nutrition, it is easy to see that it must be very slightly nourished from a stream of chyme in which acid predominates. On the other hand, a small stomach pours out an ordinary amount of acid, which is completely neutralized by the product from a large liver. Chymification of food is perfect, and the blood receives a daily replenishment of life-supporting material.

The normal, healthful child, then, is alkaline. It is plump and fat, with clear skin, rosy cheeks and pale lips.

The acid child is sick. It is thin, weakly and below par in weight, as in everything else. Its cheeks are pale, but its lips are red. Its mouth is red, and all the mucous surfaces of throat, nose, eyes and intestines are red, irritated, infected, ready for rebellion and inflammation on the slightest provocation.

The fontanelles are slow to close and the teeth to grow. The bones are small and weak, because the acid in the system has chemically engaged all the lime and prevented its normal deposit in the bones, or has eaten it out, just as we have seen the calcarea in an egg-shell eaten out by an acid, leaving only a soft film. The child's nervous system is unduly developed, making it sleepless, restless and irritable. Its muscles are slender and small, from lack of nutrition, and it hovers on the ragged edge of disease, with little power of resistance if once invaded by it.

This does not seem to be simply an acid *condition* in which for a transient period acidity predominates, producing gastric and enteric catarrh and kindred evils, but it is rather an acid *constitution* or *temperament*. The whole system is permeated by its influence—the bones, the muscles, the brain, the blood—so that the relative size of organs is disturbed, the liver diminished and the stomach increased, the bowels enlarged, pot-bellied, the bones flexible, the cranium distended, the brain large and watery—hydro-cephalic. Its etiology is *ante-natal* and *post-natal*. An acid constitution originates in the parents, chiefly in the mother. A nervous, sickly, sleepless mother is apt to have an acid child, particularly if, while carrying it, her food is acid, scanty and of

poor quality. Acid food renders the mother's tissues flaccid and weak, and so makes parturition easy, but it is at the expense of the child's constitution and health.

Dr. Burt proved this statement by careful experimentation. One child was still-born, while three others were living skeletons, and raised with difficulty. So, also, fleshy mothers, who increase in flesh during gestation and lactation, withhold proper nourishment from their offspring and produce acid children.

The acquired or post-natal kind is the result of adverse surroundings and management. These causes are often added to the hereditary, and, if so, result fatally. This kind is often caused by giving the child improper food before the milk arrives in the breast, or (ignoring the fact that the colostrom is nature's medicine to rid the bowels of the meconium), by giving a dose of oil or cathartic to open the bowels.

Getting up too soon, or too much hard work on the part of the mother, will reduce the quantity and degrade the quality of the milk, unfit it for the child's needs, and favor an acid tendency.

Exposure, low diet, filth and dampness, etc.; in older children, late hours, confectionery, rich food, over-study, and prolonged bathing, cause abnormal secretion of acids and alkalies.

An understanding of these two conditions throws light on the treatment of children's diseases. The morbid tendencies of the two are radically different. While the *acid* child is sick, not all *alkaline* children are in good health. There may be excessive alkalinity, as well as acidity. The golden mean is the desideratum.

The acid child has a deficiency of white corpuscles in the blood, and an excess of red. The mucous membrane is every where red, thin and delicate, with tendency to inflammation.

The excessively alkaline child has an excess of lymph and white corpuscles in the blood, with tendency to catarrhs. The activity of the lymphatics leads to stasis of blood in the capillaries; hence venous congestion and catarrhs. Drooling is a kind of catarrh from over-active mouth-glands. Dentition is premature, accompanied by aphthal, intestinal ca-

tarrh, vesical catarrh in the shape of enuresis, or catarrhal condition of the skin, showing itself in moisture behind the ears, crusta lactea, and pustular diseases. Among chest-diseases, also, its key-note is *catarrh*. Its most common form of brain affection is that of anæmia, a *hydro-cephaloid*, from an exhausting catarrh of the bowels.

The leading symptoms of disease in an alkaline child are: pallor, coldness and prostration; in an acid child, are: pain, fever and restlessness.

The treatment concerns diet, management and therapeutics. The law of diet is *contraria contrariis*, while the medication is *similia similibus*. If a child is acid, its food should be of an opposite nature, something that cannot in digestion be converted into acid. But in medication the remedies are poisons, not nutriment, and acid is to be neutralized by acid, remembering the ancient motto: "*Magis venenum, magis remedium*"—the greater the poison the greater the remedy. We must repress the excrescent, supply the deficient, restore the equilibrium, get the acid child over on to the alkaline side.

This regulation of the food should begin in ante-natal life. The expectant mother, if slender, active, nervous and sleepless, preferring pickles, lean meat, tea and bread, should change her food, so as to mould the nature of her child and prevent it inheriting an acid tendency, a gastritis from birth. Dr. Duncan gives two dietetic rules:

1. Acids, spices, stimulants and activity interfere with digestion and assimilation and also tend to tear down what is *already* built up.

2. Fats, sweets, starchy food, water and quiet aid digestion, absorption and the genesis of white blood-corpuscles.

A well-nourished system is loaded with fat. Fat, like water, is vital to the blood and life. If no fat is taken with the food, it must be obtained for the blood by collecting it from the adipose in the body, or by manufacturing it from the saccharine and starchy elements. The acid child has no fat. The lymphatic and absorbent glands are dormant. They must be stimulated by nutrition. First, order an oil bath once or twice a day. Sweet-almond oil or fresh olive oil should be rubbed in thoroughly with the palm of the hand.

This softens the skin, removes the tendency to inflammation, nourishes the blood and promotes the growth of white corpuscles. It is especially necessary if the child was born before full term, has poor milk from a sickly mother, or is raised on artificial food.

An acid babe cannot digest much casein. The best food for it is diluted cream, with whey, or milk with the casein taken out. Strained oatmeal water, gelatine, or 'Horlick's Food, which is nearly pure dextrine, mixed with the milk, will prevent its curdling into indigestible masses.

To quiet a colic pain, free draughts of pure hot water are better than catnip or anise-seed teas. If given freely, *they* derange the digestion. Hot water neutralizes the acidity, relaxes the painful spasm of the intestines, washes along the offending material, and aids assimilation.

An acid babe needs its food, at first, well diluted. It cannot digest as solid food as the alkaline child. Different kinds should be tried till something is found that will not turn acid in digestion. This can often be prevented by addition of a little lime-water.

It sometimes happens, when the time for food arrives, that the stomach is occupied with a residue of intensely acid liquid, producing a morbid craving, and ready to make mischief with the next meal. A little barley, oatmeal, corn-starch or arrow-root gruel made with a little lime-water, and without milk or sugar, will engage this extra gastric juice, and so prepare the way for the normal digestion of the milk food. The gruel should be well cooked, to change the starch into dextrine, and it can be absorbed into the system without taxation.

Acid children are light sleepers, and every means should be employed to invite normal sleep. It is stated as a scientific fact that food and sleep supply a similar demand in the system, hence food supplies the lack of sleep. Little exercise and excitement, much sleep, outdoor life, and plenty of such food as will not turn acid on the stomach, will in time round out the emaciated form and face, fatten up the child, and carry it over into the alkaline class.

Finally, as to remedies needed: As we have stated, indications for diet are according to *contraries*, but the selection

of the curative remedy is according to *similia*. Years of experience of the best practitioners have demonstrated this. No stronger corroboration of the claims of Homœopathy need be sought than is found in the test of remedies on this acid and alkali basis. Dr. Duncan states that nothing else that has ever come to his notice has so strongly fortified his faith in Homœopathy.

In general, acid children demand acid remedies; while for alkaline children, alkaline remedies only are curative. *Special* indications for remedies are as follows:

1. Brain diseases.

Acid children, who are nervous, restless and anæmic, need Aconite, Arsenicum Rhus, Sulph., etc.

Alkaline children, with inflammation, effusion, coma, call for Gelsemium, Belladonna, Arnica, Opium, Apis, etc.

2. Throat and Chest diseases.

Acid children need Aconite, Spongia, Iodine, Bryonia, Phosph., Sulphur, etc.

Alkaline children, Kali Bich., Hepar., Bell., Tart. Emet., etc.

3. Bowel diseases, in both diarrhœa and constipation.

Acid children are best managed by Arsenic, Podophyl., Puls., Rhus. tox., Bryonia.

Alkaline children. Nux V., Mercurius, Kali, Calcarea, Cham., Dulc., Alumina.

4. Skin diseases.

The dry scaly skin of acid children demands such remedies as Ars. Silicea, Sulphur, Rhus.; while the moist eruptions or pustules of alkaline children need Calcarea, Mercurius, Baryta, Dulcamara. The combined remedies, such as Hepar., Calc. Iod., Merc. Iod., Calc. Phos., etc., are needed for both, with more marked benefit from that element of the compound that is homœopathic to the child.

A wide field is open before us, with hope for practical benefit.

We would be glad to see the whole *Materia Medica* classified on this basis.

We look for light from your discussion of this subject.

THE PROGRESS OF OPHTHALMOLOGY.

By H. C. FRENCH, M. D.

In the domain of pathology our professional brethren of the regular school have manifested the same commendable zeal as in years before. And in surgery there has been the same careful and instructive compilation and comparison of results. Would that we could say so much of their progress in relation to remedial agents employed; but, like "laws of the Medes and Persians," in this respect they "change not," but with an assiduity worthy of a better cause, still play their endless changes upon the score or less of remedies that have done service for the past centuries (and *such* a service). Yet they wonder that the frightful ravages of blue stone and argentum nitricum, and the abominable ptyalism of their concentrated mercurials are at last begetting in the mind of the dear public a feeling that a visit to an oculist should be delayed as a dernier resort, proving too often but the introduction to the realm of physical darkness.

During the first half of the medical year just past, (from May to May,) the ophthalmological journals of the regular schools were crowded to repletion with laudatory articles upon "Jequirity" as a cure for trachoma and its sequelæ. A 5 per cent. infusion of the ground Jequirity seed is applied fresh to the everted lid, producing what it requires no great stretch of imagination to designate as Jequirity ophthalmia; an ophthalmia so intense as to awaken anxiety in the mind of every careful experimenter as to the fate of the eye thus treated. The pain was so intense as to interfere materially with the supply of victims, and the imperfect reports are replete with interruptions, in which the interesting and humane researches were abruptly closed by the emphatic refusal of the victim to submit a second time to the application.

Very early in the history of these gushing and superlative eulogies appeared admissions of the occasional and unimportant destruction of a cornea by the new remedy, and later on the evidence that the number of eyes that were injured preponderated over the instances of benefit derived, rendered the reading anything but fascinating to honest

and practical ophthalmologists; and *to-day* Jequirity is as dead and unresurrectable as though within the past six months it had not been immortalized by the pens of the regular oculists of two continents. *Sic transit gloria medici.*

No sooner had Jequirity been decently buried than a new deity sprang into the therapeutic arena in the form of Cocaine. Cocaine is an alkaloid from the leaves of *erythroxylon coca*, and is commonly used in the form of the muriate, in two to four per cent. watery solution.

It is claimed that a two per cent. solution will produce and maintain for ten minutes complete anæsthesia of the cornea from one or two applications.

The first sensation from the instillation is one of slight burning, accompanied with lachrymation, which usually passes away in a few seconds and is followed by some sense of dryness and stiffness. The eye assumes a staring appearance. The local anæsthesia is complete, and the cornea and every portion of the conjunctiva which the agent has touched is absolutely insensible to contact, or the knife, and all reflex phenomena are also absent.

Sensation of temperature is absent. The pupil is dilated, though not ad maximum, and the dilation lasts but a few hours.

The palpebral fissure is perceptibly enlarged by derangement of the co-ordination of the nerves governing the muscular relations of the lids, producing with the dilated pupil the staring appearance before mentioned.

Its range of application: It has been tried for almost every disease to which the human eye is subject, and in nearly every case extolled as a cure; but experience has narrowed its therapeutic usefulness down to anæsthesia of the cornea, and ocular and palpebral conjunctiva. It is also useful as an anæsthetic in troubles of the *membrana tympani*. It has been tried as an anæsthetic in operations upon oral nasal and pharyngeal mucous membranes, but, so far as reported, as a rule, with very unsatisfactory results; and the same is true of the vaginal and urethral surfaces.

In their enthusiasm, the votaries of this latest wonder of the medical world have claimed for it specific properties as an antidote to the opium habit; also, as a cure for "mania a

potu"; and we look in the near future for documentary evidence that it will cure indigency and general cussedness.

Experience clips the gaudy wings of these rhapsodic therapeutics, and narrows their wild claims down to the limits before mentioned.

For removing foreign bodies from the cornea, it will prove an inestimable boon, both to the oculist and his clientage. It produces perfect insensibility of the part, without that congestion of the bulbar conjunctiva and cornea, which attends the use of chloroform or ether, and renders the detection of small bodies so difficult; and we have none of the disagreeable after-effects of the old anæsthetics.

The patient remains perfectly conscious of everything except pain. Can sit erect, and so direct his eye as to bring the light just where it is needed, thus preventing the unavoidable abrasion of the cornea attending removal of imbedded objects in the parenchyma of the cornea, without the aid of anæsthesia, or *with the aid* of any other anæsthesia than cocaine. We can testify to its usefulness in about half a dozen cases of this kind since its introduction in our practice. One man, with an exceedingly hyperæsthetic cornea, expressed his surprise at the absence of the pain while he could hear the snapping of the fine needle as it disengaged small particles of the amory from his wounded cornea, and felt the tugging of the globe upon his muscles. I removed a large hyperplasia of connective tissue, involving nearly one-half the temporal cornea, about the first of the present month, after the instillation of a four per cent. solution three or four times, at intervals of three minutes, previous to the operation. Though the body was extremely vascular, the cocaine controlled hemorrhage by its astringent properties, and the pain was *nil*.

We have also performed two double male operations for secondary cataract, under the influence of the new drug, with most gratifying results. Examining the result of our work by the aid of the ophthalmoscope immediately after the operation, in one case performing a second after the examination, without the additional use of the drug, introducing the needles into the primary punctures.

What do these volumes of eulogy upon Jequirity and

Cocaine—these volumes of unsupported and often reversed claims—teach us as homœopaths? They teach us that our imperious and self-righteous colleagues are diverting themselves in their therapeutical search by watching the revolutions of the great wheel of *chance*, and that all their discoveries, so called, have been solely the result of empirical *accident*. Can we wonder at their puerile and extravagant joy, and that, when these rare prizes of chance drop into their impoverished therapeutics, they should devote a full half-year's space in their journals to eulogies which require another half year of humiliating editorial work to retract? Can we wonder that a school with such limited resources should, catching a few gleams from the undimmed orb of *similia*, fancy them to be more of their hereditary accidents, and thus laud to the skies as new remedies (because used by them for the first time), agents which have been doing service for over half a century in the hands of the disciples of Hahnemann?

Gaze on the epitaph of "Jequirity," the type of millions of its kind, passing through a meteoric birth, a dishonest adolescence, and the death of oblivion, all within one brief year. Let us, with honest tears, commiserate the family who, for so many ages and at such narrow intervals, have been celebrating the obsequies of these victims of chance. Now, turn to your own *materia medica*, and read from *Aconitum* to *Zincum*, the glorious work of fifty years, under a *positive* law. Count the scores of remedies, whose provings of half a century ago have been confirmed by daily use at a million bedsides during the intervening years.

Why go *down* to the school of mere accidental knowledge, while that school is running as fast as the progressive spirit of the age can drive it, *up* to our system of fixed law and definite results. Let us stand firm upon the rock of "*Similia similibus curantur*," until our enemies not only adopt our remedial system, as the only philosophical and scientific one, but give credit to the men who, in the face of their bigoted persecution and ridicule, have followed faithfully the leadings of a law divine.

We hear of homœopaths, so called, who are anxious to surrender their distinctive name, and go into the camp of

plundering Philistines, who are yearly pillaging and desecrating the works of Hahnemann and adopting his sacred principles, while they spit upon and traduce his faithful disciples.

While we admire and praise the grand work our opponents have done for us and for the world, in the domains of anatomy, physiology, pathology and zoo-chemistry, let us commiserate if we can refrain from execrating the spirit that would rob the fruits while it curses the principles of the one great school of the future.

GRAPHITES IN CILIARY ALOPECIA.

By M. DOROTHEA LUMMINS, M. D., LOS ANGELES, CAL.

Miss W—., aged 23, plump, blonde, and in general good health. She was, however, much annoyed and troubled at the total loss of the eyelashes, some of which had fallen out, and many of which she had forcibly removed, as they were stiff, and, to use her own phrase, "black at the roots." When examined, the eye itself showed no trace of disease, while the lids were thickened throughout, slightly reddened, and totally without cilia. This had been the case for over five months. No reason could be assigned for this loss, except a short period of continued crying, indulged in upon coming to a new and strange land, to earn the customary bread, which had proved too dry for my patient's courage. This crying had, however, long been controlled, but the cilia showed no signs of growing, and a physician had told her that they never would grow again. I did not feel over sanguine, but proposed a trial of a few weeks, to which she consented. She was given a collyrium of Boracic Acid and Cosmoline, 15 grains of the former to one ounce of the latter, which she was directed to apply at night to the lids and margin. She was given also a powder of Graphites 6x trit each morning, and requested to return in a week. Upon her return, there was a perceptible diminution of the swelling of the lids, and a tiny growth of cilia, soft and of good color. The treatment was continued for two weeks longer, and then

died a natural death, as there was no longer any need of it, the eyelids being quite normal and the lashes of a good length and healthful appearance. Prof. Henry Angell, of Boston, recommends the use of collyria, containing boracic acid, in inflamed tarsæ; but the growth of the cilia, which had shown no signs of life for so long, may, I think, be fairly ascribed to the action of Graphites.

CARELESSNESS—A CASE.

By DR. B. P. WALL, BERKELEY.

One evening a little boy was brought by his father to the office. The first question put was: "Doctor, can anything be done for catarrh?" To my interrogatories it was found that the little fellow had been suffering for over two years from a very offensive nasal discharge—yellowish, green, and sometimes bloody. A physician had told the parents that nothing could be done for the case, and they had fallen back upon carbolic acid and iodine. The family had been away in the mountains for several months, and while there in the drier atmosphere the discharge had been less profuse. The child was growing very thin. These were the only symptoms elicited. As I could make no examination that night, I asked that the child be brought the next day.

At the next meeting the discharge was so offensive that it was necessary to open both windows of the office before making the examination. I found many clinkers which were almost glued to the cavities. After an hour of cleansing with syringe, and the use of various instruments, I was rewarded by removing from the right nasal cavity a gutta-percha shoe button of the largest size. The brass shank was green. The mucous membrane was very much inflamed and the greater part ulcerated. I gave a dose of Acon. and ordered a bathing of the parts with calendula lotion by syringe. The inflammation quickly disappeared, and very soon the ulcerated condition also.

The child was brought to the office about four weeks after the removal of the button. The mother said that the little

fellow had been complaining for more than a week of an itching on the edge of either ala, causing him to rub his nose continually. A few doses of Selenium 200 removed this, and the nose has been a well one ever since.

THE AGUE CURE.

By E. STEVENSON, M. D., OF VICTORIA, B. C.

The first case had the following symptoms: A good appetite and general feeling of well-being just before the attack. The patient would often get to the point of telling his friends that he believed he was clear of his trouble, when the attack would take place. Sleepiness. Was quotidian, now tertian. Great amount of sweating which relieves, and bowels move, some twice every other day; flushes of heat; vertigo on assuming the erect posture. Had lasted ten months, despite a variety of remedies and potencies, not including those of the mystic numbers, however. Iod. 4c. did most good. This case was cured by some (mystic?) potency, made by nature's subtle alchemy; the vehicle of dilution being the oxygen and nitrogen of the atmosphere in Eureka, Humboldt county, California.

The second case had existed a year or so, the victim being a gentleman. The symptoms I did not gather. Had been taking quinine, of course. My attention being attracted to a certain quarter, I discovered a stricture of large calibre about three inches from the meatus. With Otis' cutter and dilator I operated upon it. This put an end to the ague, and the patient has been in robust health ever since—three years ago. No medicine was given.

The third case was a double quotidian. Had lasted six months. The patient, in despair, was reclining on the grass in a suburb of Victoria (we have no ague here except what is imported), when an Hibernian gentleman passing by advised him to take spirits of turpentine, five or six drops, I think, three times a day. This advice was followed, resulting in a speedy and permanent cure. The peculiarities of the case were: A double quotidian, with chill and heat, but

no sweat until the night during sleep; the patient, on waking, being surprised to find the bed-clothes saturated.

Verily, for "ways that are dark" and tricks which are not always in vain, ague is peculiar.

The professional reader may take a very useful hint from case No. 2, and explore the region where strictures abound, by the method of Otis, for the root of many anomalous distressing and apparently baseless complaints. "Hatching symptoms" for such cases is useless. The urethrotome is their only mentor. No. 3, I think, gives the indications for Terebinth, and No. 1 case is suggestive to the victims of one form at least of chronic ague.

CASE OF EXTERNAL URETHROTOMY.

By R. H. CURTIS, M. D.

Mr. D., æt. 46, became aware of stricture about the beginning of 1867. During March of the same year, patient suffered from retention for thirty-six hours, and afterwards occasionally for shorter periods. Although contraction was gradually increasing, little attention was paid to the condition until the fall of 1869, when the patient took treatment by dilatation, which was continued at intervals. From 1871, Mr. D. experienced but little trouble, till the spring of 1878, when the stricture became nearly impervious, considerable urine escaping into the perineum and scrotum; there was much pain and swelling; patient had a severe chill. Dr. F., who was called in, lanced the swelling; a fistula resulted, through which most of the urine passed.

Patient was kept in bed for several weeks, and subsequent dilatation resulted in an apparent cure, the fistula closed, and treatment was stopped. Although at various times warned by his physicians, and aware that there was a gradual recontraction of stricture, patient neglected precautions, so that in the fall of 1881 urine again escaped into the perineum, and the fistula re-opened. Now, regular treatment by dilatation was resumed, but this time it was not rewarded by the same success as formerly; the stricture refused to yield,

although the treatment was continued for several months; finally the fistula became a painless passage for the urine, the urethra gradually becoming impermeable. During the fall of 1884, the surrounding tissues became inflamed, extravasated urine infiltrated the perineum and scrotum, two additional openings appeared, with considerable discharge of pus, and attended by much suffering. The above is the history, as given by the patient. December 4th, 1884, Mr. D. first presented himself at my office, on the recommendation of Dr. W. Boericke; patient was in great pain, was very weak and emaciated, had suffered from a severe chill during the night previous, which was followed by fever. Examination of the parts showed two nodulated enlargements in the scrotum, very tender to touch, but hard; fluctuation not well marked.

First isolating the testicles, I lanced the swellings, giving exit to considerable pus, urine and some blood; a number of partitions were broken through by a groove director, the openings dilated by dressing-forceps, the patient sent home, put to bed, and poultices applied. Several other abscesses formed, but were subjected to the same treatment; the indicated remedies were given, aided by concentrated food, etc. Subsequently the patient had several chills; the temperature rose as high as 104° ; but in spite of his condition, owing to the fact that longer neglect of his duties would result in the loss of his situation and only source of income, patient made extraordinary efforts to fulfill his duties, going down town to his office, and working for hours at his desk; and even, when at home, he would bolster himself up in bed, and study or write on an improvised desk in the long hours of the night. Owing to his duties, an operation seemed, at least for the present, out of the question. Shortly after this, Mr. D. had the misfortune to lose one of the positions he held, but he was perhaps compensated for his loss from the fact that it enabled him to lie up, and undergo two operations that have restored him to health.

Before the operations, no urine had passed through the meatus for six months: in fact, for over eighteen months the fistula was virtually the only outlet.

The first operation was performed February 11th, 1885,

Drs. Boericke and Davis assisting. After patient was etherized, it was found that there were three distinct strictures in the spongy portion of the urethra, the first two were anterior to, and the third at the bulbo-membranous junction. The first two were dilated and cut by an urethrotome, the third was impermeable, even a filiform bougie could not be passed; so a sound was entered as far as the obstruction, and external urethrotomy performed, after which a No. 12 A sound was passed with ease (the penis and urethra were normally small); the old fistulous tracts were dissected out, and a No. 8 silver catheter was passed into and left in the bladder. The patient quickly recovered his health; in fact, in less than a week he was out attending to his duties. The silver catheter was kept in while at home; also a No. 12 A sound was passed every other day.

Unfortunately, before the patient had fully recovered, additional duties were imposed upon him, which he could not slight. Some of them were wearisome, and perhaps patient himself was imprudent in overtaxing his energies in his then weakened condition. However, he was seized one evening by a chill, followed by fever. I was called in next morning, and found my patient suffering from an attack of prostatitis; the prostate was much enlarged, causing partial retention, the spongy portion of the urethra had again closed, but a No. 6 soft rubber catheter was gently insinuated into the bladder through the still unclosed fistula. Treatment soon improved the general condition of patient, but the recontraction of urethra remained permanent. Another operation was determined upon, and on March 11th, 1885, another external urethrotomy was made, I being assisted by Drs. Dewey, Davis and E. R. Ballard. A considerable amount of cicatricial tissue was removed, and the margins of the fistula were refreshed, the spongy portion of the urethra was again dilated, and the obstructions cut, a No. 14 A sound was passed, after which a No. 8 silver catheter was fastened in the urethra, but not allowed to pass beyond the anterior part of the prostatic portion.

Patient again made a rapid recovery, the usual treatment being followed; the catheter was taken out and cleaned, the parts thoroughly syringed with anti-septic lotion, and a No.

12 A sound passed every day for three days. On the fourth day, a No. 9 English gum catheter was substituted for the silver one (the soreness being almost gone); the end of the gum catheter was cut off behind the eye, and made smooth; this was more easily retained in position, and nine-tenths of the urine passed through it (the silver one had allowed much of the urine to pass around it); this last measure was tried at the suggestion of the patient himself. The parts healed kindly; in fact, a newly-constructed canal molded itself around the gum catheter, connecting the spongy and prostatic portions of the urethra, the original membranous portion having been literally obliterated. Patient is at present enjoying excellent health; the fistula has almost entirely closed, but, to make sure that everything is all right, patient passes himself a No. 10 A sound every day, which he does with ease.

CORRESPONDENCE.

THE Ninth Annual Session of the Homœopathic Medical Society of the State of Oregon, was held in Portland, May 5th, 6th, and 7th. A large number of physicians were present, making it one of the most interesting meetings since its organization. Three new members were elected, B. E. Miller, M. D., T. L. King, M. D., E. C. Brown, M. D. The following officers were elected to serve for the ensuing year: President, L. Henderson, M. D., of Salem; First Vice-President, G. Wigg, M. D., of East Portland; Second Vice-President, B. E. Miller, M. D., Portland; Secretary and Treasurer, K. L. Miller, M. D., Portland; Corresponding Secretary, E. C. Brown, M. D., Portland; Censors, Drs. C. E. Geiger, T. A. Brown, Dr. Jessup, A. Nichols, and S. L. King. A number of interesting papers were presented and read, each paper being followed by discussions. Reports from different parts of the State show a steady progress and increasing popularity of the Homœopathic practices.

OAKLAND, May 13, 1885.

MESSERS. BOERICKE & SCHUECK, I am solicited to recommend a good Lady Physician (of experience,) to locate at Gilroy, and also at Tulare City. I knew of no more satisfactory manner of complying with their request than to give notice of same through your Journal. I have several patients in both of the above mentioned places, and can recommend either locality as being desirable locations for a good Physician and worthy patrons to *our cause*.

Very respectfully and fraternally yours,

MRS. DR. M. D. WILSON.

765 Thirteenth street, Oakland.

CLINICAL ITEMS.

The Action of Ether on the Kidneys.—It was stated at a late meeting of the American Gynæcological Society that chloroform had been substituted for ether in all cases in which there is any renal disease. Ether has a peculiarly irritant action upon renal structures in a pathological state. In chronic Bright's disease, ether induces uræmia by suppression of the ordinary secretion.—*N. Y. Med. Times.*

Coccionella excites and cures a feeling of coldness on the gums; sensation of coldness in all the teeth. It is a valuable remedy in affections of the teeth.

Chloralum is an excellent remedy for urticaria—hives. Rash, like sting of a nettle, coming out every night; very itchy; disappears by day. Intense irritation and itching of skin, preventing sleep. Purpura Hæmorrhagica.

Calendula as an Antiseptic.—Dr. W. S. Ball says that calendula used as an external application to cancers, foul, indolent ulcers, bruises, contusions, wounds, and, after surgical operations on carious and necrosed bones, prevents septicæmia and promotes a healthy granulation and cicatrization. It far surpasses *carbolic acid* or any other dressing he has ever seen in use.—*N. Y. Med. Times.*

Arum Triphyllum.—Characteristic peculiarities: One of the first indications for this drug, is the appearance of raw, bloody surfaces, which may be on the lips, buccal cavity, nose, &c. There is great itching with this rawness, so that children will often pick and bore into these surfaces, though so doing causes great pain, and they will scream with the pain meantime; but they will keep up this boring and screaming. Very scanty secretion of urine, sometimes passing none for a day. Great delirium. Headache. Rawness at lips and corners of the mouth. Clergymen's sore throat, or sore throat of one who speaks a great deal. Children also pick their fingers, their skin, their lips; lose their appetite; don't want to play; lose flesh; have *headaches*; scanty urine,

Asafetida.—General characteristics: A very great sensitiveness, *hyper-sensitiveness*, particularly of those in whom the venous system preponderates over the arterial; very weakly and delicate persons; mothers who have a deficiency of milk.

Sulphuric Acid.—For any affections arising from general debility, as prolapsus uteri, retroversion, any uterine trouble whatever, the patient having a sense of tremulousness all over. One feels in a very great hurry to do everything, *feels that everything must be done in a hurry*. Sour and acrid belching; cough with expectoration in the morning without expectoration in the evening. Burning darting pains in the muscles; shocks as from pain; black and blue spots on the body; in a bruise (especially if an old person), when the injured part gets black and blue, and seems as if it would mortify.

Sambucus Nigra.—We are often led to the choice of this remedy, when we find a great deal of perspiration, occurring with any other trouble. This perspiration may last all the time, or it may come and go in paroxysms; it is sometimes found in phthisis; perspiration with disinclination to undress or be uncovered; heat with inclination to be covered. Asthma with suffocative attacks of breathing; patient may be well enough while awake, but sleeps into the trouble; loud respiration with no mucous rattle. Babies with sniffles and can't breathe well through the nose.

Senna.—This is of much use in infantile colics, where the little patient seems to be *full of wind*.

Sabadilla.—Intermittent complaints which come every week, or two weeks, or four weeks apart. Especially for children who are disposed to worms; worms discharged with stool, whether lumbrici or tape worms. Sweetish taste. No thirst during chill; heat often internal. Troubles appearing on the right side; on the toe nails. Sensation of knocking, throbbing, or pulsation in the outer parts; great sleepiness in the forenoon.

Sabina.—A marked characteristic of this remedy is a pain which is felt all the way between the sacrum and pubis, from

one bone to the other—not particularly in front or behind, but right along from the sacrum to the pubis. This pain may be found in labor-pains, after-pains, occurring in dysmenorrhœa, &c. In hæmorrhage (particularly uterine), where the *blood is in fluid and clots together*—as, the liquid blood will flow, then will come a clot, and the blood may be flowing rapidly; bleeding from the nose, blood being pale; bleeding from inner parts in general. Menstruation too early; too profuse; blood of light color; bright-red color; discharge of blood before the proper period.

AN impudent nostrum-vendor of Rochester, N. Y., cut out of our April number a portion of the editorial on General Grant's case, and adding thereto a puff for his so called "kidney cure," succeeded in getting the whole published as reading matter in a number of the leading dailies throughout the United States, representing the same to be entirely from our journal. Very many persons who do not see the *Homœopathist* have thus been led to believe that we lent ourselves to such quackery. We never indorsed this or any other nostrum, and the editorial columns of the *Homœopathist* are not for sale. It was a clever trick to steal the cloak of respectability to cover his nephritic nostrum, and the audacious individual probably supposed that we would supinely submit to such misrepresentation; but he has already discovered that he woke up the wrong customer. Immediately upon the appearance of this fraudulent notice we telegraphed to its author that we should demand exemplary legal damages for his unwarranted use of our name. The daily papers in New York gladly rectified the matter as far as they were able, when their attention was called to it; but it is a lively truth that can catch up to a lie that has twenty-four hours' leeway.

We will be very grateful to any of our readers who, having seen this advertisement (printed as reading matter), in their local press, will cause a correction to be inserted. It is impossible for the editor of the *Homœopathist* to know where or when this matter may crop up, and he will be greatly obliged to any friend who will aid him in sitting down heavily on this brazen knave.—*From the American Homœopathist for May.*

PERSONAL NOTES.

THE eminent Homœopathist, CONRAD WESSELHOEFT, of Boston, has recently delivered in response to a polite invitation, a lecture on Homœopathy, before the members of the Boylston Medical Society, consisting of the advanced students of the Harvard Medical School. Good for Boston!

THE Hahnemann Medical College of San Francisco began its second annual course of lectures to an excellent class of ladies and gentlemen. Several changes in the Faculty are noted. The chair of Gynecology is occupied by DR. PIERCE, of San Jose; that of Physiology by DR. WARD, of San Jose; Obstetrics, by DR. BURDICK, of Oakland. DR. LEDYARD has been appointed one of the Professors of Materia Medica, and DR. CURTIS given a Surgical Clinic.

DR. B. P. WALL, of Berkeley, is taking a much needed vacation, and very wisely selected the high Sierras for a camping-out trip to regain his strength and health.

WE learn from the papers that the daughter of DR. PINKHAM, of Sacramento, met with a sad accident while on her way East. Near Rocklin an accidental shot from some part of the car struck the young lady and killed her instantly. It seems some fool must have been playing with a revolver. Our sincerest sympathy is extended to the Doctor and Mrs. PINKHAM, in this, their great affliction.

THE State Homœopathic Society had a very enjoyable meeting at the College last month. Several very interesting papers were read and discussed. Much credit is due to the retiring President, DR. DAVIS, for the success of the meeting.

If you have not already sent in your subscription for the CALIFORNIA HOMŒOPATH please do so at once. It will save the publishers sending a bill.

They had a meeting of the Oregon Homœopathic Society up in Portland last May. DR. GEIGER read a paper on *Spinal Irritation*, which the readers of the CALIFORNIA HOMŒOPATH would like to see. Send it on, doctor.

DR. A. FLINT, JR., says that Diabetes has become to-day, a disease easily and certainly curable, provided that the treatment be not begun too late. *Arsenite of Bromine*, beginning with three drops, increased to five is the remedy.

DR. J. W. WARD, late Resident Physician of the Hahnemann Hospital of New York, has returned to San José, his home, to practice medicine, and has opened an office at 321 Santa Clara street. May success attend him.

Popular Department.

SOME SPECIAL INDICATIONS FOR THE USE OF HOMŒOPATHIC REMEDIES IN DISEASES OF CHILDREN.

(Continued from May Number.)

Cocculus. Useful in St. Vitus Dance; when the right arm and left leg are principally affected, child is quiet during sleep; legs become more and more useless; always worse for a while after drinking, eating, sleeping or talking.

Coffea. Sleeplessness; the first remedy to be thought of. The child seems very excitable; it seems as if it *could not* sleep. It frets and worries in an innocent manner; is not cross, but sleepless. It laughs one moment and cries the next; is feverish for want of sleep, which it cannot obtain. Nervous excitement generally indicates *Coffea*. Spasms that seem to be brought on by excessive laughing or playing. The child is very excitable and weakly, and, in consequence, suffers often from spasms.

Colocynthis. Much colic, forcing the child to double up with writhing and twisting. Sometimes the pain is relieved by pressing hard upon the abdomen. Noisy emission of flatus. Passages small and frequent, with colic; child has difficulty in voiding urine; strains much; urine is scanty. Any disease accompanied by spells of colic pain, in which the child curls up double and writhes and cries very hard.

Drosera. Whooping-cough. The child is worse after midnight, with high fever; cough in violent spasmodic spells, as if it would suffocate; sometimes bleeding at the nose and mouth. Cough with measles, when it is very hoarse and worse at night.

Dulcamara. All symptoms indicating this remedy are increased by damp, cold change of weather. Not so much that the child takes cold then, but that the morbid condition of the child is such as to be influenced by that atmospherical change. If the child is inclined to eruptions, diarrhæa, etc.

Gelsemium. Remittant fever; the symptoms are worse at night; the face is dark-red or has a dusky hue; there is a great deal of nervous restlessness; vertigo; the child complains that it is falling; is sensitive to light and sound; is unable to move the limbs in obedience to the will; pulse is soft and flowing; artery easily compressible.

Neuralgic pains in extremities after scarlet fever. Headache as if a band around the head. Child is drowsy.

Hepar. The child seems croupy, and the phlegm is loose and choking; it chokes in the cough. If there is a rattling, choking cough, becoming worse particularly in the morning part of the night.

Eruptions on skin that spread by new pimples appearing just beyond the main disease, which finally become incorporated with those which came first. In-flamed eyes, when little pimples surround them. Mumps.

Ignatia. The child awakens from sleep with piercing cries, and trembles all over; convulsive jerks of single parts; frequent flushes of heat with perspiration; spasms return at the same hour daily, with spasms all over; spasms with cries or involuntary laughter. The child has much crying, sobbing, sighing—sighing and sobbing continue long after the crying. Prolapse of rectum; stools of mucus, with straining and prolapse. In many cases where there is itching of the anus at night, the child is nervous and spasmodic. Give it after fright with grief.

Ipecac. Incessant and most violent cough with every breath. This symptom—sometimes frightfully severe in delicate children suffering with measles—Ipecac relieves like a charm. The measles do not come out properly; much nausea; short, hurried breathing. Useful in diarrhæa; stools are green and fermented; much nausea and vomiting. Whooping-cough—child strangles till blue in the face.

DIET FOR BRAIN WORKERS.

A plate of porridge, hominy etc., with a pint of cream and some stewed fruit to finish off for breakfast. For lunch, some well buttered mashed potatoes, with biscuit and butter and a glass or two of milk. For dinner some boiled fish, followed by some chicken or game and a milk pudding made without an egg, and digestive biscuits and butter (with just a nip of cheese as a flavoring agent for those who can eat cheese), with a glass or two of good French wine or its equivalent [Zinfandel Claret, or a good California Hock.—Ed.] Such is the dietary, or ought to be, of the man who has much brain work to do, and further he should allow himself plenty of time over his meals. It is bad economy to save time by cutting it off the meal time. And such is the dietary that must be enforced when the brain worker has made himself a patient. Then there should be a sufficiency of sleep to rest the wearied organism. A day of work followed by another day of play in every twenty-four hours is the order of the present day, and to secure this the time for meals is cut down to a minimum, and the hours of sleep curtailed to an injurious extent, but the experiment will be found a failure, it is not among the potentialities. The busy brain worker must learn to see that he cannot tax his system at will; if he will not be told he will be made to comprehend the subject. My counsel to such patients is as follows: "You had better adopt the habits of an invalid in order that you may not become one. You had better take care before you break down, than wait till you break down and are compelled to take care of yourself with your working power crippled."—*Fothergill*.

THERE is no such thing as eating for strength in the sense in which the proposition is often put. Actual nutrition is always the ratio of expenditure. Much of the invalidism of the civilized world arises from the desire and the tendency to evade the natural law of ratio between supply and waste. However rare and unexceptional may be the quality of food, the surplus above that actually employed is but an impediment to physiological operations and invariably works mischief.—*Dr. G. H. Taylor*.

THE CALIFORNIA HOMŒOPATH.

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

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

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ANNUAL MEETING OF THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

The Society met at the Hahnemann Medical College May 13th, at eight o'clock p. m. Dr. Davis, President, in the chair. The meeting was very well attended, and the proceedings unusually interesting.

Dr. Pease, of the Board of Examiners, presented a report of the Board for the past year, and explained its proceedings against one of its licentiates on charges of unprofessional conduct; and as it was found necessary to engage legal talent to properly represent the Board in the Courts, the Society was asked to assume the expenses. Six hundred dollars was then voted by the Society to enable the Board to continue its prosecutions.

The President's address referred to the fact of but one-fourth of the Homœopathic physicians of the State being members of the Society; also of the large territory in the State with no Homœopathic representation. The tendency of the old-school to adopt the Homœopathic action of remedies and coolly appropriate them as great discoveries, was dwelt upon.

Dr. Worth reported a case commencing with ulcerated sore throat, and which rapidly passed on to an aggravated case of spinal irritation.

Dr. Ledyard related history of several acute cases cured with single doses of high potencies.

Dr. Albertson read a paper on "Puerpural Eclampsia," and the effects of Chloral Hydrate and Jaborandi in its treatment.

This paper gave rise to considerable and animated discussion, during which the properties of different anæsthetics were thoroughly entered upon.

Dr. McNeil read a paper on "Diseases of Women."

Dr. DeDerky read a paper on the causes which curtailed the tenure of human life.

Dr. Curtis read an account of an operation in a case of femoral hernia, and its very successful issue.

Dr. Selfridge read a paper and explained his operation for sarcoma occurring between the heads of the tibia and fibula, and exhibited photographs of the growth. The doctor also entered minutely into the pathology of tumors in general.

Dr. Selfridge read a paper entitled "The Anatomy and Physiology of Bacteria, and their Relation to Health and Disease." The germ theory was therein exhaustively treated of, and the doctor summarized his conclusions as follows:

"Bacteria are widely diffused, unicellular organisms, visible only with the microscope. They are the result of the decomposition of organic substances; they are ferments. Their appearances are sometimes changed by the pabulum upon which they feed. Septic and other infectious poisons can be modified by various reagents (without at all changing the forms of the contained bacteria), so that when introduced into the system by vaccination they will protect the individual against the more potent virus. The theory that bacteria cause infectious diseases is false, because their presence is not necessary to produce the disease ascribed to them. They are only carriers of poisons, which are generated during the decomposition of organic matter. Bacteria cannot exist in healthy organisms. The theory that the use of germicides in infectious and zymotic diseases is scientific treatment has been exploded, for it has been shown that the patient's life

would be jeopardized thereby. The value of their presence as a means of diagnosis is admitted."

Dr. French read a paper entitled "The Progress of Ophthalmology and Otology," and spoke of the transitory character of the cure-alls heralded at intervals by the old-school.

The following physicians were elected to membership: Drs. Taubner, McNeil, Burdick, Townsend, Ward and Young.

The following officers of the Society were elected for the ensuing year: President, Dr. Sidney Worth; First Vice-President, Dr. H. C. French; Second Vice-President, Dr. R. H. Curtis; Secretary, Dr. A. C. Peterson; Treasurer, Dr. Wm. Boericke.

Society adjourned.

A. C. P.

ORIGINAL ARTICLES.

PERINEORRAPHY.

BY C. N. HART, DENVER, COLORADO.

The necessity of this operation is caused by the rupture of the ischioperineal ligaments. The transverse perineal muscles consequently draw the sides of the vaginal outlet apart, withdrawing the natural support from the several organs. The whole condition of the woman being changed.

I suppose all graduates of our school understand the anatomy of the Perineum, and can diagnose a complete from an incomplete rupture of the same, and the peculiar complications liable to occur.

I will suppose also that if they have performed this operation they have read the various authorities, have been perplexed by the different rules as to preparatory treatment, modes of operating, and subsequent treatment of the patient.

No physician is excusable in leaving a lady after confinement without being certain as to her condition in totum.

Should he find upon examination, a laceration of the vulva, or one extending into the perineal body, he should at once stitch it up, bandage the limbs tightly, and obtain as much healing process as can be had, for even in the event of the

worst of the ruptures he is likely to obtain partial adhesions, which will aid in his subsequent operations and in the strengthening of his patient. After this (as a rule,) he should wait at least six months, and possibly until the child is weaned, before the secondary operation.

As to preparatory treatment, I do not think any Surgeon would undertake a plastic operation when the tissues were inflamed or a catarrhal discharge progressing, but would first subdue them; but as to the physicking and afterwards constipating the patient (by whatever means,) I think it the *height of folly*. It is not in accordance with *nature*, and nature must be assisted and not insulted, in surgery as well as therapeutics.

I saw a case once of the simplest form of laceration of the perineum, operated upon by a professor of one of *our* colleges in which the patient was lost, that is, she *died*.

She had taken by his direction large doses of salts and senna daily for one week, and then opium in massive doses the twenty-four hours preceding the operation; the bowels "broke loose" the day after the operation and she shortly died of prostration.

Contrary to this, I saw Dr. Smythe (at that time my partner,) operate upon a lady two weeks after confinement, for a complete rupture extending through the perineal body into the rectal vaginal septum, and one and one-half inches up the rectum, giving *no preparatory treatment*, using wire sutures, using only Calendula flowers applications, drawing the urine only for twenty-four hours, after which she rolled upon her belly and passed it into a sponge. It was a complete success.

I have operated many times, and in some badly complicated cases, and always with success, and I see nothing to hinder any physician's success in such cases.

I want to give some points which I consider insure success:

We should always have our subject in as good condition, both mentally and physically, as possible, relieved of any undue leucorrhœa, and cheerful.

In none of my operations have I paid any attention to the so-called preparatory treatment, as regards the bowels, it often fails, and is sometimes worse than useless if the bowels are in a normal condition when the operation is performed,

the patient can generally control them several days without drugging, and then by the use of a copious enema long enough retained, all will be well.

There are "many men and many minds" as to instruments used and sutures employed in the next step. From experience, after using a scissors to freshen the rupture, and perineum needles, I have discarded both.

Operation.—Have two level-headed assistants, one to give the anesthetic and one to assist generally; place patient in the same position you would to deliver with instruments; buttocks on edge of bed (or table), limbs flexed and held by an assistant; have plenty of water at a temperature of 130 degrees Fahrenheit, and some hotter at hand to add if this cools; sponges, (I add kali-permang to the water) have several largest size curved needles threaded with large size firm suture silk, iron dyed; I wax it with a wax containing carbolic acid (I prepare about five per cent.) and have smaller needles for sutures if necessary; Simms specula, a long narrow and thin bladed scalpel, artery forceps, tenaculum forceps, Russian Needle forceps, and such other appliances as you might through any accident require; such as Amyl Nitr., Ammonia, &c. After adapting the surfaces and fixing well your idea as to the tissue to be removed, have one assistant hold the Simms speculum firmly upward against the anterior wall of the vagina, the one who gives the chloroform can do this, and from his position at her head be out of the way. Have the other assistant with sponge and hot water and tenacula at your left, also supporting left leg, while some female friend holds right leg. Take the scalpel and commence by a deep incision at the lower angle of the rent, (in an incomplete, and upon the left lower border in a complete rupture), have the forefinger of the left hand either in the rectum or vagina, as is most expedient to guide the thrust of the knife; then dissect up the tissues, *taking all that is calloused or cicatrixial* to the mucous surface of the vagina. *Take enough.* Having completed the left side, pass the tenaculum (which it has been more handy for you to use) to your assistant and from where you began, cut up the right side of the patient in the same manner; the assistant holding the cut tissues out of your way.

Cutting in this way, from below upwards on both sides, you can see just what you are doing, and the blood is never in your way; then with hot water sponge freely; you will often find one or two small arterial branches to pinch up; take your time and hot water to stop oozing, and don't close the wound until you are sure it has stopped. If now you find any place which will not adapt well, upon bringing the edges together, cut with a scissors. Take your longest curved needle and strongest waxed suture, and by the aid of the Russian needle holder, with your left forefinger in the rectum, place your first suture *deep* into the recto-vaginal septum, beyond the cut surface, and bring out on the other side; enter and bring it out three-eighths of an inch from the wound; take your stitches in a like manner, at least three-quarters of an inch apart, until you reach the vaginal mucous membrane, where you may need to take one or more in the vaginal surface, if the rent has extended deeply.

I have found the formerly fashionable gut suture too elastic, the wire too cutting if tightened enough, the white silk too prone to cause suppuration (from the lead used in its whitening process), and the black iron-dyed all they claim for it.

Commence by tying the lowest suture, first bringing it up snug, and so continue upwards. In this connection, a little hint may save confusion at this point. When I have several stitches, I tie one knot in each end of my second suture after cutting needle off, two in the third, and so on; it saves much confusion in the tying process as you are then sure you have the corresponding ends of each thread.

I dress the wound with a ten per cent. ungt. of Iodoform—I formerly used Calendula flowers, but I think the watery application softened my sutures, at least by experience I like this better; the odor has to be tolerated—bandaging the hips and knees firmly, with cotton between the knees.

In my last three operations I have not used the catheter at all; have had the nurse carefully roll the patient upon her face to pass her urine into a sponge of large size, and each case was a perfect success.

Circumstances over which I had no control complicated each case. Mrs. P., one of my best friends, the second

day after the operation, suddenly lost her baby from valvular insufficiency of the heart, and of course had both mental and physical conditions hard to combat; and Mrs. D., who came from Leadville soon after, had a frightful hemorrhage from the uterus, as soon as her reaction from the chloroform took place; she was pulseless and her extremities were cold, but a hyperdermic injection of brandy and inhalation of Amyl. Nitr. brought her through.

I allow the bowels to rest until the patient expresses a desire, or feeling of necessity, of an operation, and then give a copious injection, to be retained fifteen minutes, and have never had any trouble. Remove sutures not later than the eighth day.

I cannot but conclude that most of our troubles arise from too much and frequent interference with nature.

In my next I will give you the result and mode of Astley Cooper's operation by ablation for Varicocele.

LONGEVITY.

By F. F. De DERKY, M. D.

[*Read before the California State Homœopathic Medical Society, May 14, 1885.*]

And the Lord said, my spirit shall not always strive with man, for that he also is flesh; yet his days shall be an hundred and twenty years.—Gen. vi., 3.

Under the existing circumstances and condition of life, longevity is the fortunate lot of the exceptional few; a short life and a premature death comes to the great masses. This ought to be the reverse, and, as a rule, a long life should be enjoyed by at least a majority of those born, if not by all.

To promote the desideratum of the majority, viz., a long life and a happy one, has been the great life work of many, and to have the masses of the people accomplish it is perhaps the proudest desire of all philanthropists and ostensibly of the medical profession as a whole. It has not been accomplished so far, the goal has not been reached, and likely many more attempts will be made.

It is said that the average length of life has been increased and will continue to increase by an improved hygiene and

sanitary condition and by the progress in medicine; this is not disputed, though it might perhaps be successfully done. The question, what is the normal duration of human life has been repeatedly agitated, closely investigated and variously treated, physiologically and in a historical and statistical way. Among those who have investigated it are such men as Haller, Buffon, Flourens, Thoms, Sir Henry Holland and others. The most plausible conclusion arrived at is, that to judge from analogy with other mammals, the average length of life should be from five to eight times the duration of adolescence or period of growth. Buffon says: Every animal lives six or seven times the period of its growth. Flourens maintains that the true relation is five times that period. According to him, the signs which indicate the term of that period is the union of the epiphyses with their bones. This union takes place in the camel at 8, whose average life is 40; in the horse at 5, average life 25; ox at 4, average life 20; dog at 3, average life 12 to 15; cat at 18 months, average life 9 to 10 years. In man this union takes place at about 20; so he concludes that the average human life should be about 100 years. The historical or statistical treatment of this question by Haller and others led to a similar result, by placing the normal duration at from 90 to 100. Haller collected a thousand cases of reputed longevity and placed the extreme limit of human life at a little less than 200. Some quote and adhere strictly to the biblical three score and ten. The majority of investigators seem to incline toward the opinion that life is very rarely extended beyond a hundred years, and doubt the truth of most cases reported to have lasted beyond that number. What, however, might be accomplished in this direction, if more systematic and persevering trustworthy experiments were made, can only be conjectured. The natural inference would lead me to say, that all who die before they are a hundred years old leave this life before their time has come and die prematurely. It is no presumption to say that but very few people die of old age, but most die prematurely of diseases brought on by their own folly and neglect. In proof of this hosts of cases might be cited. As an example, I mention General

Grant and his reputed cancer, although it has not killed him yet, and I hope it never may.

The prevention of disease and the prolongation of natural life receives but too little consideration by our profession and the general public as well. The cure of disease is far more in the minds of every one of us. Perhaps it is because from the one we receive our revenue and make our living, whilst for the other we are not paid in a direct way. To my mind the art of prevention is the higher and more honorable, and should be more generally cultivated. When this will be the case, it will be the better appreciated and the more honored, too. I have seen it somewhere stated, but for the truth of the statement I cannot vouch, that the Chinese have a better way of paying their doctors than supposed more civilized nations. Their mode is said to be, to engage a family physician at so much a year for keeping them in good health; from the time that disease appears in the family, the physician's pay is stopped until health is restored. If this Chinese mode were adopted among us, the study for the prevention of disease would become more general.

There cannot be the least doubt that all through life, and at all periods of the same, man most shamefully neglects and abuses himself and his constitution.

First and principally, through the want of attention to physical culture.

Second—By the mode of his living; the ways of preparing and introducing his food; the use, or I should rather say abuse, of many so-called articles of luxury, which are thought to have become almost, if not entirely, indispensable to civilized life.

Third—By filling, saturating his system, when sickness comes, with all sorts of vile stuff called medicine, supposed to be curative in the given case, but actually poisoning the constitution, increasing its predisposition to and laying the foundation for future diseases. Most of the supposed cures of the old school of medicine are but temporary suspension or suppression of disease and this allopathic suppression, by undermining the constitution and lessening the reactive vitality, is a most fearfully fruitful source of premature death.

The improvement of man, of his capacity for health, the increase of the number of his days, the making them happy through the prevention of disease, these are certainly problems worth working for.

It has been tersely said by a French writer: "Men do not usually die; they kill themselves." Whilst this is true generally of the adult, we might add, for the infant and younger specimens, that they are killed by mistaken kindness and through ignorance of those who should have their welfare at heart. It is my opinion that if man knew how to take care of his body, the vital spark would continue in full vigor to the time of final decay, until death from necessity would come in old age. And also, if he knew how to take care of his young from the moment of birth, we would not meet with such frightful statistics, of one-half of the human young dying before they have completed the fifth year of life. It will be objected that the natural depravity and the general condition of the human race is the great cause of this fearful mortality; that heredity, transmitting the weakness and taints of the parents to the children, is the greatest factor in this calamity. In short, that many children are born with the germ of premature decay and death already in them. Admitted for the sake of argument that this is true with a part, is it rational to suppose that the many who die so young, among whom are some, to appearance, of the finest specimens, were all born with the germ of death in them; in other words, unavoidably doomed to die young. Could not the majority of these fine specimens be saved and continued to a longer life, if the right way had been pursued and the right means for that purpose been employed. This question certainly seems to deserve our closest attention, though we may not be able to answer it fully or solve the problem to our satisfaction for many years to come.

I maintain that in many cases the germ to premature decay and an early death is implanted in the new being, not so much by the parents alone as it is fostered on the contrary by surrounding circumstances and conditions. The most important of these, and, perhaps, in many cases the most injurious for that early time of life, are the undue haste and hurry of the accoucher and midwife at parturition, and their neglect of

duly and properly attending to the necessary expansion of the chest and lungs of the new born; and also the want of judicious after-treatment and common sense attention from nurses and parents to the infant for the same purpose, and to enhance respiration and circulation; through ignorance and from other causes either doing too little or too much, or doing what is done in a hurtful manner. The truth of this will be obvious to every one who bears in mind the fact that portions of the infant lung have been found in a foetal condition even a fortnight after birth. It is shown by statistics and mortuary reports that the greater number of all deaths are caused by lung diseases and diseases of the blood and its circulation. We conjecture that those diseases causing so many deaths of the young are brought about by a want of timely and sufficient chemical action in the lungs, by deficiency of aeration of the blood of the new born, as much and perhaps even more as they are produced in later life by the same or similar neglects of attending to these functions properly. A comparatively slow birth is in most cases the design of nature, for the purpose to deoxygenize the placental and foetal blood, to prepare the same thoroughly for the combination with the oxygen from the external air. This fact is never mentioned in the books, and consequently not known generally, or overlooked. The best school for study is nature, but we must read her books intelligently and with common sense application.

In order to have a healthy and well-formed body, capable to enjoy a long and pleasurable life, we must endeavor to develop and strengthen the several organs and their functions from the start, or beginning of life. This is especially necessary for respiration and circulation; improve these two, and the other functions, with their organs, will naturally follow without much special attention, except in cases where organic deformities and deficiencies exist.

I do not mean to deny the good or bad effects, as the case may be, of congenital influence as to hereditary taints, etc. On the contrary, I believe the heredity question needs more study and investigation. But this influence is a great deal too much made of, and actually of a vast deal less importance than the immediate rational treatment and proper attention

regarding the breathing capacities of the new born and the continued after treatment of the infant child; and this for the purpose already mentioned, and also to overcome and eradicate where possible hereditary taints, and give instead a healthy tone to the primary cell, building up the different organs and tissues of the developing body. The foundation, in fact, to use a pleonasm, the beginning of a continued longevity should be laid in infancy; that is to say, the preparation of the organism for a long, enjoyable and healthy life, should begin at birth and be continued through childhood, nay indeed through life if necessary, in a rational common sense way, until the individual has reached that point of bodily health where there will be no more or at least but a subdued or lessened predisposition to disease, and the natural vital power will have become so invigorated and strengthened as to be capable of resisting the multitudinous disease influences we are surrounded by on all sides. Unless this course is pursued, the human race, as a whole, will not reach generally, nor the individual separately, the highest possible longevity.

Disguise it as we may, we cannot overlook the fact that the race is deteriorating, degenerating indeed, instead of improving. We need not to go very far for proof of this assertion. Intellectually and mentally we can see a decided progress, but can we say so much of the physical condition? Why, we will hunt for straws and prove by shadows that the average duration of life has increased within the last century for the enormous length of a whole week, or a month, or say even a year. But what does this prove in the abstract, supposing these statistics by which the increase is to be proven are reliable and true beyond a cavil? Does it show that man has enjoyed better general health, that he has had a greater immunity from disease, a greater resistance to surrounding disease influences, that his physical state has been advanced? Let us look at ourselves and observe those we are surrounded by, and what do we find? To all appearance we see average men and women actually devoid of physical endurance and without vital resistance. A breath of gentle air, a slight draft coming from a wrong direction, will upset almost every one, give them a cold, or make them sick in some way. The

slightest change in the atmosphere will give them neuralgia, rheumatism or other painful or dangerous disease. We are like hot-house plants, which have to be kept under glass and protected from the external air. Surely this should not be so; for an advanced mental and intellectual capacity should teach us more effectively how to improve the physical condition also. The physical should not be allowed to retrograde but should be advanced with the mental.

To lay the foundation to longevity is not, however, to be thought as to be accomplished in infancy and youth exclusively, no matter how much man as a race and his chances for a long and healthy life may be improved by such early attention to the work of training. The elements of a long life are implanted, nay inherent, in the animal organism and belong to it as a natural endowment; they need but a healthy development, which may be attended to more or less effectively whilst existence lasts. We should bear in mind, therefore, that it never would seem to be too late to develop a sound basis for a long life, as long as sufficient stamina and reactive vitality is left, provided we go to work with a determined will and use the right ways and means for that purpose. The younger the organism the more impressible, of course, and the better the chances for success. Nor should it be supposed that very strict and rigid rules would be the best to follow or pursue to such an end; on the contrary, the most careless carefulness, in conformity with common sense, should be practiced, provided the desired object is persistently kept in view. Unfortunately there is not much advantage taken of such truths. Most people having fixed their opinions, disregard them almost entirely and stubbornly follow preconceived or old foggy ideas to which they may have taken fancy; improving and doing themselves good in one or more directions, when in others they will do as much or even a great deal more harm. The medical profession, or those individuals of the same who have given this more especial thought, find it a thankless task to row against the current of public opinion and popular belief, and so they swim along with that current. The people know that theorizing in every direction has been always the strongest point of the profession, and, alas! how alarmingly without practical application

or use. Humiliating as it may be, the masses are becoming and being made aware of this more and more, as newspaper comments on current events, like the following and similar ones which we meet with almost daily, plainly show:

Never since medical men undertook to investigate the origin and treatment of Asiatic cholera have conclusions been so adverse and irreconcilable as at the present time.—*Chicago Times*.

The question comes straight to the front in every mind: Have the doctors blundered in their diagnosis. They stood among the foremost in the profession—represented the most advanced state of the medical science on the continent. Is society to accept the opinion that what is called the medical science is, even at the best (at least in this country), so largely “guess-work” that it cannot distinguish with certainty the difference between “epithelioma” and an ulcerated sore throat? The question is really a serious one, or will be if General Grant should recover.—*Chicago Times*.

In conclusion, I may be allowed to say, that I am really glad and more than pleased to perceive that no less an authority than Dr. Pettenkofer, “on the prevention of cholera,” has come at last to express the decided opinion that individual predisposition is one of the causes of the spreading of this particular scourge. It is a fact, man’s predisposition is the most fruitful cause of the propagation of all infectious or contagious diseases.

HOMŒOPATHY IN SOUTHERN CALIFORNIA.

In the last few years Homœopathy has made some giant strides on this coast, but nowhere has its success been more sweeping and pronounced than in Southern California. Whether its advancement there is due to a more intelligent population, who are able to comprehend its marvelous underlying principles, or to the fact that the followers of the illustrious Hahnemann are more capable men than we have elsewhere, is a problem that we shall not attempt to solve in this article, for it might call into question the ability of able men in other sections of the country. However, we do know and recognize the fact that there are many there whose brilliant success has attracted attention far and wide, and has brought down on them the envy and hatred of members of the old school.

For instance, such a man as Isaac Fellows, of Los Angeles, who at the head of his profession on the southern coast, has more practice, we are happy to record, than any *regular* in that city. Then, there are others, such as Drs. Manning, Cailhol, Clarke, Davis, Cook, Chamberlin, Beach, Fernandez, and Shorb, of the same place, Barnes of San Diego, Macomber of Pasadena, and Howe of Santa Ana, who are laying the foundation for the future pre-eminence of Homœopathy in that section of the country.

We are sorry to hear that magnetic and electric charlatans and doubtful specialists, reap so bountiful a harvest in the City of the Angels, and would suggest that immediate measures be taken to have them suppressed. Although, if they are all as hard to eradicate as one specimen that we have from there, we are afraid, that like the Scotchman said: "they'll have a d—l of a time doing it."

R. H. R.

SELECTIONS.

A CHARACTERISTIC OF IODINE.

By W. F. LAIRD, M. D., WATERTOWN, NEW YORK.

Iodine as an ovarian remedy is not fully appreciated by the profession. It is not mentioned by either Guernsey or Ludlam. Raue and Bæhr merely refer to it, but give no indications for its use; and, with the exception of a case reported by Dr. H. N. Martin in the last volume of *A. J. H. M. M.*, there is little or nothing upon the subject in our serial literature. Yet, in certain forms of both acute and chronic ovaritis, iodine is invaluable, and when prescribed in accordance with its characteristic symptoms, never fails to bring speedy relief. It is especially indicated by a dull, pressing, wedge-like pain, extending from the right ovary to the uterus. Occasionally the pain is sharp and cutting; but, in the majority of cases, patients describe it as a sensation "as

if a dull plug were driven from the right ovary toward the womb." This pain may continue for weeks and even months, and is always worse during the menses. The ovary is enlarged and tender to pressure.

The wedge-like pain in the right ovarian region is peculiar to iodine, and may therefore be regarded as a "characteristic" of this remedy. Lach. has also a "pressing pain from the ovary to the uterus;" but this symptom (like others of Lach.) occurs upon the left side, and is relieved by the accession of the menstrual flow, while under iodine the pain affects the right ovary, and is always worse during the menses. Dr. Burt gives as a clinical symptom of Hamam., "pain extending from the right ovary to the uterus, with induration and swelling of the inguinal glands;" and in the *Materia Medica of the New Remedies* we find, under Hamam., "Ovaritis—the pain commences in the right ovary, and passes down the broad ligaments to the uterus," which is probably the same symptom as the one mentioned by Dr. Burt. But, as neither author speaks of the kind of pain, or the conditions of aggravation, amelioration, etc., it is impossible to draw a satisfactory comparison between these two remedies.

This characteristic of iodine is not found in any pathogenesis of the drug, and must therefore be regarded as a clinical observation, the credit of which is due to Dr. M. M. Gardner, of Utica, N. Y. It was first noticed by him, some ten years since, while treating a case of acute ovaritis. The peculiar wedge-like pain from the right ovary to the uterus was the principal symptom, and one which the usual remedies entirely failed to relieve. While studying the case, he saw a remark in some work on domestic practice, that "iodine has been found useful in affections of the right ovary." Upon this meager hint, the remedy was prescribed, in the 30th potency, and the result was a speedy and permanent cure. He has since verified the symptom in several instances, and in three similar cases occurring in the practice of the writer, Iod.²⁰⁰ has acted promptly and efficiently.

It is true that symptoms derived solely *ex usu in morbis* are generally regarded by the profession with distrust, but one which has been verified so often is at least worthy of attention.

OBESITY.

By JNO. M. FOSTER, M. D.

During the past few years Dr. Ebstein, Professor of Special Pathology and Therapeutics in this University, has been paying especial attention to obesity, its ætiology, treatment and prognosis having an especial interest for him, inasmuch as he himself was burdened and harassed by a load of some 240 pounds of flesh. After giving the subject much thought, and trying a number of experiments upon himself and others, he found that by renouncing all the so-called "hunger," "water," and "medicinal" "cures," and adhering almost exclusively to a diet of fat, he produced exceptionally good results. After employing it in quite a number of cases, which have extended over the past four or five years, he now says, with a degree of certainty, that it accomplishes the desired result without any of the unpleasant consequences that so frequently follow the use of other forms of treatment. Within six months he reduced his own weight to 170 pounds by adhering strictly to his prescribed diet, noticing none of the feelings of weakness and anæmia (as might have been expected), nor an aversion to his food; on the contrary, he declares himself at present to be more vigorous in mind and body than ever before. I have not only seen this reduction in the Professor himself, but, during my stay here, have met several of his patients, who were formerly very fleshy and suffered much during the summer months. After beginning his course of diet, they found themselves gradually losing flesh, but at the same time gaining strength and more enjoyment of life. The treatment is simple enough, but must be continued through life with very slight alterations. I may as well add his proscribed diet list, as therein lies the whole virtue of his "cure."

Breakfast.—(Winter, 7:30 A.M.; summer, 6:30 A.M.) A large cup of black tea, 250 ccm. (half a pint), without milk or sugar; 50 grm. (two ounces) wheat bread or toasted graham bread with a large quantity of butter.

Dinner.—(Between 2 and 2½ P.M.) Soup, frequently with bone marrow; 120 to 180 grm. (about five ounces) meat roasted or boiled, with fat sauce; vegetables in moderate

quantity, preference being given to legumes or to cabbage, turnips and potatoes being, prohibited. When obtainable some fresh fruit. Compot; salad; occasionally dried fruit without sugar. As drink, two or three glasses of light wine. Soon after dinner a large cup of black tea, without milk or sugar.

Supper.—(7:30 to 8 P.M.) A large cup of black tea, without milk or sugar. An egg or some fat roast meat, or both, or some ham with the fat, dried or fresh fish; 30 grm. (one ounce) wheat bread, with much butter; occasionally a small quantity of cheese and some fresh fruit.

Patient is urged to take considerable exercise, but not of too violent a nature. Regular hours for sleep, but not in the afternoon.

One would think that after a short time this diet would become distasteful, the excess of fat nauseating, and finally the patient be compelled to discontinue its use. But we find from the reports of the cases that the appetite remained good, and no dyspeptic symptoms were present. Ebstein even mentions that in severe cases of dyspepsia he reduced the amount of carbo-hydrates and increased the amount of fat in the food, and had surprising results therefrom. He also brings to bear upon the "easily digestible qualities of fat," the results of observations made in cases of gastric fistula, which are, "the fat only disturbs the stomach digestion when given in too large quantities." He extends the use of fat in excessive amount in the food even further, and cites marked results in cases of diabetes mellitus and in fatty degeneration of the heart. However, in the latter, I am inclined to think that the fat must have been outside of the heart rather than in its walls. He traces back his cases of obesity to a hereditary cause, but acknowledges that the development is chiefly owing to large amounts of rich food and spirituous liquors being indulged in. He also cites anæmia as being an exciting cause, explaining it, that during such a condition, the red blood corpuscles become greatly diminished, and therefore the oxidation of the blood becomes defective and insufficient. Obesity is the result. He declares that if any at all, only very slight differences can be detected by aid of the microscope between fatty degenera-

tion and obesity. His only point of differentiation is, that the former soon goes into a state of necrobiosis, while in obesity the elements become filled with fat, but do not cease to live.

He thinks that fat introduced in excess into the organism causes a diminution of the fat already therein contained, but if combined in certain proportions with carbo-hydrates it has the opposite effect. He seems anxious for no one to mistake his views, for he emphasized his remark that "If one said I treat obesity with fat, it would be a mistake. I only place fat in its proper place as a food."

Whatever may be his theory of the action of the fat so introduced, it should not prevent the treatment from receiving at least a trial, more so as we do not have the dangers threatening its use, as is the case in Banting's and other "cures."—*New York Med. Times.*

IN 1879 the California Legislature authorized a committee of the Health Board to examine various localities for the purpose of selecting the best site for a State hospital for consumptives. The results of this investigation appear in the annual report of the State Board of Health for 1880. The committee makes many interesting observations about resorts which already have a reputation for healthfulness. Santa Barbara, for instance, is recommended for its equable temperature and general freedom from severe winds; but in summer the winds are sometimes bad, the air is not very dry, there are occasional fogs and the temperature is high. San Diego has a remarkably equable temperature, the range not being more than fifteen degrees for the whole year; the humidity is less than that of most towns on the coast; there are few fogs and no severe winds. Like Santa Barbara, however, it lacks elevation and dryness in summer. After a careful investigation of this character, the committee recommended that the State hospital be erected at Atlas Peak, on the ridge of the Coast Range mountains, within twelve miles of Napa City. This place has of late years attracted considerable attention, says the committee, on account of its

equability of temperature, its freedom from fogs or harsh winds, the dryness of the atmosphere, and its supposed advantages as a residence for consumptives. Its elevation is about fifteen hundred feet. Its mean temperature for winter is about fifty degrees; for summer, seventy-four degrees. The mean relative humidity is only forty-five per cent, which is considerably less than at the other better known health resorts. The climate is warm in summer, but it is said never to be oppressive. There are no malarial diseases, and the vicinity affords abundant facilities for camp-life and out-door exercise.

HOW TO MAKE LINSEED TEA.—Take two tablespoonfuls of linseed and wash thoroughly. In a pint and a half of water put half an ounce of sugar-candy and half an ounce of bruised fresh licorice-root, and boil for half an hour. Then pour the liquor, boiling, on the linseed, and allow it to stand for a quarter of an hour; then boil for two or three minutes; strain, and drink when sufficiently cool.

THE fruitfulness of the Homœopathic system of cure as compared with the no-system of Allopathy was signally illustrated at the last meeting of the British Homœopathic Society, where the disease known as "writer's cramp" was under consideration. Ten years ago Dr. Carl Hertzka reported a case which he had cured with eight-drop doses three times a day of *Gelsemium*. Dr. Blackley, seeing the homœopathicity of the cure, *Gelsemium* having the power to cause symptoms very like writer's cramp, tried it with perfect success in two cases, and in doses small enough to preclude the possibility of the cure being effected by any physiological action of the drug. Dr. Hughes, at the same meeting, reported another instance.—*Homœopathic World*.

TO PREVENT PITTING IN SMALL-POX.—Dr. Emil Steiger, of Prairie du Chien, Wis., writes to the *Medical Record* in commendation of a simple remedy against pitting which, in three

epidemics during the last twelve years, has proved to him invariably successful. Take of white lead (*plumbum carb.*) *quantum lib.*, mix with linseed oil *q. s.* To make a cream-like paste add to the bulk about five to six per cent. carbolic acid, and apply with a large camel's-hair brush repeatedly, so as to keep the surface of the face; hands etc., permanently and fully covered.

INSPECTION OF THE THROAT WITHOUT INSTRUMENTS.—Dr. Samuel W. Francis, of Newport, R. I., writes (*Med. Rec.*) that very often it is difficult to depress the tongue of a patient who is suffering from sore throat, diphtheria, follicular tonsillitis, or other affections of the fauces, etc., and suggests that they be told to open their mouth, in front of a good light, and simply, but with force, say: *Arh! barrh!! varrst!!!* LIFE—enunciating each word some few seconds. Dr. Francis has tried this, and not only obtained an excellent view, but the different positions of the uvula and surrounding parts greatly assisted the diagnosis and treatment of the disease.

CLINICAL ITEMS.

ARSENICUM IN PROGRESSIVE LOCOMOTOR ATAXY.

By DR. BURCHFIELD.

October 3d, 1882, Mr. I. B., shoemaker, aged 58. Has had a peculiar affection for two years, for which several of the resident allopaths had failed to find a name and a remedy. During these two years his sleep, appetite and digestion have been good. The trouble commenced with a shooting sensation in the lumbar spine and down the legs, followed by inability to retain urine, as from paralysis of the neck of the bladder. He next began to experience a difficulty in walking—he felt as though he were walking on rubber. As time went on, other more serious symptoms appeared, until he was unable to work, and at length presented the condition in which I found him. In walking he drags his toes;

his steps are short and hurried, and he lifts his legs after the manner of a cock. In attempting to walk in a dark room, or with his eyes closed, he staggers. He can scarcely stand with his heels together and his eyes closed. He cannot pick a pin from the floor, nor button nor unbutton his clothes. His whole body seemed in a continual slight tremor. There was no tenderness of the spine, and sensation was unimpaired. The power to control the finer muscular movements seemed greatly changed. Here was a case which appealed to Homœopathic treatment as a last resort. Looking at the debilitated, pallid old man, with his cock walk and peculiar thirst, I could see indications only for *Ars*. I gave him *Ars*. 3x four times a day for about three months, when he moved out of my observation. But at the end of the time stated, he was greatly improved in every particular. The urinary difficulty, being one of the first to appear, was one of the first to disappear.

GUAIACUM IN THE TREATMENT OF ACUTE SORE THROAT.

Mackenzie says that we have in Guaiacum a remedy which, if administered at the outset of the attack, will almost always cut short the crescent inflammation. Dr. Pottsdame, of Philadelphia, draws the following practical deductions from the cases he treated with Guaiacum:

1. The almost instantaneous relief from pain.
2. The improvement in deglutition which always accompanies this relief.
3. The early diminution of the swelling.
4. The short course of the disease, all of the cases having been practically well on the fourth day of treatment, if not sooner.
5. If the case comes under the treatment early enough, the disease may be aborted.

Even if we agree with Trousseau and others in admitting that the disease must run its natural course, we have no right, says Dr. Pottsdame, to act supinely, as by the use of Guaiacum we certainly ameliorate, and, as he believes, cut short the disease.

In connection with the above, it is interesting to note the symptoms from provings in *Allen's Materia Medica*: "Violent and constant stitches in the throat from the larynx to the left clavicle. Violent spasmodic inflammatory affection of the air passages, especially the larynx, with such violent palpitation of the heart that suffocation seemed imminent."

Tellur. 30 has clinical experience on its side for some forms of backache. Among its symptoms leading to this use of it is the following observation of Dr. Duntam, one of the provers: During the second month of the proving, the *spine from the last cervicle to about the fifth dorsal vertebra, became very sensitive, and the seat of a peculiar sense of irritation, which made the prover dread having the part touched, or even approached.*—See *Allen's Encyclop.*

Euonymus. I do not know of a single remedy in my practice which I value higher than this. In all bilious conditions, especially when attended by passive engorgement and torpor of the liver, I know of no remedy equal to it. In catarrhal affections of the stomach and intestines of a chronic character, it has no rival except *Hydrastis*. *Euonymin* has another property which renders it a valuable medicine in cardiac affections. It has been found by physiological experiments that it increases the power and regularity of a weak heart. You are aware that in most cases of hepatic congestion and gastro-intestinal catarrh, the heart's action is apt to become embarrassed, irregular and weak. It is in this condition that *Euonymin* is superior to *Digitalis* or *Nux*. In intermittents it should never be neglected.—*Hale*.

I WOULD like to call attention to a symptom which I have cured several times with *Bell*. "high," and one which I have learned to regard as a "key-note," especially when prescribing for acute diseases—Quinsy, Diphtheria, etc.—viz: *a sensation as though bubbles were bursting in the ears, especially the right one.*—*Johnstone*.

CORRESPONDENCE.

SONOMA, July 11th, 1885.

EDITOR CALIFORNIA HOMŒOPATH—If you will pardon the liberty, I should like to describe a case to you and ask your advice.

I have a patient, a Mr. G.; aged 25; married; occupation, mechanic. He has been troubled for four years with lancinating pains in his right side, extending from near the median line to the spine and just below the margin of the ribs. This pain only troubles him at night, and the only relief he can get is to get up and walk the floor for a while. He attends to his work every day; looks the picture of health. On inspection, I find no swelling or redness; percussion shows no tenderness. In fact, I can see no symptoms to guide me at all. Nothing that he may do seems to have any effect upon the pain; it does not let up at all. About four years ago, he says, he stopped a runaway horse, which afterward started to run with him, and he grabbed a post with one hand, holding on to the bits with the other, thereby receiving a jerk, and was thrown down, falling on his face. About three or four weeks after the accident, he felt this pain, which has scarcely let up since. It is a little worse upon a sudden change in the weather. He has tried plasters, blisters and poultices without any result, and now wishes to try Homœopathy. I am at a loss to know what to give him, without advice from a more experienced physician. If you will be so kind as to suggest a remedy, you will greatly oblige me. I have tried Arnica 6x, but to no purpose.

DR. E. S. HAYWARD.

SAN FRANCISCO, CAL., June 27th, 1885.

EDITOR CALIFORNIA HOMŒOPATH—A number of years ago I overstrained my eyes by reading in the cars, and ever since then they have been weak, especially at night, when I can only read or write by using a student lamp and good type. A flickering light, or insufficient light, or fine print, produces aching and soreness. A similar unpleasant feeling is produced by the glare of electric lights. Otherwise, for general use, my eyes seem to be as sound as ever. Have tried glasses recommended by an oculist, but they appear to do no good. What I particularly wish to ask you about is my most prominent and persistent symptom, which I have never yet seen in any of the books, but which ought to suggest a remedy. It is, the peculiar effect produced by eating and the fact that the effect of the morning meal is exactly opposite to the others. To illustrate: My eyes are put into good order for reading and writing by a hearty breakfast; but they are weakened if I eat heartily toward the middle of the day or in the evening, and to such a degree that, if after such meals I attempt to read or write within an hour, my eyes will become painful and so continue during the remainder of the afternoon or evening. When, therefore, I have much writing to do during the day, I am compelled to forego eating anything at noon, or only something very light, such as a cracker or two, and then rest my eyes before resuming work.

If you are familiar with the above symptom and can suggest a remedy, please do so.

Respectfully yours, W. C. C.

Personal Notes, Locations, Etc.

SAN BUENAVENTURA, Cal., has no Homœopathic physician, and we understand it is a good opening. Try it.

HOMŒOPATHY IN AUSTRALIA.—The Homœopaths in Australia have in process of erection a hospital which, when completed, will, though not the largest, be the most effective building in Australia. This is the first Homœopathic hospital in the Southern Hemisphere, and all that is wanted in Australia now is a supply of young, earnest, genuine Homœopathic physicians. There is a good field and any amount of room all over the colony. Melbourne alone could take a number, although there are about two hundred and fifty doctors of the old school practicing in that city. The Homœopaths only number some half dozen, who are very independent and have as much as they can attend to. The hospital authorities are now in search of a suitable resident physician.—*Hahne. Monthly.*

JOHN TOWNSEND, M. D., a graduate of the Hahnemann College of San Francisco, has located at 1402 Bush street, San Francisco. We wish him success.

MEMBERS of the State Homœopathic Society having received a statement from the Treasurer, will greatly oblige that financier by responding at their earliest convenience.

SUBSCRIBERS who are in arrears will likewise oblige the publishers by squaring up before the end of the volume is completed.

GOOD advice from LILIENTHAL: "We read and hear now a great deal of mental and bodily over-exertion, and forget that it is not the work, but the worry, which is the mental strain, and that there is a far better treatment than the whip of whisky during the hours of labor. Inculcate in your families the principle to eat less and to sleep more, and the work will be less of a strain."

PROFESSOR J. M. WARD has opened an office at No. 335 Geary street, near Mason. We hope the doctor will reap a plentiful harvest in his new location.

DR. WILLIAM SIMPSON has removed his office to his residence, No. 226 South Second street, between San Antonio and San Carlos, San José.

DR. MAX WERDER has removed his office from his old location to No. 217 Geary street, opposite Union Square.

WE have had a communication from Bodie, in Mono county, strongly urging us to send a Homœopathic physician of experience, with the assurance that he will receive good support.

THE Editor being out of town, at Lake Tahoe, on a short vacation, taking a much needed rest, there will be no editorial in this number of the Journal. We hope that the invigorating mountain air will restore his usual activity, and will enable him to attend to his arduous duties with renewed zeal.

RENO, NEVADA, July 22d, 1885.

EDITOR CALIFORNIA HOMŒOPATH—A Homœopathic practitioner is very much needed here. A capable physician of experience would do business here at once.

Yours truly, B. F. LEETE.

NEW PUBLICATIONS.

Arndt's System of Medicine. Second volume.

The second volume of this great work is now ready. The hearty reception of, and the large demand for, the first volume, lead us to expect a still greater demand for the second volume. The result of so much labor, the combined effort of so many of the best minds in our school, we are glad to say, has not been lost upon the profession. It is now clearly demonstrated that "*A System of Medicine, Based upon the Law of Homœopathy*," will long remain a standard work in the homœopathic school of medicine. The popularity of Vol. I is attested by the following extracts from press notices:

"We recommend all of our readers to subscribe at once for this standard work on practice. It fills a deeply-felt want, and should receive the warm welcome of the profession."—*American Observer*.

"*The System of Medicine*, Vol. I, came to hand just in time to save the life of one of my patients—hence I am much pleased with it. Enclosed please find the amount due."—*Private Letter from Canton, New York*.

"It is to all intents and purposes a cyclopedia of practical medicine, and as such, if we can take this first volume as an indication, bids fair to surpass anything which has heretofore emanated from our school. * * * Taken all in all, we are highly pleased with this first volume, and shall anxiously await the succeeding ones. The complete work is one that every physician ought to possess, and one that he will make no mistake in securing."—*The Medical Era*.

"The work consists of a number of essays by some of the ablest members of our school on the subjects assigned to them, under the editorial supervision of Dr. Arndt, who has done his work well. Like all of Boericke's publications, the book is in the highest style of the printer's art."—*The Medical Advance*.

"This great work will be to the homœopathic school what Reynold's *System of Medicine*, and Ziemssen's *Encyclopedia of Medicine* is to the allopathic. The homœopathic system of practice has never been represented, in this country at least, by a text-book on general practice which meets the wants of that school. They have been deficient in the etiology, pathology, and diagnosis of disease. But this work is very complete in these respects, and is fully up to the requirements of the condition of medical science of to-day. Every disease treated of in this volume is written up in the most exhaustive manner."—*Chicago Inter-Ocean*.

"What ever opinions one may have on the contested points of homœopathic practice, whether he be a loose prescriber or a strict Hahnemannian, he cannot fail to be proud of the handsome volume which Dr. Arndt here presents to his fellow practitioners.

"It is a volume which, in extent and completeness, exceeds and excels anything of its kind yet published. Its descriptions of diseases are clear and full, amply full, although not so large as works like Ziemssen and Pepper's '*System of Practical Medicine*,' which are spun out to a tedious length.

"The best portion of the volume, to our mind, is the chapter on diseases of the organs of digestion. This is worth the price of the volume."—*The Homœopathic Physician*.

Contents of Vol. II. Diseases of Blood-Glandular System—Diseases of Urinary Organs—Diseases of the Genital and Reproductive Organs—Diseases of the Nervous System—Diseases of the Organs of Locomotion—Diseases of the Skin, of the Eye and Ear.

"In presenting to the profession the second volume of this work, the general editor wishes to express to the medical public his sense of obligation for the cordial reception of the first volume, and to his reviewers sincere thanks for the words of commendation as well as for the criticisms offered. The suggestions made by critics have been carefully considered and utilized, so far as practicable, without, however, materially changing the general plan of the work as first conceived."—*From the Preface to Vol. II.*

Price, per volume, bound in cloth, \$6.50 net; in half morocco or sheep, \$7.00 net. Postage, 45 cents.

Cowperthwaite's Materia Medica. Third edition.

This new edition, much enlarged and improved, with the addition of one hundred remedies, will be out in a few weeks.

Popular Department.

SOME SPECIAL INDICATIONS FOR THE USE OF HOMŒOPATHIC REMEDIES IN DISEASES OF CHILDREN.

(Continued from July Number.)

Iris. Colic and Diarrhœa. Emission of very fetid flatus; the mother is subject to sick headaches.

Lachesis. Sore throat. Left side especially affected. The throat is *very sensitive* to touch or pressure. The child is always worse after sleep.

Lycopod. Useful in gravel. The child always cries and screams before passing water, and is relieved immediately afterward. Red sand is found in the diapers. There is a good deal of rumbling in the abdomen. In lung diseases there is decided flabbing of the nostrils, constipation.

Mercurius. The child's symptoms are always worse at night. It perspires a good deal, but this does not relieve it. There is a great deal of drooling. Ulcers upon the Gums. Glands swell readily. Diarrhœa is slimy, bloody, with much straining. The child's thighs and legs are cold and clammy, particularly at night. The child is always much worse in cold, damp weather.

Mux vom. Good remedy to give after the child has been the victim of old school drugging—after soothing syrups, teas, etc. Constipation of large difficult stools; no appetite—child does not sleep after three or four o'clock in the morning. There is much colic with constipation. The child cries much, draws his feet up and then kicks out again, etc. Its mother lives on highly seasoned and stimulating food—coffee, etc. For teething children being raised by artificial or mixed feeding. Child is peevish and fretful. Breath very offensive. Cold in the head—through the night the nose is very dry. Spasms from indigestion.

Phosphorus. Bronchial troubles, when the cough is severe and exhausting. Worse in the evening and during the night. Then the fever is very high. Particularly useful for tall and slender children. Hoarseness, that gets worse towards evening.

Pulsatilla. Useful in diarrhoea, when the stools are very changeable—no two alike. Mucus streaked with blood—worse towards evening. *Child is not thirsty*, but seems to be chilly; and yet he is restless, wants to be in the open air. Coryza with thick discharge. Cough is loose. In *measles* it generally suffices. Inflamed eyes, especially when worse towards evening and better in open air.

Rhus. A good remedy for itching of the skin. There is much restlessness, particularly at night. Eczema, especially when a bright edge of inflammation surrounds every portion of the eruption and there is much itching.

Silicea. For scrophulous children.—The feet smell badly; profuse, sour-smelling perspiration upon the head in the evening; head is large.

Sulphur. The child frequently awakes from sleep screaming; great voracity; wishes to put into its mouth everything it sees. Its passages excoriate the anus. The child jumps and starts and screams fearfully. It has a tendency to excoriations whenever the skin is folded upon itself. Pimply eruptions. This remedy very often cures the colic and stomach troubles of infants. The child does not like to be washed.—It wakes frequently. Seems to have frequent weak and faint spells—Particularly for children of delicate parents. Frequent relapses; the child seems to be doing well, when, without apparent cause, it gets worse. He is worse in early part of the morning. Much itching of the skin, which is unhealthy generally; it has a rough and scaly look.

Tartar Emetic. Cough with much rattling of mucus—It seems as if much would be expectorated, but nothing comes up. Much thirst. Nausea and vomiting. Patient is drowsy.

Veratrum. Diarrhoea, when there is much exhaustion after every passage, with cold sweat upon the forehead and upon the skin in general. Violent thirst for cold water.

SOME REMEDIES FOR CONSTIPATION.

First of all, avoid drugs, salts, mineral waters, and even the *regular* use of injections. Drink a goblet of oat-meal water every morning on rising. Eat brown bread rather than white. Let the diet consist largely of coarse meals, succulent vegetables and juicy fruits. Figs, prunes, pears, apples and grapes are all beneficial.

Nux vom., 30th or 200th potency, a dose night and morning. If not sufficient, follow with *Sulphur*, same potency, a dose every morning.

Nux is especially indicated after drugs and mineral waters have been largely used. It works especially well for persons leading a sedentary life, high-livers, smokers, students and business men. Dyspeptic symptoms, aches and pains after meals. Frequent but ineffectual efforts at stool, which is large, hard and passed with much difficulty. Generally there is a predisposition to piles. Patient is apt to be cross, irritable, and generally worse in morning. Now, if improvement shows itself, do not change the remedy or give it so often; but if the improvement ceases, give *Sulphur*, especially when there is burning pain in anus and rectum. The patient complains of flushes of heat; frequent weak, faint spells. Skin is rough and dry, and apt to get sore.

For another class of cases, *Bryonia* and *Lycopod.* form an excellent double team. The *Bryonia* patient has stools especially *large, dry* and *hard*; he has pains in the region of liver, and a rheumatic tendency. These pains are much worse whenever he moves about. He therefore feels better when perfectly quiet. He has headache; is very thirsty; has frequent eructations after meals, and a coated tongue. For such a patient, that only partially improves after *Bryonia*, give *Lycopod.*, especially when there is much rumbling in the bowels, because there is so much flatulence in the bowels. Sometimes *Alumina* will follow *Bryonia* well, and remove the whole difficulty permanently.

OPIUM has complete torpor of bowels. The stools are hard and lumpy, and in balls. Head aches, patient is drowsy, dizzy. Indicated especially for old people.

Hydrastis. One drop of the mother tincture before breakfast, for one week, frequently cures. Especially useful after abuse of purgative medicines. Dyspepsia, weak, gone feeling, headache and piles, severe pain in rectum after stool for hours.

Nitric Acid takes front rank of remedies for constipation. The stools are hard, dry and scant, but passed without pain. Sour or bitter taste after eating, excessive flatulence, sour eructations.

In order to achieve the best results, do not repeat the dose too often. Give whatever remedy you decide upon, two or three times a day for one week, then stop and watch results. If improvement does not show itself within ten days, choose another remedy, preferably a deep-acting one like Sulphur or Lycopod.

If a remedy is well indicated, and does not act well, do not change before trying a different potency, preferably a higher one, though *sometimes*, but rarely, a much stronger preparation answers better.

'Twas CHAMOMILLA.

What soothed me when, in mamma's arms,
Her flowing breast lost all its charms;
And lullabys were sung in vain
To quiet down my nervous brain:

'Twas Chamomilla.

What soothed me when, a nursing child,
Dentition drove me almost wild,
And made me fret, and cry, and yell
Like any little fiend in—well:

'Twas Chamomilla.

What soothed me when grim colic got
His bony finger on that spot
Just underneath my belly-band,
And pinched me with his ruthless hand:

'Twas Chamomilla.

What soothed me when that dreadful pain,
A "bottle-babys" direful bane,
Knotted my bowels into a mass,
And made my stools as green as grass:
"Twas Chamomilla.

What soothed me when that era came,
Attended with much fear and pain,
When girlhood passes far away:
And womanhood assumes her sway:
"Twas Chamomilla.

What soothed me when, a maiden fair,
I lost my lover, and the air
Grew dark and lonely as the sea,
And life not worth a "sou marquee":
"Twas Chamomilla.

What soothed me when, in "'steric fits"
I tore my wedding gown in bits;
And vowed, by all the stars above,
I ne'er again would fall in love:
"Twas Chamomilla.

What soothed me when, in labor pain,
I learned escape was all in vain,
And gave me strength, I do believe,
To bear the curse entailed by Eve:
"Twas Chamomilla.

Now, mother, maiden, baby dear,
Join in one loud and hearty cheer,
Prolonged, until the day you die,
In praise of Chamomilla high.

HENRY MINTON.

THE CALIFORNIA HOMŒOPATH.

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

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

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EDITORIAL.

It is with great pleasure we record another victory scored for Homœopathy and progressive medicine. The management of the *California Institution for the Deaf, Dumb and Blind*, located at Berkeley, after experience with both schools, decided to put the medical charge of the institution again into the hands of a homœopathist, and Dr. I. E. Nicholson, of Oakland, was appointed, and this in the face of strong opposition by the allopathic profession. We know of no man on the coast more worthy of the position or one more representative of homœopathy, and the interests of the institution could not possibly be in better hands.

Another State institution, *The Home for Feeble-minded Children*, at present located in Alameda, but soon to be transferred to their grounds in Santa Clara, has decided to entrust to homœopathy the medical treatment of its inmates, and we are glad the managers secured the services of so good a man in our school as Dr. W. H. Loomis.

These appointments show the progress homœopathy is making in the estimation of the people in our State, and the results will show that their confidence in the superiority of homœopathy is not misplaced.

THE renewed agitation of the "New Code" and "Old Code" of Ethics factions by the action of the *American Medical Association*, at its meeting in New Orleans in May, 1885, calls for more than a passing notice. At this meeting resolutions were passed so construing Article IV, in the National Code of Medical Ethics, as to prevent "formal professional consultation with those who have voluntarily disconnected themselves from the regular medical profession," in the manner indicated in Section 2 of these resolutions, viz.:

"2. *Resolved*, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper to assume a name indicating to the public a sectarian or exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession."

In consequence of this action, the *American Institute of Homœopathy*, at its last annual session, which closed June 5th, at St. Louis, unanimously passed the following resolutions:

WHEREAS, The American (Allopathic) Medical Association recently adopted a so-called "interpretation" of the "consultation clause" of their code of ethics; and

WHEREAS, Said interpretation contains statements and implications calculated to mislead the public, therefore the American Institute of Homœopathy deems it proper to place on record the following statement:

2. The interpretation claims that "no article or clause in the (Allopathic) code of ethics interferes with the most perfect liberty of individual opinion and practice;" yet clause 1 of Article IV explicitly forbids consultation with physicians who employ a certain mode of "practice" or "whose practice is based upon" a certain kind of "dogma" or "opinion."

2. The interpretation declares that the (Allopathic) code "does not interdict, under any circumstances, the rendering of professional services whenever there is pressing need of them;" yet the same paragraph declares that "no circumstances can make it proper to enter into professional consultation with physicians" of a certain class or kind.

3. The interpretation insinuates that Homœopathic physicians have "voluntarily disconnected themselves" from the mass of the medical profession by "assuming a title indicating an exclusive or sectarian system of practice." The fact is that the disconnection of Homœopaths from Allopathic societies,

in the first place, was enforced, and not voluntary, and this, in many cases before any special title had been assumed. Moreover, Allopathists have themselves assumed an exclusive and sectarian title—that of “regular”—and this, not to enlighten the public in regard to their mode of practice, but largely to cast an implied imputation upon the professional character and status of other physicians.

4. The interpretation intimates that the physicians ostracised by the Allopathic school “belong to a party antagonistic to the general medical profession.” We reply that the antagonism between the schools began with the Allopathic efforts to ostracise, calumniate and otherwise persecute physicians holding different opinions, and to this day the antagonism has, on our part, been limited to measures for self-defense.

These resolutions speak for themselves, but the issuance lately of a pamphlet entitled “Shadows in Medical Ethics of the International Medical Congress,” by Levi C. Lane, M.D., of our city, wherein he deprecates the injustice done him on the very ground of being accused of being a “New Code” man, and which interpretation he resents with great vigor, leads us to a local consideration of this subject.

While we strongly believe in the law of Homœopathy, and consider it the means of relieving suffering mankind in a more radical and scientific manner than by the “old-school” or “regular” empiric administration of crude and often poisonous drugs and vile mixtures, yet, for all that we acknowledge the fact that we, as Homœopaths, do not embrace all knowledge, nor that we are always able to cure every case by the means of our Homœopathic armamentarium, and see no inconsistency nor liability for blame, when we use the God-given power of common sense or good judgment, in availing ourselves of any other means that may give relief; *provided, always*, that we have first *exhausted* the methods of our own school.

The same freedom and liberty, as well as courtesy, extended to each other among the enlightened and liberal members of any sect in religion, in politics, or in any other profession except the *medical*, and which by the action and endorsement of the American Medical Association is denied to be exercised by the “regular” medical profession, is one of the highest achievements of advanced civilization. This tolerance, which is one of the beauties of the highest and most advanced society, and which is the means of arriving at the ultimate truths of knowledge in the most rapid manner,

is by such action endangered, and the progress of which we are so apt to boast is retarded.

It should be the aim of every "true physician" to acquire any and all knowledge that may be of benefit in his profession, and this can best be accomplished by an intermingling of the best minds among all schools of Medicine.

For this reason it is truly amazing that "physicians" of any persuasion, whose profession cannot be called a "science," and who every day encounter new mysteries and new obstacles, which they can neither solve nor overcome, should have the effrontery and the overwhelming audacity to set themselves up as being the *only* true prophets. We have nothing to do with Dr. Lane's quarrel, nor do we in the least sympathize with his opponent, whose methods of procedure, according to Dr. Lane's pamphlet, are beneath all notice. But we deeply deplore the fact that one of our leading physicians and citizens should take the stand Dr. Lane has taken with reference to the code. Nothing but good could follow the establishment of a liberal medical code of ethics, embracing graduates of all colleges in good standing.

We sincerely trust to the progressive spirit in this city and on this coast to do its share to this end, and pledge our support and best efforts in this direction. Our aim is a high one, and we have no sympathy with that low and groveling spirit which is influenced by petty and partisan motives.

S.

WITH this number, Volume III of the CALIFORNIA HOMŒOPATH is finished. While the journal is a financial success, still we were in doubt for some time whether to promise another volume or not. It seemed to us that although the need of a journal representing our School, especially now that we have a prosperous College, was generally acknowledged, we feared that our effort did not meet that need as fully as we would like. To a great extent this is due to the apathy of our physicians. They are so averse to putting their experiences on paper and thereby benefiting their professional brethren—yet not correspondingly averse in criticising rather freely the efforts made. What we would sug-

gest is, that in the coming volume more of our practitioners favor us with reports of cases, studies of remedies and diseases, and then we will promise to make the CALIFORNIA HOMŒOPATH more interesting and useful to every one.

We desire to express our sincere thanks to the contributors of the past, and trust they and many others will give us their aid for Volume Four.

In order to disseminate useful knowledge, and to prove that the CALIFORNIA HOMŒOPATH was not a mere evanescent literary effort, but that it was and is imbued with vigorous life and bound to grow, we considered it prudent to scatter it broadly wherever it might find a congenial soil. In this manner many of our readers have been supplied with it during the past three years of its existence. Our object having been largely accomplished, we shall pursue a *new course*, beginning with Volume IV, and shall furnish the CALIFORNIA HOMŒOPATH to *actual subscribers* only. The price, *One Dollar* per annum, is, after all, only nominal; and it is thus placed within *easy* reach of *all* our subscribers. Please send in your subscription for 1886, *with the dollar*.

ORIGINAL ARTICLES.

OVARIOTOMY.

By E. A. DE CAILHOL, M. D., LOS ANGELES, CAL.

[*Read before the Los Angeles Homoeopathic Medical Society.*]

It is a fact admitted by the surgeons in general, that Ovariectomy is one of the most severe operations. When I have a case of that kind on hand, I take the greatest care of my patient, and the most minute precautions to secure the success of it.

BEFORE THE OPERATION.

Everything having been well taken into consideration in a previous consultation, held with two or more competent

physicians and surgeons, where the diagnosis was perfectly established, and the operation decided as the last resort; then, as soon as my patient gives me her consent, I immediately commence, a few days previous to it, to prepare her to undergo the ordeal. In consequence, I give her good food and such medicines that I think suitable for her case, thus preparing her system for the shock that the removal of the cyst is going to produce.

THE DAY OF THE OPERATION.

Early in the morning of the appointed day, I visit my patient, ordering her to take a bath with lukewarm soap-sud water, into which I pour eight ounces of *Glyco-phenic* an antiseptic preparation invented by Declat, an eminent French physician and surgeon, and an intimate friend of mine. That Declat, by-the-by, is the sole inventor of the surgical antiseptic system, wrongly called "Lister's system," from the Scotch surgeon of that name, who in 1864, described it, and to which the profession has given the name, "the Listerism," when it ought to have been universally recognized as "the Declatism," on account of the priority of the discovery.

After my patient has been thoroughly and antiseptically washed, the bowels emptied by an enema, I order a light breakfast of toast and tea. I then make an examination of the operating room, which, according to my instructions, has been beforehand entirely cleared of carpet, curtains, pictures and pieces of furniture, in fact, that room should be bare, well lighted, and its floor perfectly scrubbed with a strong solution of carbolic acid. All things being to my satisfaction, I set in that room my own patented operating table, and before leaving, I order the nurse to start the antiseptic spray and to let it run for two or three hours, for I like to have the room thoroughly saturated with a 5% solution of Declat's phenic acid, intended to destroy all the micro-organisms that may possibly be in my way during the operation. That room ought, besides be kept at a temperature from 70 to 75°.

The hours of 10 to 12 A. M. are, according to my ideas, the best time to operate. At about that time I come to the patient's house with a staff of no more than five competent

assistants, every one of them having previously been instructed of his special duty, viz:

One to have charge of the anesthesia.

One the handling of the sponges, *responsible for their number and their cleaning.*

One to hold the abdominal walls.

One to sponge the blood.

Finally, one to hand the proper instruments to the operator and to help him ligate the blood vessels.

Among instructions given to my assistants the day of the operation, I politely request them to abstain from visiting patients affected with zymotic diseases, and not to wear their usual clothing, in order to avoid the intrusion of *microbes*. Before entering the room, every one of us have to wash hands in a 5% solution of phenic acid or of a solution of one to one thousand of bi-chloride of mercury. Our coats and hats are also to be left outside the room.

I provide to have on hand for that operation, viz: one quart of artificial serum, according to Dr. Peaslee's prescription; one yard adhesive plaster, full width; a few suppositories of one grain each of extract of opium, one roll of cotton wadding; two yards and a half of fine white flannel; one of my own patent abdominal belts; my German inhaler, for anesthesia; one pound chloroform (Squibb's); 16 ounces of Deplat's glyco-phenic, (a ten per cent. solution); some antiseptic gauze; one ounce of collodium, with a camel's-hair brush; one ounce Monsel's solution of iron; one pound undiluted alcohol; four ounces carbolyzed olive oil, 5 per cent. strong; four ounces of the best old French cognac, (brandy); half a dozen safety pins; one nail brush; finally, my satchel, containing my apron and all the necessary instruments, which previously are to be bathed in a 5 per cent. solution of phenic acid.

Besides my operating table, the room should contain:

A stool without back; a little table for instruments and other little things; two large pitchers full of a 5 per cent. phenicated water; one bucket of clean, cold water, previously boiled and strained; a large pitcher of hot water; one wash-tub to be placed under the operating table; one new and clean empty bucket; half a dozen quart size earthen

bottles, full of boiling water, tightly corked, ready for use, and kept warm under a blanket.

In the kitchen should be plenty of hot water, ready upon a heated stove; one new, double, thick, warm blanket; finally, the towels, chemise, sheets, comforters and pillows must be perfectly clean.

Everything being ready, the operator, escorted by the assistant having charge of the anesthetic, will step in the patient's bedroom, which should be removed from sight of the necessary paraphernalia for the operation, in order not to weaken her nerves.

The operator, in front of the patient, must encourage her during the inhalation of the chloroform; he ought to engage her to breathe well, and to count aloud one, two, three, &c., as long as she can, to help the effect of the anesthetic.

When the patient is completely under its influence, she is brought by the assistants upon the operating table, around which all the other assistants and the operator take their proper place.

THE OPERATION.

The first thing to be done by a careful operator is to shave the parts, if the hair is in the way; after that, with a catheter, the contents of the bladder are to be evacuated.

The place where the incision is to be made, should be first annointed with some of the carbolized oil.

The incision is to be made upon the median line, under the navel extending close to the pubic arch, which, except under peculiar circumstances, must not exceed four or five inches. The cutting must not be done in a hurry. Layer after layer is to be cautiously divided, until the peritoneum comes to view; then with the help of a small forceps, a portion of the peritoneum is seized, which should be sufficiently perforated to allow the passage of an urethral male steel sound, to ascertain if there are adhesions upon the abdomen and where they are. This settled, with a Director the peritoneum is carefully incised to the necessary length, provided, of course, all bleeding of the wound has ceased. The incised portion of the peritoneum is, after that, kept in close connection with the abdominal walls with the help of large Serre-fines.

The cyst being then exposed to full view, with the help of Dr. Borck's ingenious cyst elevator, the tumor is transfixed, and the instrument left *in situ*, to be supported on each side of the incision. Between its prongs the Spencer-Well's large trocar is introduced in its interior, and with the help of the long rubber tube, the contents are emptied in the tub under the operating table, being careful not to let any of the fluid escape into the abdominal cavity.

The sack having been emptied, if there are no adhesions, the pedicle, no matter where it is attached, has to be very tightly ligatured by a strong, double and transfixed ligature, after it has been powerfully seized between the blades of the clamps, either of Spencer-Well, Thomas, Dawson, Altee, or any other model, more or less the favorite of the operator.

The ligature of the pedicle having been made to satisfaction, and the stump returned into the abdominal cavity, after the section and the removal of the empty cyst, the perfect cleaning of all the parts has to take place, and the closing of the abdominal wound must then be done.

For that purpose I proceed by uniting with five or six interrupted sutures the abdominal walls, the peritoneum included. These sutures can be made either with silver thread, or strong, waxed, China silk, silver pins, or carbolized catgut, leaving at the lower end of the wound a small opening for a glass drainage tube. When the wound is closed it has to be covered with a coating of collodium, protected with cotton batting, antiseptic gauze, flannel bandage, and over the whole my abdominal belt pretty tightly fitted.

Bowels are to be kept quiet with opium suppositories. If after the operation the pulse is weak, a sub-cutaneous injection of fifty to one hundred drops of the old cognac will soon improve that condition, and in order to prevent the sufferings following such a serious operation, sub-cutaneous injections in the cellular tissues of one hundred drops of Declat's nascent phenic acid, with an addition of one-quarter of a grain of morphia between every four or eight hours according to circumstances. After having changed the patient's soiled clothes for dry and clean ones, she is then placed in her bed, surrounding her body with the warm earthen bottles of water to keep her comfortable.

AFTER-TREATMENT.

The aim of the surgeon, after such an operation, is to obtain union of the abdominal wound by first intention, have no peritonitis, no septicemia. For that, cleanliness, a great deal of attention, care and precaution are indispensable. If any complications happen, in spite of all, of course it ought to be treated according to the symptoms.

To secure his success, and to guide him for his after-treatment, the operator must also take into consideration, the following circumstances, viz:

The age and constitution of his patient; the amount and location of adhesions that he has encountered; the quantity of blood lost; finally, the duration of the operation.

The patient's room must be kept dark, quiet, and always with an atmosphere impregnated with phenic acid; the operator or his favorite assistant, or the family physician, has to visit the patient often, and watch the pulse and the temperature of the body very carefully. If they both rise too high, use sub-cutaneous injections of Declat's ammonia-phenic acid solution, 100-drop doses daily, or two or three times a day, according to circumstances. You can depend upon it that will soon lower both, particularly if you add to each of such an injection half a drop of tincture of aconite.

The patient must observe a severe diet; but, if without fever, should be fed with egg-noggs, milk, beef-tea, and the like, in small quantities.

To prevent the peristaltic motion of the bowels, suppositories of opium are to be used, morning and evening, for about a week; and if flatus torments the patient, a rubber tube is to be used to help their expulsion.

To allay sufferings, acetate or sulphate of morphia, or codeia, should be used in sub-cutaneous injections.

My private experience has taught me that by observing these rules eight or ten days after the operation, the abdominal sutures can be removed; the union is then perfect.

Now, if contrary to all expectations, on account, probably, of some constitutional conditions, the wound heals by suppuration, then sub-cutaneous injections, always of 100 drops each time, of Declat's sulpho or iodo-phenic acid solution will be of the greatest benefit to bring on convalescence sooner.

Now, supposing that the cyst, instead of being unilocular, is multilocular, then only, several punctures are to be made in order to reduce its size and facilitate its removal.

In case the cyst is attached by one or more adhesions, as is often the case, they are to be detached, one after another, either by tearing, by the help of the knife-handle, the scissors, or by the red-hot iron. In that case, the operator must avoid getting nervous, and for the protection of the intestines, he and his assistants must frequently lubricate their hands with the artificial serum. Of course this serious complication will increase the danger and lengthen the cure or convalescence, but, for the benefit of patients and surgeons, I will say that by the use of the well-understood antiseptic treatment of Dr. Declat's phenic acid, the cure in most all the cases proves successful, for since I have used it, I am happy to state that I have not lost a patient after such a severe operation as ovariectomy, and I have had cases that were so complicated, that my assistants did not expect to see the subject alive forty-eight hours after the operation.

In conclusion, I will say that there is considerably more to say in a lecture concerning ovariectomy, but I have had to condense it, the chairman of the surgical bureau having limited my paper to a certain number of lines, and hence I have mentioned only the most important points.

REPERTORY TO URTICARIA.

By JAMES W. WARD, M. D., SAN FRANCISCO.

Late of Hahnemann Hospital, New York.

It has come to pass of late that several cases of Urticaria have applied for relief, following subsequent to a brilliant cure by *Arsenicum* 30.

These cases presented so much of variation in character and concomitants, that this little aid was prepared for personal use. Perhaps it may serve others as it has served me.

It is hoped that its incompleteness may stimulate others to add their knowledge to the gathered fragments, and thus perfect what otherwise would be imperfect.

URTICARIA IN GENERAL:

Aconite, Apis, Ars., Bapt., Baryt. c., Bell., Berb., Bov., Bry., Calc. C., Calc. ph., Carb. veg., Cepa., Con., Cop., Crot., Cycl., Dios., Dulc., Gamb., Graph., Hepar. Sulph., Hyper., Ign., Kreos, Lyc., Lycop., Mag. C., Mag. Sulph., Marum, Merc. v., Merc. prot., Mezer., Natr. mur., Nitr. ac., Pallad., Phos., Psor., Puls., Rhus tox., Saug., Sars., Sep., Spong., Stram., Sulph., Pet., Urt. u.

INDIVIDUALS: *Children*—Calc. C.

LOCALITIES:—*Whole body*—Bapt., Bov., Carb. veg., Crot., Merc. v., Natr. mur., Nitr. ac. *Head*: Psor. *Face*: Nitr. ac. *Forearm, left*: Lycop. *Hands*: Hep. sulph., Hyper. *Thighs*: Cepa. *Leg, right*: Lycop.

DEVELOPMENT:—*Annually*: Rhus tox. *Summer*. Puls. *Before nausea*: Sang. *Violent exercise*: Con., Natr. Mur. *Eating meat, after*: Ruta. *Eating crabs, after*: Pet. *Eating mussels, after*: Cop. *Eating pork, after*: Puls. *Eating pastenes, after*: Puls.

FORMS.—*Red*: Apis, Ars., Bell., Bry., Cepa., Cop., Natr. mur., Spong., Stram. *White*: Calc. C. *White lumps, red areolar*: Dulc. *Oedematous appearing*: Apis. *Pale*: Urt. u., *Large*: Ars., Bov., Natr. mur. *Irregular shaped*: Bapt., Natr. mur. *Elevated*: Ars., Bry., Calc. C., Cop., Urt. u. *Wheals*: Kreos., Urt. u.

TYPE:—*Chronic*: Lyc.

AMELIORATIONS—*Air, cold*: Calc., C. Dulc. *Heat, external*: Rhus tox. *Wrapping up warmly*: Rhus tox. *Rubbing*: Dros., Urt. u. *Scratching*: Berb., Dros., Ign. Mez. *Perspiration*: Apis. *Exercise*: Ign.

AGGRAVATIONS—*Time*: Day, Lyc. *Evening*, Jamb., Kreos., Lycop., Nux. v., Psor. *Evening, before retiring*: Lycop. *Night*: Cycl., Gamb., Merc. v., Puls.

CIRCUMSTANCES:—*Warmth*: Bov., Dulc., Lyc., Psor. *Warmth of bed*: Carb. veg., Merc. v., Mezer. *Air, open*: Nitr. ac. *Air, cold*: Rhus, Sang. *Getting wet*: Rhus. *Scratching*: Apis, Ars., Baryt. C., Dulc., Gamb., Hepar., Mag. sulph. Merc. prot., Sep., Sulph. *Rubbing*: Dulc.

Draught of air: Ign. *Exertion:* Con., Nat. m., Psor. *Cool bathing:* Puls. *Undressing:* Puls. *Warm weather:* Apis. *Change from warm into cold air:* Sars. *When one cannot sweat:* Apis. *Touching:* Apis., Bell., Bry., Hepar. s., Mezer.

ACCOMPANIMENTS.—*Menses delayed:* Puls. *Menses profuse:* Bell. *Gastric derangements:* Nux. v. *Diarrhoea:* Dulc., Puls.

CONCOMITANTS. SENSATIONS:—*Like flea bites:* Acon., Dulc., Marum. *Itching, simple:* Acon., Ars., Baryt. c., Bov., Calc. c., Carb. veg., Crot., Dros., Graph., Lyc., Marum, Mag. Sulph., Merc. V., Nitr. Ac., Nux. V., Pallad., Phos., Puls., Ruta, Sang., Sep., Spong., Stram. *Itching, corrosive:* Berb., Calc. C., Cop., Con., Dulc., Gamb., Kreos., Mez., Natr. Mur., Psor., Rhus, Sulph., Urt. u. *Stinging:* Apis, Bov., Crot., Dros., Dulc., Mag. C., Natr. M., Urt. u. *Stitching:* Berb. *Smarting:* Apis., Berb., Hyper. *Soreness after scratching:* Dros., Sulph. *Burning:* Apis, Ars., Bapt., Baryt. C., Berb., Bell., Calc. Ph., Carb. Veg., Dulc., Gamb., Graph., Mag. Sulph., Marum., Mez., Nux. V., Rhus tox., Sep., Sulph., Urt. u. *Prickling:* Apis., Baryt. C., Bry., Cepa, Dros., Lycps., Natr. M. *Biting:* Lyc., Gamb. *Crawling:* Pallad. *Tingling:* Sulph. *Scorched:* Urt. u. *Gnawing:* Dros. *Sensible to touch:* Hepar. *Unchanged by scratching:* Acon., Baryt. C. *Unchanged by rubbing:* Bov., Sep., Baryt. C. *Scratching changes eruption to other places:* Berb., Cycl., Mez. *Consequences from suppressed urticaria:* Psor., Stram., Urt. u.

ESAPHE IN DIAGNOSING ABNORMAL CONDITIONS OF THE FEMALE PELVIC ORGANS.

By WM. BENSE CLOWE, M. D., WALLA WALLA, W. T.

That prince of instruments, the vaginal speculum, when required for surgical operations, cannot be too highly extolled; but the baneful effects of its use in unskillful hands is becoming more and more apparent every day. In any extensive gynecological practice scarcely a day passes but what some unfortunate female presents herself for treatment for

vulvitis, vaginitis, urethritis, who have tolerated the use of the speculum for diagnosing and treating flexions, versions, etc. I am prompted to a few thoughts on this subject, because I have just now had a serious case in charge, fresh from the hands of two unskillful operators, but not of my school, happily.

Miss A, age sixteen, suffering with amenorrhœa; for several months had been treated with Ferrum, Strychnine, Cinchona, and Cantharidal blisters, notwithstanding she is a girl of full habit, until her stomach became deranged and ejected all nourishment.

She was advised that reflex irritation was to her an emetic, and that it proceeded from an abnormal position of the uterus. She reluctantly submitted to an examination, even though it was sanctioned by her parents, and an attempt "to see," with the bivalve, was fruitless, on account of the natural condition of the anatomy of the parts. Like hounds after the prey, her professional advisers determined to manipulate under the influence of an anesthetic, which they did, and after forcing a passage to the uterus, found it to all appearances normal in position and form. The development from this cruel and unskillful procedure quickly brought about a Pudendal Hæmatocele, and your correspondent was called to care for the case.

I have given enough of the history of this case to embellish the point. Esaphe, I aver, is the only intelligent and humane manner of diagnosing abnormal conditions in this region, when the surgeon is satisfied from symptomatology and history that such exist. The finger, well cleaned and annointed, can, in the majority of instances, be passed over the hymen to the os, without a rupture or much pain. The position of the uterus is positively determined without disturbing it, which cannot be avoided altogether with the speculum. If the os is flabby or lacerated, if the mucous membrane is deprived simply of its epithelium from the effects of cervical secretions flowing over it, or if it be ulcerated from specific causes, the educated touch of the finger discloses it. If a flexion or version in any of the positions exist, it is readily known; if a prolapsus in any of its three degrees exists it is also readily known; if a tent or stem is

to be introduced, with the patient in Sims' position, it is easily done, carrying it along the finger, which is a guide to the os.

Thus we proceed, by esaphe, for all characters of diagnosis, finding conditions just as they exist, without disturbing the organs, or wounding the approach thereto. If we use the speculum, if the uterus is retro-verted or flexed, the blade will certainly carry the os higher and the fundus lower, and if anti-verted or flexed, carry the os backward and the fundus against the bladder, and when the operator is weary endeavoring to engage the os, and the patient has, in a measure, overcome her humiliation at the unnecessary and trying exposure, and can ask to be dismissed, the artist (!) withdraws his tongs, and pronounces hers a curable case of cervical ulceration. She confides in his superior (!) knowledge (!) and skill, (!) until the treatment proves a failure, and she then goes the rounds of all the shops, sharing her means and losing her health. Folios can be written on this subject, but I have, no doubt, already taken too much of your time, space and ink.

I will say, in conclusion, the case referred herein recovered by the ordinary treatment for Hæmatocele, and regained a normal menstrual flow under the influence of our long-used and trusty Pulsatilla, 3x.

PROVING OF OREODAPHNE CALIFORNICA.

By FLORENCE N. SALTONSTALL,

At 9:20 A. M. took three drops of "Umbellularia Californica," 3x, followed by sensation of heat, slight headache and tingling in the extremities.

At 10:20 took three drops. No noticeable change in symptoms.

At 11:20, sensation of great weight in head; too heavy to hold up; eyelids heavy, but cannot keep them closed on account of the constant twitching; complete lassitude; dull pain in the cervical region; must press eyelids down to obtain

relief; pain left side cervical vertebræ, extending into head and down spine.

12 M. Eructations, with nausea and shuddering; great weight and dull aching pain in the cervical and occipital regions; must move the head and neck constantly and press the hands upon the back of neck to try and obtain relief, but none ensues.

12:10. Heavy forced respirations, with heaviness in the cervical region.

12:15. Pain in left ear and left side of head.

12:20. Took three drops. Vertigo, as though falling backward; relieved by lying down; fell asleep and awoke at 1:05 P.M.; relieved of all symptoms except aching in the cervical region.

1:20 P. M. Took three drops. Vertigo and heavy, dull headache relieved.

2:20 P. M. Took three drops. Head becomes heavier, with heavy, drooping eyelids.

2:30 P. M. Falling asleep of left foot, with burning, tingling sensation through entire limb.

2:45 P. M. Head so heavy, must stop reading.

2:45 P. M. Impossible to keep eyes open, though constant twitching in upper eyelids continues. Head so heavy, feels as though would crack in the middle of the cervical region, where there is a sharp pain extending into occiput and ears and down spine.

2:50 P. M. Eructations with nausea; a stupid, numb feeling all over; sharp pains shoot through frontal region.

3 P. M. All symptoms cease except the dull aching in cervical region.

6 P. M. Still present, the dull, aching pain in the cervical region, extending into occiput and ears and down to left scapula. Constant desire to relieve by moving head and shoulders, but movement does not benefit. Awoke next morning with same sensations in head and neck, which gradually wore off during day.

SELECTIONS.

THE CLIMATE OF SAN DIEGO.

BY GEORGE WILLIAM BARNES, M. D., SAN DIEGO, CAL.

Interested as I am in the success of the great work now being published, "A System of Medicine," edited by H. R. Arndt, M. D., good motives will be accorded to me in reviewing a single paragraph in which some erroneous statements and unjust conclusions are set forth regarding the climate and healthfulness of San Diego, Cal. On page 273, Vol. I of that work, in making a comparison of San Diego with Santa Barbara, it is stated that the former place "is a little warmer than the latter, and is subject to sudden changes. The rainfall is ten inches. Malaria and rheumatism abound here, but not in San Bernardino, seventy-five miles from the sea, where the air is warm and dry and pleasant." It is further stated, in the same connection that "the State Board of Health of California, after a careful consideration, has reported favorably on two localities for the establishment of a sanitarium for consumptives—one in the Sierra Madre valley (villa), in Los Angeles county, in almost the extreme southern part of the State, and the other on Atlas Peak, in Napa county, just north of San Francisco, at an elevation of 1500 feet."

Instead of being "subject to sudden changes," a marked feature of the climate of San Diego is its equability and exemption from extremes and sudden changes of temperature, as will be easily shown by meteorological records and the testimony of candid and intelligent observers. Malaria does *not* abound here, as no instance of fever from malarial cause has ever been known to occur in San Diego or its vicinity. Rheumatism does *not* abound here. In a practice more or less active, of nearly fifteen years, but two cases of acute rheumatism have come under my observation, one of which was in a person subject to frequent attacks before coming, and the other a case contracted on a sea voyage, and developed before coming on shore. Cases of chronic rheumatism are also rare, except in invalids resorting here. And instead

of San Bernardino being exempt from malaria and rheumatism, it is a statement which no resident of that place will call in question that malarial diseases, and also rheumatism, are quite common there.

In submitting the proof of what has been stated above, I may, at the same time, refute the equally erroneous assertions of a correspondent from Banning, California, who, in his letter, published in the *Medical Counselor*, of April 1, 1885, makes the remarkable statement that "San Diego is an old and very dead town. The new railroad gives its people some hope, but I have no confidence in its growth. Were it not for the yearly influx of invalids, the place would be nothing. * * * Those who simply seek a genial climate, who are free from bronchial affections, and who possess some capital, can probably make some money in any of the towns mentioned, except San Diego."

It is frequently remarked of visitors to California, that oftentimes a stay of a few hours at a given place is sufficient to enable the writer to treat exhaustively of its climate and resources, accumulating a vast amount of information in an incredibly short space of time. But the more prolific writers still are those who write with equal facility of places they have never visited, often obtaining their information, if information it be, from industrious representatives of rival localities. That such jealousies of San Diego exist on account of the excellencies of its climate, its natural advantages and growing commercial importance, is attested by thousands who reach here, despite the adverse and even persuasive influences they are compelled to encounter.

San Diego is not an "old and very dead town," but a new, live and flourishing one. It dates its beginning in 1867, and now contains more than 4000 inhabitants. Its most rapid growth has been within the last five years, and it is now growing much more rapidly than at any former period in its history. The "hopes" which the new railroad give it are now being realized in a large degree, as signs of prosperity on every hand, and facts and figures attest. Evidences of the material prosperity of the place will not here be offered, but will be given to all who may request them.

Corroborative of the views briefly presented above, I wish

to add the testimony of disinterested and reliable observers. The writer is familiar with the investigations of the State Board of Health, referred to above, through their full report and conversations with the President of the Board while here. He knows that the claims of this place as a suitable locality for a sanitarium for consumptives were seriously considered, and without questioning the wisdom of the selections upon climatic principles alone, he knows that geographical considerations had something to do with the final decision. The sentiments of the Board regarding San Diego may be learned, to some extent, by the following extracts from their report.

“The prominent features of the place (San Diego) may be stated to be an equable summer temperature, with light winds from the west and northwest, and an agreeable range between day and night, while the winter is so mild that frost seldom does damage to vegetation. * * * The humidity of the place is due mainly to its proximity to the coast, but this is considerably less than at some more northern settlements. It is this element of climate—its lower relative humidity—which has seemed to constitute one of the chief advantages of this section of the State in a sanitary point of view, in the winter season especially, over other towns along the coast. To this must be added the mildness of temperature, and its exemption from sudden extremes. * * That the climate of San Diego and its surroundings does exert a favorable influence over some forms of phthisis in the early stage there can be no doubt. Abundant evidence of the fact is shown by the history of many persons now resident there—histories which seem to include among other factors the one all-important one of a correct diagnosis. A greater number of such cases may be met there than in almost any other portion of the State. Such, too, is the testimony of the intelligent medical gentlemen living there, and to whose courtesy and assistance the thanks of the committee are due. As compared with Summit Hill (Sierra Madre Villa) in Los Angeles county, the temperature of San Diego is, according to the table given above, 11 degrees less in July, and 5.5 degrees less in January. The range between these months is 5.5 degrees greater at Summit Hill than at San Diego. Even as

compared with Atlas Peak, while the mean temperature of the latter is 1 degree less in January, and 9 degrees greater in July, than at San Diego, the range has been shown to be 14 degrees greater; in fact, the extreme annual range of the thermometer, taking the months of January and July as a basis, is less at San Diego than at any point now under review from which statistics have been received. * * * * Low fogs seldom visit San Diego, but the upper atmosphere is often misty in early morning, the sky brightening at 9 or 10 o'clock, A. M. Such was the case for two or three days in August of the present year (1884). Strong winds are not common. The prevailing direction of the current is from the northwest and west, increasing in velocity from early morning until 3 or 4 o'clock, P. M., when they gradually decline to a gentle breeze. During the hours of highest temperature the air is not oppressive; the nights are cool and refreshing. Malarial fevers do not originate here. The average rain-fall is nine inches."

Appended to the above report is the following table, containing meteorological data from a few prominent points, all within fifty or sixty miles of San Diego, furnished by the San Diego Society of Natural History:

	JANUARY, 1876.						JULY, 1876.					
	San Diego..	El Cajon..	Vejas.....	Pine Valley	Julian.....	Oakwood...	San Diego..	El Cajon..	Vejas.....	Julian.....	Oakwood...	Pine Valley
Mean temperature.....	.51	.47	.42	.36	.8	.47	.65	.67	.72	..	.66	.63
Maximum temperature..	.65	.65	.62	.56	.55	.55	.74	.95	100	..	.94	.98
Minimum temperature..	.39	.30	.30	.17	.28	.32	.57	.54	.52	..	.56	.40
Monthly range.....	.26	.35	.22	.39	.27	.33	.17	.41	.48	..	.38	.58
Greatest daily range....	.22	.31	.20	.39	.23	.26	.13	.33	.32	..	.31	.37
Mean daily range.....	.13	.19	.14	.18	.11	.13	.10	.20	.23	..	.23	.27
Mean of hottest day....	.59	.58	.59	.47	.47	.56	.69	.75	.83	..	.75	.80
Mean of coldest day....	.48	.43	.42	.30	.30	.40	.62	.63	.58	..	.62	.54
Mean relative humidity	.77	.86	.66	.69	.77	.74	.59	.73	.52	..	.72	.51
Lowest relative humidity	.37	.44	.19	.19	.32	.19	.28	.23	.2	..	.31	.15
Rain, in inches.....	2.47	3.83	4.00	7.04	11.64	6.17	0.05	0.02	0.01	..	0.00	0.0
Number of rainy days...	.10	.12	.9	.13	.11	.12	.1	.1	.1	..	.0	.0
Prevailing winds.....	n.w.	s.w.	w.	s.	s.	n.	w.	w.	w.	..	s.w	w.
Number cloudy days....	.3	...	.4	.4	.5	.1	.12	.5	...	..	.5	...
Altitude, feet.....	.62	500	2500	4200	4500	800	...	...	...	..	...	...
Distance from sea, miles.	.5	.12	26.	.40	.40	.17	...	...	...	..	...	...

The late Professor Louis Agassiz, who visited this place in 1872, while on the Hassler Scientific Expedition, was here

on the arrival of Col. Thomas A. Scott and party, representing the Texas Pacific Railroad Company. A "railroad meeting" was held, at which Professor Agassiz was present, and, being called upon to speak, said: "You have heard from the lips of a practical man, of the great commercial advantages you possess by reason of your geographical situation and the merits of your beautiful and secure harbor; he assures you of an important future. I do not know why I should be here except as a listener. But, as he has done me the honor to call upon me, I will say that in his enumeration of your peculiar advantages, he has failed to allude to one which to me seems of very great importance. Perhaps, as a scientific man, I may lay more stress upon it than is necessary, but I hardly think it possible. I have seen many parts of the world, and have made some study of this subject. It is the question of climate—of your latitude—that I refer to. You are here on the 32d parallel, beyond the reach of the severe winters of the northern latitudes. You have a great capital in your climate. It will be worth millions to you. This is one of the favored spots of the earth, and people will come to you from all quarters to live in your genial and healthful atmosphere."

Dr. Wm. C. Dabney, an eminent medical gentleman of Charlottesville, Va., after visiting Japan and other quarters of the globe, spent several months here in consequence of a chronic pulmonary trouble, upon the advice of Dr. J. L. Cabell and Dr. Hammond, the latter an old army surgeon who had been stationed in all parts of this State. He bears this emphatic testimony, in an article in the *Philadelphia Medical News* of April 21, 1883: "While there I gained rapidly in flesh and strength, and my health has continued good ever since. That San Diego is the best of the health resorts on the Pacific Coast, for those who require a dry, equable climate, I have no doubt." After giving a table of clear, fair, cloudy and rainy days, he says: "There are some points which are not mentioned in the above figures, which are of very great importance. One of these, and, according to my own experience, and that of other health-seekers whom I met, by far the most important, is the diurnal variation of temperature. Nothing is more uncomfortable, certainly, to

It is shown by the above figures that, during eight of the thirteen years, the temperature did not rise above ninety-degrees, nor fall below thirty-five degrees. In the three years of exceptionally high temperatures, the rise in the thermometer was coincident with and manifestly influenced by fires prevailing over large areas in the vicinity.

That portion of the Pacific Coast extending from Santa Barbara to San Diego has long been known to possess unusual attractions as a sanitarium for invalids at all seasons, and particularly in winter, by reason of its equable, genial climate, dry air, exuberant vegetable and fruit products, and the interesting variety of scenes which it presents. In consequence of the bold promontory of the Sierra Nevada, which abuts upon the ocean at Point Conception, this portion of the coast is exempt from the raw winds with their attendant fogs and mists, so prevalent north of it, while snow and frost sufficient to injure the most tender plants are almost unknown.

San Diego is within the belt of the great vineyards and orange-plantations of California, and these fruits are raised in great variety and excellence. Oranges, lemons, limes, figs, almonds, pomegranates, guavas, olives, apricots, apples, peaches, nectarines, raisins, and in fact all the fruits common to temperate and semi-tropical climates, may be had here in great perfection, and strawberries every month in the year. Daily newspapers, telegraph, excellent public schools, commodious hotels (now taxed to their utmost capacity), modern conveniences in household structure, and all the accompaniments of American civilization, so necessary to the comfort of residents and the convalescence of invalids, are here found almost to the same extent as at the East.

The following is a record of observations of sixteen months made at San Diego by the writer, showing maximum, minimum and mean of monthly temperature, daily variations and relative humidity. The average relative humidity between sunrise and sunset is estimated by the Signal Observer, at this place, to be about 9 per cent. lower than the mean of these observations:

METEOROLOGY OF SIXTEEN MONTHS AT SAN DIEGO.																	
1871.														1872.			
Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Year.	Jan.	Feb.	Mar.	April	
Mean temperature.....	52.90	51.91	57.00	58.82	63.44	63.73	69.30	70.52	67.67	64.59	57.26	56.41	61.13	51.04	54.42	54.97	57.15
Mean temperature at 7 A. M.....	46.06	45.59	51.67	56.00	62.11	60.77	66.53	67.08	64.00	60.12	51.60	50.68	56.85	44.16	48.91	51.6	54.55
Mean temperature at 2 P. M.	62.06	60.85	66.37	65.85	69.42	70.08	75.55	76.90	74.63	73.11	66.38	65.16	68.86	60.82	62.12	64.11	63.61
Mean temperature at 9 P. M.....	50.60	49.37	52.98	54.60	58.85	60.45	65.85	67.61	64.40	60.55	53.9	53.40	57.71	48.14	52.15	53.43	53.05
Mean temperature, hottest day.....	62.33	57.50	67.00	66.83	67.33	65.83	76.50	76.83	72.00	75.66	63.12	62.66	76.83	56.00	57.33	61.66	66.00
Mean temperature, coldest day.....	43.66	48.33	51.83	52.66	59.50	61.33	65.50	65.66	62.83	58.83	51.83	50.66	43.66	47.16	52.50	52.50	53.33
Maximum temperature.....	74.00	69.50	86.50	76.00	75.00	73.50	83.00	86.00	87.00	88.50	79.00	82.00	88.50	72.50	69.50	73.50	75.00
Minimum temperature.....	33.00	39.00	43.00	46.00	56.00	57.00	62.50	60.00	58.00	49.50	41.00	41.00	33.00	36.00	42.50	44.00	48.00
Mean daily range.....	15.95	15.55	15.51	12.33	10.60	9.80	10.00	10.24	11.00	13.00	15.60	15.11	12.80	16.30	13.80	13.30	8.00
Greatest daily range.....	27.00	27.50	32.00	23.50	17.00	15.00	13.50	15.60	18.00	31.00	29.00	32.50	32.50	30.50	23.00	26.50	19.00
Highest temperature of wet bulb.....	60.00	64.00	65.00	64.00	63.50	64.50	73.00	72.5	69.50	78.50	60.00	61.00	78.50	62.00	59.50	62.00	61.00
Greatest difference of dry and wet.....	17.00	17.00	27.00	16.00	14.00	10.50	14.00	15.00	19.00	21.50	19.50	25.00	27.00	22.00	13.50	17.50	15.00
Mean relative humidity, 7 A. M.....		890	809	863	781	816	796	822	858	731	687	719	801	754	816	796	756
Mean relative humidity, 2 P. M.....	570	670	587	591	573	580	584	585	612	544	526	587	584	575	654	587	555
Mean relative humidity, 9 P. M.....		900	799	847	827	802	795	794	835	754	773	763	808	819	858	797	775
Lowest relative humidity.....	270	220	110	340	403	518	460	448	335	190	115	120	110	90	361	23	276

Of 7308 observations made at the United States Signal Office at San Diego, at 612 of them no wind was blowing, with a daily average during the same period of 144 miles, or only six miles per hour. The highest velocity was 423 miles, less than eighteen miles per hour. The least daily velocity was eighteen miles, or about three-quarters of a mile per hour.

San Diego is now enjoying a growth as rapid as desirable for permanence. With an intelligent and cultured population, occupying a magnificent site gently rising from the water's edge to elevations of 300 feet or more, affording fine building sites now being occupied by handsome residences commanding a fine view of the harbor and the ocean and islands beyond, with an undulating and gradually rising country and distant mountains within our own territory and in Mexico in the rear, it has, apparently, all the qualities most desirable for an asylum for those who would flee from the inhospitable winters of the Eastern States, while its summers—with no oppressive heats by day or sweltering nights—are equally pleasant and beneficial to a large class of invalids. Residents of the heated interior in summer often avail themselves of the opportunity of obtaining “a breath of fresh air” in this “city by the sea.”

But this communication, commenced with the purpose of correcting a few “misapprehensions,” has been continued, *currente calamo*, till it has, I fear, assumed undue proportions. I will add an extract from the *Resources of California* of last year:

“The construction of the California Southern Railroad, 130 miles from San Diego to San Bernardino, connecting with the S. P. R. R. at Colton, the large extension of telegraph lines, the purchase and sub-division into small farms of several large Mexican grants, the great increase in the cultivation of the vine, and other fruits, the erection of new buildings and the establishment of new industries sufficiently attest the energy and enterprise of the people of this county. * * * San Diego possesses a great advantage in its beautiful bay, the only safe natural harbor, except San Francisco, on the whole coast line of the State.”

As at most places where health and pleasure-seekers congregate, we here meet with those who have made the rounds of the most noted resorts in our own and foreign lands. It is a compliment to San Diego that some of these have taken up their residence in it, and others have given enthusiastic expression of admiration of the place as to its climate and pleasantness for residence and sojourn for tourists. The following is but a specimen of which hundreds might be collected. Dr. Frank Cowan, a somewhat noted traveler and lecturer, and author of the "City of the Royal Palm," and other poems, who has traveled, chiefly for his health, for more than a year, and has made the circuit of the earth, in a recent letter to the writer, says: "Indeed, I look upon the short stay I made in your worthy little city, as one of the happiest episodes of my long and varied travels, and shall not fail in my future wanderings in your neighborhood to make another sojourn in your midst."

CLINICAL ITEMS.

OLEANDER: ACCIDENTAL PROVING AND VERIFICATION.

By J. F. GRIFFEN, M. D., Williamsport, Pa.

Mrs. S., while arranging her hot plants, in bending over stuck the point of an oleander leaf into the inner canthus of her left eye. Soon after there was great congestion and photophobia in that eye, with lachrymation and intense pain, shooting stitches, and *a sensation in both eyes as if drawn back into the head*. Inspection did not reveal anything in the eye. The wound was so slight that it did not occur to her to speak of the accident. She thought she must have taken cold in the eye, but did not know how. *Euphrasia* 200 gave no relief; when, getting the history of the case, I administered *Oleander* 1m, Fincke (the highest I had). One dose relieved the pain entirely for 12 hours, when it returned. One more dose completed the cure.

A few weeks later I was called to a girl aged about 10, who had been afflicted with periodical headaches for months, occurring at that time every Wednesday morning on rising, lasting all day, *with a sensation of the eyes being drawn back in the head, and needle stitches in the eye-ball.* She took *Oleander* 1m F. in water, a teaspoonful every two hours, with entire relief of the pain by the time three doses were taken, and has had no return of the headache, now eighteen months since.

I am not aware that the symptom of *a sensation of the eyes being drawn back in the head* has ever been noticed under that remedy before.

MAMMARY TUMOR CURED WITH CARBO AN.

By PROF. J. T. KENT, A. M., M. D., St. Louis.

Mrs. H. has had several children; she is about 35 years old; she has always had much difficulty with all her confinements. The last one was comparatively easy, and yet it was tedious, owing to an elongated cervix. With the first she had an abscess in the mamma (r) and it was badly treated, so that the cicatrix has always been a source of trouble. Preparatory to her last confinement I prepared her as best I could, guided by her symptoms. The child is now some two months old and she is suffering with a hard lump in the right mamma. When I first observed the threatened trouble after the milk began to form, she took Graphites without benefit; also Phytolacca, but only temporary relief followed. The milk mostly dried up, and she now has a nodular lump with retraction of the nipple, and there are lumps in the axilla; she complains of burning and stinging in the lump; and her menstrual flow has come on. She says she has always menstruated during lactation. The flow is dark and clotted; when she goes to sleep she perspires freely; she seems greatly prostrated after a moderate loss of menstrea; she is somewhat cachectic.

For a choice of remedy we might arrange:

Burning in Mammæ.—*Apis, Bell., Calc., Carbo an., Iod., Led., Mez., Selen., Laur., Phos., Lyc., Tarant., c.*

Stinging in Mammæ.—*Apis*, *Berb.*, *Carbo an.*, *Con.*, *Kreosote*, *Graph.*, *Gratiola*, *Ind.*, *Iodine*, *Kali c.*, *Laur.*, *Lyc.*, *Murex*, *Nat. m.*, *Phos.*, *Rheum.*, *Sang.*, *Sepia*.

Nodosities in Mammæ.—*Bell.*, *Carbo an.*, *Colocy.*, *Con.*, *Graph.*, *Lyc.*, *Nit. ac.*, *Sil.*

Cancer of Mammæ.—(Minton), *Bell.*, *Carbo an.*, *Coloc.*, *Con.*, *Graph.*, *Lyc.*, *Nit. ac.*, *Sil.*

Perspiration during Sleep.—*Carbo an.*, *Cicuta*, *Chin.*, *Dros.*, *Euph.*, *Ferr.*, *Jatroph.*, *Merc.*, *Nux*, *Phos.*, *Puls.*, *Selen.*, *Thuja*.

Great Exhaustion after Menses.—*Alum.*, *Carbo an.*, *Chin.*, *Ipecac*, *Phos.*

Menses during Lactation.—*Calc.*, *Sil.*

Neither of the last remedies correspond to the balance of the symptoms. But it will be seen that *Carbo an.* and *Phos.* cover the case, and the menstrual flow, which is *dark* and *clotted*, is not so characteristic of *Phos.*, as *Carbo an.* The exhaustion after the flow is more marked in *Carbo an.* than in *Phos.* though both have it in a marked degree.

“*The flow weakens her; she can hardly speak; blood dark; (Guiding Symptoms)* under *Carbo an.* 3m, one dose dry, was administered. Four weeks, burning and stinging all gone; glands in axilla nearly gone. After the dose the cutting pains became worse for a few days. Medicine repeated in thirty-nine days. The lump has disappeared.—*Hom. Phys.*”

INDICATIONS FOR FOUR REMEDIES IN REFLEX PAIN IN LEFT CHEST.

By S. E. BURCHFIELD, M.D.

1. *Actea rac.*—*Rheumatic* or *neuralgic* patients with much *nervous irritability*. Pain under the left mamma, reflex from the ovaries or uterus, which indicate a condition of irritability. Tenderness of last cervical vertebra. Tendency toward spasmodic affections, chorea, etc.

2. *Conium mac.*—*Depression of the nervous system*, with tendency towards paralysis. Dysmenorrhœa with pains ex-

tending to the left chest. *Induration* and *enlargement* of the *ovaries*, the left mammary gland more often the seat of this reflex pain.

3. *Lilium tig.*—Irritability of the heart. Pain in the left mammary region through to back with *displacement of the uterus*, accompanied by bearing down pains in abdomen and groin, relieved by supporting the vulva, or the lower part of the abdomen.

4. *Ustilago maid.*—Especially suitable at climacteric period, and to tall, slim, fair-complexioned women, with clear, white skin. Pain in the left mammary region in intermenstrual period. Ovarian *congestion* with *burning* pains.

Cactus, Spigelia, Arsen., Digit., Cannab., Tabac., etc., have pains in left chest but concomitant with some affection of the heart.

Phos., Sang., Bry., Phelland., Acon., Bell., Sulph., etc., have pains (stitches) in the left mammary region, but from pleuritic or pulmonary troubles.

Bry., Cimicif., Rhus., Rhod., Ranunc., etc., have pains in muscles of left mammary region due to strains, rheumatism or neuralgia.

Platina has headache before and during windy weather and when lying on the left side and in the fresh air. Pains accompanied by numbness often caused by emotions.

(Phosphor. has also headache during windy weather.)

Agaricus sensation of something hard like a board, under the skin. Burning in palms and soles—spinal irritation.

Kali carb. sometimes necessary to follow with *Platina* is an excellent remedy for menses that are too profuse and too early.

CORRESPONDENCE.

EDITOR CALIFORNIA HOMŒOPATH:—*Any one* having treated cases of *Purpura*, which they can report in detail, showing the homœopathic applicability of any remedy, are respectfully urged to send the same to

DR. WINTERBURN,
Editor *American Homœopathist*, 29 West Twenty-sixth St., New York.

New York, August 1st, 1885.

EDITOR CALIFORNIA HOMŒOPATH:—At the meeting of the Institute held in St. Louis in June last, the following preamble and resolutions were unanimously adopted:

“WHEREAS, It is the sense of this body that the editors of the New Cyclopedia of Drug Pathogenesis have faithfully carried on the work given them to do, under the rules laid down for their guidance by joint action of the American and English National Societies: and

“WHEREAS, We do not deem it practicable for the Institute to subscribe for a full copy of the Cyclopedia for each of its members, nor in connection with the British Homœopathic Society to accept the proprietorship of the work, sharing in the same in proportion to the numbers of members in each body: therefore,

“Resolved, That we authorise our Treasurer to subscribe for four hundred (400) copies of the numbers necessary to complete the first volume of the Cyclopedia, and to pay to the publishers net cost of the same.

“Resolved, That we authorise our Treasurer to receive subscriptions from our members for the numbers ordered by the Institute, putting the price at the actual cost.

“Resolved, That with all confidence in the British Homœopathic Medical Society, we would be pleased to have it accept the proprietorship of the Cyclopedia, with the pledge of our support to the extent specified above, believing that such ownership under the immediate direction of the English Editor would result favorably to all concerned.”

The first volume of the Cyclopedia will comprise four Parts. The first has already been published and is in your hands. The remaining three will be issued as speedily as possible, and will be mailed, postpaid, direct from London to subscribing members at the cost price of 67 cents each, or \$2 for the three Parts.

Please inform me, therefore, as soon as possible, whether you will be a subscriber or not; and if you do subscribe for the three numbers of the Cyclopedia, be so good as to remit the amount of \$2 (with your dues, if any are unpaid), *at once*, so that I may have the funds in hand to pay for the 400 copies ordered, as soon as they are published.

Hoping for a prompt reply, I am, yours fraternally,

E. M. KELLOGG, *Treasurer*.

EDITOR CALIFORNIA HOMŒOPATH:—I receive your valuable journal regularly, and rejoice to see its vitality and the usefulness of the articles contributed. Here, in far-off New Zealand, the homœopathic literature of Europe and America meet, as it were; for on my table you would find the CALIFORNIA HOMŒOPATH, *American Journal of Obstetrics*, the *British Monthly Review and Homœopathic World*, and the *Australian Medical Gazette*. Also, the *Lancet*, from a library.

Our climate is as genial as ever. Our mean annual temperature is 57 degrees, and our annual rainfall about 42 inches. Our sky is as clear and sunny as that of the Pacific slope, and the frequent lakes do but impart an invigorating tone to the atmosphere, and sweep away all mineral and vegetable miasmata. Invalids would find the district of Auckland most delightful during the months of September, October, November and December. For the first three months of the year the heat is great, though tempered by sea breezes, and of a somewhat enervating character, especially when the northeast wind prevails. For those afflicted with chronic bronchitis and asthmatic complaints, and with any sort of sore-throat, or laryngitis, Auckland offers the best climate I know, and I have lived for health objects in three quarters of the globe.

Our mortality is low; and the drainage of this city of 30,000 inhabitants is improving every year. Nature has provided the main arteries of drainage in the shape of gullies everywhere running down into the sea. Typhoid fever exists here and there, at the change of season, but is becoming less and less each year. Zymotic diseases are mild and infrequent, though the public school system is as democratic and compulsory as in the United States. We are greatly concerned just now about the continuance of our Pacific Mail line of steamers, the contract for which terminates in November. Auckland should not be more than 18 days from San Francisco, if steamboats of suitable size and horse-power were put on the route. And our Fiji and Samoan neighbors are anxious to share our regular and quick communication with your magnificent country.

I note the growth of your promising Hahneemann Medical College with much pleasure. You need a Medical Club likewise; and I should hope that the rules would not be as bigoted and exclusive as the Auckland Medical Association, which, by an expressly-framed law, excludes homœopaths, and expels any member who shall become a homœopath. I have recently taken the M.D. degree of the New Zealand University, *ad eundem*.

Hoping to send you a few cases now and then for practice, I remain, yours fraternally,

J. MURRAY MOORE, M. D., C. M., L. M., M. C. R. S., Etc.

SPANISH FORK, UTAH, September 22nd, 1885.

EDITOR CALIFORNIA HOMŒOPATH:—Some short time ago I had a case very similar to the one described by Dr. E. S. Hayward. While a Mr. McK. was driving his family home from Provo City in his gig, one evening, the axle-tree broke as they were crossing the D. and R. G. Railroad track, throwing him out upon his elbow, which, strange to say, was not much injured; but some time after the accident he felt a slight pain in lumbar region, gradually increasing to severity. Allopathy was tried, and found not to be equal for the

occasion; and my services as a homœopath was solicited. Arnica was given with no benefit. I then substituted Rhus Tox 6x and lotion, with the most happy results. The pain left him in about two weeks, and a few doses of Sulph. 6 brought up the rear. I have no doubt Dr. E. S. Hayward will find his remedy in Rhus. and Sulph.

DR. JOHN COOK.

Personal Notes, Locations, Etc.

CENTRALIA, Washington Territory, is a good opening for a Homœopathic Physician. Address Mrs. S. A. CAPPS, Centralia, W. T.

DR. R. H. CURTIS, Professor of Anatomy and Surgery, has returned with improved health from a short trip to the Sandwich Islands. We are glad to welcome him back, as endeavors were made to secure his valuable services in the Kingdom of Kalakaua. We congratulate him, as well as the Directors and Faculty of the Hahnemann Medical College of San Francisco, upon his safe return.

OUR friend PROFESSOR W. A. DEWEY, M. D., whose versatility has enabled him to render valuable services, as a member of the Faculty, to the *Hahnemann Medical College of San Francisco* during the two years of its existence, has removed for the winter to Petaluma. Our best wishes accompany him, and we hope to see him back next spring.

LOS ANGELES must be either a very good place for location or a very unpromising one, judging from the report of the Postmaster to the publishers of this journal. It seems that Drs. Barclay, Moore, Benchel, Wellman, Base, Forman, Langstadter, Morgan, Barney, Dodge and Riley have all left to seek other fields for labor.

DR. F. P. GREEN has located in this city, at 202 Stockton Street, Room 4, where he will devote himself exclusively to the practice of Diseases of the Eye and Ear.

DR. E. H. RUSSELL, formerly Resident Physician of the San Francisco Homœopathic Hospital, now practicing at Visalia, has largely increased his popularity as a physician by taking unto himself a wife. Dr. and Mrs. Russell were married October 1st. Our best wishes accompany them.

W. E. KEITH, M. D., for many years a resident of Franklyn Falls, N. H., has located in San Jose. Dr. Keith comes highly indorsed from his native State.

DR. DE DERKY has returned to this city and resumed the practice of Medicine and Surgery. Office and residence, 422 Van Ness Avenue.

DR. R. L. HILL has removed his Office and Residence to 564 Fourteenth Street, Oakland, Cal.

THE death of DR. HENRY N. GUERNSEY, of Philadelphia, takes from our ranks an old veteran and eminent leader of our school. Dr. Guernsey represented implicit faith in the universality of the homœopathic law of cure. He was a master in *Materia Medica*, which owes to his genius the development of the "keynote" system of studying it. His lectures in this department are classical, and his work on Obstetrics are still the authority in our school. Guernsey was a noble figure among the real great men of our school, and his life and practice are indelibly stamped upon the history of Homœopathy in this country.

WE understand that the venerable Dr. A. E. SMALL is about publishing a work on Theory and Practice. Forty-five years of active practice, and a long experience as a medical teacher, will be the basis of the doctor's work. Of course it will be a success.

VACCINE VIRUS.—Those of our readers who want a reliable article can be supplied at all times by BOERICKE & SCHRECK, San Francisco.

HAHNEMANN COLLEGE OF SAN FRANCISCO.—The second course of lectures was finished end of October. It was a most satisfactory course in every respect. A good class of ladies and gentlemen graduated. Particulars in next number of *California Homœopath*.

CHOREA THERAPEUTICS, according to Dr. C. B. DREWS, consist in the administration of *Agaricus*, *Tarantula* and *Mygale*. He uses the 6x 3-4 times daily, and regulates the diet, which is an important factor in the treatment.

J. T. MARTIN, M. D., has located at Woodland, Cal. He could not have selected a better place. We wish him success.

NEW PUBLICATIONS.

Special Pathology and Diagnostica, with Therapeutic Hints. By C. G. RAUK, M. D. Third edition, revised and augmented. Philadelphia: F. E. Boericke.

A third edition of this classical work will be welcomed by every homœopathic practitioner who is at all acquainted with any of the previous editions, and few there are indeed, among practitioners of homœopathy, who are not. We know of no book in either school of medicine at once so concise and accurate. The author's rare gifts of condensing the researches of others, giving all the essentials and yet rendering them at once readable and enjoyable, gives

to this volume its intrinsic value. We know, for instance, that the author condensed the whole of the two volumes of "Ziemssen on Diseases of the Nervous System," in such a perfect manner that every essential fact can be found in the 114 pages of this volume. The principal feature of the new edition, and an invaluable one, is the addition of a *digest* to all such chapters which present a list of therapeutic hints of three pages and over. How much this will aid in finding the *similimum* in each case, no one who has not tried to wade through some twenty-five or fifty remedies can know. As the author himself expresses it, in giving the reasons for preparing this laborious part of his work: "First, to assist the accurate prescriber in his arduous task of finding the required remedy quickly and safely; and secondly, to induce my young friends to study closely their cases, in order to keep out of the ruts, so easily trodden, of prescribing for a name." The publisher's part of the work is done in the best possible style, characteristic of the Hahnemann Publishing House. It is a fitting external embodiment of a wholly excellent book, and, altogether, it is the *beau idéal* of a homœopathic text-book—one worthy of the present vigorous and prosperous life that homœopathy enjoys throughout the land.

A Treatise on the Decline of Manhood; Its Causes and the Best Means of Preventing their Effects, and Bringing About a Restoration to Health. By A. E. SMALL, M. D. Third edition. Duncan Brothers.

A judiciously written book on the causes that induce premature decline of manhood and of the best means of removing their effects is really a great desideratum. We believe Dr. Small has succeeded in giving us, however briefly, such a work. It is entirely based upon his large experience in practice, and as such is a valuable contribution to our literature. This edition has been entirely re-written, and much new matter added. We especially commend the careful perusal of Chapter VIII to all married people. The application of the author's teachings to life would do much to make us a healthier, and, certainly, a better race. It is a book for both physicians and laymen. The therapeutic indications are eminently practical and useful.

Inebriism; a Pathological and Psychological Study. By T. L. WRIGHT, M. D. Columbus: Wm. G. Hubbard.

This work is an analysis of the inebriate constitution, especially with reference to the alcoholic proclivity. The author first gives a study of acute intoxication, showing the primary and secondary effects of alcohol, and the relation this holds to the production of the neurotic temperament. He then devotes several chapters in studying the phenomena of the neurotic constitution and dipsomania in its mental attributes and relations. The physical and psychical effects of alcohol are very fully dwelt upon, and altogether it forms a most interesting volume. For sale by the author. Address Dr. T. L. Wright, Bellefontaine, Ohio.

Electrical Medication. By A. W. TIPTON, M. D. Chicago: Ch. J. Johnson.

This is a revised and enlarged edition of "Clark's New System of Electrical Medication." After a brief and generally accurate symptomatology of the various diseases, the author gives explicit directions for the electrical treatment plain enough for every tyro to follow. This part is all that can be

desired. He adds to the various chapters recipes of domestic and old school practice, and, in order to make it as complete as possible, he further adds lists of homœopathic remedies; but no indications, and hence almost entirely valueless. The book is sadly in want of an index, in order to make it at all available for reference. It has a "contents," but entirely without system or reason, for we find Glaucoma next to Hydrophobia, and this following Cystitis. As it is, it looks too much like a book written for purposes of advertisement, while, in reality, there are enough of practical suggestions in it to make it worthy of a better interpretation. It is elegantly gotten up; beautiful type and paper. For sale by the author. Jacksonville, Illinois.

A Text of Materia Medica, Characteristic, Analytical and Comparative.
By A. C. COWPERTHWAIT, M. D., Ph. D. Third edition, revised and enlarged. Chicago: Gross & Delbridge; 1885.

This edition of "Cowperthwaite's Materia Medica" is certainly the most practical hand-book for the student and practitioner. It is just the book for the office table, to turn to on any doubtful point in deciding the remedy. Its great advantages over other Materia Medicas, to our mind, consists first in its comparative arrangement, and then in making the characteristic symptoms more prominent by changes in type. Both of these points we always missed in "Hering's Condensed"—the book that probably formed the basis of the original edition of this. The present volume is enriched by the addition of nearly 100 remedies, not included in the former editions; and a valuable pronouncing index, prepared for it by Dr. J. E. Gross. These additions and other changes will add materially to the usefulness of the book, and render it still more acceptable to the profession. We bespeak a very large sale for it, as it certainly deserves. The publishers have done their share in giving us an acceptable volume.

Report of the State Board of Health of the State of Tennessee. 1880-84.

A very interesting volume, published by the State of Tennessee. Among the valuable papers therein contained, we noticed especially the one on Ozone and its relation to public health, by J. D. Plunkett, M. D.; School Hygiene, by D. F. Wright, M. D., and the Natural Divisions of Tennessee in their Relation to Disease, by J. M. Safford, M. D. In the appendix the possible coming of cholera is discussed and directions for its management given. These would be much increased in value if the author had made himself acquainted with the therapeutics of homœopathy in relation to that dread disease, for surely the experience of the past is entirely in favor of the vast superiority of homœopathic treatment over that of the old school in the different cholera epidemics that have visited this country and Europe.

Publications of the Massachusetts Homœopathic Medical Society, 1884. Vol. VII. Boston, 1885.

We have every reason to be proud as a school of the published reports of our State Societies. Among those that contain articles of real merit and original thought the publications of the Massachusetts Homœopathic Medical Society take first rank. The present volume has excellent reports by the

Popular Department.

A FEW REMEDIES FOR ENURESIS -WETTING THE BED.

By DR. BOERICKE.

After due attention to the hygienic and dietetic regulations, which are very important, homœopathic remedies will cure most cases of this sometimes obstinate trouble quite readily. The first remedy and most important is *Sulphur*, and this preferably in the 30th potency, a dose every morning and evening for a week. Just as soon as improvement sets in, stop giving the remedy, or at least lengthen the interval between the doses. The reason that *Sulphur* cures so many cases, lies probably in the fact that it corresponds closely to the "psoric" and scrofulous diatheses, and these cases of "bed wetting" occur generally in this class of patients. It is certainly curative in pale, lean children, with large abdomen, who crave sugar and highly seasoned food, who abhor to be washed, who have any tendency to skin troubles. Such little patients may be ravenously hungry about 11 o'clock, and then show flushes of heat. I always give the remedy first, unless some other is very plainly indicated and sometimes cure the trouble at once, as may be seen from the following case:

Mr. C. wrote to the author some months ago, as follows: "I have a boy who has always been troubled with incontinence of urine, wetting the bed every night if not taken up about midnight, and at times wetting his clothes during the day if he undergoes any paroxysms of fear or laughter. This urine deposits a sediment like iron rust, which, when left in a vessel, adheres and resembles fine grains of sand. Otherwise, his general health is good. About a year ago he was doctored for this trouble by an allopathic physician, but with

no good results. So, after months of trial, we gave it up, and concluded that the only thing to do would be to see if he would not outgrow it." I prescribed Sulphur 30-- one dose every morning. Two months after the prescription, his father wrote again: "Since the first week after commencing the medicine, he has not wet his bed or clothes. It seems strange how readily his symptoms have yielded to the treatment."

It is now a year since the boy received the Sulphur 30, and no return of the trouble.

Causticum especially suitable for little boys, of weakly, feeble constitution, dark-complexioned, who have chronic swelling of the tonsils, inflamed eyelids, who pass the urine during first sleep.

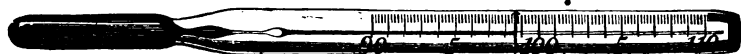
Cantharis is useful, especially if there be any pain or burning sensation while urinating. Edmonds considers this the most important remedy--five drops of the third dil. every night--and it rarely fails to effect a cure in his hands.

Belladon, in the case of nervous, delicate children, who are restless in their sleep, start easily, moan and scream, and who may have scrofulous glandular swellings.

Verbascum is often curative. The little patient is apt to be sleepy after meals, complains of headaches, and frequently has a hoarse, dry cough. He is often hoarse, especially towards evening.

Equisetum.--The little patient seems to have gotten into the habit of wetting himself by day and night. There does not seem to be any special cause for it; simply a bad habit. *Equisetum* helps to overcome it.

Benzoic acid.--Sometimes the urine has a *very penetrating odor*. It is also highly colored. When this offensive, penetrating odor is present, Benzoic acid will be found a very efficacious remedy. It will change the character of the urine, and if not, remove the entire trouble. Some other remedy, like Sulphur, Sepia or Graphites, will effect a perfect cure.



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EDITOR,

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NOVEMBER 1st, 1885.

☞ All articles for Publication, Books for Review, Exchanges etc., to be sent to the editor.

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TO M. DOLAN, M. D., *Editor of Provincial Medical Journal of England.*

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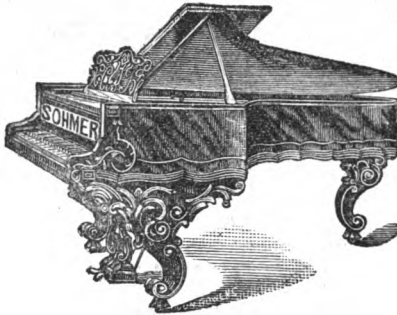
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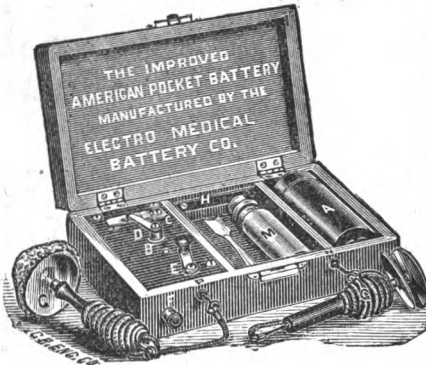
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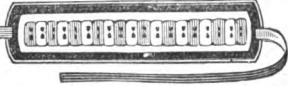
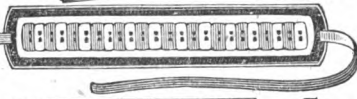
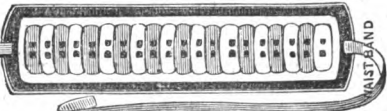
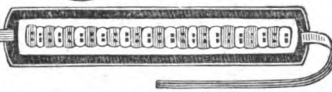
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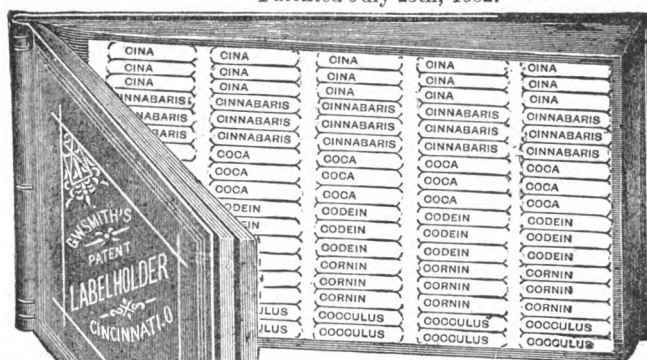
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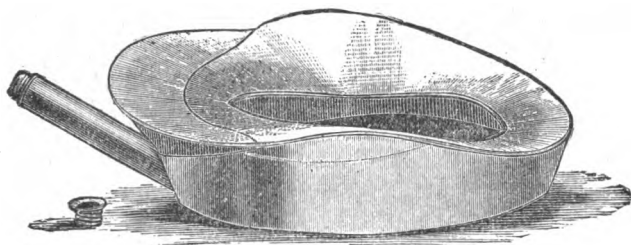
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Translated from *La Revue Homœopathique Belge* by Dr. W. A. DEWEY, Petaluma.

At Naples, as in the neighboring cities, and in other localities, the cholera was preceded by an epidemic of catarrh. At the commencement of the year a number of cases of catarrh were noticed accompanied by affections of the chest, abdomen, and occasionally the bladder;—affections presenting an irregular and abnormal character, as much with relation to their symptoms as to their duration.

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We noticed, also, another peculiar trait, with reference to the duration of the affection; dragging slowly, with febrile periods of from one to eight days, followed by calm, then relapsing when it was considered cured. Such relapses have been observed even after a period of two months, brought on often by a change in the weather, or by the approach of a storm.

Another fact worthy of note is that all the patients during these affections maintained a good appetite, while at the commencement they had a complete want of appetite for all nourishment.

For treatment different remedies were employed, the *Iodide of Sulphur* recommended by Allen gave no results whatever, *Camphora* was occasionally of use as a palliative, *Plumbum* for the aphonia, *Colocynthis* in the abdominal form, *Sarsaparilla* in the vesical form; uncertain in effect, *Morphium* 6th dilution in four doses *per diem*, eight and ten o'clock in the morning and two and four o'clock in the afternoon caused, in the children, a disappearance of the fever when it first commenced, but was without effect in the continued fever. *Dioscorea Villosa* had a brilliant effect in a man of eighty, who had an attack of fever twice a day, from eight to nine o'clock, A. M., and after dinner, preceded by olfactory troubles, and diarrhœa with fæces resembling an infant's. *Aconite* for fever with elevated temperature, *Baptisia* in the same cases, the tongue being covered in the centre by red or black streaks, or in cases where the stools were bloody and accompanied by tenesmus.

None of the other remedies indicated by their pathogenetic symptoms, such as *Arsenic*, *Ipecac*, *Acid Carbol*, etc., gave any results whatever in the treatment of this colic.

In general it may be said that during the current year all diseases, even the most common, presented something more or less irregular. A cosmo-telluric influence, altering the laws of organic life, predisposed to the reception of morbid germs: This is a point we must not lose sight of.

As to the cholera itself, it offered this year nothing abnormal or exceptional in its symptoms. It was such as has been described in all treatises on pathology, hence it is useless to revert to it and we will pass at once to the preventive and curative means.

DISINFECTION.—All the disinfecting agents invented by theory were used; among others let us mention *Sulphur* burned with profusion in the streets and unhealthy localities. This method, first indorsed by Constantine Hering, was recommended to families by the Homœopaths from the commencement of the epidemic, to be used in the closets, recesses, and places occupied by the cholera patients or containing clothing belonging to them. For the disinfecting of the persons themselves the vapors of *Camphor Spirits* were used according to the prescription of Hahnemann; the same remedy by spoonfuls was likewise used to disinfect dejections of the patients.

PREVENTIVE MEANS.—Here again the *Spirits of Camphor*, so efficacious in former epidemics, was our favorite remedy, especially in that form known as *Rubini's solution*, one, three or five drops, two or three times a day. We, as well as Doctors Rubini, Muccu and Orioli, employed it in our private practices, amounting in all to about two thousand families, and we did not have a single case of cholera among them to treat. The same results were had amongst the workmen in the Typographic Institute at Angelis, numbering one hundred, and composing with their families about eight hundred or nine hundred persons, and living mostly in those quarters which furnished the most cases of the disease.

Same result also in the Central House of the Sisters of Mercy, containing about six hundred persons.

Generally among individuals protected by these means, we

have only observed in a few cases, some slight diarrhoeas, cured by taking the remedy more frequently. In a few others, slight fever with vertigo, a pathogenetic effect which disappeared in a few days upon discontinuing the remedy. Two young persons suffered from stomach pains, which were cured by *Cuprum Ars. 6th*. A young man, nurse, abused the use of the drug by taking as much as thirty or forty drops a day, at the end of twenty days he was attacked with general collapse and other pathogenetic symptoms of the remedy; ten drops of *Tinct Opii* sufficed to cure him in a few days.

CURATIVE MEANS.—Not having, neither my colleagues, as mentioned above, any case of cholera to treat in our private practices we occupied ourselves with the poor who came to get relief at the polyclinic of the Central Homœopathic Pharmacy. We treated eighty exclusively with *Camphora*, and among these eighty cases, we lost one boy of six or seven years of age, epileptic, who used without our knowledge allopathic remedies; one young girl, and one man about forty years of age, who during the period of reaction took a warm bath recommended to them by an Allopathic physician.

Besides these eighty cases that we observed, we have received details of many cures obtained by *Rubini's Camphora*. This remedy has even been employed on quite a large scale by the Allopaths.

From our own observations and from the information furnished us from others we can conclude:

1. That *Camphora Rubini* in the prodromal period produces in one hundred cases—one hundred cures.

2. At the commencement of the disease, even if vomiting and diarrhoea already exist, it arrests the development of the disease eighty times in one hundred.

In case the abortive action fails, by continuing the remedy and by augmenting the dose until the period of collapse, a curative action will be obtained, if the action of the remedy be not troubled by the use of other means. In these cases the reaction is produced in two, four, six, rarely twenty-four to forty-eight hours.

3. In the period of collapse we still succeed, if from the commencement of the affection the patient has not used other means, principally laudanum and warm baths.

4. In women the reaction is at times slower than in men.

5. In children, who do not retain the remedy when it is administered by the mouth, it cures when employed in the form of frictions upon the region of the stomach, the temples, and the axillary spaces, every half hour, without the employment of any other means.

6. During the reactive fever, it must still be administered. Three doses of one or two drops in the twenty-four hours. In most cases this fever lasts twelve hours, rarely a week.

7. In ceasing the use of the *Camphora* during the period of reaction, a few relapses were observed, which were cured by the renewal of its use. For precaution it would be well to continue it for a few days after recovery, in doses smaller and less often repeated—one or two *per diem*. We need not suspend its use, until after each dose appears vertigo or other pathogenetic symptoms of the drug.

8. During the treatment with *Camphora*, the employment of all other remedies, and especially laudanum and warm baths, must be harmful; also we must avoid changing the linen or bed of the patients during the periods of reaction or transpiration.

I have had to conquer the disgust of a few patients, and above all in females, for the remedy. This disgust shows itself above all when the piece of sugar, upon which the camphor is placed, is too small. Rubini's method consists of administering four or five drops of *Camphora* upon a piece of sugar two centimetres square. In grave cases I have given ten to fifteen drops. The doses were given every ten or fifteen minutes; a little less frequent when reaction commenced, even if vomiting and diarrhoea continue. In cases of torpor and dysuria, I recommended at first stronger doses and at the same time frictions, and injections two to five grammes of *Camphora Rubini* in oil, alcohol, or warm water (one to five). Same treatment in cases of asphyxia.

Camphora in water produces an enormous disgust on the part of patients. I think it is quite as bad whether administered in alcohol, whiskey, or wine.

At Naples a few patients, feeling as if death was nearing have taken as much as ten grammes of *Camphora*. I know one patient who took two bottles, each containing ten grammes

in three or four hours. They were also cured, I think a part of the remedy must have been vomited.

It is not fully fixed in my mind, whether it is better to commence by two or three large doses, and then await the action of the remedy, or whether it is preferable to act as we have indicated above and repeat the doses at determined intervals. But I can affirm that the results have been the best in the patients who took large doses from the commencement.

Veratrum and *Cuprum* were employed with advantage in a young boy. He was, however, taken with a relapse, caused by negligence and went to an Allopath, who ordered a warm bath, and other remedies, from the effects of which he died. I have not had occasion to employ other Homœopathic remedies. For drink I gave fresh water little at a time sometimes with the addition of a few drops of rum or cognac. To those who were unable to retain this drink I gave small pieces of ice, rarely, however. For nourishment *after the transpiration*, Bouillon and a little wine and water.

In conclusion, let us recall that there exists in the Homœopathic school two methods of treating cholera.

1. The method of Hahnemann with *Camphora* in the prodromal period; *Veratrum* in the period of diarrhœa and vomiting; *Cuprum* in the period of spasms; *Arsenic* and *Carbo veg.* in the period of collapse and asphyxia.

2. The method of Rubini with *Camphora* alone as preventive and curative in all the different stages. The first is more methodic and gives, followed scrupulously, from the beginning of the disease, five to eight per cent. mortality.

The second, easier, more prompt and popular, gives 0.15 to 1 per cent. mortality.

What a contrast with Allopathy which gives a statistic of fifty per cent. mortality. In eleven thousand three hundred and eighty-four cases observed from August 2, to October 10, 1884, there were six thousand and forty-two deaths. These patients treated by Homœopathy and taking the results the least favorable (eight to ten per cent.) would have given but eleven hundred and thirty-eight deaths.

This difference in statistics was made known to the authorities of Naples. The paper "*Corriere del Mattino*" of July 27, and The "*Napoli*" of September 16, entered into long de-

tails upon this subject. Rubini, himself, wrote long letters to the Mayor, to the Prefect, to the Cardinal, to all the authorities of Naples, to the ministers, even to the King, to recommend the employment of *Camphora*, and begged them to confide half of the cholera hospitals to the Homœopaths, but in vain, not even a response. Minister Depretis alone wrote him. "That he could not interfere with affairs relating to the competence of special men, and that he should consider as such the use of *Camphora* and Homœopathy in the treatment of cholera."

Since the authorities, whose first object ought to tend to preserve the lives of their subjects, seem to misinterpret their duties in this relation, it is useless to address ourselves to them further, and equally useless to turn to the university and lettered world, but it is to the people themselves that we must speak. They will recognize upon which side truth is found and it is by them that justice will be rendered sooner or later, as already in our own days has been to Homœopathy in America.

ANÆMIA WITH CEPHALGIA AND DYSMENORRHEA.

By A. McNEIL, M. D.

July 12th, 1883, Miss Lilie T—; aged 23 years; blonde hair and blue eyes; small and thin; appearance, anæmic; is subject to headache, extending down into face and teeth on the right side. The pains are relieved by rubbing with all a man's strength; when in the teeth, *by holding cold water in her mouth.* Menses sometimes a week too late; too profuse and lasting too long, and accompanied by the most excruciating pains; *is restless and walks about with the pains; bad taste in her mouth, particularly in the morning.* The pains in her head she describes as if the nerves were drawn up into knots in the upper part of the right parietal bone. While she was stating her case to me, *she burst into tears, and in a short time laughed at her "nervousness."* She has been in this condi-

tion for three years, but recently has been getting worse. She has taken iron in moderate allopathic doses.

I made no physical examination. I gave her Pulsatilla 30, twelve powders, one every four hours, which I followed by sach. lac. till the 18th, when I gave Puls. 30 again in the same way. By waiting till all improvement ceased and then giving higher potencies of Puls had her plump, pretty and happy early in the fall.

I made no vaginal examinations, so am unable to state whether there was flexure, atresia or the like. I did not perceive any necessity for it; nor would it have been apparent if I had. Not believing in the necessity or usefulness of local treatment, except for the repair of mechanical injuries, I consider that physicians nor even gynecologists should demand those examinations, except for important reasons. Female delicacy is too sacred to be lightly desecrated. I remember what the famous Professor Meigs says on this subject, when he stated that in a case of uterine hemorrhage in a young lady, he watched by her bed side all night, nor would he have resorted to the tampon till his patient fainted. Any physician knows that evil results from violent emotions. Fear, sorrow, anger, fright, and even joy, may cause serious trouble, and even death. And I believe that the shame and mortification of submitting to an examination may be as dangerous a shock as any other emotion. Hahnemann exhorts us to cure our patients *tuto, cito et jucundo*. And insisting on what is so repugnant to a pure minded woman, even not by any distortion of words called pleasant.

VOMITING OF PREGNANCY.

July 9th, 1883.—Mrs. L., third pregnancy, is from her reckoning in the fourth month. Nausea and vomiting all day for several weeks. The matter vomited is intensely sour; no appetite; *cannot endure* the smell of coffee. Sulphuric acid 500, twelve powders every three hours. In two days all discomfort gone, appetite good. August 22d, quickened a few days ago; till then no nausea or vomiting; since then occasional qualmishness. November 19th.—Well until two weeks ago. Even vomiting only when lying on right side. Sulphuric acid, 500, in water, a teaspoonful every two hours, which removed all morbid symptoms and had an easy labor.

STRICTURE OF THE NASAL DUCT.

By F. P. GREEN, M. D.

In dealing with this subject we shall include blenorrhœa of the lachrymal sac, and the dacryocistitis, as they originate from the same cause. The disease is catarrhal in its nature. The principal symptom is a constant lachrymal overflow down upon the cheek. Whenever this condition is found to exist, the physician should see whether or not the puncta lachrymalia lie in contact with the eye-ball. If he finds no trouble there, a solution of the difficulty should be sought in the canaliculi or the nasal duct, which is likely to be the seat of the disease, and if so, from pressure over the lachrymal sac will often cause a quantity of mucopurulent fluid to exude through the canaliculus, showing that there is a stricture of the nasal duct below this point. This being the case the first thing in order is to slip up the lower canaliculus, which can best be done with Webber's probe-pointed knife as follows: The patient sits erect with the head thrown back. The surgeon takes a position behind, and firmly draws the lid downward and outward, with the thumb or forefinger of one hand, while with the other hand the instrument is made to enter the punctum, with the edge of the blade turned directly upward and passed into the sac; the handle is then elevated to a perpendicular, thereby slitting up the whole length of the canaliculus; this completes the operation. A small sized Bowman's probe, not larger than a number four or five, is now passed the entire length of the canal. This should be repeated every third day, until the lumen of the passage is restored to its natural caliber, then the dilating process should be repeated only every month or so, to prevent a recontraction.

In obstinate chronic blenorrhœa, where the stricture is not firm, cutting it, gives good results. This is done by passing Stilling's knife through the stenosed tissue, incising it in three or four directions. No probing is necessary after this operation; the only precaution to be observed is, that the knife passes the entire length of the nasal duct, and that no

contractions remain undivided, for there may be more than one.

Firm, unyielding strictures are best treated by galvanism. For this purpose I have devised a flexible electrode, insulated to within one line of its point, by vulcanization. This instrument, connected with the negative pole of a galvanic battery, is passed down to the stricture, and the circuit completed by placing a moistened sponge attached to the positive pole, on some adjacent part of the body, or in the hand, one cell after another is then turned on, until the patient experiences a warm tickling sensation; this is the maximum intensity required, and in a few moments the probe will pass the resisting point, care must be used that an eschar is not produced, as absorption of the morbid product is the result desired, and not its destruction. The treatment should now be with the probe, applying it every fourth or fifth day, for a month or so, to keep the canal pervious.

All cases, where stricture of the tear ducts exist, are liable to take on acute inflammatory conditions, which are not only painful, but may be followed by serious results. Fluid collects in the lachrymal sac, and finding no outlet, gradually increases in quantity, dilates the sac, thereby, causing a tumor to appear, just below the inner canthus. This may become inflamed, ulcerate and open upon the cheek, giving rise to a lachrymal fistula, the condition, in many respects, resembles acute phlegmon, but the early fluctuation, the previous history of a tumor, and overflow of tears will render the diagnosis clear. When this occurs, no time should be lost in opening the canaliculus, and giving free exit to the pent-up secretion, which will be found to consist of mucous and pus. Hot applications, with *Calendula*, should be used to allay the inflammation, and such remedies as, *Aconite*, *Pulsatilla* and *Hepar Sul*, given internally.

After the inflammation has subsided, the sac should be syringed out every day with a solution of sulphate of zinc, of the strength of one half grain to one ounce of distilled water, and the stricture that caused the trouble, treated and overcome.

Internal remedies in this disease will be found of little avail, except in its acute course, but the catarrh, that is the cause of it, should receive proper attention.

 REMEDIES.

Aconite.:—Inflammation of the lachrymal sac, with dry, hot skin, thirst and restlessness, very sensitive to touch; surrounding tissue looks red and angry.

Argentum, Nit..:—Caruncula, swollen and raw looking; the discharge yellow; thick and very profuse.

Euphrasia.:—Discharge profuse, yellowish, thick and ex-coriating.

Hepar Sul..:—Where there is a discharge of pus from the sac, with a tendency to pimples or small boils on adjacent parts. The patient has a great aversion to cold water, and is very sensitive to touch; easily hurt.

Kali Bichromic.:—The discharge is yellowish, thick and very stringy; little or no inflammation.

Pulsatilla.:—Discharge is thick, yellow or green, very bland but profuse.

Remedies to be thought of:—

Argent Met., Arum Triph., Belladonna, Kali. Mur., Mercurius Corr., Natrum Mur., Silicia, and Sulphur.

 SELECTIONS.

 SLEEP WITHOUT NARCOTICS.

By SHELDON H. TALCOTT, M. D.

In considering the causes which *prevent* sleep we may note, *firstly*, those pathological conditions of the brain which tend to disturb or derange its normal action. Chief among these are cerebral hyperæmia, and the opposite, namely, excessive anæmia. While healthful sleep is due, we believe, to a moderate anæmia of the brain, a persistent and severe anæmia of that organ is one of the most striking causes of sleeplessness. The "happy medium" is the only condition in which to obtain certain and satisfactory sleep.

Secondly, protracted over-use of the brain—that is, over-work of that organ until the brain produces, or tends to

produce, vaso-motor paralysis—or destroys all natural tendencies to sleep.

Thirdly, over-anxiety of the mind—that is, unwise worrying over the duties of the present; unwise haste in the acquirement of wealth or knowledge, and trouble borrowed from the past or future—is another of the prominent causes of sleeplessness. Work may engross the attention and powers of the mind and body during the day, and no harm result; but when worry tyrannises the will, overrides the judgment, and holds ruinous carnival in the citadel of the brain at night, then arise the most disastrous dangers. An eager desire to become rich impels us to unnatural toil while the day lasts, and drives us mad in the contemplation of the harassing theme during the still watches of the hours of darkness. But worst of all are the fearful apprehensions in which we sometimes indulge concerning the possibilities of the future. We are kept awake many times when we ought to be asleep, in our eager endeavours to make ready for the crossing of bridges which we may never reach.

Fourthly, the natural temperament of some people is a formidable obstacle to the securement of needed sleep. Those of a bilious temperament are inclined to melancholy, and the cheerless gloom which surrounds a person of such a temperament is a marked and chilling hindrance to repose. The nervous temperament impels its owner to rapid and continued action, until the exhaustion and anæmia are so great as to induce irritability and sleeplessness.

Fifthly, we may record the fact that localized disease in some portions of the body other than the brain, may, by reflex influences tend to wakefulness. This is particularly true concerning diseases of the heart, which disturb the circulation, also diseases of the lungs, which produce cough; and diseases of the stomach, such as dyspepsia and gout. The former break repose by sudden demands upon the mind for attention; the latter by producing pain after each inception of food. Again, diseases of the liver or bowels may so far impede or derange the circulation as to produce sleeplessness. The kidneys, the bladder, the genital organs (particularly those of the female), are likewise the seats of sleep-disturbing disease.

Should excessive anæmia exist, and a state of nerve irritability and trepidation be thus produced, we shall find that the best means with which to combat such sleep-endangering forces will be the administration of liquid food, such as hot milk, beef-tea and broths, about an hour before sleep is intended. By doing this the impoverished blood is speedily nourished, and increased not only in quantity, but in volume, to the required degree.

Another natural means for inducing sleep is *massage*, or muscular manipulation. This method is of peculiar value to all that class of persons who are addicted to sedentary habits; to those who take too little exercise, and to those who suffer from imperfect circulation, and digestion and assimilation of food.

Among the simple means for inducing sleep, to which all may aspire, are warm baths, fresh air, comfortable beds, sufficient and proper bed-clothing, and proper position in bed.

Health, comfort, and sleep, may be obtained, after a hard and irritating day's work, by a warm bath, a cold *douche* following the bath, a brisk rubbing following that just previous to retiring for the night.

Fresh air should be freely supplied in every sleeping room, yet the sleeper should be protected from even moderate draughts, for these, though apparently slight at first, will produce chilliness of one portion of the body, while another portion may be overheated, and thus a disturbing inequality of circulation ensues.

Beds should be firm in texture, level and well elevated from the floor, for thus complete circulation around the bed is secured, and the sleeper is above the influences of some of those dangerous gases which are likely to accumulate in sleeping rooms. The position of the head is of importance. In cases of hyperæmia the head should be well elevated; in the opposite condition the patient should sleep on a very small pillow. Bed-clothing should be sufficient to insure comfort, yet care should be taken against using too much. Bed-clothing should be porous. Soft woolen blankets are the best. Tightly-woven and stiffly-starched counterpanes are objectionable, because they do not favor good ventilation.

For the mental excitements which accompany acute febrile diseases, which active cerebral congestions, intense anxiety and apprehensions of death or disaster, preventing sleep, *Aconite* leads the list. Disturbances of the mind after fright or anger, are relieved by this valuable drug. One of our patients, brought in while suffering from acute mania, after a week's sleeplessness in spite of heavy doses of chloral, and where fright, anger, and restlessness were intermingled, so to speak, was promptly relieved, and made to sleep sufficiently with a few doses of the third centesimal dilution of *Aconite*.

Actæa Racemosa works its effects directly upon the cerebro-spinal system as a "rheumatic irritant producing erethistic hyperæmia of the brain and spinal cord, and through these the whole muscular system" (*Hale*). Sleeplessness from such a condition as this is almost inevitable. Hence we find *Actæa* to be an invaluable remedy for the production of sleep in the case of drunkards who are suffering from the effects of stimulation, who are passing through the horrors of delirium tremens. Opium-eaters, or those who are trying to stop the use of opium, and those who are suffering from the effects of protracted muscular strain from toil, watching, or exposure, are strikingly benefited by the use of *Actæa*. Dr. Geo. B. Palmer prefers the use of *Macrotin*, the active principle of *Actæa*, for drunkards and opium-eaters. The symptoms upon which *Actæa* is prescribed are: intense prostration, pain in the base of the brain, extending to the nape of the neck, and sometimes spreading over the shoulders. Mentally there is a sense of crushing depression, a feeling as if the mind were wrapped in the blackness of eternal darkness. Throughout the body there is a condition of active and distressing tremulousness.

Arsenicum is pre-eminently a remedy for the sleeplessness of those who are suffering from blood degeneration and from mal-nutrition, accompanied by exhaustion of the nervous system. Not only is the brain anæmic, but the entire body likewise. To anticipate good results from drug action in such cases, the remedy must be applied with a view of affecting favorably the blood itself, and through it the nerve centres.

By the liberal use of milk and beef-tea, and by keeping the weak and exhausted patient in a prone position both day and night, the subtle and charming effects of *Arsenicum*, as a restorative medicine, are made manifest in pleasant and abundant sleep at night, and a rapid regaining of health and spirits throughout the coming day. *Arsenic* has a restlessness and anxiety which rivals that of *Aconite*; but the former is the restlessness of anæmic irritability, while the latter is the restlessness of erethistic hyperæmia.

A new remedy for the relief of sleeplessness following alcoholic or narcotic stimulation, and mental excitement due to any form of overtaxing the brain, has been put upon the stage of active usefulness. That remedy is *Avena Sativa*—the common oat. Its action upon the nervous system is not yet fully understood, but the good results following its use by some very careful and observing physicians, entitle it to further proving and clinical experimentations.

Among the remedies which control the circulation, and thus affect the nervous system, we may name *Baptisia*, *Gelseminum*, and *Veratrum Viride*.

Baptisia overcomes the quiet but persistent wakefulness of those suffering with profound melancholia, accompanied by tendencies to the typhoid state.

Gelseminum has a somewhat similar form of sleeplessness; that is, the patients are quiet, dull, and stupid, yet they fail to sleep. The distinguishing difference which exist between the *Gelseminum* and the *Baptisia* patient is to be found in the general condition, and in the causes affecting the nervous system of the individual case. The nervous system of the *Gelseminum* patient is exhausted by overwork or debauch; that of the *Baptisia* case by imperfect nourishment of the nerve tissues with the pabulum of impure blood. *Gelseminum* patients seem ever on the verge of profound slumber, but are unable to pass the gulf that lies between them and needful rest. Such patients are the victims of an overtaxed and exhausted brain.

Veratrum Viride, unlike *Baptisia* and *Gelseminum*, has intense restlessness. In this respect it resembles *Aconite*, but the latter is full of fear and apprehension, while the former is quarrelsome and inclined to be cross, like *Belladonna*.

Veratrum Viride is useful in the sleeplessness of acute fevers, of puerperal mania, and the excitement preceding or following attacks of epilepsy. A tendency to spasmodic action of the muscles will perhaps serve to differentiate *Veratrum Viride* from *Aconite*; and from *Belladonna* by reason of the fact that the mental disturbances are somewhat milder in degree, while the fever is most severe.

Of all remedies in the *Materia Medica*, probably none acts so directly and so positively upon the brain as *Belladonna*; consequently we come to rely upon it as one of the chief remedies for the relief of those cerebral diseases of a congestive or inflammatory nature which tend to prevent sleep. From the insomnia of mania to the dazed sleeplessness of melancholia with stupor, this drug exerts its powerful influence, and its persuasive charms may be exercised upon every form of cerebral disorder and mental distress. Its symptoms are familiar to every practitioner. As a practical hypnotic without narcôtism, its success depends largely upon its mode of application. When the brain is over-supplied with blood, and the mind is lashed into a fury by the spurring action of the arterial torrents, then the mildest and almost imperceptible doses of *Belladonna* will manifest a control over the excited mental forces more marvellous than the strange juggleries of the lion-tamer. On the contrary, when the brain forces seem utterly befogged and overpowered by the intensity of blood-pressure, when the pupils are widely dilated, and when tetaniform convulsions seem impending, then material doses of the drug are required to dislodge and disperse the enemy.

Cactus and *Digitalis* are sometimes required in cases of sleeplessness; the former where the pain and constriction about the heart produce a silent sadness of mind, with a disposition to weep and mourn night and day; the latter where cardiac distress induces an anxiety similar to that of *Aconite*.

Coca is useful as a sleep-producer in cases of mental exhaustion, where at times the patient seems utterly prostrated, and at other times remarkably bright and well, and ready and eager for any work. *Coca* is also beneficial where the

patient after going to sleep is suddenly awakened by a sense of shock in the brain. The pathological condition which exists in such cases is, we believe, that of anæmia spasmodica. Weak and nervous women, and worn out brain workers, are peculiarly liable to such conditions.

Allium Cepa, the common onion, has a popular reputation as a remedy for sleeplessness. In mild cases of brain fag, accompanied by catarrhal disturbances of the nasal passages and throat, with tendencies to neuralgic pains, and where these external irritations excite the mind, it is an effective remedy. The raw onion may be eaten just before retiring, or the mother tincture, or lower potencies may be used.

Chamomilla is useful as a hypnotic if the patient suffers from dull, unrelenting, and distracting pain, such as nightly toothache. This remedy is particularly serviceable if the patient is cross and irritable, and feels inclined to get out of bed and walk the floor. If, instead of being cross, and obstinate when suffering severe pain, the patient is anxious, fearful, and makes a great fuss, then *Aconite* will relieve.

Coffea is indicated when the nervous erethism is still more acute and sensitive than it is in either *Chamomilla* or *Aconite*. The absolute and unutterable æstheticism of sensitiveness is reached when *Coffea* is indicated. The bad effects of quite too good news are likewise successfully combated with *Coffea*.

Hyoscyamus has the sleeplessness of *Belladonna*, but not the intense congestions and inflammations of the latter drug. It has a high degree of mental excitement, but not the maniacal fury of *Stramonium*. Standing as it does between these two extremes, it is, perhaps, more frequently required in practice than either *Belladonna* or *Stramonium*. *Hyoscyamine*, the active principle of *Hyoscyamus*, is said to produce anæmia of the brain; hence its homeopathicity to anæmia when it exists in nervous and overworked persons. For sleeplessness in such cases, particularly where the patient is easily perturbed in mind, it is an effective remedy.

Hypericum, "the arnica of the nerves," may be used after all nerve injuries, and where sleeplessness follows these, and where, likewise, the brain has been strained by intense and continued exertions.

For the sleeplessness of grief, no remedy compares with *Ignatia*. The *Ignatia* patient broods quietly over the sorrowful experiences of the past, and rises but slowly from the "slough of despond" into which the loss of health, friends, or property has plunged him.

Aconite and *Opium* may be called for in cases of sudden shock from bad news, the accompanying symptoms determining the demand for either one or the other. In one case agonising restlessness will exist; in the other, dulness and dazed depression.

Pulsatilla may be serviceable in the sleeplessness of mild and tearful young women, while *Natrum muriaticum* is required by those who are full of boisterous grief, and who, though young, have the appearance of being prematurely aged.

Kali Bromidum is a drug which produces true anæmia of the brain. Its use in massive and overpowering doses has caused many disastrous results, yet the same may be said of *Mercury*, *Opium*, and *Antimony*.

Where insomnia from anæmia exists with no other marked indications, we have found grain doses of the first decimal trituration remarkably efficacious. This is particularly true when the remedy is used upon patients suffering from acute and painful disease.

Nux Vomica is a drug whose value as a hypnotic is well known to the profession. It is specially applicable in cases of recent debauchery or gluttony. Those who are sleepless from a recent "drunk," or of a surfeit of a late and rich supper, will find *Nux* a panacea for their pains, and a happy antidote for the disgust which such practices excite in the breast of Morpheus.

Nux likewise overcomes the ill-effects of hard study and sexual excess, and enables the victim to secure, with comfort and safety, a not otherwise easily-obtained morning nap.

Another valuable remedy for sleeplessness following intense mental overwork and anxiety, and coupled with a distressing confusion, pain and vertigo in the head, is *Phosphorus*. Five drops of the tincture in half a glass of rain-water, a teaspoonful every half-hour during the evening, followed by a

bowl of hot soup or a cup of beef-tea at bedtime, will generally relieve the pain and restlessness of brain-fag, and secure to the patient a sound and refreshing sleep during the night. Dr. Conant tells me that he has found *Phosphorus* useful when the patient falls asleep easily and is just as easily awakened. The *Phosphorus* case sleeps and awakens many times in a single night.

Opium is *par excellence* the world-famous narcotising agent by which the brain is stupefied and unnatural and unhealthy sleep produced. It may be applied to mitigate the stupor of severe cerebral congestion, particularly where there is a tendency to apoplexy or paralysis. We remember a case where *Opium* thus applied caused the patient to sleep lightly and naturally, who, previous to its use, was accustomed nightly to sink into a stupor from which he could not be aroused until eight or nine o'clock in the morning. Under *Opium* he awoke naturally, according to previous habit, at 6 a. m., without external assistance.

Secale Cornutum produces at first marked congestions followed by anæmia and sleeplessness. There is a tendency to paralysis, and particularly formication. These sensations in cutaneous nerves, as if ants were crawling over the skin, tend to excite and worry the patient, and stimulate a feeling of anxiety and apprehension, which prevents sleep. As a "regulator" of the circulation in anæmic cases, and as a promoter of sleep, *Secale* occupies a prominent position in the *Materia Medica*.

For the sleeplessness of utter mental and physical inanition, when food fails to nourish, when the heart loses courage, and when there is abject despair and total absence of hope, we find that *Silicea* will often work a wondrous and magical *presto* in the condition of affairs.

* * * * *

Each case must be individualised, and both the conditions and symptoms noted with scrupulous care. When practicable, the conditions must be changed from abnormal to normal, as far as possible, by hygienic and dietetic means.—*N. Y. Med. Times*.

A SHOCKING CHILD-BED CHAMBER.

By S. J. PARKER, M. D., ITHACA, NEW YORK.

As I wish to impress a lesson on the youthful practitioner who may read this item, I have permitted my pen to head this article as above.

And so it was to me, at least. I had been educated by a hard "old-school calomel-and-jalap" doctor; I had the hard old-school diploma; and had had twelve years of regular "the medical profession" practice, when Dr. John Smith-two-hundredth-trituration-M. D., called on me and said: "Mrs. Clara Money-Bags, wife of General Rifled-Gun-Shot, of the United States army, expects to be confined in a day or two; I cannot allow her to be in any peril, and have concluded to ask you to be counsel in the case, if your exclusive New York State code will permit you to consult with us practitioners, as highly educated as yourselves."

As some of us had then determined to break down "The Code" in this State, as we have since done to the disgust of the American Association, I consented to be counsel.

The beautiful woman laid in her splendid mansion, and in a very exhausted state; the child was born; the lady lying composed, but as I thought, in a dangerous state. I suggested brandy. Dr. Two-hundredth-trituration shook his head, but did not whisper even. I suggested hot water, ergot and other expedients. He replied in the lowest audible whisper, "meddlesome midwifery."

I examined the vagina and uterus for hemorrhage, there was none. He then smoothed the clothes about the mother's person, aided by the experienced nurse, took a spoon and counted ten drops of the first decimal dilution of ergot, and, without a word presented it to her lips in a spoonful of water. She swallowed it with unmoved head. He motioned silence to the nurse, and motioned the husband out of the room; he whispered "quiet, sleep, now," and we left the room. The room was so still that the breathing of the nurse was audible.

We descended the stairs to the parlor, where the two-hundredth-trituration doctor said: "I shall give her the purest ice-water, have perfect stillness, rest and recovery."

Away had gone brandy, bandage and all else that had kept me so busy as a fussing old-school doctor.

There was to be no food administered for thirty hours except a tablespoonful of milk in a little water; no morphine, no hypodermics; nothing but stillness, rest, cheerfulness, hope, peacefulness!—these so marked that the very walls of the house were participants in the wonderful spell of quietude.

We called the next day at ten A. M. The woman smiled, was stronger and wonderfully better, and recovered, by water, perfectly pure milk and water, care, and not a two-hundredth, or eight-hundredth dilution, nor a sugar pellet.

All I can say is, I was “shocked” that a feeble, thread-like pulse, and exhaustion to incipient death, needed only silence, rest, and cheerfulness to recover. Certainly she had not that pale, ghastly, sweating, brandy-and-whiskey countenance that we all see on the sick bed; nor the nausea, of the morphine and hypodermic syringe; nor the ghastly effects of cathartics; nor any puerperal fever; not anything, but a splendid getting along and recovery.

And this we call “irregular,” “ignorance,” “unskilled practice,” not to be countenanced nor to be met in consultation by *us medical gentlemen*.

It has, at least, this lesson: that the medical profession is advancing to the medical truths; that neither in health nor in sickness is alcohol of the least use whatsoever; that the sooner we abandon alcoholic preparations of all kinds, the better; that we often injure, by opiates, the natural rest that would, under proper conditions, be better than all we could do by morphine; that our medicines are often useless; that we can implicitly trust nature and had better do it far more than we are accustomed to do; that the shock of child-birth, fractures, railway and runaway vehicle accidents are better treated by quietude and milk and water than by stimulants and medicines; that even if we ignore and despise the homœopathist, they are in many cases educated and skillful men, and have demonstrated ably some of the finest methods of management of the last fifteen years; that “The Code,” as it is called, in the end must go, and all educated practitioners be treated as gentlemen, equal to us who are of the regular and older school.

I never expect to be a homœopathist, but I will not blind my eyes to anything that is good in itself. This "shocking child-bed" and its singularly happy result in bounding health without a mishap, has saved myself and my patients very much "meddlesome mid-wifery," as well as much morphine, quinine, and the use of my hypodermic syringe in cases of shock, depression and accidents.

CLINICAL ITEMS.

Plumbum 12 every two hours during the day, and *Opium* 6 every two hours during night is Jousset's treatment of vomiting of pregnancy.

Consumption. Dr. Cullis, of the Berlin Consumptive's Home, finds his best remedy in *Iodum*, 2x, 3 to 4 drops three times a day. For cavity profusely suppurating, Calc. Hypophos 2x every two hours. For severe fever, Acon 200, a single dose, repeated in two or three days if required.

Oreodaphne, according to the proving, (see Cal. Hom. last number,) should be an excellent remedy for *Occipital Headache*. Try it.

Gonorrhœa: Urethral Suppositories.

Dr. J. W. Lilly, of Pomeroy, Ohio, having been repeatedly disappointed, as we all are, in the treatment of gonorrhœa, cast about him for some reliable remedy, and as a result publishes the following formula in the Cincinnati Lancet. He claims it will give entire satisfaction, if used as directed.

R. Hydrastin.....	gr. ss.
Boracic acid.....	gr. 1 ss.
Morph. acetate.....	gr. 1½.
Chlor. sod.....	gr. 1.
Pure cocoa butter.....	q. s.

to make bougie three inches long. His method of using it is: First, have patient urinate, then cleanse the urethra with *starch water*, after which introduce bougie; continue this morning and evening until the discharge ceases (which it does in from two to five days) and then one each evening for five evenings more. (*Med. and Surg. Rep.*, Nov. 29.)

Pinus Canadensis is a specific in gleet. Its action is prompt and permanent.—[*London Medical News*.]

CORRESPONDENCE.

DEAR DOCTOR.—An association of medical practitioners was organized on October 28th, and incorporated under the laws of the State of New York as the American Obstetrical Society.

It is the purpose of this society to engage in the study of the art and science of obstetrics in a systematic manner, with the hope of making its practice more exact and satisfactory. With this object in view, it is deemed desirable to include within the membership every physician who is especially interested in the development of this department of medical practice. The society has already seventy-nine members, located in twenty-one States, with the following officers elected to serve until the annual meeting in June next: President, George W. Winterburn, M. D., of New York; Vice Presidents, Henry Minton, M. D., of Brooklyn; Prof. Sheldon Leavitt, M. D., of Chicago; Prof. Walter Wesselhoeft, M. D., of Cambridge, Mass. Secretary, Everitt Hasbrouck, M. D., of Brooklyn; Treasurer, Clarence M. Conant, M. D., of Orange, N. J.

Meetings will be held as often as practicable, the first of which will be in New York on December 10th, and of which further notice will be issued at a later date. The annual meeting for 1886 will be held at Saratoga, in connection with the meeting of the American Institute of Homœopathy.

The Annual dues are two dollars for the first year (this includes the certificate of membership), and one dollar for each subsequent year. It is hoped that plans for an equitable dissemination of papers and discussions may be evolved which shall promote the largest benefits to the membership. The transactions of the Society, including all the papers, and a stenographic report of the discussions will, for the present, be printed in full in the *Homœopathic Journal of Obstetrics*.

A cordial invitation is extended to any one interested in the objects of the Society to communicate with the Secretary.

E. HASBROUCK,

253 Thirteenth Street, Brooklyn, N. Y.

November 3d, 1885.

POMONA, LOS ANGELES COUNTY, Cal., Nov. 11th, 1885.

GENTS.—I would like a partner—a young man—one that likes the practice of surgery. A good moral man and strictly temperate. Yours truly,

P. HOWE, M. D.

PHILADELPHIA, October 15, 1885.

DEAR DOCTOR.—I find myself compelled, on account of chronic bronchial catarrh, to seek a more equable temperature during the winter months. I have selected Aiken, S. C. (where I derived decided benefit last winter), and shall be practicing Homœopathy there from November till June. I shall be glad to give my careful attention to any patient whom you may be pleased to entrust to my care. Very truly yours,

PERCY O. B. GAUSE, M. D.

Personal Notes, Locations, Etc.

DR. R. L. PATTON, formerly of Chicago, has located at Los Angeles.

DR. W. F. SOUTHARD, oculist and aurist, has located at 969 Broadway, Oakland.

THE second Annual Commencement of the Hahnemann Medical College of San Francisco, took place on Wednesday evening, November 11th, at the Y. M. C. A. Hall. The following successful candidates received the diploma of the college: EDWARD L. BALLARD, GEORGE B. DAVIS, MRS. MARY E. EDMONDS, MRS. ANNA LILJEROTH, MRS. SOPHIA J. B. MCCLELLAND, MISS ANNIE B. WIGHTMAN. After the usual prayer and musical exercises the report of the Dean was read, showing a very satisfactory state of the College. It was followed by the valedictorian, PROF. J. W. WARD, whose excellent address was delivered in the Professor's most facile and happy manner, to the enjoyment of all present.

SEVENTY-FIVE students are in attendance at the Homœopathic school at Calcutta. The lectures are given in English upon materia medica and therapeutics, diseases of women, practice of medicine and hygiene.—*La Revue Hom. Belge*, Sept. 1885.

DR. HOLMES is in danger of expulsion from the regular ranks, because in his last story he cures the hero with homœopathic medicine. It is a violation of professional ethics.

HOMŒOPATHY is progressing in Mexico. We desire no further proof of it than the creation of the *Mexican Homœopathic Club* which numbers already twenty-eight members and which has just published its journal, *La Reforma Medica*. We wish a long life to our confrere.

THE Eclectic Medical Society of the State of California, held their annual meeting December 8th and 9th. Several interesting papers were read and discussed.

OUR friend, DR. DEWEY, of Petaluma, is prospering in his new home. But he has not forgotten his old friends, as the readers of this number have the benefit of one of his excellent translations from French medical journals. In our next number will appear some further contributions from his pen.

WE notice in the *Southern Clinic* an interesting article on Southern California and lung diseases, by E. A. DECALHOL, M. D., of Los Angeles. We regret that lack of space forbids our republishing it.

THE new Announcement of the Hahnemann Medical College will be out soon. Send for it before going elsewhere—address the publishers of this Journal or the Dean of the College.

- WITH this number begins Vol. IV of the CALIFORNIA HOMŒOPATH. If you have not already remitted the subscription price, (\$1.00), please do so immediately. It will ensure prompt reception of future numbers—thereafter it will not be sent to any but *bona fide* subscribers.

ARTICLES for publication should be sent to the *Editor*, but subscriptions and advertisements direct to the publishers.

DR. GEO. E. DAVIS has returned from his Eastern trip and resumed practice at his old office. The Doctor paid special attention to Gynæcology while studying there and intends to make this his specialty.

LOS ANGELES rejoices in the possession of a competent Homœopathic Veterinarian—in this respect ahead of San Francisco, where so far as we know, no Veterinary Surgeon of our school can be found. Surely a good field for one.

The following is recommended as a good local remedy for Eczema of Genitals, that most obstinate affection:

R. Potass. chlor gr. xvi.
 Vin. Op. gtt. xxxii.
 Aq. Dist. O. ii.

THE Oregon State Homœopathic Society officers for 1885, are the following: President, DR. L. HENDERSON, Salem; GEO. WIGG and B. F. MILLER, Vice-Presidents; K. L. MILLER, Secretary and Treasurer; E. C. BROWN, Corresponding Secretary.

DR. T. A. KIMMELL, late of Kansas City, has located at Shasta, Cal.

DR. G. W. WILCOX, returned from a visit to the Eastern States, has located at Anderson, Shasta county, a place selected with reference to climate.

LOS ANGELES continues its attraction for M. D.'s. DR. G. F. MOHN has lately established himself at 349 S. Spring street. Drs. J. H. BARNWELL and F. H. BARCLAY have also made their appearance in this favored place.

DR. F. P. GREEN, O. et A. Chir., a graduate of the Ophthalmic Hospital College of New York, who has been engaged in practice in Little Rock for several years, has removed to San Francisco, Cal. The Doctor has had a large experience as an oculist, and our brethren of the Pacific Coast are to be congratulated upon his location among them. We regret to lose him from the South, but wish him abundant success in his new field.—*Southern Journal of Homœopathy*.

THE *Rural Health Retreat* at Crystal Springs, near St. Helena, desirable for invalids on account of the dry and equable climate, has been opened up by Dr. J. S. GIBBS, who is ready to take care of invalids who are seeking such a place.

ALHAMBRA, Los Angeles county, has the good fortune of welcoming among their new residents, W. R. JONES, M.D., for ten years a practitioner in Boston.

DR. ELLIOTT D. CURTIS, late of Woodland, has found it necessary, on account of climate, to locate at Oakland, where he has opened an office at No. 1555 San Pablo avenue.

NEW PUBLICATIONS.

A Cyclopædia of Drug Pathogenesis. Issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by R. HUGHES, M. D. and J. P. DAKE, M. D., with the aid of the following consultative committee : Drs. DRYSDALE, DUDGEON and POPE, from England ; CONRAD WESSELHOEFT, FARRINGTON and ARNDT, of the United States. Part I. Abies—Agaveus. London, 1885.

This Cyclopædia is compiled under the following instructions, adopted jointly by the American Institute of Homœopathy and the British Hom. Society.

1. Give the scientific name and synonyms of each article and its natural order.
2. Give a narrative of all provings, stating the symptoms in the order of their occurrence, with such condensation as completeness allows.
3. Give, in describing virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.
4. Give the results of experiments on the lower animals, where of value, generally in abstract.
5. Trace all versions and copies to their originals, and verify, correct or reproduce therefrom.
6. Include as a rule, no drug that has not shown pathogenetic power in two or more persons.
7. Include in the narratives, as a rule, no symptoms reported as occurring from a drug administered to the sick.
8. Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration.
9. Include symptoms reported as coming from attenuations above the 12th decimal only when in accord with symptoms from attenuations below.

The first part of this Cyclopædia has been carried out faithfully according to the above rules. The result strikes one familiar only with the anatomical arrangement of the *Materia Medica* of the Homœopathic school as presented by our standard authors, Allen, Hering, Lippe, etc., very strangely. The condensation is the first astonishing thing. This is explained to some extent by the use of terms representing pathological entities, and sometimes terms representing physiological and pathological theories instead of the plain

familiar vernacular of the prover. Thus the constant repetition of the same symptom in but slightly varied language is avoided. The great advantage this Cyclopædia has over all other *Materia Medica*s of our school is the record of the provings from the day-book of the provers. Each one is now enabled to judge for himself of the natural history of certain symptoms, given heretofore only on the authority of compilers. The book will be the great treasure house of *Materia Medica*, the fountain from whence all subsequent text-books must draw, the standard by which they will have to be judged. May its editors be blessed with the support of the entire profession!

Lectures on Clinical Otolgy. Delivered before the senior class in the New York Homœopathic College. By H. C. HOUGHTON, M. D. Boston: Otis Clapp & Son; pg. 260; 8mo. 1885.

It is with much pleasure that we notice the above publication; for to Professor Houghton of New York, more than to any other aural surgeon of our school, is the Homœopathic profession indebted for the special indications of remedies in the treatment of diseases of the ear, which has made Homœopathy so successful and prized in this department of medicine. The volume consists of twelve lectures and is intended for the *general practitioner* and student of Homœopathy. They are admirable in every respect. We wish to call especial attention to the summary of Remedies, where the indications for the use of the medicines are so clearly cut, freed from all unimportant symptoms, and based upon the experience and close observation of our leading specialists in the department of diseases of the ear, that they form truly "guiding symptoms," which if followed, will lead to numerous cures. The publishers have given us an elegant volume—dainty in its elegance. Every general practitioner should provide himself with these lectures of Professor Houghton's.

A Lecture on Homœopathy. By CONRAD WESSELHOEFT, M. D. Boston: Otis Clapp & Son, 1885.

In 1879, Dr. Samuel A. Jones, Professor at Ann Arbor, delivered a series of soul-stirring lectures on Homœopathy, to old-school students, at that university, in response to an invitation from them. This lecture of Professor Wesselhoeft's was also delivered in response to a courteous invitation from old-school students—the Boylston Medical Society of Harvard College. A series of questions were proposed by them and answered in a straightforward, clear, and honest manner. It forms a good missionary tract; but it lacks the inspiring warmth of Professor Jones' similar effort. We hope some of the individual members of the Boylston Club will be led by the able presentation of Professor Wesselhoeft's views, to look more closely into Homœopathy, and judge of its claims more fully than is generally done by their school. Of the old-school, *as a school*, we have given up all hopes of ever receiving righteous judgment at their hands. Two generations of misrepresentation has rendered them organically incapable of accepting openly the truth of the principles of Homœopathy, though ever ready to adopt from them therapeutic results that could not have been arrived at by any other gate but *that of Similia Similibus*.

Three Essays by Herbert Spencer, Humboldt Library, No. 68. These essays are on laws and the order of their discovery. Origin of animal worship and political fetichism. They form part of the Humboldt Library published by J. FITZGERALD, New York.

We know of no more delightful reading for the physician as a relief from his strictly professional literature, that he is compelled to read, as the papers published in this library. Spencer's works are very conducive to sobriety of judgment and judicial mindedness—qualities not too common among medical men, and hence a careful reading of these essays will certainly be of use to every one aside from the intellectual pleasure the treat affords.

A Treatise on the Breast and its Surgical Diseases. By H. I. OSTROM, M. D. second edition. New York, A. L. CHATTERTON & Co., 1885.

Readers of the *American Journal of Homœopathic Materia Medica*, published several years ago, in Philadelphia, will remember the first appearance of Dr. Ostrom's treatise on the breast in that journal. Subsequently it was published separately but that edition has been out of print for some time, so that a new revised edition is more than welcome. The author enters fully into the anatomy, physiology and pathology of the mammary gland, and in his special therapeutics gives a full array of symptoms of all remedies acting upon this region. The repertory is of much use, and aids the finding of the correct remedy very much. We are glad to see the author following the example of German authors in appending a "bibliography" which shows that he has had the benefit of pretty much everything that has appeared in that line. This second edition is published in a much more attractive form and we trust that it will meet with the appreciation on the part of the profession that it deserves.

The Homœopathic Physician's Visiting List and Pocket Repertory for 1886. By R. FAULKNER. Boericke & Tafel. Morocco, \$2.

Lindsay & Blackiston's Physician's Visiting List, 1886.

Otis Clapp & Son's Visiting List and Prescription Record. Perpetual. Boston and Providence.

It is difficult to choose between these different physician's visiting lists. Faulkner's great advantage is his repertory, his disadvantage, the size for the pocket. Otis Clapp's is the right size, so is Lindsay & Blackiston's; the former has space for prescriptions immediately after the day, which seems to us advantageous, an ingenious obstetrical calendar, poisons and antidotes, &c. Lindsay & Blackiston's is of special value to the old-school physicians; containing dose tables, rewritten in accordance with the 6th revision of the *U. S. Pharmacopœia*, also a list of new remedies, some strikingly old and Homœopathic. They are all gotten up in excellent style, binding, &c.

The Oleates. An Investigation into their nature and action. By J. V. SHOEMAKER, M. D. Philadelphia, F. A. Davis, Att'y, 1885.

This little volume treats of the history and origin, the process of manufacture, physiological action and Homœopathic uses of the Oleates, these elegant preparations for applying medicinal substances to the skin.

The Cat and its Diseases. By E. M. HALE, M. D.

It must be a genuine love for this domestic pet that could make so busy a man as Dr. Hale devote his time and study in writing up a feline pathology and therapeutics. But here it is—elegantly gotten up, most readable and practical. The treatment is a liberal Homœopath, with excellent domestic expedients. All lovers of cats should possess the little book.

Bacterial Pathology. A series of papers on the exhibits at the biological laboratory of the Health Exhibition under the charge of WATSON CHEYNE. Reprinted from the *London Lancet*, illustrated with over thirty engravings, showing the appearance of the bacteria and the apparatus used in preparing and cultivating them. New York. The Industrial Publication Co., 1885

Twenty-first Annual Proceedings of the Homœopathic Medical Society of Ohio, 1885.

This prosperous society has published an interesting volume of two hundred and sixty pages containing valuable and suggestive papers on various subjects. The *Bureau of Clinical Medicine* contains several interesting studies on malarial fevers, besides other papers. *Materia Medica* is well represented by articles on Jaborandi, Kal. carb. and Apis. The Ohio Society members are evidently a working body and we are glad for the profession, since by the publication they give us the benefit of their labors.

The Surgical Treatment of Cysts of the Pancreas. By N. SENN, M. D., Chicago.

This is an essay read in the section on surgery and anatomy at the 36th annual meeting of the American Medical Association.

Abnormal Positions of the Head. What do they indicate? by E. BORCK, M. D., St Louis.

An interesting clinical lecture, delivered before his private class of medical practitioners to which is added another full of practical points on "Little Things" of surgery.

Iritis, its relation to the rheumatic diathesis and its treatment. By CHAS. J. LUNDY, M. D.

A reprint from the *Physician and Surgeon*.

Popular Department.

THE DANGERS AND THE DUTY OF THE HOUR.

FROM AN ADDRESS BY WILLIAM GOODELL, M. D.

While traveling by land and by sea, I saw grown-up people everywhere. Men there were, and women there were; but the children, where were they? Childhood was barely represented. So seldom, indeed, was the sight or the sound of a child, that on one smooth morning at sea, it was a treat to see in the cabin of a coasting steamboat a chubby-cheeked little fellow doubling up his fists and showing, by kicks and by screams, that original sin had as tight a grip on him as it has on me, or as it has on every one of you, my Brothers!

During my stay at two seaside resorts, I found that of the masters of two yachts in which I cruised about, the one had been married for twenty-odd years, and had but one child; the other, for over thirty, yet his wife had never conceived. Of the two carriage drivers that I employed, each born and bred on the soil and fishermen by profession, the one had been married for three years, the other for twelve years, and neither had offspring. The reason assigned for this unfruitfulness was to the effect that the "wife did not wish to have children." I also took note, in my travels, that while the men generally seemed to be hale, and often in rude health, the women were pale and sickly. They had thin lips and sharp features, and those hollow, wistful eyes, which sometimes looked painfully simian in expression.

Then, again, after being cut off for a whole week from all communication with the outside world, the first newspaper I got hold of contained several legal notices of pending divorce suits, and the history of three wife-murders. Two of the latter told the usual tales of incompatibility and separation. In the third, there cropped out the old story of jealousy.

All these circumstances deeply moved me, but they bore no fruit until I was homeward bound. In the same sleeping-car lay on a litter an hysterical wife. Although past her prime, she did not have a daughter to wait upon her, but she was most loyally cared for by a stalwart husband, who looked like a well-to-do farmer. The state-room which they occupied was next to my berth, and throughout a long night the petulant complaints and querulous exactions of this poor woman kept me from sleeping and set me to thinking.

What mean, I asked myself, what mean these divorces? What mean these murders? Whence comes the ill-health of our women? Whence this dearth of children? Then and there, on the instant, I chose for the text of this morning's address: "The Dangers and the Duty of the Hour."

The theme is so many-sided that it enables me to speak to you not only as a physician to physicians, but as a citizen to citizens, and as a man to men. But, in the presence of far better and far wiser men, I am admonished of my own weakness, and I, therefore, bespeak your kind indulgence.

The Dangers of the Hour! What are they and whence do they come? They are, in my judgment, *The Faulty System of Female Education*, *The Decay of Home Life* and *Unwillingness of our Women to Become Mothers*.

The Faulty System of Female Education.—The chief strain of reproducing the species falls on woman. To this great end she ovulates, she menstruates, and she conceives. For this she bears the burden of gestation, of parturition, of lactation, and of maternity. Ought not, therefore, the growth and the well being of her body to be, at least, as carefully looked after as the growth and well being of her brain? To be symmetrical, the education of brain and of body should go hand in hand. It should be a co-education; the one helpful to the other. But with our women this is not so. The advocates of the so-called "high culture" champion the idea of the intellectual equality of sex, and the result is that too much brain-work and too little body-work is the crying evil of this land. The fact is our girls are over-educated. Now, forcing that portion of the brain which is the seat of our intellectual faculties, and forcing it, especially, during

its nascent and growing stage, stunts those centres which preside over animal life. Thus energy is withdrawn from the tropic and reproductive centres, and physical development is arrested. Precocious cleverness is attainable only at the cost of physical and sexual development. The brain-cramming of our boarding schools and public schools; their buckram proprieties, and the autocratic Bismarckism of their government, breed a host of sickly girls who swarm in every class of society. Manifold diseases—functional and structural—date from the recitation room. They are mostly of a uterine complexion, for at that time of life the sexual sphere dominates, and the brunt of the nervous and vascular disturbance falls on the most exacting organs—the reproductive. So common, indeed, is it for girls in boarding schools to suffer either from amenorrhœa or from irregular menstruation, as to create a general impression in the community that in these schools some drug is secretly given in the food in order to lessen the laundry work. In one school of great repute, so many girls missed their monthlies that their physician wrote to me, asking me whether it were possible, as his patients averred, “that as their clothes were laundried in the building, something was given in their food or their drink to produce the effect for the purpose of saving the laundress the disagreeable task of washing the napkins.” I have lately had in my hands four very bad cases of nervous exhaustion, and one of, I fear, hopeless insanity, brought on by over brain-work at school. Three of them, including the insane one, were graduates of one of our best known female colleges, and a class-mate of two of them has also been an inmate of a lunatic asylum. It seems hardly credible, and yet I was told by one of these girls that the valedictorian of the class above her was so broken down with over-study that, between the acts, so to speak, of her commencement exercises, she had to be dosed, like mere vulgar prize winners, with brandy and bromide of potash. I am bound, however, to say that my patients did not attribute their ill-health so much to the rigor of their studies as to the endless go and bustle of their college life. They complained of the deafening clatter of dishes at commons, of the incessant bell-ringing for the numerous classes, and the distracting noises in the corridors from the

girls hurrying to and from their recitations. Always tired, they longed for rest, but never got it. Out of study hours their amusements and pursuits consisted of public receptions, class receptions and literary societies; of the upholstering of class-room furniture, of excursions, which all, however weary, felt obliged to attend; of tableaux; amateur theatricals and musical clubs. All these absorbed their waking hours, and often, indeed, their sleeping hours, for the over-busy brain could not stop thinking. Then came the greatest strain of all—the exercises on commencement day—and can we wonder that, out of a graduating class of forty-odd from this college, fully one-quarter, as I am informed, were ruined in health, to say nothing of a large number who had begun to break down. So commonly do I find ill-health associated with brilliant scholarship, so often, that she who wins an honor is a “victor who hath lost in gain,” that one of the first questions I put to a young lady seeking my advice is: “Did you stand high at school?”

In a thoughtful article by Dr. Karl Hildebrand, on “Half Culture in Germany,” he says that “culture does not mean a vast quantity of knowledge—on the contrary, it demands a wise restriction.” According to him, the defects of the present system of education are that “mnemonical accumulation of facts is the modern equivalent of culture, and stringency of examination is the measure of attainments,” and that “far too much is taught—nay, too much is read.” Other German writers attribute defective vision and ill-health to their system of early education, which, so far as girls are concerned, is notoriously behind ours in rigor.

“Under the high-pressure system of our public schools,” as I have elsewhere remarked,* “even a class which ought to live by manual labor is made unfit for it.” Hence an inability to work attaches degradation to domestic labor, and town and city, therefore, teem with pale-faced and flat-chested women, who seem to have no other hold upon life than a capacity for momentary enthusiasm; no other “aim in life” than to cultivate small hands, small waists and small feet. Even the sunburnt farmer’s daughter is a tradition, and the

* Lessons in Genecology, second edition, p. 420.

milkmaid's stool and the milkmaid's song, a poetic license. "Our great-grandmothers got their schooling during the winter months, and let their brains lie fallow for the rest of the year. They knew less about Euclid and the classics than they did about housekeeping and housework. But they made good wives and good mothers, and bore and suckled sturdy sons and buxom daughters, and plenty of them at that. From the age of eight to that of fourteen, our daughters spend their time in the unwholesome air of the recitation room, or in poring over their books when they should be at play."† Then, just as menstruation is beginning, just as puberty is struggling to assert itself, comes the series of examinations which selects the most ambitious girls and promotes them to the complex curriculum of the High Schools. Four years of hard study and intellectual rivalry now follow, four precious years, very needful for the perfect development of the reproductive organs, and for the full establishment of their functions, but spent in an endless antagonism between brain-growth and body-growth. As a result, the chief skill of the milliner seems to be directed towards concealing the lack of organs needful alike to beauty and maternity, and the girl of to-day becomes the barren wife or the invalid mother of to-morrow.

Thus far I have sketched the school-girl of the day, from early childhood up to sickly maidenhood. Released now from her school-desk, this weary, worn-out, rest-needing girl launches into the dissipations of society. Within a year, it may be, she becomes engaged to some unwary youth, who, bewitched by her face and charmed by her intelligence, sees not the frail body and the butterfly down. He weds her to find that she has brought him a dower of ill-health, and that she has dared to assume the cares and cares of a married life with undeveloped reproductive organs, and with a large outfit of back-aches, spine-aches and head-aches. Unequal to the obligations of marriage, she at first tolerates them, then loathes them. Soon repugnance merges into aversion and hate. The husband is driven to unfaithfulness, and finally the domestic drama too often ends in a separation or in a di-

† Lessons in Genecology, second edition, p. 420.

voice. Should pregnancy ensue, a big-headed child and a narrow pelvis endanger her life and that of her offspring. Should the child survive, it is suckled by aliens. Cursed with a puny frame and a too highly organized brain, it is, like the cherubs of the old masters, all head and no body. But this is not all. "There is a little difficulty," says the leech in the "Fair Maid of Perth," "in blighting a flower exhausted from having been made to bloom too soon." The young girl—this hot-house plant—wilting under the double strain of wifehood and motherhood, remains ever after an invalid.

If woman is thus to be stunted and deformed to meet the intellectual demands of the day; if her health must be sacrificed upon the altar of a higher education, the time may come when, to renew the worn-out stock of this republic, it may be needful for our young men to take the hint thrown out by another, and make matrimonial "incursions into lands where educational theories are unknown, and where another rape of the Sabines is possible."

RULES FOR TAKING HOMŒOPATHIC MEDICINES.

1. When medicines are prepared in pellets, take 6-8 for an adult, half as many for a child, one or two for infants. When once taken from the vial containing them, do not return them. Keep all medicines away from strong odors and direct rays of the sun.
2. When medicines are to be dissolved in water, use pure filtered water if possible. Have the tumbler perfectly clean. Use one spoon for one medicine, and never put another medicine in the same tumbler without thoroughly cleaning and *drying* it.
3. It is a good rule to lessen the number of doses by lengthening the intervals between them, so soon as improvement shows itself. If it still continues, stop medicine entirely.

THE Bureau of Organization, etc., of the American Institute of Homœopathy, the oldest national medical association in the United States, gave the following report in June last. There are in the United States—

One national society,
Three sectional societies,
Twenty-nine State societies,
One hundred and two local societies,
Twenty-two clubs,
Six other organizations,
Twenty-five general hospitals,
Fifty dispensaries,
Thirteen colleges,
Two special schools,
Nineteen medical journals,
One thousand and eighty-three medical students,
Three hundred and sixty-five graduates in Homœopathy during the present year.

NO FEAR of Homœopathy dying out. In ten years the population of Illinois has increased 22 per cent., and the number of Homœopathic physicians nearly 60 per cent.

THE Homœopathists of the South are thinking of organizing a Homœopathic College. They already have a progressive journal—The Southern Journal of Homœopathy, edited by Dr. Fisher.

THE Legislature of Pennsylvania, at its recent session, appropriated \$50,000 to the Homœopathic Hospital at Pittsburgh, in addition to a similar sum donated two years ago, and \$20,000 to the Homœopathic Maternity at Philadelphia.

THE Pennsylvania State Board of Health, lately organized, consists of five physicians and one civil engineer. Two of the physicians are Homœopaths.

THE new State Insane Asylum at Traverse, Michigan, is to be under the direction of the Homœopathists.

THE CALIFORNIA HOMŒOPATH.

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

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

VOL. IV. SAN FRANCISCO, MARCH, 1886. No. 2.

EDITORIAL.

HOMŒOPATHY has sustained a great loss in the death of two of its representatives, one after a long and successful career; the other, its most promising teacher among the younger generation of Homœopathists. The two great men were Dr. Theodor J. Rueckert, of Germany, and Prof. E. A. Farrington, of Philadelphia.

In the death of Dr. Rueckert, passed away the last of the direct students of Hahnemann and the oldest of all homœopathic physicians. He participated in the provings of drugs under Hahnemann, and was the author of that valuable work, "Klinische Erfahrungen." A thorough student, frequent contributor to journals, gifted and brilliant author and successful practitioner, he leaves a great void in homœopathic ranks, and with his departure is cut off our last connection with Hahnemann and earliest Homœopathy.

Our readers will be much pained to learn of the untimely death of Prof. E. A. Farrington, of Philadelphia. We considered Prof. Farrington to be the leading teacher of *Materia Medica* in the Homœopathic school. Receiving his inspiration and instruction direct from Hering, that giant of learning, it seemed that upon Farrington alone descended the mantle of philosophical insight into *Materia Medica* that could create a science out of material that appeared to others only chaos. His studies in *Materia Medica* are classical, and all who had the privilege of hearing him as lecturer on his favorite study, will bear testimony that he succeeded in making the hour of his lecture one of the most delightful of the day. He succeeded in making a dry subject luminous and interesting—he gave life to it, and *Materia Medica* taught by him became an intensely fascinating study. We hardly know where to look for a worthy successor.

THE Third Annual Announcement of the Hahnemann Medical College of San Francisco is published. From it we learn of a very prosperous condition of the college and good outlook for the future. The graduates of the institution are doing well and reflecting honor upon the Alma Mater. We notice several changes in the Faculty. Dr. Boericke succeeds Dr. McNeil in the chair of *Materia Medica*, and Dr. Chas. P. Hart, the former in the chair of Nervous Diseases. Dr. Hart needs no introduction as a teacher in that department; he is the well known author of the treatise on Nervous Diseases and of Intra-cranial Diseases—the only systematic works on those branches in our school. The College is greatly to be congratulated on so worthy and eminent an accession. Every homœopathic physician on the coast who is at all sensitive to the immense benefits he derives from Homœopathy and who wishes to do something for the common cause, ought to select from his acquaintance some bright young man with a love for medicine, and encourage him to pursue its study under the fostering care of the Hahnemann College of San Francisco.

ORIGINAL ARTICLES.

THE LAW OF SIMILARS.

Translated from the *La Revue Homœopathique Belge*.

By DR. W. A. DEWEY, PETALUMA.

The following are a few annotations from a new Allopathic work on Internal Pathology, recently published in Germany, and also from a few other sources, from the able pen of the editor of *La Revue Homœopathique Belge*, Dr. Martigny.

Under the heading *Aetiology*, after having enumerated the probable causes of *Tabes Dorsales*, Dr. Strumpell (the author of the above) adds: "In conclusion we ought to mention the interesting fact discovered by Tuczec, of the complete analogy which exists between *Tabes* and the phenomena produced by chronic ergotinic intoxication (*Ergotism*), which is likewise due to an affection of the posterior columns of the cord; anatomically verified." In continuing we were not a little surprised to find that *Ergotine* is recommended by the same author for the treatment of *Tabes*.

For a Homœopath the thing is quite natural, since *Ergotine* produces in certain subjects symptoms of *Tabes Dorsales*, with the characteristic anatomical lesions, hence there is no doubt that certain cases of *tabes* ought to be cured by *Ergotine*.

This fact did not fail to strike the mind of the author, but instead of recognizing frankly the law of similitude in this case, which would hardly do for a clinical Professor in the University of Leipsic, he tries to give an explanation, which however is very muddled. Here it is: "There is but one apparent contradiction between the existence of an ergotinic *tabes* and the fact of administering *Ergotine* as a remedy against *tabes*; it is quite possible that the drug, when given in a strong dose, provokes an atrophy of certain systems of fibers, exerts upon them an advantageous (excitant) action when it is prescribed in a less quantity."

Understand it if you can. This is what happens when one absolutely does not wish to recognize the law of similars.

M. Germain See saved himself in a similar case apropos of *Digitalis*, by a simple play on words. After having re-

marked that *Digitalis* often produced in the healthy an intermittance of the pulse, he adds: "By a singular caprice this same digitalis often causes a disappearance of this intermittancy, in those affected." By a singular caprice!!!

The facts are numerous to-day which corroborate the law of similars, and we have met sundry examples in a recent allopathic work: "*Lessons in Clinical Therapeutics*," by Dr. Dujardin-Beaumetz.

Thus he recommends *Picrotoxine* (active principle of *Cocculus*) for Epilepsy, and adds that "Chirone and Testa obtained a true artificial epilepsy by employing *Picrotoxine*." He is very careful not to attempt any explanation of this having a scientific appearance.

Apropos of Albuminuria, we also find a few verifications of the law of similars in the above work.

Speaking of the Iodide of Potassium, which should have given some success in this disease, the author makes the following remarks with reference to it: "The iodide of potash and the iodides have a direct action upon the kidney; it is eliminated by that organ, and this elimination can produce, as J. Simon has shown, a true albuminuria; it is, then, this local action which should here be the dominant question of the treatment. It is these same ideas which caused the adoption of cantharides or rather cantharidine. It is thought that the action of this alkaloid upon the Glomeruli would stimulate them and give a new vital activity to them.' *Fuchsine*, which the author likewise recommends in this disease, produces albumenuric symptoms in animals when used upon them.

With reference to the use of *Phosphorus* in the treatment of *loco-motor ataxy*, it is very interesting to read what Dr. Dujardin-Beaumetz says: "It is I who first proposed, in 1868, the employment of *Phosphorus* in the treatment of *loco-motor ataxy*. I had been preceded in this path by the works of Delpech, who had already, in 1863, applied *Phosphorus* in the treatment of certain paralyzes from intoxication, and in particular by that produced by the Sulphate of Carbon. I will, of course, not mention the work of Gallavardin, who, in 1865 used this remedy in paralysis, because he used it in Homœopathic doses (what a crime!) I have since continued the

use of *Phosphorus* and although I have never observed a cure by this drug, I have seen in many cases an amelioration, characterized by increase in power and by a diminution of the incoordination.

"The same remarks made in reference to Nitrate of Silver ought to be made here, and one should ask himself if the amelioration obtained is not rather the natural cause of the disease, than the action of the remedy. Upon what is based this action of *Phosphorus* in ataxy? Here again, as in the case of Nitrate of Silver, we are reduced to hypotheses. I have put forth the following: Ranvier has shown in his experiments upon *Phosphorus* that when it is placed under the skin of animals, it does not provoke inflammatory phenomena, but produces an arrest of the nutritive and formative work of the histologic elements. It is possible that *Phosphorus* opposes thus the proliferation of nervous elements in the spinal cord. This, I repeat, is but a simple hypothesis, and I give it for what it is worth without insisting upon it."

We think, too, that the author is perfectly right not to insist upon his pretended explanation, which in reality is not one. Why does he not declare squarely that these ameliorations produced by *Phosphorus* are in virtue of the law of similars?

The "*Scalpel*" in its turn has apprised us of a new discovery by our Allopathic confreres:

"In certain southern countries there is used a good deal of pepper in the culinary practice; with this sweet pepper there is often found mixed a strong pepper, and the consumers notice that it produces at the moment of defecation, a burning at the anus. There exists an imitation in the rectal region of the intestine an imitation which has been placed at profit by title of *substitution* to cause the disappearance of the congestions and pains accompanying Hæmorrhoidal fissure.

M. Reynier recognized that in giving two pillules of 20 centigrams each of capsicum (one in the morning and one in the evening) one could cause the painful symptoms of the affection to disappear."—*Scalpel*, 20th Sept.

We can certify to our allopathic confreres that it is useless to give *capsicum* in doses of 20 centigrams, which will readily produce symptoms of gastric irritation; that if they will administer one drop of the mother tincture—or better still—a drop of the third or even the sixth dilution, the remedy will produce its effect, if indicated, *by title of substitution*—that is to say, by virtue of the law of similars; but it is forbidden to speak of that law in the camp of our adversaries, else you will pass for a renegade.

Patience—the facts are multiplying so much that our confreres will be forced to pass the bridge and come over to our side.

In the same number of the "*Scalpel*" there is spoken of the use of *Cimicifuga Racemosa* in accouchments, as a new discovery; the same that homœopaths have been using in tedious labors for twenty years. From work to work our allopathic brethren will finish—let us hope it for the interest of the sick—by discovering the entire therapeutics of Homœopathy.

CHRONIC SUPPURATION OF THE MIDDLE EAR.

By F. P. GREEN, M. D., O ET A. CHIR., S. F.

Mamie H., æt. 15, a frail and timid little girl, with auburn hair and blue eyes, was brought to me on account of deafness, of two years' standing, the result of scarlet fever. Her parents said that her ears had both discharged ever since this attack of sickness; that she was very sensitive, easily offended, and spent most of her time alone; took little interest in the sports that children usually enjoy, and cared little for her school-books, as they expressed it "she was very slow to learn."

I examined her ears and found both canals filled with a thick, yellow and very offensive pus. She could only hear when spoken to in a very loud tone of voice. Heard the tuning fork well, but could not hear the watch, though pressed firmly against the ear.

After thoroughly cleansing the ears, both passages were found to be filled with exuberant granulations. I desired to

make an application of bichromate of potassium, and not having a solution at hand I resorted to McIntosh battery fluid (bichromate of potash, sulphuric acid and water), it acted so satisfactorily that I continued the application every second day, until the entire canals and tympanic cavities were free from granulations, being careful to touch only the diseased tissue.

This being accomplished, the canals were packed full of a mixture of equal parts of Boracic Acid and Iodoform, when the discharge soon ceased, and both membranæ tympani, of which there remained no trace, began to fill in, and were entirely restored. The hearing rapidly improved and within three months, she could hear a watch at the distance of four feet. She came into my office one day saying, she could actually hear the mosquitoes sing, a thing she had often heard talked of, but a sound new to her.

While under my care the menstrual function was established, and she so improved in every way, that one would not recognize her as being the same person. She lost her stupid and timid appearance, enjoyed playing, took an interest in her books, and promises to be as bright as any child. The only remedy given her was sulphur 6x, which was prescribed when I first saw her and continued until the case was discharged.

INTESTINAL OBSTRUCTION.

[A paper read before the Homœopathic Club of San Francisco, by
R. H. CURTIS, M. D.]

Mr. President and Gentlemen—It is my privilege this evening to present for discussion the subject of intestinal obstruction.

Owing to the nature of our Society, and the avowed purpose of our meetings, I thought that it would be impertinent in me to attempt an elaborate paper, so I shall simply, and as briefly as possible, call your attention to a few facts connected with this very interesting subject, which no doubt have been verified in your own experience, and on which discussion may throw new light.

The unquestionable difficulties attending the diagnosis of many diseases of the abdominal viscera depends greatly on the frequent absence of definite and characteristic signs, as well as the presence of symptoms common to nearly all abdominal lesions. Of course this assertion is not meant to be so sweeping as to include renal diseases, which may by rational signs and urinalysis be diagnosed with fair precision, nor enlargement of the liver, or the opposite condition of cirrhosis, nor of growths especially those of a cancerous nature, although the absence of such definite physical signs by no means precludes the presence of grave organic disease.

In our efforts to diagnosticate abdominal lesions, we may be greatly aided by percussion and palpation, but the presence of gas, or ascitic fluid, even in small quantities, as in cancerous disease, may obscure the physical signs, as in a case with which I was myself connected, where there was a scirrhus condition of the Ileum encroaching upon and producing stenosis of the Ileo-cecal valve, inducing symptoms of intestinal obstruction, and although cancer of the intestines was suspected, the true condition was only revealed at the autopsy; there was very little thickening, and this was obscured by dropsical effusion rendering our diagnosis uncertain.

ETIOLOGY.—To give a cause of intestinal obstruction is not so easy as at first it would appear, but we may better understand the etiology by dividing the subject into two varieties, *acute* and *chronic*.

Acute.—Leaving out the different varieties of hernia manifested externally, the causes of acute intestinal obstruction are internal hernia (by which I mean hernia through a slit in the omentum, mesentery, or a fold of the peritoneum), volvulus, diverticula, knots or foreign bodies, intussusception and even worms.

Chronic intestinal obstruction may be caused by impacted feces, tumors, or following peritonitis we may have fibrous bands or adhesions, stricture of the rectum, or it may be as well to remark here, that after the reduction of inguinal hernias of which part was omentum occlusion, has resulted from

the fact that in the first place it may have adhered to the intestinal protrusion, and from long incarceration had become indurated, so that when returned to the abdominal cavity it acted as a foreign body, and set up peritoneal inflammation.

Symptoms.—The acute variety is generally manifested by sudden and severe pain, which may be remittent or intermittent, the paroxysms varying in intensity and duration. *Vomiting*, first the contents of the stomach, then bilious, and later it becomes stercoraceous and persistent, there is obstinate constipation, and other symptoms such as usually accompany intense pain, cold sweat, pale and anxious face, accelerated pulse (there is I believe an exception in biliary colic, where the pain is often extreme yet the pulse is retarded), great exhaustion and rapid sinking of the vital forces.

Chronic intestinal obstruction may in rare cases succeed the acute, but the symptoms are generally manifested slowly, colicky pains, nausea, constipation, rumbling in the bowels, distress, and what with the gas and fecal accumulation the bowels may be easily outlined by palpation, the constipation is obstinate, the pain increases, as also the nausea, then follows vomiting, *anuria* which may be from decrease of the secreting surface, but I am inclined to think that the constant vomiting, rejecting and depleting the system of water, has much to do with it; this condition, by its poisonous effect on the nervous system, still further exhausts the patient.

DIAGNOSIS.—First the history of the case, then the symptoms objective and subjective, if the occlusion is low down, a finger in the rectum, or after carefully dilating the sphincter even the hand may be insinuated and carried as high up as the sigmoid flexure of the colon. Amussat, the famous French surgeon, judged the location from the amount of water he could inject, estimating in proportion to a given capacity of the intestines; in acute cases the presence of a tumor may indicate invagination. I find it stated that the causes of the acute variety are more frequently found in the small intestines and the chronic in the large; one point, however, seems reasonable, that is, if the cause is in the small intestines vomiting will come on sooner, and the earlier the

collapse, although the vomiting may not be markedly stercoraceous; should the occlusion be near the ileo-cecal valve, we would most likely find a swelling in the median line or a little to the right of it; in these cases the colon is usually empty, for the patient's friends, as a rule, begin treatment themselves by giving cathartics, or enemata; here we would also expect early stercoraceous vomiting, great pain and prostration. In the colon, the lower the obstruction the slower the manifestation of the symptoms, the later the fecal vomiting; perhaps if the fecal accumulation is large it could be easily felt through the abdominal walls. Age plays an important part in diagnosis, as intussusception is most common in young children; in old age there is a senile torpidity of the liver and bowels, and the old are apt to be careless and allow the fecal matter to accumulate, sometimes with disastrous results, first from hyperdistention which may lead to paresis and even permanent arrest of peristalsis; secondly from reabsorption of effete matter, and thus weighting the nervous system with its poison the torpidity is increased.

PROGNOSIS.—Always grave, but more so in the acute variety, before the doctor is called the patient's chances have usually been prejudiced by the administration of cathartics which, while they cannot overcome the obstruction, will likely induce retrostalsis and increase the prostration, the vomiting prevents nourishment, and from want of water the kidneys, the natural depurators, cease to eliminate, the blood is poisoned, the nervous system so burdened and exhausted already by pain either gives way and the patient succumbs to collapse, or inflammation sets in and winds up the scene.

The *treatment* will depend on the condition and what has already been done; the *indications* are, *first*, to allay pain and intestinal spasm, check vomiting and give the stomach rest; *secondly*, to sustain nutrition and maintain the functions of the liver, kidneys, and lungs; *third*, to overcome the obstruction.

Morphia combined with atropine given hypodermatically, will accomplish the *first*; the stomach should have nothing forced on it. Such remedies as are given, will be best given in powders or pellet form, as sometimes even a teaspoonful

of water will excite vomiting. For thirst, little pieces of ice; sometimes sips of tea are tolerated; patient should assume the horizontal decubitus, and while in that position, hot applications will tend to relieve the pain. To sustain strength such nutritive enemata as Valentine's beef extract, defibrinated blood, adding to either a little dilute hydrochloric acid, milk and pepsin, &c.; these should be given in quantities not exceeding four ounces every three or four hours.

To remove the obstruction, copious enemata should be given three or four times a day; they may be of flaxseed tea, soap and water, hot milk, or what the judgment of the physician deems best. Of course, if the seat of the obstruction is above the ileo-cecal valve, we cannot expect much from these injections, even when the colon tube is used and the patient is placed in the knee and elbow posture.

The result to be expected from this line of treatment is by the minimum amount of medicine, relief of spasm and irregular peristalsis, the vomiting is checked or lessened in frequency; strength is conserved and supported; the antidotal effect of the atropine prevents or modifies the respiratory depression that morphia alone would produce, the rectal enemata increase renal action, which by elimination improves the mental and nervous condition; intestinal injections of water also influences the secretion of bile. This method of treatment generally results in spontaneous evacuations, but the case may be one where surgical interference will be necessary, then the advisability of laparotomy is to be thought of.

In closing these remarks, I respectfully call your attention to the subject of rectal alimentation: Dr. Fenn, of San Diego, has written an excellent article on the subject which was published in the *N. Y. Medical Record*, Aug. 15, 1885.

The surgical treatment of intestinal occlusion is admirably discussed in an article by Dr. S. B. Parsons, of St. Louis, and published in the *St. Louis Periscope*, in the October number of 1884; and an able paper by Dr. Frederick Treves, F. R. C. S., which was read before the British Medical Association at Cardiff, Wales, and reprinted in the *Medical Record*, N. Y., Aug. 15, 1885, treats the subject thoroughly and scientifically.

LIPOMA OF THE NECK.

By E. W. CHARLES, M. D.

June 3d, Ah Sing, 52 years old, consulted me for large swelling on right side of neck; said it had all grown within three months; not caused by a blow or other injury. The bunch involved the entire side of neck, extending from zygomatic fossa to the clavical. Examination developed a large "Lipoma," although such rapid growth is not common, but its mobility, doughy feel and nodulated appearance settled the diagnosis.

June 5th, came to office for its removal. Here allow me to digress to say it is a pleasure to operate on "John;" he is so stoical. Having decided on the removal, that settled the matter, and as carelessly and unconcerned as if going to bed he laid down on the operating table and took the ether without a word or the movement of a muscle. I made my incision in the line of the sterno cleido mastoid, in about the center of the body. For the benefit of students, will say why. The tumor was under the muscle in part, its posterior edge being nearly on a line with the posterior border of the sterno cleido mastoid. I would have made my incision along this posterior border, but I feared I would have to divide the muscle across its center, which would be very bad surgery, as it would have drawn apart, which would have very nicely exposed my tumor and made it so convenient to remove; but to bring these ends together and get perfect union and prevent torticollis, is another problem; so I abandoned the posterior border. Immediately under the anterior border are the carotids and internal jugular vein, with nerves, which it is well to avoid. I therefore selected the medium line, being careful to cut across as few muscular fibers as possible. After the tumor was removed, I had the normal action of the muscle to help hold my incision together. My incision extended from the mastoid process to the omo-hyoid. I tied and then severed the external jugular. Coming down to the body of the sterno cleido, I found the muscle very friable, and had no trouble in separating it with the handle of the scalpel. When the tumor came into view, I had but

little trouble in tearing out the growth, using my fingers aided by the periosteum. After removing the tumor, which weighed half a pound, I carefully washed out the cavity until all bleeding stopped. I then applied hot antiseptic lotion—nearly boiling hot—continued the application until the raw, red surfaces changed to pink. The effect is to coagulate the albumen and thereby form a protective shield, and render the wound perfectly antiseptic, which accelerates healing, mitigates shock and reduces the chances for septicæmia to almost nothing. I closed the wound by using deep sutures of fine silver wire (my cat-gut carbolized gave out or I should have preferred it), and superficial sutures of silk. I removed the dressings in three days. Union by first intention and perfect. Removed the silk sutures, redressed, and patient progressed to perfect health without a drawback.

I will say, though of course not necessary, that my dressings, ligatures, sutures and instruments were all listerized, as no surgeon now, even for slight wounds, forgets the great advantage of listerian dressings. I will also say I believe, if surgeons will generally adopt the rule to bathe their wounds with hot listerian solution until all oozing ceases and they become glazed, they will, with the addition of the accepted listerian dressings now in vogue, have almost always perfect union by first intention. Since I have been using the hot solution I have not had a single failure. I call attention to this as I never heard of it being used by other surgeons, and I am sure if others try it they will be pleased with its results. At any rate, only by the combined efforts and opinions of the surgical profession can we come to settled conclusions. I am aware that others have used the plain hot water, but I claim that hot listerian solution is as much better than simple hot water as listerian dressing is better than the plain dressing we used years ago. Lately I have used a preparation called "Listerine," 1 to 10 of hot water. I have also used Bi-chloride of Mercury solution, 1 to 1000; 1 to 10 of hot water, and Carbolic Acid solution 1 to 40, with the water 1 to 10; but I am very partial to Listerine; it is equally effective, and non-toxic.

AN ANOMALOUS CASE OF EYE DISEASE.

By A. C. PETERSON, M. D.

On November 12th, 1885, a woman, married, about 38 years of age, presented herself at the dispensary and related a history, common enough in itself, but unusually interesting as far as the eye troubles are concerned. The patient was suffering from secondary manifestations of syphilis. At the date of her first visit the characteristic skin eruption was plain enough, and in the mouth, on the mucous surface of the under lip and on one side of the tongue were dirty, shallow, aphthous like ulcers with piled up whitish infiltrated edges. The patient had had nocturnal pains in the shafts of the long bones, buboes, etc., however the primary chancre was not noticed, but she states that six months ago, there was great irritation and itching deep in the vagina. There was a progressive failure of vision in the left eye. Externally the eye was apparently normal, the pupil a trifle dilated and vision reduced to counting fingers at five feet. There was no pain, but the ophthalmoscope revealed optic neuritis in an active stage. Congestion of the capillary vessels caused indistinctness of the outlines of the disc. There was but little haziness present indicating but little infiltration and swelling of the disc and adjacent retina. Out upon the field of the fundus, the veins were dilated and tortuous, describing the usual great curves, while the arteries were diminished in calibre and thready. Nitr. ac. 30 was prescribed, and in a week vision had increased to 30 feet, but the ophthalmoscopic appearances were little changed however. On November 23d the patient complained of an "uneasiness" in the right eye. A contracted pupil and discolored, muddy and swollen iris indicated iritis. As is frequently the case in syphilitic eye affections, there was but little attendant pain and no marked circumcorneal injection. Atropine dilated the iris except in its dependent portion, which was greatly swollen from settling of the inflammatory elements. Merc. jod. rub 3x subdued the active symptoms. The interesting point, in this case, is the specific constitutional disease affecting both eyes with such vastly different troubles. Single and double optic neu-

iritis and iritis are often observed in the above stage of syphilis, but I do not recall any similar case nor do I remember ever having heard of the coexistence of these two diseases, from a common cause. How long the optic neuritis had existed, it was impossible to ascertain exactly, except that the failure of vision was not noticed until after the appearance of the secondary symptoms spoken of. The patient has passed from under observation, but, when last seen, vision was very fair in the eye with the iritis and the other had retained the sight which it had gained.

CLINICAL ITEMS.

PERMANGANATE OF POTASH FOR OBESITY.

Commence about three hours after a meal and give grain doses, *well diluted* with water, every half hour, until four or six doses have been taken. Do the same after the next meal, and so on. Restrict the diet, and allow no water or other fluid at meal time particularly.

Dr. Bartholow strongly recommends this drug in obesity, and the relief of the disorders of digestion, which have a pathogenic relation to this malady, on the ground that the surplus and useless materials which, under existing circumstances, are transformed into fat, are oxidized and consumed and excreted as carbonic acid and water.

Syzygium Jambolanum approaches to be almost a specific for diabetes. Clinical experience gives flattering results in this disease as well as in some forms of Bright's disease.

Cinnamomum. Profuse passive menorrhagia with or without pain. *Lilium* follows well.

Fluoric Acid. Felons and suppurations around the root of the nails often yield to this remedy.

Spigelia. Beating of the heart precedes the prosopalgia, which is roused or aggravated by eating.

Sulphur. Sinking at the epigastrium; worse at about 11 A.M. in people given to habitual drunkenness.

Ferrum Sulph. Persistent incontinence of urine; could not go into company or be long from home (diurnal).

Plumbum. Rectal neuralgia; constant gnawing and drawing pain; worse toward evening and at night.

Condurango. Cracks in the corners of the mouth; dyspepsia with this symptom.

Fluoric Acid. Large patches on scalp entirely denuded of hair.

Sanguinaria. Climacteric flooding; alternate chills and flushes of heat; palpitation; gastralgia; neuralgia in left chest; slight, dry cough.

Lactic Acid. Swelling and redness of knees, which are very tender and painful; dull yet sharp pain in right knee-joint on moving leg.

Tilia. Rheumatic fever with *increasing pains just in proportion as the perspiration increases*; soreness of whole body more painful from perspiration; great thirst and decrease of urinary secretion.

Asclep. Tub. When Bryonia fails, though apparently indicated in heavy colds. Fever, headache, sore aching through chest, especially about base of lungs; sharp, stitching pains; worse from coughing or a deep breath; all worse by motion.

Brachyglottis. Constant inclination to urinate, with pain in the bladder, and renewed desire immediately after the act. Fluttering in region of ovary.

Eucalyptus. Fl. Extr. in 20 drop doses has been used with great success in *Diabetes*, by Dr. Turner of Brooklyn. Also an *excellent* remedy for the nervous palpitation of women at change of life. Invaluable in all catarrhal conditions.

CORRESPONDENCE.

PHILADELPHIA, January 23rd, 1886.

EDITOR CALIFORNIA HOMŒOPATH: In your January number of the CALIFORNIA HOMŒOPATH, one of your contributors makes a plea for "pure minded women," impressing upon physicians the necessity of properly respecting maidenly modesty, and not violating it by submitting his patient to unnecessary local examination. In this I most heartily and fully agree with your correspondent, but I must respectfully beg leave to differ mildly with him in his recognition of which is the "pure minded" woman, the one who is overcome with "shame and mortification" at such examination, or the one who realizing its necessity yields gracefully; not only for the sake of her present health and happiness, but also for the *absolute duty* she owes to her future husband and children, that she keep not only her spirit pure and whole, but her body also. In the sphere of this thought no such unclean feeling as "shame and mortification" can obtrude. Of course there is naturally some degree of nervousness, owing largely to the weak and diseased state of her body, but under the influence of a "pure minded physician" who is in a true love of his profession, this can be entirely overcome. Silly girls, improperly educated, with impure thoughts on the whole subject of wifedom and motherhood, may allow themselves to be carried away by hysteria or some other like nervous prostration, but the noble minded pure maiden, who has a *true* appreciation of womanly modesty could never be so afflicted. The physician must remember though, how much—how very much, depends upon himself; if he approaches his patient with the feeling that such examination is a "desecration to her delicacy" she will unconsciously be affected by that thought, and then indeed is it an outrage to her womanhood, and intuitively will she perceive his unfitness for his great and high calling. If, under the faulty system of female education of the present day (concerning which Dr. Wm. Goodell speaks so thoroughly to the purpose, in the same number of your journal), girls are improperly educated by weak and ignorant mothers, it becomes the physician's great privilege to be able to help to correct so great a wrong done not only to the girls themselves, but the generations following. "Honi soit qui mal y pense."

A WOMAN.

In reply to a communication from "A Subscriber," requesting information through these pages, we will mention the following remedies in treatment of Spinal Neuralgia: Acon., Cimicif., Hypericum, Hura. With reference to skin diseases, we recommend consultation in person with a good homœopathic physician.

GALT, CAL.

PLEASE send a Homœopathic Physician to Galt. If there is none, please let me know and I will send East for one. In so doing you will greatly oblige

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J. D. ROBERTSON,

EDITOR CALIFORNIA HOMŒOPATH :—During a visit of several weeks duration in our sister city of Los Angeles, I had ample opportunity to watch the unusual development and the firm footing of Homœopathy in that section of our favored State. It is not too much to say that, compared with the population, Los Angeles has the largest homœopathic element of any city on this coast. I was not only surprised to find this condition of things, but felt elated over this rapid growth.

It foreshadows the position which the Homœopathic School will hold on this coast in the future, and is good cause for rejoicing and gratification, giving decided encouragement to the work mapped out by our college.

Homœopathic physicians there are numerous, and the majority, I am happy to say, are doing well. They have a County Society, which has been in operation for some time, and bids fair to become a useful institution. In fact, it cannot fail to become so, for there is an excellent body of practitioners in that city, and if the best men will work harmoniously, we will doubtless often hear of their labors in the direction of an advance in the interests of homœopathy. A report of the last annual meeting was promised me, but not having come to hand yet, I fear it will come too late for this number of the CALIFORNIA HOMŒOPATH.

The very cordial reception accorded me by the majority with whom I came in contact will ever remain a grateful remembrance.

Sincerely, E. A. SCHRECK.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

The General Secretary has the pleasure to announce to the members of the Institute, and to the profession generally, that the next session of this great national and influential body of physicians will convene at Saratoga Springs, N. Y., the last Tuesday (29th day) of June next, at 10 o'clock A.M., and continue in session *four* days, or longer should the interests and business of the Institute require it. The local committee of arrangements has contracted with the proprietor of the "Grand Union Hotel" (in one of the large parlors of which the meetings will be held), to entertain the members of the Institute, and others who may attend the meeting, at reduced rates, and in a style unsurpassed. The reasonable anticipation of an unusually large attendance has alone enabled the committee to secure the advantages obtained. It is confidently hoped that its liberal arrangements will be appreciated. In addition to the attractions of the place, the national reputation of the hotel, and the favorable time fixed for the meeting; the other inducements to attend this great conclave should not be underrated. The various bureaus (fourteen in number), embracing every department in medical science and art, are fully organized and resolved to present original and valuable reports. Ample time will be given for a full discussion of these reports, which will contribute largely to the interest and value of the proceedings. A programme of the order of business and a circular giving all possible information in regard to hotel rates, railroad fares, entertainments, etc., will be issued about the first of June.

Blank applications for membership can be obtained from R. B. Rush, M. D., Chairman of Board of Censors, 120 Main street, Salem, Ohio, or of the General Secretary, 960 Penn Avenue, Pittsburg, Pa.

J. C. BURGHER, General Secretary.

Personal Notes, Locations, Etc.

A LOS ANGELES subscriber wishes to know something about the use of *Hydrastis* in catarrh. As probably no remedy is used more, both locally and internally, and as the information can be found in every homœopathic text-book, no further information need to be given here.

MRS. M. E. EDMONDS, M. D., has opened an office at 324 Sutter street. We rejoice in this new accession of a thoroughly reliable lady physician to our ranks, and as good lady physicians practising homœopathy are few and far between, we feel sure DR. EDMONDS will succeed.

We are glad to learn that E. R. BALLARD, M. D., has associated himself with DR. W. H. LOOMIS, of Alameda. This city offers a good field, and the doctor will doubtless build up a good practice.

OF the twenty-five women practising medicine in England, eight have become insane, showing the terrible strain of professional life upon their sensitive nervous organism.

DR. BENJ. P. WALL, of Berkeley, has been very ill, largely due to overwork, and constant self-sacrificing care of his patients. Though far from well the doctor has sufficiently recovered to be about, and we sincerely hope that renewed health and strength will soon be his in a large measure.

WE have just learned that R. CARTWRIGHT, M. D. has established himself as physician and surgeon at Grass Valley. This place is an important mining town, and although one representative of our school has been located there for a number of years we believe that the population is more than enough to support two homœopathists nicely.

MRS. T. C. ENNEVER, Sierra Madre, Los Angeles Co., Cal. wishes to obtain a full report of the Thirty-fifth annual meeting of the New York State Homœopathic Society. Will the Secretary accommodate her, as well as the editor of the CALIFORNIA HOMŒOPATH?

DR. E. C. FRANKLIN, formerly professor of Surgery in the St. Louis Homœopathic College, and author of several works, died suddenly at his old home in St. Louis. Professor Franklin ranked among the leading surgeons in the country.

DR. E. HASBROUK, of Brooklyn, N. Y., is the Secretary of the American Obstetrical Society. He writes that the Society had a royal meeting on December 10th, about 150 in attendance. The Society has now just 150 members, scattered *all over*. He wants members from the Pacific Coast. We hope every physician, especially interested in that branch of Medicine, will join the Society. Next meeting will be February 25th.

WE take pleasure in calling the attention of our physicians throughout the coast to the card of Dr. G. E. Davis, of this city. The doctor has prepared himself for his specialty by recent study in New York hospitals.

DR. P. HOWE, of Pomona, Los Angeles County, writes that he has taken Doctor CRANSH, formerly of Los Angeles, as partner. We hope the new firm will succeed.

A good homœopathic veterinary surgeon is wanted in San Francisco. If the right man would settle here, there is no doubt of his having enough business from the start.

NEW PUBLICATIONS.

A System of Medicine Based upon the Law of Homœopathy. Edited by H. R. ARNDT, M. D. In 3 volumes. Vols. I and II. Philadelphia: The Hahnemann Publishing House. F. E. Boericke, 1885.

If it must needs be that the Homœopathic School should have systematized works on Practice instead of adhering to the ideal of the school, and rely entirely on the *Materia Medica*, with its repertories—if it must be that we cannot rest satisfied with such suggestive treatises like Raue and Hughes, but must have treatises on pathology and therapeutics, all our own, even though we draw largely from old-school authorities to do so; if it is necessary to do all this in order to draw attention to the superior advantages we Homœopathsists enjoy over our brethern of the old-school, in the treatment of disease, why it certainly is a matter of congratulation that we have so wise an editor as Dr. Arndt, and so learned a set of contributors as those who figure in these two volumes. And it is an advantage, too, to imitate the methods of Reynolds, Pepper, and Ziemssen, and issue a series of essays on special subjects by special students. We gain thereby the advantage of having the result of large experience of representative men, our work gains in breadth, though we necessarily miss from it *literary* evenness and merit. But this is a minor defect. Some of the best chapters of Volume I. are contributed by the editor himself—we refer especially to his chapters on Diseases of the Stomach. Volume II. introduces us to diseases of the Genito-urinary organs, and here those contributed by Dr. Winterburn, are especially admirable. His explanation of menstrual derangements are very clear, and the therapeutic indications precise and practical. In the department of Nervous diseases we miss singularly enough an article on Epilepsy. Perhaps the domain of Surgery is invaded too much at times by different authors, though we suppose this has been done to show the specific homœopathic treatment we have for these affections over and above the purely surgical and mechanical. Considering the magnitude of the work we are surprised at its uniform excellency and comparatively few shortcomings, and we cannot but endorse it, and recommend it most heartily to the homœopathic physician as a work not only for his library but one for his office table, where it will be consulted very fre-

quently, and if its influence is, as we hope, not to put the *Materia Medica* on the shelves, but have it referred to even more frequently, we are entirely satisfied with this most ambitious Homœopathic Work on Practice. It is needless to add that the publisher has done his best; it is faultlessly gotten up.

Milk Analysis and Infant Feeding. A Practical Treatise on the examination of Human and Cow's Milk, Cream, Condensed Milk, &c., and directions as to the diet of young infants. By A. V. MEIGS, M. D. Philadelphia: P. Blackiston, Son and Co., 1885.

This little volume supplies a real want, giving to the busy practitioner a treatise, as the title indicates, on a subject of great importance. The author, after a long and careful study of the matter, is convinced that human milk contains a very much less quantity of casein than is commonly attributed to it, puts forth his reasons and a detail of the methods by which the conclusions were attained. But it seems to us that he feeds his babies too often in the night. That is surely bad habit. An excellent Bibliography is appended.

Transactions of the Homœopathic Medical Society of the State of Pennsylvania. Twenty-first Annual Session. 1885.

The Publishing Committee of this Society have kindly sent us a copy of the above transactions. [Couldn't they furnish back volumes as well? The most enjoyable article in the volume is by Dr. C. G. Raue, on the symptomatic treatment of disease. It is written in the Doctor's happiest vein. Dr. Fornia's article on Exotic Drugs, for provings, makes us shudder to think of the possible accessions to our *Materia Medica*. Hold on with thy blessings. We have a lot of Pacific coast plants to offer "for proving" to any one ambitious in that direction. They are doing good work in Homœopathy in Pennsylvania, and they are all reaping their reward, and even we out here get some benefit of their enthusiastic upholding of the banner of Homœopathy.]

Dr. Schuessler's Biochemical Treatment. New Translation of 12th German Edition. Translated with the addition of a repertory by J. T. O'CONNOR, M. D. Philadelphia: F. E. Boericke, 1885.

There have been several editions of Schuessler's abridged *Therapeutics*, founded on Histology and Cellular Pathology. This, the latest and from the last German edition, shares the faults of all the others, namely the want of a good index. Indeed in that particular, if not in general appearance, it hardly compares with the translation by Dr. Walker, published in England. Schuessler's Twelve Tissue remedies are valuable, and *when proven*, as some of them are, will be polychrests, no doubt. Even used empirically, according to Schuessler's theory, they fill a niche, and therefore a good and full index is a great desideratum. Get it up for the next edition, which we hope will be before the year is out.

The Value of Vaccination. A non-partisan review of its history and results by G. W. Winterburn, Ph. D., M. D. Philadelphia: F. E. Boericke, 1886.

We have learned more from this little volume on the subject of vaccination in one hour's reading than we ever knew from past reading. It is the clearest,

fairest, most scientific treatise on a most important subject, free from party feeling, and scholarly in its presentation. Every physician *and layman* should read this Essay of Dr. Winterburn's, and then decide, and not until then, about his attitude towards vaccination. The publisher informs us in a note that before deciding to publish it, the manuscript was read by two physicians, directly opposed in their views on vaccination. Both agreed that it was a most interesting and exhaustive treatise, with not a dull page in it, and so do we. Let every one procure it and judge for himself.

Some Fever Experience. By C. Mohr, M.D. A paper read before the Homœopathic Medical Society of Pa. Tennessee State Board of Health Bulletin, December, 1885.

MISCELLANEOUS.

TAKE NOTICE.

All money for subscriptions should be sent direct to the *publishers*, and not to the *Editor*. Unfortunately his reward is supposed to be of a less material kind. Advertisements also should be sent to the *publishers* rather than to the editor; whereas all articles for insertion, exchanges and books for review ought to be sent to the *Editor*.

No. 2 of the CALIFORNIA HOMŒOPATH is not sent to any but bona fide subscribers. If by chance non-subscribers do get it, it means an invitation to join the ranks of the supporters of California Homœopathy, and therefore please send on your subscription.

A NEW DEPARTURE.

We wish to announce to our patrons that we intend putting upon the market a "Kumyss" that will meet the taste of the most fastidious, and will become, we hope, one of the most, if not *the most*, important dietetic preparation yet offered to invalids and to the public generally.

There is not space left us here to enter upon the merits of such a preparation; suffice it to say that the profession have

long ago recognized its value. This Kumyss will be made under our personal supervision, just so soon as the necessary facilities have been secured, which, we expect, will be before the next number of this Journal makes its appearance.

BOERICKE & SCHRECK.

VETERINARY HOMOEOPATHY is gaining ground daily in our State, and during Mr. Schreck's visit at Los Angeles he had the pleasure of becoming acquainted with Mr. N. T. Blair, proprietor of the Los Angeles Sales Stables and Infirmary, who for some time past, has treated all horses entrusted to his care with homœopathic medicines, meeting with most unexampled success when compared with the old method. We rejoice in this additional testimony to the efficacy of homœopathic treatment, and in the extended sphere of its usefulness. We may here state that the New York horse-car companies have adopted homœopathic treatment, and find it a decided improvement, meeting with far fewer losses than before.

INFINITESIMALS.

The new British Pharmacopœia (allopathic) gives directions for a preparation of atropia disks, each containing 1-5000th grain of the alkaloid; and a favorite lotion of corrosive sublimate in ophthalmic hospitals contains one part of the salt to 50,000 parts of water.

Of the power of infinitesimal quantities of various substances to affect the physiology of plants and animals, Darwin has given abundant proof. One 20,000,000th of a grain of Phosphate of Ammonia he found sufficient to produce a distinct effect on the glands of *Drosera rotundifolia*. Further, Darwin says: "When a dog stands a quarter of a mile to the leeward of a deer or other animal, and perceives its presence, the odorous particles produce some change in the olfactory nerves; yet these particles must be infinitely smaller than those of the Phosphate of Ammonia, weighing the 20,000,000th of a grain. Dr. Blackley, in this work on Hay Fever, has proved that the 2,000,000th of a grain of Pollen is sufficient to set up the first symptoms of that disease."—*Homœopathic World*.]

COUNT MATTEI IN DIFFICULTIES.

The manufacturer of so-called "Electro-Homœopathic" remedies, Count Mattei, is condemned to pay a fine of 400 francs, damages of 2000 francs to each of the plaintiffs, Prof. Giordan of Genoa and Dr. Natili of Munich, for his libels respecting these gentlemen. In addition to this, the Tribunal of Commerce in Geneva has condemned him to pay 34,672 francs to the apothecary Sauter, of that town, together with the costs of the civil process. It is quite probable that the noble inventor of "Electro-Homœopathy" deserved his punishment, but considering the immense profits he must have made by the sale of his wonderful remedies, we have no doubt he can afford to pay for his amusements.—*Homœopathic World.*]

A CHINESE edition of "Gray's Anatomy," prepared by Dr. John Dudgeon, who has resided in China for over twenty years, has been published, and some curiosity is felt to learn in what manner the Celestial mind will welcome the overturn of his cherished anatomical principles. It will certainly be a startling awakening that he must undergo should the classic "Gray" approve itself to him, and it is an encouraging fact that a work so opposed to professional opinion in the Empire has been permitted to appear.

PRINCE BISMARCK AND HIS PHYSICIAN.—For the following anecdote the editor of that curious medley of disloyalty and servants'-hall gossip, miscalled *Truth*, is responsible:

"A good story is told of Prince Bismarck and his favorite doctor. It was at Karlsbad where they first met. The Prince feeling unwell sent for Dr. Schweininger, who began to put all sorts of questions to him. At last the Prince lost his temper, and exclaimed, 'What are you driving at, doctor?' Nothing disconcerted, the latter replied, 'I am at your orders, Prince; but if you wish to be treated without being questioned you had better send for the veterinary surgeon, who is accustomed to physic in that way.'"

SOME of the more radical members of the old school have already learned the virtue which resides in minute doses of mercury for dysentery, although they are careful to conceal the source of their inspiration. But the day will come when the credit will be awarded where it is due. In time the entire medical world will acknowledge its debt to Hahnemann. It will not be tomorrow nor yet next week—but a hundred years from now. When I reflect how young we are as a school, I am not surprised that homœopathy has not obtained universal recognition. In Germany and in France men are still living who were Hahnemann's patients. Only a few years ago there died in your city the man who was the first in America to espouse the cause of homœopathy. And yet we are asked if homœopathy is true, why does it not conquer the world? Have patience; we are conquering the world. In this short time the wonder is not that we have not done more, but that we have accomplished so much!—*American Homœopath.*

CARRYING the war into Africa is the watch-word spoken by the *New North American Journal of Homœopathy*, which we heartily endorse. Says that excellent journal: "There are some men who consider the delivery of pills, prating of ills, and collection of bills, as comprising all of a physician's duties. They acknowledge no allegiance to the profession, for they refuse to aid it. Self-interest rules, to the exclusion of all else. We have too many such men enrolled among us. Energetic, active, workers are few. While we slumber the Old School scientifically and progressively steals our remedies, adopts our methods, and is elbowing itself into our place, by the process of substitution. Our adversaries are united, prompt and jealous. In short, they are aggressive, while we are on the defensive; energetic, while we are sluggish. No cause however good, will triumph without hard fighting. Just now Homœopathy needs some stalwart warriors who will carry the war into the enemy's camp."

DEFINITION of the term "Regular Physician," as adopted by the oldest national medical society in the United States, the American Institute of Homœopathy:

"A regular physician, a graduate of a regular chartered medical college. The term also applies to a person practicing the healing art in accordance with the laws of the country in which he resides."

In regard to the usefulness of inoculation with rabies-poison as an antidote and preventive against the effects of bites by mad dogs, homœopathy, as far back as 1849, had its PASTEUR. To DR. CONSTANTINE HERING, the father of homœopathy in America, belongs the honor of first teaching it. In "Jahr's Clinical Guide," an old manual of homœopathic practice, is an article on the subject.

READERS of the *U. S. Medical Investigator* will find an interesting article, by DR. W. A. DEWEY, on "How I Treated Erysipelas," in the December number. Look it up and read it.

Popular Department.

THE DECAY OF HOME LIFE.

[PROF. GOODELL'S LECTURE. Continued from January Number,]

Apart from the great injury to health, which our system of education does to woman, it has another grave fault, and that is its publicity. The public examinations, the public recitations, the public exhibitions, and public commencements of every female school tell disastrously on our girls. This publicity teaches them how to face an audience, but not how to make a home. It gives them a self-consciousness which asserts itself in an unwomanly craving for the outside stir and heat of life, and not for the inside repose of home. They, indeed, "come out" while yet in short skirts, and entertain when they should yet be in the nursery.

In a thoughtful article, entitled the "Transitional American Woman,"* one of their sex says: "Women do not care for their homes as they did; it is no longer the focus of their endeavors; nor is the mother the involuntary nucleus of the adult children." Home is not now "the chief delight of the wife, who will be capable of finding pleasure and occupations in other avenues of interest. * * * The simple fact is that women have found that they can have occupations, respectability, and even dignity disconnected from the home. The tendency is that in the discovery of this possibility they are losing somewhat of filial tenderness, of the loyalty of kinship, and of close, concentrated affection, and acquiring more of self-assertion and universal expansiveness."

The family idea is, indeed, drifting into individualism. It is in danger of being lost in intense personality. Time was when woman felt that the deep import of her life was bound up in the home duties and home cares. The fireside was the

* Kate Gannet Wells, "Atlantic Monthly," December, 1880.

pivot around which her past, her present and her future revolved. Then she lived for others. Now she has weaned herself from the hearth-stone, and her chief end is self. Pray! what has brought about these changes? By the invention of the sewing machine, by the introduction of ready-made clothing, and by that damnable sin—the avoidance of offspring—our women are no longer compelled to stay at home—the home-tether is broken. But the publicity of their school education has awakened in them a taste for excitement. So the former give them the time, and the latter the bent, to hold “views,” to have “missions” and “objects,” and “cults.” These they champion with much zeal, but to the hurt of their home life. The fact is that, now-a-days, to foster domestic virtues, to cherish home and its surroundings, to be a true and helpful wife, a woman has to *surmount* her education.

THE UNWILLINGNESS OF OUR WOMEN TO BECOME MOTHERS.

The third and greatest danger of the hour embraces two sins, which defile every class of society—sins which, like the plague of the frogs, creep into our “houses and bed-chambers, and beds.” I refer to criminal abortion and the prevention of conception. They come from the dainty dilettantism of our women, which shrinks from having its patrician pleasures disturbed by the cares of maternity. They come from fashion, from cowardice, from indolent wealth and shiftless poverty. They come from too high a standard of living, which creates many artificial wants, and demands many expensive luxuries. Of course, immorality has much to do in begetting them; but while regarding all these practices as grossly sinful, I wish to leave out of consideration the question of immorality *per se*. It is not the immoral classes which I wish to reach; not those whose pleasures and profits come from vice, but the wives of our citizens—our fellow countrywomen—on whose good morals and good health depends the prosperity of our country, and yet who are unwittingly tainting body and tainting soul.

I am amazed at the very low standard of morality obtaining in the community on the sexual relations. So low, in-

deed, has it fallen that I have known clergymen committing these sins in their own families, and physicians of repute teaching their patients how to sin. To these detestable practices do I attribute, in a great measure, the general ill-health of our women. These flagrant sins I hold accountable for much, if not for most, of the wretchedness and misery of this land. Why is it, asks a layman, that "in the regions of the United States, otherwise most highly favored, nearly every woman under forty is sick or sickly?"* Why is it, I ask that the waiting rooms of our gynecologists are crowded with so many querulous and complaining women—women with backaches and headaches and spineaches; women either without sexual feeling or too weak to indulge in it? Why do so many women break down either shortly after marriage or very soon after the birth of their first child? It is, I answer, because the great majority of them, false to their vows, false to their moral and physical obligations, are trying either not to have children or to limit their number. It is because, by an immutable law of nature, there are no harmless ways in which gestation can be interrupted or conception shunned. It is because the wife, sinning the most and most sinned against, suffers the most.

Be the mode of prevention what it may, so much engorgement and hyperplasia and disorganization of the uterine structures and annexes† take place in those women who keep themselves sterile, that their health breaks down, and they lose all sexual desire. Then, when they advance in life and there comes that inevitable desire for offspring, they find to their dismay that they cannot conceive. What physician of ripe years is there within the sound of my voice, who has not been begged by women, once wilfully barren but now longing for children, to undo the mischief caused by such practices?

But there is yet another side to this subject. Statistics show that divorces are multiplying in this land in far greater ratio than the increase of population. In New England the increase is so alarming as to arouse the attention of patriots

* Preface to Essay on "Drinking and Smoking," by J. Parton.

† A large percentage of my ovariectomy cases have been in women who were resorting to preventive measures.

and philanthropists, who have formed a "Divorce Reform League." At the New Hampshire General Association, the Rev. S. P. Leeds, D. D., of Hanover, N. H., read a paper in which he showed that in New England there is one divorce to every twelve marriages—a proportion even greater than that in France during the general break-up of law, religion and society, attending the French Revolution.† Dr. Nathan Allen, of Lowell, Mass., in an able essay on the subject,‡ proves that, excluding the marriages of Catholics, who are rarely divorced, "the true ratio of divorces to marriages stands thus, omitting (fractions): In Massachusetts, one to fifteen; in Rhode Island, one to nine; in Connecticut, one to eight, and in Vermont, one to thirteen." He shows further, that since 1860 the increase in Vermont and Connecticut has been nearly one-third. In Massachusetts, the heart of New England, the increase is more than double. Thus, in 1860, there was in this State one divorce to fifty-one marriages; in 1880, one divorce to 21.4 marriages.§ From a lecture delivered last January in Tremont Temple, Boston, by the Rev. Samuel W. Dyke, of Royalton, Vt., I glean that in 1878, by loose laws and loose court practice, the divorces granted in the New England States broke up 2,113 families, and dissolved the marriage tie between 4,226 persons.|| But these figures do not tell the whole tale of disrupted households, for mind you, they do not include the many cases of voluntary separation between husband and wife, or of the applications for divorce which were denied. While admitting that so high a divorce rate does not, thank God! prevail in other States, yet so far as I can judge without positive knowledge, for very few States collect statistics on this point, it is, to our shame, steadily increasing all over the Union. For instance: In the year 1880 there were 830 divorce suits begun in the Chicago courts—that is to say, one application for di-

† *The Congregationalist*, Boston, September 22, 1880.

‡ *The North American Review*, June, 1880.

§ *Report on the Statistics of Labor for the Commonwealth of Massachusetts*, 1890, p. 234.

|| *Facts as to divorce in New England*. *The Evening Traveler*, Boston, Tuesday, January 25, 1880.

vorce to every eight marriages.* In a recent divorce suit, which took place in New York City, Justice Lawrence asserted from the bench that there was collusion in one-half these suits, and that their increase was a subject of "serious alarm."† In some of the Western States, indeed, the ease with which divorces are granted has led to an influx of strangers, who go there not to settle, but to become unsettled.

Now, why are there so many ill-sorted marriages? Why these unhappy homes and broken households? What mean these separations between husband and wife? I answer: They mean the violation of one of Nature's immutable laws. Sex is a profound fact which underlies all the relations of life and the fabrics of society, and it cannot be ignored. The sexual instinct is given to man for two reasons—to perpetuate the species and rivet the tie between husband and wife, not only by offspring but by mutual endearment. The conjugal relation is therefore two-fold in its nature; it has a moral as well as a physical expression, but so interwoven that it is impossible to dissociate the one from the other, without doing moral as well as physical harm.

The causes of domestic infelicity and ill-sorted marriage are then, to my mind, clear enough. The grossness of the carnal union is redeemed by its purpose—the moral union in which is involved the desire for offspring. Deprive the marriage tie of these qualities, strip it of the family idea, and it loses its cohesiveness in intense personality and self-asserting individualism. Now, when a wife is too sickly to admit the approaches of her husband or respond to them; when she receives them on sufferance, or absolutely refuses to entertain them, as I have known many a wife to do; when she soils the marriage bed with the artifices and equipments of the brothel, and quenches all passion by cold-blooded safeguards; when she puts off an ardent husband to stated times and seasons; when, a wife, I say, behaves in so unwifelike a way, can it be otherwise than that estrangement or jealousy should take place? Can a home with such environment be

* *The Congregationalist*, March 2, 1881, also *The New York Daily Tribune*, April 4, 1881.

† *Ibid.*, March 26, 1881.

a happy one? Would not most husbands be tempted to seek elsewhere for those pleasures which are denied them at home? These are nature's reprisals; these, indeed, her never-failing retributions.

VETERINARY HOMŒOPATHY.

(From the *J. du Dispens. Hahnem.*)

1. A Hungarian horse shows the following symptoms: It refuses to drink and to eat, stamps the ground, throws himself down to every motion, his abdomen is greatly bloated, moans pitifully, looks at all sides, does not defecate, copious perspiration covers the skin. *Chamomilla*, 6th, 3 drops in a pint of water. It took only half of the medicine, before it was well again.

2. Another horse suffers in the same stable from urinary retention; moans at every motion. One dose *Cantharis*, 6th, in some water, sufficed a cure.

3. Three sheep came home from grazing in a meteoristic state. One bursted before anything could be done for it. The other two got *Colchicum*, 6th, and are well in half an hour. Other sheep were cured with the same remedy at different farms.

4. A horse, frightened by a whip, ran against a wall and drove an iron spike into his right side. After two hours the right shoulder was greatly swollen, the horse literally walks only on three legs. *Arnica* internally and the tincture diluted with water externally. Next day great amelioration, and on the third day the horse could be used again.

5. A hound got during the chase a shot in his left side and fell over. The wound bled a little, the animal limped and moaned. With difficulty he was brought home. Next day he refused food, the nostrils were dry and full of hard crusts, oppression, thirst, cough. A pleurisy could be made out easily. *Arnica* and *Aconite*, alternately, first in the 6th, then in the 12th dilution, restored the animal in 5 days.

6. A 7-months pup has the so-called dog-disease: no appetite, great malaise, lachrymation, extreme lassitude of the extremities, so that he falls backward every minute. *Rhus*, 6th, and *Rhus*, 30th, removed all symptoms in a few days.

7. Three cows, who had calved in April, had retained the placenta for two days, two of them showed not the least lochial discharge. *Pulsatilla* delivered them quickly from the placenta. Another cow suffered from extreme flatulency, but *Colchicum* quickly drove the flatulency off, although she was nearly suffocating.

8. A draft-horse suffered from conjunctivitis in consequence of a contusion. *Arnica* cured.

REMEDIES FOR CHILDREN.

Think of *Sulphur*, when there is redness of the margins of the lids; the child dislikes to be washed; it sleeps by short naps only; soreness results from the stools.

Opium will help when child is drowsy and stupid, with eyes half open—bowels constipated, little hard balls.

Kreosot will relieve cases in which the gums are bluish red, very painful and bleed easily, and the teeth decay almost as soon as they appear. Eyes smart and discharge hot tears, and are surrounded by dark rings.

Chamom is suited for the restless, peevish children with one red cheek and the desire to be walked. Fights and is surly. Stools like *chopped eggs*.

Psorinum, when sulphur was indicated and did not fully cure the case; the child has much roughness on skin of face—eruption on forehead, with a special spot above the nose, and stools that are very offensive.

Cicuta. Sometimes children have honey-combed scabs, especially on chin, but also on other parts. They burn when touched. Then *cicuta* will help.

Gelsem. In high fever, with a general crimson hue of the face and sleep disturbed now and then, as if by dreams and mumbling; or sudden sharp cries, as if from neuralgic pains.

Belladon. for constant, apparently causeless crying and screaming; wild looks, starting in sleep, sudden pains, with flushed face. Sometimes indicated, yet does not help altogether to remove symptoms, then follow with

Magnes. phos, especially when there is colic, loose bowels, tendency to spasms.

THE CALIFORNIA HOMŒOPATH.

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

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

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EDITORIAL.

Our readers have doubtless noticed the deep interest we have hitherto manifested in the success and progress of the Hahnemann Medical College of San Francisco, by our frequent editorial comments. Since the establishment of this institution, our best efforts have been directed to secure a high standing and an unassailable reputation to this representative of Homœopathy on the Pacific Coast. While we are opposed to any but peaceful measures for the furtherance of this end, we are, and ever have been ready to fearlessly combat any action interfering with the practical results of the principles just enunciated, whether it strike friend or foe. Our attention has been called to an article which appeared in the April number of the *American Homœopathist* of New York, entitled "Prof. G. M. Pease and Prof. A. McNeil, and the San Francisco Homœopathic College." the contents of which not only took us by surprise on account of

the insufficient grounds for a successful attack, but also inspired us with disgust that these individuals should resort to the medical press to ventilate their *personal* grievances. We should have ignored this communication had it not appeared in so respectable a journal, and this fact has also called forth an official reply from the faculty which will be forwarded to said journal, and which will be reprinted in our next number. In conclusion we will say that if any vital action should be proposed interfering with the highest aims of the College we shall be first to raise our voice and bring our influence to bear against it.—S.

ORIGINAL ARTICLES.

ANTENATAL INFLUENCES.

By WM. E. LEONARD, M. D., MINNEAPOLIS, MINN.

Carpenter, the late eminent physiologist, considered it a vulgar notion that a sudden fright of the mother, speedily forgotten, can make an impression upon the offspring.

In the *Hahn. Monthly*, Vol VII (1877-78), Dr. M. M. Walker, of Germantown, in an article entitled "Teratology, or the Science of Monsters," gives thirty collated instances of freaks of nature, and inferred from repeated personal observations that Dr. Carpenter placed too little stress on maternal impressions.

I wish to add three instances of antenatal influence, and the history of a monster.

I. A robust English woman, pregnant for the third time, and in the third month, was stooping over picking strawberries for tea in the garden. Suddenly something struck her bosom just above the breast. Startled, she stood up and found that her husband had come up unawares and thrown a strawberry to attract her attention. When her boy came, he had a perfect strawberry on his chest, a true mother's mark of twisted arteries and veins, which remains to this day. (He is of age.)

II. Another mother, about the time of quickening, was startled at the dinner-table by the husband's abrupt recital of an injury to the eye received by the wife's brother during the forenoon. The husband explained how the splinter of iron had partly severed the lid of the left eye, and caused it to droop. The interested sister arose from the table, and before the glass tried to learn how much of a defect in looks this injury would cause. When her baby came, his left eye had the uncle's droop, and retained it until his death at twenty-five years.

III. A child was born with one-half of the iris of the right eye darkened to very smoky hue—the line of demarcation is very clear and passes diagonally across the pupil and iris. In the early months, the mother was greatly disturbed one day by the childrens' (three) clamor for smoked glass, through which to see the eclipse, nor were they satisfied until she had nearly blinded her naturally weak eyes by looking through their glasses. The deformity is still very manifest at the age of eight months.

IV. In the evening of November 30th, we attended a labor which resulted in the birth of a monster.

The mother was a stout blonde, and had given birth to five healthy children. She has a decidedly scrofulous history. Her youngest child suffered a severe fall, which seemed more than likely to result in hip-joint disease. But this calamity was averted by careful medication. All through the pregnancy, she had suffered more than ever before of general discomfort, had felt but comparatively feeble motion in the last months, and was "very large" toward the last. On examination, an unusually large protrusion of amniotic fluid was felt, and this, in spite of precautions, was ruptured in the attempt at diagnosis. The flood of water was enormous, wetting everything and running to the floor. Then a shoulder was diagnosed, and back in the sacrum the head. We (my father, Dr. W. H. Leonard, and myself), thought that partial version must be attempted, and administered chloroform. In a few pains the head came forward so that an ear and the absence of the cranium was made out. Without further delay the deformed head was brought forward

and the whole forcibly delivered. By the time the mother came out from the anesthetic, the foetus was quietly given over into our care. The monster was a crania and a cephalia, with the usual hideous sensual face. The foramen of the spinal cord was open above and afforded a passage to sacrum. The spinal processes were undeveloped down into the lumbar region. Weight of foetus, five and a half pounds.

We could learn nothing in the history of the pregnancy which would account for this result. She made a good recovery.

Especial guard should be had over pregnant women by husbands and friends, particularly women of sensitive, nervous organizations, lest they be subjected to sudden mental or physical disturbances.

The practice of certain startling advertising schemes, as hideous idols in shop windows, and display signs of grotesque figures, should be prohibited by police regulations in all large cities.

TREATMENT OF CHOLERA INFANTUM.

By DR. W. A. DEWEY, PETALUMA, CAL.

Under the title of "Investigations upon Diarrhœa, and its Homœopathic treatment;" a series of interesting articles is appearing in "*La Revue Homœopathique Belge*," from the able pen of one of our Belgian Confreres, Dr. H. Bernard, of Mons.

In the course of the series, I find the following article on the Treatment of *Cholera Infantum*, which I translate for the benefit of the readers of the Homœopath.

"In *Cholera Infantum*," says Dr. Jousset, "We must not lose time in administering *Ipecac* and *Chamomilla*. *Veratrum* is the principal remedy, and if it fails, other remedies generally remain powerless. I employ the 6th, more frequently the 3rd dilution: four globules in 200 grammes of water; one spoonful every hour, or every half hour. If *Veratrum* fails, we can still try *Arsenicum*, *Tartar. emet.* and *Carbo veg.*

Uphorbium is much employed in America for Cholera Infantum. If the disease passes into the chronic state, *Veratrum* still ought to be tried, if it has not already been given; otherwise, *Phosphoric Acid* and *Calcareo Acetico*, will form the base of the treatment.

As one sees, Mr. Jousset, in accordance with the Homœopathic school, gives *Veratrum alb.* the first place in the treatment of the morbid form which we are considering.

We will continue and give the indications of the above remedies as well as those of a few others which seem to us worthy of consideration.

VERATRUM ALBUM. According to the arrangement which we have thus far followed in these articles, we will first give a few of the characteristic indications assigned to this remedy by Drs. Bell and Laird.

Stools greenish, watery, with flakes, frequent, profuse, (serous). Aggravation at night. Before the stool, painful pinching colic; during the stool; palor, *cold sweat on the forehead*, pinching colic; nausea, vomiting, weakness.

After the stool: Great depression and sensation of emptiness in the abdomen.

Concomitant symptoms: *Vertigo with cold sweat on the forehead*, contracted pupils; violent thirst for large quantities of very cold water and for acid drinks; desire for fruits and acids; violent vomiting of frothy substances; vomiting aggravated by drinking; or by the least motion; great weakness after having vomited; extreme exhaustion, fainting.

"*Veratr Alb.*," says Dr. Chargé, (of Paris,) is the most useful in the majority of cases. With its use alone, we can largely modify the prognosis of the old school.

The child awakes suddenly to vomit, and to go to stool, the vomiting is incessant and the nausea increases by the least movement; the dejections are abundant; watery or bilious with light colored flakes; ordinarily painless; although cutting colic is not a contra-indication. In all cases there is borborygmus; great weakness, at each evacuation there is a sensation of exhaustion; lowering of the temperature; cold sweat on the forehead; pulse rapid and filiform; tongue cold; breath cold; thirst with avidity for cold water;

the expression of the face has been changed since the onset; the skin seems stuck to the bones, the eyes are hollow and surrounded by a bluish circle; the skin of the hands and fingers is wrinkled; the walls of the abdomen have lost their elasticity."

The following is from Dr. Piedvache in the *Traite elem. de mat. med.* by Dr. Jousset. "Severe colic, abdomen extremely painful, especially about umbilicus; tension in the abdomen; noisy borborygmus; pain in the region of the spleen. The stools are preceded by malaise and exhaustion. They are rapid, quite liquid; very frequent, accompanied by a violent tenesmus; heat in the anus, and cold sweats; bloody stools."

Veratrum alb., corresponds to the period of collapse in the common form of *Epidemic Cholera*, resting on this triple character of abundant evacuations; continuous, extreme prostration, and rapid collapse we will be still more successful in grave diarrhœas; in cholera infantum; in true cholera, and in subacute peritonitis.

According to M. Chargé (*op. cit.*), "The application of *Arsenic* more frequently comes after *Veratrum*, when the evacuations—still very frequent—have diminished in quantity and have changed in their nature, in that they are black and fetid. The agitation is continual. The child appears a prey to extreme anxiety, sleeplessness, aggravation which commences after midnight and lasts until morning. Vomiting persists as well as the Diarrhœa, and become more frequent according as the child drinks more. Intense thirst, which forces the patient to drink, but drinks little at a time; great prostration of forces, emaciation rapid; Hippocratic face; face and extremities cold; feet œdematous; pulse irregular, feeble or even suppressed or intermittent; lips and tongue dry, sometimes cracked.

TARTAR EMET. Bell and Laird give the following characteristics of this remedy: Before the stool, acute and cutting colic; concomitant symptoms; *continual nausea; anxious efforts to vomit with sweat on the forehead*; vomiting with great effort; vomiting accompanied by trembling of the hands and exhaustion, followed by great langour and tired feeling, by disgust, by desire for refreshing things. Face pale, haggard,

eyes cloudy, vertigo, much gapping and yawning; tired and sleepy.

Mr. Chargé does not seem to count much upon this remedy. He mentions it only as perhaps being useful in cases with much fever, which are rare, and where a prominent symptom is abundant mucous rales in the Bronchi.

To terminate here concerning *Tartar emet.* we will give a few words consecrated to it by Dr. Pierre in Dr. Jousset's *Materia Medica*:

"*Tartar emetic* produces considerable colic, which is augmented by bending the body double. These colics are accompanied by borborygmus, by symptoms of nausea, vomiting, and diarrhoea, often excessive. The stools are very liquid, sometimes involuntary, very fetid and of a yellowish-brown color. Bloody stools."

CARBO VEGETABILIS. The following are from Bell and Laird:

Stools brown, watery, mucous, frequent, involuntary, putrid, of a cadaverous odor.

Aggravation after a long, lasting disease, or a grave acute affection; by chilling of the stomach with ice cream, or ice water, when the stomach is over heated.

During the stool, fetid flatulence. Concomitant symptoms: agitation and anxiety aggravated from four to six o'clock P.M. The child is irritable; strikes, bites, and kicks. Face greenish or very pale. Profuse stringy saliva. Emission of a large quantity of putrid flatulence. Feet and legs as cold as ice up to knees. In cholera the attack often commences by an intestinal hemorrhage. Collapse without stools. Nose, cheeks, and tips of fingers cold as ice; lips bluish; breath and tongue cold; respiration feeble and laborious; *wants to evacuate the flatulence*; cramps in the legs and thighs; hiccough on every movement; vomiting; voice hoarse or lost; pulse filiform, intermittant, scarcely perceptible; preservation of consciousness or coma; *drowsiness without stools; vomiting or cramps*. Many of the preceding symptoms have no direct bearing on *cholera infantum*, nevertheless, not wishing to divide the groupings of the principle symptoms, we have left them for the reader.

In speaking of *carbo veg.* in *cholera infantum*, M. Chargé uses but one sentence: "*In articulo mortis.*"

The following is borrowed from Dr. Jousset's *Materia Medica*:

"The diarrhœa of *carbo* is accompanied by tenesmus. The stools are small, difficult to expel, sometimes slimy, glairy and bloody (*dysentery*). They are sometimes mixed with pure blood, as in *hemorrhoids*. After stools, excessive weakness, depression, sensation of emptiness, chilliness, heat and burning at the anus.

EUPHORBIVM. Bell and Laird give for *Euphorbia Corollata*: violent vomiting of large quantities of water mixed with mucous; vomiting of a liquid, clear, like rice water.

Hale has used this remedy with success.

Guerin-Meneville, (of Paris), in Jousset's *Materia Medica*, gives for the physiological effect of this remedy, the following:

"Liquid diarrhœa, with tenesmus; sensation of pruritis or burning at the anus," and adds also that it has been greatly employed in *Cholera Infantum* in America.

The medication which in all cases of chronic diarrhœa appears to us to merit the pre-eminence, consists in the use of *Phos. acid* and *Calcareæ acet.* alternately.

Mr. Jousset says of these remedies in his *Materia Medica*:

Calcareæ acetica and *Phosphoric acid*, above all are indicated in the chronic diarrhœa of children, whether that diarrhœa be primitively chronic or whether it be as a continuance of *Cholera Infantum*. For years I have been accustomed to alternate these remedies in the 3rd dilution, giving a spoonful every four hours."

The result of our experience corresponds with that of Dr. Jousset.

Before closing this chapter let us speak of a few other remedies susceptible in this disease.

ÆTHUSA CYN. According to Bell and Laird, the characteristics of this remedy are:

Pale, yellow or greenish liquid stools, or of green or bloody mucus. After the stool, exhaustion, languor.

Intolerance of milk, sudden and violent vomiting immediately after nursing; the milk is thrown up in the same con-

dition as when swallowed or *in grumous masses large enough to almost strangle a child*. Its aspect is sometimes bilious or greenish; vomiting of greenish mucous; vomiting followed by exhaustion, and profound sleep. The child nurses at once on awaking; stupor, spasms, contraction of the thumbs; the eyes are turned down; pupils immovable, dilated; eyes fixed; froths at the mouth; red face; jaws set; pulse small, concentrated and rapid; surface of the body cold and covered by viscid sweat.

"*Aethusa*," says Mr. Chargé, "ought to be compared with *Podophyll*. The morning aggravation is the same, the differences are:

1. The stools of *Aethusa* are without odor, while those of *Podoph* are remarkable for their fetidity. 2nd. Vomiting does not prevent the child from nursing or feeding which is the opposite of *Podoph*."

To corroborate the value of *Aethusa* in cholera infantum we will give the analysis of two observations from Hencke published in the *Allg. Hom. Zeitung*:

1. Little girl, age nine months. Till present time, in good health; brought up on cow's milk; has had for two days frequent watery stools, greenish, odorless, and since yesterday, vomiting. Face pale, with marked contractions at the corners of the mouth; cries out often from pain and fright, after which she grows more feeble, or else if she vomits or has a stool, she fall into a semi-stupor. The body is not very warm, the feet are cold; heart beats irregularly; she drinks often milk diluted, which causes vomiting of grumous masses of coagulated milk; *Aethusa* 6th. The same evening the diarrhoea and vomiting ceased; the night following was quiet, and entire recovery followed.

2. A child of six months has had for several days evacuations, sometimes of a light yellow color, sometimes greenish, watery, and mucous; cries a great deal and kicks its legs in the air. *Cham.* 3 had no effect; since yesterday vomiting of curdled milk. The child takes the breast eagerly, but soon throws the milk up in large coagulated fragments. Stools liquid and of a grayish mucus; frequent cries and cold feet; sleepless. *Aethusa* 9th. Immediate amelioration; slept well the following night, and recovery the next day.

IRIS VERSICOLOR, In Bell and Laird we find:

Watery stools, bloody, mucous, greenish, frequent, profuse, corrosive, fetid or odor of copper.

During stool, tenesmus, *burning at the anus*, fetid flatulence. After the stool, *burning in the anus like fire*, prolapsus of the rectum. Concomitant symptoms: *burning at the mouth of the anus*, nausea, vomiting, with burning in the mouth, throat and œsophagus, *vomiting of an exceedingly acid liquid which excoriates the throat*, much exhaustion and debility from the onset.

M. Chargé says in this connection:—" *Iris Versicolor* is not far from *Ipecac*, when vomiting preponderates by its frequency and intensity over intestinal troubles. Pappy stools, like corn meal flour, accompanied by the expulsion of fetid gas; burning in the rectum and anus after an evacuation; excessive nausea and efforts to vomit, with eructations of much gas and burning in the region of the pharynx, which is dry and injected. Spasm of the throat on swallowing. Prolapsus of the rectum; weakness from exhaustion of the forces; very violent pains all over the abdomen from the epigastrium to the pubes, but more particularly about the umbilicus. A circumstance favorable to the employment of this remedy consists in an irritability of the hairyscalp and the existence of furuncles about the head."

Guerin-Menneville adds the following:

"*Stools soft, yellow, with rumbling and without odor.*"

DIOSCOREA VILLOSA, according to Bell and Laird.

Colic aggravated on lying down or on bending double, ameliorated by walking. Before the stool, colic.

During the stool, violent tenesmus; *violent contractive colic coming on in regular paroxysms with remissions*; violent drawing pains and twisting in intestines and in sacral region, radiating from above below, until the whole body, even the fingers and toes are seized with spasms acute enough to force cries from the patients. The pains in the abdomen suddenly change their seat to appear in other points, such as in the fingers and toes.

Dr. Bernard terminates the above with a few words from Hales New Remedies upon the use of *Dioscorea* in Intestinal colic, which I will refrain from reproducing.

EYE DISEASES IN CONNECTION WITH THOSE OF THE GENERAL SYSTEM.

(Read before the Homœopathic Club of San Francisco.)

BY DR. A. C. PETERSON, O. ET A. CHIR.

The vastness of this subject in its scope and comprehensiveness is appalling, extending as it does from the transitory conjunctival irritation incident to acute coryza to the profound affection of the optic nerve and retina with brain lesions.

Between these extremes there is a vast array of more or less serious diseases, dependent on more or less serious general disturbances.

It is not my purpose to attempt an elaborate essay, but merely to glance briefly at some of the eye complications appearing in the course of the more important diseases.

The acute exanthemata, measles, small-pox, scarlatina, etc., are fruitful sources of eye troubles of severity proportioned to the grade of the fever, to the location, nature, and extent of the eruption, to the impression upon the nervous system, to judicious nursing, etc. We may have merely conjunctival congestion from vaso-motor disturbance, the capillaries are relaxed and filled, this condition as a sequella, may improve with increasing bodily strength, or a catarrhal conjunctivitis may supervene.

The conjunctiva is swollen and infiltrated, there is a feeling of heat and sand in the eyes, with, at first, increased lachrymation, then the usual catarrhal discharges and appearances, lasting from a few days to a month, unless the trouble become chronic.

The treatment is both topical and internal. Among important remedies we have Argent. Nitr., Bel., Calcarea Salts, Merc., Nux V., Phos., Puls., Sul. and Acon., for aggravations of sub-acute inflammations.

Topically, we have Zinc Sul., Hydras. Merc., Merc. Nit., Ham., Calend and espec. Plant. have worked well as adjuvants to the homœopathically selected remedy.

Graver troubles are, briefly, general muscular weaknesses of the eye and its appendages, weakness of single muscles,

paralysis or pareses of nerve branches or filaments, causing strabismus, mydriasis, myosis, and relaxation of the ciliary muscle, with its train of asthenopic and accommodative phenomena.

The treatment demands a careful individualization, in selecting the proper similimum; hygiene and diet must receive proper attention. A weak galvanic current intelligently applied is a valuable aid. Internally are useful, *Anacard.*, *Gels.*, *Nat. mur.*, *Nux. V.*, *Phos.* and possibly *Dubois.*, *Jab.*, and *Physostigma*.

Renal diseases are very apt to present eye complications and the most important is Nephritic retinitis or Retinitis albuminurica. Chronic nephritis almost always attacks both eyes.

In the beginning hyperaemia of the fundus is noticed and as the disease progresses the veins become engorged and tortuous. A grayish film spreads over the retina, the optic disc is infiltrated and its outlines are hidden, delicate whitish striae are sometimes noticed in the retina from sclerosis of the optic nerve fibres, hemorrhagic patches are often found from extensive disease and rupture of capillary blood vessels.

Later a number of yellowish white spots appear which coalesce, and form a broad glistening mound around the optic disc, elongated striations of like color, arranged in a stellate manner appear around the macula. These are the outlines of the most important objective changes in the eye, however the appearances are not always as pronounced and some may be altogether absent.

In unfavorable cases, inflammatory changes in the choroid and vitreous supervene, detachment of the retina takes place and finally atrophy.

In favorable cases the yellowish-white deposit and hemorrhages are absorbed and the vessels diminish in size and tortuosity, the infiltration disappears and the details of the retina can be discovered.

As to the pathology—the film is due to serous exudation into the retinal connective tissue and the glistening white deposits to fatty degeneration of its cellular and connective tissue elements. Considerable decrease in vision generally

exists. Sometimes sudden blindness occurs and sight is as suddenly regained, this happens from uraemia, but then we have intense headache, nausea, etc., symptoms of uraemic poisoning.

Nephritic retinitis occurs only when the kidney disease is far advanced, usually with the small contracted kidney. It has appeared, however, with the large, flabby kidney.

Amblyopia is often complained of by patients who are all unconscious of the advanced kidney disease and who have observed only indigestion and nausea in the way of constitutional disturbance. It may here be mentioned that dilatation of the left ventricle is a prominent condition when nephritic retinitis is present.

The treatment must be directed toward the general condition.

I have dwelt at some length upon the prominent features of retinitis albuminurica, a disease valuable from a diagnostic point of view and one of grave import to the physical condition.

Retinitis albuminurica occurs, also, in the course of chronic brain and meningeal troubles, of scarlatina, typhoid fever, pregnancy, etc. The disease may be confined to one eye.

The most favorable prognosis is in the advanced stage of pregnancy, the sight may be completely restored with the return of health after delivery.

Diabetes presents several forms of retinal lesions from hemorrhages of greater or less extent, to exudations identical in appearance with those occurring in the nephritic variety.

Iritis and hemorrhagic glaucoma are rare complications.

The prognosis is doubtful or unfavorable and the treatment solely constitutional.

In certain diseases of the liver with jaundice, hemorrhages occur in the retina, with some degeneration of one of the granular layers of the retina into opalescent bodies without any disturbance of vision.

Intra-cranial diseases produce eye complications,—e. g., tumors, meningitis, syphilitic gummata, hydrocephalus, and any trouble producing pressure upon the lymph cavities in

the brain and thus through like spaces formed by the optic nerve sheaths. The free lymph circulation from the eye is impeded and we have a condition variously known as optic neuritis, neuro-retinitis or papillitis. The following symptoms are, briefly, dilated and tortuous retinal veins, the disc more or less swollen and infiltrated with indistinct outlines, choked disc, and a film from like infiltration spreads over the retina.

The prognosis is extremely doubtful, atrophy of the optic nerve is the usual result, as the disease is a complication of an obscure and dangerous affection of the brain.

In syphilitic affections the eye plays an important part, iritis being prominent among the secondary and tertiary manifestations.

We are all more or less familiar with the signs of plastic iritis, viz., the muddy indistinctness of the iris and consequent loss of lustre, the contracted and sluggish pupil from swelling and infiltration of the stroma of the iris, the peri-corneal vascular ring, the photophobia and ciliary neuralgia.

This form from syphilis has frequently the above characteristics greatly modified, especially the pain, which amounts sometimes to but a feeling of discomfort, but we may find gummy tumors present.

Constitutional or hereditary syphilis may give rise to serious iritis, which disease is of vastly different nature from the above.

The iris is but slightly discolored and the pupil usually dilated, due to intraocular tension. The choroid and ciliary body are apt to be involved.

Treatment.—In the plastic variety, the eye and temple should be carefully bandaged with cotton, without pressure on the ball, and complete rest secured if possible.

Atropine of sufficient strength to dilate the pupil and keep it so, must be used as often as required.

Internally—the Mercuries., Kali hyd., Thuja., Nitr. ac. stand in the front rank.

The prognosis is not unfavorable, unless the disease is very severe and ill-treated. Adhesions are common and

often fully formed when the disease is first brought to notice. Serous Iritis demands very different treatment.

Atropine is not to be used, it would aggravate by still further dilating the pupil, preventing still more the escape of the fluid contents of the eye through already deranged filtration channels, leading to retention or the intra-ocular tension is further increased, and we have glaucoma.

Gelsemium is mentioned as the most important remedy.

Meningitis, Hydrocephalus, diseases of the cerebellum and post-spinal sclerosis may give rise to a condition called Mydriasis or dilatation of the pupil from irritation of the sympathetic.

The same state of the iris comes from paralysis of the third nerve from exposure to wet and cold.

Syphilis may produce the same.

Monocular mydriasis with sluggish action of the iris is regarded as a symptom of brain trouble, in disease of nerve centres, indicating beginning of paralysis; some however regard this condition as a symptom of spinal irritation.

Myosis, or contraction of the pupil, may occur in spinal lesions due to paralysis of the sympathetic, tumors and aneurismal swellings pressing upon the cervical portion of the sympathetic have produced this condition.

I have endeavored to sketch in outline some of the more interesting and important diseases of the eye that may occur in the course of certain general diseases, and though presenting nothing new, still in looking over the field, the number of diseases that select the eye as their index is legion.

In 1851 the eye emerged from the gloom of the dark ages. In that year light was thrown upon the hidden mysteries, amblyopia and amaurosis, synonyms for ignorance and surmise, lost their universal range of significance.

If the vision be failing or lost and the cause be not apparent, the ophthalmoscope rarely fails to answer the questions why and wherefore?

DIRECT MEDICATION WITHOUT A MEDLEY OF DRUGS.

By WM. B. CLOWE, M. D., WALLA WALLA, W. T.

There exists, undoubtedly, too diversified an opinion upon the administration of a single drug or a compound in diseased conditions for any person to write an article in favor of either practice without a great deal of criticism, be it just or unjust. If we live to improve the condition of our patients physically as well as our own financially, we should study carefully the ways and means of so doing and attain precision in our method of prescribing, and any intelligent physician who abides by the present decision of the law of similia, etc., cannot possibly make a *hodge-podge* from his prescription case and feel that he has done an intelligent act. I affirm that the Homœopathic method is the leading one of the day, and it is only so because the study of the single remedy has been more thoroughly prosecuted and the action better understood and more carefully applied.

Just here lies the secret of the successful physician and the great and rapidly growing fame of our envied practice. It seems strange to me that men should study carefully the actions of a drug, note the dynamic and toxic effect of the same and withal when called to apply their knowledge to a diseased condition before them, will unhesitatingly combine from two to half a dozen drugs and return to the case with the assumption of a *Gaul*, not knowing what change in the condition to expect, but hoping that if any it may be favorable !!

If we were studying the action of compounds we should have definite ones and put aside altogether our distinctive title and lay no claim to a scientific method of prescribing, then there would be no more expected of us than there is of the foggy old school practice.

There is as marked a difference in the action of drugs of the same family as in the appearance of faces, and certainly we should not expect harmony when for an especial purpose we desire precise drug action, and not the uncertainty of a compound whose actions impede or modify one another and

cannot possibly be foretold. In all of Hahnemann's writings there is no expression approving compounds or of alternation in remedies, only as the totality of the symptoms demand another and distinct remedy.

We cannot consistently change prescriptions except in conformity with a change in symptoms, which will usually be marked by excessive or defective functional activity, perversion being less common.

The views of keenest prescribers, relative to the single remedy, are certainly based upon the results of a long and thoughtful observation—with all of their astuteness, they cannot discern intelligent methods of alternation except those which grow out of the change of symptoms in any diseased condition. We should advance at the command of the Homœopathic Generals, now living, among whom are *Farrington, Korndoerfer, Goodno, and others who have so faithfully studied the "Great Generals" Hahnemann, Hughes and Allen, and who, only according to totalities, prescribe the single remedy. With these facts plainly before us, we of less pretensions and ability should search out every drug line in all its avenues and through our investigations and applications, we may not only simplify our practice but add knowledge and truth to our medical history, and change much of our present darkness into the full light of Eternal Day. One cannot well write upon this subject without adding something respecting posology—I think it is reasonable to believe that the majority of the new school agree pretty thoroughly respecting the dose. These are the prescribers who, understand the toxicological action of a drug and are capable of diagnosing abnormal conditions and capable of knowing whether it is the dynamic or toxical action required. In a very great proportion of our cases we desire the former, and experience teaches, that the lower potencies and triturations produce the best results. Theorists ascend the scale and claim as good results with alcohol or saccharum as can be obtained with the drug itself, but sensibly the great majority of our number do not think or practice so. An exercise of individuality is especially demanded in prescribing doses and with due res-

pect to the Organon and Hahnemann, I cannot but criticise unfavorably his judgment, when he says "he has seen a drop or the decillionth dilution of nux vom. tr., produce exactly half the effect of a drop of the quintillionth dilution under identical circumstances and in the same person." I could quote others equally as ridiculous. We have less and less of this moon-shine practice each year. The pickers up of Homœopathy who think potentization constitutes the practice, are becoming moss grown and grey, and day by day are being supplanted by young and educated physicians who give as much of a single drug as the case before them demand and the dose is not the millionth dilution either.

ORDINARY SKILL AND GLAUCOMA.

By H. C. FRENCH, M. D.

"Ordinary Skill" is the ambiguous barricade behind which, in suits for mal practice, our unhappy profession have been accustomed to shelter themselves from the venom of the laity; but with the rapidly shifting tide of medical progress, and the ever increasing prominence of specialties in the curricula of our medical colleges, comes a responsibility upon the general profession, unknown in the days when all the functions of modern specialists were centered in the one title of M. D. Under the new regime, ordinary skill has come to represent a vastly higher grade of qualification both in the popular estimation, and in the sterner requirements of the law, which is ever on the alert to hold medical offenders responsible to the most advanced light in their chosen profession; placing the responsibility of complicated and extraordinary diseases upon assiduously trained specialists, and requiring of the general profession a knowledge of the fact, that some maladies are beyond their knowledge and skill. Frequently has it been my painful duty to perform iridectomy with only partial restoration of vision, because of the failure of the medical attendant to recognize glaucoma, and the vital importance of an immediate operation.

Glaucoma, though most common in advanced life, may occur in the young. The disease may be slow and insidious in its approach, occupying months and even years, and baffling early observation, or it may culminate in a few hours in the destruction of an eye beyond redemption.

SYMPTOMS.

1. Increased tension.
2. Pain, varying in degree and character.
3. Limitation of the visual field.
4. Dilation and inaction of the pupil.
5. Subjectively, rings and rays around the light at night.
6. Ophthalmoscopically. The cupped disc.

As a symptom, the increased tension is a *sine qua non*. If an eye is found to be hard, look at once for the concomitant symptoms of Glaucoma. If a single eye is affected, a comparison with the well eye will, to the uninitiated, afford a valuable aid.

To examine the tension, sit or stand in front of the patient, whose eyes should be quietly closed. Place both index finger-tips lightly upon the upper part of the globe, steadying each hand by touching the forehead or cheek with the third or fourth fingers, then press lightly backward and downward with each finger alternately until satisfied as to the degree of tension, which may vary from normal to stony hardness. If both eyes are affected, make the comparison with the eyes of an attendant.

The increased tension bears an almost constant ratio to the severity of the disease, being usually more intense in the acute variety.

To one familiar with the ophthalmoscope, the cupping of the disc is an important diagnostic aid. The floor presents a bluish white appearance, and the vessels hook over the edge of the cup in place of diverging from the center as in the normal eye, the veins being large and tortuous, the arteries diminished in size. Sudden and phenomenal pain in the eye, or from the eye to the temple, would suggest the presence or approach of the dread disease. In acute Glaucoma there is usually intense congestion of the vessels surrounding

the cornea. The iris often loses its lustre, and the pupil is immovably enlarged.

The cornea often presents a misty appearance, and becomes in a measure insensible to touch. We have thus, for the benefit of our general practitioners, briefly outlined the more prominent symptoms of Glaucoma, without any attempt to discuss varieties, or the pathology of the disease, whose principles are still mooted by the highest ophthalmological authorities.

TREATMENT.

Up to 1856 Glaucoma was classed with incurable diseases. In that year, Alfred Von Graefe discovered the efficacy of iridectomy as a remedy, and it has steadily held its rank as the radical cure for Glaucoma from that day to this.

Paracentesis and sclerotomy have been tried, but have found little favor as against Von Graefe's operation. De Wecker strongly recommends sclerotomy as preferable to iridectomy in hemorrhagic and absolute Glaucoma.

The iridectomy, to be effective, should be made large and well back to the ciliary attachment of the iris. Eserine frequently instilled into the eye often arrests the progress of the disease, relieves tension, and is undoubtedly the most important remedy next to iridectomy. For the ciliary and temporal pains, the halos and subjective symptoms of the disease, our materia medica will furnish important palliatives, but in the hands of the most skilled prescriber will not avert impending ruin, or justify procrastination.

The fate of an eye frequently depends upon prompt recognition of the enemy, and equally prompt resort to iridectomy.

Then let me urge every practitioner of medicine to cultivate, in reference to this disease, the *tactus eruditus*, so as to be able to detect promptly any deviation from the normal tension. And do not forget that atropine, though an important remedy in many other diseases of the eye, is in Glaucoma extremely injurious, and *should not be used*.

SELECTIONS.

THE DIGESTION OF FATS.

It is a dietetic fact of great importance, that the assimilation of suitable quantities of fat is often of extreme benefit to an enfeebled and emaciated patient. From the comparative facility with which fat undergoes metabolism in the body, a notable economy of energy results, and the process may thus be more thoroughly accomplished. But the good results thus hoped for are not unfrequently rendered unattainable, on account of the nausea and gastric disturbances which follow the ingestion of fat or oil, and even if those symptoms be absent or overcome the diminished functional activity of the alimentary canal may allow their passage practically unchanged. One of the causes of the indigestibility of fat, especially in the form of oil, is the fact that they are with difficulty rendered amenable to the action of the intestinal juices when given *en masse*. For fats and oils to be efficiently acted upon, they require to be churned into some kind of emulsion, the finer the better; and when they form a part of a meal, a process of this description takes place. In any case, if the quantity of oil be in excess of the powers of the intestinal juices to saponify or emulsify, absorption cannot, for obvious reasons take place. The best way for administering oil for medicinal purposes is either as an emulsion or in solution. The finest emulsion, however, obtainable by ordinary means, under the microscope, shows oil globules many times larger than those of milk, or with a strong tendency to coalesce. The form of oil most frequently given therapeutically is probably Cod Liver Oil, and this has the additional disadvantage of possessing a very unsavory taste and smell, which render its ingurgitation a disagreeable task for the adult and a difficult one with children. Curiously enough it has recently been discovered by Keplar, that this oil is capable of being taken into solution by an extract of Malt which if good, will take up a very considerable proportion of the oil, the smell and taste of which it very effectually

disguises. Under the microscope, no oil globules are visible and the field is perfectly clear; the presence of the oil, is, however, made evident by allowing a drop of water to run under the slide, when the oil quits the solution in the form of extremely minute globules, the diameter of which is about half that of milk globules. This, then is the ideal form of administration of fat. Apart from whatever qualities the extract of malt may have *per se*, the oil is taken in a form which offers every facility for the further changes necessary for its absorption and assimilation.

CLINICAL ITEMS.

Gnaphalium is useful in *Dysmenorrhoea* when the menses are scanty and very painful the first day. (Dr. McGeorge.)

It should not be forgotten in *sciatica*.

Xanthoxylum has ovarian pain extending down the genito-crural nerves; menstrual flow too early and too profuse—pains down the anterior of thighs—excessive weakness of limbs.

Amygdalus Persica. Angina faucium, with soreness and aching pains.

Anisum Stellatum. Pain in region of third rib, about one or two inches from sternum, generally on right side, occasionally on left.

Asparagus. Pain at acromion process of left scapula, also under the clavicle and down the arm with exceeding feeble pulse.

Chenopodium. Dull pain, a little lower down than the inferior angle of the right scapula; but nearer the spine, also in asthma.

Cholas Terrapina. Cramps or cramp-like pains in the calves and feet, also in the thighs or even in abdomen, rheumatism with similar pains.

Gaultheria. Soreness and jarring from coughs, like in the anterior mediastinum at times, also in larynx.

Ipomoea Batatoides. Aching in the small of back and lower down, also rheumatic pains in the extremities, especially in the arms. Renal colic.

Juglans Catharticus. Severe occipital headache—especially if unaccompanied by other pains.

Lobelia Coerulea. Pain or aching in the posterior aspect of the spleen.

Mel cum Sale. Sore, stiff, tender feeling in the hypogastric region.

Rosae Damascenae. Hardness of hearing, with ringing or singing in ears—catarrh of eustachian tube.

Ulmus Rub. Tingling as if “asleep” of lower extremities, aching pains in thighs.

Ustilago. Haematemesis of a passive nature, profuse, venous blood, with nausea, which improves after Hemorrhage persistent, continuous uterine hemorrhage of brown color with want of uterine contraction.

Dolichos. Soreness and tenderness of gums even in teething children; cough or lying down at night, pain as from a splinter in the right tonsil, worse when swallowing.

Chimaphila. Pterygium, cataract.

Pix Liquida. Sore pain in chest about two inches from the left axilla on line with its anterior border.—[Hahn. M.]

Erigeron is the most reliable remedy, according to Hale, for *Tympanites* occurring during typhoid fever, enteritis or peritonitis. (Also, Terebinth.) Dr. Hale uses them internally and locally in enemas, throwing up a half to one dram beaten up with yolk of egg and mixed with a pint or more of milk. The most enormous and dangerous tympanites will disappear after a few such enemas,

Oreodaphne Cal.—Dr. J. M. Moore took five drops of tincture and experienced no symptoms, except a confusion of the head. After six hours ten drops more were taken and dizziness, worse, on stooping or on moving about, came on, followed by a dull pressive fronto-occipital headache. This headache passed off during a night's rest. Olfaction of the tincture produced a more intense headache of a similar nature. After a few inhalations, often only one, the following sensations were produced: an intense aching, with pressure at the inner angle of the orbit, right or left, generally left, but never in both simultaneously, extending through the brain and across the scalp to the base of the occiput. This headache lasted from half an hour to seven hours, was aggravated by light, noise, and moving, and relieved by closing eyes and perfect quiet.—*Monthly H. R.*

CORRESPONDENCE.

ANOTHER LETTER FROM VICTORIA, B. C.

VICTORIA, April 9th, 1886.

EDITOR CALIFORNIA HOMŒOPATH:—I wish to acquaint your readers with some recent legislative doings in British Columbia. An Act has just been passed which I think will exclude homœopathic physicians, excepting such as may be already engaged in practice in the Province, from practicing therein. I am, so far as I know, the only physician of the homœopathic school in the country. So you see I am made a monopolist by Act of Parliament. The good opinion I had at first formed of the English—that they were becoming civilized—has not been substantiated; I take it back. They are as conservative as ever. Their chief duty is Fashion. Current Sentiment with them is Truth.

The Act specifies that (Sec. 28), "The Council (established by previous Sec.) shall admit upon the register any person who shall produce from any college or school of medicine or surgery, requiring a three years' course of study, a diploma of qualification; provided, also, that the applicant shall furnish to the Council satisfactory evidence of identification and *pass before the members thereof* * * * * *a satisfactory examination* touching his fitness and capacity to practice as a physician and surgeon." The italics are mine.

Perhaps the Council will deal in a fair and honorable manner with homœopathic applicants, whom Sec. 53 says "may be registered under this Act on complying with the terms mentioned in Sec. 28." But the Council will be composed of the opponents of homœopathy, who will be unable to examine in

homœopathy. However, I will not pre-judge them, and you can form your own estimate of the probabilities.

I did all in my power to have a clause inserted allowing Homœopaths to register who had diplomas from any good college. I gave the members the circular of your San Francisco Homœopathic College and the advertisements of other American Homœopathic Colleges. If these could not be recognized, I asked that those having European or Colonial diplomas be allowed to register. But the bill had passed its second reading before I knew anything of its provisions, and the third reading was accomplished at the last midnight session. Section 53 is all the recognition of Homœopathy my efforts produced.

A general election, however, is at hand, and the next legislature may do better. Of course, under present circumstances, the exclusion of Homœopathic Physicians is unimportant, but with the completion of the C. P. R. R. an influx of better informed people will give the matter a new aspect.

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

ANN ARBOR, Michigan, April 13th, 1886.

EDITOR CALIFORNIA HOMŒOPATH: We are trying to arrange with Michigan Central Rail Road for a through train, without change, from Chicago to Saratoga. The train will have dining car attached, and either going or returning would lay over at Niagara Falls for half day, if desirable.

The train can only be secured on condition that a sufficient number of western members will join the excursion to make it an object. Think we can secure round trip for single fare, but of this we'll report later in time for your June number.

Will you kindly make a note of this and the enclosed slip, in your May number.

Respectfully,

H. C. ALLEN, M. D.

REPLY TO "A WOMAN."

EDITOR CALIFORNIA HOMŒOPATH:—In the March number of the HOMŒOPATH, your correspondent "A Woman" takes me to task for making a plea against needless uterine and vaginal examinations. I have not a word to say against absolutely necessary ones, which I venture to say are not more than a hundredth part of those now made. Some practitioners ask for an examination in every case that has a suspicion of discomfort or disturbed function in the pelvis, and moreover on the plea of reflex action, for almost any disorder anywhere; not only headaches but teethaches, and disorders of any organ or function are sought for by a uterine examination, and if they find the womb a particle out of the one position they assume that it should occupy, they shout "Eureka!"

I will mention some that I think are not necessary. To the old-school physician, whose therapeutics of the pelvic organs are almost exclusively

local, such examinations are indispensable; but not so the Homœopath, who has all the therapeutic agents he requires in his materia medica, and which are best administered by the mouth. One of the greatest reasons assigned for these examinations is to discover and correct by mechanical means displacements of the womb. Let us see what light science throws on these displacements. It has been shown that the uterus is a mobile or floating organ. Coughing, sneezing, lifting, a full bladder, a loaded rectum, change of posture, and even breathing, change its position. These changes are physiological, not pathological. It is only when this floating condition is changed to a fixed one is there any need of treatment; and it is the rare exception when anything is required but medical treatment given *per oram*, and the subjective symptoms decide the choice of the remedy, not anything discovered by a vaginal examination.

I will now adduce some testimony to support my position. Dr. Vedeler, a distinguished German physician, in order to discover what relation supposed displacements have in regard to sickness and health, examined the position of the womb in about eighteen hundred women, one-half of whom were sick and the other half well. The result was that *in one-half of the sick ones the uterus was found in the supposed natural position, and in one-half of the healthy ones, in a supposed unnatural one.* (See "American Homœopath," Vol. IX, page 222.

These experiments are as conclusive as were those conducted by Dietl in the general hospital, in the treatment of pneumonia, which demonstrated that bleeding killed thirteen per cent. of the cases.

In this light it is unnecessary to make a uterine examination in every case of backache, leucorrhœa, headache, and every other pain and disturbed function which occurs in a woman.

Sir James Simpson was also of the opinion that displacements of the uterus were comparatively innocuous. I may mention such eminent gynecologists as Minton, Eggert and others who hold this view.

Leucorrhœa is another condition that is supposed to demand an examination. Leucorrhœa is a catarrh of the vaginal and uterine mucous membranes. Is it necessary in an ordinary nasal catarrh to make an examination of all the parts of the nasal passages? No; and yet they are more accessible, and such an inspection does not violate any sense of delicacy. True, he who does not know any other mode of treating leucorrhœa but by the application of astringents and caustics has to resort to the speculum and the sound. But what is the result of such treatment? I admit the leucorrhœa ceases, but the disease is only driven to some other organ, frequently a vital one. Consumption often follows. *The whites are cured, but the patient dies.*

Hahnemann showed clearly the bad effects of local application, and the most advanced pathologists of the old-school are now accepting the views he advanced thereon half a century ago.

I might go on and mention ulceration of the womb and other uterine diseases the successful treatment of which do not require this, which should be the last resort of the physician, instead of being, as it is often made, the first.

If homœopathic physicians studied their materia medica more they would make fewer vaginal and uterine examinations, and cure more patients.

A. McNEIL, San Francisco.

Personal Notes, Locations, Etc.

DR. WILLIAM BOERICKE, the editor of this journal, started on a trip East on March 20th, which will afford him relief from the duties of an arduous practice and from editorial work on this number. During his absence, Dr. W. A. DEWEY, well known to our readers, has taken charge of his practice until the return of the former, on or about May 10th.

DR. H. B. DRAKE has retired from active practice and states that Union, Oregon, offers an excellent field for a Homœopathist.

DR. E. BECKWITH of Knoxville, Tenn, in renewing his subscription has some favorable things to say of the Journal. Thank you, Doctor.

NEW ACCESSIONS.—We take pleasure in welcoming DR. CHAS. PORTER HART, the eminent neurologist, and also Drs. E. N. LOWRY, and G. T. STEWART, who have located in our city, the latter at 624 Sutter. The former will make the treatment of nervous diseases a specialty, at 326 Geary street, and will occupy the Chair of Diseases of the Nervous System at the Hahnemann Medical College of San Francisco. Furthermore, we wish to record the arrival of Dr. L. V. FLINT and Dr. B. F. MERTZMAN, the former locating at Santa Cruz and the latter at San Diego. We wish them all unbounded success.

As a probable further accession to the professional ranks on this coast, ARTHUR M. EASTMAN, M. D., a successful practitioner of St. Paul, may add luster, since his visit of a few weeks' duration, for the purpose of investigating climate, has left a most favorable impression. His object being to remove his family from the effects of the extreme climate of St. Paul.

DR. R. H. CURTIS, Professor of Surgery, has moved into more central and commodious quarters, being now located at 531 Sutter street.

DR. GEORGE DART, formerly of Sacramento, and for some time located in this city, has removed to Napa.

THE partnership hitherto existing under the firm name of Drs. FRENCH and PETERSON, is dissolved by mutual consent, from date. DR. PETERSON retains the present office, 319 Geary street, where he will confine his practice to surgical and medical diseases of the Eye, Ear and Throat, *exclusively*. San Francisco, May 1, 1886.

H. C. FRENCH, M. D., left on a few months' trip to Europe, where he will visit London, Paris, Brussels and other important cities. "Bon voyage."

GEO. E. DAVIS, M. D., has removed his office from 206 Stockton street to 520 Sutter street, above Powell.

GEO. H. PALMER, M. D., also left for the East some time ago, and, as we have learned since, contemplates extending his trip to Europe. His practice has been placed in the able hands of Dr. JAS. W. WARD, who will be found ready to attend all cases.

DRS. T. P. and C. L. TISDALE, having considerable landed interests in the neighborhood of Stockton, have decided to locate in said city, where they expect to find a good field for homœopathic practice.

WE take pleasure in recording the significant fact that Dr. C. W. BEEYFOGLE, for many years one of the leading Homœopathic practitioners on this Coast, has been honored with the election to the important office of Mayor of San José, by a large majority of the vote of his fellow citizens. In this case true worth has been recognized, and we can safely predict a brilliant tenure to our worthy friend, and successful government to our sister city.

GOOD LOCATIONS. — At Moscow, Idaho; Lewiston, Idaho; Colfax, W. T.; Pendleton, Oregon; Pomeroy, W. T.; Weston, Oregon; Ellensburg, W. T.; Farmington, W. T.; and while Walla Walla has two, there is room for at least two more. A farming country surrounds all of these towns, and the people are as prosperous as in any new country. Wheat is the great product; fruit and vegetables of every description second.

UNION, OREGON, seems to offer a fair field for the right man. We quote the following from a letter received, in reply to our inquiries, from Dr. H. B. DRAKE, who is Secretary and Manager of the Union Milling Company, and has no desire to practice medicine:

"I came here in 1877 on a visit for my health. During my sojourn diphtheria raged some nine months, carrying off whole families, under the treatment they received, which made malignant cases of mild ones. My uncle's family were all sick with it, and under homœopathic treatment all recovered. This spread like wild fire, and I was called in every direction, only losing one case. About this time I decided to return home, and was urged on every side to remain or send a homœopath to them. During the spring following, I sent from Detroit to this place some ninety-six domestic cases and Ellis' Family Homœopathy. Two years after, my health again failing, I returned to Union, but fully decided not to practice. But I am obliged to, to a certain extent, because they won't let me off, and I make a good many office prescriptions. But I am getting "rusty," as my mind is on my business, and I read little of medicine. I am confident a well read, thorough physician, a sensible homœopath, who would keep quietly at work, and was a competent physician, as well as surgeon, would do a fine business in this valley. This town has only about 800 inhabitants, but his practice would be all over the valley and neighboring towns. The climate here is fine, and I have never had any trouble in getting the cash for my services. I want a good homœopath here *very much*, but am not willing to say to anyone, come. He must decide for himself."

THE Tenth Annual Meeting of the California State Homœopathic Medical Society will be held at the Hahnemann Medical College, 115 Haight street, in this city, Wednesday, May 12, 1886, at 8 o'clock, P. M. The great success of these annual meetings, both from a scientific as well as a social standpoint, renders it unnecessary to emphasize the necessity of every member being present.

THE AMERICAN OBSTETRICAL SOCIETY held its third meeting at the New York Ophthalmic Hospital last February. The following papers were presented, to wit: Menstruation, and the Ovaries, REUBEN C. MOFFAT, M. D., of Brooklyn, N. Y. Laceration of the Perineum and its Repair, LESLIE A. PHILLIPS, M. D., of Boston, Mass. The Newer Methods in Breech Presentations, CLARENCE M. CONANT, M. D., of Orange, N. J. The Puerperal Breast, HOMER I. OSTROM, M. D., of New York. Vaginal Injections during the Puerperium, GEORGE W. WINTERBURN, M. D., of New York.

THE twentieth annual session of the Indiana Institute of Homœopathy will be held in Indianapolis in May, and a suitable celebration of this double decade will be held.

NEW PUBLICATIONS.

NOTICE. Owing to the absence of the Editor, the usual Book Notices will be left over until the next number.

NEW JOURNALS.

The Southern Journal of Homœopathy. Edited by C. E. FISHER, M. D. Austin and New Orleans.

The new volume (VI) begins with the February number, and with it the journal dons a complete new dress and presents a very handsome appearance. It is full of interesting papers and enthusiastic for Southern Homœopathy. With such an able champion, we doubt not success will crown their every effort. The Materia Medica department is very valuable and gives to the Journal particular value. The present number contains a contribution by Professor Cowperthwaite on Colchicum and a Materia Medica talk; the first of a series on Sulphur, by A. L. Monroe, M. D. We wish the Journal continued success.

The Southern California Practitioner. Edited by Drs. J. P. WIDNEY, Jos. KURTZ and W. LINDLEY. Published at Los Angeles, Cal.

We have received Nos. 2 and 3 of this new medical journal and welcome it among our exchanges. The two numbers are full of interesting original articles and carefully prepared editorials.

PAMPHLETS RECEIVED TO DATE.

New York Cancer Hospital—First Annual Report, 1885.

Tennessee State Board of Health Bulletin.

The Medical Counselor and Michigan Journal of Homœopathy.

The Medical Institute of Philadelphia.

La Reforma Medica, Mexico.

Hahnemannian Monthly, Philadelphia.

The Clinique, Chicago.

Homœopathic Physician, Philadelphia.

Oakland Homœopathic Hospital Report.

Preliminary Announcement by the Hahnemann Publishing House, Philadelphia, of a new Handbook of Homœopathic Materia Medica is made. It will be a large volume of about 1200 quarto pages. Price probably \$15.00. Dr. Allen's name ensures the character of the work. Send your subscription at once to Boericke & Schreck, San Francisco.

MISCELLANEOUS.

TO OUR READERS.

It has frequently happened during the last year that we have received inquiries about goods, which it has needlessly taken up our time to answer, the information sought for, appearing in the advertising pages of this journal. We would therefore request our readers to carefully scan the advertisements, where they will doubtless find the information—free of charge. Please note the latest reduction in price of *Solution Cocaine*.

THE AMERICAN INSTITUTE AND AN UNAUTHORIZED HOMŒOPATHIC PHARMACOPŒIA.

The fact that the American Institute of Homœopathy failed to provide an authoritative pharmacopœia for the preparation of homœopathic remedies in the United States, is a lasting reproach to that body, and is an incalculable detriment to the cause of homœopathy in the United States. The

country wherein homœopathy flourishes as no where else seems to be the country wherein less interest is evinced as to how the remedies used in daily practice are prepared, than countries having less than one-tenth of its number of practitioners. About fifteen years ago the American Institute, at the suggestion of the late Dr. Carroll Dunham, appointed a committee for the purpose of compiling a homœopathic pharmacopœia, to be published by the Institute, which was to be the official guide for the homœopathic pharmacists of this country.

The committee, of which Dr. Dunham was chairman, was empowered to add to its members, and, after securing the co-operation of many of our pharmacists, the subjects were allotted the members with the request to write them out and bring them up to date. Time and again did the indefatigable chairman importune his co-laborers to complete their papers, and from one meeting of the Institute to another he reported "progress." Finally, we think in 1876, he was able to report that the whole of the material was in hand and ready to be put into shape for the press. But the herculean labors of Dr. Dunham as President of the Centennial Homœopathic Congress undermined his health, and soon after the conclusion of those memorable sessions, after a short sickness, he succumbed. Among his papers was found a pile of disconnected MSS. awaiting his master hand to put into shape for the press. However, no successor could be found willing or capable of performing that task, or no publisher willing to assume the responsibility of publication, and, we think, in 1878, the committee asked to be relieved from a further consideration of the subject, and the request was granted.

A few years later the preparation of the *American Homœopathic Pharmacopœia* was taken in hand by a firm in Philadelphia, and in 1882 the work was issued. A second and third editions re-written and revised by Dr. J. T. O'Connor, has recently been issued. In Chicago the *American Homœopathic Dispensatory* was published about two years ago, differing entirely from the other in its scope and aim. While the former follows the precepts of Hahnemann in his original directions for the preparation of remedies, the latter has struck out in a new direction and recom-

mended that dried roots and herbs be substituted for the fresh succulent ones which Hahnemann directed to be used, in all plants growing abroad on the continent. Our design is merely to point out the difference between the two works. What is the result? Certainly not uniformity. In the absence of action by the only authoritative body in homœopathic matters, every pharmacist follows his own sweet will, suits his own convenience. While one may follow the *American Homœopathic Pharmacopœia*, and prepare remedies according to Hahnemann's precepts, go to the expense of importing German fresh plant tinctures, and prepare his Nux, Ignatia, Ipecac, Cinchona, etc., tinctures in the proportion of one part of the crude drug to five of alcohol, his nearest colleague may adopt the other work, make his tinctures from plants indigenous to Europe from the dried herbs and roots (often worthless from age) at a great saving of expense, and make his Nux, Cinchona, Ignatia, Ipecac, etc., tinctures in the proportion of one part of the drug to ten of alcohol. Should any of his patrons expostulate with him for his practice he calmly replies that he worked according to the *American Homœopathic Dispensatory*, which work had the endorsement of many physicians of high standing in the profession. A remedy should as a rule be prepared in the same manner as that from which the original provings were made.

It is needless to urge that such a state of things is injurious if not disgraceful, and is it not high time some action was taken in the premises. If neither of our present works is worthy its endorsement, then let the Institute take measures to supercede them by a better work as early as may be, or else indicate such changes in either the one or the other as would bring it up to the standard. But by all means let us have an authorized Homœopathic Pharmacopœia in this country, a work, the rules and directions of which the physician may demand that his pharmacist comply with. It is as much in the interest of the pharmacist as the practitioner.

VALUABLE SUGGESTIONS IN THE USE OF LACTATED FOOD.

From the celebrated medical authority, J. MILNER FOTHERGILL, M. D.

Member of the Royal College of Physicians of London; Senior Assistant Physician of the City of London Hospital; Associate Fellow to the College of Physicians of Philadelphia.

110 PARK ST., GROSVENOR SQUARE,
LONDON, W. ENGLAND, November 13, 1885. }

MESSES. WELLS & RICHARDSON Co.,

GENTLEMEN: Having requested me to give you my opinion, as a food expert, upon your "Lactated Food," I do so herewith.

You state that it contains "The purified gluten of wheat and oats with barley diastase and malt extract combined with specially prepared milk sugar;" in other words, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct.

The food then contains carbo-hydrates, some albuminoid matter and the various salts in grain, notably phosphate of lime.

Such a food can be added to milk and treated in the manner you describe in your leaflet. So prepared with milk it forms an admirable food for infants and dyspeptic persons who require very digestible aliments.

But it has a wider range of utility. The body-temperature is kept up by the combustion of grape sugar. Grape sugar is supplied from carbo-hydrates, either the insoluble starch, or the soluble sugar. Starch forms a great portion of our food and is converted into grape sugar within the body. Where the system is unequal to the digestion of starch, as in feeble digestion, or conditions of acute disease, then predigested starch must be furnished to the organism. Otherwise the system will perish of exhaustion, just as a fire dies out when its fuel is consumed.

Beef tea contains nothing which can form grape sugar, and in fact is a pleasant stimulating beverage or food adjunct; but without food value practically. (For what food value it has is so infinitesimal that it is not worth counting.) But when it has added to it a food such as your Lactated Food, it has a distinct measurable food value. Consequently such food should be given with beef tea, and the compound forms a valuable food.

When Lactated Food is placed in water hot enough to be sipped, a rapid transformation of the starch remaining in it (by the diastase it contains), goes on; and a nutritive fluid is the result, which requires but a minimum of the digestive act.

Such fluid can be flavored and drunk as a nutritive beverage, specially acceptable in febrile conditions. Flavored with lemon, ginger, cloves or other flavoring agents to give variety—a matter far too much neglected in the treatment of the sick—it can be largely used. Or wine, either red wine as claret, or sherry or port, can be added to it when a little stimulant is required; and brandy when a stronger stimulant is indicated.

The resort to farinaceous matters, predigested, must become greater and greater as our knowledge of digestion and its derangements waxes larger. It is not merely in the case of feeble infants that such predigested starch and milk sugar are indicated and useful; persons of feeble digestion require these soluble carbo-hydrates which they can assimilate.

But to my mind an equally great matter is the feeding of persons acutely sick, and especially where there is pyrexia, who now are allowed to perish of inanition on the mistaken conviction that beef tea is a sustaining food. It is in the sick room that soluble carbo-hydrates have a great future before them.

Popular Department.

APHORISMS IN REGARD TO THE TURKISH BATH.*

Aphorism I. The Turkish Bath is the best and most efficacious of all baths, both in a hygienic and therapeutic point of view. It bestows, as nothing else can, perfect cleanliness, a sense of complete comfort and a wonderful power of resistance to variations of temperature. The skin of the entire body acquires from its frequent use an astonishing vitality, analogous to that possessed by the surface of the hands and face, always exposed to the air, yet never feeling cold.

Aphorism II. The Turkish Bath, in its combination of heat with cold water, is the *perfection of hydrotherapy*. It possesses three-fold remedial powers, at once *depurative, derivative, and tonic*, so that most chronic affections which resist ordinary remedies are advantageously influenced by it. Such are *rheumatism and gouty affections, visceral engorgements the strumous and syphilitic diathesis, obesity, etc.*

Aphorism III. The skin is to man what the foliage is to the tree—a vast external lung, with millions of pores, of glandules and of papillæ, and an immense network of arteries and nerves. It is the *complement and supplement* of the internal lungs. With the aid of the Turkish Bath the skin breathes and transpires in place of the lungs. Thus is explained its efficacy in the treatment of *laryngitis and bronchitis*, in arresting *pneumonia* and in modifying the course of *catarrhal and tubercular affections*.

Aphorism IV. The mucous membrane of the digestive passages, and of all the internal ducts, is simply a prolongation of all the internal cutaneous tissue, from without to within; at the external openings the skin becomes thin, the *epidermis* changes to *epithelium*; there is, therefore, both analogy of

*Dr. C. H. Depraz; trans. in *Medical Bulletin*. N. Y. Med. Times.

organization and anatomical continuity between the skin which covers the body and the entire mucous system. Modifications in one portion of a system influence the entire system. The external skin, modified by the Turkish Bath, becomes the modifier of the internal skin, that is to say, the modifier of the *digestive, urinary and genital systems*.

Aphorism V. Winter and autumn diminish the activity of the cutaneous functions and harden the skin. Hence, at the fall of the leaf, in all cold and damp countries, there occurs an exacerbation of all the catarrhal affections of the *bronchi*, the *kidneys* and the *bladder*. The Turkish Bath acts in the inverse ratio of winter and of dampness; the heat of the bath is an artificial warm and dry climate at every one's door.

Aphorism VI. Old age, by reason of the progressive predominance of the carbonaceous elements in the economy, the increasing rigidity of the capillaries, and the consequent diminution of the secretions, concentrates the peripheric circulation of the body in the interior of the splanchnic cavities and vital organs; hence result *wrinkles, gray hairs, baldness, harshness of the skin, apoplectic tendencies, stiffness of the joints and fragility of the bones*; in short, all the attributes of old age, terminating in one step further, decrepitude. The Turkish Bath, by means of an active inverse movement of the circulation towards the surface of the body, imitates youth, restores elasticity to the movements, vigor to the functions, and mirth to the countenance.

Aphorism VII. There is no true disease without fever, mild or acute, apparent or latent. There is no fever without an alteration in the skin in respect to its circulation, its sensibility, its temperature, and its power of inhalation and absorption. Now, since the Turkish Bath acts efficiently on all these functions of the skin, it follows that there is no true disease in which the Turkish Bath may not be either the sole remedy or a part of the remedial process.

Aphorism VIII. The Turkish Bath is eminently a *tonic*. By means of massage, frictions and varied exercises, it re-establishes functional equilibrium in those who are over-

whelmed with brain work and do not have sufficient exercise—men of letters, judges, journalists, bankers and members, in fact, of all sedentary professions.

Aphorism IX. The Turkish Bath is a complete regulator of the organic functions. By the abundant transpiration which it causes, it controls the balance of the economy in those who are too much addicted to the pleasures of the table just at the time of life when the withdrawal of the accustomed demand of daily duties upon the system ought to impose the greatest moderation. This caution concerns especially merchants and tradesmen withdrawing from active business, and retired officers.

Aphorism X. The Turkish Bath is sedative and restorative in its action; by its equalizing effect on the circulation it restores the strength exhausted by a long walk, a sea voyage, or trip by rail, by protracted loss of sleep, and by excesses of every kind, whose morbid effects are reflected upon the nervous system. Hence its importance to tourists, sportsmen, athletes and artists.

Aphorism XI. The Turkish Bath is depurative and reconstructive. By its abundant sweats and by a more perfect and more prompt assimilation of food it modifies constitutional disorders, such as *ricketts*, *scrofula*, *anæmia*, *malarial*, *herpetic* and *syphilitic diatheses*, *mercurial* or *metallic poisoning*, and the *lymphatic* temperament, the first cause of *scrofula* and consumption. The complement of the Turkish Bath in these conditions is a wholesome and substantial diet, a *regime* which is rendered attractive by improved appetite and digestion.

Aphorism XII. The Turkish Bath is the adjuvant of all other remedial baths. It facilitates the absorption of mineral waters at every season and in all climates. Wherever the water cure is indicated the Turkish Bath may advantageously be substituted for it. It is none the less an efficacious remedy because it is a luxury, like a cool bath in midsummer, or an iced drink in the heat of the desert.

THE CALIFORNIA HOMŒOPATH.

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

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

VOL. IV. SAN FRANCISCO, JULY, 1886. No. 4.

EDITORIAL.

THE STATE HOMŒOPATHIC SOCIETY.

THE last meeting of the State Homœopathic Society was satisfactory in almost every respect. Several papers of marked ability were read and discussed.

The address of the President appears in the present number.

There is every prospect that the next meeting of the State Society will be a great success—that is, if the chairmen of the different bureaux will do their duty and see that papers are prepared for that meeting. The President will do his part in selecting, to the best of his judgment, suitable men, who will then choose their co-laborers. There are many physicians that have settled in California since the organization of the State Society who are not members. It is desirable that all Homœopathic practitioners of this and neighboring states should join, and by their support give strength to the Society and Homœopathy on this coast.

Send on your names to the Secretary, or to the Editor of this journal, and your names will be proposed at the next meeting. And again if you are already a member and are in arrears with your subscription, send it on to the Treasurer and be square on the books.

SIXTEEN years ago, twenty physicians constituted the whole representation of Homœopathy on this coast. To-day we have over ten times that number. Then there was nothing else distinctively Homœopathic but a Dispensary kept alive by the munificent support of a Boston gentleman. To-day we have a State Society, a County Society, (Los Angeles) a Homœopathic Club, a prosperous College, a Journal, a successful Hospital, Dispensaries, all doing a good work, under difficulties to be sure, but with honest intent to further the best interests of the cause. The Journal, we know, ought to be very much better, but we are only waiting for the kind of support to make it so. Why is it no better exponent of Pacific Coast Homœopathy? We answer, it is the *best* exponent the profession here is willing to make it. Instead of contributing to its pages and making it worthy of the school it represents, many stand aloof, ready with criticism indeed, but with no willingness to produce a better substitute.

So with the College. Though now on a firm footing, having past its experimental stage and avoided the numerous breakers that beset the first voyage of all similar institutions, it had to encounter from the very first enemies of its own household.

There was ever waiting for it an eager readiness to misinterpret motives, to obstruct whenever its path did not run parallel to the lines of the would-be managers. Whatever shortcomings it has are the unavoidable ones of inexperience and youth—common to all of its kind, but faithful devotion of its servants to its principles will soon remedy any defects that may have cropped out in the past; and what it must have and ought to have, is the united support of every Homœopathic physician on the coast. Get some of the stock, have a voice thereby in its management, send students and held

to make it a fair representative of the present state of Homœopathy on this coast.

If Homœopathy is true and its principles worth maintaining, then the effort to teach those principles and illustrate their application is a worthy one and ought to receive the support of every Homœopathist. The effort is being made in an honest, manly, straightforward manner, and that it is being appreciated, the new class, larger and far more intelligent than ever before, abundantly testifies.

There may be differences as to the details of the work, but the principle involved is the advance of Homœopathy, and no true minded Homœopathist on the coast can escape the duty of supporting this work for the cause, or by failure to do so, rank himself among the obstructionists, whose work it is to postpone the final triumph of Homœopathy for a season, but only for a season, for right and justice will prevail.

A NEW Board of Examiners of the California State Homœopathic Medical Society was elected at the last meeting. Applications for licenses to be addressed to WM. BOERICKE, M.D., *Secretary*, 834 Sutter Street, San Francisco.

ORIGINAL ARTICLES.

ANNUAL ADDRESS DELIVERED BEFORE THE CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY, MAY 12, 1886.

BY PRESIDENT SIDNEY WORTH, M. D.

LADIES AND GENTLEMEN OF THE STATE SOCIETY:—I welcome you to our annual meeting, feeling assured that we will always find that in union there is strength.

Medical men are too apt to belittle the advantages accruing from organized power, and certainly we, of all professions, should see and appreciate not only the value of organization from what might be called a selfish standpoint, but

the benefits to be derived from the mental stimulus arising from this attrition of mind on mind. It is the mental exercise that keeps us from becoming routinists in our practice and pessimists in our belief in medicine.

We are here this evening to reaffirm our belief in the Law of Homœopathy, a law based on eternal truth. I readily anticipate that your allegiance has not wavered during the past year, but rather that you have new and more convincing evidence to sustain your position as disciples of Hahnemann. The world moves, and we as a school of medicine are not behind in seizing hold of anything that may make our law more convincing, or render human suffering more bearable. I clearly see that what we have most to fear in our school of medicine, as is the case in all schools of medicine, is medical bigotry, a species of bigotry more to be dreaded than that of religion. In the development of any great principle, we always find extremists; they actually seem a painful necessity, but they should serve their purpose early and be soon relegated to the realm of cranks, where they can feed on their own egotism.

None will deny that extremes are dangerous. "*Medio tutissimus ibis*," wrote the ancient poet, and it is as true now as then, that the middle course is the safest.

The last year has been prolific in fixing Homœopathy on a stronger rational basis, and we see leaders among us defining the limit to drug attenuations, and crying a halt to limitless dilutions.

As a school of medicine we court the fullest inquiry from scientific minds; there is no necessity of appealing to dim, mysterious mysticism to explain our position in medicine. A glance at our progress in the United States will convince any impartial mind that there is no disintegration going on, but a steady onward growth.

We find twenty-five general hospitals, thirty special hospitals, fifty dispensaries, thirteen colleges, nineteen medical journals, one thousand and eighty-three medical students, over four hundred graduates during the past year. There are twenty-nine state societies, one hundred and two local societies, and twenty-two clubs. This is certainly a splendid showing.

Looking over general medicine, we see the leaves of Homœopathy producing vital changes in the old-school.

They are using our remedies, and adopting our methods. We find more individualizing, and smaller doses.

Hygiene is playing an important part in the prevention of disease; the people are being taught, both by the physician's personal advice, and by the secular press, to understand the necessity of good drainage, the value of proper food, pure air, and pure water.

The American Health Association is agitating the subject of teaching Hygiene in the Public Schools. The suggestion is certainly a timely one. Let it be taught that there are certain preventable diseases; that the causes of Diarrhœa, Diphtheria and Typhoid Fever can be traced to bad drainage, then as a result of such teachings we may expect less of these diseases.

During the past year the much vaunted Cocaine has been tried for almost every human ailment, but has in reality been found to be a local remedy of very limited range. As Homœopaths, we may yet make practical use of the cases of poisoning which have been reported. It produces symptoms almost identical with those of General Paralysis of the insane. It is well worth our while to investigate this drug. The Cocaine habit is unfortunately one of the results of the introduction of this drug, a habit which ruins its victims, morally and physically, more rapidly than even opium or alcohol.

We find that cleanliness is being insisted upon as a *sine qua non* in treatment of all diseases. In all probability more credit is due to this agent than to antisepsis. In fact we find that antisepsis has become a hobby with many, and it is being duly driven to death. Consider for instance the treatment of lying-in-women advised in some of the New York Hospitals—the microbes must be kept out, and for that purpose as soon as labor commences, the so called antiseptic washes are injected, and are kept up for the first ten days. Understand, this is the treatment for all cases of labor and not simply for abnormal conditions. Or if this does not answer the purpose, a barricade is erected to keep out the wandering microbe, and in addition, the unfortunate woman is kept

upon her back absolutely without moving hand or foot for ten days. Is not this a travesty on medical common sense and skill? Nature, instead of being assisted, is thwarted in her endeavor to restore the parts to their normal condition. It seems to be forgotten that these antiseptic washes serve no purpose in these cases, save to irritate, for to be strong enough to act as germicides they would be dangerous to human life, as it is a fact that the microbe can live in a solution of carbolic acid anything less than five per cent., and it will thrive in a solution of the strength generally used in these injections. As a result of this craze, a reaction is setting in, and such men even as Keith, Thomas and Mundé acknowledge that they are not sure of the propriety of these vaginal injections, except in special cases. Keith, in his Ovariectomies, almost does away with antiseptics. It is the abuse of antiseptics that we deplore, not their intelligent application in certain cases.

In abdominal surgery, and especially in surgical gynecology, do we appreciate the vast strides that have been made during the past year. In these specialties incurable cases are rapidly growing less, and in our own school we have reason to be proud of our surgeons and specialists; we are dependent upon no other school, as ours is the peer of any in these branches.

The experiments of Pasteur and Ferran are still being prosecuted with great zeal. However, it is wise in these cases to exercise a healthy skepticism, for as yet they are but half proved theories.

Locally, we have increased rapidly in numbers during the year, and what is still better, in the quality of the men coming to the State. Certainly it needs no prophetic eye to see what a future Homœopathy will have on this coast. We have our journal, our societies, organized and in good working order.

We have our College, laboring to do its best to spread the truths of Homœopathy. It has, of course, labored under the usual difficulties that beset a new institution, but it has overcome all opposition and is to-day an established fact, an honest exponent of our cause. It certainly is pertinent at this time to ask the earnest co-operation of the Homœopathic

physicians of the State in making this College a nucleus around which may cluster the best elements of Homœopathy. The narrow-minded idea that there are too many doctors, smacks too much of selfishness to ever amount to much. Earnest, united work, a work which is jealous of its own interests, is what we want.

I cannot close these remarks without calling your attention to a subject that interests us all, as reputable practitioners of medicine. I refer to the prevalence of quackery in this city and State. That these sores on the body medical, are increasing is very apparent; and what is still more, is the fact that we have a law which is supposed to reach such offenders, but which in reality is of no practical utility. The law, or the carrying out of the law, is so defective that it is next to impossible to obtain a conviction. Why is this? Justice Story says "enlightened public opinion and judicious legislation may do much to discountenance quackery and advance medical science."

As to enlightened public opinion assisting us in this matter, I have grave doubts. Public opinion is, as a rule, very whimsical—when it considers medical matters. The public seem to think that jealousy is what prompts us to take action; in fact, they ascribe all but the best motives to our desire to protect them from a class of men who openly rob and plunder their victims. Any ordinary malefactor is prosecuted by the State, but in these instances the State or city authorities do nothing, obliging the medical societies to prosecute the case and pay all the expenses. All this is certainly wrong. If the law is a dead letter, let us do away with it altogether, and let us not appoint examiners every year, whose sole business is to carry on a broad farce.

I trust that this Society, as representative of Homœopathy, will consider this subject. Would it not be better to have one board instead of three, as a united front would give the lie to these fellows who cry "persecution," if their nefarious plans are shown up, giving the public the idea that their belonging to this or that school is the cause of their being interfered with. One board, composed of representatives of the three schools, would certainly be a powerful factor, and accomplish much more than the mere dummy proceedings that now prevail.

SALIX NIGRA.

BY E. A. DE CAILHOL, M. D., LOS ANGELES, CAL.

Last year Dr. F. T. Paine, of the Lone Star State, a distinguished old-school physician, called my attention to a new sedative, "*The Fluid Extract of Salix Nigra*," that he had taken the trouble to experiment on his neurasthenic patients for a period of five or six years.

That fluid extract is obtained from the buds, or the floral buds, of the common willow tree that grows so abundantly on the edge of rivers, creeks and lakes of our warm or temperate countries.

Dr. Paine has always succeeded with the "Salix" in such cases as masturbation, excessive venery, priapism, nymphomania, spermatorrhœa, hyperæsthesia of the ovaries, and even in dysmenorrhea. After the use of the Salix in teaspoonful doses, three times a day and before meals, improvement is rapidly manifested, and after two weeks' use the patient is invariably cured. To use Dr. Paine's sentence, he said that after such a treatment "a man or a woman don't care much if his or her opposite sex exists."

In my hands I have had the same satisfactory results, and it ought to be remembered by each member of the profession, that in the above mentioned cases, for obvious reasons, it is a great blessing to have at our disposal such a powerful medicine.

Now, with my knowledge of the laws of "*similia similibus curantur*," I have had the idea to dilute the Salix. I first made a tincture out of the fluid extract, and then from the tincture I made the third decimal dilution, intended to be used in a case of impotency that I had to treat. Well, to my great gratification, after ten days' treatment (six pellets every six hours) I had the satisfaction to bring about the desired result.

It is true that it is my only experience with Salix in homœopathic doses, but, nevertheless, I am under the impression that, confident in the laws of cure taught by Hahnemann, in impotency "*Salix nigra 3x*," or higher is a more active medicine than the "*Damiana*," so widely advertised in all the medical pamphlets of every school.

I sincerely hope, for humanity's sake, that some of my colleagues of both schools will read this article, and will afterward take the trouble to experiment with the *Salix* according to the laws of each school, and report the results obtained, and also try it in other cases that they may think it indicated.

Dr. Paine, in his correspondence with me, suggested to associate the fluid extract of *Salix Nigra* with that of *Erythroxyton Coca* in the proportion of one-fourth of the former, viz:

Fld. Ext. *Salix Nig.* 3 j
" *E. Coca*—M. x v.

in all cases of neurasthenia with excessive weakness, which I have done and it has proven to be a most satisfactory addition.

A DEPLORABLE VICE.

By JAMES W. WARD, M. D.

It is with the conviction that the production of sexual orgasm in the female by unnatural means is far more common than is generally supposed and its importance unappreciated by many, that this paper is presented.

It may be that special opportunities have offered for observation, or that many cases have been accidentally thrust under notice, that has given the habit so much importance in my mind. When we consider the age at which the habit is contracted and conducted, the mental and physical influences that may emanate, it must appeal to all as an important aetiological factor in the production of uterine disease.

The mental reflections are well known, similar in both sexes, but the peculiar organism of women renders her specially susceptible to its pernicious influences.

It engenders not only temporary disturbance but entails results to a greater or lesser degree, not easily effaced unless the habit is corrected early.

Let us look first to its *Aetiology*. Considering the age at which the habit is often contracted and the antipsoric remedies required to remove the predisposition to the habit, as

well as the evidence of disturbed nutrition co-existing, an inherited basis is strongly suggested.

Heredity beats its way down so many other avenues of human life, that its direction in this line seems not strange.

Very young girls, to my knowledge as early as five years, have commenced the habit, continuing it for years, and with several cases the patient's testimony has been that the practice has been continued to the age of twenty-seven. In cases where it is contracted at so tender an age, there is doubtless some local irritation located within the vulva, often from excoriating excretions, leading to manipulations of the vulva with its consequent pleasurable excitement.

This excitement invites a renewal of the same, until the habit is fairly established, although the little one is entirely unconscious of its meaning.

The exciting cause of the practice seems to be, at whatever age its contracted, due to some variety of local irritation as puritus of the vulva, dependent on diabetes or other conditions.

There is another class of cases which differ in their character from the first mentioned.

The patient has reached or is near to puberty, and either has accidentally learned, or been taught by companions or nurse, this loathsome habit. One case for a time under observation would suggest a third class, in which the practice has a central origin in certain forms of brain disease or cerebral deficiency, as is found in some forms of insanity or idiocy.

With those contracting the habit at or near adolescence, there is often some perversion or loss of the higher moral feelings pertaining to the sexual sphere. They may be, however, extremely punctilious in other ways. Sometimes, but rarely, there seems to be an entire degradation of the moral sense.

EFFECTS.—If there is one point of our subject more important than another, it certainly rests with the results that follow the practice. The excitement incident to the habitual and frequent indulgence leads to the most serious constitutional effects.

These are not only manifested in the nervous system, but local effects stand out boldly announcing the crime against nature.

In the nervous sphere the faculties are affected to a greater or lesser degree—a mental and bodily irritability established, a loss of memory, despondency, headache, and various neuralgic pain throughout the body.

An anæmic state arises, the heart's action and circulation becomes disturbed, and the digestion becomes depraved.

The prostration is in proportion to the anæmia established, although sometimes the sensation of prostration is greater than the actual prostration itself.

The writer has invariably found urinary disturbance, irritation at the vesical neck, with a variety of symptoms emanating therefrom. In several cases albumen has been detected in the urine, pointing to some reflex action on the renal vessels and nerves.

Leucorrhœa is very constant even in little girls, acting and reacting on the organism to perpetuate the habit.

There follows in the wake of the subjective a train of objective symptoms, making the picture complete.

This brings us to the critical pause.

DIAGNOSIS.—So far as the confession of the habit is concerned it is at best attended with difficulty. My suspicions of a case have extended over a period of six months before being able to find them verified.

It is concealed, generally from innocent unconsciousness of the true nature of the habit and its results. The normal appearance and condition of the genitals is disturbed, and they declare, with quite a degree of certainty, the cause of the deranged system.

The vulva will often be found abnormally developed, which, together with the evidences of local irritation, will be in proportion to the length of time and degree of excess to which the habit has been extended.

The labia minora especially are largely increased and protruding outside of the labia majora. Their characteristic delicate rosy tint becomes darkened by a deposition of pigment. The clitoris is large and often morbidly excitable.

The vaginal canal is bathed in leucorrhea, which is always present.

The uterus will be found to incline backward, to a greater or lesser degree, often becoming flexed in advanced cases.

In the progress of the uterus retroverting, the venous return is impeded and hyperplasia occurs, especially of the uterine body, with its associating endometritis and reflex symptoms.

In correspondence with the relaxation of the pelvic roof, the uterus descends and prolapse of the uterus, in the first degree at least, is entailed.

With all this may coexist perimetritis and cellulitis, diffuse or circumscribed.

So important is retroversion as a result of masturbation, that it is always in the virgin, to my mind, suggestive of the habit.

On several occasions this fact gave the first suspicion of the practice.

We may safely say that when the symptoms just described are present, in the absence of any cause to account for them, the practitioner may entertain a reasonable suspicion of the existence of the habit, although it may be difficult in many cases to carry his impressions beyond the suspicion.

TREATMENT.—The central idea in opening one's case for such a patient, at whatever age, is to gain their confidence and gradually make known to them the wrong they are doing and the results being engrafted. The conversation may be turned towards inquiring concerning the existence of any puritus and what means she employs to relieve it. If they are in the habit of using the hand to relieve it, the certainty of the existence of sexual orgasm may be sometimes easily ascertained. In little girls, after the wrong has been clearly and tenderly pointed out to them, their conscience becomes exceedingly keen, so that always they may be held by confession.

While in Hospital service, an opportunity was afforded me for knowing the inner life and workings of an institution devoted expressly to the restoration of children, from four years to fourteen from which we are speaking.

The moral management of that institution is very exacting and under the strictest Episcopalian rule.

The children are obliged to confess to their nurse morning and evening their thoughts and acts, with special reference to their abstinence from the habit. They are obliged to go to sleep with their hands folded outside of the covers and not allowed at any time to place the hand to the vulva. They each occupy a separate bed.

It is remarkable how keenly the little girl feels the wrong when she has transgressed, and always the nurse can be certain of her transgression by the bursting into tears, or the downward cast of the eye as she hesitates or fails to tell her error.

When some local irritation exists as the result of uncleanness or the wandering of thread worms over the vulva, these must deserve immediate local cure. Too much watchfulness cannot be given by those who direct and assist in the management of these little ones, in the nursing and at school.

In the treatment of the effects of masturbation, the mental and bodily health may be improved by early rising, healthful exercise with careful diet.

The close of, or just after the catamenial flow, is the most critical time for the renewal of the habit.

As remedies the antipsorics stand foremost, especially Calc., Natr. mur., Psor., Staph., Zinc. Sulph.

Inflammatory conditions should be met by the similimum and local care used as in similar cases arising from other causes.

To meet the nervous manifestations may require Asafoet. Cimicif., Helonias, Hyos., Ign., Plat., Puls., Valer.

Lastly to relieve the puritus, abstinence from coffee, use of Calad. or Plat. internally and the Balsam of Peru applied externally, clear or diluted with glycerine.

SELECTIONS.

SAN FRANCISCO, April 22d, 1886.

GEO. W. WINTERBURN, M. D., DEAR SIR.—The undersigned were appointed at a meeting of the faculty of the "Hahnemann Medical College of San Francisco," a committee, to vindicate the action of the college, which has been assailed by Drs. G. M. Pease and A. McNeil, in the April number of the "AMERICAN HOMŒOPATHIST."

Desirous, as briefly as possible, to correct the incomplete and perverted facts which have been presented by these gentlemen in such a manner as to convey a wrong impression to the mind of the uninitiated, we make the following statement.

It seems necessary to state that Dr. Pease acted as an obstructionist from the very beginning of the organization of the faculty, and repeatedly antagonized concerted action by insisting on the carrying out of his own peculiar views, more particularly with reference to the admission of female students, which almost amounted to a mania with him. It not being practicable to exclude women, while they were admitted by all the other colleges on this coast, he stood alone in advocating this course. So much by way of introduction.

We wish to state that at a faculty meeting held on October 23d, 1884, subsequent to the final examinations of the course, and at which meeting both Dr. Pease and Dr. McNeil were present, the two ladies in question were unanimously recommended to the Board of Directors for the Degree of Doctor of Medicine, and the matter of compliance with the requirements of the college by any of the candidates so recommended was *not* then discussed, as stated by Dr. Pease.

The directors being satisfied that the candidates had fulfilled the requirements, then approved of them, and ordered the diplomas signed by the members of the faculty.

The day of the commencement exercises was now near at hand, and it was not until a day or two before this important event was to take place, when the Dean was definitely informed that these diplomas would not receive the signature of Dr. Pease, and there being no time left to critically investigate the

merits of Dr. Pease's objection, it was concluded to be the wisest course of the college to suspend action, and hence these two candidates were *not graduated* with the rest of the class.

In justice to Mrs. Edmonds, we are compelled to state that the affidavit of Dr. Henry Gibbons, Jr., Dean of Cooper Medical College, while unassailable in itself, presents but a partial statement of facts. As a matter of *fact*, and of record on Mrs. Edmonds' diary, which has been kept regularly during her adult life, she began attendance in July, 1882 (the term beginning in June), and attended all lectures of the first year's course, and many of the second and third, up to the very end of said term.

In addition to this, testimony was adduced in writing, by a fellow-student who sat next to her during that term, stating that Mrs. Edmonds had been "a constant and regular attendant upon all the lectures during the "regular" term of that year."

Dean Gibbons's material for his affidavit was taken from the entry in his books made later in the term, the delay for such entry being due to legitimate, accidental causes, but Dr. Pease ingeniously brings in this document in such a manner as to make it appear that Mrs. Edmonds had just then begun attendance at that college.

Dean Maclean's affidavit speaks for itself.

Referring to the statement that during Mrs. Edmonds' attendance at the second term of our college, she had only been present at two of Dr. McNeil's lectures, the reader might infer that this constituted her whole attendance, but as a matter of fact she attended not less than sixteen lectures a week during said term, and did attend a number of Dr. Ledyard's lectures on *Materia Medica*, he being a co-lecturer with Dr. McNeil. In her last term at our college, having passed creditably in all the chairs at the examinations for the previous term, she devoted herself to those branches which she considered of the greatest importance to herself.

The very fact that Prof. McNeil had signed her diploma in the first place, proves that she had satisfied him.

Thus, it will be seen that Mrs. Edmonds had virtually attended four terms, at the time when she was graduated.

We can conscientiously state that we have done everything in our power to maintain a high standard for our institution, and as corroborative proof stands the fact that several students have found our examinations too severe, and have left us to graduate elsewhere, with success.

No one who has not been connected with the establishment of a new college, has any conception of the difficulties attending such an enterprise, and we rest our case in the consciousness of having done our utmost to promote the best interest of Homœopathy on this coast, and are willing to risk our reputation upon our actions, and greatly deplore the fact that one of our own number should be guilty of casting stones.

S. POWELL BURDICK, M. D.

SIDNEY WORTH, M. D.

E. A. SCHRECK, Ph. G.

[*American Homœopathist.*]

Committee.

CORRESPONDENCE.

LONDON, ENG., May 25th, 1886,

EDITOR CALIFORNIA HOMŒOPATH—In accordance with my promise, I've stopped for a moment in the center of this roaring mass of moving humanity to toss you a few medical crumbs from the notes of my pilgrimage thus far. I did not find the Emerald Isle a paradise for aspiring Homœopathic practitioners.

I think it is safe to say that at least three of our California Cities contain each as many educated physicians of our school as you would find in the whole of Ireland.

In Cork I could not even wake the echos of similia. In Dublin, there are but four of our schools. Two Drs. Scriven, also Dr. Blythe, each doing a fine business, and Dr. Walter, superannuated. Of course, all these require a diploma from the regular school to be allowed, under the rigid law of this medical autocracy, to practice anything.

Dr. John A. Ray, L. P. S. J., keeps a very complete and thriving Pharmacy, at 15 Nassau St., Dublin, said to be the only one on this troubled Isle. We spent some pleasant and profitable hours in the College of Physicians and Surgeons, where we were surprised at the generous courtesy extended to a stranger. I can but feel, that in proportion to its age, it is far behind many of its western competitors, and in the surgery and diseases of the eye and ear, they are far behind some of the specialists of our own school in America.

The Scotch do not take kindly to our rational doses, probably for the same reason as the Irishman, who, though cured of his pain, is never satisfied, because, "Dóethur, thim pills didn't operate."

In an official lists of the Qualified Physicians and Surgeons practicing Homœopathy in Great Britain and Ireland, we find about 250, and in the same

territory 100 Homœopathic chemists, as they are called here. The British *Homœopathic Medical Directory* is published in Liverpool. Here are some of the best men of our school in the kingdom, and in consequence of their energy and enterprise, Liverpool is rapidly becoming a Homœopathic city. They have a training school here, a fine hospital, and dispensaries all over the city under the supervision of junion physicians, and for this grand result, Drs. Drysdale, Hawkes, Hayward, and Moore, especially, and with them many others of the able corps of Homœopathic physicians here deserve great credit. Perhaps this would be the last place to which our young Homœopaths would look for a location, but in the opinion of the best informed, it offers great inducements.

In Leicester, my native town, I formed the acquaintance of Dr. Geo. Clifton; a genuine adherent to the law of Similia, and a royal good fellow, doing a large practice amongst the wealthiest class, and employing two assistants.

He left an office full, to his assistant, to take me to see a patient in the country, and showed the eagerness of all successful physicians to pick up new points in his profession, and of course it was impossible to ride with such a man without being instructed. When informed of the status of Homœopathy in America, he eagerly inquired, "why do not some of your men come here?" Strangely enough, in the case of a cousin whom I was visiting here, I found a somewhat rare ear trouble, which consists in Tinnitus Aurium, both subjective and objective, which, however, I have not space to discuss here, but hope to report to my bureau at the American Institute next month.

In our next, we hope to give you something of the status of Homœopathy in London.

We yesterday spent a most delightful day amid the beautiful and chaste antiquities of Cambridge. It is too well known amongst the cultured to need comment, but the variety of its many old buildings and cloisters find no true expression in the cold lines of history, or the synoptical sketching of a guide book. The Cam river, now turbulent from Spring rains, winds its serpentine course round the various colleges that make up this vast educational system. The Cam is spanned by numerous old stone arches, which afford an excellent view of the river alive with the swift shells of the gowned students, and fringed alternately with the most exquisite foliage, and sketches of quaint and picturesque architecture, whose antiquity takes us back into the centuries. Every where are imposing and elaborate arches over the college entrances, surmounted by statues of the monarch, representing the period of their erection. We cannot close without a notice of one of the grandest structures of all time, King's College Chapel, like Niagara, its imposing exterior grows on the imagination; but what shall we say of its interior? It belongs to the third pointed, or perpendicular gothic style of architecture. It is 316 feet in length, was begun by Henry 6th in 1446, though not finished till about 1534. The vast roof is vaulted with most exquisite fantracery, and is not sustained by a single pillar. The antechamber is ornamented with crowned niches, roses and portcullises and the vast system of windows is painted throughout in a style of art no longer known, and all seem to be in a wonderful state of preservation. Most of the subjects are taken from bible history. In the middle of the chapel is a beautifully carved oak screen, and organ loft, erected in 1534, under Anne Boleyn. We had the exquisite pleasure of hearing this grand organ in the

entire range of its musical capacity from the roaring subbars that shook the building, to the whispered pianissimo, possible only through the mellowness of its great age. The altar piece is a very fine painting by *Daniel de Vollena*, and represents the Taking down from the Cross.

The vastness and awful grandeur of the place, coupled with weird music of the ancient organ, which seemed to possess some quality borrowed from its requiems and triumphal marches through ages past, produced an impression upon the mind, which, coupled with light stealing through the rich glass, will not soon be forgotten.

Fraternally yours,

H. C. FRENCH, M. D.

LETTER No. III FROM VICTORIA, B. C.

JUNE 5th, 1886.

EDITOR CALIFORNIA HOMŒOPATH—Perhaps your readers may be pleased to hear again from this quarter. I will touch on various matters—only a touch. Firstly, I mention that I encountered my first cases of Hay Fever here last year. It took me by surprise, after a quarter of a century of practice in which it did not appear. Fashionable therapy advises banishment to some lonely, barren island. I cannot add anything new in the treatment. Only a few cases have presented, albeit I have cured (for the season only) every one. *Sabadilla*, *Euphrasia* and *Liq. Arsenicalis* have led. *Lachesis* cured one case complicated with Asthma, and failed in same case this year with Coryza only.

In a limited obstetrical practice I have encountered one case of *Placenta Prævia*. The usual ignorant midwife had charge, and a profuse hæmorrhage had occurred before my coming. A fatal result followed, despite autotransfusion and artificial respiration. The midwife at once laid the blame on me, and I at once, by threat of British law, quieted the tongue of slander. The younger practitioner can take a hint and stop speedily the venomous speech.

Recently I have had a case requiring craniotomy. With the assistance of a couple of elderly dames I demonstrated that a knowledge of Homœopathy did not disqualify in the domain of surgery. ("They don't study surgery," said the legislator who pushed through the ironclad medical bill, now law in this Province.) The mother recovered as quickly as though a natural labor, thanks to Arn., Bell., and China.

My case of exophthalmia, noticed long ago in the HOMŒOPATH, has completely recovered, excepting some protuberance of the left eye. The "best" Allopathy in Toronto, San Francisco and Honolulu utterly failed. Improvement commenced at once with the Homœopathic treatment.

I noticed in your last a communication from a tyro advocating palpable doses. Wait awhile, young man. I thought that way for the first decade of my Homœopathic career. Now I use the palpable and impalpable, most frequently the 200th. Beginners in Homœopathy are very apt to fall into the low attenuation pit.

I have recently made a big break into the charmed circle of English barbarism. A case of infantile eczema. You know what we can do. Being objective, no objection could be made; it was truth in mother tincture to be known of all men. Old physic could do nothing. And then the mamma was about to have "sore breasts," but Bellad. cut short the morbid work; and she

was covered with boils, and Arn. and Sulf. and Heps. routed them. Another youngster was incontinent, and Bell. and Sulf. cured also. Papa was gonty, and Rhus and Caust. rejuvenated him. And grandma's heart failed her, but Sulf. toned it up. And the savages wipe their eyes and look again, and exclaim, *Can it be!* I say it can and is; and I feel a glow of youthful enthusiasm for Homœopathy reviving within me as I record the facts.

By the way, let me remind your professional readers, now that the season of infantile summer complaints (enteritis and cholera) is at hand, of the virtues of Creosote and Chininum Arsenicosum, the former at about the 3, 6 att., the latter 30. Can't give symptoms now or say what I might; only don't forget them.

Ver. alb., lauded in last HOMŒOPATH, left me badly in the lurch when plainly indicated. *Verbum sat sap.*

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

AMERICAN INSTITUTE OF HOMŒOPATHY.

INDIANAPOLIS, May 10th, 1886.

EDITOR CALIFORNIA HOMŒOPATH:—I desire to remind you that the Thirtieth Session of the American Institute of Homœopathy will convene at the Grand Union Hotel, Saratoga, N. Y., Tuesday, June 29, 1886, at 9 o'clock, A. M.

I desire also to remind you that you are a member of this body, in good and regular standing, and that its doings are matters of special importance to you. You are therefore under obligations to do what you can to further its interests and thus enhance its influences for good, both at home and abroad.

There are three ways in which you can do this to advantage:

1st. It is the duty of every member of the Institute to attend its meetings, whenever it is at all possible for him to do so. By this simple act you will do more to encourage and stimulate your co-workers than can be measured by words.

2nd. It is the duty of every member to act as a missionary and induce as many others to attend and join the Institute as possible. You have doubtless lukewarm neighbors who should be made alive to their duties of professional association. If they cannot be prevailed upon to attend the meeting, induce them to forward their application for membership, properly attested, to R. B. Rush, M. D., Chairman Board of Censors, Salem, Ohio, who will also furnish the proper blanks upon application.

3rd. It is the duty of every member to furnish some oil for the lamp that burns for all. This you can do by furnishing a paper on some subject for the coming meeting, which shall convey whatever advancements in medical knowledge you have made, or by joining in the discussions at the meeting, thus putting your fellow members in possession of your valuable and helpful suggestions.

By putting forth a little effort along these lines you will aid in building up this oldest and best national medical organization in the world. You will thus assist in establishing more firmly than ever before, the truth for which it stands. Saratoga is a far-famed summer resort, and is always attractive. Everything will be done for the convenience and entertainment of those who

attend the Institute this year. This will be more fully set forth in the general announcement soon to be made by the General Secretary.

Will you not then make special efforts to insure a large attendance and a profitable meeting?

Trusting that this official appeal will not be in vain,

I am, yours fraternally,

O. S. RUNNELS, President.

BAKER CITY, Oregon, Mar. 1886.

EDITOR CALIFORNIA HOMŒOPATH.—I would call your attention to the fact that our dental journals in the East ignore dental communications when Homœopathic treatment is mentioned, and on pages 176, 177 and 178 of the *Dental Cosmos* for March, 1886 there is a howl from the First District Dental Society of New York, against the irreparable damage done to the dental organs, by the heavy doses of Potass. Iodide, and Ferrum administered by the M. D's Allopathic as I understand it. If you could procure a copy of that number from any dentist, I should like to see a comment on it in the columns of your journal, it might be the means of opening the eyes of some of the dental profession. Is there a dental journal published in the interest of Homœopathy? Please answer through the columns of your journal, and oblige.

J. CALDER, D. D. S.

CHICAGO, April 14th, 1886.

EDITOR CALIFORNIA HOMŒOPATH—Please insert the inclosed in your next issue:

"Dr. T. C. Duncan, for twenty years editor of the *United States Medical Investigator*, resigns to accept the position of Medical Director of the Homœopathic Aid Association, organized to insure the Homœopathic public on the mutual assessment plan."

I shall enjoy my leisure in contributing to your pages occasionally, should you so desire. Yours truly,

T. C. DUNCAN.

DR. LIVEZEY writes: While wintering in Florida I met with my annual patient, a young lady of twenty-eight, from Chicago, who was sent hither three or four years ago in order to pass out into the "spirit land" comfortably, who now being troubled with poor appetite, a slight but distressing nausea, great debility, irregular menstruation, excessive cardiac action on the least exertion, &c. I ordered 1-oz. bottle of Lactopeptine of the N. Y. Pharmaceutical Association's manufacture, and she improved at once. Soon after, she met a lady friend, who told her she ought to take Lactopeptine, stating what wonders it had done her, who was troubled "just the same way" (of course). "Why, bless me," said my patient, "that is just what my doctor prescribed for me and I am doing nicely." By the time she finished the small vial she declared she never felt better in her life, her appetite being regular and everything O. K.

N. B.—She has taken since Lactopeptine, Elixir, Calisaya, Iron and Bismuth, with excellent results.—*The Medical Summary*.

REPORTS OF SOCIETIES.

CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY.

The tenth annual meeting of the California State Homœopathic Medical Society was held at the Hahnemann Medical College, on Wednesday, May 12, 1886.

Dr. Worth, President, in the chair. There was an unusually large attendance.

The Secretary read the minutes of the preceding meeting, which was followed by the reports of Treasurer, and Secretary of Board of Examiners.

The following physicians were elected members: Drs. C. P. Hart, M. E. Edmonds, C. W. Bronson, E. A. De Cailhol, F. P. Green, G. B. Davis, B. R. Ballard, L. H. Bradley.

The President delivered his annual address.

Dr. Selfridge moved the sympathy and support of this society be extended to the ladies of Oakland Hospital and Dispensary, for their courage, zeal, and successful enterprise. Carried.

Dr. G. E. Davis deprecated the severity and injustice of laws relative to suits for malpractice, and that a committee, with full power to represent the Society be appointed.

The nomination and election of officers resulted, viz:

President, W. M. Simpson, M. D., San Jose; First Vice President, R. L. Hill, M. D., Oakland; Second Vice President, L. A. Ballard, M. D., San Francisco; Secretary, A. C. Peterson, M. D., San Francisco; Treasurer, Wm. Boericke, M. D., San Francisco.

Board of Examiners.—Drs. Sidney Worth, Wm. Boericke, G. E. Davis, R. H. Curtis, J. W. Ward, A. C. Peterson and J. Townsend.

Alternates—Drs. H. C. French and W. E. Ledyard.

Board of Censors.—Dr. P. B. Wall, Dr. W. E. Ledyard, Dr. Sidney Worth, Dr. H. C. French, Dr. L. A. Ballard.

Board of Directors.—Drs. Eckel and Selfridge resigned, and the following now constitute the Board: Drs. C. P. Hart, T. C. Cohead, H. C. French, C. B. Currier, E. S. Breyfogle.

Under Reports of Scientific Committees, Bureau of Clinical Medicine reported through Dr. J. W. Ward, who read several cases of chronic headache, their symptoms, etiology and successful treatment.

Bureau of Diseases of Women, reported through Dr. G. E. Davis in an interesting paper on Fungosities of the Endometrium, and described the different forms of the disease and latest modes of treatment.

This paper gave rise to considerable discussion.

Dr. Donaldson, of New York, being present, the courtesies of the Society were extended to the Doctor, who gave his views on the above subject.

Bureau of Ophthalmology and Otology reported through Dr. Simpson, who made a few practical remarks on diseases of the eye and the importance of the recognition of their severity by the general practitioner.

Bureau of Medical Education, Necrology and Statistics, reported through Dr. Selfridge, who alluded feelingly in announcing the last illness and death of our fellow member, Dr. J. Bruce Clow, and the following preamble and resolutions were adopted, and ordered to be spread in full on the minutes.

WHEREAS, In accordance with the laws of Him who has ordained all things, it has pleased God to remove from our membership Dr. James Bruce Clow, therefore be it

Resolved, That in the death of Dr. Clow this *Society* has lost one of its *brightest ornaments*; the *community* in which he lived, a *genial gentleman* and *valuable citizen*; the *church*, an *exemplary member*; his *mother*, a *dutiful son*; his *sisters*, a *devoted brother*; and his *infant daughter*, a *loving father*.

Resolved, That this preamble and these resolutions, be spread in full upon our minutes, and a copy, suitably engrossed, be sent to his aged mother.

Dr. Simpson followed with a short eulogy of Dr. Clow.

Dr. Simpson, the President elect, on taking the chair, made a few well timed and appropriate remarks, and the meeting adjourned.

A. C. PETERSON, M. D., Secretary.

THE TENTH ANNUAL MEETING OF THE HOMEO-PATHIC MEDICAL SOCIETY OF THE STATE OF OREGON.

The Society met at Russ Hall, No. 107 First St., Portland, May 4th, 1886, at 10:00 A. M., the President, L. Henderson, M. D., of Salem, in the chair. The session, as usual, lasting three days. After reading the minutes of the previous meeting, and hearing the reports of the various committees, two new members were elected—Dr. Osmon Royal, and Dr. C. L. Nichols.

A committee of three was appointed to draft a bill for the purpose of regulating the practice of medicine in the State of Oregon, to be presented, after the approval of the Society, to the Legislature of the State at its next regular session.

The Society now proceeded to the election of officers for the ensuing year, which resulted as follows:

For President, L. Henderson, M. D., of Salem (re-elected); for first Vice President, W. L. Miller, M. D., of Portland; for second Vice President, Geo. Wigg, M. D., L. R. C. P. E., East Portland; for Secretary and Treasurer, S. L. King, M. D., of Portland; for Corresponding Secretary, B. E. Miller, M. D., of Portland; for Censors—C. E. Geiger, M. D., S. A. Brown, M. D., of Portland; F. D. Miller, M. D., of East Portland; S. R. Jessup, M. D., of Salem; and K. L. Miller, M. D., of Roseburg.

An interesting clinical case, necrosis of femur, from the practice of Dr. Z. B. Nichols, was presented for consideration of the Society. Operation advised.

The Bureau of Gynæcology reported three papers; Uterine and Vaginal Discharges, by the Chairman, Dr. Z. B. Nichols, Dislocations of Uterus, by Dr. B. E. Miller, and Puerperal Fever, by Dr. F. D. Miller.

The Bureau of Ophthalmology reported two papers: Pathology and Diagnosis of Scrofulous Ophthalmia, by the Chairman, Dr. A. S. Nichols, and Treatment of Scrofulous Ophthalmia by E. C. Brown, M. D.

The Bureau of Materia Medica, reported two papers: Applied Materia Medica, *alias* Therapeutics, by Dr. S. L.

King, and a Proving of Iris Minor, a plant indigenous to Oregon, by Dr. Geo. Wigg.

The Bureau of Pædology reported two papers; Infantile Diarrhœa, by the Chairman, Dr. Wm. Geiger, and Cholera Infantum, by Dr. S. A. Brown.

Dr. Geo. Wigg presented also a paper on the progress and present condition of Homœopathy in the World.

The article of the Constitution on Membership was so amended as to require applicants for membership to be graduates of some reputable and legally chartered College of Medicine and Surgery, from which they have received the Degree of Doctor of Medicine.

S. L. KING, M. D., Secretary.

PORTLAND, OREGON, May 10th, 1886.

AMERICAN INSTITUTE OF HOMŒOPATHY—BUREAU OF SURGERY, 1886.

The special subject selected for consideration and discussion this year at the Saratoga meeting of the Institute is INGUINAL AND FEMORAL HERNIA.

It is hoped that by the efforts of the members of the Bureau, together with the assistance of all members of the Institute who have had any experience with these forms of hernia, a valuable monograph on this subject will be prepared.

The report of special cases, methods of operating, improved surgical apparatus, treatment, either surgical or medical, radical or palliative, and especially the action of homœopathic remedies in cases of hernia, will be of great importance.

I. T. Talbot, M. D., *Chairman*; W. J. Jackson, M. D., *Secretary*; Wm. Tod Helmuth, M. D., Geo. A. Hall, M. D., J. H. McClelland, M. D., J. E. James, M. D., H. L. Obez, M. D., S. B. Parsons, M. D., M. O. Terry, M. D., C. E. Walton, M. D.

HOMŒOPATHIC AID ASSOCIATION.

This Association was organized for the purpose of advancing the interests of Homœopathy, and to furnish life indemnity or pecuniary benefits to widows, orphans, heirs, relatives by consanguinity or affinity, and devisees or legatees of deceased members. It is governed by a Board of Directors, composed of prominent laymen and physicians throughout the country, with headquarters at Chicago. It is practically an insurance association, organized on the mutual assessment plan, graded very low, consistent with the elements of safety. The expenses are light and met by a small admission fee and annual dues. There is a Reserve Fund, to be used after a few years, to meet assessments of members or to provide for excessive mortality. Those familiar with the plan upon which it is organized, speak of it in the highest terms. It has already enlisted the active co-operation of leading physicians throughout the country, and it is destined to do much for the cause of Homœopathy.

Personal Notes, Locations, Etc.

DR. BOERICKE has returned from his Eastern visit and resumed practice

WE take special pleasure in calling the attention of our readers to the fact that PROF. C. P. HART, will esteem it a favor if the homœopathic fraternity of the Pacific coast will turn over to him all their intractable cases of Nervous diseases for special treatment—or if they prefer, the doctor will act as consulting physician in such cases. We are glad to have a neurologist of so wide a reputation as DR. HART amongst us and identified with the College.

DRS. E. S. BREYFOGLE and BALLARD have gone East for a visit.

DR. FRENCH is in Europe, and our readers will be glad to follow him in his entertaining letters written to this journal.

DR. MANNING, of Los Angeles, paid us a flying visit the other day. The doctor is a busy man and deserves the recognition he has received.

DR. CURRIER is spending his vacation at Del Monte.

DR. DAVIS is off hunting somewhere in the mountains. The doctor is as good a shot as we have, both with the rifle and with the *Materia Medica*.

PROF. DOWLING's two sons—JOHN W., JR., and GEORGE B.—graduated from the New York Homœopathic College at the recent commencement of that institution. JOHN W., JR., who is a graduate of Columbia College, had already received the degree of doctor of medicine from the Regents of the New York State University after qualifying before the State Board of Examiners. At the Commencement exercises he was presented with a valuable microscope—the first faculty prize for the highest standing in all of the branches taught throughout his entire period of study. He also received PROF. TALCOT's prize of \$50 in cash for the best written report of the professor's lectures. Both of PROF. DOWLING's sons will locate in New York City.

EMMA J. WELTY, M. D., and MRS. N. J. SIMONS, M. D., both graduates of the Boston University, will practice Homœopathy together in Portland, Oregon. Success to them!

At the last meeting of the California State Homœopathic Medical Society, DR. SIMPSON, of San Jose, was unanimously elected president for the ensuing year. It would have been difficult to find a more suitable man, and we feel confident that the next meeting of the Society will prove the wisdom of this choice.

A NEW Board of Examiners was appointed, consisting of Drs. DAVIS, WORTH, CURTIS, PETERSON, WARD, TOWNSEND and BOERICKE. President of the Board, DR. DAVIS; Secretary, DR. BOERICKE. All applications for certificates and other communications to the Board to be addressed to WM. BOERICKE, M. D., Secretary of Board of Examiners, 834 Sutter street, San Francisco.

INFORMATION just received, leads us to make a correction of a personal notice which appeared in our January number. We then mentioned F. H. BARCLAY as having swelled the ranks of Homœopathic practitioners in Los Angeles, but it seems that this was an error and that the aforesaid gentleman is engaged in an entirely different pursuit. We would consider ourselves under obligations if parties who are in a position to give reliable information on topics of interest for the profession, would communicate with us. It is our endeavor to make the pages of this Journal of interest as a local expositor of the doings of those representing Homœopathy on this Coast, and any communications will be thankfully received by the Editor.

DR. H. P. STIPP, formerly of Illinois, has located at Vacaville, Cal.

NEW PUBLICATIONS.

The System of Medicine based upon the law of Homœopathy. Edited by H. R. ARNDT, M. D., Vol. III. Philadelphia Hahnemann Publishing House, 1886.

The accomplished editor of this valuable work on Homœopathic practice, contributes in this, the final volume, a preface, explaining his own necessary attitude as editor to the teaching in the work by the various authors, and answering some of the criticisms the previous volumes called forth. In the following extract, Dr. Arndt gives the keynotes on the *raison d'être* of his system of medicine.

It is indeed, a source of especial pleasure, to feel that the teachings of this work, if judiciously followed, will by no means lessen the reader's faith in the law of Samuel Hahnemann, but strengthening his hands, will aid him materially in the application of Homœopathic therapeutics to disease, not as it is found described in some books, but as it manifests itself in the sick. The proper development of Homœopathic therapeutics, and the welfare of the sick under the care of Homœopathic physicians depend much less upon the elaboration of plausible theories, of ingenious arguments, or upon the presentation of, often, untenable claims, than upon a careful study of the *totality* of medical science, upon an intimate acquaintance with *all* the resources at the command of the modern physician for the cure of the sick, upon careful observations concerning their relative usefulness, and upon an absolutely honest record made of the facts observed by the bedside of the patient.

We have in this volume the article on Epilepsy by Dr. Saml. Worcester, which came too late to be incorporated in Vol. I. It is an excellent presentation of this disease and gives the indications, clearly cut, for eleven remedies. Besides Dr. Worcester and the editor himself, we find among the contributors, Dr. J. P. Dake, J. G. Gilchrist, Julia H. Smith, Wm. Owens, Dr. Winterburn and others equally authoritative. A very complete index to remedies and disease, for the whole work, accompanies this volume and is a most valuable addition. We think great credit is due to the publisher, who has done so much to dignify his connection with the literature of Homœopathy, in adding this beautifully executed work of three volumes to the other standard volumes that have issued from his house. The book is an ornament to every library, this and its intrinsic value should put it in the office of every Homœopathic physician throughout the land.

A Materia Medica of Differential Potency. By B. F. UNDERWOOD, Ph.D., M. D. New York: A. L. Chatterton Publishing Company.

This work by Professor Underwood is an attempt to arrange the *Materia Medica* according to a law of dose similar to that enunciated by Dr. Hale. It is certainly suggestive; but aside from the indications as to the use of either the high or low potencies for certain symptoms of a drug, the book is an admirable collection of characteristic symptoms, and, as such, useful as a text-book for students and practitioners.

The Principles and Practice of Surgery. By Frank Hastings Hamilton, A. M., M. D.; L. G. D. Illustrated. Third Edition. New York: Wm. Wood & Co.

This revised and corrected edition of Prof. Hamilton's Text book, is just issued in excellent style by Wm. Wood & Co. The book contains the author's lessons which he has imparted to the thousands of medical students during his forty years of public teaching. The book as it is, in this present thoroughly revised edition, presents modern surgery as it is taught and practiced by one of the most progressive of its professors. It is intended as a text book for students and at the same time as a direct and complete guide to the Surgeon, and as such we can most heartily recommend it.

**Publications of the Massachusetts Homœopathic Medical Society.
Vol. VIII.**

This volume opens with a valuable paper on Diphtheria. The treatment advocated by Dr. Longee has the merit of simplicity. Besides the gargle and spray of alcohol and water, he prescribes *Murcur. cor.* and *Chloride of Sodium*. He selects these remedies on account of certain theories he holds as to the nature of the pathological process at work and the correspondence of these remedies thereto.

The treatment of Neurasthenia is a timely contribution. It is from the pen of Dr. Ockford, and is well worthy of study.

The report of the Committee on *Materia Medica* presented a proving of *Curare*, and another of *Xanthoxylum*. Edited by Professor C. Wesselhoeft.

This attractive volume is very creditable to our Homœopathic confreres of Massachusetts, and shows that they are working together for a good cause, which we, far removed from the center, can but imitate.

Proceedings of the International Hahnemannian Association for 1884 and 1885. Published by the Association. Ann Arbor, Michigan.

This volume of the proceedings of our Internationals is enriched by an engraving of the veteran P. P. Wells, M. D., to whom much the success of their literary work is due. The volume contains several valuable papers on *Materia Medica* and *Clinical Medicine*. The study of *Gelsemium*, by Clarence W. Butler, and the following discussion is excellent and instructive and very practical. Dr. Pearson's article on the condition of the stomach as a cause of health and disease is suggestive, and based upon much observation and experience. We hope to make use of several of the contributions in this publication for the pages of the California Homœopath.

The New York Medical Monthly. A journal of Practical Medicine and Surgery. Edited by J. L. CORNING, M. D.

This new journal promises well, and the first number certainly sustains its promises. Among its original articles, the early Diagnosis and Treatment of Syphilis, by Dr. F. N. Otis, and Dr. C. R. Agnew's article on Instruction of the Insane, deserves especial mention. Subscription \$1.00 per year. Address, *New York Medical Monthly*, 108 Duane St.

The Minnesota Medical Monthly—No. 1. THOS. GARDINER, publisher.

We welcome with real pleasure this new Homœopathic Journal, published in the interest of Homœopathy and its practitioners in the north-west. We notice a popular department under the management of S. M. Spaulding, M. D., which undoubtedly will add to the education in Homœopathy among intelligent laymen. We wish the Journal every possible success.

Popular Department.

The application of homœopathic principles appears easy, but is in reality most difficult and irksome; it demands most careful thought and the utmost patience; but these find their reward in speedy and permanent recovery of the patient. Homœopathy is a simple art of healing, unvarying in its principles and in its methods of applying them. The principles upon which it is based, if thoroughly understood, will be found to be perfect and unassailable, so that the purity of principles also determines the purity of their application, and they are not disobeyed without sacrificing the honest name of Homœopathy. These principles preclude every departure to the deplorable routine of the old school, of which Homœopathy is the counterpart, and as distinct from it as day is from night.

HINTS TO HOMŒOPATHIC TREATMENT.

How to Treat "Poison Oak" Poisoning.—First, as to local remedies, I find most relief from *sour milk*, which I let my patient apply freely. In the absence of sour milk, I use the fresh article. It soon lessens the dreadful itching and burning, and I prefer it to *Grindelia* and the numerous chemical preparations. At the same time milk is to be used as diet as much as possible. The patient will frequently crave it, though when in health may but rarely drink it. It is a genuine *Rhus* symptom. Internally I have no specifics, but find the most frequently called-for remedies to be *Rhus tox.* or *rad.* 200, and *Apis* 3, or higher; *Croton*, *Arnica* and *Urtica urens*. The latter may be used with advantage locally as a lotion.

For loose, rattling cough in children; give *Tinctur Emetic*. If this does not entirely cure, give *Kali sulph.*, a dose every two hours.

If your children are troubled with warts, get some *Tincture of Thuja* and apply the same two or three times a day. At the same time give them a few pellets of *Thuja* internally, and the warts will disappear.

In order to bridge over the teething period, and prevent trouble, besides materially aiding in the development of the teeth, give your child *Calcareo phosphorica*, a small powder of the third trituration, morning and evening.

If the child cannot take milk in any form—vomits it as soon as taken, give *Aethusa*, a few pellets every three hours, and it will probably correct the difficulty.

AVOIDABLE MISTAKES.

The intelligent young mother is continually harassed by fears lest she may do that which is detrimental to her baby's health. To such we would offer a few hints.

Allow no one to feed the new-born baby any of the long list of teas that some wiseacre, male or female, may suggest.

The idea that the new-comer must have anything more than nature provides through the mother's breast, is not borne out by experience. If the little one is quite fretful, and is not quieted by the breast, give it a little pure water, not sweetened.

It is a blunder, often fraught with the direst consequences, for a young mother, without cause, to attempt the raising of her baby "by hand." The most earnest and persistent efforts should have first proven, beyond a doubt, that her little one, like "Poor Pip," must be brought up "by hand."

Shun the habit of giving your child the breast or bottle, if it must be amused, whenever it cries. Adults are not always hungry every time they have a pain, neither are babies. Feed regularly every three hours during the daytime and twice at night for the first three months. After that lengthen the time but always avoid the mistake of irregularity.

However much Grandmother Winslow may have fed her children, never allow your little ones a drop of soothing

syrup. Thousands of mothers decry the use of morphine and whisky who are continually educating their children in these very vices. Children so treated are much more liable to brain affections, in case any serious illness overtakes them.

Avoid going to your physician for medicine every time "baby" is unwell, but go instead for advice, that you are willing to pay for, that will aid you in finding, and assist you in removing the cause of this disturbance.

Give all due respect to those more experienced in baby culture than yourselves. But never fail to provide yourself with such literature as will enable you to be a competent judge as to whether the advice offered is useful or not.—*People's Health Journal*.

HOURS OF STUDY FOR CHILDREN.

By THOS. W. HIGGINSON.

The late Dr. Woodward, of Worcester, said that children under eight should never be confined more than one hour at a time, nor more than four hours a day. Dr. Jas. Jackson, of Boston, allowed the children four hours' schooling in winter and five in summer, but only one hour at a time, and heartily expressed his detestation of giving young children lessons to learn at home. Dr. S. G. Howe, reasoning elaborately on the whole subject, said that children under eight years of age should never be confined more than half an hour at a time; by following which rule, with long recesses, they can study four hours daily. Children between eight and fourteen should not be confined more than three-fourths of an hour at a time, having the last quarter of each hour for exercise on the play ground.

Indeed, one thing about which doctors do not disagree, is the destructive effect of premature or excessive mental labor. I can quote you medical authority for and against every maxim of dietetics beyond the very simplest, but I defy you to find one man who ever begged, borrowed, or stole the title of M. D. and yet abused those two honorary letters by asserting, under their cover, that a child could safely study more than six hours a day.

The worst danger of it is that the moral is written at the end of the fable, not at the beginning. The organization in youth is so dangerously elastic that the result of these intellectual excesses is not seen until years after. When some young girl incurs spinal disease from some slight fall, which she ought not to have felt for an hour; or some business man breaks down in the prime of life from some trifling over-anxiety, which should have left no trace behind, the popular verdict may be "mysterious providence," but the wiser observer sees the retribution for the folly of those misspent days which enfeebled the childish constitution, instead of ripening it. Study at school, though rarely the immediate cause of insanity, it is the most frequent of its ulterior causes, except hereditary tendencies. It diminishes the conservative power of the animal economy to such a degree that attacks of disease, which otherwise would have passed off safely, destroy life almost before danger is anticipated.

A FEW REMEDIES FOR COMPLAINTS ATTRIBUTED TO WORMS.

Cina, especially for cross, irritable children; nothing pleases them; they bore at the nose; the urine turns milky; toss during sleep; there may be a short hacking cough; very hungry; tendency to convulsions. Give a dose of six pellets every four hours. Follow with *Viola odorata*, if symptoms are but partially relieved.

Santonin, 1st trituration, a small powder, fasting every morning, and no solid food for a time; when the presence of round worms is assured, continue for one week.

Spigelia, for children with very pale face, yellow margin around eyes. In strumous, feeble, precocious children, who have furred tongue, tumied abdomen, rapacious appetite; much nervous irritability; refers pain to the navel.

Calcarea, six pellets night and morning, for scrofulous, fat, pale, lymphatic children, whose heads perspire much at night. There is much itching at the anus, especially towards evening. The abdomen is enlarged, nutrition is poor, and tendency to diarrhoea.

THE CALIFORNIA HOMŒOPATH.

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

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

VOL. IV. SAN FRANCISCO, SEPTEMBER, 1886. No. 5.

EDITORIAL.

THE President of the California State Homœopathic Medical Society has appointed the chairmen of the scientific committees for the current year—the names appear in another part of the journal. Now if every member of the Society, and every physician purposing to become a member will communicate with the chairman of the special bureau he is interested in and willing to contribute his share of the work, the success of the meeting and its profitableness will be assured. The number of the bureaux have been very wisely reduced, and only the practical and necessary departments retained—departments from which reports ought to be received. This is a move in the right direction, and one for which this journal has worked from the start. Surely every physician is interested in one of the bureaux as now constituted; every one is able to do some work in one or the other—communicate therefore without delay with the chairmen of the different bureaux.

ONE of the contributors to the *Medical Brief* discovered the property of drugs to cure in small doses similar conditions to those they produce in large ones. He finds Aconite to produce and cure feverish conditions;—Arsenic symptoms of ulceration of stomach; Bellad, cerebral congestion; Ipecac, vomiting; Rheum, diarrhoea, etc., etc., but still he knows nothing of Homœopathy, but has a ready explanation of this drug property by his own theory of drug affinity. "A remedy must have an affinity for a part, organ or tissue, upon which it acts; and then it must be endowed with power to influence the part in a given way." We are glad this explains the mystery to the Doctor's mind, but if he will take the trouble to look into any Homœopathic manual published for the last seventy-five years, he will find these facts stated very fully and explained in a reasonable way, that accords with the observed facts. It is certainly a remarkable thing that the old school of medicine, as a school, will deny the principles and facts of Homœopathy and yet their members will appropriate remedy after remedy, whose effects upon the healthy and consequent employment among the sick have been arrived at solely by the study of the Law of Similia.—Help yourselves, gentlemen, but why not acknowledge the source, or at all events cease pointing out the sterility of Homœopathy, when all the time you are partakers of her fruits.

THE Editor of the *Journal of Cutaneous and Venereal Diseases* is desirous of ascertaining to what extent *arsenic* is used by American physicians in the treatment of skin diseases, and also the results of their experience as to its therapeutical value.

Information upon the following points is requested of every physician who reads this:

Are you in the habit of employing arsenic, *generally*, in the treatment of skin diseases?

In what diseases of the skin have you found arsenic of superior value to other remedies?

What ill effects, if any, have you observed from its use?

What preparation of the drug do you prefer, and in what doses do you employ it?

Address, editor of *Journal of Cutaneous and Venereal Diseases*, 66 West 40th street, New York.

Homœopathists do not employ arsenic or any other drug *generally* in the treatment of skin diseases, but only when the symptoms of the patient correspond in similarity to those that arsenic is capable of producing on the comparatively healthy.

Then it is given in a dose not large enough to produce any ill effects or untoward symptoms—which dose is frequently so minute as to be utterly incomprehensible to the mind trained only to old school thought. Aside from this general statement a homœopathist's testimony of his clinical experience with arsenic in skin diseases could not be utilized by the old school, because he prescribes a remedy not alone for the local trouble but at the same time for the totality of symptoms shown by the patient. And what is still further removed from the ordinary old school therapeutic methods, is the fact that an accurate homœopathic prescription is based not so much upon the symptoms diagnostically important as upon the *peculiar*, characteristic symptoms of the patient. In other words the symptoms necessary for a correct diagnosis are not the *essential* ones for a correct prescription of the curative remedy.

NO WONDER we have not as much surgery as our old school friends. The other day our college clinic lost the opportunity of seeing a fine operation in this wise. A man who suffered for three years with what had been diagnosed as cystic sarcocele of the testicle by both Allopathic and Homœopathic surgeons, was promised relief by a proposed operation. The day was set. Meanwhile "ut aliquid facere" as our Vienna teachers used to say, a vial of Pulsatilla 1x was given him. He reported "improvement," and a somewhat higher potency was given of the same remedy. When the day for the operation came around there was nothing to operate for—the tumor had vanished. Mind you, it had been

there for three years and old school professors had diagnosed it.

Then there is an ambitious young surgeon not far from here who was consulted about the removal of a tumor in the breast of some lady patient. Said tumor had been felt by different allopathic authorities. It was his fortune to get the case at last and in one month from the time he first saw it, it was to be removed. In a lucky moment he gave the patient some *Conium* 30, to be taken every day "to prepare her." In due time she returned—but the surgeon had lost his case, his medical skill got the better of him—that tumor had vanished.

And that brings to mind Dunham's case of Ovarian Tumor. The great Dunham—he of wonderful diagnostic skill and still greater knowledge of *Materia Medica*. This case had been diagnosed by Trousseau and by an eminent New York gynecologist and yet in a few months it entirely disappeared after all hope for relief had been given up by the patient, under the use of *Colocynthis*, two hundred, given by Dr. Dunham for the symptoms based upon the provings of that drug.

ORIGINAL ARTICLES.

THE HOMŒOPATHIC CLUB OF SAN FRANCISCO.

Thirteenth Bi-monthly meeting June 8th, 1886. Sidney Worth, M. D., President, in the chair. Dr. C. P. Hart presented the following paper:

ON NASAL CATARRH AS AN ETIOLOGICAL FACTOR IN THE PRODUCTION OF CERTAIN NERVOUS DISORDERS, AND ALSO ON ITS MEDICAL TREATMENT.

By CHAS. PORTER HART, M. D.

Professor of Nervous Diseases in Hahnemann Medical College, San Francisco, Cal.

For the sake of convenience I shall consider the above topics in their inverse order.

I. Recognizing the fact that it would be both unnecessary and presumptuous for me to impose upon you a description

of such a familiar disease as *chronic nasal catarrh*, a disease with which all of you are as well, if not better acquainted than I am myself, since it is perhaps more prevalent on this coast than anywhere else in the United States—I say, recognizing these facts, I shall in this brief essay, confine myself, not only to its treatment and causative influence in nervous disorders, but, so far at least as the former is concerned, attempt to give only my own experience. This experience is both local and general; that is to say, I have been in the habit of making use of both local and constitutional treatment in these cases. While I do not believe that the disease can, in the majority of cases be completely subdued without constitutional, that is to say, specific treatment, and that it is this which in such cases really effects the cure. I am equally well convinced that suitable local measures greatly contribute to this end, and; if rightly managed, facilitate recovery in a marked degree. The chief benefit which my experience shows is derived from suitable local treatment, is, (1) the removal of vitiated, and in many cases, of highly irritative and infectious secretions from the affected parts, the continued presence of which not only tends, both directly and indirectly, to promote congestion and inflammation of the implicated tissues, but also to reinfect, and thus increase the dyscrasic condition of the general system—a condition which I believe always exists in a greater or less degree in these cases. (2) suitable local applications, by increasing the tone of the diseased tissues, tend to restore them to a more healthy condition, by promoting contraction of the relaxed, hypertrophied and semifungoid state of the affected membrane, a condition which, in the large majority of cases, needs all the auxiliary support that can be given, to enable it to resist the various abnormal or disturbing agencies which are continually acting to retard or prevent its return to a healthy state. At the same time, it must be admitted that local treatment alone is incapable of curing the patient, and so far as assisting in the cure is concerned, it is well to remember that it may prove beneficial or otherwise according as it is rightly or wrongly employed. No physician of intelligence, however, will be likely to err if he bears in mind the principles I have stated, and at the same time is duly impressed

with the fact that he has to do with a constitutional as well as a local affection. This is a point of such paramount importance, that all others sink into comparative insignificance. Whatever else is done or attempted, the existing dyscrasia *must* be overcome, or a cure will never be effected.

It is impossible to classify accurately all the various forms of dyscrasia met with in this disease. The best I can do is to mention those varieties which, in a pronounced form, we generally designate as scrofulous, syphilitic, tubercular, psoric, etc. But these constitutional conditions seldom exist in a pure form. They more frequently shade into each other so gradually as to be, in many cases, almost imperceptible except on the closest scrutiny, not only of the patient himself, but of his entire history and that of his ancestors. This is especially the case where a psoric taint exists, which I think is often made up of syphilitic, tubercular, and other dyscrasic elements. He, therefore, will in my opinion be most successful in treating the disease who, by sounding the case to its very foundations, is thereby enabled to completely cover the totality of the symptoms. Having done this, and thus selected the most appropriate remedy, the only local treatment I would recommend, except near the close, is the employment by means of the steam atomizer, of the indicated remedy itself. This treatment, namely, the constitutional and local employment of the indicated remedy, should be faithfully and persistently carried out, week after week, month after month, and, if need be, year after year, until all traces of inflammation is subdued, ulcerations healed, abnormal secretions corrected, the dyscrasic condition overcome, and nothing else remains to be done but to give tone to the relaxed and weakened membrane, by astringing its enlarged capillaries, whose engorged condition will, so long as it remains, endanger relapses on the slightest exposure to any of the ordinary exciting causes of the disease. This object I have generally been able to attain, by simply continuing the use of the spraying apparatus, employing therein, such remedies as *Geranium maculatum*, *Hamamelis virginica*, *Liquor bismuthi*, &c.

I will now give you what I regard as the leading indications for the employment of such remedies as have hitherto

yielded in my hands the best results, and at the head of the list I would place

Kali bichromicum.—Here we generally have a discharge of tough, stringy mucus from the nose; yet not always, for I have known it to prove curative where there was a yellowish discharge in semi-acute conditions, or when associated with internal ulceration or excoriation. It is also beneficial in cases where there are accumulations of hard, tough plugs, which, when detached are occasionally tinged with blood; also in cases where there is a highly irritated state of the nasal mucous membrane generally. Other indications are: severe pain at the root of the nose, or across the bridge, necrosis of the septum nasi; ozœna, especially when associated with intense headache; catarrh associated with gastric derangement, such as nausea, loss of appetite, etc; chronic catarrhal inflammation of the fauces, with hoarseness; catarrhal conditions which are aggravated by warm weather, or which are associated with catarrh of the Eustachian tubes, constant bubbling and buzzing in the head, or of periodical pressure in the ears. This remedy is especially adapted to syphilitic cases, as well as to those which have originated in repeated attacks of diphtheria. It is a very deeply acting remedy, not only curing diseases of the mucous follicles, but caries of the nasal bones. It is capable of successfully reaching the majority of the most obstinate cases, if perseveringly employed.

Mercurius.—As a catarrhal remedy, Mercurius is next in importance to Kali bichromicum. It is also a similarly acting remedy, but its action is not so profound, unless its use is long continued. It spends its force chiefly upon the glands and mucous membrane of the fauces, and on that of the posterior nasal cavity, being generally best suited to semi-acute conditions. The *iodide* is the best form when the discharge is of a tenacious white or yellowish character; also when it is profuse and acrid, excoriating the nostrils and upper lip. It is especially useful in cases where the inflammation extends into the lachrymal duct and sac. It is well adapted to most scrofulous forms of the disease, especially in the young, or when it is associated with such conditions as

enlarged, inflamed or ulcerated tonsils, indurated and swollen superficial glands, enlarged spleen, torpid liver, etc.

Calcareo carbonica is another exceedingly useful remedy in this disease, especially in correcting dyscrasic conditions, more particularly the scrofulous. It will often prove curative in those cases occurring in children, where in addition to swollen glands, there is a chronic discharge from the nose and ears. The discharge is usually thick, but it is often watery, and sometimes it is more or less sticky or tenacious. The inflammatory condition is usually of a sub-acute character, and sometimes extends to the pharynx, and even to the larynx, in which latter case there is more or less hoarseness, together with a feeling of rawness or soreness in the vocal organs. The concomitant symptoms are: cutaneous eruptions on the nose or neighboring parts; sore or ulcerated nostrils; inflammatory redness and swelling of the anterior portion of the nose; lachrymation, with itching of the mucous membrane of the eyelids; dampness and coldness of the feet, with a feeling as though the stockings were damp. The remedy appears to act as a corrective of malnutrition, the result of deficient vital action; hence its applicability in all cases associated with the leuco-phlegmatic temperament, especially in women and children. In such cases it is such a sovereign remedy, that it can seldom be dispensed with even when other anti-psoric remedies are employed.

Arsenicum iodatum is often a valuable remedy, and is indicated in those cases where the discharge is thin and profuse; it is sometimes useful, however, when the discharge is thick and scanty, or frothy and tenacious. But it is more especially in cases complicated with a tuberculous diathesis, or with otorrhoea in which there is a foetid and excoriating discharge, that the remedy seems to do the most good. Other indications for its successful employment are: a burning sensation in the nose and throat; enlargement of the tonsils; glandular indurations, and acrid nasal discharges.

Phosphorus is another remedy suited to the tubercular diathesis, especially if there is a very strong tendency to

phthisis pulmonalis. One of the most prominent and characteristic symptoms in these cases, is bleeding from the nose; the mucous discharge is of a greenish-yellow cast, and is usually thick and tenacious. It is indicated in all cases where there are such laryngeal symptoms as hoarseness, tickling cough with salty expectoration, especially when aggravated by exercise of the vocal organs; also where there is dullness of the head, loss of the sense of smell, lachrymation of a burning and smarting character, hoarse in the open air or when exposed to the wind.

Aurum and *Nitric acid* are sometimes required, especially when the disease is characterized by mental symptoms of a destructive character. Both remedies are useful in cases where there is great depression of spirits, suicidal tendency; hopelessness, or settled melancholy; also after the abuse of mercury, especially in syphilitic cases. The mental symptoms are profound in *Aurum*, while on the other hand the syphilitic quality appears to predominate in the acid. In both cases the discharge is yellowish or greenish, and foetid; but the ozæna calling for the use of Nitric Acid is not so inveterate, nor has it produced so much local disorganization as that in which *Aurum* is indicated, where there is more or less caries of the nasal bones, extreme foetor, external tenderness, and, in some cases, foetid otorrhoea. I will add, that when these symptoms are associated with the scrofulous instead of the syphilitic diathesis, I have generally derived great benefit from the administration of *Silex*. The last remedy that I shall mention is

Hepar sulph.—My experience leads me not only to give the preference to this remedy in cases where there is a well-marked psoric taint, characterized by various forms of skin eruptions, appearing and disappearing at uncertain intervals; but I have found it especially useful as an intercurrent remedy in cases where, after the administration of other indicated remedies, the beneficial effect ceases, particularly where there is a continuance of the discharge. In such cases a few doses of *Hepar* will sometimes effect a most miraculous improvement, and even when this is not the case, it seems to have such an alterative effect upon the system as

to render it much more susceptible to the indicated remedy. It is adapted to cases where there is swelling and external tenderness of the nose, and also where the discharge is thick and pus-like, or even when tinged with blood. It is useful when the catarrh is unilateral, or confined to one nostril, and also in cases where every exposure renews the attack. It is especially useful in all cases of a psoric nature, especially if the itch or any form of cutaneous eruption has ever been suppressed by external applications.

Although I have tried many other remedies in the treatment of chronic nasal catarrh, and have occasionally derived more or less benefit from their use, I cannot say that I have effected lasting cures by any except those I have mentioned, nor has the result proved satisfactory even with them, except when I have had the opportunity of treating the case uninterruptedly for many months; but where everything was favorable, I have generally succeeded, sooner or later, either in curing the disease, or in so far ameliorating it, as no longer to annoy the patient. Unfortunately, however, the majority of these cases are apt to slip out of one's hand long before any great improvement can be effected.

II. As an etiological factor in the production of nervous derangements, we find catarrh to act as a prolific cause of cephalalgia, insomnia, vertigo, prosopalgia and other forms of trigeminal neuralgia, megrim, and, in fact, nearly every purely functional intracranial and pericranial nervous disorder, including various affections of the special senses, especially those of sight, hearing, smell, and taste. The mere enumeration of these disorders should be sufficient not only to arrest our attention, but to prevent errors of diagnosis and treatment, which, I am sorry to say, are too frequently made in these cases. Two instances of the kind have fallen under my notice within the last few days. One of them was a patient at one of our clinics, who for weeks had been unsuccessfully treated for headache, vertigo, and tinnitus, and whose trouble was regarded as auditory or labyrinthine, when the fact is it was wholly dependent upon chronic nasal catarrh, and was immediately benefited by treatment addressed to that affection. The other was a case of su-

pra-orbital neuralgia which had for weeks been treated unsuccessfully as a primary affection, but which yielded speedily to remedies prescribed for the accompanying catarrhal condition.

DISCUSSION.

The discussion following the presenting of the paper was general and entered into heartily.

DR. HART had found the thirtieth potency of remedies most useful in the treatment of nasal catarrh.

DR. GEO. E. DAVIS called attention to the need of external applications in the successful treatment of this trouble, especially in the climate of San Francisco. He employs a mixture of Alum, Glycerine and Carbolic acid, applied by means of a camel hair pencil.

A solution of Permanganate of Potash was referred to as useful by inhalations through the nares.

DR. HART had used with success the Liquor of Bismuth.

The action of *Pinus canadensis* and *Hydrastis* locally was considered quite the same; their virtue being their balmy quality. In atrophic conditions of the nasal membrane, DR. CURTIS uses oil of eucalyptus and glycerine in water as a spray. It gives prompt relief where an excessive dryness and incrustated condition exists.

DR. DAVIS found a glycerole of eucalyptus useful where a fetid discharge became noticable.

DR. CURTIS thought the mucous surface should be thoroughly cleansed before any local application is applied.

DR. HART had observed that nasal douches confine themselves to the inferior meatus and that in order to reach the trouble which lies often in the frontal sinuses and ethmoidal cells, the use of a medicated steam atomizer was essential.

DR. CURTIS believed that pain at root of nose implied closure of the infundibulum and called attention to the development of asthma in case of nasal catarrh.

The explanation of the phenomena had been attempted by a foreign medical journal to be, that the catarrhal inflammation developed the mucous lining of the nasal passages in which erectile tissue became the prominent pathological element. This erectile tissue possessed marked irritability which causes through the sympathetic system, reflex action mani-

fested in the pulmonary distribution of the pneumogastric nerve, producing the bronchial spasm.

Relief of the dyspnoea came by increasing lumen of the anterior nares. This is not improbable when we consider the frequent reflex symptoms arising from deranged function or over excitability of the nasal nerves, such as nausea, excited from odor of food.

DR. PETERSON called particular attention to the danger arising from emphysema in the cellular tissue of the pharynx from the use of the eustachian catheter. Injudicious use has, in the Doctor's knowledge, given rise to emphysema extending from clavicle to roof of pharynx.

Attention was called to the importance of preventing the patient taking cold so easily, as a central element in the successful treatment. Cold baths every morning or every other morning followed by brisk rubbing till a glow over the surface was experienced, was often effectual.

DR. PETERSON considered sea bathing to be useful in correcting the great tendency to taking cold.

DR. DAVIS believed complete cures very rare, he had cured only one case, and that with the 200th potency of Merc. sol. After ceasing the use of the remedy the case was traced for a year with no return.

The discussion was gradually supplanted by general sociability which became intensified by the invitation of the members to a nicely arranged table of refreshments prepared by Dr. A. C. Peterson, at whose parlors the club had convened.

The meeting adjourned till July 27th.

JAMES W. WARD, M. D., *Secretary.*

STERILITY IN THE FEMALE.

By WM. B. CLOWE, M. D., WALLA WALLA, W. T.

Pathological research relative to the barren male, it is safe to say, is unceasing, but the same condition of the female does not receive one half of the attention, nor nearly as much as is her deserts.

Just why the subject is evaded or overlooked by the general practitioner, gynaecologist as well, is not easily answered, but I venture to express an opinion founded upon facts gained by experience, that a need of thorough knowledge of this perplexing abnormality is the principle cause.

No doubt but that modesty and pride of the majority of women, repel the thoughts of making known their inability and it is, therefore, very many times, only known to the physician by his knowledge of complex and reflex symptoms. It is painfully true that thousands of women who are completely up to the standard, both mentally and physically to the ordinary observer, are entirely ignorant of the completeness of congressional sexuality.

It is also true that many such women bear a family of children, but that devotion, which so happily exists between the sexes, where nature's endowment has been complete to both, usually is not their boasting pride and armor.

In some instances, the causes of this impotence may be congenital, but I am convinced that the greater number acquire it.

When I make this accusation, I would not lay a charge before her of willful disobedience to natural and physical law, but extend a thought to the greater fact, that the want of a more thorough knowledge of herself and greatness, cheats her of her perfect physical and sexual development.

Among the congenital causes may be named malformations and defects in the genital development; tabes, diabetes, from specific taint or not.

The acquired causes are manifold, prominent among which are inappropriate dress; the use of drugs to appease an ungratified sexual appetite; particularly among which are camphor, arsenic and Kali Bromatum; incongruous indulgences, by which a functional weakness of the genital organs is brought about, leaving as a result, prolapsus of the ovaries and uterus—ovaritis, cervical metritis, vaginitis, leucorrhea, etc. Aspermatism in the male, so far as it pertains to malposition of the testes and their injuries, is analogous to the abnormal condition and position of the ovaries in the female; in the first, no semen is formed; in the second, the ova lack vivifying quality. The highest order of functional strength of

these organs cannot be maintained while in a sub-acute state of excitement, and this is their exact condition whenever maltreated and misplaced. Repose sustains functional greatness, not only of these, but to every other organ of the body.

Anaphrodisia blights the hearth and home of many a most worthy woman, who through timidity, buries her secret beneath the ashes of remorse, and when at last, youth's sweet spring has grown brown and sear, she pitifully ends her last days, which might have been the most delightful and glorious, in perfect aplexia.

Amelioration of these sufferings is at her command if she were only informed. Homœopathically we meet her requirements with some of the aphrodisiacs of which I may mention Nux Vom, Phos, Damiana, Bell, China, Ferrum. Adjuvant treatment calls for shower baths, massage and electricity—while displacements are overcome by some simple, non irritating mechanical appliance.

New scenes, new faces, and last but not least, wholesome and comprehensive literature, pointing out the errors and giving guidance to happier and higher life.

SELECTIONS.

ACIDUM ARSENICI HYDRIODICUM.

Dr. Percy Wilde uses this preparation with success in general debility associated with glandular enlargement, and in chronic consolidation of the lung, following a low grade of pneumonia, with cough and yellow or white expectoration. This frequently preceeds phthisis. Again, this acid is used in coryza, in influenza, in sub-acute laryngitis with wheezing and whistling sounds and constant hacking cough, and also in chronic articular or muscular rheumatism in elderly or debilitated people. Useful in acute gout as soon as the inflammatory symptoms have subsided. Here it greatly aids in restoring the use of the foot.

HOMŒOPATHIC APHORISMS.—THE LAW.

1. All medicinal substances have the power of causing diseases when given to persons in health.
 2. Each medicine has the power of producing disease peculiar to itself.
 3. This power can only be known by studying the symptoms it has produced when given to the persons in health.
 4. Hahnemann was the first to systematically study the powers of medicines in this way; taking them himself when in health and giving them to others, observing and recording the effects which followed.
 5. This he called "proving medicines;" those who allowed themselves to be experimented on he called "provers," and the records of the symptoms produced, he called "provings."
 6. Out of these provings he constructed his *Materia Medica*; so arranged the symptoms of each drug as to present a picture of the disease-producing power.
 7. Drug-diseases resemble natural diseases.
 8. The law of similars affirms that, in a given case of natural disease, that drug which has produced a morbid state most like the disease to be treated will be the most certain, when administered, to work a cure.
 9. The practical rule which is the outcome of this law is formulated thus: "Similia Similibus Curentur."—"Let likes be treated by likes."
 10. Homœopathy is the art of selecting and administering medicines in accordance with this rule and the principal on which it is founded.
 11. A medicine is said to be homœopathic to a given diseased condition when it has produced a similar diseased condition in a healthy person.—*Homœopathic World*.
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PRUDENCE IN CONSULTATION.—Nothing conduces so much to absence in friction, in the matter of consultations, as a competent knowledge of the proper etiquette which has been handed down to us as the fruit of centuries of careful observation. It is not, therefore, a useless task to attempt to define the rules of this etiquette so that both the ordinary practitioner

and the consultant may be made cognizant of the proper course to pursue, in order that the dignity of all the parties concerned may receive the attention it deserves. In the first place, the ordinary medical attendant should invariably lead the way, and enter first into the sick chamber; and this is a rule that, for obvious reasons, should admit of no relaxation. When the interview with the patient comes to an end, the consultant should leave the room first, and the medical attendant should be the last to leave the room. Where there are several consultants, they should enter the room as stated above, but in the order in which they have been called into the case; the converse holding good for the exit. No communication, direct or indirect, by word of mouth or by letter, should ever take place between the consultant or consultants and the friends of the patient or the patient himself, except through the intermediary of their ordinary medical attendant; and any breach of this rule should lay the consultant open to the most serious remonstrance.—*British Medical Journal*.

HOMŒOPATHY has sturdily survived its theory of dynamization and its conception—defying posology. Like the oak, it is all the stronger from the storms that have wrestled with it. The strong arm of the State has not been able to strangle it; malice has done its worst; falsehood has spent itself; and now Science threatens it with—facts? demonstrable truth? No, but with the oldest hypothesis—and what is the mess of pottage for which the homœopathic Esau sells his birth-right, and condemns the *Materia Medica* by which it held, now holds, and will hold its puissance against any and all its foes? Simply and only *the atomic theory of the ultimate structure of matter*. This is the bugaboo that has frightened our *sans culottic* savants.

These savants began work with the postulate that *whatever is invisible is not*. They said, visibility denotes the limit of divisibility. But such a degree of molecular dimensions as physical science recognizes, obliged these savants to retract their foolish postulate, because the “molecule” is *invisible* by any means at the command of man.

Having failed to demonstrate the invisible with the microscope, these savants accept Sir William Thomson's hypothetical dimensions of the molecule, and fling to the winds all "potencies" above the 11th centesimal. But many provings have been made, and much clinical work done with much higher potencies, and by which we have won and held our position for three-quarters of a century. On this incontinently they begin to condense our *Materia Medica* by elimination.

These savants have overlooked Sir William Thomson's vortex theory of matter, by which a dynamic rather than a materialistic philosophy of the universe must obtain. Said Oken, long ago, "The universe is God rotating." Says Sir William Thomson, "matter, such as we perceive it, is merely the rotating parts of a fluid which fills all space." "The idea that motion is, in some sort, the basis of what we call matter, is an old one; but no distinct conceptions on the subject were possible until Von Helmholtz, a quarter of a century ago, made a grand contribution to hydrokinetics in the shape of his theory of vortex motion."*

When it comes to mere trading in hypotheses, that of the hard, indivisible atom of Lucretius is a much cheaper thing than the more refined "vortex motion" which is a better evidence of the immanence of the Creator. Suppose we say, "The universe is God acting," and then see whither that hypothesis will lead us. First, then, "In the physical universe there are but two classes of things, matter and energy." We are made cognizant of matter by energy. That which energy makes known to us, we call matter. Then why not say with Hegel, "Matter is constituted by forces which are outgoings or manifestations of the Divine will." If we say this, then there is but one *thing* in the physical universe, energy or the Divine will *manifest*.

The physicists find fault with the metaphysicians, and yet the hard, indivisible atom is a purely metaphysical conception. Accepting it as a demonstrated reality has led some of our school to reject Hahnemann's posology, and to cast aside much of his *Materia Medica*. They are guilty of a *petitio*

principii, for at present, so far as demonstration goes, the dynamic theory of the universe is as valid as the materialistic, and to the devout mind far more acceptable, because it is the Divine will manifest.

Of the result of our internecine conflict, there can be no question. The potencies had demonstrated their energy long before this modern challenge came. Provings with the thirtieth potency have established themselves. Daily we give remedies from the data derived from them, and the same reasons that justify us in using tangible quantities of a drug, justify our use of these potencies. If the evidence of our senses is valid in the one instance, it is in the other. We know no more of matter in the tincture than we do in the thirtieth. We recognize matter in the tincture only by its energy, and we have the same criterion of matter in the thirtieth. Our senses detect the energy in each instance, and we are to use our senses not to discriminate the difference in the quantity of matter used but to determine the presence of matter by the energy displayed.

Ann Arbor, Mich.

S. A. JONES.

CLINICAL ITEMS.

RHUS GLABRUM IN SYPHILITIC ULCERATION.

A gentleman, aged 50 years, of nervo-sanguine temperament, who had suffered from Syphilis, and often, as he supposed, had been cured, suffered from ulceration of the mouth—the ulcers took the form of deep fissures in the tongue, gums and sides of the mouth—so severe and painful as to render it difficult to masticate his food or to swallow liquids. The nutrition of the system was so obstructed that great emaciation was the consequence. He was treated with nitric acid, nitrate of silver, and other local applications, without effect. A number of remedies prescribed homœopathically afforded no relief. At last a wash prepared from the sumach berries was used with a swab, while the 2d dilution of the tincture was administered in five-drop doses several times a

day. Immediately after a resort to this treatment, the inflammation and soreness of the ulcers disappeared, and they began to heal. His recovery was rapid—complete, since which he has remained in sound health. After the use of mercurials, in the treatment of Syphilis, I have several times found a tincture of the berries effectual in removing soreness of the gums, throat and ulcerated mucus surfaces generally; and there can be but little doubt of this remedy being Homœopathic to all such cases.

RHUS VENENATA IN ERYSIPELAS.

Was called to treat a lady, aged 38, of lymphatic temperament, who had been suffering from a vesicular eruption upon the face and hands. Her face was much swollen, as were her hands, arms and lower extremities. She complained of intolerable itching and burning. The arterial excitement was marked—the pulse was full and bounding. Gave Aconite, 3d dilution, first, ten drops in half a tumbler of water, tea-spoonful every hour, till perspiration became somewhat profuse; then gave the 3d decimal attenuation of *Rhus tox.*, with little effect. After this gave the 3d decimal of *Rhus venenata*, and after a few doses the itching and burning ceased, the tumefaction disappeared, and the patient soon recovered.

DR. A. E. SMALL.

Argent-nit.—The use of *Arg.-nit* in diseases of the central nervous system, where sclerosis is the pathological change, is becoming more and more approved. This drug is homœopathic to such diseases of the nervous system as terminate in sclerosis, while *Plumbum* where there is a primary destruction of the nerve cells, either by softening or atrophy. In simple paraplegia from exhaustion, I have more than once found it of signal service, and it has cured this condition when resulting from concussion or alcoholic excess, and also hysterical and diphtheric paralysis.

FELLOWS.

Cochlearia (horse-raddish) is a valuable drug. It produces burning and cutting in the glans penis, during and after urination, with a great deal of strangury. On standing, the urine becomes thick, like jelly.

FARRINGTON.

Tobacco—locally as a decoction, is an excellent application in cases of Prurigo pudendi. Internally, *Calodium*—which produces much hyperæsthesia and irritation of the generative organs, Pruritus of vulva and vagina.

Chelidonium has caused very striking symptoms of desquamative nephritis, besides the general phenomena of renal irritation. An examination of the urine in one case showed the presence of cylindrical casts with epithelial cells. The mischief in this case was so considerable that oedematous swellings of the extremities occurred. The relation of Chelidon to pneumonia here becomes important, because of the frequent occurrence of this inflammation as a complication of tubal nephritis in children. Dr. Buchmann gives one case of cure of chronic renal disease by this medicine.

R. HUGHES, M. D.

Strophanthus is the new substitute for Digitalis, introduced by Dr. Thomas Frazer, of Edinburgh; said to possess all the good qualities of Digitalis without its cumulative and disturbing action, useful in all forms of weakness of the heart—whatever the cause—and especially satisfactory in mitral disease.

Strophanthus acts by increasing the contractible power of all the striped muscles, and renders their contraction more complete and prolonged. As a result, the heart is early and powerfully affected. The ordinary dose was 10 minims in 2 to 5 portions during the day. (*N. Y. Med. Times.*)

Baptisia acts upon the blood, nervous system, mucous membranes and upon the sympathetic nervous system. Its value as a fever remedy is well understood. Its value as a brain remedy is not half known. From the loud delirium of acute mania to the abject silence of melancholia with stupor, it works with a master-hand. It may be used with exceeding benefit in all cases where there is rapid and profound physical degeneration simulating the typhoid state, and where the patient is wild, restless, anxious, hurried, and striving to overcome what he believes to be his own physical solution of continuity, or in other words, where “he can-

not get himself together." Again, the Baptisia patient sinks into a mental condition where there is indisposition or inability to carry on any mental operation whatever. The patient appears sad, unhappy, and in the depths of despair. In many cases of puerpural mania, of acute mania and acute melancholia, following excessive toil, worry, and shock, patients may be greatly relieved and sometimes cured by the use of Baptisia. *Blood-rot*, if such a term may be used, is a characteristic of Baptisia.

GLONOINE.—Nitro-glycerine has been recommended as a substitute for stimulants in the alcohol habit. One or two drops of a one per cent. solution has a stimulating effect as at least an ounce of brandy, and its effect is far more prompt. Moreover, it creates no desire for more stimulants. It is contra-indicated when there is cerebral congestion.

Ammon carb, useful for acute symptoms from getting wet. Swellings of glands.

Boro-Citrate of Magnesia, for Renal Calculus. It will dissolve them and remove all the symptoms. A dram to 8 ounces of water, a teaspoonful three times a day, is the dose. Dr. Blackley uses four grains three times a day for *Diabetes*.

Dolichos.—Violent itching all over body without any visible eruption.

Lycopod.—When symptoms get worse, when anything new is seen—or anything which turns—or on walking along side of railing.

Murex.—Frequent urination, pale, fetid with white sediment. Menses premature, copious and protracted, lively and affectionate patients.

Melilotus removes soreness and lameness which frequently follow an attack of Neuralgia.

Natrum Salycil.—Noises in head, deafness and giddiness—giddiness worse raising head or sitting up. Useful in Auditory Vertigo. (Menière's Disease.)

Nux Juglans, *Crusta lactea*—*Tinea favosa* and other skin troubles, also for *noli-me-tangere*. Excellent for the scrophulous diathesis.

Platina. Constipation with frequent urging and much straining but only small portion of feces is passed. Afterwards great weakness in abdomen or chilliness. Stools adhere to rectum, so pasty like clay.

Teucrium.—Ingrowing toe-nails with ulceration, also pan-aritium.

CORRESPONDENCE.

LETTER FROM LONDON.

LONDON, ENG. E. C. June 4th, 1886.

EDITOR CALIFORNIA HOMŒOPATH.—I had the pleasure last evening at 8 o'clock to meet the London Homœopathic Medical Society, at its annual meeting at the Hospital, located in Great Ormond street. Between the business and regular meeting was the inevitable English drinking tea,* to which we were invited, enjoying its genial social atmosphere, and making the acquaintance of the London standard bearers of our noble school. Dr. Roth presided at the regular meeting, and a very able and thoughtful paper upon "Acute Idiopathic Enteritis," was read by Dr. Goldsborough, and discussed with much interest and animation by a majority of the fifteen or more doctors in attendance,

The question of alternating remedies came up and the practice was warmly sustained by the great majority.

Among those present may be mentioned Drs. Roth, Dudgeon, Blake, Smith, Clarke, Hughes, Harris, of London, Beaker, of Dublin, Dr. Clifton, of Leicester, whom I had the pleasure to meet at Leicester ten days ago; finding him a large-hearted and representative physician of the coming school of medicine. I regret to be unable to give a more full report. Dr. Hughes took pains to impress upon my mind the fact that there would be an International Homœopathic Congress notwithstanding the failure of the Brussels proposition, and the place of the meeting will be announced in a few days.

I hardly think Homœopathy is as stalwart in Great Britain as on the Western Continent.

It is more under the shadows and influence of the old school, which perhaps may be explained from the fact that they derive their authority to practice from their enemies.

The high order of anatomical knowledge, and familiarity with pathology, and diagnosis manifested by the entire body was noticeable.

We were disappointed at the absence of Mr. Brown the Homœopathic ophthalmologist, who was expected to present a paper upon the subject

nearest our heart. We have been most warmly received in our search for eye and ear lore, not only in our own school, but in the ranks of the old. We expect to meet Drs. Carter and Harbridge to-day, and Gowers and Liebrich before we start for Paris. We hope to return to our college work promptly on the first of August, if not before, equipped with new life, and enriched by contact with the minds to which the occident owes so much.

At my birth place I met with a rare form of Tinnitus aur, in which the noises were both subjective and objective which I hope to bring to the notice of the American Institute at Saratoga. If there were room it would be a pleasure to tax the feeble power of language to give our good brethren some faint idea of the wierd charm of "St. Paul's," "The Tower," and "The Abbey." Westminster Abbey is the shrine of all hearts.

It needs no guard to request uncovered heads. The tourist's note book is closed here. There is nothing for language; nothing akin to the ordinary sights that gladden the aesthetic gaze. The stillness is appalling. The experience of all seems to be a presence unseen, an influence inexplicable, before which the head is bowed, and every faculty sits in solemn expectancy. Emotions of the ages linger amid the painful profusion of love's memorials, and amid the mystic multitude of the past the cynic unconsciously becomes a worshipper.

LETTER FROM CHICAGO.

CHICAGO, ILL., July 14th, 1886.

EDITOR CALIFORNIA HOMŒOPATH.—I notice in your issue for July, that while you speak of the remarkable growth of Homœopathy on the coast, you take in the modest view of your journal and the college.

As an old editor who has watched the growing prosperity of our cause for nearly a quarter of a century, you will pardon me if I congratulate the coast profession on their position.

Personally it has been my good fortune to meet many who have gone west to rear the standard of the cause beyond the Rockies. They were bright men, and I believe the coast profession will compare favorably with their brethren anywhere.

The career of their exponent in a journalistic way, I have watched with a great deal of interest. I am surprised at the number of good things found in its pages. It is worth much more than the price asked, and were I to volunteer a prognosis, it would be this: it is too good a journal for the money and will therefore be short-lived. This, like as with many a case of phthisis, might prove true everywhere but on the coast. I certainly hope that your journal may live long to prosper the cause.

The college has made a good record for itself, and if properly managed it cannot but succeed and thus advance Homœopathy. Many of the professors I know to be able men who have the interest of Homœopathy at heart.

One more word and I close. Do not expect too much of busy physicians at medical gatherings or in medical work anywhere. The whole training of medical life is away from systematic thoughts or regular actions. His time is broken; his thought is divided and he develops in sections.

An idea here and fact there make up the sum of our experience.

But it is for these very reasons that free medical conferences are so valuable. If a medical journal brings one new idea it is as good as gold. (*e. g.* Vide *Salix Nigra*, p. 114).

It is pleasant to learn that the cause flourishes so grandly on the coast, and I know that the Homœopathic Aid Association can help you all to greater success by proving that "Homœopathy promotes longevity."

Fraternally yours,

T. C. DUNCAN.

CALIFORNIA STATE HOMŒOPATHIC MEDICAL SOCIETY. {
OFFICE OF PRESIDENT. }

SAN JOSE, Cal., July 23d, 1886.

DEAR DOCTOR: It is the earnest desire of the Chairman of the various Committees, as well as of the President, to make the next session of the State Society mark an era in the history of Homœopathy on this Coast. Will you assist us by signifying to myself, or the Chairman of that Committee in which you are most interested, what you will do? The Society must have the best effort of every Homœopath to achieve success. Will you do your part?

Fraternally yours,

WM. SIMPSON, M. D., President.

THE Scientific Committees of the California State Homœopathic Medical Society for the current year will be in the hands of the following gentlemen: *Clinical Medicine*—Sidney Worth, M. D., 426 Sutter street, San Francisco; *Obstetrics*—G. E. Davis, M. D., 520 Sutter street, San Francisco; *Diseases of Women*—Jas. W. Ward, M. D., 335 Geary street, San Francisco; *Diseases of Children*—Wm. Boericke, M. D., 834 Sutter street, San Francisco; *Surgery*—J. M. Selfridge, M. D., Oakland; *Diseases of the Eye, Ear and Throat*—F. P. Green, M. D., 202 Stockton street, San Francisco; *Materia Medica and Proving*—J. C. Raymond, M. D., Oakland; *Medical Education, Statistics and Necrology*—G. M. Pease, M. D., 125 Turk street, San Francisco.

San Jose, July 23, 1886.

WM. SIMPSON, M. D., President.

Just before going to press, we received a communication from the Secretary *pro tem.* of the Alameda County Homœopathic Society, expressing "righteous indignation" at not being mentioned in our editorial last month, as a living evidence of the progress Homœopathy is achieving on this Coast. Now, the Editor of this journal thinks himself pretty well posted on domestic Homœopathic affairs—he has had every opportunity in this direction—but he certainly must plead guilty as to his utter ignorance of an active County Society of Homœopaths in Oakland at present. Now why is this thus? Evidently because said society has kept its light under a bushel; has never by report or paper to this, or any journal we have seen, shown its existence; has in short been entirely too esoteric in its activity to be of any use to the profession at large, however much they may be among themselves. If this society has made any report or published any paper of general interest to the profession, we shall be glad to publish or republish it. And in regard to the Oakland Homœopathic Hospital, which we *did* mention as one of the evidences of our growth—it being known that there is but one Homœopathic Hos-

pital amongst us—we have repeatedly asked and begged from those whom we knew to be interested in its management and prosperity, to furnish to the pages of our journal a report of its doings and of its plans and prospects, ensuring our enthusiastic support, but we have yet to see it.—Now, Mr. Secretary *pro tem.*, who speak so sensitively for your Society, keep cool and then see if your sense of justice does not tell you that the “righteous indignation” ought really to be on the other side.—EDITOR CALIFORNIA HOMŒOPATH.

Personal Notes, Locations, Etc.

DR. E. S. BREYFOGLE and MRS. DR. L. A. BALLARD have both returned from a visit East.

FROM DR. ISAAC FELLOWS of Los Angeles, we learn that he has started away on a vacation of several months, which he finds it necessary to indulge in, to recuperate from the arduous duties of an extensive practice. During his absence, DR. J. MILLS BOAL will take care of his practice, in whom he will doubtless find a worthy substitute. He carries with him our best wishes for an enjoyable time and safe return.

FROM Cloverdale we have a visitor in the person of DR. J. A. CALLEN, who located there some two years ago. He is doing well, and is glad he did not settle in a more pretentious place.

PURSUANT to our advice, C. A. OLIVER, M. D., has located at Chico, Cal., a promising place for a live Homœopath. The Doctor was at one time located at Ventura, where he built up a successful practice, and then left to go to Europe, from whence he has now returned. We bespeak for him a remunerative practice.

DR. N. L. THOMSEN who has practiced in this State for a number of years, has paid us a visit, the result of a disastrous fire which destroyed a large portion of Tulare, his present home. The Doctor lost everything, and our sincere sympathy goes out to him. We trust he will soon recoup his losses.

KEITH, of Edinburgh, recently came to Boston to give an opinion on the case of a lady who had an obscure abdominal affection. He remained in consultation with the regular attendant for about half an hour, confirmed the previous diagnosis in the case and went home with a fee of \$10,000.—*Northwestern Lancet*.

WE had the pleasure of a call from DR. P. K. GUILD, of Santa Barbara, during his recent visit in this city. It was not the G. A. R. that the Doctor came up to see, but his wife who is at present attending lectures at the Homœopathic College. They'll make a better team than ever, when there will be two doctors in the family.

DRS. PALMER and FRENCH have returned, after a prolonged absence abroad, and resumed practice. They both profess to have discovered *the* remedy for seasickness.

THE BOARD of Examiners of the California State Homœopathic Medical Society have issued licenses to DRs. M. F. GROVE, G. L. LONG, JOHN K. WADE, MRS. C. A. RISDON and WM. E. PRITCHARD.

PHYSICIANS desiring to locate in California and wishing the license of the Homœopathic Board will please communicate with DR. WM. BOERICKE, Secretary.

NEW Homœopathic Colleges are about to be started in Baltimore and Minneapolis. New Orleans will follow soon. Be sure you are going to teach *Homœopathy*, gentlemen, then go ahead.

PROF. BARTHOLOW recommends for *constipation* with deficient secretion of bile the tincture of *phytolacca*. Why not? *Phytolacca* produces and therefore cures these conditions.—See Homœopathic Mat. Med.

PROFESSOR HART had to leave before the end of the College term on account of the alarming state of health of Mrs. Hart. The Professor intends if possible, to bring her to this coast before long. Meanwhile DR. BOERICKE will finish the course of on Nervous Diseases—taking up diseases of the Spinal Cord.

OUR friend, Professor LILIENTHAL, of New York—Homœopathy's Uncle Sam—is with us again. The Doctor will deliver some lectures on the Principles of Homœopathy, as expounded in the "Organon," before the College class. Come and hear him.

NEW PUBLICATIONS.

The Clinical Review, a monthly journal of Medicine and Surgery, published in Cleveland, O., is the latest addition to journalistic literature in Homœopathy. It is edited by C. L. CLEVELAND, A. M., M. D. Subscription price, \$1 per year. The first numbers are received, and contain interesting, original articles and notes of society proceedings. Our sympathies and cordial wishes for its success go out to the editor and publishers.

A Manual of Dietetics. By J. MILNER FOTHERGILL, M. D. New York: Wm. Wood & Co. San Francisco Agency: Wm. S. Duncombe & Co., 211 Post street.

Those of our readers acquainted with this gifted author's other works will heartily welcome this, his latest contribution to medical literature. DR.

Fothergill pays especial attention to Dietetics and studies the matter from the standpoint of physiology; and since correct feeding in disease is fully as important as the administration of medicines, we trust every physician will gladly avail himself of Dr. Fothergill's investigations. This volume treats, in Part I, of the different kinds of food—condiments, stimulants, beverages, etc.; and Part II is devoted to the consideration of special dietetics in the various stages of life—infancy, youth, adult life and old age; also in various diseases, and food for different constitutions; also a chapter on food given otherwise than by the mouth. The chapter on Food for Biliousness is specially interesting and original—the author showing the necessity of bilious subjects to avoid nitrogenous food in quantity and substituting therefore farinaceous matters and vegetables, accompanied by a certain amount of *fat*. In the chapter on Stimulants, the author devotes considerable attention to defining the relation of beef-tea to the dietary of the sick, showing its small food value and important use as a stimulant. If there is any one still doubtful on this point, let him read this chapter in Dr. Fothergill's book. What the author has to say about alcohol we consider very wise and thoroughly scientific—a position that ought to be held by every physician. He gives a special caution to physicians against prescribing alcohol in any form to persons with a weak, nervous system—to neurotic woman and children, for it is such subjects who would most readily imbibe a taste for it that would lead to their enslavement. The book is a most useful addition to every library.

A Repertory of the Most Characteristic Symptoms of the Materia Medica. By G. W. WINTERBURN, M. D. New York: A. L. Chatterton, & Co.

Purpura. By G. W. WINTERBURN, M. D. New York: A. L. Chatterton & Co. 1886.

These two little volumes are from the pen of the Editor of the American Homœopathist, Dr. G. W. Winterburn, Ph. D. and they evince the same care and sound Homœopathy that is represented by his journal. The book on Purpura is an admirable compilation of all that has been written on the subject in our journals and enriched by much matter hitherto unpublished. The new repertory is a reliable index, containing much that is not found in other repertories of same size and the most pains-taking care must have been exercised to make it so free from error in every respect. We cordially recommend the two volumes of Dr. Winterburn to our readers.

Disease of the Spinal Cord. By B. BRAMWELL, M. D. Second Edition. Wm. Wood & Co. (Wood's Library.)

Fifty-three colored plates and over one hundred fine wood engravings embellish this second edition of Dr. Bramwell's excellent work. This is probably the most valuable book in this exceptionally interesting series of the popular Wood's Library and it alone ought to secure the year's subscription. The book is divided into four chapters and an appendix. The first being devoted to the anatomy and physiology of the spinal segment. The second to its pathology. The third devotes itself to the clinical aspect of spinal cases—method

of ascertaining the diagnosis and forming a correct prognosis, while the last chapter gives a tabular classification of the diseases of the spinal cord—their special pathology, symptomatology and treatment. On the whole this is the best text-book on this branch of medicine with which we are acquainted, and we know it will be welcomed by all subscribers to Wood's Library.

The Relation of the State and the Medical Profession. An address delivered before the Alumni Association of the Department of Medicine and Surgery of the University of Michigan. By C. J. LUNDY, M. D.

This is a forcible plea for the enacting of a law regulating the practice of Medicine in the State of Michigan. We are surprised that there is none in that state and when its representatives are ready to have one, we will be glad to furnish a copy of our California law to improve on, for there is room for it.

Insanity and its Treatment. By G. F. BLANDFORD, M. D. Together with **Types of Insanity.** By A. McLANE HAMILTON. New York: Wm. Wood & Co.

This forms another volume of this year's Wood's Library, and a very desirable one. Dr. Blandford's book is composed of the lectures delivered by him at St. George's Hospital, and this is the third edition, revised and brought in harmony with the discoveries and advances in the physiology and therapeutics of insanity made in the last few years.

Dr. McL. Hamilton's types of insanity which is appended to this volume is illustrated by cuts which are really very good and convey a very graphic idea of the diseases illustrated.

Mental disease is assuming so large a proportion in the list of infirmities that afflict the modern man, that every physician must post himself as to the best treatment and early recognition of this department of his science. Professor's Blandford and Hamilton's book will do its share to familiarize the student in a very delightful manner.

The genuine works of Hippocrates, Translated from the Greek, with a preliminary discourse and annotations. By FRANCIS ADAMS, L. L. D. Surgeon, in two volumes. New York: Wm. Wood & Co., 1886.

Handbook of Practical Medicine. By H. EICHHORST, M. D. New York: Wm. Wood & Co. 1886.

Diseases of the Stomach and Intestines. A Manual of Chemical Therapeutics. By PROFESSOR DUJARDIN-BEAUMETZ; with engravings; translated by E. P. HURD, M. D.; with illustrations. New York: Wm. Wood & Co. 1886.

The above are all volumes issued by Wood's Library of standard medical Authors for 1886. It is needless to recommend them further to our readers. Every physician wants to read the works of Hippocrates and now that the opportunity is offered him to possess an edition at once genuine and rendered into classical English, we are sure of its quick and ready appreciation

by all students. Professor Dujardin-Beaumetz is so eminently known as a clinical teacher that any contribution from his pen is sure to be eagerly sought by American physicians. If the Professor could but incorporate into his therapeutics the results of the Homœopathic application of drugs, he would not only greatly enhance the practical value of his work, but at the same time gain an insight into a department of medicine to which he is at present an utter stranger. The Homœopathist can take these lectures of Professor Dujardin-Beaumetz and supplement them with his studies of Homœopathic remedies and thereby obtain the most reliable guide for the diagnosis and treatment of diseases of the Stomach and Intestines. Dr. Eichhorst's volume treats of diseases of the circulatory and respiratory apparatus. It is profusely illustrated and the treatment of the various disorders, considered especially diagnostically and pathologically, is unexceptionable. Homœopathy must look to the best writers of the old school for information upon the latest advances in pathology—she has no time to devote to its special study, needing all her available resources in this direction for the pursuit of her *Materia Medica*.

When one takes up the classical works of Hippocrates, one is at once removed to a breadth of view—to philosophical ideas about health and disease—he reads about “airs, waters and places; of prognostics; of epidemics and constitutions”; generalizations, based upon most accurate observation, that have stood the test of experience of two thousand years and more, meet him at every turn—his mind breathes a purer atmosphere—his gaze meets a broader view. This volume is the first of two that will contain the genuine works of the great Hippocrates with the annotations and explanations of Dr. Francis Adams; and for ourselves we feel that they are the gems of this year's series of Wood's Library. Subscriptions for the set are received in San Francisco by Wm. S. Dunscombe & Co., agents for publications of Wm. Wood & Co.

PAMPHLETS RECEIVED.

Annual Directory of Homœopathic Physicians and Surgeons of the State of Michigan, for 1886.

Report of Board of Managers of the Pennsylvania Hospital.

Catalogue of Homœopathic Medical Department of State University of Iowa.

Catalogue of Homœopathic Hospital College, Cleveland, O.

Catalogue of California Medical College, Oakland.

Catalogue of College of New York Ophthalmic Hospital.

Catalogue of Detroit College of Medicine.

Catalogue of Pulte Medical College, Cincinnati.

Catalogue of Hahnemann Medical College and Hospital, Philadelphia.

Catalogue of New York Homœopathic Medical College.

Popular Department.

ONE OF MANY.

By J. W. DOWLING, M. D., NEW YORK CITY.

Professor of Physical Diagnosis and Diseases of the Heart and Lungs, New York Homœopathic Medical College.

He was a bachelor and one of the handsomest men I ever saw; tall, corpulent, dark complexion, heavy black hair, eyebrows, and mustache. To look at him you would think he was in perfect health. In fact, he informed me that he had never since childhood been confined to the house by illness, and as a child the young man, had really an excess of health. His family history was good, but, unfortunately for our patient, his father was rich and indulgent. Through life he had had ample means for the gratification of every wish, and not being blessed with a good and discreet wife and a family of children, his desires had been such, which, if gratified, are not conducive to health, long life and true happiness. We find him at forty-three years of age, notwithstanding his manly beauty and apparent healthfulness, a physical wreck. He came to me for a physical examination and opinion, for, as he expressed it, he was breaking down.

We will now copy from our case book.

“Till three years ago considered himself a perfectly healthy man, although he occasionally, after a hearty meal, suffered from dyspepsia, acid risings, belching of wind, and constipation. About that time he noticed that he began to tire easily, and on extra exertion would suffer from shortness of breath, and palpitation of the heart. He found that the slightest exposure would result in a cold, generally accompanied by violent paroxysms of coughing. Has a constant desire to clear his throat. He formerly had an excellent voice and was a good singer, but his voice had failed of late, and he could not trust himself to attempt to sing in

public. He was a confirmed dyspeptic; only the most simple articles of diet could be taken with impunity. His nights were restless from inability to sleep, and when he did sleep, he was harrassed by tormenting dreams. He was sleepy in the daytime, and always after his dinner was obliged to take a nap. His appetite was poor, never cared to eat, but simply ate because it was the regular time.

He complains of almost constant pain in the muscles of the neck and in the back of the head. Has occasional attacks of vertigo, and feels that his body is too heavy for his legs, and complains of constant pain in the calves of his legs, with occasional cramps. His sexual powers have been gradually diminishing, and now he has neither desire nor ability in that direction. His spirits are depressed; he worries constantly about trifles, feels that life is a burden, and at times is almost tempted to take his own life.

A physical examination revealed greatly diminished breathing power, and chest expansion. A remarkably feeble heart's action, with a compressible and occasionally intermittent pulse, although there was no evidence of valvular disease of the heart, or inflammatory lung troubles. He was suffering from a severe form of varicocele, for which he wore a suspensory bandage. His sight had failed greatly of late, and there was degeneration of the upper border of the cornea. The liver was enlarged, and his abdomen protuberant from an excess of fat. A laryngoscopic examination showed a catarrhal inflammation of the larynx; the throat and nasal passages were in the same condition and the tongue was swollen. He was indeed a physical wreck, and at a period of his life when he should have been in the prime of manhood. Why? Let us copy further from our history of his case.

"Habits of life always sedentary; has been a society man all his life. 'A great diner out,' a hearty eater, and from the time he left school had been daily in the habit of drinking freely of wines and the stronger alcoholic beverages.

For years had averaged half a dozen drinks of brandy or whisky a day, but had never been intoxicated in his life. Had never used tobacco. Had always been excessive in sexual indulgence till during the past three years."

In fact, he had led a life of foolish, wicked indulgence and abuse. Can any one doubt that this, and this alone, had been the cause of all his ailments—his degenerated heart, his weakened lungs, his diseased liver and kidneys, his shattered nervous system?

This is not an isolated case; scarcely a week passes but some poor wretch comes to my office for advice and medicine, with a history similar to that of this patient, and they generally go away dissatisfied, for they want advice and medicine which will restore them to health and permit them to go on with the very abuses which have been the cause of all their sufferings. This man, however, was an exception. He promised conscientiously to carry out my directions to the letter; and has done so and is improving, but with no prospect of perfect health in the future. He is a broken man.

I cut off all the stronger alcoholic drinks, allowing him only a small quantity of claret at his dinner, and this because I feared his resolution would break down should I prescribe total abstinence. I used but few remedies, and these in strict accordance with the Homœopathic law of cure. I prescribed gentle exercise in the open air, proper amusement in the evening, and a diet suited to a child three years of age. It is one month to-day since he came under my treatment. Already I can see the effects of the change in his mode of life. His strength is greater; the action of the heart is stronger and more regular; he breathes deeper; he enjoys and digests his simple food; his voice is more natural, and the catarrhal condition of the throat and nasal passages is subsiding. He is more cheerful, and has promised me if I can get him back to the condition of health he was in three years ago he will marry some good woman, and commence life as he ought to have commenced twenty years ago.

In this case I give my remedies but little credit, but attribute the improvement almost entirely to the discovery of the causes of his wrecked condition, and his total abstinence from the excesses which had so nearly involved him in physical ruin.

THE CALIFORNIA HOMŒOPATH.

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

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

VOL. IV. SAN FRANCISCO, NOVEMBER, 1886. No. 6.

EDITORIAL.

E. ALBERT SCHRECK.

The readers of the CALIFORNIA HOMŒOPATH and the many friends of Mr. Schreck will be pained to hear of his sudden and untimely death just before our going to press. Indeed, the bulk of this number of the Journal had passed through his hands, and little we thought that some one else was to finish it and add this sad obituary notice.

The suddenness of this removal of our friend from the midst of a very active and prosperous career is positively shocking. Overworked to an unusual degree he had indeed been, but he entered upon every 'duty so cheerfully and welcomed every addition to his routine work with such alacrity that none of us fully realized the enormous amount of work undertaken and performed by him. Besides an extensive business, to the details of which he gave his attention as closely as to its general management, Mr. Schreck was connected with the Hahnemann College as Professor of Chemistry and Toxicology, which chair he filled most acceptably. As Registrar of the College and as a member of different committees he again showed his rare qualifi-

cations for painstaking and unrewarded labor for the cause he had espoused, for after thorough investigation into all sides of the question, he was convinced that the best interests of Homœopathy on this coast lay in the direction of the College, and having once settled upon it, his staunch and loyal spirit threw himself with heart and soul into it, doing its work and fighting its battles independent of all personal or business considerations. With an enviable fearlessness he would attack measures and their representatives when at variance with ordinary honesty and justice, and his strong convictions carried the day. Hence he was the most fearless and staunch friend of the College, simply because he saw the right and believed in seeing it prosper. It may be long before we find one to replace him who is at the same time so competent, so self-reliant and so disinterested.

To show how high the regard and confidence all who knew him placed in Mr. Schreck, we need but mention the fact that his position as Homœopathic pharmacist and Professor at a Homœopathic institution did not in the least jeopardize his acknowledged position among old school friends. For years he was the Treasurer of the California College of Pharmacy—a branch of the University of California—which position he held until his death.

Mr. Schreck was a man of rare combinations, which made him an ideal business man and equally successful in his profession as chemist and as a teacher of chemistry. He was the most loyal, self-sacrificing and devoted of friends, such an one as a man meets once in a lifetime. His code of ethics was very simple—*Do right and fear nothing*; and we can bear testimony that he never wavered in carrying into practical life its constant application.

In his sudden death, this Journal and Homœopathy throughout the coast, but especially the Hahnemann College, loses a conscientious and industrious worker—a loss we will feel more as time goes on. His really admirable services will always be held in grateful remembrance and will ever be an inspiration and example for those who are to take his place.

THE LOST FOUND.

The friends of Dr. R. H. Curtis will be glad to know that the Doctor is safe and well. He turned up in New York after a varied experience, and while there he embraced the opportunity of attending lectures at the medical schools. From a letter recently received, we learn that he expects to be back in San Francisco early this month.

During the Doctor's absence, Professor Dewey filled the chair of Anatomy most acceptably. The Doctor is developing a remarkable capacity for work in many directions and his friends are not slow in perceiving it and taking advantage of it. Since the lamented death of Mr. Schreck, the Registrar of the College, it seemed but natural to turn to Professor Dewey to fill that vacancy, and we are glad to record his acceptance of that position.

As we go to press, the examinations at the Hahnemannian Medical College are progressing. They are attended by a committee of two physicians appointed for that purpose by the President of the State Society.

COLLEGE NOTES.

College journalism seems to be an established fact, first we had the *Chironian*, edited by the students of the New York Homœopathic Medical College and this was soon followed by the *Medical Institute*, from the students of "Old Hahnemann" of Philadelphia, and we hope soon to welcome among our exchanges *The Hahnemannian Tablet*, a collegiate monthly journal, devoted to the interests of the Hahnemann Medical College of San Francisco, and published by the Aesculapian Society of that College. The first number appeared Sept. 14, 1886, Edited by M. F. Grove, M. D., '86, H. L. Dodge, '87, A. Plummer, '87, and contained many very creditable original articles, and reports of lectures, by contributors from the three classes. We are anxious to see it printed, thereby increasing its circulation and power and obviating the necessity of attending the "reading" each month.

We are pleased to note the growing interest taken in the college work by our students; besides the "Aesculapian Society," which is composed of members of the Senior Class, with the Alumni Faculty as honorary members, the officers of which are S. H. Smith, '86, President, C. G. Merrill, '86, Secretary, we find the Junior Students imbued with the same spirit, and they have organized a "Class Club." The officers of which are J. A. Ostrander, '88, President, Miss Stambach, '88, Secretary, *pro tem*.

The Alumni Society of the Hahnemann Medical College is an organized body. The present officers are E. R. Ballard, M. D., '85, President, Mary E. Edmunds, M. D., '85, Vice President, J. M. Young, M. D., '84, Secretary, and John Townsend, M. D., '84, Treasurer.

The following is an extract from a paper entitled "In Memoriam," which appeared in the last number of the *Hahnemannian Tablet*, prepared by Mr. A. Plummer of '88:

"Died, in this city, Sept. 30, 1886, Miss Rose Virginia Ede, beloved daughter of Stephen E. and Eleanor Ede, a native of Plumas County, Cal., aged, 20 years, 10 months and 19 days. Interment at Reno, Nev.

Miss Ede was born in Plumas Co., Nov. 11, 1865, soon after she removed with her parents to Reno, Nevada, where she spent her childhood and early school days.

Last May she graduated at Napa College with high honors, having the first essay of her class. She attended that institution but two years, three being usually required necessitating close application to study.

About a month after her graduation, while visiting relatives in this city, she conceived the idea of studying the Science of Medicine, and she matriculated at the Hahnemann Medical College of San Francisco, about one month after the opening of the regular session of '86.

With her natural zeal she applied herself to her studies, to enable her to catch up with her class, and the sequel proved that she was unable to endure it.

In character Miss Ede was a perfect type of womanhood, always careful of the comforts of those about her, and a smile and word of cheer for all. She was active member of the Class Club of '88, holding at the time of her death the position of secretary.

At a meeting of the Class of '88, held at the College, Oct. 6, 1886, appropriate resolutions were adopted, a copy of which were sent to her bereaved family.

What more can be said; it is a sad thing to see our friends and loved ones depart from us at any time; let us console ourselves, that "upon the shadowy shore of death the sea of trouble casts no wave, eyes that have been curtained by the everlasting dark will never know again the touch of tears, lips that have been touched by the eternal silence will never utter another word of grief" that "hearts of dust do not break," and that "the dead do not weep."

The third Annual Commencement Exercises of the Hahnemann Medical College of San Francisco, will take place at Odd Fellows' Hall, corner of Market and Seventh streets, on Wednesday Evening, November 10, 1886, at 8 p. m. The following is a synopsis of the literary programme, which will be interspersed with the finest music obtainable in the city: The introductory address will be delivered by Prof. Adley H. Cummins, of the well known law firm of Royce and Cummins, of this city and Professor of Medical Jurisprudence in the College. This is to be followed by the conferring of the degree of Doctor of Medicine on the members of the graduating class by Professor J. N. Eckel, President of the Board of Trustees; then Professor S. Powell Burdick, that veteran teacher of Obstetrics will follow with a short address to the graduating class, on behalf of the faculty. This is to be followed by the address of the evening by William Simpson, M. D., of San Jose, President of the California State Homœopathic Medical Society. The exercises to be terminated by a brief poem by Professor Hayes C. French, whose poetical versatility is so well known.

The invitations which in themselves are a work of great artistic beauty, will be forthcoming in a few days and we

therefore extend a cordial and pressing invitation to all the friends of Homœopathy in San Francisco, to be present with *their* friends to help us to celebrate this first birthday anniversary of our college, for although it is the third year of its existence, it is but the first that our *own* students go out from its doors, those graduating heretofore having taken their initiative studies in other colleges.

Our college is the Exponent of Homœopathy on this coast, and both have come to stay, both with their feet upon the firm rock of "*Similia Similibus Curantur*," can exclaim with the gallant Fitz James.

"Come one, come all! This rock shall fly
From its firm base as soon as I!"

D.

[COMMUNICATED.]

We trust that it is a rare occurrence for such reckless misstatements to find their way into print in professional journals as those which we copy from the October number of the *Pacific Medical and Surgical Journal* and *Western Lancet*, San Francisco, Cal.

EDITORIAL—THE BOARD OF EXAMINERS.

"Two months ago we called attention to the fact that a homœopathic physician, Dr. E. N. Lowry, had applied for a writ of mandamus to compel the regular Board to grant him a license, which the latter refused. We are glad to state that the application was denied, the judge declaring that until he subscribed to the code governing that body he was not entitled to a license from it.

"This decision is not so interesting on account of the individual case, as from the fact that it is an acknowledgment, by the Court, that any board can refuse a license to persons violating the code of ethics governing that board, and therefore opens the way to further success in prosecuting the authors of the filthy advertisements that disgrace our daily papers." * * *

These allegations are the more astounding in view of the fact that the records of the Superior Court (case No. 17,879, Department No. 7) are so convenient of access, which show:

I. That in pursuance of a petition theretofore filed, an alternative writ of mandate was served upon the Board of Examiners of the Medical Society of the State of California, upon the 9th day of June, 1886, ordering it to show cause why it should not grant a license to E. N. Lowry, the petitioner, a graduate of Bellevue Medical College, New York, to whom, without notice or citation to appear before it, a license had been refused.

II. On the 19th day of July, 1886, a "Return and Answer" of said Board was filed.

III. On the 24th day of August, 1886, the case was argued by Adley H. Cummins, Esq., attorney for petitioner, and by Dr. E. R. Taylor, attorney for the Board, respondents, and the Court ordered upon the spot that a peremptory writ of mandate issue to said Board to grant to petitioner the hearing provided for by law, at a time and place certain, and to notify him thereof.

IV. The peremptory writ of mandate was served upon said Board by the Sheriff of the City and County of San Francisco, on the 22d day of August, 1886. This writ said Board is now proceeding to obey.

It ought to be thoroughly understood, also, that from the written pleadings on file in said cause, it is admitted that Dr. Lowry is a graduate of Bellevue College, that he is the lawful possessor of his diploma, that no charges of any kind have ever been made against him, and they undertake to make none against him.

The only point made in argument by them was that he was already the holder of a license from another Board (from the Homœopathic Board, upon a license of that school, for the gentleman referred to is a graduate of both schools), and that it would be an idle act to give him another, but the Court was not with them on that, their only point, and granted the writ, by the terms of which he is to yield up his old license (which he is perfectly willing to do, as he does not want two.)

The above are the facts in the case and may be relied upon.

ORIGINAL ARTICLES.

NERVOUS COMPLICATION IN CHRONIC PULMONARY PHTHISIS.

BY DR. F. L. HAHN, PARIS. EXTRACTED BY S. L.

Being a subject too often overlooked, Dr. Hahn tries to fill up the omission, and with the aid of his teacher, Ollivier, wrote a valuable thesis, of which we may be allowed to give some short extracts.

In the first part he gives us the *pathological and pathogenic anatomy*. Autopsies of phthysical patients often show hyperaemia of the dura matter; pachymeningitis with deliria, hallucinations and unconsciousness without paralysis or convulsions during the last days of their life; the arachnoid and pia may be found thickened and opaque, and oedema of the pia is not rare in the last stage. We must not forget that meningitis without any trace of tubercles, was demonstrated in several autopsies. In other cases tubercles are found in the pia, which Audelli considers as a secondary infection, and is also a symptom of the last stage. In such rare cases hydrocephalus was noticed. Whenever meningitis and meningo-encephalitis tuberculosa complicates phthisis tuberculosa, the course of the disease is a rapid one. Of hydrocephalus three varieties may be noted: mechanical, inflammatory and dyscrasic. The first is produced whenever the return-circulation is obstructed, either by an obstacle in the brain, as a tubercle or meningeal exudations, obliterating the veins of Galien or the sinus, or by an obstacle situated outside of the cranial cavity, as thrombus in the jugular vein, etc. It is a well known fact, says Jaccoud, that tubercles developed in the pia go hand in hand with obliteration of the smaller blood vessels in that region. Of the other varieties Lebert asserts that hydrocephalus acutus often complicates chronic diseases, where nutrition suffers and a dyscrasic hydrocephalus is only a partial manifestation of general dropsy; cerebral oedema is only an imbibition of serum in this organ. Hyperaemia or anaemia of the brain may be found in phthysical

patients. Rokitsansky mentions hyperæmia as a cause of accidental death. Lebert, Ferrand, and others, mention apoplexy and hemorrhage. In meningitis tuberculosa, accompanied by some encephalitis and softening foci, of capillary apoplexy on the surface of the brain are observed, and hemorrhage may be caused by an abnormal hyperæmia of the cerebral capillaries, changed by a tubercular infiltration, producing a rupture of these blood vessels and thus a hemorrhage.

Louis observed several times softening of the brain in phthisis; in five cases a simple diminution of the normal consistency, due to vascular obliteration from tubercular infiltration, coagulations form and the circulation is interrupted in that portion of the brain, where the obliterated arteries are distributed. Thrombosis may also produce a softening, followed by hemiplegia. In other cases tubercles were detected in the brain without giving any symptoms of their existence during lifetime.

The same changes may be observed in the spinal cord and its membranes, independent of any cephalic lesion, and they would be more often observed if looked for in autopsies. Lebert found in three cases softening without caries of the vertebræ nor any tubercles in the cord and its membranes, and he considers the paraplegic manifestations in phthisis more of an inflammatory character, than caused by the tuberculosis itself. But tubercles are also found in the cord and in its membranes, and most authors assert that in all such cases tubercles will also be found in other organs, especially in the lungs.

Meningitis cerebrospinalis tuberculosa may set in during the course of phthisis pulmonalis and produce death, but in most cases it will only be a manifestation of general tuberculosis, and tubercles may be found in the brain, cord, lungs or other organs simultaneously. Single nerves may also be compressed by meningeal exudations or tubercles, and thus obstructed in their functions and become atrophied. Thus a case of amaurosis and paralysis occurring in phthisis is recorded where the tuberculous matter surrounded the optic nerve and its ganglia. Alterations in the pneumo-gastric and sympatheticus are recorded by several authors. Also a neuritis intercostalis, often mistaken for pleuritis,

situated in the upper part of the thorax, is mentioned, and Jean explains them by a chronic inflammation, which forms adhesions between the two layers of the pleura, and then extends to the intercostal nerves.

SYMPTOMATOLOGY.

Most of these complications were only recognized at the dissecting table, though many of them might have been diagnosed during life.

Where headache, a diminution of intelligence or deliria are observed, we might think of pachymeningitis, and when contractures or convulsions are added to it, we might conclude that some vessel ruptured and formed a hæmatoma of the dura mater. An obstinate headache, with vomiting and constipation, followed with convulsions and partial paralysis of the face, or of the extremities, may hint to a meningitis; especially where the delirium is soon followed by coma. But when a meningitis develops itself in the course of a chronic phthisis, all these former symptoms may be absent, but we meet dilatation of the pupils, contractures, convulsive movements, paralysis and coma; and it is remarkable that in such cases an apparent amelioration of the phthisical symptoms may take place. We may also meet, as an ultimate complication of pulmonary tuberculosis, acute hydrocephalus with such symptoms; fever, headache, vomiting, constipation, continued or intermittent delirium; after two or three days, stupor, dilated pupils, partial convulsions, more or less paralysis, till coma closes the drama. Where we meet, in a consumptive patient, symptoms of apoplexy with hemiplegia, our thoughts revert to a hemorrhage and softening. Tubercles in the brain may exist without any outward symptoms, but where we meet steady headache, vomiting, epileptiform convulsions, or vertigo convulsions and paralysis, our suspicion is well grounded.

Transitory symptoms, as dizziness, noises in the ears, headache, may be caused by cerebral anæmia in the last stage of phthisis, and the same symptoms appear in cerebral hyperæmia, leading sometimes to apoplexy. Oedema of the meninges and of the brain causes deliria, symptoms of excitation, followed by stupor and exhaustion.

As mental symptoms, we may mention: deliria, due to the intensity of the fever, or as a result of inanition. Such a febrile delirium may show itself during any stage of phthisis; whereas, the delirium of inanition, the true phthysical delirium is only found during the last period of the disease. Generally intermittent, it finally may become a continued one, ending in coma. Ordinarily it is a quiet delirium, though, in some cases, furious delirium was observed, and the autopsy revealed only anæmia and marasmus.

Mental Alienation.—Morel and Marée mention that in the beginning of pulmonary phthisis, the patients, frightened by their state, become profoundly melancholic, and fear the fatal result; but the more the tubercles become softened, the same patients, who had lost all hope and who were resigned to their fate, regain their hopes, and look forward to renewed health. This takes place nearly in every case, but also a true mental alienation may happen in the last stages of pulmonary tuberculosis. One ancient author knew this already, for Hippocrates already mentions that in phthisis the suppression of expectoration produces a transport with loquacious delirium. Rush and Wichelhausen observed chronic pulmonary affections alternating with paroxysms of cerebral affections, and Simon cites a case where, at the start of the malady, profound melancholy prevailed, numerous hæmoptyses; towards the final end, deliria *de grandeur* appeared. At the autopsy: advanced tuberculosis pulmonum, the brain completely normal. In other cases mania sets in suddenly, just before death. In many such mental aberrations it seems as if the pulmonary symptoms did completely disappear with the invasion of the mania. Freak observed more than once such alternate states, and one might say that the symptoms of phthisis, cough and expectoration, emaciation and hectic, are all at a stand-still during the mental excitement. Too often, death follows, though cases are recorded of cures of phthisis in consequence of a mental affection. In relation to this, Griesinger supposes that the nutrition of the brain becomes incomplete, and the brain becomes excited by the introduction of vicious and defective elements into the blood. In fact, under the influence of chronic,

weakening disease, as chronic phthisis, the brain emaciates like every part of the body, and the blood is altered qualitatively, as well as quantitatively, hence all the mental symptoms, from simple delirium to the severest mania.

Spinal Cord.—In some phthisical cases, Lebert observed: paralytic debility of the extremities, either from a meningitis spinalis, whose symptoms gradually disappeared, or from an insidious myelo-meningitis, or from a chronic myelitis. Sometimes the paraplegia is complete, accompanied by the usual aberrations in micturition and defecation. Some consider all such cases of inflammatory origin, but Walshe proved that the presence of a very small quantity of tuberculous matter in the spinal cord suffices to produce paralytic manifestations, and whenever we meet in a phthisical patient a slow, progressive paraplegia, with pains and twitchings in the extremities, we may suppose the development of a tuberculous tumor in the spinal cord.

Brain and Spinal Cord.—We may suppose to have a case of tuberculous meningitis cerebrospinalis before us, when, with the symptoms of meningitis cerebri, we also meet troubles of motility, contractures and shocks in the extremities, drawing pains in neck and trunk, and rachialgic pains. Or, we may suppose that tubercles are in the brain or spinal cord, when, with the symptoms of slow paraplegia, with numbness of the extremities, we also meet the manifestations of cerebral tuberculisation.

NERVES.

We mentioned already amblyopia and amaurosis, due to a compression or inflammation of the optic nerve or to alterations of the retina in the course of phthisis pulmonalis. The same may happen to the acousticus, and deafness prevails, though Hausernik witnessed one case of deafness where nothing abnormal could be detected in the tympanum, middle ear, nor in the auditory nerve, still the examination of the internal ear was far from being perfect.

Troubles of sensibility and motility are often observed in the cranial and spinal nerves, among others, occipito-cervical neuralgia, spasms of the nucha from compression from

tuberculous exudation. In cervical pains, with irradiation in the shoulder and upper extremity, may be caused by a progressive sclerosis of the nerves, due to a compression at their origin from a tubercle in the cervical cord. Neuritis and neuralgia of the intercostal nerves are very common, and we find phthisical patients often complaining of pains under the clavicles. Very intense subclavicular pains, with irradiation in the neck and upper extremity, are caused by anastomosis of the intercostal nerves, with the cervical and brachial plexus; others blame the sympatheticus for it. A spasmodic irritability of the stomach, with diminished secretion, is also mentioned in a phthisical patient, where the neuralgia of the pneumogastric and sympatheticus arose from an irritation of nervous fibres in the pulmonary tissue, extending to the gastric branches. We read also of facial neuralgia, especially suborbitalis and of sciatica, of great intensity and obstinacy, most frequently on the side of the affected lung. Other painful points are the sternal and spinal point, sometimes of great intensity, so that pressure on the xyphoid process produces fainting. Some cases take on all the appearance of spinal irritation. Arthralgic pains are noticed by many writers on phthisis, especially in the large joints, as the shoulder and knee; no external sign can be detected, neither redness, heat or swelling, pressure and motion, does not aggravate, and the patient compares it mostly to a sensation of excessive fatigue, or to a sensation of rupture. Neither the bones, muscles or nerves are blamed for it, there is no precise localization, and Powell considers them a manifestation of the tuberculous diathesis of the same and like a meningitis, without meningeal tubercles.

We also meet a genuine muscular hyperæsthesia, a myalgia, where the contraction of the muscles become very painful. This myalgia is sometimes accompanied by a cutaneous hyperæsthesia, or the latter may exist alone. In some cases pinching the skin is extremely painful, especially the scalp may be thus affected. Other cases, on the contrary, may show on some points anæsthesia of the skin without any other parietic symptom. Often cutaneous anæsthesia coincides with a neuralgia, with vasomotor affections and with

paralytic phenomena. In relation to motor nerves we meet trembling and contractures, especially of the upper extremities, resembling that of senility. The contractions are either of an intermittent character, coinciding with the period of softening in the cavities. The cases of paresis and paralysis bear the same stamp, and during autopsies no nervous lesions are discovered. As vasomotor troubles may be considered the roses of hectic fever, so often seen in consumption, the congestion of the mucous membrane explains the frequency of epistaxis, mostly corresponding to the lung chiefly affected. Dilatation of the pupil on the side most affected. Tait describes a myoidema, produced by light percussion, which causes a muscular undulation out of proportion to the light shock of percussion, which is most intense during the period of softening of the tubercles.

Two principal points are thus characteristic to these nervous phenomena: (1) *They are only observed in far advanced cases of phthisis*; (2) *their character is changeable, and they leave no anatomical trace.*

PARALDEHYDE.

By DR. BISHOP, SAN JOSE.

[Read before the Society of Modern Medicine and Surgery.]

Paraldehyde is a new hypnotic, that has attracted considerable attention. It seems to relieve sleeplessness as beautifully as cocaine does pain. Paraldehyde is a colorless liquid, with a smell very much like nitrous ether, and a taste pungent and disagreeable. It has about the same specific gravity as water and is partially soluble in it, in the proportion of one to eight; when mixed with water it floats near the surface in large oily looking drops. If shaken up violently, a kind of emulsion is formed, in case the paraldehyde is in excess of the quantity the water will dissolve.

Paraldehyde is a chemical modification, as the name signifies, of an hydrous aldehyde. It is produced by treating aldehyde with sulphuric acid, and gaseous hydrochloric acid, with some other points of minor importance.

The word paraldehyde is a kind of mosaic, made up of fragments. The prefix *para* meaning like, and *al* the first syllable of alcohol, and *dehyde*, the first two syllables of the word dehydrogenated. Hence the word paraldehyde means like dehydrogenated alcohol. It was first discovered in 1848, by Weidenbosch, but was never put to any physiological use till 1882. Dr. Cervello of Palermo, Italy, made many experiments with it on man and animals, and published an account of them. He announced that in paraldehyde we have a sleep-producing agent devoid of some of the obnoxious qualities of the other hypnotics now in use. Favorable reports have come in from Germany and Italy and but few from England and America. The general verdict is that we have in paraldehyde a valuable soporific, which may supplement, but will never supplant the older hypnotics, as opium, chloral and the bromides. They each have their separate areas of usefulness, but there are gaps between them, and paraldehyde fills up one of these gaps.

There are cases when we want a sleep-producing drug, and the others are contra-indicated. Paraldehyde resembles chloral more than any other drug in its effect upon the system, but it differs from chloral in that it does not depress the circulation and respiration, unless given in incredible quantities, quite beyond the medicinal dose.

The dose is 20 to 80 minims, and is best administered in broken doses, so as avoid excess. Fifty minims will generally produce, in a healthy man, a quiet, but not very deep, sleep in from five to thirty minutes, if he is placed under favorable conditions; but if circumstances are adverse, it will require 75 to 80 minutes, and then may fail to produce sleep. The sleep of paraldehyde is more like natural sleep than that produced by any other drug, and is followed by fewer, bad results. It is preceded by a sense of weariness and a heaviness of the eyelids. It lasts from two to ten hours, according to amount given, and on waking there is no discomfort. Paraldehyde is not an anodyne, and hence will not produce sleep, if the patient suffers much pain. In this respect it is inferior to chloral, or that safest of all the hypnotics, the bromide of potash. It does not paralyze and constipate the bowels, and hence can be given where opium

could not. It does not disturb the action of the heart, and can be given to paralytic or cardiac patients where chloral is inadmissible. It does not produce anæmia of the brain, and hence may be administered safely when bromide is contra-indicated, as in chlorosis and exhaustion of the nerve centres. It is not followed by deleterious results like any of these, in case a good-sized dose fails to produce sleep, it needs to be repeatedly used for a number of days.

My experience with paraldehyde does not embrace a large number of cases, but so far as it goes, it has been very satisfactory.

Case 1.—Man, aged 50; sleeplessness; not more than two or three hours of sleep in the aggregate each night for six weeks. Cause, mental anxiety over impending trouble, together with taxation in watching the sick. He had taken the usual homœopathic remedies, also morphine and bromide, and had failed. I gave 20 minims of paraldehyde at 7:30 p. m. He felt sleepy at 8:00; repeated the dose, and patient slept till 2 a. m. continuously, felt greatly refreshed. Same experience two following nights, after which slept well without further aid, and has continued to do so for three months.

Case 2.—Girl, 10 years old. Typhoid fever. Very restless and sleepless. After other remedies failed, gave 10 minims paraldehyde about 8 p. m.; repeated the dose in one hour. Slept well till 1 a. m., then gave 10 minims more, and slept fairly well until 4:30. Similar experience next night, and so for about 10 days, after which no further trouble, except occasionally for one night.

Case 3.—Man, 48 years old. Hemorrhage of lung, followed by revival of a chronic pleuritic irritation, with pain, severe cough and sleeplessness. Good sleep obtained from chloral for a few nights, till the patient began to suffer sinking spells, coming on once or twice a day. Suspected chloral as the cause, and changed to paraldehyde. Sweet, refreshing, dreamless sleep succeeded; gradually diminished the amount and frequency of paraldehyde till none at all was needed.

Case 4.—Lady, aged 53. Debility of 20 years standing, tumor at the pyloric orifice, probably cancer; stomach, al-

vine and urinary evacuations all intensely acid. Sleepless; had used chloral and bromide of potash, equal parts, as a sleep producer for some years, until she could use it no longer. Prescribed paraldehyde, and gave remedies which modified the acidity, and good, refreshing sleep resulted. General health much improved. Hardly knew how much credit to give to paraldehyde, although its effects was certainly beneficial.

As an antidote to strychnine paraldehyde has done excellent service. Experiments on rabbits show this, although no opportunities have offered to try it on the human subject. It is found to work admirably in delirium tremens and sleeplessness from alcoholism. The patient in this case is generally in a weak condition, with nervous exhaustion, and extreme instability of the digestive organs. Hence, continued sleep for twelve hours will do wonders to restore to health. The ordinary hypnotics are often contra-indicated, and in such instances paraldehyde has had a charming effect. It would be too much to expect that a new drug, with so prominent virtues, should have no failings.

1. Its taste is unpleasant. This may be covered, in great measure, by simple syrup, and extract of ginger, or orange peel, or flowers. But in case of children or the insane, it has been successfully administered by rectal suppositories. Paraldehyde will solidify with paraffine, and equally good effect is obtained administered in this way.

2. Again, it sometimes fails. It will not induce sleep if wakefulness is caused by pain, nor as in chorea, when caused by involuntary motion of the limbs.

3. It has occasionally caused headache and nausea, and when such is the case, an increase of the dose increased the bad effect. Still, on the whole, it is a drug whose advent is welcomed by the profession.

ENUCLEATION OF AN EYEBALL.

By F. P. HOY, M. D.

Some time ago Mr. D. came to me suffering from an injury received several weeks before. He had been working on a

stock ranch, and while shoeing a horse some pieces of iron accidentally flew into his left eye, at once destroying the sight. He had been under treatment for several weeks; stated that the attending physician had removed a piece of iron from the cornea.

Upon examination I found that a foreign body had passed through the cornea, iris and lens. The pupil was much contracted, the iris bound down to the lens and pushed out against the cornea to such an extent that upon applying atropine I was unable to dilate it, so as to make an examination of the posterior part of the eyeball. The ball was sensitive to touch, especially over the ciliary region, and the lids œdematous. The patient suffered much from ciliary neuralgia.

Right eye—slight ciliary congestions, some photophobia and lachrymation with impaired accommodation; vis. 15-40. Pain absent, excepting slight tenderness over ciliary region. The patient was not aware of any trouble with this eye, but upon applying atropine I discovered posterior adhesions.

Upon dissecting the removed eyeball I found a piece of iron the size of a small kernel of wheat, with a sharp point imbedded in the retina and choroid with the point piercing the sclerotic about two lines from the other side of the optic disk; the lens cataractous; complete posterior adhesion with cloudiness of the vitreous in several places, I was then satisfied that it was becoming sympathetically involved.

Treatment.—At first I did all possible to allay the inflammation, but without avail. There was so much evidence of a foreign body in the posterior part of the eyeball, and the condition of the right eye so alarming, I thought it best to remove the injured eye at once. I did so; dressing the stump with calendula and applying a strong solution of atropine (grs. viii to the 3) to the right eye internally; gels 2x sil 12x, with an occasional dose of sulp. 12x. I had the patient remain in a darkened room for two weeks, then allowed him to go around with shaded glasses, using atropine less often and a weaker solution. After the expiration of four weeks abandoned the atropine entirely; vis 15-15 of the right eye; no ciliary congestion, no pain or tenderness over ciliary region; tension above normal; and at present no indications of a return of the inflammation.

THE RELATION OF HOMŒOPATHY TO TEMPERANCE.

By E. STEVENSON, M. D., M. C. P. S. ONT., VICTORIA, B. C.

This subject has not received the consideration, I think, which it demands. Indeed, I have not seen or heard anything pertaining to the matter at all. There are various reasons why the bearing of homœopathy on the liquor question should be ventilated. Amongst these is the obvious one of the great agitation moving various nations, and notably our Anglo-Saxon people.

I do not intend more, at this time, than to bring the subject up for discussion. I wish some one, who has moved amongst our eastern brethren especially, would state the actual practical stand taken by our physicians, as a body, with reference to temperance, as well as the teachings thereon of homœopathy.

We know that allopathy has powerfully aided, and now is aiding more than ever, the vice of alcoholic intoxication. It used to be blood letting and other heroic pulling down measures, and then "building up" (?) with brandy; now, the "building up" is the main idea, and alcohol a main agent in the work and the chief reliance when alarming symptoms supervene.

In view of all the surroundings, I am pained to see one of our pharmacies heading its advertisement with this, in quotation marks, "Good Wine Makes Good Blood."

In the first place, no educated person is likely to have made such a remark, as wine of any quality, contains none of the protein albuminous substances, without which the very idea of blood is inconceivable. It is hoped that our pharmacies, like many persons, foiled in other callings, will not, any more of them, take to the liquor business.

As an alimentary substance alcohol has not been proven at least to have any value. And even if it were otherwise it cannot be taken even in health in sufficient quantity to be of practical use owing to its effects on the nervous system. This is admitted by high authority, and indeed should be patent to every observer.

As a medicine I do not see how it can be used by homœopaths. In the first place; it is the chief vehicle in the *preparation* of our remedies, and is constantly present in our attenuations even when old medicated pellets are used and evaporation has taken place. When used in considerable quantities, as in wine, it will infallibly produce its own peculiar symptoms, thus obscuring the characteristic and pathogenic features of the disease, rendering accurate prescribing difficult or impossible.

For these reasons, and the weighty one of temperance reform, I have not in a single instance prescribed alcoholic liquors, and I am not very far from the end of my third decade of homœopathic experience.

It will be a great aid to homœopathic progress if it is generally known that our principles and practice are directly in line with the movement now being successfully made in the interests of sobriety.

I believe it is so, and have so stated from the rostrum, but hope to hear from others who may be able to speak more authoritatively with regard to the practice of our physicians. In reference to their personal habits, I have never known one who was intemperate.

CORRESPONDENCE.

GALT, September 21, 1886.

DR. BOERICKE—*Sir*: We have not succeeded in getting a doctor yet, and we do need one so bad; have to send fifteen miles for one. Don't you know of any that would come? Galt has a population of 1,000—has a good farming country around. There are twenty-one families of the homœopathic faith that we have found, and I presume there are a good many more, as we have lived here only a year and are not acquainted with all the citizens. I think it a splendid opening for some one.

J. D. ROBERTSON.

OAKLAND, October 13th, 1886.

EDITOR OF THE CALIFORNIA HOMŒOPATH:—At the ninth (9th) annual Alameda County Homœopathic Medical Society meeting, on October 12th, 1886, in the city of Oakland, the following officers were elected to serve the ensuing year: *For President*—A. E. SMALL, Jr., M. D. *For Vice-President*—T. C. COXHEAD, M. D. *For Secretary and Treasurer*—S. F. RODOLPH, M. D. *For Censors*—J. M. SELFBRIDGE, M. D.; R. L. HILL, M. D.; J. C. RAYMOND, M. D.

EDITOR CALIFORNIA HOMŒOPATH:—The Southern Homœopathic Medical Association will hold its third annual meeting at New Orleans, La., on Wednesday, Thursday and Friday, December 8th, 9th and 10th, 1886. The two previous meetings have been well attended, the interest has steadily increased and this year a full attendance of all Southern physicians is expected. Six bureaux will be ably represented. Let all who are interested in the growth of Homœopathy make preparations to attend, and gain both pleasure and profit in the Crescent City.

A. L. MONROE, M. D.,
President, Louisville, Ky.

C. G. FELLOWS,
Rec. Sec'y, New Orleans, La.

341 FIRST ST., PORTLAND, OREGON.

EDITOR CALIFORNIA HOMŒOPATH: This is to inform you that we are at last settled in our new home, after some considerable trouble in finding a suitable place. We are pleasantly located in a desirable part of city and ready to respond to calls. We are the only homœopathic (lady) physicians in the city. Think we have come at the right time, as the principles of homœopathy are striking deeper and growing up into the minds of the thinking people of the West. There are places still unoccupied by any homœopathic M. D. where one might work into a good practice. Please send the CALIFORNIA HOMŒOPATH to 341 Front street, Portland, Oregon. Respectfully, N. J. A. SIMONS, M. D.

Personal Notes, Locations, Etc.

IMPORTANT NOTICE.—Just before going to press, we are in receipt of the gratifying news that the College authorities have succeeded in securing a large and commodious building, which is to be opened immediately as a HOMŒOPATHIC HOSPITAL, to be run in connection with the HAHNEMANN MEDICAL COLLEGE. Arrangements are being rapidly completed, and before our next issue is out, we hope to see in full operation what has so long been needed in this city, especially in conjunction with the college, a HOMŒOPATHIC HOSPITAL.

E. T. DOOLEY, Superintendent of the Boys and Girls' Aid Society of San Francisco, wishes to give the following notice: Boys and girls may be had—particularly boys—for services at wages, or for legal adoption, by applying with recommendations to E. T. DOOLEY, Baker street, corner Grove, San Francisco.

THE interesting letter from abroad in our last number was from the pen of Dr. Hayes C. French. By some oversight, the signature was omitted. Dr. French has returned to this city greatly improved in health, and opened his office at 114 Geary street—paying especial attention to diseases of the eye, ear and throat.

DR. SNELL (A lady-physician) has located at Stockton, Cal.

F. P. HOY, M. D., oculist and aurist, has opened an office at 45½ North Spring street, Los Angeles.

OTIS CLAPP, for many years the proprietor of a Homœopathic pharmacy, in Boston, whose preparations were always characterized by reliability and purity, has died recently.

IN China, the fee for medical attendance is from five to ten cents a visit. There are still some openings left there for ambitious young M. D's.

WE understand that DR. L. J. KELLOGG, formerly of Sacramento, will locate in San Francisco. We hope it is true, and bespeak success to so well-known a lady practitioner.

IT was with genuine pleasure that we welcomed our friend, DR. C. E. FISHER, editor of the *Southern Journal of Homœopathy*, to our midst. The doctor is energetic and wide-awake, as all readers of his journal know; but it was a treat to meet so delightful and sympathetic a man—one so thoroughly identified with the best interests of our school. [Can't you come out and stay with us ?]

WE desire again to call the attention of our readers to the *Homœopathic Aid Association*, an insurance organization for the special accommodation of those who are believers in the Homœopathic system of medicine. The central office is in Chicago, and DR. T. C. DUNCAN, formerly editor of the *U. S. Medical Investigator*, is the manager. The profession generally cordially endorses the association. Join it, and provide for your family a life insurance, at a very small cost. For information, etc., address Homœopathic Aid Association, Jewelers' Exchange Building, Chicago.

GEO. S. DAVIS, medical publisher, Detroit, announces twelve new medical books, by eminent authors, for \$2.50. Send for descriptive circular.

THE lectures of the third term of the Hahnemann Medical College of San Francisco closed October 22nd. Commencement exercises takes place November 10th. A brilliant time is expected, as every arrangement has been made for a grand success.

DR. SAM. O. S. POTTER has been appointed to fill the chair of Theory and Practice of Medicine in Cooper College. DR. POTTER knows something of Homœopathy, and we trust the students will get the benefit of it—even though its source be denied.

PROF. W. A. DEWEY has returned to San Francisco and resumed practice. His office is at 36 Geary street. DR. E. R. BALLARD has removed his office to the same place. That office has long been identified with Homœopathy, and we hope success will continue there.

DR. WM. E. KEITH, of San Jose, located there some two years ago; was married October 10th to MAHALA BATCHELDER.

THE Board of Examiners is preparing a new register, containing the names of all physicians practicing in the State of California. If there is any one who has failed to obtain a license, let him do so at once by addressing the Secretary of the Board of Examiners of his school. The Secretary of the Homœopathic Board would be pleased to be notified of any changes in the address of former licentiates. This alone will ensure a correct list of our licentiates. Address—WM. BOERICKE, M. D., Secretary Board of Examiners of C. S. H. M. S., San Francisco.

DR. J. C. KIRKPATRICK, a veteran homœopathist at Los Angeles, has gone East on a trip of several months' duration.

DR. A. K. JOHNSON, of San Bernardino, finding that his practice was growing to him rapidly, went East last summer and brought back with him a partner, in the person of W. M. STILES, M. D., of Lexington, Ill., and a graduate of the "Old Hahnemann" of Chicago.

OUR bodies are the instruments of our souls. Therefore, it is the part of wisdom to reverence and respect the body as the noble instrument of the mind. Treat it well, and with firm and gentle kindness. Check its waywardness; prick its dullness and shame its self-indulgence. Eat, drink and sleep well, and take such active exercise as your natural temperament and constitution require, and do not mistake violence for exercise, neither the health of a horse for the health of a man. Find out for yourself what is the best for you, and carry it out in your own way. In the matter of exercise, manage to get it in cheerful ways—not taking as much as you can get, but as little as answers the purpose, and avoid that physical weariness that degrades the mind.—H. STEBBINS.

SOME doctors have made a pretense of conversion to Homœopathy and are sailing under her colors, because it is more popular, while they know little and care less about principles and remedies of Homœopathy. Look out for them! Beware of the doctor who says, "I practice both systems." Homœopathy and Allopathy are exact opposites. If one is true the other is based upon error or misconception. How, then, can an honest man practice both.—*Selected.*

Popular Department.

THE CHILDREN.

For some time, those who are especially engaged in the education of the young, and above all, the Hygienists, have been terrified to see how the brains of children are overloaded in our schools and colleges.

Their milk-teeth scarcely cut through, when, behold, they know all, grammar, history, geography, mathematics, foreign languages, not to speak of extra classic knowledge, which they possess, as, for instance, at Paris, upon theatres and other mundane affairs, such as is possessed by adults. We cannot say: They are children. We must say: They are *savants*.

Dr. Després, who was appointed to examine into this question and make a report to the Municipal Council of Paris, did not fail to signal this danger.

“Zeal in anything is a fault,” says he. But if it is particularly injurious, it is assuredly so in the education of the youth. Intellectual culture, like the culture of plants, like agriculture, necessitates rules, expedients, and a regard to time. It would be absurd to remind a nurseryman, who understands the culture of plants and trees, that those which produce fruit before their time are sickly and broken down, seldom resisting two winters at the utmost.

So it is with the intellectual nourishment of children, who are made to produce the fruits of intellect too early. This overcharge produces two disasters, according to the nature of the child. When the child is able to assimilate this intellectual food, it is the body that suffers. The physical development is arrested, the child is pale and thin, and without force, and then one of two things happens, either the child succumbs to that tuberculosis, which complicates often the ordinarily benign diseases of childhood, and whose cause has been overlooked, or else the child resists, arrives at an

adult age, exhausted and unable to support work, or the struggle against disease. In the second case, when the child is unable to assimilate this overcharge of intellectual food, all that he is taught escapes from his memory, not even leaving traces. His brain, unable to contain but a very few ideas at a time, makes no choice, but retains nothing of what has been taught, neither orthography, nor even writing.

A member of the Municipal Council of Paris has rightly observed that the duration of the courses of study in the common schools, amounting to three hours a day, was excessive. How is it possible to make children remain quiet for three hours at school, when it is impossible to make them remain quiet for five minutes at home? In the child, nothing is ever quiet, the circulation of the blood is very active, every part of the body is eager for development. The arms are always in motion; with the legs, he makes that swinging movement to and fro that you have often observed. His head turns to the side where the least noise attracts the attention or excites the curiosity, a fly, a comrade who gapes, a book that falls, a carriage that passes, the teacher who falls asleep for every one suffers the same influence. The teacher is sleepy from *ennuie*, from the heat of the confined atmosphere, and if the child does not fall asleep, he gapes and ceases to be attentive for the same reasons.

Separate these three hours into two or three parts by a half-hour of recreation, and open the doors and windows of the classroom and eliminate the carbonic acid and other nauseous exhalations, which have accumulated by this prolonged confinement. Then note the change.

But this is not the only danger to which the children of our time are exposed. There is another which also exercises a disastrous influence upon their physical development and we have reference to the abuse of tonic food.

That man is not wholly a carnivorous animal is liable to be forgotten, and scarcely is a child born, when soups and bouillon often take the place of milk, and as soon as he can eat, meat, and often rare meat, is furnished him instead of farinaceous and succulent food, and the more he grows the more this carnivorous food is insisted upon by their parents, and we often see children of four and five years of age whose

sole diet consists of meats and soups, who will touch neither bread, potatoes, nor farinaceous food—their palate is already *blasé*.

Such children frequently suffer from various affections of the digestive tract, but they are especially nervous, subject to convulsions, sleep badly, are excitable, and the least little indisposition in them is of a suspicious character. Their digestive organs, habituated to a high tasting, spicy, stimulating food, cannot now digest the products of the vegetable kingdom, and as a result they continue to nourish themselves almost exclusively on meat, and when they reach the age of eighteen or twenty years they are nervous, neuralgic, subject to migraines, etc., and, finally, they enter into the numerous class of the gouty diathesis, whose number increases from year to year.

Finally, children are exposed to a third danger—that of drugs. One of the first questions we are asked by mothers is, "What remedy must I give to my child to fortify it?" Know, mothers of families, that there does not exist, either in allopathy or in homœopathy, a medicine which will replace a good and well-proportioned nourishment composed mostly from substances derived from the vegetable kingdom, together with a certain quantity of those derived from the animal kingdom. Unfortunately, the public believe that we possess remedies which "give strength and nourishment."

It is true physicians have contributed to promulgate this error by prescribing to children a series of "fortifying and strengthening" syrups, which figure in our newspapers, and which make the fortune of those who manufacture them. These pretended nutritious syrups contain active drugs, incorporated in a vehicle more or less nutritious, and the vogue of giving them is so extensive to-day that nearly all children take them and become sickly. How many times has it sufficed to suppress the use of these drugs, which mothers have administered without even asking advice, to see the child at once regain health!

It is time, it is more than time, that steps are taken against these abuses, that these sources of danger to children are laid aside—intellectual overcharging, too tonic nourishment, and abuse of remedies improperly called fortifying remedies.

In our practice we have obtained wonderful results, in doing nothing except withdrawing these three sources of disease from children, whose health has been committed to our care. And we could mention many children who were formerly weak and sickly, to whom the physician was called almost daily for divers indispositions, and who are now strong, robust, and never sick.--*Revue Homœopathique Belge*. W.A.D.

THE CONSTIPATION HABIT.

Constipation may very properly be called a habit, because in nine cases out of ten the difficulty arises from irregular habits or modes of living, and its radical cure most frequently follows a change in this respect. A writer in the *Detroit Lancet* discusses the subject quite rationally, and gives some practical hints for its treatment, the auxiliary part of which may be carried out with profit by anyone suffering from this troublesome complaint; the medicinal part, if any be necessary, being left, of course, to the judgment of a physician.

The constipation habit is certainly a perversion of an important function, and is often productive of great harm and suffering. The normal act of defecation, as a rule, occurs regularly once every twenty-four hours, and with a majority in the early part of the day, before or soon after breakfast. In health the call to evacuate the bowels is a peculiar sensation that cannot be misunderstood. If not heeded it may soon cease, and the call not return for an indefinite length of time. Immediately preceding this sensation is the peristaltic contraction of the sigmoid flexure which ejects its contents into the rectum, from which arises the warning and call for voluntary muscular assistance, that is so often unheeded, or put off to a more convenient season. But the rectum must be relieved, and if not in the natural way, then anti-peristaltic action takes place, and the load is sent back whence it came, a burden and a clog, blunting that delicate sense of the bowels.

Women, I think, neglect the function more than men. This is often from a false sense of modesty, their natural delicacy leading them to endure while away from home, trav-

eling or in society, rather than to withdraw with eyes upon them to a strange shrine devoted to *Cloacina*. Even at their own homes, where there is a lacking of modern conveniences, the inclemency of the weather, the exposure to cold, and the foul breath of the vault cause so much dread of the simple act of defecation, as to lead them to procrastinate, to the utter demoralization of the normal defective act. I have no doubt that the trammels of fashionable clothing also interfere to some extent. The considerable straining which is sometimes required to complete the act, may be unattainable from the clothing limiting too much the action of the diaphragm and abdominal muscles.

Sedentary habits which deprive the bowels of the gentle stimulus of exercise, is one cause of constipation; and when to the sedentary habits is added position or posture which cramps and crowds the bowels, as is the case with the shoemaker, habitual constipation is almost sure to follow. The abuse of cathartics is a fruitful cause to induce and confirm this habit. What with the anti-constipation pill, wafers and pellets flooding the land to dredge the *primæ viæ* on the first indication of its filling up, or to be used from the fear that it will fill up, it is a wonder that nature's *cloaca* is maintained at all. Errors of diet, though not mentioned first, are not least in causing this habit, which is, perhaps, more prevalent in this country than in any other; and someone has said that it is because we eat too little soup. Water as a solvent and a diluent acts in the alimentary canal a very important part, and soup eating should certainly be encouraged in order to counteract the tendency to take our food too solid, and to favor the fecal current. Whatever line of diet we are in the habit of taking, and the bowels are normal, if we make a sudden or marked change in our diet, it is often attended by bowel disturbances in one way or the other. I have been in a position to observe a great many persons who have made sudden changes, particularly from a mixed, generous diet, to a vegetarian diet, which from its bulky nature imposes more work on the bowels than they are used to, often beyond their working capacity, and the result would often be acute constipation. The next step then, was to use the much-abused water enema, which to the overworked bowels,

seemed a Godsend, but by frequent repetition proved a blight to their work, making them a sluggard in the human economy.

I give one case to illustrate:

Mr. S. had been a vegetarian for five years or more, and had adopted two meals a day. He was in fair general health for one of such habits, but his great difficulty was no natural action of the bowels, which had existed for the last five years. His sole reliance for a movement was the coarse food and water enemata, which he had come to take regularly. He consulted me, ostensibly for hemorrhoids, which he said the doctor who had treated him, told him he had had, and who had expected to operate on him. On making a thorough exploration of the rectum, I was not surprised to find no hemorrhoids, for he gave no symptoms of any. I found, however, a very large, pouch-shaped rectum, with flabby, relaxed and attenuated walls, which I attributed to the protracted use of the water enemata. I changed his diet, stopped the enemas, gave him three meals a day, had him drink four or five goblets of water per day, and had him inject on retiring, one-third of a cup of cold water to be retained. Ordered daily massage and kneading of the bowels, with a mild Faradisation of the same; also ten drops of *fld. ext. casc. sag.* four times a day. In four weeks' time he had natural stools, without the use of medicine or treatment of any kind.

A too concentrated diet may cause this habit, but I have observed no danger in this direction. A variable appetite, which makes extremes in quantity and quality of food, is sometimes a cause, but as this would lead us to discussion not intended at this time, we desist. I have often observed that a long journey by rail will produce a severe constipation, and have wondered if the constant jarring of the cars has anything to do with it.

The more difficult a disease is to treat successfully the longer the list of remedies employed; that, judging from the length of the list in this case, one would be almost discouraged from attempting a cure. Yet with clear ideas of causes, the indications for treatment are simple, and with the hearty

cooperation of the patient the physician may feel quite certain of gaining, sooner or later, the desired result.

The following I give as a general outline of the treatment, which, of course, must be varied somewhat, according to the special indications of each case: Regulate the diet, having three meals per day of palatable, nutritious food, not too bulky or too concentrated. Have soup at least one meal each day. On rising, at least an hour before breakfast, drink one or two large goblets of water. If the stomach is weak and inclined to chronic gastritis, I order the water to be drunk hot. Twenty or thirty minutes following the water, give the bowels a thorough kneading for ten minutes. Then assume erect position, with arms above the head and left foot on a line with the right and placed in front of it, bend forward until the knuckles of the closed hands touch the floor, then back to the first position, repeating this five or six times; then, reversing the position of the feet, repeat the movements. This is an excellent exercise for the abdominal muscles and an inactive liver.

At night, also, before retiring, drink a goblet of water, and if there are indications of dryness of lower bowels I use an enemata of one-third to one-half cup of water to be retained. Flushing the sewer may be a good practice with some, making the stomach the flooding-tank; but we must use great care not to interfere with digestion.

When it is available, I often order a fifteen minutes' daily application of electricity to the abdomen, using the Faradic current.

If any medicine is demanded, the first on the list is *cascara sagrada*. I think it is an excellent "peristaltic persuader." It renders in my hands the most efficient service in small and repeated doses.

I impress it upon my patients to make it a daily practice to go to stool at a regular hour, to induce if possible, by voluntary muscular effort, a movement, remembering that this measure alone, if persisted in, will oftentimes overcome this deplorable habit. Perhaps the best time of the day for this is soon after breakfast. Patient continuation in this line of treatment will do a great deal to dispel this *bête noire* of medical practice.

CARIES OF THE TEETH.

Calc. carb. in caries of the teeth of children, particularly the scrofulous or rachitic, and if the toothache is increased by draught or cold. In caries after abuse of Mercury, *Asa-fetida*, if there is a drawing pain in the jaws and copious saliva; *Nitr. ac.*, if the teeth are loose, or feel as if they would fall out, the gums being white and swollen, and often bleeding; *Mezereum*, the teeth decay rapidly; if touch aggravates, and also motion.

Phosp. ac., in caries of scorbutic persons—gums bleed easily, pain is worse after cold or hot, and a sensation of coldness in the roots of the molars.

Rhus tox., in crusty caries, always combined with tetter, or in rheumatic or gouty patients, worse at rest, better in motion, and most at night.

Aurum, in secondary syphilis, or after abuse of Mercury, with looseness of teeth, ulcers in the gums, bad odor from the mouth, and heat in the head.

China, in carbonaceous caries, commencing with a black spot, most observed with scrofulous or tuberculous persons; if the pain is throbbing, of a congestive nature, or caused by abuse of Mercury.

Carbo animalis, in rending, tearing pain, caused by salt victuals, with bleeding gums and looseness of teeth, the tooth being very sensitive to the least cold.

Lycopodium, particularly after Calcareia, if the dull aching is worse after eating, with little tumors or ulcers on the gums.—C. HERING, in *Hom. News*.

MILK OF JERSEY COWS.—It has been observed that children do not always thrive on the milk of fine blooded Jersey cows. One reason for this is that such milk contains too much butter and too little sugar. In other words, it is too rich for the child's delicate stomach. Let those who doubt this compare the rich cream of Jersey milk and that of ordinary milk, or rather flat taste of the Jersey milk compared with the sweetness of ordinary milk.—*Min. Med. Monthly*.

A CONDEMNATION OF SPECIALISM IN MEDICINE.

In his work on *Sexual Neurasthenia*, Dr. Beard wrote this condemnation of the treatment of "local" disease as now practiced by specialists:

"The body of the sensitive man is a microcosm of reflex actions, and the three great centres of reflex irritation—the family of reflex centres—are the brain, the stomach, the genital system; between these messengers of evil or of good are ever passing in sleeping and in waking hours. To touch one is to touch all. These three are literally a trinity—three in one, one in three; they cannot be isolated.

"Besides these three general centres, there are sub-centres, all of importance, all to be considered in the study of nervous diseases—the spine, the eyes, the teeth, the glans penis, the ovaries—for disease of any of these parts may cause disease of any other part.

"From this general and demonstrable and important fact, false reasoning unlimited has sought to show that *all* functional nervous diseases whatsoever come from the eye, and that right glasses are a specific for neuroses; that the removal of the ovaries is the true treatment of neurasthenic women; that all nervousness, including morbid fears and morbid impulses, must depart after surgery has cured a lacerated cervix; that the opening of a stricture opens the door of escape for every other disease that afflicts the sufferer. Disappointments increasing and beyond enumeration attend those who look only at *one* of these many centres of reflex irritation and see not the others."

DANGER OF LARGE DOSES OF QUININE.

At a late meeting of the New York Clinical Society, Dr. A. A. Smith read a paper on this subject, and also one written by J. W. Wright, in which it was shown that large doses of quinine have a deleterious effect on the heart, through the nervous system. This is especially the case in typhoid fever, where, through long continued pyrexia, the heart became weak or degenerated.—*N. Y. Medical Journal*.

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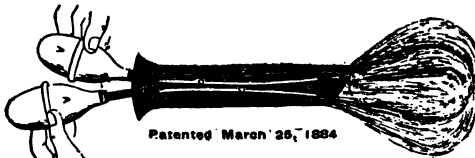
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EXPLANATION OF CUT.—AA 1½ oz. soft rubber bulbs. BBB hard rubber speculum. CC hard rubber pipes. DD hard rubber diaphragms supporting pipes. E shows the current from one pipe to the other.

to secure one as soon as his attention is called to it, since it is indispensable to his success. Every respectable druggist is supposed to keep it in stock. If not, inclose the price and you will receive one, *prepaid*, by return mail. Address all communications and orders to the general agent.

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TABLET TRITURATES.

Made according to Dr. Robert M. Fuller's Method.

(See Medical Record, March 9th, 1878, and March 25th, 1882.)

An accurate and economical mode of dispensing Medicines in a compact and readily assimilable form.

This new form of dispensing remedies consists in triturating any given medicinal substance with purified sugar of milk, in certain definite proportions, for two hours or as much longer (1x) as is necessary to obtain the proper degree of comminution.

The success which attended the introduction of these tablets was phenomenal and is owing, in the first instance, to the careful selection and preparation of the drugs and chemicals, and secondly to their thorough and minute subdivision by protracted trituration; by which means small quantities of drugs are rendered more potent, because so much more easily and quickly diffused and assimilated by the human organism.

These tablet triturates are one grain in weight; they are put up 1000 in a glass-stoppered bottle and are sold at \$1.00 per bottle. For less quantities than 1000 an advance in price will be made.

Explanation of Terms.

- 1x, First Decimal Trituration. Each grain contains one-tenth grain of the crude material.
 2x, Second Decimal Trituration. Each grain contains one-hundredth grain of the crude substance.
 8x, Third Decimal Trituration. Each grain contains one-thousandth grain of the crude substance.
 6x, Sixth Decimal Trituration. Each grain contains one-millionth grain of the crude substance.

DOSIMETRIC TABLET TRITURATES.

Made according to Dr. Robert M. Fuller's method (see Medical Record, March 9th, 1878, and March 25th, 1882).

"An easy, economical and accurate method of dispensing medicines in a compact and palatable form."

This new form of dispensing remedies, consists of a given drug or medicine triturated with purified sugar of milk for two hours or longer, until a thorough and complete comminution and distribution of it has been made throughout the mixture, which is then made into a paste with varying proportions of alcohol and water, and subsequently moulded into tablets of uniform size and weight. It will be observed that on the evaporation of the alcohol, the crystallizing sugar of milk, which has partly dissolved in the water, acts as an effective cohesive without interfering with the ready solubility of the tablets in water or in the stomach.

The extraordinary success which has attended the introduction of this method of dispensing medicines in small quantities is due:

In the first place—to the care taken in selecting and manufacturing the drug and chemicals entering into their composition.

Then—to the thoroughness of the division of the remedy by protracted trituration with the hard and gritty crystals of sugar of milk, and consequent accuracy of dose; and lastly—to the rapidity with which these tablets are dissolved or diffused in water or in the stomach, and assimilated by the human organism; and finally—to the elegance and novelty of their appearance.

The Dosimetric Tablet Triturates are sold in wide mouth, glass-stoppered bottles, containing ONE THOUSAND each. When ordered in less quantities, ten cents per one hundred will be added to these prices.

The following are a few of the most important remedies, with prices:

		Per four-oz. bottle, each containing 1000.
Acid Arsenious, 1-100th gr., 1-60th gr., 1-50th gr., 1-40th gr., 1-30th gr., 1-20th gr., 1-10th gr.		\$ 1 00
Aconitia, Duesquesnel's, 1-200th gr. 1-150th gr.		3 00 4 50
Atropia Sulph., 1-200th gr. 1-100th gr. 1-50th gr.		1 00 1 50 2 00
Corrosive Sublimate, 1-100th gr., 1-60th gr., 1-50th gr., 1-40th gr., 1-30th gr., 1-20th gr., 1-16th gr., 1-12th gr., 1-10th gr.		1 00 1 50 2 25
Morphia Sulphate, 1-100th gr. and 1-50th gr.		3 50
" " 1-20th gr.		4 50
" " 1-8th gr.		5 00
" " 1-6th gr.		5 00
" " 1-4th gr.		5 00

SOLUBLE HYPODERMIC TABLETS.

They are easily and completely soluble in ten minims of WARM WATER.

The above are all Manufactured by BOERICKE & TAFEL, Philadelphia.

BOERICKE & SCHRECK,

SOLE AGENTS FOR THE PACIFIC COAST.

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TRADE-MARK.

“B. & S.” KUMYSS.

KUMYSS is a sparkling beverage prepared from pure, sweet milk, containing all the nutritive elements in a readily digestible and highly assimilable condition. The peculiar modification which milk undergoes in the preparation of Kumyss does very much of the preliminary work of digestion that otherwise must be performed by the stomach.

KUMYSS IS THE KING OF FOODS.

The constituents of Kumyss are such as are required to produce blood, bone and muscle, which stamp it pre-eminently as a food for the human body. Owing to its superior digestibility, it can be taken at any time when a desire for nourishment is felt, as its constant use is never followed by any unpleasant symptoms. It can be borne by the most delicate stomach, and in case of extreme debility its effect is wonderful, restoring strength to the body and vivacity to the spirits. For infants and invalids it is an invaluable food and restorative.

It is a sovereign remedy for **DYSPEPSIA**, being not only a food, but assisting digestion and rendering the stomach tolerant of other food.

Kumyss is highly recommended by physicians of all schools as a reliable dietetic preparation and a rational remedy for dyspepsia, feeble or imperfect digestion, nausea, vomiting, chronic diarrhoea and cholera infantum. In cases of general debility, attended upon chronic wasting diseases, such as consumption, catarrhal affections, and diabetes, the steady use of Kumyss as a constructive food has met with the happiest results. For convalescents from fever and similar maladies, Kumyss, by its gentle stimulating qualities, is the food par excellence. In such cases its administration recuperates the digestive organs, and as it passes at once into the blood, it soothes the nerves, the hollow glassy eye regains its lustre, the sunken cheeks their rotundity, sound and invigorating sleep is induced, and the patient is restored to health. Kumyss is a most delightful and invigorating beverage, and imparts new vigor to the system, and a feeling of comfort not experienced from coffee, tea, beer or wine. It can be substituted with benefit for any of these beverages, and can never do harm.

Resume of the Chief Qualities which Recommend its Use.

Its agreeable and highly digestible character and pleasantly sub-acid taste.

Its easy and rapid assimilation when the stomach rejects other fluid and solid foods.

Its attested powers of nutrition in the most desperate cases of emaciation, chronic vomiting, dyspepsia from all causes, gastric pain and irritability, and of debility following acute, or accompanying chronic diseases.

Its remarkable success in dysentery and kidney diseases.

Its great value in typhoid and scarlet fevers.

Numerous cases are recorded of cures by Kumyss of consumptive persons in the earlier stages of the disease, and even in its later periods patients habitually derive great benefit from its use. It has also been found especially efficacious with young and sickly adults born of consumptive parents, and where symptoms of hereditary disease are suspected.

In such cases the use of Kumyss for two or three consecutive years has been productive of most excellent results, and should form a part of the daily regimen.

In Chronic Catarrh of the Stomach Kumyss is a most suitable diet.

In Diphtheria and Membranous Croup, it is thought to be of use both as a solvent of the false membrane, where it comes in contact with it, and also, upon theoretical grounds, antagonistic to the germs of these diseases.

To all persons of delicate and fastidious digestion, the bilious, the gouty, the rheumatic, and those otherwise unable to take draughts of milk, Kumyss offers itself as the type of a beverage at once digestible and nourishing beyond any known drink.

Eminent practitioners claim for Kumyss sedative effects, due to its free carbonic acid and report numerous cases in which they have been successful with it when Beef Tea and other stimulants, aided by the most varied therapeutic agents, had failed.

It is also largely prescribed, and found very beneficial, in eradicating the desire for alcoholic drinks.

Directions for Taking and Keeping Kumyss.

There are three grades of Kumyss: *New, Medium, and Old.* **New Kumyss** is suitable for infants and for catarrhal conditions of the stomach in adults. **Medium** for dyspepsia and consumption. **Old Kumyss** is drank as a tonic and invigorator. Kumyss must be kept cool, at a temperature not above 60 degrees F. If it is to be kept any length of time, the best temperature is between 40 and 50 degrees F., and this should be ascertained by a thermometer, if possible. If kept at this temperature, or lower, it may be preserved in good condition for months, but that intended for invalids should not be more than four weeks old.

Kumyss is put up in quart champagne bottles, and in order to preserve its sparkling quality, it must be drawn with a champagne tap.

Price, per Bottle (Quart).....	50 cents.
“ per ½ dozen Bottles.....	\$2 50
“ per dozen Bottles.....	4 50
“ “ “ in case, shipping order.....	4 75
“ Champagne Tap.....	1 00
50 cents per dozen empty bottles allowed, if clean and sweet.	

Terms, Cash with Order. A Liberal Discount to the Trade and to Physicians.

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NOTABLE POINTS

RELATIVE TO

LACTATED FOOD.

IT IS A COOKED FOOD.

By the use of high steam heat the gluten flour used is partially torrefied. This is done while the flour is dry, and during the process it is in constant motion, which insures perfect cooking to every particle.

Routh says (Infant Feeding, page 380) that by this process, "the starch granules are rendered more separable, the gluten is reduced to a more porous condition, readily acted on by the gastric juice, and as an aliment, therefore, is more nutritious and digestible."

IT IS A PREDIGESTED FOOD.

"You state, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct."

J. MILNER FOTHERGILL.

IT CONTAINS NO UNCHANGED STARCH.

By the peculiar process of manufacture every particle of the gluten flour is subjected to the action of the malto-diastase, and by it all the starch contained is transformed into soluble carbohydrates.

Professor CARL SEILER says, "Examination has proved that all the starch granules are converted, as shown by their behavior to polarized light."

NO CANE SUGAR USED.

The basis of Lactated Food is the pure sugar of milk made by the improved process of the American Milk Sugar Co. The great value of this article has been shown conclusively. Cane sugar is not used in the composition or preparation of the Food on account of its liability to cause irritation by reason of the acetic fermentation which it creates in the stomach. Milk sugar never causes this fermentation or irritation.

IT IS NON-IRRITATING.

By reason of the fact that Lactated Food is partially digested in process of preparation it is assimilated by the feeblest stomach, and no undigested particles pass into the bowels to irritate, and thus cause troublesome and dangerous bowel disorders.

IT IS HIGHLY NUTRITIOUS.

The nutritive elements of Lactated Food are derived from the three great cereals, Wheat, Barley and Oats. From the Wheat is taken the pure gluten, the most nourishing substance known for the muscles and tissues; from the Barley, all the soluble albuminoid and extractive matter resulting from the most careful malting; and from the Oat, the strengthening properties for which it is so well known. The result is a food which never disappoints, and under which the feeble child or invalid rapidly rallies.

FOR CHOLERA INFANTUM.

It is the chief reliance of many eminent practitioners, and it is the safest food in summer for all young or delicate children.

Another important consideration is its low price, it being much more economical than other foods. We make four sizes, selling for 25 cents, 50 cents, \$1.00 and \$2.50. *A dollar can will furnish one hundred and fifty meals for an infant.*

If any physician that has not yet made a trial of the Lactated Food will write us, we will send a package of our regular size, post paid, without charge, with the understanding that it will be given a careful trial as soon as possible.

We shall use every precaution to maintain the high standard of this Food, and to insure perfect satisfaction to the profession in its use.

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MALTINE.



MALTINE is far superior in nutritive and diastatic value to any Malt Extract manufactured in the world. There is no reconstructive that excels Maltine in Phthisis and many wasting Diseases.

MALTINE, in its different forms, is the only Malt Preparation we now employ, being so palatable, digestible, and easily assimilated. Of its efficiency in appropriate cases there is no more doubt in our minds than there is of the curative power of Quinine, Cod Liver Oil, the Bromides, and the Iodides.

It deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective and curative power, are probably the most widely useful therapeutical agents that we possess. **PROF. L. P. YANDELL.**

MALTINE is a valuable food, a food of priceless value at times of emergency. In fact, in every grave gastric cases it is a food which may often be resorted to when at one's wits end what to do. **J. MILNER FOTHERGILL.**

Out of 14 trade samples of Malt Extract examined by Messrs. Dunstan & Dimmock, *only three* possessed the power of acting on starch. These brands were **MALTINE**; Corbyn, Stacey & Co's Extract, and Keppler's Malt Extract.

WILLIAM ROBERTS, M. D., F. R. S.

I have subjected "Maltine" and "Trommer's Extract of Malt" to an exact quantitative comparison of their diastatic activity.

The results demonstrate conclusively the far greater diastatic value of Maltine, and enable me to state, without any qualification whatever, that it far exceeds in diastatic power any of the six preparations of Malt which I have examined. **R. H. CHITTENDEN, Prof. Physiological Chemistry, Yale College.**

At the International Health Exhibition held in London, England, the only gold medal and the highest award of merit were given to Maltine by a Jury composed of the best chemists in Europe; and recent analyses made by the most reliable authorities in Europe and America prove conclusively that Maltine—in nutritive and diastatic value—is superior to all other Malt preparations now in the market.

NOTE.—Physicians will observe that Maltine as now prepared, is not so viscid as formerly made, being of a more fluid consistency; and, while retaining the nutritive and diastatic value, which has given it precedence over all other Extracts of Malt, it is rendered entirely agreeable to the taste of the most fastidious, and is more easily administered. As now prepared we positively guarantee that Maltine will not ferment or congeal in any climate or at any season of the year.

COMPLETE LIST OF MALTINE PREPARATIONS.

MALTINE (Plain.)

MALTINE with Alteratives,

MALTINE with Cod Liver Oil.

MALTINE with Hypophosphites.

MALTINE with Peptones.

MALTINE with Pepsin and Pancreatic.

MALTINE with Phosphates, Iron,

Quinine and Strychnia.

MALTINE Ferrated.

MALTO-YERBINE.

MALTO-VIBURNIN.

MALTINE with Cascara Sagrada.

Send for Pamphlet giving comparative analyses by twenty of the best Analytical Chemists in this country and Europe.

We will furnish gratuitously a one pound bottle of any of the Maltine Preparations to Physicians who will pay the express charge.

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Bone-Calcium Phosphate $\text{Ca}_3\text{2PO}_4$, Sodium Phosphate Na_2HPO_4 , Ferrous Phosphate $\text{Fe}_3\text{2PO}_4$, Trihydrogen Phosphate H_3PO_4 .

WHEELER'S COMPOUND ELIXIR OF PHOSPHATES AND CALISAYA. A Nerve Food and Nutritive Tonic, for the treatment of Consumption, Bronchitis, Scrofula, and all forms of Nervous Debility.

The Lactophosphates prepared from the formula of Prof. Dusart, of the University of Paris, combines with a superior Pemartin Sherry Wine and Aromatics in an agreeable cordial easily assimilable and acceptable to the most irritable stomachs.

Phosphorus, the oxidizing element of the Nerve Centres for the generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of Functional Activity of Liver and Pancreas, and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the Generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids of Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of Calming Irritation and Diminishing Nervous Excitement.

THE SUPERIORITY OF THE ELIXIR consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of Subduing Fever and Allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of Faulty Nutrition, the outcome of Indigestion, Malassimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium, Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used up conditions of the Nervous System, should receive the careful attention of good therapeutists.

There is no strychnia in this preparation, but when indicated, the Liquor Strychnis of the U. S. Dispensatory may be added, each fluid drachm of the solution to a pound bottle of the Elixir making the 64th of a grain to a half fluid ounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one desert-spoonful; from two to seven, one teaspoonful. For infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. WHEELER, M. D., Montreal, D. C.

Put up in pound bottles and sold by all Druggists at One Dollar.

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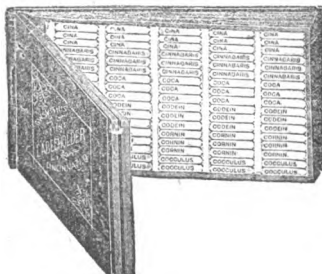
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Further Reduction in Prices.

We are prepared to furnish a 4-per-cent solution (the more desirable preparation)

In two-drachm vials at... \$0 50

In ounce vials at..... 1 25

Solutions of *any strength* will be furnished upon application, at prices in proportion to the above.

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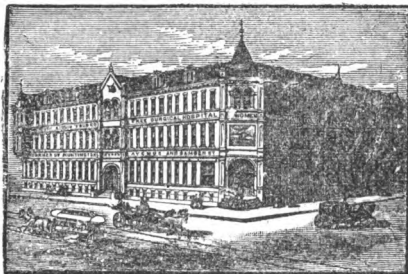
A GOOD RECORD

For the year ending April 1. Between one hundred and two hundred surgical operations have been performed at the Free Hospital for Women supported by the Murdock Liquid Food Co., Boston, without the loss of a single patient, and all restored to usefulness.

LIQUID FOOD WAS GIVEN BEFORE AND AFTER THE OPERATIONS.

What other Hospital, that does not use Murdock's Liquid Food, can show such a record?

By its use we can build up any patient who is too reduced for an operation, so that not only a safe but successful operation can be made, and in common cases the patient can be made convalescent in three-quarters of the time usually required.



With what we have been and are doing, we shall be able, in our new Free Hospital that we are now building, corner of Huntington avenue and Camden street, to perform in the Surgical half of the Hospital

500

Operations annually. Until then we shall remain in our old home.

The Surgical Staff at Murdock's Free Hospital for Women at No. 30 Leverett street, are in daily attendance to examine Patients and assign Beds Saturdays excepted.

Its value in cases where limbs have been broken surprises every physician who has ordered its use, as it restores the broken limbs to health and strength in a few weeks.

BABIES.

Remember that with feeble infants who do not thrive on their mother's milk or the best prepared foods in the market, **WE REQUEST NO CHANGE OF FOOD**, but add 5 or more drops four times daily of Murdock's Liquid Food, and you will find that their lost or needed vitality will be restored to them in less than thirty days.

Not a case of Cholera Infantum known where Murdock's Liquid Food has been used, nor a death from Cholera Infantum where it has been prescribed by a physician.

Murdock's Liquid Food will assist all classes of chronic cases. It is the only Raw Food in the world. It is free of insoluble matter, and can always be retained by the stomach, and when given for INJECTIONS it is equally valuable and can always be retained.

Remember all acknowledge the value of Fruits for a patient. We use them in Liquid Food.

1st. For their own properties.

2d. They relieve the meats of their heating properties, making it safe and valuable in cases of Fever, as relapse never follows when used.

3d. They preserve our Meats, enabling us to offer the only Raw Food known, and it will keep in any climate when not exposed to heat, air or sun.

TO SUSTAIN OUR CLAIM, we never wish Liquid Food used until all other treatments and foods fail, then the results are quickly seen, generally in twenty-four hours.

From the fact that no two beeves or sheep are alike is the reason of our different brands being different in flavor. All brands are made by the same formula. The letter represents the day of make, and the figure the tank. If richer, it is stronger in smell and flavor, and will bear a greater reduction.

MURDOCK'S LIQUID FOOD CO., BOSTON.

BOERICKE & SCHRECK, 234 Sutter St., S. F.

SOLE AGENTS.

HOMOCOFFEE

—OR—

HOMŒOPATHIC COFFEE.

This preparation is an excellent substitute for true Coffee, having its pleasant aroma and flavor, and being free from the injurious properties of the latter, such as cause congestion of blood to the head and chest, palpitation of the heart, sleeplessness, hemorrhoidal affections, constipation, etc. It is particularly recommended to ladies suffering from nervousness; to children, who should never drink coffee before their seventh year, and to all who are under Homœopathic treatment.

The quantity used and method of preparation is the same as with ordinary coffee.

Boericke & Schreck,

234 Sutter Street, San Francisco.

LACTOPEPTINE.

The most important Remedial Agent ever presented to
the Profession for

DYSPEPSIA, VOMITING IN PREGNANCY, CHOLERA INFANTUM, CONSTIPATION, AND ALL DISEASES ARISING FROM IMPERFECT NUTRITION.

LACTOPEPTINE precisely represents in composition the natural digestive juices of the Stomach, Pancreas, and Salivary Glands, and will, therefore, readily dissolve all foods necessary for the recuperation of the human organism.

LACTOPEPTINE

—IS COMPOUNDED WITH—

Gentian, Iron, Strychnia, Bismuth, Quinia, Calisaya, Cinchona and Phosphates.

and various medications required in general practice, in form of ELIXIRS, SYRUPS, LIQUIDS, etc.

Special Notice to the Medical Profession.

Whenever satisfactory results are to be obtained from the administration of *Lactopeptine*, we will consider it a favor if such facts are reported to us, for there can be no doubt that substitution of Pepsin or some of the cheap imitations of Lactopeptine has been practiced, whenever the therapeutic activity of Lactopeptine is not uniformly demonstrated in its indications.

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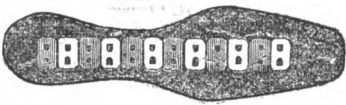
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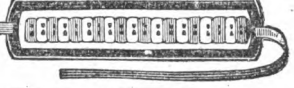
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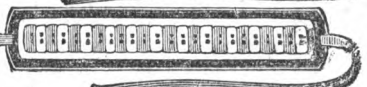
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&c. &c.																	DEFECTIVE
																	CIRCULATION.



Wrist Band



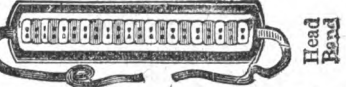
Arm Band



Thigh Band



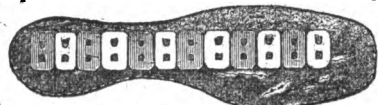
Knee Band



Head Band



Ankle Band



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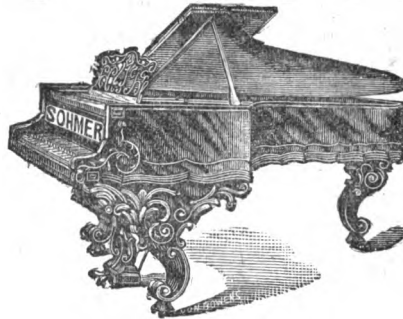
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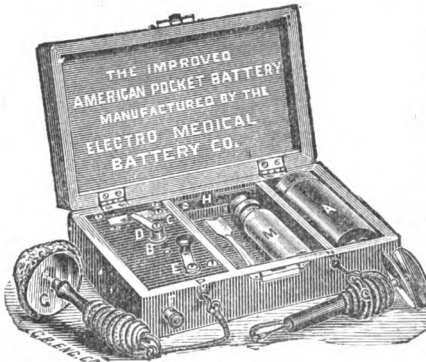


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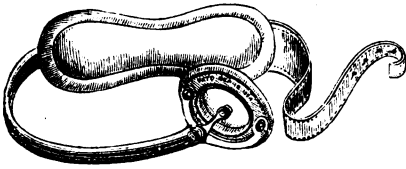
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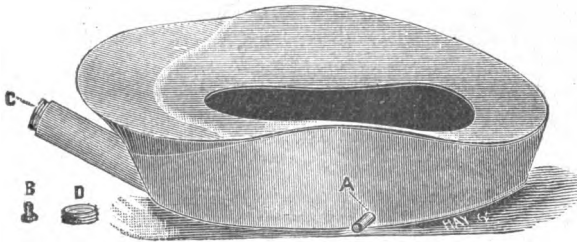
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