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The New England medical gazette

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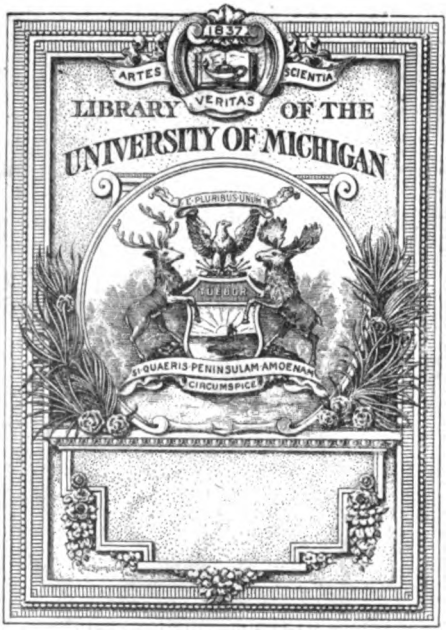

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THE

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A Monthly Journal

OF

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EDITED BY I. T. TALBOT, M.D.

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"Die milde Macht ist gross."

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MATERIA MEDICA IN ITS SCIENTIFIC RELATIONS.

BY W. W. RODMAN, M.D., NEW HAVEN, CONN.

The thoughtful reader of our current literature must have noticed a wish which recently has been often repeated. In very general terms it may be thus stated: we need methods whereby our vast material can be better comprehended, and used with more facility. When we consider, moreover, the additions which new observations continually furnish, the mind is fairly appalled.

The elder branch of the profession does not realize the same embarrassment. Its members do not accept the validity of our processes, and they place no value whatever upon our results. The state of their own materia medica furnishes but little evidence that the true idea of a science has, as yet, either entered into thoughts, been embodied in language or has developed into practical operation. Nor are we so far ahead of them as the amount of our accumulations sometimes tempts us to conclude.

It is not strange that the question, what we are coming to, crowds itself upon us. A reference to those fundamental principles which underlie all the sciences of observation cannot be otherwise than timely and appropriate. With these views in mind, a short essay on this subject was recently placed before the public. Its aim was to determine the principles according to which a scientific materia medica must be developed. It took the ground that it is essential to the best success to exclude, for the time, all questions

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on other topics, even on therapeutics. The *analytical* processes, or those whereby the phenomena are obtained, were considered at some length; and homœopathic physicians recognize in them, for the most part, the methods which Hahnemann and his followers have usually pursued. The *synthetical* processes, or those whereby the phenomena of each medicine are brought into systematic relation, were treated more briefly, and, in some respects, were only hinted at.

It is the aim of the following papers to continue the discussion, and to make application to particular medicines. It is to be regarded as an attempt only, to take a few steps into a vast field which hitherto has hardly been entered.

PART SECOND.

STUDIES IN SYNTHESIS.

"The explanation of that which is explicable does but bring out into greater clearness the inexplicableness of that which remains behind."—*Herbert Spencer.*

SYNOPSIS.

Introduction. Nature of the inquiry.

Problem, 1. The need stated.
2. The source to be looked to.
3. The method to be pursued.

Solution, 1. Nature of Synthesis.
2. Terms of Synthesis.
   1. Phenomena furnished by observation, etc.
   2. Phenomena grouped as co-existent facts.
   3. Phenomena grouped as effects.
   4. General Synthesis.

Conclusion. Inducements to the study.

NOTE. — This is to be taken as suggesting the process by which a scientific classification must be ultimately reached, not as foreshadowing what can be at once accomplished.

INTRODUCTION.

Scientific relations are chiefly two-fold: *First*, those whereby we obtain individual facts; *Second*, those according to which the facts are brought into system. Analysis gives us the phenomena. Synthesis combines them. These two processes are at every stage mutually dependent and mutually tributary. They enter as essential elements into the development of every science of observation.

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The principles according to which the phenomena of the materia medica should be obtained have already been considered. We have found that such a science, to be worthy of the name, must be based on the operations of medicines on the human system in health. These operations are to be determined according to processes, and subject to laws common to all physical science. In the course of the inquiry we had occasion to notice, also, certain synthetical processes which are always preliminary and incidental. The attempt was made to develop them, as far as it was possible to take with us the assent of all medical men. Progress was barred by the fact that materials adapted to the purpose, and such as command universal assent, were lacking. The operations of medicines on the human organism, unmodified by disease, have not yet been fully determined. Opinion is still divided in regard to the validity of many of the phenomena which medical men have gathered.

The idea of materia medica as a science of observation is doubtless a feasible one. In such a science, the analytical and the synthetical processes will be exhaustive and impregnable. The phenomena will be so clear and definite, and their relations will be so systematic, comprehensive and suggestive that the science will carry with it the force of demonstration to all candid minds. Has such a science a real existence? If it does exist, no embodiment of it can be pointed out which is accepted by all men. Certainly the works on the subject held by the profession at large do not present adequate materials for its construction. Nor have the phenomena which they do furnish been so systematized as to elevate this branch to the dignity of a physical science. No extended examination is needed to show that the materia medica, as commonly taught, does not realize these requisites. What has not been attempted has not been achieved.

There is a candidate for our notice of a different character. Hahnemann and his followers have adopted a method of study more in accordance with the claims of science. For sixty years they have been collecting materials, with a zeal which challenges admiration. Unhappily, opposite opinions are held by different branches of the profession in regard to the value of these results.

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It is my present purpose to examine the materials they present to us, and to inquire if they are available for scientific study. It is no part of my plan to furnish new facts, nor even to verify those adduced. If it should be made to appear that they are not in all respects just what we need, none that are more suitable can at present be obtained. They claim to be chiefly the effects of medicines acting on the human system when in a state of health. It is believed that there is not in existence any other large and separate class of phenomena for which this claim is made.

The first impression, when entering upon the examination of the material before us, is one of dismay. Its amount is so great, it involves so many particulars with relations infinite and tangled, that it fairly bewilders the mind. No human intellect can possibly grasp it in its present state. To make matters, if possible, still worse, every day is adding to the amount; and active explorers are busy the world over in heaping up additions to our already ample stores.

The uniform history of science now comes to our relief, with the assurance that if the facts are true expressions of nature's phenomena, there must be ways of binding them into bundles, of reducing them to order, of making them available in study and in use.

The problem is to determine these bonds. What are the principles, methods, and channels, by means of which the combining processes of science can be applied to the materials we are considering?

We have before us, then, a collection of recorded phenomena. They represent modifications of the bodily organs and functions. They consist of sensations and conditions which are morbid, either in kind or in degree. They appear to include almost every variety of physical, mental and moral change from health which the human system is capable of undergoing. They profess to be the results of the modifying influences of certain agents whose names are linked with them.

A closer examination suggests to the mind certain limitations, under which the phenomena are to be received. These limitations are caused by the state of our knowledge, by the circumstances under which the phenomena are obtained, and by the nature of language.

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The facts before us fall into two classes. (1.) The sensations, feelings, thoughts, and volitions which the medicines excite in the subject of experiments. (2.) Such phenomena as can be perceived by another person. It is obvious that an intelligent comprehension, and a due appreciation of these two classes of effects, involve a knowledge of the entire range of the mental and the physical conditions of man both in health and in disease. We are very far from possessing such knowledge. The significance of a phenomenon often depends upon collateral relations, which are imperfectly known to us. Knowledge of individual characteristics must be well advanced before systematic arrangement can be made.

In such a science as we are considering, phenomena of the first class will, for obvious reasons, predominate. We find in our records that subjective symptoms are well represented, though even these are limited in every direction. The experiments which furnish them are chiefly voluntary ones. In these circumstances they will seldom reach actual disorganization of tissue, or suspension of function, or permanent derangement of mental operation. Objective symptoms, therefore, are secured more slowly. Effects of this character may sometimes be obtained by accident. And, as has been suggested in a previous stage of this investigation, experiments on brutes, and the effects of medicines on the sick will sometimes give results which are *provisionally* useful. In such ways we sometimes supplement our knowledge; though, until confirmed by experiments in health, all other phenomena are inadmissible to a full place in the inductions. In general, no phenomena are entirely trustworthy except those obtained in subjects previously healthy. Otherwise, symptoms from other causes may embarrass the inquiry.

We find the phenomena before us under limitations, also, from the nature of language. Thus the same phenomenon is repeated over and over again, and referred to different agents. It may be presumed that no two natural substances, powers, or effects, are ever precisely alike; yet here we find ourselves trying to make a scientific arrangement of phenomena which, so far as their verbal expression goes, are identical.

Such are some of the considerations which explain the difficulty

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of making a classification of the multitudinous phenomena left us by Hahnemann, and daily added to by his followers.

Distribution of the phenomena into groups has already been effected. Certain topical distinctions, such as the relations to the head, to the stomach, to the abdomen, etc., have been used for this purpose. These groups are of great advantage in aiding us to select any particulars which we wish to investigate. But in not a single instance does this machinery, or anything else, reduce the effects of an agent to a symmetrical, scientific whole. We recognize, indeed, in these topical arrangements, the scaffolding which other sciences use preparatory to organization. Such a schedule places the facts in a more systematic relation than the materia medica has ever before obtained. But the form and vitality of science are still lacking. Positive knowledge of *the order which always exists between phenomena of a common origin* is not yet reached. The very conception of the possibility of such knowledge seems hardly to be entertained.

Here, then, is suggested a channel of inquiry worthy to be followed. If the first attempts prove to be premature and abortive, perhaps they will, at least, stimulate to new and to successful effort. We have had no lack of observation. New facts continually crowd upon us. What we now need is investigation. Earnest men have done honor to our school as explorers. It is to be hoped that they may be led either to aid the present undertaking, or to supersede the necessity of its prolonged continuance.

[*To be continued.*]

A CASE; WITH COMMENTS.

BY CARROLL DUNHAM, M.D., NEW YORK.

Mrs. S., aged twenty-seven years, fair and stout, has been married six years, but never pregnant; before marriage, menstruation was normal; soon after marriage, it became irregular, as follows: menses would appear at intervals of three or four months, and the flow would continue, with scarcely an intermission, for twelve or fourteen weeks. The discharge was generally dark and thick,

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accompanied by pain, more or less severe. During the flow the patient became quite feeble and anæmic, although not apparently emaciated.

She applied to me, March 16, stating that she had been flowing since March 1st; the discharge being thick, dark and abundant, and attended by unusually severe, labor-like pains, night and day. She was already very feeble; and, judging from past experience that she would continue to flow in this way for at least two months, she apprehended a degree of prostration that would utterly disable her. I gave *Platina*[200], a dose every night. The flow continued, although daily diminishing in quantity, for one week, and then ceased. The patient began immediately to regain strength. There was no reappearance of menses until June 16, when they came on as before, but without pain, continued two days, ceased for twenty-four hours, reappeared, and continued until July 4. During this time *Platina*[200] was taken as before. July 18, menses reappeared, the flow being very abundant, dark, and somewhat coagulated. The patient was weak, had no appetite, and complained of pain and much commotion in the abdomen. *Platina* having failed to produce lasting effect, *China*, *Crocus*, and *Hamamelis* were given, but without satisfactory results. The flowing continued from July 18 to September 12, when the patient's condition of debility was quite deplorable. I now found her symptoms to be as follows: the flow was not quite so dark, very profuse, but much *more profuse during the night* and on first rising than it was during the day. On rising in the morning, the patient experienced a contracting pain in the abdomen, and a sharp upward stitch in the rectum, followed by a discharge of coagula from the vagina. There was not much flowing during the day, while *throughout the night it was abundant.* She was very weak, and had much headache and no appetite. I gave *Magnesia carb.*,[200] to be dissolved in water, a teaspoonful every four hours until better. September 16, she reported that after taking *Magnesia carb.* for two days *the flowing at night* ceased; now, after four days, the flowing had entirely ceased. The improvement in general condition had been remarkable. From this time, the improvement of the patient was all that could be desired. In five weeks menstruation reappeared,

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and pursued a normal course, and there has been no recurrence of the former long-standing troubles.

The prescription of *Magnesia carb.* in this case was followed by very prompt and complete relief. The symptom which led to it was the "condition" of the flowing, viz: "worse during the night." Shall we now, on the strength of this confirmation of this unusual (we might say unphysiological) symptom, pronounce the latter a "characteristic," or a "key note" of *Magnesia carb.?* It was certainly the symptom in the case which struck me as most remarkable (for I do not recollect meeting it before in practice), and the fact that I found it in the proving of *Magnesia carb.*, determined me to give that remedy. But would it be safe to rely on this symptom alone as a "key note," and always give *Magnesia carb.* when we meet the symptom in practice? No doubt we should sometimes brilliantly succeed, but I am sure we should often fail. At least one other remedy has the same symptom, flowing worse at night, viz: *Bovista;* and still others may have it. Between these two remedies, the distinction is easily found in the diversity of the other symptoms.

Magnesia carb. produces (Chronic Diseases, symptoms 500 to 525) too *frequent* and too *profuse* menstruation; the flow, which is *dark and thick*, being more profuse at night, (symptom 510) corresponds with my case in every particular.

Bovista, on the other hand, (Hartlaub and Trinks' Mat. Med., Vol. III, Bovista; symptoms 382 to 394) makes menstruation tardy and scanty; the flow, which is watery, being most abundant at night, (symptom 385).

These remedies, so different, agree in this one symptom, "increase of flowing at night." We could avoid error in a prescription only by taking cognizance of the totality of the symptoms, — Hahnemann's approved method. Should we venture to base a prescription on this remarkable symptom alone, as a characteristic or "key note," we should probably fail in half our cases.

Ex uno disce omnes. There is no 'royal road to knowledge' of the materia medica.

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PHARMACEUTICAL SUGGESTIONS.

BY F. A. ROCKWITH, M.D., NEWARK, N. J.

Read before the New Jersey Homœopathic Medical Society.

In a profession which demands the utmost integrity in its various auxiliaries, it often becomes necessary to depend upon a single individual in the administration of its different departments. Thus, in the practice of homœopathic medicine, the purity and reliability of drugs is indispensable to success; and hence, it may often be necessary that the physician should not trust to remedies prepared by others. But without dwelling upon this consideration, I will make a few practical suggestions.

All have observed the clinging of the sugar to the pestle and the bottom of the mortar in making triturations, and perhaps this is one reason why physicians do not more generally use this profitable and convenient mode of attenuating medicines. To overcome this trouble, moisten the sugar with a little absolute alcohol, in the proportion of twenty-five to thirty drops to the ounce of powder. This will facilitate a difficult task, which is sometimes even dangerous, that of triturating poisonous drugs, particularly in the first and second potencies. It also obviates the liability of the sugar to be heated by the friction of its particles, which produces phosphorescence, and an electric state that may tend to the decomposition of the drug or chemical substance triturated. It furthermore promotes separation of granular particles, bringing them more surely under the action of the pestle.

Medicines thus prepared in powder are far more uniform and divisible, and present an appearance difficult to attain by the ordinary method. In the first trituration of *Mercurius vivus*, the advantage of this procedure is more clearly seen, as the metallic globules remain constantly exposed to observation until they become entirely invisible in the process of "deadening," as it is termed in technical pharmacy.

Next, we notice the careless manner of exposing medicines to the action of sunlight. It takes but little knowledge of physics and chemistry to understand the powerful chemical agency of the

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solar rays. The tincture of ergot, if exposed to the direct rays of the sun, not only loses its beautiful reddish-brown color, but also becomes so far changed that large hexagonal prismoids of sugar form upon the sides and bottom of the vessel. This change is produced by the glucose portion of the seed, which is held in solution in the tinctures, being metamorphosed into sugar by the influence of the actinic rays. The mild, as well as the corrosive preparations of mercury are readily reduced to an inferior metallic condition; while the preparations of iron, more particularly the chlorides, are almost entirely changed in their chemical relations by being brought under the influence of this agent. I know a druggist who was considerably puzzled by finding that a show-globe filled with a weak solution of the perchloride of iron had, in a few days, changed into a perfectly colorless liquid, holding in suspension beautiful arborescent rhombic crystals of hydrated chloride of iron. Nearly all vegetable preparations not only lose their remaining chlorophyl, but also undergo still more extensive alterations. Protiodide of mercury, iodide of iron, hydrocyanic acid, bromine, nearly all the mercurial preparations, the nitrate of silver, and all pure metallic triturations, etc., etc., are liable to be changed by the same cause.

It is needless to say how little confidence we can have in medicines thus exposed to the action of sunlight; much less can we accept the reports of cures supposed to have been made by such worthless preparations. I know a young physician who has gone to the expense of importing from Leipsic a large and costly stock of liquid medicines of the thirtieth attenuation, which he has exposed, with some ostentation, to the open daylight in his office. I fear that it will take more than the spectroscope to find medicine in the whole lot. I would recommend that all homœopathic preparations be kept in either a yellow or an impenetrably dark glass bottle, or, more economically, in glass made opaque by a black carriage-varnish.

It is generally admitted that the administration of remedies in powder is not only the most convenient, but the most profitable to the dispenser; but in order to insure a lasting power to medicines so prepared, I would advise the use of a waxed dispensing-paper.

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This will not only guard the powder against the dampness of the atmosphere, but will also prevent the evaporation of volatile medicines. I have used this paper for many months at sea, and have been able, when yet an allopath, to preserve the effervescing powder, the common soda powder, in a combined state. A better test need not be offered. I prepare this paper, by heating a sheet-iron plate, of a convenient size, upon a hot stone, and laying a half quire of white wrapping paper upon it, until thoroughly warmed through. I then wrap some white wax in a piece of woollen cloth, and pass this in rapid succession over the heated paper still remaining upon the hot iron. As soon as a leaf becomes transparent, I remove it, and pass the next through the same process, until all are waxed.

I would offer also still another improvement, with which I became acquainted in Germany some sixteen or seventeen years since, but which I have never seen mentioned or used by physicians of this country. It is a substitute for lard as a vehicle for topical remedies. The objection to adipose matter is not only its readiness to undergo chemical decomposition, but also the difficulty of mixing it with aqueous and alcoholic solutions, which it absorbs only in very small proportions. To avoid the inconvenience of lard, I have made use of a glycerate, which readily takes up water and alcohol as well as oil and other fatty matter. The ointment is made by mixing together one part of corn-starch, or arrow-root, with six parts of glycerine, afterwards raising the mixture gradually to a boiling point, until it begins to thicken. A further recommendation of this preparation is found in the fact that it may be easily removed by water alone.

I give this for the benefit of those so-called homœopaths who yet cling to a topical administration of remedies, while I, for my own part, have but little use for it; and, in fact, except for an occasional ointment of *Aconite* or *Arnica*, I have never made use of it since I became a homœopath.

I claim no particular originality for the hints here presented, but I feel confident that to the majority of our practitioners they are new, and not entirely unworthy of mention here.

In my perambulations among even the best of practitioners, I

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have noticed a respectful distrust of everything outside of Materia Medica, Surgery, Midwifery, and the narrow gauge of our profession. I think a little more breadth of education and more acquaintance with collateral sciences would do us all considerable good.

THE BROMIDE OF POTASSIUM IN SPASMODIC CROUP.

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

ALTHOUGH spasmodic croup is rarely a dangerous or fatal disease, it has certain terrors, especially for parents, and is a source of anxiety to physicians.

An ordinary croup of catarrhal origin, or any croupous affection of the larynx, or even acute laryngitis, may become complicated by spasmodic symptoms.

Spasmodic croup usually occurs during the years of infancy and childhood. It must not be confounded with that disease known as *laryngismus stridulus*, which is not a croup, but a purely nervous disorder; and yet the condition present during the suffocative paroxysm of spasmodic croup is very nearly like that which occurs in the former disease. The precursory symptoms of the non-membranous croup, as well as the membranous, are those of a common cold, with slight fever, hoarseness, cough, coryza, etc. There is seldom any soreness of the throat; and if we examine the fauces we find nothing but a slight redness. These symptoms may continue for a day or two, or only a few hours; but the spasmodic symptoms do not usually occur until in the night, when, after sleeping naturally, the child is suddenly awakened by a sensation of suffocation, with a peculiar dry, ringing, brassy cough, and hurried breathing. He is agitated and alarmed, and wants to sit up, or leave his bed; his face is slightly flushed and appears swollen, and his eyes are suffused and bloodshot. Each inspiration becomes prolonged, and is attended with a characteristic crowing noise, easily recognized when it has once been heard. After an hour or two the child will fall asleep again, and breathe easily and naturally, only to wake again in a similar paroxysm. This may occur several times during

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a night. As morning dawns, there is a remission of the symptoms, and the patient will go through the next day free from any difficulty of breathing. This may occur two or three consecutive nights, and end favorably without medication, or it may end in pseudo-membranous croup.

Now, for the above group of spasmodic symptoms, we have usually relied on *Aconite*, which is a really fine remedy, but it sometimes fails to relieve as soon as the anxious parents desire, or the physician could wish.

Hepar sulph. and *Spongia* do not correspond to these nervous symptoms, their sphere is the inflammatory irritation of the mucous membrane. *Belladonna, Hyoscyamus, Cuprum, Moschus* and *Gelseminum* often act favorably, but none of the remedies named have proved so promptly palliative in all cases, and curative in so many as the *Bromide of potassium*. The first case in which I tested its virtues occurred in October of this year. The second night of the illness, the parents were greatly alarmed, although they were familiar with ordinary croupy attacks. I found the child suffering from all the spasmodic symptoms of an aggravated character, so much so that membranous croup seemed imminent. The patient had been taking *Aconite* and *Spongia*, all night. Prescription: ten or fifteen grains of *Kali brom.*[1 dec.], in ten teaspoonfuls of water, a teaspoonful every fifteen minutes. After the third dose, the child fell asleep and did not awake till morning, and the next night was a comfortable one. The *Hepar sulph.* and *Spongia* were continued next day.

Since that time I have always left a powder of *Kali brom.*[1 dec.] to be given if spasmodic symptoms set in; and the invariable report is, that it arrests them, and prevents their recurrence.

In several cases no other medicine is given from the beginning — one-tenth of a grain every two hours — with the result of preventing the usual nocturnal accession of spasmodic symptoms.

I believe that in this medicine we have a remedy which will be of great service to us in the treatment of this disagreeable affection.

When the pathogenesis of *Kali bromidum*, upon which I am engaged, shall appear, it will be shown that the remedy is homœo-

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pathic to the affection of the mucous membrane of the larynx, as well as to the spasmodic element which complicates the disease.

PUERPERAL CONVULSIONS FROM AMMONIÆMIA.

BY S. LILIENTHAL, M.D., NEW YORK.

THE following interesting case was treated by Drs. Rebecca Page and Mary H. Everett, of this city.

Mary Ghagen, aged seventeen, was of small figure, but plump; short neck, dark hair, florid complexion. Dropsy was hereditary on her mother's side, and during the last few weeks of pregnancy she had much œdema in the upper and lower extremities. Until about five weeks previous to confinement she had been working in a paper-collar factory, where arsenic is extensively used for glazing the collars. She is in the habit of retaining her urine the whole day. Menses had always been scanty, of bad color, and fœtid, and accompanied with much headache and pains in her right leg, which then felt as if drawn up. She has habitual constipation, goes sometimes weeks without a passage, with intense suffering when she has a stool; is frequently troubled with ascarides. During her whole pregnancy she was exceedingly nervous, with constant headache, and had frequently a sleepy look. She had suffered from prolapsus uteri.

October 20, 1869, Dr. Page was called at nine o'clock, P.M. She found a foot presentation, but labor was progressing favorably, with the exception of severe headache. Pains regular and natural; child born at 3: 30 A.M., and the placenta followed soon after, with very little loss of blood. One hour after, just as she was thought to be going to sleep, she was suddenly taken with convulsions. The first and second convulsed the whole body with opisthotonos; most of the following attacked more the right side; the face also worked towards that side. Gave *Gelseminum* tincture, a dose every five minutes. She vomited several times during the morning. A dose of *Apis* interpolated produced copious bloody discharge, but no other relief. Two convulsions.

Oct. 21, Noon. Fifth convulsion, followed by heavy stertorous breathing; pupils dilated. Dr. Everett drew nearly a quart of

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highly albuminous urine. Gave *Opium*[1] and *Tart. emet.*[1] in alternation. 1, P.M. Breathing better, nausea. 2. Complains of pains in head, and soreness of abdomen; vomiting of green, slimy masses, followed by another convulsion, with stertorous breathing, and hot feet and hands. 2:30. Convulsion; pulse 148, full, but rather soft; pupils more dilated. 2:45. Convulsion, with opisthotonos. 3:15. Short convulsion. Does not recover from one before another comes on. 4. Has been breathing quite naturally for fifteen minutes; has turned over twice. 4:45. Short convulsion; breathing more natural; sleeps quietly; flesh hot and dry all over body; pulse soft and quick, 148. Has urinated involuntarily. 5. A somewhat harder convulsion; breathing again more stertorous.

6, P.M. Has had a quiet sleep; pupils dilated; spoke to her husband. Took *Bell.*[6] 7. Quiet sleep. An injection brought away a very few hardened fæcal masses, but produced a more severe convulsion; face and hands livid; stertorous breathing; bites her tongue. 7:20. Slight movement of bowels. Another convulsion with stertor; hands and feet begin to feel a little moist. 8. Very restless; bowels gurgling; disturbed with another slight stool. Short but severe convulsion, with stertor; thumbs drawn in. 8:45. Convulsion; has swallowed a little tea. 9. Free injection of soapsuds; no fæces in the rectum. 10. Severe convulsion, but less stertorous breathing. 10:30. Restless, moans, bites her tongue; hands and feet of more natural temperature. Took *Apis* in alternation with *Belladonna*, a teaspoonful every two hours. 11:15. Another convulsion. Before convulsion, pupils contract; dilate afterwards. Heavy sleep, but no stertor. Change the *Belladonna* to *Atropine*,[3] half a grain in a tumblerful of water.

Oct. 22, 12:25, A.M. More restless after *Atropine*, skin hotter, bites her tongue. Gaping, smiles in her sleep, throws her arms about. 1:30. Slight twitches round her mouth, but more quiet. 3. Another short, but hard convulsion; stertorous breathing lasted about two minutes afterward. 4:30. Face more flushed, head hot; is inclined to slip to the foot of the bed. Hands and feet turn rather cold. 8. Nearly a quart of urine drawn with catheter; pulse 86, full but easily compressed; sleeps heavily, but no stertor. 11. Has had some tea several times; stretches herself, is semiconscious, but sleeps on.

1, P.M. Chicken tea. Whenever the pulse rises, it is brought down by sponging to 86. 5. Drew another quart of urine. Bowels moved slightly, face redder. 10. Copious stool, fæces dark-brown; œdema decreasing in lower extremities. Midnight. Drew another quart of urine. Lochia slightly increasing, hands moist again, natural sleep.

Oct. 23, 4, A.M. Pulse somewhat weaker, soft. Continues sleep-

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ing, but swallows her chicken tea and medicine when offered. 8:30. Opened her eyes; when loudly spoken to, shows signs of returning consciousness. Noon. Beef tea and toast. The urine drawn still shows large quantities of albumen. 5 P. M. Recognized and spoke to her husband. Stop medicine. The urine drawn is of a darker color with strong ammoniacal odor. 9:40. Wakened of her own accord, looked around, and wanted some water. Midnight. On hearing the baby cry, asked what that crying was. The urine drawn, more scanty, high-colored, of a sickish sweet odor, as if containing putrefying matter. Dislikes her beef-tea; takes milk and water, and fresh cold water.

Oct. 24, 5, A.M. Still more conscious, complains of headache and of her sore mouth. She bit herself severely during the convulsions. 9, A.M. *Glonoine* relieved her head symptoms.

Oct. 25, 9, P.M. Slept most of the night, was somewhat flighty; hearing very acute. Urinated freely of her own accord. Milk runs from her breast, and the nursing of the baby relieves her headache. She feels sore and bruised all over her body. 9, P.M. Feverish, pulse 106; fright in delirium, sees phantasms, wants to go away. *Stramonium*, [200] quieted her, and she slept till morning.

Oct. 26, 9, A.M. Headache. Light is painful; pupils dilated, but contract readily. Right mamma a little hard, with two small lumps. Small natural stool. Take *Bellad.*[30] every three hours.

Oct. 27, 9, A.M. Has not urinated in twenty-four hours. Drew urine, which has still that peculiar sickening smell. Œdema of feet entirely gone. Drawing the milk from her breasts increases the headache, and makes her dizzy. Lochia more free. Appetite increasing.

Nov. 10, 9, A.M. Has to be visited the whole time yet; as, off and on, symptoms of cerebral trouble will come, mostly relieved by *Bellad.* and *Bryonia* She is up, but there seems to be something in her whole make which portends danger, and she remains therefore under treatment, and is now taking *Sulphur* and *Calcarea* in alternation at long intervals.

It is far easier to criticise than to do better. Our two young friends have shown themselves studious, kind, and intelligent physicians, and we feel happy that success crowned their efforts in a disorder which continues to baffle older minds, and in which we frequently have to mourn the loss of our patients. Another pleasing circumstance, the crowning point, as it were, to our lady friends, is their strict adherence to homœopathic principles; no chloroform or other anæsthetic (although these have been frequently employed

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with benefit); no derivantia, but every remedy given according to its similarity; and to this, and to their untiring attendance for four days and nights we may certainly ascribe, under God's providence, the happy issue which followed.

But let us examine the case pathologically. We find that Arthur B. Steele, in speaking of the nature and treatment of puerperal convulsions remarks (*Brit. Med. Journ.*, Aug. 1867), "that puerperal convulsions may not only arise from two distinct and opposite conditions of the system, one in which excessive distension of the vessels of the brain and spinal cord, or both, produces eclampsia by compression; the other, in which from excessive loss of blood by hæmorrhage, the nervous centres are drained of their blood, giving rise to convulsions from anæmia, — but we have also other centric causes of convulsions, which may exist either with or without one of the first two conditions. Such are the various forms of toxæmia depending upon those agencies which interfere with the proper depuration of the blood, as constipation, or cholæmia, from insufficient action of the liver, or uræmia, from affections of the kidneys. As eccentric causes we have emotions, irritation of the uterus and the uterine passages, while gastric irritation and even irritation of the mammæ have been the cause of convulsions."

The strongly-marked dyscrasic diathesis of the patient is clear from her antecedents, for we find hereditary dropsy, helminthiasis, anæmia, and (from habit) a chronic retention of urine and fæces. She worked daily for long weary hours, exposed to the inhalation of arsenical dust, and it is well known that arsenic may produce a congested condition of the kidneys; and that thick, turbid, purulent and even putrid urine has been evacuated in cases of chronic poisoning with the arsenious acid. Her menses had always been scanty and fœtid. During all her pregnancy we find her ailing, not from the usual ailments of pregnancy, as vomiting or other dyspeptic symptoms, but her nervous sufferings showed the character of torpor and of debility; and, as confinement drew near, we find her constitutionally predisposed to convulsions. That these did not come on during labor may perhaps find its cause in the smallness of her sickly infant, and because, as it was a footling presentation, the parts dilated by degrees; but the last few pains,

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expelling the head, may have exhausted the little nervous strength left, and convulsions, from adynamia in a toxæmic constitution, followed. That the disorder of the kidneys preceded the accouchment we may be certain, as the smell of ammonia could be traced in all her secretions; and Scanzoni, Haller, Frehrich, Hasse, and others agree unanimously that cholæmia and uræmia, by their influence on the brain and spinal marrow, may cause convulsions.

We may be allowed to copy from an anonymous writer in the A. H. Zeitung, Nov. 1869, who gives a perfect picture of our case: "The eclamptic form of uræmia is characterized by sudden convulsions like those of epilepsy, which, vibrating through the whole muscular system, remit for a little while to re-appear with increased fury, with laborious respiration, frequent and intensive stupor, in which the clonic spasms are lost. The twitchings of the extremities alternate frequently with spasms of the diaphragm or of the bronchial and laryngeal muscles, distinguishing itself by a ronchus heard over an extensive region, cyanosis, a sudden stoppage of respiration, interrupted or followed by shrill, extended, frequently repeated screams without any cough or aphony. Intermission of the spasms causes no cessation of the sopor; the spasms return, till, after repeated paroxysms, stupor with stertorous respiration, atrophy of the brain, œdema, or uræmic paralysis, closes the scene in death. Or consciousness returns, the patient complains of malaise, dull headache, dimness of sight, without any recollection of what she passed through. Analogous to the cardialgic vomiting in myelitis, etc., etc., we find sometimes before, and during the eclampsia, as reflex of the spinal-irritation, an increased activity of branches of the sympathetic going to the blood vessels; and, as hyperæsthesia of the large abdominal ganglia, a neuralgia cœliaca with mortal anguish, fainting, obstructed diaphragmatic breathing; whereas the former appears with chills, thirst, suppressed secretion of bile and urine, hyperæmic state of the gastro-intestinal mucous membrane, with vomiting and diarrhœa as a consequence of the spasmodic closing of the capillaries."

Harley (*Medical Times*, April 1864) considers true uræmia depending on the arrested elimination of the poisonous material by the kidneys; true ammoniæmia, on the re-absorption into the circu-

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lation of the decomposed secreted product; and Kafka and Jaksch in their respective pathological works agree that uræmia can exist without simultaneous ammoniæmia, but ammoniæmia will never be seen without simultaneous uræmic symptoms.

Although the successful issue has fortunately deprived us of an interesting post-mortem examination, still the chronic diseased state of the kidneys is clearly shown by her present state of health, two months after confinement; the listless apathy, sleepiness, severe paroxysms of headache, and a puffed, unnatural appearance of the features, clearly show that the machinery is not yet in perfect order.

Post hoc, ergo propter hoc. Is it true in this case? We believe so, and the frequent catheterizing by the attending physicians cannot be too highly praised; for we think that by this mechanical procedure, quantities of the poisonous material were eliminated, the overloaded kidneys relieved of their congestion, and nature aided in the restoration of the necessary equilibrium. She was suffering from chronic constipation; this torpor of the intestinal tract was to be overcome, and injections were the best means to accomplish it, although perhaps by the hyperæsthesia of the large abdominal ganglia they increased the convulsions at first.

One of the first remedies given against this dangerous state we see was *Opium.* Observation of a large number of cases has convinced Prof. Scanzoni that a kind of intoxication produced by opium leads with more certainty to a favorable termination of this terrible disease than any other means recommended. He uses subcutaneous injection. It produces such symptoms as drowsiness, giddiness, headache, sickness, feeling of constriction in the throat, vomiting, depression, and, if the dose is large, somnolence (*Bullet. Gén. de Thérap.*). The same symptoms and in the same order are found in the disease, and there are therefore few remedies which can lay a higher claim to a simillimum to this disease than *Opium.* Verdi (*Ohio Medical and Surgical Reporter*, September, 1869) remarks that *Belladonna* acts in many ways upon the cerebellum and medulla much like *Opium*; and after the latter has removed the stertorous respiration, the related *Belladonna*, or its alkaloid, the *Atropine*, may well come in against the spasmodic affection.

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The alternation of *Apis* with the *Belladonna* may certainly be pardoned in a case of life and death, and nobody can deny its perfect homœopathicity to the case in question. According to all authorities, it is in albuminuria a remedy of the first order; and among its symptoms are found: morbid excitement of the urinary organs; confused vertigo, blind staggers; violent burning and throbbing, headache, with œdematous swellings about the eyes and forehead; sudden starting from sleep with great agitation and anxiety.

Allopathic authorities generally agree that thirty per cent of those who are attacked with convulsions during labor die; and the mortality among those who are attacked with convulsions after labor is generally given still higher. Blood-letting to break the convulsions, and chloroform to keep them from returning are to-day still the sheet-anchors, as they were of old; although they acknowledge that in cases with well-established albuminuria, bleeding should be employed with great reserve, if resorted to at all, and reliance should be placed only on the prolonged use of chloroform, which is not near so likely to kill as a return of the convulsions. (*Ohio State Medical Society*, 1868). "Similia similibus curantur." Let the eclampsia be caused by plethora, anæmia or toxæmia, the truly-chosen *simile* will do its duty, whenever the disease is not yet so far advanced as to make a cure impossible; and just in such desperate cases, homœopathy has gained and will gain its greatest victories.

CHLORAL.

(Prepared Expressly for the Gazette.)

THE recent discovery, by Dr. Otto Liebreich of Berlin, of the remarkable action of this substance on the animal economy has awakened an intense interest in it throughout the medical world. It was originally obtained by Liebig, more than thirty years ago by the action of chlorine on alcohol. When a current of dry chlorine is passed into anhydrous alcohol, the fumes of hydrochloric or muriatic acid are given off, aided by heating the liquid gently,

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freely at first, afterwards with more reluctance, till finally the reaction ceases, and chlorine only passes off. Three-eighths of the chlorine is retained in combination with that part of the alcohol which remains after five-sixths of its hydrogen has been carried off by five-eighths of the chlorine. In fact, there are other substances formed, especially at the first. The mixture after some purifying has been called heavy muriatic ether. Wash this so-called ether with three times its volume of sulphuric acid, and an oily liquid floats above the heavier. Mix this again with strong sulphuric acid, distil it, add quick-lime to the distillate, and re-distil, and you have the chloral pure.

Chloral is half as heavy again as water, and boils at 201° F. It is colorless and very fluid, but oily. It has little taste, but its odor, though suggestive of muskmelon, is penetrating, and excites tears. It mixes readily with water, alcohol, or ether.

It is a remarkable fact that chloral, left to itself, at length becomes a white translucent solid, in which state it is but slightly soluble in water, alcohol, or ether. The action of heat restores its fluidity, transparency, and other original properties. This solid state is by some considered allotropic, analogous to that of amorphous phosphorus, waxy sulphur, and passive iron. But these last are regarded as simple substances; and the change of state in chloral may be a re-arrangement of its constituents into another compound; it might be of chloroform and formic acid, which together make exactly the proportions of chloral.

Hydrate of chloral is another extraordinary substance, and is in fact the form of chloral which is now interesting the world. The two liquids, chloral and water, unite into a white glistening porcelain-like, pungent, bitter solid. As it is very soluble in water, there must be no excess of it, in order to form the solid hydrate.

Liebreich finds that chloral produces a cataleptic condition in frogs. An extreme dose causes death by paralysis of the heart, which is found distended with blood. A subcutaneous injection of seven grains of the hydrate produced in a rabbit nine hours of quiet profound sleep without excitement, the pulse and breathing being regular. Repeated experiments showed that these animals

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awoke with a good, healthy appetite. During this sleep the circulation remains normal, except that the vascularity of the ears, eyes, etc., seemed increased. If there is, as some think, a period of anæsthesia, it is certain that in most of the sleep there is a hyperæsthetic condition; for the animals gave signs of pain when ears, nose or tail were pinched, as they would not normally. The drug produced similar effects when administered by the mouth. None of the rabbits died, although some were many times subjected to its influence. In birds similar effects were produced, but always after first having caused them to vomit.

Dr. Liebreich concludes, from these experiments, that chloral paralyzes the ganglionic cells, first of the brain, then of the spine, and, in fatal doses, lastly, those of the heart. It is a hypnotic, rather than an anæsthetic, and it is supposed to stand, in some respects, between chloroform and ether.

Liebreich's first experiment on a patient was a subcutaneous injection of 1.35 grammes, say twenty grains, administered to an insane woman. It produced no local inflammation, and resulted in five hours' sleep, commencing in five minutes after the injection. The second case was of stupor and melancholy; 3.5 grammes (about fifty-four grains) were swallowed. It resulted in sixteen hours' sleep. Langenbeck used it with happy success in a frightful combination of comminuted fracture of the shoulder and delirium tremens, after opiates had been used in vain for about a day. The dose swallowed was four grammes (over sixty grains), with three subcutaneous injections of two grammes each. The result was sixteen hours of apparently normal sleep, from about 2 P.M. till the next morning. Two grammes, swallowed the next night, gave excellent sleep. The treatment probably saved a not very valuable life, — that of a drunken woman. In a third case, still under treatment, it promises hopefully in tetanus.

M. Demarquay, surgeon to the Hospital Dubois in Paris, administers the hydrate of chloral in proportions of a gramme, mixed with a tablespoonful of syrup of tolu. The dose is not found disagreeable, but it leaves an acrid sensation in the fauces. His doses went as high as five grammes, seventy-seven grains. He sums up twenty cases in a report to the Académie des Sciences, 21st Sep-

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tember, 1869. In six it failed to produce sleep. One of these, a woman of twenty-three, it intoxicated and kept her awake all day and all night. Her dose was two grammes, taken for an intense headache. He concludes: First, chloral has a marked hypnotic effect, especially on the feeble and debilitated; second, the weaker the patient, the longer the effect; third, the sleep is calm, unless the patient be suffering acute pain; lastly, the dose may safely be a large one.

In England, experiments were made by Dr. T. Spencer Wells, Surgeon to the Samaritan Hospital. He first took fifteen grains of the hydrate, with little effect on himself. A lady who had been three days without sleep from intense sciatic pain obtained a perfect night of apparently natural sleep from thirty grains. The second morning, after a similar dose, she awoke with a headache. So it was afterwards with forty-five grains; but her appetite improved. In a second case, of a lady with neuralgia, the failure was total. In a third case, it was administered eleven days after the removal of the uterus and both ovaries, with a fibroid tumor of four pounds. He substituted thirty grains for opiates, with good effect. In another case, it was taken in alternation with opium. Thirty grains of hydrate of chloral gave about as much relief as a grain of opium, but it was not followed by the headache and loss of appetite which attended the opium. He gave it with a drachm of syrup and ten drachms of water. In Germany, the same dose (two grammes) would be given in a half ounce each of simple syrup and water. Dr. Wells has not tried subcutaneous injections.

It is clear that chloral is to be considered as a rival to opium, not to the anæsthetics, of which the operation is much more brief. A patient under the influence of chloral is easily wakened by noise, but drops off to sleep again directly. And a slight touch with a pin, which would not be noticed in ordinary sleep, causes a shrinking away and a moan. And the sleep that chloral brings to one in intense pain is distressing.

To those who care to follow out the reactions of chlorine on alcohol, and have patience to unravel the formulas, we would commend the new Fownes' Chemistry, pages 517 and 688. It is not only the latest, but the only authority we have on this

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branch of chemistry, so wonderfully changed and enlarged of late. For others, who may wish not to wait for the book, we hazard a few lines of chemical explanation. The following letters represent the weights of the various substances, as fixed by this edition of Fownes, and his terms show something of the progress of chemistry since first the names of the homœopathic medicines were adopted: —

H, 1 Hydrogen; O, 16 Oxygen; C, 12 Carbon; Cl, 35.5 Chlorine; K, 39 Potassium; OH^2, 18 Water, HCl, 36.5 Hydrochloric acid, muriatic acid; OKH, 56 Potassic hydride, C^2H^6O, 46 Alcohol; C^2H^4O, 44 Aldehyde; C^2HCl^3O, 147.5 Chloral; $C^2HCl^3O.OH^2$, 165.5 Hydrate of chloral; $CHCl^3$, 119.5 Chloroform; CH^5, 17 Ethyl; CH^5Cl, 52.5 Ethyl chloride; CH^2O^2, 46 Formic acid; CHO^2K, 84, Potassium formate; $C^2H^4O^2$, 60 Acetic acid; $C^2H^3O^2.C^2H^5$, 88 Ethyl acetate.

The only practical deduction now is that 165.5 ounces of hydrate of chloral contain 18 of water and 147.5 of chloral. From what we see of the mode of formation, we find that it is not a cheap substance. The Germans say a sleep costs a thaler. We may hope for lower rates than Europe has seen, soon.

The various reactions, according to Fownes, are expressed as follows: —

Alcohol, $C^2H^6O+Cl^2=2HCl+C^2H^4O$, Aldehyde.
" $C^2H^6O+4Cl^2=5HCl+C^2HCl^3O$, Chloral.
" $C^2H^6O+HCl=OH^2+C^2H^5Cl$, Ethyl Chloride.
" $C^2H^6O+OH^2+2Cl^2=4HCl+C^2H^4O^2$, Acetic Acid.
" $C^2H^6O+C^2H^4O^2=OH^2+C^2H^3O^2.C^2H^5$, Ethyl Acetate.
Chloral, $C^2HCl^3O+KOH=CHO^2K+CHCl^3$, Chloroform.

From this last formula Liebreich inferred that the alkalies in the blood transformed the chloral into chloroform and potassium formate or sodium formate. But against this there are three objections, each satisfactory. First, the action on the system is entirely distinct from that of chloroform, and in some respects opposite to it. The one is anæsthetic, the other hyperæsthetic; the one is momentary in its effects, those of the other last for many hours. Secondly, the chloral passes off in the breath, and is recognized by an odor quite different from that of chloroform.

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But lastly (for after this is established it were supererogation to give any other) the reaction is impossible. It requires a *caustic* alkali, and none of these is ever found in the human body, where carbonic acid is always present.

There can be no doubt that chloral is to play an important part in homœopathic medicine. The provings of the crude drug have been costly, and already very numerous. Clinical experience with attenuations cannot long be wanting.

HOMŒOPATHY, — DISTINCT, YET INDISTINCT.

BY J. P. DAKE, M.D., NASHVILLE.

Not long since, in a letter from an esteemed member of our school—one of the "fathers,"—a serious doubt was expressed, as to the expediency of our ever having organized colleges and societies, separate and apart from those of the old school. That expression awakened a train of thoughts, resulting in the present article.

Progress is, in every science and every art, changing and improving whatever involves the thought and labor of man. Sometimes it is slow, and again, rapid, according as circumstances favor or oppose. In the earlier ages, notwithstanding discoveries and improvements made in times gone by, each generation strove zealously to maintain inviolate the teachings and systems of certain master minds, by them held in high esteem, as though any departure from such standards, could be fraught only with evil. Improvement, — change, — was then innovation, in no wise to be favored or even tolerated.

Theological creeds, and creeds philosophical and medical, were sharply drawn, and intended to be as unalterable as the "laws of the Medes and Persians." Medicine and Theology, as well as Governments, had their "lineal succession," outside of which no proper authority could reside. Hence the vigorous persecution of all dissenters, and hence the volcanic upheavals attendant upon nearly every forward step or reformation; and hence also the slow advance of human learning and development.

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When Hahnemann began to devise improvements in chemistry, pharmacy, and even materia medica, his communications were published in orthodox journals or in well received monographs. But as soon as he had advanced far enough to indicate, in his generalizations, a new principle, destined to set aside old theories and modes of practice, publishers and apothecaries, as well as physicians, rose up against him, with the old cry, — "Great is Diana of the Ephesians," and drove him, where he did not intend to go, outside the pale of the profession, to carry on his work of experimentation and improvement. Thus it was the bigotry and intolerance of the "lineal succession," the would-be exclusive custodians of medical faith and practice, and not the personal ambition of Hahnemann, that caused him to stand by himself and then gradually to gather around him a band of admirers and students in the formation of a new school in medicine.

When the teachings of the Master spread into Great Britain, the "Royal Colleges of Physicians," withdrew their fellowship from all who accepted them, and, as far as possible, robbed their adherents of all the professional rights and privileges to which their diplomas entitled them.

And in this country, in fact in all countries, the same intolerant course was pursued, cutting off those who would observe the law set forth by Hahnemann, assigning them a place outside, and by themselves. Hence no alternative remained to the excluded but to form new associations, which very naturally grew into organizations, for the improvement and spread of the new faith, now wrought out into a distinct and beautiful system of therapeutics.

So keen had become the scent for heterodoxy in the schools of medical learning, that no student could hope to secure a diploma if he gave expression to belief in "Similia" and his disbelief in the Theory and Practice and Materia Medica taught him. Besides, every class, as far as possible, was not only led into gross errors, but also filled with prejudice against the views of Hahnemann. Hence there arose an urgent necessity for the organization of new colleges, managed in a spirit of liberality, and capable of setting forth properly the principles and the practice of homœopathy.

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And the necessity was met by the organization of faculties, in every way well qualified for the work of teaching. And the schools of homœopathy have been successful; although they have too closely followed the modes of the past, not unfrequently, like the older schools, sending out specimens of "betitled ignorance." Already there are signs of reform in our educational methods, whereby preliminary acquirements will be considered essential, as well as a wider and a more thorough drill.

There is more reason for our schools taking higher ground, from the fact that we have a great fundamental law which, with its requirements, may, and should be mastered by the student before he essays to take upon himself the responsibilities of practice; and especially since, by proper application in his pupilage, he may hope, under the guidance of a fixed therapeutic law, to enjoy, in his first years of practice, a degree of success unknown to those who, hitherto, have been compelled, by constant uncertainty in their therapeutic rules and means, to await old age and gray hairs before attaining to any degree of success or even safety in their professional labors.

While homœopathy, as a distinct school of medicine, with its societies and colleges came into being through the intolerance of the then dominant school, the world has sustained no loss thereby; but, on the contrary, has gained very much. The union, enthusiasm, and energy displayed in those organizations have borne the gentle sway of "Similia" across oceans and over continents in a very short space of time.

Passing by the vast numbers of physicians to-day dispensing its "*milde macht*" to millions of the most enlightened and influential people of the earth, see how homœopathy has changed the measures and means of the old practice, and how it is now shaping the medical opinions of the world! What, but its indubitable proofs that people may recover without venesection, blisters, setons, issues, cathartics, and heroic doses of drugs, has given the old school such a new and wonderful confidence in the *vis medicatrix naturæ*, to the gradual abandonment of their old sheet anchors? What else gave birth to the "Young Physic" of Sir John Forbes, the liberal sentiments of Oliver Wendell Holmes,

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and the gentler teachings and doings of all the medical brotherhood?

To Dr. Pope, across the ocean, who recently lectured upon "The drift of modern medicine," we send greeting; and beg leave to furnish extracts from two addresses, showing how homœopathy controls the "drift" in this country. The language quoted may be regarded with more than usual interest, from the fact that it exhibits the character of the "drift," not on our Eastern seaboard, where homœopathy has been introduced these forty years, but far in the West and South, — in fact, in the very westernmost seats of allopathic learning.

Thomas L. Maddin, M.D., in his Introductory, delivered in the Medical Department of the Nashville University, a few weeks since, said: —

"The stronger measures and remedies are no longer used as in former times. Go into the drug-stores of the city, and you see on the shelves jars and bottles of milder medicines. Inquire what articles are called for most frequently, — whence come the bulk of the profits, — and you will be told that the *calomel and jalap, tartar emetic*, etc., are little prescribed where they used to be much, and that the less destructive and dangerous remedies constitute the great mass of articles sold."

Paul F. Eve, M.D., of St. Louis, in his Introductory to the present course, in the Missouri Medical College, said, "Knowing how little can be done, in the way of curing, by materia medica, we are doing all we can to obviate the necessity of resorting to it. We rely now more upon the operations of nature and hygiene. The older a doctor becomes, the greater his experience, the less confidence has he in the multiplicity of remedial agents. The greatest of England's surgeons, Sir Astley Cooper, employed only about six (!) in his extensive practice. Doctors themselves take very little physic, for they know there is no certain remedy for any disease, and no such thing as a specific. In some sense, every dose of medicine is an experiment; for, often, no one can tell how a simple dose of salts will act."

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GLAUCOMA.

NOTE FROM DR. ANGELL.

EDITOR OF GAZETTE, — *Dear Sir:* I published in the *Gazette* of June last, as some of your readers will remember, an account of a case of Glaucoma, for which the operation of iridectomy proved curative, and further related the circumstance that just one year after the date of the operation, I removed, by extraction, a cataract from the same eye. The latter operation having proved also successful, notwithstanding the apparently unfavorable condition of the case, and the success of both operations being all the more remarkable from the fact, that my patient had lost the other eye ten years before from glaucoma, I thought the case interesting enough, at that time, for publication. I recall it now for the purpose of adding, that the statement then made, that "there is no reason why the acuteness of vision should not, in time, be as great as after the most successful operations in the most favorable cases," proves to have been justifiable. The patient's vision is fully equal to that of three-fourths of the cases after operation for cataract, and he reads the finest print with ease. It is now about nine months since the extraction of the cataract.

Respectfully, H. C. ANGELL, M.D.

16 BEACON ST., December 24, 1869.

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The New England Medical Gazette.

BOSTON, JANUARY, 1870.

With this number, the *Gazette* enters upon its fifth volume. Its prospects were never before so encouraging. It has a corps of contributors of which any journal might be proud, and a list of subscribers larger than it at first dared to hope for. Their promptness, too, in paying their subscriptions cannot be too highly commended. We have been enabled, in the past year, to give our readers more than the promised amount of matter, and now permanently to enlarge the *Gazette* to forty-eight pages monthly. But, as in the beginning we did not limit ourselves to the proposed twenty-four pages, so now, if a sufficient quantity of original and valuable matter come to us, we shall make additional room for it. To our friends, therefore, we say, if you want a larger and still more valuable journal, it is in your power to have it in the *Gazette*.

Directory of Homœopathic Physicians. — Arrangements have been made for the publication of a Homœopathic Directory in the *New England Medical Gazette*. This will be under the exclusive charge of Henry M. Smith, M.D., of New York, whose extensive experience in the department of statistics eminently qualifies him for this difficult task.

It is nearly fourteen years since the last Homœopathic Directory was published in this country, and the vast number of additions and changes in the homœopathic ranks render such a work very desirable. Little help, however, can be gained from the labors of the past, and the correctness and completeness of this Directory will depend upon the aid which Dr. Smith may receive from the different sections.

The Directory will be arranged by States, and, as fully as possible, will include: —

1. A brief history of the introduction of Homœopathy into the State, and some notice of the earlier practitioners.

2. A notice of the State Society, its organization, time of meeting, etc., and list of officers.

3. A notice of local or County Societies, times of meeting, and principal officers.

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4. A description and history of the hospitals, dispensaries, and institutions under homœopathic care.

5. An account of the homœopathic journals published in the State.

6. A list of the homœopathic physicians. The names which have been sent to the Bureau of Registration will be printed in SMALL CAPITALS. The names of members of the American Institute of Homœopathy will be preceded by an asterisk (*), those of State Societies, by a dagger (†), while those whose residence is doubtful, by an interrogation point (?).

No pains will be spared to make this Directory as full and correct as possible, and every physician is requested to communicate any information upon either of the above points. They are also specially requested to fill up, *at once*, the following blank, and send it to

HENRY M. SMITH, M.D., 107 Fourth avenue, New York.

My full name is
I graduated at Medical College, in the year
My present address is county of
State of where I have resided since
Previous to that time I practised in
I began to practise Homœopathy in the year at

HOMŒOPATHY IN AMERICA. — IT was thirty years after Hahnemann's discovery, during which time he performed incessant labors to render it practically applicable, before it found its way across the Atlantic, borne by the learned and too-hopeful GRAM. The seed which he here planted was so long in germinating, that even he was discouraged at its backwardness. But the soil was a fertile one, and in a few years some half a dozen young and vigorous minds came to his assistance, and the success of homœopathy in America was from that time certain. To-day, for every single physician who forty years ago had examined and adopted homœopathy, there stand in this country at least a thousand.

While New York must have the credit of being here its earliest nursery, it was soon transplanted to other portions of the country, and the arrival of Hering in Philadelphia, in March 1833, formed an important epoch in the history of homœopathy. A little band soon gathered around him; and a college established at Allentown in 1835

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was the first attempt at public teaching of the true principles of medicine. Though these men lacked some of the qualities to make the college a success, yet they did not lack the spirit and zeal to render it serviceable to science. Private teaching succeeded this; journals were established, and means taken to disseminate the principles of the new school among the medical profession.

In 1840, it is estimated that there were about one hundred homœopathic physicians in the United States. This number so rapidly increased that in 1844, although several local societies already existed, it was deemed advisable to form a national association which was called the AMERICAN INSTITUTE OF HOMŒOPATHY. From that time to the present, the progress of homœopathy has been steady and rapid. In 1848, the State of Pennsylvania granted a charter for the first complete homœopathic medical college. Since that time six other colleges have been organized and established, and all are now in successful operation, save that the two schools located in Philadelphia have recently been united, thus reducing their number while increasing their strength.

In addition to the number of thoroughly educated physicians which these colleges have graduated, there have been such great accessions from the old school that careful estimates indicate the number of homœopathic practitioners in the United States to be about four thousand; nearly one thousand of these are members of the American Institute. And the annual reports to that body of the different associations and institutions show how vast a power homœopathy is becoming. At the last session *fifteen* State societies, *forty-seven* county or local associations, *eighteen* hospitals and asylums, *twenty-nine* dispensaries and infirmaries, *seven* colleges and *twelve* journals reported. That so many institutions are in active working condition and able to make their annual reports, speaks volumes for the condition of homœopathy in this country. And, if our friends will be active in the cause, every decade of years shall see our strength and vigor more than doubled.

CORRESPONDENCE.

12 VICTORIA SQUARE, READING, ENG., Nov. 4, 1869.

To the Editor of the New England Medical Gazette : —

DEAR SIR: You were good enough to ask me to write to you on my return to England. I reached home on Saturday last, after a passage

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in the *Russia* of ten days from New York to Liverpool, and cannot allow a mail to leave without recording most emphatically, my sense of appreciation of many obligations I am under to you, and to other members of the homœopathic profession of America. The kindnesses shown to me personally I regarded as expressions of your fraternal feelings towards the profession in Great Britain generally. On its behalf, then, as well as on my own account, I thank you for the cordial spirit in which you received me, and for the hearty interest you take in our welfare, and in the advancement of homœopathy.

My interviews with numerous American physicians were alike a pleasure and a profit; and if I were able adequately to convey to the homœopathists in this country the advantages to be derived from a personal visit to your great land, and intercourse with its young, but giant Homœopathy, many of my brethren would yearly make the tour which I have made, and, drinking in your spirit, and animated by your progressive character, would soon render homœopathy in the Old Country—what it is so almost universally becoming in the new — the dominant system of medicine.

In the mean time, the journal with which I am connected will, for a long time to come, give an account, from many points of view, of the status and ever advancing march of the doctrines of Hahnemann in America. Nearly fifty of your physicians have promised papers on topics that will be interesting to professional and lay homœopaths, both in England and in all parts of the globe in which *The Homœopathic World* circulates. Some of these papers are already coming to hand, and I heartily thank the writers for their valuable contributions.

The pleasant interviews I had with from one to two hundred professional brethren, the interchange of views on the practice of homœopathy, the new American remedies, and the kindly interest expressed towards the profession in the Old Country, were of so gratifying a character, that they can never be effaced from my memory.

With every sentiment of respect and good will, I am,

Fraternally yours, E. H. Ruddock.

THE CLIMATE OF WESTERN NORTH CAROLINA.

Asheville, N. C., Nov. 9, 1869.

Dear Gazette: Permit me, through the readers of the *Gazette*, to call the attention of sufferers from pulmonary diseases, and especially from that terrible scourge, consumption, to this region most desirable to that class of invalids.

Last May, my younger brother came here in consequence of the development of pulmonary tuberculosis. He has gained strength every week, and has not had a sick day since he came. His chest has increased in circumference from two to three inches; and that without any specific exercise to effect this change.

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It is the result of an altitude — 2,250 feet above tide-water — sufficient to promote deep breathing and development of the chest, without being so great as to render the air too rare for breathing with comfort. It is in these particulars a happy medium. The atmosphere exerts a wonderfully exhilarating and invigorating influence, causing one to become erect and to throw the chest out.

Finding myself suffering from a pulmonary affection, six weeks ago I came to this place, and I have since gained at the rate of a pound a week.

The invalid who visits Florida, or other low lands in the South, finds a pleasant winter climate; but he leaves in the spring to escape the debilitating effects of the approaching heat, without having made any progress towards increased vigor. Here, unless in desperate cases, he is improving all the time.

I am familiar with the world-famous exhilarating properties of the air of the Plains. I have penetrated the Indian country hundreds of miles beyond the settlements, and I but state my experience when I declare that this climate is more bracing and invigorating than that, besides being exempt from its tendency to produce bilious diseases.

Dr. Cain, formerly belonging to the South Carolina Medical School, says that of the numerous cases of consumption that he has sent to this region not one has failed to improve. Prof. Dickson, of the Jefferson College, Philadelphia, pronounces it the most desirable region with which he is acquainted.

Dr. Hardy, a well known and highly respected physician, who has practised here nearly forty years, says that he has known but one case of death of a native of this region from consumption. And I have met and talked with not a few old men who came here years ago in the hope of lengthening their lives by a little space, and they give no signs of dying yet. Bronchitis, pleurisy, and pneumonia are nearly as rare here as is consumption.

If one who is suffering from pulmonary disease desires not so much a place where he will enjoy the mildest air as one where he will gain the most in the way of improved health, it is my conviction that this is the place for him. There are thousands in the New England States destined to an early death if they remain there, who would attain to old age in this country.

Yours,

HENRY T. F. GATCHELL, M.D.

HOMŒOPATHY IN NEW JERSEY.

JERSEY CITY, N. J., November 25, 1869.

DEAR GAZETTE: On the 17th ult., the day before Thanksgiving, I left Jersey City to attend the meeting of the Homœopathic Society of Western New Jersey, at Camden. Dr. Mandeville joined me at Newark, and we sped along amid one of the severest storms we ever experienced; but, being well housed, we regarded neither wind nor

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rain. At Trenton the doctors began to fall in. At each place we passed, recruits were added to the line, so that by the time we arrived at the end of our journey, we had gathered quite a delegation.

The meeting of the Society was well attended by the physicians from the lower part of the State, as far down as Vineland.

The President, Dr. D. R. Gardiner, conducted the meeting in a capital manner, expediting business, and solving questions of order to the satisfaction of all. And he was no less popular as host than as President.

Dr. McGeorge makes a most able and efficient Secretary, but he is very precise in his minutes, owing, doubtless, to his former training at the printer's case. Several papers were read and discussed. The men in that section of the State are independent thinkers and able writers. This was but their third session, and yet they are getting thoroughly into the harness. The benefit of their Society is felt in the community. It has long been my aim to get every homœopathic physician in the State to identify himself with our societies, and to work with pen, voice, and purse, for the extension, the elevation, and the purity of homœopathy. Physicians cannot meet in these gatherings without imparting and receiving benefit. And I have often been surprised to see men, who before were dull and slow, rouse up after attending a few live meetings, get into the harness, and work with the best.

The President of the State Society presented its claims and explained its aims. The application for a charter was meeting with numerous friends, and had the best of prospects. The remarks seemed to meet with unanimous approval.

Dr. Mandeville read the draft of the bill of incorporation. All present seemed to think that if we can succeed in carrying it, we need ask no more legislation.

At three o'clock they adjourned; then followed a dinner, — and *such* a dinner for hungry men! I will not attempt a description, but only say that the institution of Thanksgiving has evidently extended beyond the bounds of New England.

After dinner, under the guidance of Dr. Hunt of Camden, we crossed over to Philadelphia, and visited the Homœopathic Fair. It was opening day, and the tables were not yet arranged; but enough was seen to convince us that it was to be a grand affair. In the main hall, everything useful or ornamental was displayed, from sewing-machines to pen-wipers, and in the greatest profusion. In the hall below, the "inner man" was to be supplied with all the luxuries of the place and season. Above, a museum was being fitted up as an extra entertainment, of which the chief attractions were music, flowers, and beautiful women. Evidently the Philadelphia physicians and their ladies, — particularly the ladies, — know how to get up a fair.

We came away mentally hoping that the meeting of the Institute in 1871 might be in the city of Brotherly Love.

Though greatly pleased with the prospects of our cause in Philadelphia, we came home equally satisfied with its condition here.

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There never was a time when the standard of homœopathy was so well sustained in the State of New Jersey as now, or was being raised in so many new places. The prospect of our gaining a charter for our State Society is most encouraging. The names and influence of the very first men in the State are freely offered to aid us in the work. Only yesterday I procured the name of *General George B. McClellan* to my petition, and he accompanied it with the promise to do whatever else lies in his power to aid us. Many other eminent names are given from day to day, and we are sanguine that we shall succeed. But if we do not now, we will try every year till we do.

YOULIN.

THE HOMŒOPATHIC HOSPITAL FAIR.

PHILADELPHIA, Dec. 8, 1869.

MY DEAR EDITOR: I take it for granted that the good doctors of the "Hub" who are of the homœopathic persuasion are not a little interested in the scheme for establishing a homœopathic hospital in Philadelphia, and will, therefore, appreciate a little gossip about our "Grand Fair," for the benefit of that prospective charity. I propose to gratify the Boston brethren and your other numerous readers, and shall plunge at once *in medias res.*

At two different times we have had homœopathic hospitals in Philadelphia. Each began right well, but died in the struggle to live, probably from excess of vitality! Ever since their untimely end, the profession has talked about a third attempt; but prior to last spring there was nothing more than talk. At that time, however, and after the consolidation of the two colleges, there seemed to be a fit opportunity for entering upon the work, inasmuch as there was a greater degree of harmony in our ranks than had prevailed for a long time. So the doctors met and talked, and called in the laymen and talked more; but finally, and better than all the rest, they called in the ladies, who of course helped talk. But they did more; for they resolved that a grand fair should be held in the fall, and at once set about making preparations for it. Meeting after meeting was held at the College; committees and sub-committees were appointed, and soon "the fair" became a matter of general interest. Now, my dear doctor, having told you that the ladies took the af-*fair* in hand, it would not be necessary to write another line to assure you that it resulted in a great success, but then I should not be fulfilling the promise I made at starting.

The Fair was to be opened on the evening of November 17. On the morning of that day, the unusual sight noticeable in front of Horticultural Hall might have conveyed to the mind of a stranger the idea that Flora, or Pomona, or some other presiding divinity, was very ill, and that lots of doctors had been summoned to consult in the case. There they were, — those who roll in chariots, and those who "prefer

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the more healthful" (and less expensive) and democratic method of getting along. They were hurrying to and fro, mixed in an apparently inextricable confusion with carmen, porters, boxes, bales, and bundles, — and all in a pelting snow-storm. But soon order came out of chaos, and in due time everything was ready for effecting sales.

From this first evening until that of Nov. 30, the "Homœopathic Fair" was the centre of attraction for the intelligence, wealth, and beauty of our city. By day there was usually a company of earnest buyers, who made glad the hearts of the patient ladies who had charge of the tables; but at night, when Philadelphia's best gas was lighted at a thousand jets, the *coup d'œil* was magnificent. At the upper end of the hall, and in front of the stage, two large gilded columns were erected, and springing from these was an arch forming in letters of fire the familiar and beloved name, "HAHNEMANN." This, together with the tables with their domes and many-colored decorations, the splendid goods displayed at every stall, the immense throng of beautiful and beautifully-dressed promenaders, often with bright eyes sparkling beneath the brims of "Alpine" and other tasty hats, and every one worked up to the highest pitch of vivacity by the awfully wicked (but oh! so nice) "jig tunes" of *L'Œil Crevé* and *La Belle Helène*, Offenbached by the grand orchestra of Carl Sentz, presented such a picture as is not often equalled nor soon forgotten.

And didn't the doctors enjoy it all? It was to most of us an oasis in the general professional Sahara. How we all shook hands with each other with a little extra vigor and a little extra heart, having left the "shop" at home! Most of our pioneers were there too (we are very proud of our veterans in this city), and *their* feelings must have been most enviable. Dr. Hering held almost nightly levees at his wife's table, "the cynosure of neighboring eyes"; Williamson was there too, genial and friendly and active, as always; and Guernsey's earnest face, though only seen occasionally, was wreathed in smiles. But I must not permit myself to drift into personalities, or my letter will become too long, and besides I might be "hauled over the coals" for my pains.

Many good friends outside of Philadelphia helped us with the fair. Camden and Woodbury, N. J., and Wilmington, Del., were well represented; Baltimore, and our sister city, Pittsburg, each had a table; and the Chester and Delaware County (Pa.) Society, always ready to advance the cause, did nobly. The Atlantic Mutual Life Insurance Company was also, and very properly, represented. Mr. William D. Huntly, the General Agent, offered twenty per cent of all premiums taken at the Fair. During the closing week, Dr. William P. Wesselhoeft, of Boston, made his many friends glad by appearing among them, and delighted the Treasurer by handing her five hundred dollars, being the donation of himself and some of his Boston friends.

Of the incidents of the fair, it is impossible for me to speak in detail. There was quite an animated contest over a very handsome office-chair, which was won by Dr. Jno. G. Howard, whose friends had fabulous amounts of "quarters." Dr. James Kitchen also carried off a very handsome afghan, his friends insisting that their "kitchen"

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should never be cold. There were, doubtless, many other nice things of this kind, but I have forgotten them.

And now, you are ready to ask, what resulted from this great effort? I will tell you. The largest amount paid in by one table was $2,590.51; the smallest, $123.89. The aggregate gross receipts amount to nearly $18,000, and after making a liberal deduction for the payment of bills, there remains upwards of $15,000 net profits, which you will allow is a very handsome sum, and this especially when the very "hard times" are taken into consideration, the mere talking about which makes one grip one's pocket-book with forty-panic power. It is to be borne in mind, too, that four large fairs and innumerable small ones had immediately preceded the "Homœopathic," and that our people would have been excusable if they had thought it hardly *fair* to tax them further.

But besides realizing a large sum of money, the fair has otherwise done good service for the cause of homœopathy. It was admitted to be the handsomest held in this city since the great "Sanitary." And when we consider the class of people immediately connected with it, the immense throngs of our best citizens who attended every day and evening, the encomiums of the entire newspaper press, and other circumstances, they all serve as a wholesome lesson to those who are so foolish as to assert that "homœopathy is going down." It is going down, my dear Doctor, but it is going down to posterity, to bless it with universal beneficence.

With this prediction I am content to close, subscribing myself,

Yours, very truly,

C. M. J. R.

REPORTS OF SOCIETIES.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by A. F. Squier, M.D., Secretary.

Nov. 22, 1869. — Discussion arose on the removal of obstructions of lachrymal passages.

Dr. Gregg thought that forcible injections of water might be used to remove them, as before directed, and that where this method was found insufficient, the operation of probing could not be performed without doing violence to the mucous membrane of the canal.

Dr. Angell said that injections of water could not be directed with sufficient force against the stricture, because the fluid, as fast as it was thrown in, would return outside the tube of the syringe, or through the opposite punctum. In case an effort should be made to overcome this objection, by compressing the outlet about the syringe, an additional one would present itself in the danger of producing a further dilatation of the already much distended and hypertrophied sac, while one of the chief objects of treatment is to effect a reduction of these conditions.

Dr. Talbot considered that stricture of the lachrymal passage has

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certain conditions in common with that of the urethra, and thought that there would very properly exist some analogy as to the comparatively best methods of treatment of the two diseases. In the latter difficulty, the exertion of a moderate amount of force by the end of a small bougie, applied directly to the resisting part of the urethra, will overcome the stricture more readily than much greater force distributed along the walls of the canal by means of injection. The explanation is found in the fact that in the latter case a great deal of force is wasted upon portions of the canal not in a state of contraction. It is true that when the probe is used, more force is generally applied to the stricture than when injections are employed, but with the probe, as Dr. Angell has said, we do not run the risk of injuriously dilating other portions of the canal already too much distended.

Uræmic Convulsions. Dr. Talbot reported a case in a woman aged thirty, of sanguine-nervous temperament, in the eighth month of her second pregnancy, her first child being four years of age. She had suffered somewhat from œdema of the lower extremities, and a peculiar neuralgic pain in the forehead and eyes. Her symptoms had been aggravated by some unusual exertion, and on Saturday evening he was called. He found her suffering from a general nervous excitement, for which he prescribed *Ignatia*, with directions that he should be informed if she were not relieved.

Five days afterwards he was suddenly summoned, as she was in convulsions. Her headache had increased and she had called in the nearest physician. Her vision had at first been hazy; gradually and successively this haze assumed a brownish, then blue, green, and finally a pink color. The pain in the head became more and more intense. The physician on testing her urine by heat found it became nearly solid from the amount of albumen. Convulsions had commenced, slight at first but rapidly increasing, and they had already become violent in their character. The limbs were rigid, the teeth firmly clenched, there was some opisthotonos, and the face was deeply livid; consciousness was but partially restored between the attacks. As she lacked still a month of her term, premature labor seemed the only means of relief.

On examination, the os uteri was found naturally closed, with no sign of approaching labor. The colpeurynter was placed in the vagina, and distended with tepid water. A violent convulsion immediately ensued, after which she remained quietly sleeping for an hour and a half, when the colpeurynter was removed, and the os uteri was found to be slightly dilated. One of Woods' rubber bags was then inserted by means of a probe within the os uteri, and filled with warm water to a diameter of one and a half inches. After a single convulsion she appeared perfectly quiet for another hour, when the os uteri was sufficiently dilated to permit the rupture of the membranes. There was considerable discharge of water, but no uterine contractions. Ether was administered, and Madame Charrière's forceps (which Dr. Talbot considers the best form ever made) applied *within the uterus*. to the head of the child and it was delivered. The child was asphyxiated, but after considerable effort respiration was established, and it has since done well.

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The woman remained unconscious for thirty-six hours, convulsions recurring at first every two hours, but gradually lessening in frequency and severity. The urine became less albuminous, and at the end of ten days no trace could be found. The vision gradually became clear as to color, and, although extreme soreness of the mucous membrane of the mouth, fauces, and pharynx supervened, she has gradually and completely recovered. *Merc. corr.*, *Apis*, *Cannabis*, and *Nit. ac.* were the remedies principally used.

Dr. Walker then read a paper entitled, "Trillium, botanically considered." The essay comprised a most elaborate and highly scientific description of the natural order to which this modern addition to our materia medica belongs, the distinctive differences between the various species and their geographical distribution. It was accompanied by several original and very beautiful drawings, representing the general appearances and anatomy of different species. He said that the Trillin now in use by our practitioners is obtained from the Trillium cernuum of the North (T. pendilliu n of Muhlenberg), a small variety, as distinguished from the plant of the same name of the south, which is a large variety. This paper is a fasciculus of a monograph which Dr. Walker is preparing upon this drug. We wait its publication, which will furnish us with matter for careful study.

Dr. Woodvine related the following case: Was called to attend a lady in labor with her second child. The pains were severe, and the membranes found protruding into the inferior strait. He ruptured them, and the head readily advanced into the lower strait, where it held for about an hour. On account of the extremely nervous condition of the patient and the severity of the pains, he gave just enough ether to somewhat deaden the sensibility without materially retarding the progress of the labor. The head was finally expelled, after which the pains suddenly ceased, and he extracted the body, which was followed by some large clots. In about twenty minutes he examined, and found the placenta lying against the anterior wall of the uterus, and forming quite a tumor upon the abdominal parietes. He removed it by gentle traction upon the cord, and immediately after the patient exclaimed, "I can't breathe; give me some brandy." Brandy was at once given her, but she expired in a very few minutes.

The sudden collapse, the singular position of that portion of the placenta felt, upon examination, against the anterior uterine wall, and the tumor perceptible upon the exterior of the abdomen were almost unmistakable evidences of rupture of the uterus and partial extrusion of the placenta into the abdominal cavity; and, since there were no severe pains after the expulsion of the head, the rupture must have occurred at or before that time. The patient did not at any time during the labor give any intimation of such an accident having taken place. Unfortunately a post-mortem examination was positively refused; but from the above circumstances Dr. Woodvine was led to believe that rupture had actually taken place while the head was passing the inferior strait.

Dec. 13, 1869.— The essayist for the evening not being present, Dr. Woodvine reported a case of albuminuria during pregnancy which

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threatened to result in uræmic convulsions. He first saw the patient at about the seventh month of gestation, and the symptoms then present were great nervous irritability, anorexia, diarrhœa, and œdema of the feet, ankles and upper lids. The latter symptoms suggested some renal difficulty, and the urine was examined for further evidence. Its specific gravity varied from 1.012 to 1.022, and heat precipitated about three-fourths of its volume as solid albumen. He gave *Merc. corr.* for a week without producing any improvement in the general symptoms, or diminution in the amount of albumen. *Asclep. syr* was also used for a time without effect. Becoming convinced of the inutility of medicines, he directed the patient to use partial or general baths of hot water every night just before retiring, with a view of inducing premature labor. This plan proved successful in about a week. Being called at the end of that time, he found the labor well advanced, the membranes presenting at the vulva and the woman in a severe general nervous tremor.

The membranes were ruptured, and the child delivered without difficulty, but the tremor still continued. Bearing in mind the results reported by Dr. Woodbury, in a paper read at the last meeting of our State Society upon the use of *Bromide of potassium* in puerperal convulsions, he dissolved about half a teaspoonful of the crystals in one-third of a goblet of water, and gave a teaspoonful every fifteen minutes. Although but four doses were given, the patient was perfectly quieted, and the tremor has not returned. After delivery *Asclepias* was again regularly given, and the amount of albumen in the urine has steadily diminished, although previous to the labor the same medicine produced no perceptible effect. The mother had a favorable convalescence, and both she and the child are now doing well.

Dr. Sanford asked if Dr. Woodvine considered albuminuria an evidence of organic disease of the kidneys.

Dr. Woodvine: Not necessarily so. In the albuminuria of pregnancy, there are no casts nor other evidences of organic disease. Albumen had been injected into the carotids of dogs, and found a few minutes afterward in the urine; yet in these cases there did not exist disease of the kidneys. Thus, although albuminuria is not always a sign of disease of the kidneys, he considered that an excess or undue proportion of this element in the blood might be, and often is, a cause of Bright's disease.

Dr. Ahlborn believed that desquamative nephritis was often the result of an increased proportion of albumen in the blood. In the first stages of this disease, Virchow finds the tubuli uriniferi and Malpighian bodies distended with albumen; this produces a compression of the blood vessels, which diminishes the supply of arterial blood; and this, in turn, results as in other organs in fatty degeneration of the working elements — the epithelium. It is reasonable to infer that where there is an excess of this disturbing element, the series of changes detailed above is more likely to occur. Yet there are cases, for instance certain febrile conditions, as anæmia, leucocythæmia, rheumatism, pleurisy, etc., in which an actual excess of

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albumen is present in the blood without inducing any organic change in the kidneys. In such cases these organs retain sufficient activity to throw off the excess. Reasoning from analogy, we should infer that, in the early stages of Bright's disease, if we should so stimulate the kidneys before fatty degeneration has taken place as to enable them to prevent the accumulation of albumen in their tubuli, we might succeed in warding off the disease. *Digitalis* is the remedy, which, in his opinion, is most homœopathic to the conditions and symptoms observed in the earlier stages of Bright's disease.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Reported by C. C. Slocomb, M.D., Recording Secretary.

The Annual Meeting was held at Temperance Hall, Worcester, Nov. 10, 1869; the President, Dr. L. B. Nichols, in the chair.

The following officers were duly elected for the ensuing year: *President*, W. B. Chamberlain, M.D., of Worcester; *Vice-President*, C. A. Brooks, M.D., of Clinton; *Corresponding Secretary*, David Hunt, M.D., of Worcester; *Recording Secretary and Treasurer*. C. C. Slocomb, M.D., of Rutland; *Censors*, L. B. Nichols, M.D., of Worcester, D. B. Whittier, M.D., of Fitchburg, and C. A. Brooks, M.D., of Clinton; *Committee on Publication*, David Hunt, M.D, of Worcester, and F. H. Underwood, M.D., of Millbury.

H. R. Brown, M.D., of Leominster, was elected a member of the Society.

Dr. Hunt read an essay on typhoid fever. The point especially noted was the aid to diagnosis and prognosis afforded by the thermometer. The objections advanced against its employment were considered, and it was argued, both on clinical and philosophical grounds, that they had no force.

Afternoon Session. — Dr. Brooks, of Clinton, detailed the following somewhat singular case: The patient was a girl seventeen years of age, of Canadian French parentage, small in size, unhealthy-looking, who had never menstruated. Had had a fall upon the ice last winter. It caused no external wound, but she had been lame, though not confined to the house, ever since. The nates were found to be swollen, with considerable induration, and evidently containing pus. He made an incision at the only soft place, two inches or so above the tuberosity of the ischium, and a quantity of bloody fœtid pus was discharged. A large poultice of flax-seed was applied, and he gave *Hepar sulph.* and *Silicia*[6] in alternation, every four hours. Three days after the swelling was less; the discharge continued, and was very offensive. Under the same treatment. she continued to improve. About three weeks after the first visit, he found her looking better; the discharge was reported less. But, on examining the sore, a new opening was found, two inches below, and external to the previous one. Pus was issuing from it, with a mass of hair projecting from the opening. The odor was intolerable. As it required considerable

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force to extract this hair, and caused severe pain, the parents, who could not understand English, became alarmed, and would not suffer him to complete his exploration, nor even permit him to see the tumor on a subsequent visit, when she was declared better. She is now at work in the mill, but continues to have a very offensive discharge from the sore. The hair is six or more inches in length, of a brown color, and looks like that from the head of a woman apparently much older than herself.

Dr. Hunt exhibited Leach & Green's apparatus for the inhalation of chloride of ammonium in vapor for the cure of catarrh, and stated that it had been very generally successful in his hands.

Dr. Chamberlain gave a partial report of a case of headache, now under treatment. The patient is a man of forty-six. The attacks had appeared every eight days for the most of the time during the last five years. There was a feeling of great pressure of the brain all the time. This was very severe at the base of the brain, with throbbing at the time of the headaches, which latterly have been accompanied by spasms and nausea, but no vomiting. The man had worked twenty-five years with only one week's recreation, and for the last eight years had worked sixteen or eighteen hours a day. His memory was bad, his comprehension often difficult. The tincture of *Nux vom.*, three drops every three hours, relieves him better than any other remedy. Dr. Chamberlain proposes to report the case more fully at a future meeting.

THE CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

The Semi-Annual Meeting of this society was held in Tyler's Hall, No 330 Chapel street, New Haven, on Tuesday, November 16, 1869; sixteen members being present.

MORNING SESSION. — The meeting was called to order by the President, W. W. Rodman, M.D., at 10.30 A.M.

Dr. Anderson, from the Committee on Materia Medica distributed specimens of the root of *Phytolacca*. He remarked upon its physical qualities, and recommended that it be prepared as directed in "Hale's New Remedies." He wished members to try it. He had used it in the sore throat of scarlatina, in those cases going on to suppuration, with good results. In cases of induration of the mammary glands, he had used it with entire success, administered internally, and applied externally. He believes it may be a good substitute for the *Mercurius protiodatus*.

Dr. C. H. Skiff said he had used the *Phytolacca* for several years, in the different forms of sore throat; he considered it a valuable remedy. He had also used it in induration of the mammary glands with benefit.

Dr. Anderson called attention to Dr. Hale's use of *Phytolacca* in diseases of the serous membrane, and hoped members would make trial of the remedy, with a view of testing its claims in this direction.

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Dr. N. A. Mosman has used *Phytolacca* in sore throat, hardness of the mammary gland, and also in rheumatism.

Dr. Rodman asked if any one had noticed aggravation of symptoms from the use of the remedy. He had noticed pain in the perineum in one case, which he thought due to *Phytolacca*.

Dr. Sanford, from the Committee on Clinical Medicine, remarked that he had received no material for a report from other members. In the vicinity of Bridgeport, there had been no epidemic disease except chills and fever, which had been of mild type, and had yielded readily to *Natrum mur.*[200], or *Arsenicum*. In July there was some dysentery and cholera infantum. One marked case of dysentery, that of an old lady, with severe pain about the umbilicus, was cured with *Plumbum*. He had used the *Lilium tigrinum*, in one case of uterine disease, where the following symptoms were present: "Sensation as if a hard body were pressing backwards and downwards against the rectum and ovaries." "Symptoms relieved by walking in the open air, and riding." The patient had also some of the peculiar heart symptoms of the *Lilium*. Almost immediate relief followed a few doses of the third dilution, although the trouble had been increasing for a year. He thinks that *Lilium* will prove a valuable remedy, as few drugs have provings so descriptive of diseased action.

Dr. Sanford reported several cases from his own practice.

1. *Hæmorrhoids.* — A lady forty-seven years old, bilious temperament, married, has not menstruated for four years. She has suffered many years with piles; lost a quantity of blood at each stool, varying from a teaspoonful to half a teacupful. Suffered much from weakness, nervous debility, and depression of spirits. He gave her *Hamamelis* internally and externally, also, *Sulph. Aloe*, *Nux vom.*, and *Æsculus*, with only partial relief. He then got some of the root of *Collinsonia canadensis*, and directed her to use it in the form of a strong decoction, to take a tablespoonful three times a day. Under this treatment she entirely recovered, except a slight oozing of moisture from the rectum; this yielded to *Sepia*[30] which is a specific for this condition.

2. *Spasms.* — He was called the present month to see a lady, aged twenty-eight, of nervous-bilious temperament, dark-brown hair, blue eyes, of sensitive nervous organization. Her father died of paralysis at forty-five. Her mother is in good health. When seventeen years of age, she had a slight attack of chorea, supposed to have been the result of displacement of the womb, from which she soon recovered. Her marriage, in May 1860, proved to be a very unhappy one; she was under constant nervous excitement, and had several severe frights. Her first convulsion occurred the fourth month after her marriage; since then she has had them frequently, but commonly at and half way between the catamenia. For several years she has been subject to sudden falling. Feels better for three or four days after a convulsion. For several days before convulsions come on, she feels sudden momentary spasms of the stomach, which increase in severity until they culminate in clonic spasms, lasting from half a minute to three minutes. These spasms appear to be

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caused by gaseous distension of the stomach, as she is always relieved by a thorough discharge of flatus from the stomach. Her digestion is good, and there is no spinal irritation. The case is under treatment.

I. T. Talbot, M.D., of Boston, being present from the Massachusetts Homœopathic Medical Society; and H. M. Smith, M.D., of New York, from the New York Homœopathic Medical Society, they were welcomed by the President, and invited to participate in the deliberations of the Society.

Dr. Sanford wished to know what was the experience of others in regard to puerperal convulsions.

Dr. G. S. Browne, from the Committee on Obstetrics, related the case of an anæmic woman of asthmatic habit. After she had been in labor fifteen hours, with infrequent pains, she was comfortably delivered. She remained comfortable the first day. Next day she complained of headache, and at three o'clock was taken in convulsions. Dr. Browne thought them to be uræmic. The nurse stoutly affirmed that the patient had passed her urine very freely, so much so as to wet everything in bed. She could swallow nothing. He gave ether and chloroform. Suspecting the nurse to be mistaken in regard to the urine having been passed, he introduced the catheter, and drew off a large quantity of water. She was relieved, but the convulsions continued for twelve hours. Before the convulsions she was rational, but from the time she went into them could remember nothing; did not even know that she had a baby.

A second case, reported by Dr. Browne, was of a woman in her eighth month of pregnancy. She was taken in convulsions, and continued in them for five days. She was delivered with instruments and cured. He had known of another case where the patient continued in convulsions ten days, and died. He had seen more benefit from ether and chloroform in such cases than from any other remedies.

Dr. W W. Rodman had seen great benefit from the application of mustard to the spine, when the convulsions depended upon spinal irritation.

Dr. Wilson asked if there was any way to distinguish spinal convulsions from those arising from other causes.

Dr. Sanford stated that his former preceptor, Dr. Moody, had treated twenty-one cases of puerperal convulsions, and had lost but three. He used chloroform; for the peculiar nervous irritation attending these case he gave *Sulph. morph.* Can homœopathy do any better?

Dr. Talbot remarked that he felt much interest in the subject, but had not seen many cases of puerperal convulsions. In one case of great violence, the result of spinal injury, there were severe clonic spasms with complete opisthotonos. The spasms recurred every twenty minutes. Gave homœopathic remedies without benefit. Ether quieted for two hours, when it was discontinued; the spasms returned but slightly, and the woman recovered.

Another case, which commenced with the last throes of labor, he saw an hour afterward; he gave *Acon.* and *Bell.* without marked

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relief. Five hours after delivery, she became much worse; digital examination revealed rupture of the os uteri and laceration of the perineum. Ether and morphia were given by her husband, an allopathic physician, without benefit. The convulsions continued with great violence, and the patient died in thirty hours.

Dr. Osborne, of Bridgeport, reported a case of dysmenorrhœa: Mrs. H., five years ago contracted a severe cold during a menstrual period. Since then she has experienced the following symptoms previous to a catamenial flux; severe pain in the sacral region, extending to the pubes; frontal headache, with dizziness and dimness of vision; coldness of the extremities, and the peculiar symptom, that the tongue was cold as ice while the mouth was at its normal temperature; paleness of the face; and great melancholy. The somewhat rare symptom of coldness of the tongue led him to *Acon.*, *Bell.*, *Ars.*, *Galvanism*, *Hydrocyanic acid*, and *Laurocerasus*. Two doses of the latter remedy (of the two hundredth potency) were given, since which time she has menstruated twice without pain, and her general health is somewhat improved.

Delegates to the American Institute of Homœopathy and to State Societies made their reports; most of them reported non-attendance.

Dr. H. M. Smith, delegate from New York, spoke of the progress of homœopathy in that city. Their last semi-annual meeting was one of much interest; they had in attendance about one hundred and fifty members. One of the most important matters brought before their Society was that of inaugurating a movement to erect, by dollar subscriptions, a suitable monument to the memory of Dr. Gram, the founder of homœopathy in this country. After stating what had been done in New York, he invited the physicians of Connecticut to aid in support of this praiseworthy object.

Dr. Talbot, of Boston, addressed the meeting in a few earnest words in behalf of homœopathy. He gave an encouraging statement of the doings of the Massachusetts Homœopathic Medical Society. Measures had been taken by them to publish all the transactions of their Society from its organization in 1840, to 1860, since which time they have been published. The last meeting was one of interest, from seventy to eighty members being present.

The Secretary read a letter from H. M. Paine, M.D., Secretary of the New York Homœopathic Medical Society, offering to receive on file for publication such papers of value as the society might not be able to publish.

On motion of Dr. E. T. Foote, a vote of thanks was tendered to Dr. Paine for his kind offer.

In this connection, Dr. E. T. Foote made some remarks in relation to the friendly social intercourse existing between the new and old school physicians. He thought the acrimony and intolerance of old school physicians was gradually giving way, and cited the apparent respect with which he had been treated by members of the New York Medical Society (allopathic), of which he was still a member. Greatly to his surprise, the Secretary read an extract from a letter which he had received a few days before, calling attention to the action of

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the New York Medical Society last Spring, in the *expulsion* of the honored and courteous Dr. Elial T. Foote, one of the oldest members of the New York Medical Society, because he differed from them in some medical opinions. And this had been done secretly, without allowing Dr. Foote an opportunity for defence, or even notifying him of what they had done.

In reply to this, Dr. Foote said, that this was the first intimation he had had of it; but that the New York Society would yet certainly have an opportunity to give the reason for their course.

The President thought this action of the New York Medical Society was aimed at Dr. Foote as a representative man; and the interests of homœopathy demanded that some notice should be taken of it. He advised that a committee be appointed to prepare suitable resolutions. During the discussion, it was made to appear that this action was probably instigated by some allopathic physician residing in New Haven. Drs. Rodman, Browne, Wilson, and Sanford were chosen a committee to draft resolutions in regard to the matter.

Afternoon Session. — The Society was called to order by the President at half past two. The committee appointed to consider the action taken by the New York Medical Society in the expulsion of Dr. E. T. Foote reported as follows: —

"The Connecticut Homœopathic Medical Society take the following action: —

We learn that the New York Medical Society has expelled from its ranks one of our oldest members, our esteemed friend and colleague, Dr. Elial T. Foote.

"As Dr. Foote left the State of New York many years since, and has retired from the practice of medicine, the only aim of this action of expulsion would seem to be to brand with odium one whose sole offence is the holding of sentiments on therapeutics unlike those which happen to be dominant.

"Such an act shows that the medical profession as thus represented has no just claim to be deemed a liberal one, tolerating diverse shades of opinion and practice.

"As associates of Dr. Foote, we utter our indignant protest; we affirm our esteem and veneration for him, and take this opportunity to express the hope that the action and sentiments which thus separate us from the other branch of the profession may ere long give place to views more liberal and enlightened."

After discussion, on motion of Dr. P. C. Skiff, the report of the committee was adopted as expressing the sense of the society; and the Secretary was directed to send copies to the homœopathic journals and to the New York Medical Society.

The President, Dr. W. W. Rodman, read a paper on the Physiological and Pathogenetic Properties of *Nux vomica*. He stated that this paper was one part of a series of articles on Materia Medica. It is understood that one of this series has already been printed, and that others are to appear at an early day. On motion of Dr. E. T. Foote, a vote of thanks to Dr. Rodman was passed for his able address, and a copy requested for publication.

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Dr. E. T. Foote spoke of the importance of giving aid to the Gram monument fund, and urged his remarks by a practical example, which was followed by all the gentlemen present.

Dr. H. M. Smith, of New York, spoke of the importance of uniformity in the preparation of homœopathic remedies, and the necessity of having them prepared in the best possible manner in order to secure the best results. This was a matter in which every physician was interested. An association of Pharmaceutists had lately been formed, with the view to establish fixed standards for the preparation of remedies. For the association to be successful, it required the co-operation of physicians and of medical societies. Other societies had appointed committees to consult with this association and aid it in its endeavors to serve the profession, and he hoped the Connecticut Society would do the same. In compliance with this request, —

On motion of Dr. Anderson, a Committee on Pharmacy was appointed. This committee consists of Drs. W. D. Anderson, of New Haven; W. W. Rodman, of New Haven; and A. W. Phillips, of Birmingham.

The society voted to make cholera infantum a special topic for consideration at the next meeting, which will be held in New Haven, on the third Tuesday in May next.

E. C. KNIGHT, *Recording Secretary.*

HOM. MED. SOCIETY OF THE WESTERN DISTRICT OF NEW JERSEY.

Reported by Wallace McGeorge, M.D., Secretary.

THE Society met at the West Jersey Hotel, Camden, on Wednesday, November 17, at 11 A.M.; D. R. Gardiner, M.D., President, in the chair.

Present, Drs. Wilkinson, Streets, Hunt, Cooper, Allen, Brown, Ansten, D. R. Gardiner, D. E. Gardiner, Middleton, Tuller, Andrews, and McGeorge.

The minutes and discussions of the previous meeting were read. Dr. Cooper wished a correction made, so that he would be understood as using the two hundredth dilution instead of the third; [see *Gazette*, for August, page 384], and that he used the single remedy. [The Secretary is happy to make this correction, and place the name of Dr. Cooper in the list of those who use high potencies.]

G. S. F. Pfeiffer, M.D., of Camden, was proposed for membership by the Board of Censors, and he was elected a member.

J. J. Youlin, M.D., President of the State Society, and Vice-President of the American Institute, and F. R. Mandeville, M.D., President of the Eastern District Association, were introduced, welcomed by the President, and invited to take part in the proceedings.

Dr. Cooper offered the following resolution, which was read and laid over:

"*Resolved*, That the name of this society be changed to the "West Jersey Homœopathic Medical Society."

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LACTATION. Dr Wilkinson, chairman of the Bureau of Obstetrics, read a paper on "Lactation." On motion the thanks of the Society were tendered to him for his paper, and a copy requested for publication.

Dr. Hunt related a case in which the milk flowed from the breast three months prior to parturition. He used medicines without avail, and then resorted to external applications of camphor, lard, and beeswax.

Dr. Pfeiffer finds camphor very pernicious both to the breast and the nervous system of the mother. He applies externally *Ammonium muriaticum* dissolved in vinegar; he sometimes gives *Conium* internally.

The President uses camphor in such cases, and sees no bad results. He prescribes *Calcarea carb.* high, in cases when milk runs from the breast during lactation. In the course of his remarks, he referred to a case of a woman who had lost three or four children of acute hydrocephalus by nursing them after she again became pregnant. She usually found that on nursing them six weeks after conception they be came sick, and in from ten days to two weeks they died.

Dr. Brown would ascertain the cause of the excessive flow, and direct the treatment accordingly.

Dr. Cooper related a case where a woman had aborted eleven times by use of camphor.

Dr. Tuller inquired what was the use of camphor as an external application. In a practice of twenty years, he had never sanctioned its use. If we cover the totality of symptoms, we need do no more. He finds *Pulsatilla* very useful.

Dr. McGeorge usually finds *Calcarea carb.*^{200} sufficient, although in some cases *Puls.*, *Bell.*, and *Phos.* are indicated, and prove useful.

Dr. Hunt asked whether it would be considered judicious to have children nursed by scrofulous or consumptive mothers.

Dr. Youlin thought it a matter requiring great discrimination. He would prefer that they should not nurse. Feeble women he would have partially nurse and partially feed. He uses the condensed milk, which simply has the water removed by boiling *in vacuo*. In the Eastern District Association, they use Dr. Mandeville's formula. One great trouble with which we have generally to contend is, the pride of women who wish to appear in society without carrying their babies with them, and who complain of the trouble and annoyance of nursing away from home, and even at home. The use of camphor under the arms, he considers beneficial in too profuse secretion of milk.

Dr. Mandeville does not agree with Dr. Youlin in using both artificial diet and nursing. He uses oil of peppermint as an external application in galactorrhœa.

The President asked whether consumptive women do not die quicker if they stop nursing.

Dr. Pfeiffer said this was a mooted question.

Dr. Tuller asked how long children should nurse.

Dr. Streets is guided much by the appearance of the teeth.

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Dr. Tuller looks at the condition of the teeth, but is governed more by the season of the year, and appearance of child.

TRIPLETS. — Dr. D. E. Gardiner presented the following case in writing: March 9, 1867, was summoned to attend Mrs. C. T., aged thirty-seven, in her fourth confinement. It was near the seventh month of gestation, but she was very large. At six and a half months, she was as large as at nine months in her former pregnancies, and was very burdensome to herself. During first three months she suffered severely with sense of fulness in the head, and vertigo; after that time, she continued very well. Her third child was born with club feet. She never had twins; but compound pregnancies were common in her family, and that of her father; they had twins on both sides. An aunt of Mrs. T. had twins, and one of these had twins. She was over forty-eight hours in labor, which, though protracted, was no more severe than usual. About an hour elapsed between the births of the children; they were all females, weighing about three pounds each, measuring fourteen inches long, and four and a half inches across the shoulders. One lived six hours; the other two ten hours each. There were three placentas, three cords, and three sets of membranes; and in each case, the child, its placenta and membranes were expelled simultaneously. They were rather spare, but all well developed for the time. The mother had a good getting up.

Dr. Hunt, chairman of the Bureau of Practice, reported less malarial fevers in and around Camden, on account of the improved drainage. He reported scarlet fever as epidemic, and instead of a red, florid skin, the eruption was more of a papular nature, with brain complications. *Veratrum* has been the main remedy used. *Cuprum acet.* has also been used. In glandular enlargements, where *Belladonna* did not work speedily, *Silicia* and *Mercurius* were used. Has in some cases resorted to lancing. In typhoid fever he has found *Baptisia* very useful when there was a dull, stupefying headache, delirium, and dry tongue.

Dr. Streets says there have been sporadic cases in his locality, and that *Rhus* has been the main remedy; *Cantharis*, when the urine was affected. The cases were mostly of the rough skin, and dusky redness.

Dr. Brown uses *Rhus* in the rough-skin cases.

Dr. Ansten confirmed Dr. Hunt's remarks about *Baptisia*. He has seen rapid recoveries follow its use in typhoid fever.

Dr. Pfeiffer is thankful to hear of this remedy. It is new to him. *Phos. Acid.*, *Rhus*, *Sulph.*, and *Bell.* have done good. He uses Roussell's mineral water in connection with the remedies. He uses *Ammonium carb.* in scarlet fever.

ALVINE DISEASES. — Dr. McGeorge then read a paper on "Diarrhœa, Dysentery, and other Alvine Dejections," showing the result of his treatment with high potencies in those conditions. The thanks of the Society were tendered to him for his paper, and a copy asked for publication.

The reports of the Bureaus of Surgery and Materia Medica were postponed until the next meeting, in order to give Drs. Youlin and Mandeville an opportunity to address the society.

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Dr. Youlin then represented to the society the importance of securing a charter for the State Society, which shall place it on the same legal footing with the allopathic Medical Society, and urged upon each member active co-operation.

Dr. Mandeville then read the draft of the charter, which had been prepared for the Committee on Charter by an eminent lawyer.

After passing a resolution, requesting the President of the State Society to call a meeting in Trenton, in January 1870, the Society adjourned, and partook of a collation which had been prepared for the members and their guests.

THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY

Will hold its nineteenth Annual Session in Albany, on Tuesday, Wednesday, and Thursday, February 8, 9, and 10, 1870.

A preliminary meeting will be held on Monday evening, at the office of Dr. L. M. Pratt.

The meeting will undoubtedly be a large and interesting one, and physicians from all sections of the country are invited to be present.

THE ALBANY CITY DISPENSARY.

This homœopathic institution was incorporated 23 March, 1868, and is located at No. 7 Plain street, Albany, N. Y. Attending Physicians: Drs. J. W. Cox, L. M. Pratt, E. D. Jones, H. M. Paine. J. F. McKown, W. H. Randel. Attending Surgeon: Dr. P. L. F. Reynolds. Resident Physicians: Drs. E. A. Carpenter, T. H. Mann. In the second Annual Report, recently received, the cases treated from October, 1868 to September, 1869, inclusive, are classified as follows: Surgical, 559 prescriptions; diseases of the skin, 367; head, 96; face, 21; eyes, 178; ears, 27; throat, 81; lungs, 412; heart, 14; digestive organs, 309; liver, 24; kidneys, 84; bowels, 194; spine, 10; nervous system, 114; diseases of women, 223; diseases of children, 122; zymotic diseases, 610: number of visits made to patients at their residences, 1665; making a total of over 800 different cases of disease, and 5296 prescriptions during the year. The number of prescriptions and visits the previous year were 1978. The expenditures for the year were $1139.79, of which $500 was from the State Treasury. A building, dental instruments and chair, and a good microscope are much needed, but are as yet entirely beyond any immediate hope.

This dispensary has been a success; and a similar institution should at once be put in operation in every city in the land. There is no way in which a small sum of money will go farther in relieving suffering and misery than when invested in a homœopathic dispensary.

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GRAM MONUMENT FUND.

The Treasurer has received the following subscriptions to the above fund from New England since the last acknowledgment:

Dr. William Gallupe,	Bangor, Me.
Mr. Henry McLaughlin,	"
Mrs. Elizabeth Billings,	"
Mr. Daniel P. Wood,	"
Albert W. Paine, Esq.,	"
Mr. Joseph S. Wheelwright,	"
Mrs. Clarinda B. Strickland,	"
Mr. William G. Duren,	"
Charles P. Brown, Esq.,	"
A. L. Simpson, Esq.,	"
Mr. P. M. Blake,	"
Mr. T. G. Stickney,	"
Mr. A. H. Roberts,	"
Mr. A. L. Bourne,	"
Mr. Jacob Stern.	"
Dr. A. W. Phillips,	Birmingham, Conn.
Dr. C. E. Sanford,	Bridgeport, "
Dr. J. H. Osborne,	" "
Dr. J. D. Johnson,	Hartford, "
Dr. G. S. Browne,	" "
Dr. Elial T. Foote,	New Haven, "
Dr. C. C. Foote,	" " "
Dr. Paul C. Skiff,	" " "
Dr. C. H. Skiff,	" " "
Dr. W. W. Rodman,	" " "
Dr. N. A. Mosman,	Norwalk, "
Dr. H. M. Bishop,	Norwich, "
Dr. T. Roberts,	New Canaan, "
Mr. Edmund Tweedy,	Newport, R. I.
Mr. John C. Clapp, 17 Sears Building,	Boston.
Dr. Samuel Gregg, 35 Howard street,	"
Mr. Edward G. Tileston, 17 Sears Building,	"
Mr. Charles H. Dorr, 18 Commonwealth avenue,	"
Mr. Richard Perkins, 146 Charles street,	"
Hon. Jacob Sleeper, 14 Ashburton place,	"
Dr. C. F. Geist, 367 Columbus avenue,	"
Dr. W. F. Jackson, 84 Dudley street,	"
Dr. S. Whitney, 3 Tremont Temple,	"
Dr. H. C. Angell, 16 Beacon street,	"
Mrs. Laura A. Whiting, 295 Tremont street,	"
Miss Florence Whiting, " " "	"
Dr. H. K. Macomber, 36 Newton street,	"
Mr. Otis Clapp, 3 Beacon street,	"
Mr. J. William Clapp, 3 Beacon street,	"

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Miss Harriette M. Carleton,	Dorchester, Mass.
Mr. B. V. French,	Lynn, "
Dr. G. F. Forbes,	West Brookfield, "
Dr. W. B. Chamberlain, 9 Elm street,	Worcester, "
Mr. Emery D. Gaylord,	South Hadley Falls, "

HENRY D. PAINE, *Treasurer.*

229 FIFTH AVENUE, NEW YORK,
DECEMBER, 20, 1869.

REVIEWS AND NOTICES OF BOOKS.

THE SCIENCE OF THERAPEUTICS ACCORDING TO THE PRINCIPLES OF HOMŒOPATHY. By Bernhard Bœhr, M.D. Translated and enriched with numerous additions from Kafka and other sources, by Charles J. Hempel, M.D. New York: Bœricke and Tafel. Two volumes, large octavo, pp. 635, 752. For sale by Otis Clapp, Boston.

In our last we spoke of the excellent typographical style and appearance of this book; we return to it now to describe its manner of treating the "Science of Therapeutics." First comes an introduction of fifty-five pages on the proving of drugs and the selection of remedies. Section One is occupied with diseases of the brain, spinal cord, and general nervous system. Section Two relates to diseases of the head, including conjunctivitis and otitis, but not the eye and ear diseases. Section Three is occupied with the mouth, fauces and œsophagus. Section Four contains three subsections, on diseases of the stomach, intestinal canal, and peritoneum. Section Five likewise has three subsections: diseases of the liver, spleen, and pancreas. Section Six treats of diseases of the kidneys and bladder.

Volume II. opens with Section Seven, diseases of the sexual organs, male and female. Section Eight has four subsections; A, larynx and trachea; B, lungs; C, diaphragm; and D, pleura. Section Nine, diseases of the circulation, relates only to "diseases of the heart." Section Ten considers derangements of single systems; A, bones, muscles, and articulations; B, arteries, veins, lymphatics, and lymphatic glands; C, nerves; D, skin. The last section, Eleven, is devoted to constitutional diseases. Subsection A contains four "acute and chronic" diseases: measles, scarlet fever, small-pox, and syphilis. B also has four; intermittent fever, typhus, yellow fever, and cholera. C, "constitutional diseases without definite infection," brings up the rear with nineteen very miscellaneous diseases, as rheumatism, dropsy, scurvy, obesity, and goitre.

As a specimen of the mode in which the various diseases are treated, we will take Pneumonia in section Eight, subsection B, number 9. It occupies sixty-one of these large fair pages. First is given its etiology; next the pathologico-anatomical changes; symptoms and course (ten pages). Next comes the treatment. Here, exceptionally, we have a review of old-school methods, which extends through ten pages. Next,

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the remedies are taken up in the order of their importance; and these occupy thirty-seven pages more. *Aconite* is commented upon, its good qualities clearly set forth, and the indications for its use given. *Belladonna* very properly receives the cold shoulder. *Bryonia* is considered indispensable. *Mercurius* is thought to be a neglected remedy in this disease; while *Phosphorus*, by some considered a specific in all forms of pneumonia, has four pages devoted to it. *Sulphur*, in its occasional use, is well described; and *Tartarus stib.* is confined to its own proper sphere.

The following is what is said about

HEPAR SULPHURIS CALCAREUM. — We are amazed that this remedy is so little, or rather not at all, mentioned in the therapeutics of pneumonia. We would urge physicians to try *Hepar* in this disease. In making this request, we are supported by several really brilliant cures, one of which we will relate very briefly: —

A boy of six years, who had enjoyed good health up to that time, and was otherwise of a robust constitution, had been treated for pneumonia by an allopathic physician for upwards of eight weeks, without recovering. He was allowed to languish in a diseased condition until a rapidly increasing curvature of the thorax set in. Twenty weeks after the first commencement of the pneumonia, the parents sought our advice. The child was exceedingly emaciated, had a slight hectic fever, was constantly troubled by a sometimes spasmodic cough, with a purulent and fœtid expectoration, diarrhœa, loss of appetite. The right side of the thorax had caved in quite considerably; the left was abnormally bulging; on the right side the percussion sound was perfectly empty, with intense bronchial respiration and slight râles.

We diagnosed pleuro-pneumonia of the right side, with absorption of the pleuritic exudation, but continued presence of the pneumonic infiltration in a state of purulent dissolution. After various ineffectual remedies, the child was finally put on *Hepar*, 3d trituration, with such excellent success, that in eight days already the caving in of the chest was considerably less. In about four weeks the right lung had almost been restored to its normal condition, and the curvature of the thorax had entirely disappeared, so that the child now looks perfectly straight and thoroughly sound and healthy. A second pneumonia, with which the boy was attacked four years after the former, was radically cured in seven days. Since then, we have often made use of *Hepar*, and have arrived at the following results: *Hepar* is preferable to other remedies after the third stage has set in, provided the general symptoms are comparatively mild, a lentescent fever is present, and the suppurative process does not extend over a large portion of lung. It will act so much more powerfully the younger and more vigorous the children are. In pneumonia complicated with bronchitis, there is scarcely a better remedy, after *Mercurius*, than *Hepar*. The above-described case shows that chronic pneumonia is the best sphere for the therapeutic action of *Hepar*. In a case of pulmonary abscess, *Hepar* effected a cure as far as the restoration of this patient was possible. Vol. II, p. 280.

Rhus tox., *Arnica*, *China*, *and Lycopodium*, all include careful observations which every practitioner could peruse with benefit. The remarks in regard to numerous other remedies are of importance, and this article on pneumonia would alone repay any practitioner for the purchase of the book.

Having said this much in its praise, we cannot help finding a little fault with it. In many of the common diseases, we miss the very sheet-anchors; thus, *Gelseminum* and *Cuprum acet.* are not even mentioned under meningitis; while *Ipecac* in gangræna pulmonum, and the more

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recently proved medicines in dysentery and diarrhœa, are altogether wanting. Again too, we must find fault with the lack of careful editorial revision; we find "absorbtion," "resorption," and "re-absorption," indiscriminately used, and sometimes in the same sentence. "Exsudation" and "exuded" occur in successive lines; while "exudation" follows shortly after. Some sentences are meaningless, from the excess of a particle, while others have bad grammar by the use of an improper tense. Such expressions as *short-lasting*, *most particular*, and *furibond* neither add to the strength nor elegance. A careful proof-reader would have corrected all these errors, and made the work more perfect.

But the question may be asked by some? Do we need a book of this kind? Pure homœopathy might not demand it so long as it teaches that a physician's duty is merely to cover the totality of the symptoms by a similimum. But "everything that is true in medicine is useful." Certain cases have so many symptoms in common as to originate names of diseases. These are a proper subject of study, for their treatment must be more or less similar. Aside from all this, so long as old established systems of medicine remain extant with their systematic nosology, so long we shall find a work like this peculiarly useful. And it is satisfactory to us that we can point to so highly respectable a work, one of which any school might well be proud.

Review of the Homœopathic Quarterly and its Editor's "Cause of Tuberculosis." By E. G. Cook, M.D. Read before the Erie County (N. Y.) Homœopathic Medical Society, and published by request of the Society.

Rollin R. Gregg, M.D., the owner and editor of the Homœopathic Quarterly, is the proprietor of a theory that tuberculosis arises from the loss of albumen from the blood. Dr. Cook not only vigorously opposes this theory, but also Dr. Gregg's "favorite attenuation." As very few persons will seek to deprive Dr. Gregg of his forty thousandth potency, which he is at perfect liberty to use if he chooses, so the ownership of his theory will, for many a long day, remain undisputed. We cannot but think that Dr. Cook has made a useless expenditure of printer's ink, both in poking fun at his theories and in seriously combating them.

Poughkeepsie Homœopathic Medical and Surgical Dispensary, From the Annual Report.

This institution seems to be in successful operation; the number of cases treated in the year having been 1,096, of which two died; 954 were cured and 104 relieved. Benson J. Lossing is the President, and E. W. Avery, M.D., Resident Physician.

Catalogue of the Museum and Library of the Hahnemann Medical College of Philadelphia. By C. M. Thomas, A.B., Curator.

The museum contains 2,522 specimens and articles, exclusive of 1,600 plants and minerals. The library contains 801 volumes and nearly 600 pamphlets.

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ITEMS AND EXTRACTS.

Tea is successfully grown in Tennessee.

Small-Pox has been prevailing as an epidemic in South Dedham, Mass., but has now nearly disappeared there.

Diphtheria is prevailing to a considerable extent in the eastern part of Vermont.

Influenzas just now are afflicting this section of New England. They appear not only in their own proper form, but also complicate all other prevailing diseases.

Hon. E. M. Stanton. A correspondent inquires if the sudden death of this distinguished man was really due to "asthma" or to immense doses of the fashionable remedy for sleeplessness, the bromide of potassium.

Sainte Beuve submitted to three surgical operations during the last week of his life, and succumbed under the third. It was one of his last requests that there should be no religious ceremony at the funeral, and no oration. In one of the spasms of agony that preceded dissolution, he murmured, "Physicians should have poison for their friends!" He was thinking of the death of Socrates.

Specific Remedies. — Dr. George Johnson, Physician and Professor of Medicine to King's College, in his introductory lecture says: — "The most general and comprehensive statement with regard to the cure of disease that can safely and confidently be made, is this: Most of the diseases that are curable by any means, are curable by the unaided powers of nature; and the chief art of the physician, as of the surgeon, consists in regulating and directing those natural forces which will cure a fever or an inflamed lung, as surely and as completely as they will heal a wound or mend a broken bone. This proposition may perhaps startle those who have been educated in the belief that for every disease, nay, for almost every symptom of disease, there is to be found a specific remedy in an infinitely small dose of the appropriate drug There is much truth in the statement that superstition is an ally of infidelity; and it may be admitted as a fact that the extreme and childish credulity of Hahnemann and his disciples in the efficacy of infinitesimal doses has tended to increase the scepticism of those who see in the reputed cures by such doses only the work of the *vis medicatrix naturæ*, aided perhaps by faith and hope, which rarely fail to exert a beneficial influence upon the sick. The most careful and competent observers agree in opinion that the specific remedies — remedies having a peculiar curative action in special forms of disease — are unhappily very few in number. Quinine may be considered a specific cure for ague. Mercury and iodide of potassium are specially curative in certain forms of specific disease, and bromide of potassium has almost earned for itself the title of a specific

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remedy for some of the worst forms of epilepsy. Now our experience of these remedies is in direct opposition to the strange theory which attributes a remarkable efficacy to infinitesimal doses. For it is a well-ascertained fact that, within certain limits, the curative influence of the remedies which I have mentioned, and of others to which I have not referred, bears a direct relation to the dose of the drug. To insure the curative effect the remedy must be given in full doses, the influence of small doses being quite inappreciable."

How much Dr. Johnson knows of homœopathy!

HOMŒOPATHIC DIRECTORY.

INTRODUCTION.

In 1825, Dr. Gram returned to this country, and took up his residence in New York, intending to practise his profession in accordance with a new doctrine which he had learned in Europe. In the latter part of the same year he published a pamphlet of twenty-four pages, entitled "The Characteristic of Homöopathia," from Hahnemann's Geist der Homöopathischen Heil-Lehre. It was inscribed to Prof. David Hosack as an "eminent teacher and practiser of medicine," a "competent judge of the doctrine here exhibited," and with "readiness to promote all that tends to the welfare of our fellow-beings."

Dr. Gram was disappointed with the reception which his pamphlet received. He wrote nothing more, and seemed content with converting one or two physicians to his method.

From this time, as Dr. A. G. Hull says, "a long dark interval of nearly nine years occurred, in which very little was done for the extension of the new doctrine in the United States."

Dr. C. Hering arrived in Philadelphia in March 1833, and on the 18th of April delivered an address on the Rise and Progress of Homœopathic Medicine. This gave homœopathy a prestige in Philadelphia, where its advance has since been steady.

In November, 1838, Dr. William Channing delivered an address before the New York Physicians' Society, on the Reformation of Medical Science demanded by Inductive Philosophy. Complimentary resolutions were passed, the thanks of the Society were presented to Dr. Channing, and a copy asked for publication; yet from this time the opposition began.

Dr. Channing's address marked a new era in New York. Ten years later, (1848),Mr. John T. S. Smith, the pharmaceutist, published a list of thirty-nine homœopathic practitioners in the city. The whole number in the country was probably between four and five hundred.

In November, 1852, Dr. James W. Metcalf, managing editor of the North American Homœopathic Journal, published (Vol. I., p. 492) a list of the physicians practising homœopathy in the State of New York. The number was three hundred and two. He also published the names of the physicians in Boston and vicinity, in the State of Rhode Island, and in the cities of Philadelphia, Baltimore, and Washington, — numbering respectively twenty, twelve, fifty-three, ten and two.

In August, 1855, under the direction of the Massachusetts Hom. Medical Society, a "Homœopathic Directory for New England" appeared. It contained the names of two hundred and fifty-four physicians. In 1856 we printed the proof-sheets of a Homœopathic Directory, for correction by the members of the American Institute of Homœopathy, at its meeting in Washington. It was corrected, and published early in 1857, giving the names of fourteen hundred and eighty-one physicians, arranged alphabetically and by

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States. It contained reports of two colleges, one hospital, eight dispensaries, twenty-three societies, and thirteen pharmacies.

In July, 1861, Dr. I. T. Talbot, then Secretary of the Mass. Homœopathic Medical Society, published a list of one hundred and ninety-one physicians practising homœopathy in Massachusetts.

In January, 1867, appeared the "American Directory of Homœopathic Physicians," "Proof Copy" published by Dr. John B. Hall, St. Paul. Min. This list comprised thirty-four hundred and thirty names, and was seemingly made up of all the previously published lists, with many additions, but with few alterations or corrections. This edition was sent to physicians for correction, but the publication having been so often postponed, it did not have the confidence and co-operation of the profession, and it was abandoned,—Dr. Hall generously giving us, for the use of the American Institute of Homœopathy, all his manuscript.

In 1867, the *Bureau of Organization, Registration and Statistics* of the Institute reported a list of thirty-six hundred and thirty-six physicians, sixty-one societies, seven colleges, dispensaries in thirteen of our principal cities, and ten homœopathic periodicals. The list of physicians was incorrect, and the number probably over-estimated.

In 1869, Dr. H. M. Paine, published a New York State list arranged in counties, for the use of members of the New York State Society. He gave the names of six hundred and eight physicians. This list has been prepared with great care, and is nearly correct.

In addition to those mentioned, several other lists have been begun, but never published, and our physicians have been so frequently importuned for their names, etc., that now they pay no attention to circulars regarding any publication of that kind; hence many of the inaccuracies and omissions.

Those who criticise the incorrectness and incompleteness of the published lists are probably unaware of the labor and difficulties of compilation. Numerous errors arise from names not being plainly written, and initials only being given instead of full names. In one list, Dr. "Stephen W. J——" is correctly printed in one place; his name is printed at another as "L. M. J——"; while at his former address "J. M. J——" stands for him. Dr. Reud's name has been printed *Rend* and *Read*. Repetitions occur from like cause: H. M. W—— and N. W. W——, printed side by side, stood only for Henry W. W——. Again, where father and son had the same initials, or nearly so, if the full name were not given nor "*Jr.*" added, one name was dropped as a repetition of the other. Names are frequently published in several different places as they are reported by different persons; thus Dr. E. B. W—— writes us from *Gaysville*, while his address furnished by the Secretary of the State Society of which he is a member, is *Hinesburgh*.

With a view to avoid many of the above mentioned difficulties, and of giving every one an opportunity to be correctly reported or remain unnoticed, the *Bureau of Registration, etc.*, of the American Institute of Homœopathy in January, 1869, sent a circular to every homœopathic physician whose address it had, with a blank to be filled with the name and post-office address in full, and the name of college or society from which a diploma or license had been received. Of four thousand circulars issued, less than two thousand were returned. The names thus obtained have been published in the preceding volume of the *Gazette*.

In making up the present list, we have assumed that the names registered with the *Bureau* were correct, and print them in small capitals; if a graduate, we have added "M.D." to the name. Names not registered are printed as they are sent by others, with or without the affix.

We shall be very glad to receive any corrections, and will note them in the personal column of the *Gazette*.

For much of our information in regard to homœopathy in Maine, with which State we begin our list, we are indebted to Drs. Wm. E. Payne, of Bath, and James B. Bell, of Augusta.

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MAINE.

HISTORICAL SKETCH.

In an address before the Homœopathic Medical Society of Maine, Dr. Wm. E. Payne, of Bath, gave a sketch of the introduction and progress of homœopathy in that State. From this we have gathered many facts, and wish we could afford the space for copious extracts. It was published in the *North American Journal of Homœopathy* for November, 1867 (Vol. XVI., p. 210).

In September, 1840, Dr. D. F. Sandicky went from Eastport, Me., to Bath, Sagadahoc County, and began the practice of homœopathy. Dr. W. E. Payne, a graduate of the Maine Medical School, was living at the hotel where Dr. Sandicky boarded. Seven years before, when an undergraduate, Dr. Payne had heard and read something about homœopathy which prejudiced him against it, and he avoided all personal intercourse with Dr. Sandicky, regarding him as an adventurer. Notwithstanding these prejudices, Dr. Sandicky's gentlemanly deportment soon engaged his attention. His concise presentation of homœopathy gave him a desire to know more about it, especially as he had frequent occasions to deplore the unsatisfactory results of the practical application of some of his own theories. He therefore read the Organon after his daily labors were over, and found a realization of his ideal, — a precision in medical practice that had been his dream by day and by night. His allopathic colleagues, hearing what he was doing, undertook, by ridicule and misrepresentation, to disaffect his patients. He was therefore obliged, earlier than he intended, to acknowledge his conviction, and defend his course. He not only carried all his patrons with him, but the notoriety thus given to homœopathy by its opponents induced others to inquire into and observe the results of his practice.

Dr. Sandicky remained in Bath but a few weeks. He went to Portland in the latter part of November. (In 1855, Dr. Sandicky was practising in Boston, where he died a few years later.)

For nearly twenty years Dr. Payne was the only homœopathic practitioner in Bath. He has now for colleagues Dr. Milton S. Briry, a graduate of Bowdoin College, who, after practising allopathy several years, began the practice of homœopathy in 1859; and Dr. Fred. W. Payne who graduated at the Harvard Medical School in 1866.

Next to Bath came Portland, Cumberland County. Soon after Dr. Sandicky began practice there, Drs. Eliphalet Clark, Albert Rea, and J. Merrill began to investigate, and in 1841 entered upon the practice of the new system. Homœopathy is now represented in Portland by Drs. Charles H. Burr, a graduate of the Pennsylvania Homœopathic College, Eliphalet Clark, James M. Cummings, a graduate of Bowdoin College, Moses Dodge, a graduate of Bowdoin College, and Rufus Shackford. Dr. Merrill died June 7, 1855, aged 73 years; and Dr. Rea died at the age of 50, October 14, 1848.

In 1843, Dr. John Payne, of Northport, Waldo County, became interested in homœopathy through his brother, Dr. W. E. Payne; and on removing to Belfast, in the same county, in February 1844, began to practise it. He died October 8, 1857. His son, Dr. Lycurgus V. Payne, a graduate of the Maine Medical School, was engaged with him in practice from 1846 to 1849. He died at the age of 29 years, July 8, 1853.

In 1843, a Dr. Snell of Bangor, is reported to have practised homœopathy with the aid of a domestic book and case, but without much credit to the school. In 1844, Dr. William Gallupe, a graduate of Dartmouth Medical College, removed from Concord, N.H., to Bangor, and introduced the practice of homœopathy. He has remained there to the present time. He was alone till 1849, when Dr. James H. Payne removed from Montville and opened an office in Bangor. In the autumn of 1854, Dr. J. H. P. Frost also opened an office there; and a year later, Dr. George Kellogg began to practise there, but removed to New York State after two years, and we believe he afterwards

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went to New Orleans. In December, 1860, Dr. George P. Jefferds, a graduate of Bowdoin Medical College, took Dr. Payne's practice. He is there now. In 1865, Dr. Frost was appointed to the chair of Physiology in the Homœopathic Medical College at Philadelphia, and removed there. Dr. John M. Blaisdell, a graduate of the Homœopathic Medical College, of Pennsylvania, succeeded him, and continues in practice there.

In 1844, Dr. John Roberts of Brooks, Waldo County, was converted to homœopathy by Dr. John Payne, and after practising two years removed to Vassalboro', Kennebec County, where he died in March, 1856. His grandson, Dr. Francis A. Roberts, a graduate of Dartmouth Medical College, Drs. Rufus R. Williams and J. H. Barrows, succeeded him. Drs. Roberts and Williams are still in practice in North Vassalboro'.

In 1845, Dr. Richmond Bradford of Auburn, Androscoggin County, abandoned the old method, after fifteen years' practice, and devoted himself to the new.

In 1847 or 1848, Dr. William B. Chamberlain, a graduate of Cleveland Homœopathic Medical College, began through the agency of Dr. John Roberts, to practise homœopathy in China, Kennebec County. He was succeeded by Dr. F. A. Roberts, who after four years removed to Vassalboro' to take his grandfather's practice.

In 1847, Dr. Green began to practise in Augusta, Kennebec County, but homœopathy did not occupy a very high position in this place till in 1850, Dr. Shadrach M. Cate, a graduate of Cleveland Homœopathic College, opened his office there. In 1860, Dr. Cate's ill-health obliged him to leave. He was succeeded by Dr. D. Whiting, whose health failed, and he left in 1865. He was succeeded by Dr. W. L. Thompson, who remains there. In the same year Dr. James B. Bell, a graduate of the Homœopathic Medical College of Pennsylvania, opened his office there, and is still in practice.

In April, 1849, Dr. W. F. Jackson began to practise at Gardiner, Kennebec County, where, five or six years before, Rev. Mr. Howland practised homœopathy with some success as an amateur. In 1853, Dr. Jackson was succeeded by Dr. F. N. Palmer. Subsequently our system has been represented there by Drs. S. H. Worcester, H. H. Hamilton, J. H. Barrows, Blake Robinson, and J. D. Young. The last three are there now. In 1849, also, our practice was introduced into Kennebunk Port, York County, by Dr. George P. Jefferds, who remained thirteen years, and then removed to Bangor.

In the same year, Dr. B. H. Batchelder began to practise in Montville, Waldo County, where he remains.

In 1850, Dr. Greenfield P. Thompson, a graduate of Bowdoin College, opened an office at Yarmouth, Cumberland County, where he continues to practise.

In the same year, Dr. Moses R. Pulsifer, a graduate of Bowdoin College (class of 1822), settled at Ellsworth, Hancock County, where he is still in practice. At this date, also, the Rev. Mr. Hill practised at Winthrop, Kennebec County, where he was succeeded by Dr. F. N. Palmer, who soon removed to Gardiner, leaving Winthrop vacant till 1858, when Dr. Charles A. Cochran, a graduate of Maine Medical School, settled there, and remains. The same year, Dr. Mitchell practised in Calais, Washington County, and was succeeded, in 1862, by Dr. Denison E. Seymour, the present practitioner there.

In 1852, Dr. Nathan G. H. Pulsifer, a graduate of Dartmouth Medical College, practised homœopathy in Waterville, Kennebec County; Dr. John M. Blaisdell in Rockland, Knox County, and Dr. Joseph P. Paine, a graduate of the Homœopathic Medical College of Pennsylvania, in Damariscotta, Lincoln County. Dr. Pulsifer is still in Waterville; Dr. Blaisdell remained in Rockland about a year, when he removed to Lynn, Mass., thence to Ohio, and is now at Bangor. Dr. Paine remained about a year at Damariscotta; from there he went to Dedham, Mass.; he now resides in Boston. Dr. John Esten went to Rockland in 1854, and remained till within two years, when ill health obliged him to leave. He is now in San Francisco.

In 1854, homœopathy was introduced into Richmond, Sagadahoc County, by Dr. J. D. Young. He was succeeded, in 1857, by Dr. David S. Richards, a

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graduate of Bowdoin College, who is there now. In the same year Dr. Hosea B. Eaton, a graduate of Bowdoin College, began the practice of homœopathy in Rockport, Knox County, where he now is.

In 1856, Dr. H. C. Bradford went to Lewiston, Androscoggin County, where he has remained. Dr. J. O. Moore established himself at Saco, York County, where, five or six years before, Dr. E. Clark, of Portland, had occasionally been called. Dr. Moore left Saco in 1866, and was succeeded by Dr. L. F. Morse, who, after four months, removed to Biddeford, York County, where he is now practising. Dr. Stockbridge P. Graves, a graduate of the New York Homœopathic College, is at present at Saco. In this year Dr. E. W. Morton began to practise in Kennebunk. His present address we do not know.

In 1857, Dr. T. S. Goodwin opened an office in Skowhegan, Somerset County; and the year following, Dr. J. H. Hamilton also began to practise there, but remained only two years. Dr. Goodwin left in 1865, and was succeeded by Dr. Sumner H. Boynton, a graduate of the Homœopathic Medical College of Pennsylvania, now of Rockland.

In 1858, Dr. Rufus R. Williams practised in Clinton, Kennebec County. He remained five years, when he removed to his present location, North Vassalboro'. In the same year Dr. Cook went to Amity, Aroostook County, and the following year removed to Dover, Piscataquis County, where he continued until recently.

In 1861, Dr. H. W. Hamilton introduced homœopathy into Farmington, Franklin County, where, in 1863, Dr. O. W. True succeeded him, and is now practising.

In 1862, Dr. James W. Savage, a graduate of the New York Homœopathic College, entered upon a practice in Wiscasset, Lincoln County, which he still continues.

In 1866, Dr. F. E. Hartwell began his present practice at Strong, Franklin County.

THE MAINE HOMŒOPATHIC MEDICAL SOCIETY

Was organized January 15, 1867, and incorporated by special Act of the Legislature in February of the same year. It has thirty-one members. It meets annually in May; the present year on Tuesday, May 24. The officers are: —

H. B. Eaton, M.D., Rockport, *President.*
W. L. Thompson, M.D., Augusta, } *Vice-Presidents.*
M. S. Briry, M.D., Bath, }
G. R. Clark,* M.D., Portland, *Recording Secretary.*
S. H. Boynton, M.D., Rockland, *Corresponding Secretary.*
G. P. Jefferds, M.D., Bangor, *Treasurer.*
W. Gallupe, M.D., Bangor, }
E. F. Hinks, M.D.,† Thomaston, }
S. P. Graves, M.D., Saco, } *Censors.*
H. C. Bradford, M.D., Lewiston, }
W. E. Payne, M.D., Bath, }

* Recently deceased. † Removed to Marlboro', Mass.

THE CENTRAL HOMŒOPATHIC MEDICAL ASSOCIATION OF MAINE

Was organized in August 1866. It holds quarterly meetings at such time and place as are selected at a previous meeting. The number of members is fifteen.

The present officers are: —

Jas. P. Bell, M.D., Augusta, *President.*
Jas. W. Savage, M.D., Wiscasset, } *Vice-Presidents.*
F. A. Roberts, M.D., N. Vassalboro', }
Rufus R. Williams, M.D., N. Vassalboro', *Secretary.*
D. C. Perkins, M.D., Brunswick, *Treasurer.*

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INSTITUTIONS.

There are no dispensaries or other homœopathic charitable institutions in the State. The Soldiers' Orphans' Home is located at Bath, and we believe Dr. Wm. E. Payne is the physician when medical advice is needed.

PRACTITIONERS.

There are at present forty-four practitioners, a list of whom we have arranged by towns in alphabetical order. Names printed in SMALL CAPITALS have been registered with the American Institute of Homœopathy; those prefixed with an asterisk * are members of the Institute, the prefix † denotes membership of the State Society, and the ? shows that their residence is doubtful. The population of towns is taken from the last official census.

Auburn, Androscoggin Co. Pop. 4,022.
Ayer, R. J.
*†Bradford, Richmond, M.D.

Augusta, Kennebec Co. Pop. 7,609.
†*BELL, JAMES B., M.D.
†*Thompson, W. L., M.D.

Bangor, Penobscot Co. Pop. 16,407.
†*BLAISDELL, JOHN M., M.D.
†*GALLUPE, WILLIAM, M.D.
†*JEFFERDS, GEO. P., M.D.

Bath, Sagadahoc Co. Pop. 8,076.
†*BRIRY, MILTON S., M.D.
†*PAYNE, FRED. W., M.D.
†*PAYNE, WILLIAM E., M.D.

Belfast, Waldo Co. Pop. 5,520.
†*FLANDERS, DAVID P., M.D.

Biddeford, York Co. Pop. 9,349.
Morse, L. F., M.D.

Brunswick, Cumberland Co. Pop. 4,723.
Perkins, D. C., M.D.

Calais, Washington Co. Pop. 5,621.
†*Seymour, Denison E., M.D.

Dexter, Penobscot Co. Pop. 2,363.
Foss, Charles M.

Ellsworth, Hancock Co. Pop 4,658.
†*PULSIFER, MOSES R., M.D.

Farmington, Franklin Co. Pop. 3,106.
True, O. W.

Gardiner, Kennebec Co. Pop. 4,487.
†Barrows, J. H., M.D.
Robinson, Blake, M.D.
Young, J. D., M.D.

Hallowell, Kennebec Co. Pop. 2,435.
†Hall, I. H., M.D.

Kennebunk, York Co. Pop. 2,679.
? Morton, E. W., M.D.

Lewiston, Androscoggin Co. Pop. 7,420.
†Bradford, H. C., M.D.

Montville, Waldo Co. Pop. 1,682.
Batchelder, B. H., M.D.

New Sharon, Franklin Co. Pop. 1,731.
Warren, A. B.

No. Vassalboro', Kennebec Co. Pop. —
†ROBERTS, FRANCIS A., M.D.
†Williams, Rufus R.

Portland, Cumberland Co. Pop. 26,341.
†*BURR, CHARLES H., M.D.
†*Clark, Eliphalet, M.D.
*CUMMINGS, JAMES M., M.D.
†*DODGE, MOSES, M.D.
*Shackford, Rufus, M.D.

Richmond, Sagadahoc Co. Pop. 2,739.
RICHARDS, DAVID STIMPSON, M.D.

Rockland, Knox Co. Pop. 7,316.
†*BOYNTON, SUMNER H., M.D.
†Wiggins, Nathan, M.D.

Rockport, Knox Co. Pop. ——
†*EATON, HOSEA B., M.D.

Saco, York Co. Pop. 6,223.
†*GRAVES, STOCKBRIDGE PATTEN, M.D.

Searsport, Waldo Co. Pop. 2,532.
? Dresser, B. L.

Skowhegan, Somerset Co. Pop. 2,266.
†*Bradford, Thomas L., M.D.

Strong, Franklin Co. Pop. 754.
Hartwell, F. E., M.D.

Union, Knox Co. Pop. 1,957.
Batchelder, Nathan.

Waterville, Kennebec Co. Pop. 4,390.
†PULSIFER, NATHAN G. H., M.D.

Winthrop, Kennebec Co. Pop. 2,338.
†*COCHRAN, CHARLES A., M.D.

Wiscasset, Lincoln Co. Pop. 2,318.
†SAVAGE, JAMES W., M.D.

Yarmouth, Cumberland Co. Pop. 2,027.
†THOMPSON, GREENFIELD P., M.D.

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PERSONAL.

PROF. T. F. ALLEN, M.D., of New York, sends us the first number of the *Bulletin* of the Torrey Botanical Club, of that city. Prof. Allen, who is an accomplished botanist and has made several valuable discoveries, has one of the largest herbariums in the country. He will be happy to give any information in regard to the Club, if addressed at No. 3 East 33d St., New York.

CHARLES CULLIS, M.D., of Boston, has been seriously ill with pneumonia from which he has not yet fully recovered. We have received the Fifth Annual Report of the Consumptives' Home, which Dr. Cullis has so sucsessfully established and which is now in a very prosperous condition.

C. B. CURRIER, M.D., of Middlebury, Vt., writes: —

"We have had a great deal of dysentery the past season; and, in nine cases out of ten, *Nux vom.*[6] was the remedy. Cholera infantum also was quite prevalent. It took, as a general thing, that low and dangerous type, absence of thirst, dry tongue, and hot dry skin. *Apis mel.*[6] answered the indications splendidly. I think it a valuable remedy in this class of disease. Typhoid fevers are now quite common. *Bap. tinct.* and *Bry.*[30] and sometimes *Hyos.*[200] are all that is generally required to cure the most obstinate cases.

Dr SANBORN, of New Haven, formerly an old school physician of excellent reputation, has finally abandoned that school of practice, and adopted ours. In him our school has a valuable acquisition."

We cordially welcome him to our ranks.

PROF. H. P. GATCHELL, M.D., of Kenosha, Wis., proposes to write a work on the relations of climate to health, in which he will discuss the sanitary influence of every section of the United States. Wishing to avail himself of every aid to accuracy, he desires to receive communications from all careful observers as to the special effects of the climate in which they may reside. He will give full credit for any information thus obtained. This important work could not be in better hands, and we hope he will receive all the aid from the profession which he desires.

T. S. SCALES, M.D., of Woburn, Massachusetts, under date of December 22, 1869, writes: "There is an opening in Woburn for a good homœopathic physician. It is not a 'sickly season,' and yet I cannot do the work that I am called on to do. It is now Wednesday, A.M., and I have fifty-nine names on my list for the present week, besides half a dozen patients who have been waiting for weeks for me to get time to vaccinate them."

M. J. RHEES, M.D., formerly of Mount Holly, N. J., has resumed practice, and settled at Hollidaysburg, Pennsylvania.

H. A. COLLINS, M.D., of Springfield, Massachusetts. Just as we are going to press, we are pained to learn of the serious and continued illness of this physician, from pericarditis. Although somewhat relieved, he is still suffering from extensive effusion into the pericardium.

REMOVALS. A. F. SQUIER, M D., from 664 Washington street, to 1 Asylum street, corner of Washington street, Boston.

D. A. JOHNSON, M.D., from 20 Worcester street, Boston, to his former residence, in Chelsea, Massachusetts.

E. F. HINKS, M.D., from Thomaston, Maine, to Marlboro', Massachusetts. Dr. Hinks writes us that "There is a fine opening for a good homœopathic physician at Thomaston, Maine, his former residence."

PROF. JOHN J. MITCHELL, M.D., late of the New York Homœopathic Medical College, has removed from 965, Second avenue, New York, to Newburgh, New York. His brother, Dr. GEORGE B. I. MITCHELL, takes his place in New York.

DIED. In Boston, Dec. 11, 1869, A. J. BELLOWS, M.D., aged 65.

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TO CORRESPONDENTS.

C. H. H., Pa. — Thanks for your interesting and original article, which will appear in the February number.

J. V. H., Va. — You have not been overlooked, but will receive the volume as soon as published.

H. P. G., Wis. — We have distributed the documents you kindly sent and would like more.

E. H. S., Pa. — Your communication would have appeared in this number, but for the unusual amount of matter which compels extra pages this month.

I. B., R. I. — The same reasons have compelled us to defer your article.

G. S. S., N. Y. — Your article contains nothing that has not been said better many times. Your pen is capable of producing something more valuable for our pages, which would be gladly welcomed.

J. H. D., N. H. — The documents you sent us stamp the person as a most unmitigated charlatan. He is *not* a member of the Massachusetts Homœopathic Medical Society, and, without knowing his character, the article came into the report, and thus into the *Gazette*. We cannot too quickly repudiate such professional swindlers.

W. E., Ind. — We hope you will be successful in elevating the standard of our school in your State. The Code of Ethics of the American Institute of Homœopathy is perhaps the best ever written, and should be freely circulated as well as enforced. Those who cannot stand by that standard may be allowed to fall. We lose nothing thereby.

BOOKS AND PAMPHLETS RECEIVED.

The following Exchanges for December:

The Hahnemannian Monthly; Philadelphia. The American Journal of Homœopathic Materia Medica; Philadelphia. American Homœopathic Observer; Detroit. The Medical Investigator; Chicago. The Western Homœopathic Observer; St. Louis. The Monthly Homœopathic Review; London. Allgemeine Homöopathische Zeitung; Leipzic. Monatsblatt, Allgemeinen Homöopathischen Zeitung. El Criterio Médico; Madrid. Bibliothèque Homœopathique; Paris. Rivista Omiopatica; Rome. The Boston Medical and Surgical Journal; Boston. Good Health; Boston. The Journal of the Gynæcological Society of Boston; Guardian of Health; Boston. The Medical Record; New York. The Medical Gazette; New York. American Eclectic Medical Review; New York. Buffalo Medical and Surgical Journal. The Physician and Pharmaceutist; Philadelphia. The Philadelphia University Journal of Medicine and Surgery; Philadelphia. Nashville Journal of Medicine and Surgery. Pacific Medical and Surgical Journal; San Francisco. Boston Journal of Chemistry. The Canada Journal of Dental Science; Hamilton. The Missouri Dental Journal; St. Louis Every Saturday; Boston. Littell's Living Age; Boston. The Atlantic Monthly; Boston. Our Young Folks; Boston. Our Dumb Animals; Boston. Monthly Record of the Five Points House of Industry; New York. The Phrenological Journal; New York. The Nation; New York. The National Sunday School Teacher; Chicago. The Witness; New York. Cincinnati Times.

Also the following:

Relations to Climate and Health, by H. P. Gatchell, M.D., Kenosha, Wis. The Inaugural and Annual Addresses before the Homœopathic Medical Society of the State of New York, by William H. Watson, A.M., M.D. Homœopathic Quarterly, by R. R. Gregg, M.D., reviewed, by E. G. Cook, M.D. Buffalo, N. Y. Homœopathic Insane Asylum, by George F. Foote, M.D. Modified Plans and Estimates of the Boston Hospital for the Insane, at Winthrop. City Document No. 107, Relative to a Site for a new Lunatic Hospital. Bulletin of the Torrey Botanical Club; New York. Vol. I, No. I.

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THE

New England Medical Gazette.

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MATERIA MEDICA IN ITS SCIENTIFIC RELATIONS.

BY W. W. RODMAN, M.D., NEW HAVEN, CONN.

(*Continued from page* 6.)

The inquiry which has been started distributes itself into the following topics: —

I. What is it that we want?
II. Where are we to look for it?
III. How are we to obtain it?

I. Let us seek a clear idea of the want itself. All will agree that we need generalizations, groupings, expressions that will embody numerous facts into single propositions, and yet leave the particulars at all times available for our use. Our knowledge should, at every stage, be as comprehensive and as specific as possible.

While the want is thus felt, it does not appear that a distinct apprehension of its nature and limitations is usually reached. The following positions aim to do this: —

(1.) Whatever else we may do, or need, we are not to lose our hold of the particular facts of sensation and consciousness. We are to retain these, to add to them whenever it is possible to do so, and in every way to make the most of them. They are the starting points of all our knowledge. We cannot dispense with them through any process of generalization. We are to thank any man who makes known to us a single phenomenon as characteristic o one of our agents.

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(2.) We are to avail ourselves of every facility to the better understanding of these particulars. The grouping of two or more facts which in some respects resemble each other is such a step. It enables us to remember them better, and to understand their relations. What an aid to our knowledge of arsenic, for example, is afforded by linking together many of its phenomena *by the conception of violence.* The arsenic condition is at times merely a gradual sinking, *without any violent symptom.* We all know that it has another side to it. In circumstances which elicit its positive effects, the opposite character is strongly marked. Its pains are horrid, its anguish overwhelming, its debility excessive, its fainting violent and deep. Its fever, its emaciations, its mental emotions, all partake of this element of intensity. It is seen in the most paradoxical ways. It may be merely a desire to do more than is required, or to eat and drink more than is best, or to walk farther than the strength will bear. This one idea does so much to consolidate our knowledge of arsenic that it is quite indispensable to an intelligent understanding of the operations of this agent. We need thousands of such conceptions where we now have one. We form them consciously or unconsciously, whenever we study a medicine.

(3.) In this way we need to reduce our knowledge of any given agent to definite propositions. We are to embody them in language. Starting with single phenomena, we should obtain statements which express particulars in more general forms, not to supersede the particulars, but to explain and to emphasize them. The propositions thus obtained need to be combined into those of still greater generality. The process is to be continued until all the powers and effects of the drug can be expressed in one generic proposition. This proposition states the law or principle according to which the phenomena occur. Of course, as we ascend in generality we lose in definiteness. Were it not so, the mind would be unable to grasp the unit reached. In the course of the process, we are often aided by the fact that the conception reached is one with which we are already familiar on other subjects. The idea of violence, already referred to, is such an instance. Others may be found in the terms debility, pain, anxiety, and indeed in almost all

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those which we use as vehicles of our thoughts. The difficulty is greatly increased when we do not find the needed conceptions already existing and ready for our use.

Thus we bring particulars to one generic thought. Having done this, we reverse the process. We break up the general proposition into its parts. We analyze where we had combined. As we descend to particulars, they increase in number again, and thus a classification is furnished by which all the phenomena are united into an organized system. Every single fact contributes in its place and order to the study of the rest. As parts of a system, we can remember the particulars and understand their relations, although as separate facts they only bewilder us. This precisely corresponds to the aim of every other science, nor are its disciples content until success is reached. The natural classification takes the place of the artificial ones which preceded it, embodies their elements, and gives unity, symmetry, and efficiency to the whole. The phenomena take their natural relations. We obtain the links by which they are held, those of co-existence, of sequence, of dependence, and of causality being the chief.

(4.) Having secured a classification for the operations of individual medicines, the next thing needed is this: We are to *group* two or more agents so that the propositions which express their individual powers shall be included in one generalization; in other words, when we understand drugs separately, we are to compare them together. We cannot fully understand any agent until we also have studied all others like it. The nature of this likeness is to be reduced to a distinct statement. This process is to be continued, if possible, until a single proposition is reached, so general that it shall include within one formula all the phenomena which are or can be produced by the action of drugs. So lofty are the demands of science. If the undertaking seems formidable, let us recal the history of astronomy, of chemistry, and — shade of Hahnemann — by all means that of therapeutics.

II. Where are we to find the means for reaching such a result?

(1). Not in resting on speculations. To take a few facts and to make them the nucleus of a generic proposition which is mostly speculative is the common method of deducing or presuming the

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operations of drugs. The history of medicine is crowded with warnings to us to keep the line that separates our theories from our facts ever distinctly traced. Yet we cannot dispense with the aid of speculation or hypothesis in its proper place, which is to furnish channels of inquiry.

(2). Nor are we to look to the generalizations of other sciences for what we need. Other branches may help us by furnishing suggestions. The materials which they furnish are indispensable as instrumental aids to our studies. Progress in them is often essential. But such collateral assistance should not lead us to look to them for final results.

Pathology is often regarded as the basis for the classification of medicines; and, in a sense, the view is correct. Doubtless we must be constantly aided, in studying the operations of drugs, by the laws of natural disease. Our conceptions, for example. of inflammation, of fever, of diarrhœa, of dyspepsia, of spasm, etc., are of infinite value. But we are to use these conceptions only as suggestions or as instruments, and not base our generalizations upon the varying positions of a progressive science.

Pathological results, so far as they are excited by the action of drugs, come within this category, and must be included in the generalizing product. All that the agent does — not a part only — is to determine the synthesis. Every description of morbid phenomena produced by drug action is the material upon which we are to work. But these phenomena are to be used directly in the generalizations of the materia medica, and not as formulated into those of pathology.

Again, therapeutic power is continually used as the basis for classifying both the operations of each medicine and also the medicines themselves. The first question is apt to be, What is the article good for, — what will it cure? But again are we warned, and not by the history of medicine only, that the generalizations of a science must be restricted to its own department. Whenever any branch of knowledge reaches that degree of development that its inductions and its generalizations may be so restricted, very great advancement is assured.

(3.) Within the materia medica itself must be found the means

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of its own development and perfection. The materials are the subjective and the objective phenomena produced by drugs, and no other resource is to be trusted except as collateral aid. But it is not merely by gathering facts that we are to succeed. There must be some process, some clew, some organizing *plasma* available for the purpose. This brings us to a field of inquiry, the importance of which it would be difficult to overestimate.

[*To be continued.*]

MENSTRUAL RETENTION, A CAUSE OF UTERINE DISPLACEMENTS.

BY PROF. R. LUDLAM, M.D., CHICAGO.

DR. RIGBY to the contrary notwithstanding, it is undoubtedly true that many examples of uterine displacement are referable to other causes than external violence, morbid growths, and the parturient act. Among these causes there is one which has been almost entirely overlooked. I allude to a habitual delay or retention of the menses.

A patient has dysmenorrhœa. As a condition of functional activity, the uterine tissues are surcharged with blood, which moves sluggishly through them. The uterine mucous membrane has shed or secreted the menstrual product into its cavity; but this product cannot pass through the internal os uteri and the canal of the cervix. In order to empty the womb of what should escape without suffering or delay, the reflex phenomena of labor are requisite. The increase in the blood-supply, the torpidity of its circulation, and the retention of the menses within the womb add to its volume and weight so as to drag down and displace it.

Whether the dysmenorrhœa be congestive, obstructive, ovarian, spasmodic, or membranous, the consequence is a stasis of blood, and incidental suffering and disease. The proper balance between supply and waste, whether as respects structural repair or secretory demand, is lost. Textural changes in the inferior segment of the womb and in the cervix are almost certain to follow. The

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infiltration of the tissue may result in induration, hypertrophy, neoplastic growths, or unnatural adhesions.

In such a case the displacement is perhaps active and temporary. It may alternate with almost perfect health, and return with each menstrual cycle, to be relieved by the flow. It is not unusual for patients to complain of symptoms that are due especially to prolapsus or anteversion, whenever they menstruate. Many women learn from experience that much of the suffering incident to dysmenorrhœa may be relieved by raising the hips and lowering the head. One of my patients told me that for years she had derived more comfort at such times from placing her feet upon the high foot-board of her bed, and dropping the head very low, than from anything she had ever taken internally or used locally as a palliative.

More frequently, however, and for reasons already specified, the luxation becomes chronic. The monthly period recurs so soon that the patient has not recovered from one attack before another is precipitated upon her. It is like attempting to cure an acute gastritis while the patient continues to eat regularly and heartily of indigestible food.

Nor is the mere increase of weight in the womb the sole cause of the uterine deviations which are incident to dysmenorrhœa. The more decided and powerful the expulsive pains (which are designed to force the flow), the greater the liability to displacement; just as in labor at term the uterus descends in ratio with the strength and persistence of its contractile effort, and may even escape the vulva without first being delivered of its contents. And this is a veritable labor. There are the same contingents of structural change in the uterus, and of relative displacement of the organ, that attend upon abortion and full-term delivery. The difference is one of degree and not of kind. There is good reason for adopting the idea advanced by Hausmann, who holds that membranous dysmenorrhœa implies and includes conception and early miscarriage. In getting rid of the shreds or casts that are exfoliated in this disease, some women suffer more severely than others do in the proper parturient act, whether it be premature or otherwise.

Amenorrhœa (*suppressio mensium*) sometimes results in uterine

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displacement. This is especially true of those cases in which certain kinds of exposure or exercise have arrested the flow at the moment it was due. If a woman sets out for a sea voyage or a journey by rail the day before her menses should appear, she will be very apt to skip one period, and perhaps more. Or, if the flow comes, she may experience greater suffering than usual. If it be too scanty, or too profuse, she may be very ill. As an indirect consequence, she will be likely to suffer from some form of uterine flexion or dislocation.

There is no question but that many cases of this kind are due to such slight and apparently trivial causes. It may be as harmful and injudicious for some women to leave home on the eve of menstruation as it would be for others to go to church or to a concert when in momentary expectation of childbirth. I have known a rough ride in the carriage or upon horseback, taken at this particular period, to produce a decided prolapse of the womb. And in the nature of things, there is no reason why it might not frequently happen. According to Wright, "a displacement of the uterus is just as much an absolute fact as the occurrence of a hernial protrusion," and hernia has certainly resulted from a similar cause.

We do not wish to be understood as teaching that all, or even a majority of cases of uterine displacement are chargeable to menstrual obstruction or derangement. We only insist that this class of causes and their manifest consequences shall not be overlooked. The truth is that our writers and practitioners are accustomed to magnify the importance of hygiene as applied to gestation, while they make but little account of that proper to menstruation. In so far as uterine deviations are concerned, we are prone to discriminate loosely in favor of those sequelæ which may follow the parturition of the embryo and fœtus, and to discard all such as are consequent upon that of the menstrual product.

If our view is correct, the inference is obvious. The cure of this kind of displacement must hinge upon the relief and regularity of the menstrual process. If the dislocation, of whatever variety, depends either upon dysmenorrhœa, or simple retention of the menses, the first thing to be done is to remedy the catamenial disorder. To treat the case simply as a displacement, and to expect to cure it

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by any universal expedient whatever, whether local or internal, will be unsatisfactory and unsuccessful. Emmenagogues would only increase the difficulty, and so also would astringents. The pessary would be of no more service in such a case than a hernial truss. Indeed, it might prove as harmful in a displacement arising from this cause as it has sometimes been beneficial in others.

This theory explains the wonderful efficacy of some of our remedies, when prescribed for the relief of uterine luxations. Through their manifest and well-known relation to the menstrual function, we have learned to rely upon them for the cure of those displacements of the womb that are consequent upon certain derangements of that function. In other words, the key to their curative range and adaptability is found in their power to remove the condition upon which the disorder of place depends. From the provings alone we might never have learned what we already know empirically, logically and physiologically, of the power of certain remedies indirectly to influence the position and relations of this very important organ.

There is an excellent and harmless auxiliary which can be used in some of these cases to great advantage. We allude to the sponge-tent, which, by removing the mechanical cause of the retention, may relieve the difficulty and help to cure the displacement. We are not aware that others have recommended this instrument in any form of uterine luxation. But it is a temporary, non-medicinal, unobjectionable expedient, which can be employed without risk, and in such a manner as to secure the free exit of the menstrual fluid as soon as it is poured into the uterine cavity. It certainly does not interfere with the action of internal remedies, nor will it, if properly applied, give rise to any lesion of the cervix. It promotes the painless and gradual dilatation of the internal os, obviates suffering, and averts the reflex symptoms of which the patient is so apt to complain. It does not lift the womb directly, but ministers to its reposition by unloading its vessels, so that it can retract. It should be introduced from twelve to twenty-four hours in advance of the menstrual period. At this time the internal os is "off guard," and the operation is less painful and more successful. It should be allowed to remain for from four to eight or ten

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hours, according to circumstances. When it is removed, the patient should keep to the bed or sofa, and not be allowed to stand upon her feet.

It is a singular and significant fact that cases of dysmenorrhœa that merge into menorrhagia are rarely followed by uterine deviations of any kind. It is only when the absolute loss of blood causes extreme atony of all the utero-vaginal tissues that such a result is witnessed.

ASTHENOPIA, FROM PARESIS OF THE INTERNAL RECTI MUSCLES.

BY T. F. ALLEN, M.D., NEW YORK.

F. H. G., twenty-eight years old, book-keeper, was formerly an engineer, and accustomed to drawing and figuring day and night without inconvenience; lately he has been keeping ledgers for transfer of stock, etc., in an office lighted by gas and daylight mixed. These ledgers are kept in four kinds of ink, red, black, green, and blue, and are written very finely, Gillott's 303 pens being used. He has been obliged to work from twelve to fifteen hours daily, and almost without cessation. His general health and physical vigor have been, and still appear to be, excellent; but about a month since he began to be troubled with black spots, which bothered him in writing, and inclined him to close his eyes frequently, so that lately he could only with great exertion keep them open. Photophobia has been increasing, and he finds it almost impossible to look steadily at anything. It has become especially difficult to read or write, or to look at fine objects. At this date (Sept. 8) it is impossible for him longer to keep books or to read, and he can only look by quick glances at a person when speaking to him. There exists a constant inclination to close his lids firmly together, although his eyeballs are sensitive to the touch; light pressure is, however, worse than hard, so that sometimes he presses his hands hard against his closed eyes. It seems constantly as if "something sharp and pricking were in the eye," and he frequently insists upon his friends examining his lids, and he himself is constantly inclined to wipe

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his eyes and pull his lashes. He compares the sensations to chilblains: "There is no other good expression; my eyes feel just like aggravated chilblains."

His eyes look suffused and congested. The ball is slightly reddened, with some circum-corneal injection; the conjunctiva of the lids is very hyperæmic; the cornea, iris, and humors are normal; the optic papilla shows some choroidal hyperæmia, tension normal; *he is emmetropic*, though he finds it difficult to read number 15 at fifteen feet, owing to a blurring of the letters which is not improved by glasses.

On placing a screen before either eye, we find decided deviation outward, with impossibility to converge the eyes; the apparent deviation behind a screen is the greater the farther the uncovered eye is turned outward. On placing a prism of 14° base upward before one eye, and directing him to look at a candle ten feet distant, he sees, of course, two flames one below the other. But they are not in the same vertical plane; the flames are separated laterally, showing diplopia; and, the lower image being to the opposite side, the diplopia is crossed. This diplopia is, in our patient, neutralized by a prism of 5° (the base inward), and the flames brought directly underneath each other.

In forming an opinion of the nature of the malady we have to deal with, let us consider that in determining the position of objects, there are two phenomena to be recognized: first, the direction of a ray from the object to the eye; and, secondly, the position of the eye-ball; these two are intimately associated. Now, if we look directly in front of us to an object at a distance, rays from it will of course strike upon the macula lutea. We, however, recognize at the same time objects on all sides, rays from which impinge on various parts of the retina; the impression of an object to the outer side being of course received upon the inner (median) portion of the retina, etc. Now, when the normal eye is in a condition of muscular equilibrium, the eyes converge to a point about twelve inches from the eye. Let us suppose, then, that the muscle which, by its relative preponderance over the other muscles, keeps the eyes so converged in a state of rest, has become weakened or paralyzed; the eyes will of course diverge, and a flame or object held

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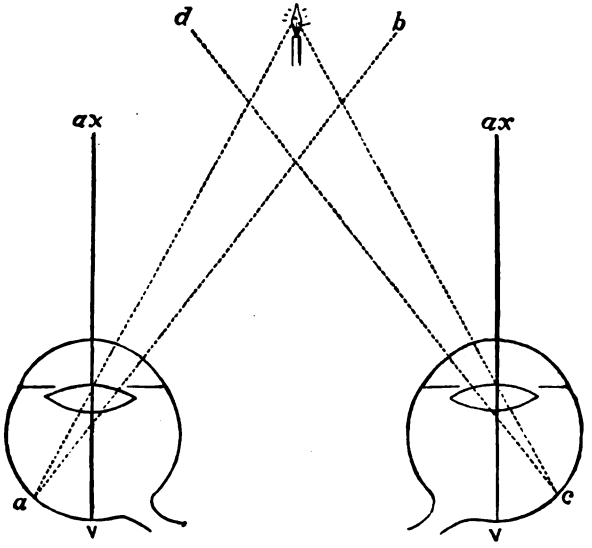
in front of the patient will not be seen in the same position by the two eyes, unless the patient by a great effort is enabled to converge his eyes sufficiently to merge the two images into one. This a patient is constantly endeavoring to do when the images are in the same horizontal plane, and his reason tells him that they come from one object. But if a prism be placed vertically before one eye, the images are thrown into different horizontal planes, the eye is no longer enabled to blend them, and the total amount of diplopia is manifested.

Our patient had diplopia; the image seen by his right eye was to the left: the diplopia was crossed. Let us look at the accompanying diagram for an explanation, but first try the following simple experiment: Look at a distance, across the room for example, and while looking there, hold up your pen or pencil about a foot from you; two are seen. Now, close the left eye, and the right image disappears, and *vice versa.*



This diagram exactly represents the condition. The visual axes are parallel (or practically so), the image of the candle is received on the retina of the left eye at *a*, and projected in the direction of *b*; so, through the misdirection of the axis, we have crossed double images. Now, suppose the internal recti muscles are paralyzed, and

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the patient's eyes are in a condition of conscious equilibrium. He thinks they converge to a point twelve inches in front of him, though they really do not converge, but even diverge. The candle held at twelve inches seems double, and the left image is seen with the right eye.

The crossed diplopia in our patient then showed a weakness of the internal recti, which we have seen has been brought about by excessive use of them, without sufficient rest; hence have arisen the subjective symptoms. How shall we treat him?

First, remove the exciting cause; stop his work, and send him off into the woods, and most likely a few weeks' rest will restore him. In the present case, I had to deal with a man who is dependent on his salary, and has to live closely up to it; his position is enviable, and hosts of men are anxious to jump into it; he can only get a week or ten days' absence without jeopardizing his situation. We must try to cure him in that time.

The indications call for a tonic. The particular tonic suited to his case is *Natrum muriaticum;* no other drug can be given him. We must prescribe closely, and choose between this and *Quinine, Iron, Strychnine,* and all the other tonics (that is, all other drugs which restore to health). The mere fact of knowing that the internal rectus is weak does not lead us to select *Natrum muriaticum.* The case may help some one hereafter, and it may not. It did not help me lately, when I prescribed *Natrum* hastily for a similar pathological state with different indications.

The action of *Natrum muriaticum* on our patient was very marked. He could not get out of town for three days, and I saw him the day before he left. His eyes felt better; type at a distance looked clearer, and more sharply defined. Testing for *diplopia disclosed that there was none at twelve inches;* the images were *not* separated horizontally; there was less conjunctival and sclerotic congestion, very little feeling of tension, and the photophobia and suffusion had nearly disappeared. When he attempted to converge the eyes excessively, he felt a sharp twinge.

Sept. 21. Has been away, took medicine with him; his acute symptoms have vanished, but he still finds it difficult to read more than a few minutes; at a distance of eight inches, vision is perfect,

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and not as good with convex fifty. He has positively no hypermetropia.

Sept. 27. Has been working easily six hours a day until within two days, when he had no medicine. He declares that the medicine strengthens his eyes.

Dec. 30. Has been steadily gaining, though working very hard, and is now at his old tricks, working from twelve to fifteen hours a day, and taking an occasional dose of medicine. I gave him warning, but he "must keep it up a little while longer," and warns me "to have that tonic on hand."

The medicine used was the 200th of Dunham.

STRANGULATED HERNIA. — REMOVAL OF FIVE AND A HALF INCHES OF INTESTINE. — RECOVERY.

BY B. R. WESTFALL, M.D., MACOMB, ILL.

Reported to the Chicago Academy of Medicine.

I WAS called to see Mrs. H——, the mother of four children, on the 16th Sept. 1867. She had been subject to severe attacks of bilious colic for several years, and had frequently sent for me during these attacks; but living some eight miles from town, she was always better when I reached her. Consequently she had for some time past been in the habit of depending on remedies which I had left her, without sending for me.

This attack commenced in the evening after an eight miles ride on horseback, and she supposed it to be colic as usual; and, still thinking she would get better, deferred sending for me until the third night after the pain commenced. I found her bathed with cold perspiration, pulse weak and irregular, vomiting green fæcal matter of very offensive odor; hiccough and wild expression of countenance, and having, as I thought, every symptom of being *in articulo mortis*.

On examination of the abdomen, I found it very much distended and tympanitic. She complained of severe pain just above, and to the right of the umbilicus, where she said the pain commenced at

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the beginning of the attack. One of the nurses said she believed they had burnt the abdomen with the hot fomentations they had been applying, as there were large blisters scattered over it. On examination, I found them to be gangrenous; I also discovered a tumor in the right groin, which I knew could be nothing else than hernia. This was of a dim purple color, and the same kind of blisters were making their appearance here. The patient said she had suffered no greater pain here than over the abdomen generally.

I felt satisfied in my own mind that the patient must die, as not only the strangulated intestine was gangrenous, but also a large portion of the bowel above it.

The patient thought so too, and begged me to do something to make her easy enough to talk to her family, and bid farewell to her friends. Thinking that I could accomplish this in no other way than by making an opening to allow of the escape of gas from the bowels, I pressed the end of a probe against the hernial tumor, which was distended and light like a drum-head, and with moderate pressure ruptured it, allowing the exit of an enormous amount of fœtid gas, and perhaps half a pint of watery fæcal matter. Instantly she expressed herself as being perfectly comfortable, and soon fell into a sound and undisturbed sleep, which lasted some five or six hours. When she awoke, she said she was almost well; her pulse was much improved, and her skin warm and moist. Poultices of hops were ordered to be placed over the bowels.

Early next morning I was sent for in great haste, as the pain and distention was as great as ever. The patient was suffering almost precisely the same symptoms as on my first visit. The integuments of the hernial tumor had sloughed, and the strangulated bowel was protruding. The abdomen was distended more than I had ever before seen, and I knew of no other way to give relief than to let out the gas again, if possible. I tried to dilate the opening through which the intestine passed out; but, although I seemed to succeed in this, no gas would pass out. I concluded that the trouble was in the intestine above, and I determined if possible to bring it down and cut it off above the obstruction. After long and patient effort, I succeeded in getting the bowel out to where it seemed healthy. I then cut off the intestine with a pair of curved scissors, holding

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on to the bowel with my fingers for fear it would drop back to discharge its contents into the abdominal cavity. The abdomen was soon emptied of gas. I then placed a compress, held by a bandage, over the abdomen above the opening, to hold the bowel *in situ*.

The next day I drew up the lower end of the bowel as much as I had drawn the other end down, and cut it off where it seemed to have vitality, and left the separated portion attached to the mesentery. I kept the compress over it until the next day so firm that scarcely anything but gas passed out. When I removed it, a copious watery discharge from the bowel followed, and the separated bowel, about five and a half inches in length, came with it; the mesenteric attachment had sloughed off, except at one end, which I cut loose. Upon examination with a probe, I found two corners (as it were) of the two ends of the bowel firmly adhered together, and each was adhered to the surrounding parts, making an artificial anus.

The blisters over the abdomen had sloughed out by this time, and left the open intestine adherent at the edges to the abdominal points. I think in the beginning there were as many as twenty such openings where the bowel discharged a portion of its contents; but the divisions continued to slough out until some of the openings were large, — at one place about seven, and at another four inches long. The inside of the bowel was exposed so that the contents could be seen as the patient lay on her back, passing in gushes, like water in a rivulet, along the trough-like bowel, to be discharged at the artificial anus. By the use of adhesive strips, compresses, and occasional application of argentic nitrate to the edges, I succeeded, after a long time, in healing all these openings, except the artificial anus.

I now thought I could do no more, but after a few weeks I concluded to make an attempt to get the discharges to pass out at the natural orifice. I first used warm water injections for a few days, and then fixed a compress securely over the artificial anus, so that nothing could pass out there. I continued the injections, and on the third or fourth day after, a natural discharge occurred, — the first for more than four months. I clipped the edges of the artificial anus with scissors, and healed it up in the same way as I did the

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other openings. Since then the bowels have acted naturally, and have been as healthy in every respect as ever they were, and the patient has had no more colic. Her health is good, and she does the housework for a large family. The *scars* alone remain to tell the story, and at each of these, of course, the bowel is attached to the abdominal walls.

HELLEBORUS NIGER AND ZINCUM METALLICUM IN HYDROCEPHALUS.

BY IRA BARROWS, M.D., PROVIDENCE, R. I.

In disease of the brain, where effusion has apparently taken place, or where symptoms denote that it is about to occur, I prescribe *Hell. nig.* tinct. and *Zincum met.*[3] I use *Helleb.* alone or alternately with *Zinc.*, as symptoms indicate. I have used *Hell.* in attenuation for hydrocephalus, but it has not been as successful in my hands as the tincture.

Case 1. A lad about six years old, supposed to have taken cold. Hot skin, and head dull; tongue slightly coated. Thirsty; pulse accelerated; complains of headache. Prescribed *Acon.* and *Bell.* alternately, once in two hours. The next day I found that he had complained bitterly of his head; slow, feeble pulse, pupils dilated, scarcely impressible by light; restless, tossing, moaning; urine scanty; limbs rigid. Prescribed *Bell.* alone. Twelve hours later he had convulsion of the left side. Violent jerking of the left arm and leg. Aims to get his head off the bed, and, when hanging off, and lower than his body, is more quiet. Urine entirely suppressed. Prescribed *Hell. nig.* tinct., twelve or fifteen drops to one gill of water, one teaspoonful to be given every hour. Tepid water applied to the forehead. Under this treatment he recovered. As he convalesced, the interval between the doses was prolonged.

Case 2. In 1854 I was called to a grandchild of Mrs. W—, two years old. Head hot, face flushed, skin hot, pulse slow and feeble; thirst, occasional vomiting, and slight diarrhœa; dejections at first watery, afterwards mixed with mucus. Prescribed *Acon.* and *Bell.* The next day I found no improvement; eyes have a

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dull, sleepy look; great restlessness. Gave a dose of *Calc.*[3], then continued *Acon.* and *Bell.* Twenty-four hours later, the vomiting and diarrhœa had ceased. Jerking of several muscles; neck and limbs rigid. Twelve hours later, had had severe convulsion, followed by profound sleep. Muscles still rigid; urine suppressed. Prescribed *Helleb.* tinct., fifteen drops to one gill of water, one teaspoonful to be given every hour. Some twelve hours later, I invited Dr. Jones, of Taunton, who was on a visit to the city, to see the patient. The child was sweating profusely; but, when disturbed to administer drink or medicine, the arms and hands trembled. Dr. Jones advised *Zinc. met.*[3], to be given alternately with *Helleb.* I dissolved three or four grains in a gill of water, and alternated with *Helleb.*, two hours apart. The first marked effect after giving *Zinc.* was a cessation of the trembling. Profound sleep continued for three days. Perspiration continued. Urine secreted, and the child gradually awoke to consciousness. *Helleb.* and *Zinc.* were now discontinued; some doses of *China* were given, and afterward *Calcarea*, and the child recovered. The lower limbs were paralyzed. It is about sixteen years, and he has never recovered the use of his legs fully, but by the help of braces he walks some. He is otherwise perfectly well.

Case 3. A child of I. M., two years old. Nausea, and vomiting sour water; watery, slimy diarrhœa; thirsty, restless; head hot, hands cold, bowels tympanitic; fever slight. Prescribed *Calc. carb.* alternately with *Puls.* No improvement next day; nervous, starts suddenly, wakeful. Prescribed *Bell.* and *Calc.* Later, she was extremely languid, with a good deal of retching. Alternated *Bell.* and *Antimon. crud.* After some five days, vomiting and diarrhœa ceased, but she has jerking of the legs and arms, twitching of the facial muscles, and strabismus. Prescribed *Bell.*[3] every hour. Twelve hours later, she was in convulsions; had passed no urine for twenty-four hours; pupils very large, left more dilated than right; right side more convulsed than left. Muscles of neck and limbs very rigid when not convulsed. The convulsions lasted about twelve hours, and were followed by profound sleep. Prescribed tinct. *Helleb.*, twenty drops to a gill of water, and *Zinc. met.*[3], about three grains in the same quantity of water. First were

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given three doses of *Hell.*, a teaspoonful every hour, then three similar doses of *Zinc.*, one, each hour. Cloths wrung out of tepid water were applied to the top of the head and forehead. Twelve hours later, I found the patient quiet, and still sleeping; had urinated and perspired freely; continued prescription. Twelve hours later, she had aroused several times; pupils still dilated; continued same medicine. Another twelve hours passed, and the child was conscious, perspired freely, voided urine, excessively thirsty; eyes red and suffused with tears, which trickle down the cheeks. Omit *Hell.* and *Zinc.;* prescribed *Bell.* The child continued to improve. Subsequent remedies were given according to symptoms, and in about three weeks the case was dismissed.

She is now about fourteen years old, and has enjoyed good health since 1867.

Case 4. 1868. Child of B. H., aged two and a half years. Had been treated by a physician of the old school for what he pronounced gastric fever. Had had nausea and vomiting, thirst, fever, hot head, etc. When I was called, the child was stupid, difficult to arouse; twitching of the facial muscles, pupils dilated, deglutition difficult, head hot, hands cold, urine scanty. The physician, who had left a short time previous, told the parents that "the disease had gone to the brain, and the child would probably die of hydrocephalus."

Prescribed *Hell.* tinct., once an hour. About fifteen hours later found that the child had perspired freely, passed urine, and was less stupid. Continued medicine every two hours. Twenty-four hours later, the child was conscious, with but slight fever. Discontinued *Hell.* and prescribed *Bell.*[6] A day or two later prescribed *Sulph.*, and dismissed the case cured.

Case 5. 1869. J. T., twelve years of age. After scarlet fever, had anasarca during desquamation. Prescribed *Arsenicum.* In three days, there was no improvement. Urine scanty and dark, and ascites showed itself. Prescribed *Apis mel.* Two or three days later complained of headache, the other symptoms being about the same. Alternated *Zinc. met.*, each once in four hours. After some three days the urine was voided more freely, and the ascites and anasarca diminished. He complained of a dull, heavy pain on the top of the head and in the forehead. Suddenly he

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was seized with a convulsion, which lasted about fifteen minutes. My partner visited him, and prescribed *Bell.* I saw him two hours later. The urine was very thick, dark, and scanty. The pain on the top of the head was most violent and stunning, hearing dull, pupils fully dilated; he was totally blind, but thoroughly conscious. Prescribed tinct. *Hell.*, twenty drops to a gill of water; dose, one teaspoonful every hour; ordered warm water to be applied to head. Six hours later, head somewhat relieved. Prescribed *Zinc.*[3] every hour for six hours, and then *Hell.* for six hours, and thus alternately. Fifteen hours later, he had passed urine, perspired freely. Was still blind; hearing improved. When *Hell.* was omitted longer than three hours, the headache returned. Prescribed *Hell.* most of the time for twenty-four hours, occasionally a dose of *Zinc.* He begins to see; perspires considerably, urinates freely, and the urine is lighter colored. Continue *Hell.* once in two hours, with an occasional dose of *Zinc.* After several days of this treatment, the anasarca, ascites, headache, etc., disappeared, and *China*, *Nux*, and *Sulph.* completed the treatment. The patient has fully recovered.

Case 6. 1869. A child of G. G. H., aged one year and a half; had watery, slimy diarrhœa, lasting several days. *Puls.* and *Merc. v.* relieved it for a few days. Then it commenced to vomit sour water, with a return of watery diarrhœa, mixed with mucus; head hot, restless, thirsty, feverish, starts and cries out in sleep. Prescribed *Bell.* and *Podophyllum.* Seemed better for a few days. Then suddenly the pupils dilated, strabismus supervened, with trembling and convulsive movements of one side; face flushed, urine scanty, vomiting ceased, dejections continued and had a green tinge. Prescribed *Hell.* tincture every two hours with occasionally a dose of *Zinc. met.*[3] This treatment was continued five days, when the brain symptoms disappeared, and *Veratrum* subsequently cured the diarrhœa. Finally, debility and want of appetite were relieved by *China* and *Nux.*

Case 7. 1869. A child of Mrs. F——, two years old, had mucous diarrhœa attended with griping pain, somewhat resembling dysentery. Prescribed *Podophyllum.* Improved for a few days, then became fretful, inclined to sleep, head hot, face flushed. Pre-

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scribed *Bell.* to alternate with *Podophyllum.* After a day or two, nausea supervened, then vomiting. Suddenly the vomiting and diarrhœa ceased. Urine scanty, skin dry and hot, pulse rapid. Stupor increased, pupils dilated, cervical muscles became rigid, — right more than left; left arm and left leg began to jerk, and violent and protracted convulsions of the left side followed. Prescribed tinct. *Hell.*, twelve to fifteen drops in a gill of water, one teaspoonful every hour. Twenty-four hours later, free perspiration, convulsions less severe and at longer intervals. Six hours later, convulsions had ceased; child slept soundly; tears flowed down the cheeks; could be aroused enough to swallow; hands trembled when its head was raised. Prescribed *Zinc met.*[3] alternately with *Hell.*, and applied warm water to the head. Twenty-four hours later, the child had gradually emerged from sleep; consciousness slowly returned; urine became more abundant. Prescribed *Hell. and Zinc*, each once in four hours. After two or three days, the patient was so much improved, that *Hell.* and *Zinc.* were discontinued. The child was nervous and much debilitated. Prescribed *Bell.* and *China*, and later, *Calc. c.* With these medicines and careful nursing the child has recovered.

ECZEMA.

BY E. H. SPOONER, M.D., READING, PA.

THE name was given to this disease by the Greeks, from one of its leading symptoms or effects: ἔκζεμα (ἐκ, ζέω, to boil out), the eruption being characterized by great heat and burning of the skin.

Aëtius, a Greek medical writer of the latter part of the fifth century, whose "Sixteen Books on Medicine" is one of the most valuable medical remains of antiquity, observes that when an eruption of hot and smarting φλύκταινα (φλύω, to boil over) arises in all parts of the body without proceeding to ulceration, *eas* ἐκζέματα, *ab ebulliente fervore, Græci vulgo appellant.*" According to Paulus and Actuarius, medical writers of the seventh and thirteenth centuries, they were also called περιζέματα and περιζέσματα, "*quasi vehementer ferventia.*"

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Eczema is a superficial dermatitis, consisting of very minute vesicles in irregular clusters upon an inflamed base; this state is due to a stagnation of blood in the venous capillaries of the derma. The cause is either hereditary taint, scrofulous constitution, local irritation, or excessive solar heat. The eruption appears usually upon the scalp, face, genitals, and extremities. The vesicle of eczema is minute, globular, and pellucid, but soon becomes milky and more or less opaque, and terminates in the formation of scales or crusts by the fluid being either absorbed or effused upon the skin.

This disease is usually divided into four varieties: *Eczema simplex, rubrum, impetigenodes*, and *chronicum*. It is also divided, from location, into *Eczema capitis, faciei*, and *genitalium*.

E. simplex consists of small vesicles filled with serum, on an inflamed base, with burning and itching. There is a form sometimes called *E. solare*, which occurs in the summer from the effects of the heated rays of the sun. It attacks those parts most exposed to this influence, as the face, neck, forearms, and more especially the back of the hands and fingers. These become hot and swollen and completely covered with vesicles filled with milky serum, giving to the extremities a peculiar white appearance; upon the neck they are sometimes surrounded by an inflammatory circle, and are popularly called "heat spots."

E. rubrum has more acute symptoms, more swelling and redness, some constitutional disturbance, with a large and copious effusion. The most remarkable variety of this form is produced by the application of mercury; the vesicles at first are almost imperceptible, but in two or three days attain the size of a pin's head; it extends over the whole body in large and successive patches, with swelling of the skin, tenderness, burning and itching; the vesicles soon discharge from numerous points a thin acrid fluid, irritating the surface, and leaving it in an inflamed and excoriated condition. The discharge soon becomes thicker and adhesive, stiffening the linen, and of fœtid odor; there are also deep fissures and cracks in the bends of the joints and folds of the skin; this process takes place in successive patches until the whole surface of the body is involved.

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E. impetigenodes. The vesicles are larger. They are at first filled with serum, but soon pour out a sero-purulent discharge, become confluent, and form thick yellow crusts which are sometimes mistaken for crusta lactea. In some cases vesicles and pustules are intermixed with each other, and attended with pain, heat, smarting and often with intense itching; the discharge is acrid and excoriating.

This form sometimes attacks children, and thick crusts are formed which crack and fissure and discharge large quantities of excoriating and ichorous fluid; it is called *E. infantilis.*

E. chronicum, also called *salt rheum.* This form has no vesicular stage, or it is not easily seen; the skin is dry and swollen, scabs form, fissure, and pour out a bloody, ichorous discharge, and the cracks are apt to take on ulceration; it is accompanied with intolerable itching, and is very obstinate, especially when in the palms of the hands and soles of the feet.

E. simplex resembles scabies; but in eczema the vesicle is globular, on thick skin, and in clusters; while in scabies the vesicle is cone-like, on thin skin, and isolated. Herpes has large vesicles, eczema minute. *E chronicum* appears in youth upon the face and scalp; in middle age upon the genitals and chest; in old age upon the lower extremities. *Lichen agrius* may be differentiated from it in having no vesicles, and from the history of the case.

TREATMENT.

E. sim. and rub. *Acon., Alum., Apis, Bell, Bov., Calc., Canth., Carbo v., Dulc., Mez., Rhus, Sulph.*

E. impet. *Ant. tart., Con., Graph., Kali bi., Olean., Mez., Hepar sulph., Cast., Calc.*

E. infant. *Olean. Hepar s., Staph.*

E. chron. *Ars., Aur., Bar c., Led., Phos.*, in addition to the others.

To illustrate the usual course of this disease, I will relate a pretty severe case in my own practice.

Sept. 1. Mr. S., a robust and powerfully-built man, presented himself for the treatment of a cutaneous affection; he stated that a short time since the scalp was covered with an eruption of small vesicles which now were discharging a copious and watery effusion, saturating the hair; the integument beneath presented a brownish-

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red and moist surface; the left side of the forehead and ear were also involved. presenting the same dark-red appearance, with a copious discharge from the external meatus and also from the integument behind the ear, which was covered with a brownish scab, and fissured in several places; he had also several blood-boils upon the nates, and the back and arms were sparsely covered with vesicles. The eruption was accompanied by burning and smarting of the skin, but no itching; his appetite and digestion were good, and health in other respects normal. I gave him a dose of *Sulph.* to be followed by *Rhus.*[200]

Sept. 15. The scalp to-day was covered with brownish-white scales, the oozing much less than before, and the case in all respects improved; yet there was still considerable moisture and soreness around the ear, and the left side of the face continued of a dark mahogany-red, and somewhat covered with whitish scales; the right axilla was raw and red, and occupied by a painful tubercle, discharging a greenish bloody serum, stiffening the linen. Prescribed *Graph.*[200]

Sept. 28. Mr. S. presented himself again to-day, while my friend, Dr. K., of N. Y., was in the office. We examined the patient together. The appearance of the head and face was improved, the vesicles having mostly dried up; the integument was thickly covered with scales, underneath which the skin presented a dark-red surface; but the back was now completely covered with small vesicles of the size of a pin's head, with white tips and but little surrounding redness. Some had ruptured and formed thin, brownish scabs; yet the greater portion had not reached the dessicative stage. The breast and arms were also sparsely covered with vesicles, with here and there one upon the legs. The impetigenous form of the eruption still continued, though the tubercles of the axilla and nates had partially disappeared, the discharge therefrom being much less. We noticed, also, numerous small and apparently syphilitic spots upon the back, breast, and abdomen, probably from syphilis contracted some twelve years previously. There were also several nodes upon the arms, one upon the lower part of the humerus, and another upon the lower and outer aspect of the ulna. He had suffered from rheumatism and from chronic

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ozœna, and had entirely lost the sense of smell, the nasal secretion having been suppressed for several years. Gave *Merc. viv.*[200]

Oct. 13. Patient appeared much better, the skin now being pretty generally covered with whitish scales, the axilla nearly well, and the ear better; some soreness and scabs upon elbows. Prescribed *Staph.*[200]

Nov. 2. No vesicles. Scalp covered with a scaly incrustation; forehead dark-red. Had several chills, followed by intense burning of the integument. Gave *Ars.*[200]

Nov. 10. Chills and burning had entirely disappeared; the scales were coming off rapidly from the scalp, and the case was progressing finely. Prescribed *Ars.*[40000]

Nov. 18. The scalp and the whole integument are now in a healthy condition and of a natural color, with the exception of a small ulcer upon the right elbow. Gave *Hepar s.*[6]

Nov. 28. Ulcer nearly well; the nodes upon the arm are softening, with strong indications of their final absorption; the sense of smell is returning; the skin is now free from scales or redness, and presents a healthy appearance. I gave more powders of *Hepar s.*, and discharged the patient as cured.

LACTATION.

BY. R. M. WILKINSON, M.D., TRENTON.

Read before the Hom. Med. Soc. of the W. Dist. of N. Jersey.

"A TRUE mother naturally wishes a healthy and vigorous offspring;" and it is our duty as physicians to encourage all mothers to be true to their nature.

I start with this text because so many mothers of the present day, especially those moving in fashionable society, will abandon suckling their infants from the most trivial excuses. These excuses are often encouraged by the nurse, and their united arguments, be they ever so untenable, are allowed to prevail over the better judgment of the physician. Hence arises the murderous practice of rearing the babe upon artificial food; we should use

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our influence and our persuasive powers against all such practices, the evils of which it is the object of this paper to explain.

Lactation, when naturally conducted, is not a disease; but even under the most favorable aspects there are often circumstances which require the greatest care and attention for the purpose of both alleviating pain and preventing mischief. Irregularities in this usually healthy process not unfrequently arise from the diathesis of the mother, and there are so many important questions connected with it, that it needs our most careful attention.

There is an evident sympathy between the mammæ and the uterus, even in the unimpregnated state, which is manifested in menstruation, and in some diseases of the womb. In pregnancy, the changes of the breasts are well marked; the quantity of milky serum secreted towards the close of gestation is often very great, though many women who have no appearance of milk until after delivery then have an abundance.

My plan has been to apply the infant to the breast as soon after delivery as the consequent exhaustion will permit, in order to draw out the nipple before the breasts are gorged with milk, and also to prevent the rapid filling up of the breasts; for by so doing, I have invariably found that the milk would be secreted more gradually, and with less constitutional disturbance to the mother. With first children, there is seldom much milk secreted until the third day, but I maintain — old nurses to the contrary — that there is always enough for the infant, as nature intended that it should be nourished from the mother.

If, after applying the infant to the breast soon after delivery, and after allowing it to nurse as regularly as though there were milk secreted, there should be, on the third or fourth day, constitutional disturbance, such as chills, febrile commotion, thirst, disturbed sleep, etc., we have the proper remedies to apply. In all such conditions we may hope to prevent any evil consequences; and after some hours, if the milk be freely drawn, all untoward symptoms will pass off, and the process of lactation will be duly established.

The milk first drawn contains what is called colostrum, and acts as a purgative to evacuate the meconium which fills the large intestines of the infant. When, therefore, the infant does not get the first

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milk, in consequence of being given over to a wet nurse, or being nourished by the various kinds of artificial food in vogue, the meconium is often retained, and diarrhœa or even convulsions may supervene from a want of the proper nourishment. From this cause many die during the first few weeks of their existence. After lactation is duly established, the milk may vary both in quantity and quality according to the diet and mode of living or state of mind of the nurse. Should lactation proceed normally, the milk at first is thick and yellow and abounds in cream; but after a few days it becomes thin, bluish and somewhat sweet. The taste and quality may be altered by the mother's mode of living, and the infant will be thereby affected. Hot and close rooms, stimulating diet and medicines, all affect the quality of the milk and the health of the infant. Especially, therefore, should the use of porter or any stimulating beverage, for the purpose of increasing the flow of milk, be discountenanced.

The properties of the milk may be altered by menstruation or pregnancy, both seeming to affect it in the same way, by rendering it more watery and less nutritious. Many mothers nurse their infants an unusual length of time, in the hope that by doing so they will not again become pregnant. This is done to the injury of the child, and generally at the cost of health and strength to the mother.

In my own practice, when I am called to see an infant, it matters not what the disease may be, almost the first question I ask is, Do you nurse the babe? And my prognosis is based upon the answer. For, the mother's milk being the natural nourishment of the infant, should it be deprived of that, and be compelled to depend upon artificial food, we may always look for indigestion, tendency to diarrhœa, and enlarged abdomen, all indicating that the nourishment is not such as the child needs. And when it is attacked with disease, the malady finds an impaired constitution, and too often resists all medication. Especially is this the case in the diseases which prevail during the heat of summer, in diarrhœa during dentition, and particularly in cholera infantum. Let us therefore encourage all mothers to suckle their own children, for by doing so a large proportion of the infant mortality may be prevented.

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The New England Medical Gazette.

BOSTON, FEBRUARY, 1870.

We are happy to be able to say that our subscription list is rapidly increasing. The *Gazette* is sent to subscribers in thirty-one of the thirty-six States. It also goes to Canada and the other British provinces, to England, France, Germany, Spain and Italy, as well as to other and more distant places. We mean to give to the profession nothing but valuable matter, and every number will contain a great deal which laymen interested in homœopathy would read with very great interest, preferring it to what is found in many a so-called popular journal. We shall not change our course in the least to cater to a supposed popular taste, yet every additional subscriber will enable us to improve the quality of the *Gazette*. Now, if each of our present subscribers would send in a few more names, *with the money*, it would soon increase our list to such an extent that we could give our readers one of the best medical journals published in this country or any other. We do not often make such appeals as this, but as "every little helps," allow us to hope that many of our friends will, by their timely aid, thus encourage us in our labors.

The History of Homœopathy. — In the Homœopathic Directory, which we are publishing in the *Gazette*, the historical part has been more complete than was at first contemplated. This is of interest even now, and we are convinced that in the future it will be of inestimable value. Many of the pioneers of homœopathy are still living. In a few years they will have passed away, and it will be impossible to obtain from other sources a true account of their labors and successes. To collect and perfectly arrange such information is a difficult task, which few are capable of performing well; fortunately we have in Dr. Henry M. Smith a man both able and willing to do this work. We call, therefore, on every homœopathic physician in the United States to furnish him with all the information within his reach which has a bearing on this subject. Societies may and should do much to preserve the history of their localities; but a copy of all their historical and bio-

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graphical documents should be forwarded to Dr. Smith, and in a short time we shall have a valuable history of the rise and progress of homœopathy in America.

A NEW ROUTE TO HOMŒOPATHY. — "A man must be either a knave or a fool — most likely both — who would practise homœopathy." This is an expression which has so often dropped from the lips of allopathic physicians that one would almost think that it was a coin current with that class, and struck from a die which is still in use in their colleges. But as base coin when it is offered to honest commerce is soon nailed to the counter, so we can only say that if all homœopaths are knaves and fools, there is great danger that before long there will be no honest, sensible men on the face of the earth.

But there is another view which we may justly take of physicians who thus stigmatize such as differ from them. Within the memory of the present generation, Hahnemann has been most soundly abused for his persistent opposition to the hideous polypharmacy of allopathy, — "the result of so many centuries of observation," and, we may truly say, of so many hecatombs of victims. And yet this whole school, while abusing the hand that has guided them to a more rational method of pharmacy, have adopted his teachings, and even claimed them as their own discoveries.

Again, when Hahnemann announced the great law of cure by similars rather than by opposites, how fearfully he was denounced as a madman bent on poisoning the sick; and though by thousands of instances he proved the truth of this law, yet persistency clad in obstinacy adhered to the original denial. But, as time rolled on, the facts forced themselves upon their observation, and the proofs were too strong to be disbelieved. Might we not then expect to find in their journals something like the following: "From our early education and prejudices, we have been led to look upon the principle of homœopathy as entirely incorrect; but lately, after careful experiments and observation, we are obliged to acknowledge ourselves in error, and that certain drugs seem to possess a curative power in accordance with this principle."

Alas! we search in vain for such a frank avowal as might be expected from the truthful, honest men of the profession; but this we do find in its place: *Aconite* in fever; *Arnica* in bruises and sprains; *Belladonna* in cephalalgia; *Belladonna* in scarlatina; *Bromine* in croup; *Chamomilla* in diarrhœa; *Digitalis* as an arterial stimulant;

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Ignatia in neuralgia; *Ipecac* in vomiting; and so on through the entire alphabet. These are all gravely put forth as "new discoveries," without so much as a lisp that Hahnemann had published similar observations, much more carefully made, a half century or more ago, and they have been in use by thousands of homœopathic practitioners in all the intervening time. Again, what reams of paper were wasted in trying to prove the entire inertness, the utter foolishness of the small dose! How often now do these same scoffers and "great discoverers" give only drop-doses of a weak preparation of *Aconite*, and *Belladonna*, and *Digitalis*, and *Ipecacuanha*.

Well, go on, gentlemen, if you have not the manliness to face this science and acknowledge its truth, but prefer to practise this duplicity, you only follow a circuitous course which leads to homœopathy. True, you may stumble occasionally, or drop into pitfalls; yet, if you keep on in this direction, you *may* come out quite right in the end. But if you would reap advantage from the labors and discoveries of those who have preceded you, we can point you to a much better method. As well might you ignore all the attainments of the past, and attempt by yourselves to "discover" the steam-engine, or the electric telegraph which now encircles the earth with its flashing messages. Already has homœopathy encompassed the earth; and in the jungles of India, on the arid plains of Africa, in the wildernesses of the West, there are students of this science who can tell you more of the curative power of medicine than your own unaided experience could attain, in the manner you are now pursuing, in hundreds of years.

THE GYNÆCOLOGISTS AGAIN.—Since our last issue we have received a copy of the *New York Independent* containing a very severe but just criticism on some of the published transactions of the newly-formed Gynæcological Society of Boston. For unblushing indecency, some of the articles published by that society are unparalleled in medical literature. Take, for instance, the reported cases of erotomania or nymphomania, and the comments made upon them; they are as disgusting as the treatment is unscientific. To think of removing the distressing malady by the vile means proposed would be like subduing the drunkard's appetite by administering alcohol, or curing a case of kleptomania by permitting the person to steal.

This publication has been six months before the world, and if it continues in the same course, it might very properly change its name to "The Journal of the Gynæcological Society of Boston, devoted to the advancement of immorality, indecency, and kindred sciences!"

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CORRESPONDENCE.

HOMŒOPATHY IN NEW JERSEY.

TRENTON, N. J., Jan. 18, 1870.

DEAR GAZETTE: Our State Society held a special meeting in this city to-day. As the session was rather a business than a scientific one, two papers only were read: one by Dr. McGeorge, containing some observations on various articles of the materia medica, and another by Dr. Mandeville, on Defective Nutrition.

President Youlin was enthusiastic, as he always is; and, in a stirring little speech at the opening of the meeting, contrasted the past of homœopathy with its present condition and future prospects, and stated that what is now demanded is such legal recognition as a charter for the Society will give us. He pertinently says: —

"Then we were few in numbers, poor in purse and friends, crippled by the law, and threatened and assailed by our enemies; yet we were not intimidated nor cast down, but with a firm reliance upon that God who loves justice, truth, and mercy, we went forward, never turning to the right or left, and worked alone for a higher culture and elevation in medical knowledge among ourselves, and the dissemination of our ideas among the enlightened and thinking community. . . . Since that time our numbers have increased from ten or twelve to over a hundred and twelve. . . . Homœopathy has had a foothold in New Jersey for a quarter of a century; and, amid all the opposition and all the obloquy that our enemies could heap upon us, it has advanced year by year with an increase that is truly astonishing, till our constituents now demand that we secure as our right an act of incorporation at the present session of our State legislature."

Six new members were admitted, making our number forty-six.

The committee appointed to take the necessary steps to secure a charter for the Society reported a bill ready for presentation, accompanied by a petition signed by many of the prominent men of the State, without distinction of politics or sect. They state that ten of our twenty-one Senators are pledged to favor its passage. In conversation with the Senators and Assembly-men of our acquaintance, later in the day, we could learn of no opposition to our bill. After faring sumptuously at the table of the National Hotel, we turned our faces homeward, pretty well satisfied with the day's work.

Within the past year, besides the State Society, two district Societies — an Eastern and a Western — have been organized, hold regular meetings, and are doing much for our cause.

At our annual meeting in April, we hope to be able to announce to you that justice is as readily secured in the Legislature of New Jersey as in her Courts, and that our school of medicine in the eye of the law, ranks equal with the dominant one throughout the State.

Yours fraternally,

L. DENNIS, *Secretary.*

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FANTASIES IN MEDICINE.

NEW YORK, 28th January, 1870.

MR. EDITOR: A recent number of your most estimable *Gazette*, contained, in Dr. Forbes' article on Dysentery, a picture drawn *à la Hippocrate*, of an epidemic prevailing in the vicinity of the author. This picture, frame and all, is exhibited on page 353 of the *Gazette* for October, 1869, beginning in the eleventh line from the top and continuing through the paragraph. Such ably-drawn pictures of morbid physiological action are, indeed, to be found very frequently in every standard work of the modern *medicina rationalis*. But, as a mere student of Hahnemannian therapeutics, I cannot resist the desire of addressing the learned Dr. Forbes, as *e pluribus unum*, the following question: Where has he found the golden opportunity of making such minute and sagacious observations of dysentery through its duration of from fourteen to twenty-one days?

Please, dear editor, take with me a look at this *chef d'œuvre* of pathological art! What completeness of detail! What vivacity and harmony of color! Don't you believe with me that the author has been called to assist as a *mere idle spectator* at all the agonies and suffering, great and small, of scores of human beings, during the space of fourteen or eighteen or twenty-one days, and all that for the purpose of drawing a picture as complete and perfect as that of the Day of the Great Judgment by Michael Angelo! It is true that in a very few instances the author confesses to have himself modified the disease in some stages, or to have seen others do so by the exhibition of whiskey, etc.; but his picture seems to have been drawn from a great number of patients who have been allowed to go through all the tortures of the diseases he is describing without any interference whatever.

Do you believe — does anybody believe — such a thing? If not, if we are justified in the belief that in every one of the cases which he has been called to attend, the malady has been doctored in some way by himself or some other, what value, I pray, has the picture he drew of a disease every step of which has been modified by some remedial agent? These cases might have had various aspects and as various treatments. Nay, the picture might have had no existence if the proper remedy had been administered at the proper time. Now, in all this I do not, my dear sir, intend to throw any shadow of doubt upon the capacity of the learned doctor for observing, nor to undervalue the glorious work of observing disease, as begun by Hippocrates of old; but I intend merely to fix the attention of the thinking minds of our profession upon the necessity of determining the true value of the descriptions of disease, when the struggles of nature with morbid physiological action have been more or less constantly interfered with and affected by remedial or other external agents.

If, among our competent writers, I succeed in getting one charitable soul interested in that question, I shall esteem myself most fortunate.

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REPORTS OF SOCIETIES.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by A. F. Squier, M.D., Secretary.

Dec. 27, 1869. — Dr. Woodvine stated that the case of albuminuria which he reported at the last meeting had steadily improved up to the present time, as regards alike the strength, appetite, and amount of albumen

Dr. deGersdorff read a paper upon Coxarthrocace. He regarded the scrofulous diathesis, so called, as the predisposing, and in some cases the sole cause of the disease. Scrofula, he thought, was an abnormal physiological condition, rather than a pathological one. It consists in a preponderance of those elements which go to make up the white tissues. It has nothing specific in its nature, no essence which is transmissible, like the poison of syphilis or variola; but it depends upon a disturbance in the relative proportions of the various proximate principles of the body, and may arise from or be cured by the varying circumstances of the individual. Since this equilibrium is maintained by the assimilation of the proper proportions of the various aliments, the question of diet becomes one for special consideration during the treatment of hip disease. Medical and surgical aid are indispensable, and his observations had been conducted partly with a view to determining under what circumstances one or the other of these therapeutic measures was indicated. He divides the disease into three pathological stages. First, that of inflammation of the tissues of the joint; second, where suppuration has begun, and there is elongation of the limb from relaxation of the articular ligaments; the third includes the subsequent necrosis, luxation, and shortening. The pathological processes constituting each stage run into each other so naturally and gradually that, in acute cases especially, it is often impossible to distinguish one from the other. From a comparison of the results which he has obtained in the treatment of this disease with those reported elsewhere, he is led to the conclusion that homœopathy is pre-eminently successful in its treatment, and can often effect a cure. Naturally, it is in the first stage that its application is productive of the best results; but, even after suppuration has set in, it may cure the disease and restore the part to perfect functional activity. But treatment of any sort, when not accompanied by proper hygienic and dietetic measures, would probably prove ineffectual. A certain class of cases requires surgical aid, and finds in resection the best means of cure we can offer. Hip disease in the second or third stage, of long standing, with secretion of bad pus and occurring in the poor, will require the surgeon's care; but when the patient can secure the best sanitary advantages before dislocation, and when the pus secreted is healthy, we may, with considerable confidence, look to homœopathy for a perfect cure. He had recorded in all fifteen cases under his treatment, in eleven there was necrosis; three died, two had recourse to resection, five were fully cured — one after necrosis had supervened. He then read the history and progress of four of the cases cured. The remedies resorted to in the first stage were chiefly *Acon.*, *Bell.*, *Merc.*, *Rhust.*; in the second, *Merc.*, *Silic.*, *Aur.*,

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and the application of Sayre's splint, which, by lessening the muscular pressure on the diseased joint, very much relieved the pain. In the third stage it had been found necessary to resort to resection of the neck of the femur.

The thanks of the Society were presented to Dr. deGersdorff, and a copy of his paper requested for publication in the *New England Medical Gazette*. Dr. Talbot inquired the latest age at which Dr. deGersdorff had known hip disease to develop spontaneously.

Dr. deGersdorff remembered having seen in Vienna a case at the second stage in a patient aged twenty years, but he had never known it to first manifest itself at any later age than twelve years.

Dr. Farnsworth related the following case: A girl of eleven was brought to him about a year ago for a limp which she had acquired within the preceding three months. The foot of the affected side was somewhat inverted, and the femur found perfectly fixed to the pelvis at the hip joint. There was not the slightest motion perceptible of this joint, even upon the application of considerable force. As before stated, the whole difficulty had come on within three months, during which time she never had experienced the least pain, or tenderness about the hip, knee, or anywhere else; she had attended school regularly during the whole period. He had since learned that some three or four months after consulting him, suppuration had occurred in the joint, and that subsequently she died.

Dr. Talbot stated that he had seen the case with Dr. Farnsworth, and that there was complete anchylosis of the hip joint. So firm were these adhesions that the united effort of Dr. Farnsworth and himself had been unable to produce even the slightest motion of the joint. He regarded the union as ligamentous, but the entire absence of pain and tenderness during the inflammatory stage rendered the case the most remarkable of the kind he had ever seen.

Dr. deGersdorff asked the opinion of the Academy upon the subject of the relationship of scrofula and syphilis. There were many who believed the latter to be the parent, so to speak, of the former, and there were some good reasons for such belief. For his part, he thought they were two totally distinct and independent diseases, but should like to hear the opinion of other members.

Dr. Gregg thought they were not necessarily related, still less varieties of the same species. Syphilis, by its devitalizing influence, may so weaken the system as to make it unable to resist the influences which tend to disturb the normal physiological processes; but he did not believe that the poison of syphilis, as such, ever directly produced the conditions known as scrofula.

Dr. Angell thought there were some facts in favor of the relation of syphilis and scrofula, as cause and effect. For instance, it is well known that scrofula very often occurs in children who bear the acknowledged marks of inherited syphilis. But this disease is not a purely syphilitic one, for it occurs with marked characteristics where no taint of syphilis can be traced in the family history.

Dr. Talbot said that if the two diseases bore to each other the relation of cause and effect, we should naturally find the most scrofula in those localities where syphilis was the most prevalent. But this

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was not the case. In Paris, where syphilis is very common, we find comparatively little scrofula; while in Switzerland, where syphilis is almost unknown, scrofula is the prevailing disease.

Dr. deGersdorff said that in any case it must be admitted that other influences than simply a syphilitic taint were necessary to the development of scrofula, and that the nature of the soil upon which Paris is built, and its excellent police and sanitary regulations, are undoubtedly circumstances which do not favor the development of any dyscrasia.

THE ANNUAL SESSION

Was held at Smith's Rooms, No. 13 Bulfinch street, Jan. 10, 1870.

Present, Drs. Angell, Boothby, Bushnell, H. B. Cross, Farnsworth, deGersdorff, Geist, Gregg, Humphrey, Macfarland, Morrill, Palmer, G. Pease, Pierce, Robinson, Russell, Sanford, Shattuck, Squier, Talbot, Walker, Whitney, Woodbury, and Woodvine; and Fulton by invitation.

The Secretary read his report for 1869: The average attendance at the meetings has been eleven. One new member has been added to the list, and one, Dr. J. G. W. Pike, has died. Eleven papers have been read before the Academy. These, and various current medical topics and prevailing diseases, have been discussed. In this manner a large number of very valuable facts have been obtained and placed upon the record of the Academy.

The department of materia medica has not been neglected; for, in addition to the clinical experiences elicited by the discussions, several new remedies have received special attention. These are, Antennaria margaritacea, Phytolacca decandra, Trillium pendulum, and Dioscorea villosa. Much more might and ought to have been accomplished by a society so large and competent as this. Still our efforts have been productive of some positive and very valuable results. Among the most important of these is the discovery made by our president, Dr. Woodvine, of the mode of propagation of the Oxyuris vermicularis in man. This discovery, accomplished by great care and patience, has since been verified by some of the most eminent observers in Europe.

The Secretary called attention to the fact that several gentlemen had been elected members of the academy who had never signed the Constitution and By-Laws nor paid their assessments, and requested instructions as to the course to be pursued with regard to them.

On motion of Dr. Gregg, the Secretary was instructed to communicate with those who had thus failed to comply with the regulations, and ascertain if they wished to be considered members of the Academy.

The Treasurer's report was then read, being as follows:

Received from predecessor, January, 1869	$6 66
" for dues, 1869	43 00
Total	$49 66
Paid for postage, stationery, printing and room rent . .	46 27
Balance in the hands of treasurer	$3 39

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Dr. A. F. Squier was then elected Secretary and Treasurer for the ensuing year.

The establishment of a homœopathic hospital having been chosen as the subject for discussion, the president called upon Dr. Talbot for an expression of his views.

Dr. Talbot said that it was a subject upon which there is no lack of feeling among members and there would be no lack of words if we but expressed our feelings. It is something which has been talked about for the last twenty-five years, but it will never be any nearer consummation until some decided action is taken which shall fairly commit us before the public. We have in Boston an apparently ample supply of hospitals, yet there is none where homœopathy is practised; and the increasing population demands further accommodations, and other modes of practice than that of allopathy. During the past year we have lost by our inactivity two golden opportunities for accomplishing the end in view. A foundling hospital has been established which, by well-directed efforts, we might have secured for our school; but we delayed, and other interests were set at work which bore off the prize. Ten thousand dollars were raised in one month for this object, and in a short time five thousand more were added. Again, a children's hospital has been incorporated, and already has received thousands of dollars from our friends and patrons, who would have preferred to contribute to a homœopathic hospital.

From such facts as these, we may augur success to our undertaking in a pecuniary way if we judiciously and earnestly undertake this work. When we get fairly started, money will flow in from sources of which we are now in complete ignorance. Hardly a week passes but the question is asked by some of the tax-payers of the city, "Why is there not a homœopathic hospital in Boston?" It is then due to our patrons, as well as to the interests of the science which we all love, that we should make determined and persistent efforts to accomplish an object which the public so strongly demands.

Dr. deGersdorff said that the success of homœopathy has been established before the public in a passive, rather than a positive way. Even old-school professors are now admitting the immense influence which our method has had in modifying their practice. But what we most need, and what we must have, is a collection of statistics, based upon facts which are open to the inspection of everybody. Records of our private practice will not weigh against those of old-school hospital practice, for evident reasons, — at least, so far as determining the relative value of the two methods is concerned. In a hospital, therefore, we shall find the one thing requisite to enable us to prove our claims to superiority in the matter of therapeutics.

Dr. Gregg spoke of the numerous instances almost daily coming under his notice, where poor people were obliged to go to allopathic charitable institutions, even when greatly preferring the homœopathic method of treatment. No one doubts that a hospital would be of immense value to us, and the only question left for consideration is a pecuniary one. Since no one seems willing to die and leave us a fund, we must devise means to raise one.

Dr. Russell moved that a committee be appointed to solicit sub-

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scriptions to a fund for the purpose of establishing a homœopathic hospital in Boston. Seconded.

Dr. Macfarland thought the motion of Dr. Russell a little premature. Before we come before the community as candidates for public favor and consideration, we should have a definite idea of what we want and how it is to be obtained. We should first decide upon the magnitude of the institution which we wish to establish; then ascertain if a building can be found suitable for our purpose, and at what cost; next, provisions for running the hospital for a certain time would have to be made; and he did not doubt but that other essential questions would have to be decided before we could give to the public a satisfactory assurance of our success. The appointment of a committee to collect funds might not necessarily interfere with the other considerations of the project, still it would be much more satisfactory and business-like to know what we want before we attempt to get it.

Dr. deGersdorff thought that before taking any important steps in this matter, every homœopathic physician in Boston and vicinity should be consulted, and asked to co-operate with us. Especially should we exercise great circumspection towards the Boston Homœopathic Medical Society, lest we should appear to that body to be taking a leadership which its members might not feel inclined to follow. The movement must be made general and unanimous, and in order to effect this, it will be necessary to call upon every homœopathic physician in this vicinity to assist in making the preliminary arrangements. He thought that this should take precedence of every other step in the matter. Dr. Russell said that since his motion had had the desired effect of eliciting opinions upon the subject, he would withdraw it.

Dr Talbot thought the remarks of Dr. deGersdorff very opportune, and agreed with him fully in regard to conferring with all members of the profession in this vicinity. Still, no objections could be made to our agitating the matter, and with that view he would move that the Academy resolve itself into a Committee of the Whole, to consider what would be the most advisable course for us to pursue, and to ascertain any facts which have any bearing upon the subject, to report at the next meeting. Carried.

In reply to a question, Dr. Talbot stated that a charter for a homœopathic hospital had been in existence some fourteen years, and that it was still valid.

The society then adjourned to partake of a fine collation, after which an hour or two was spent in social intercourse, pleasant addresses and words of good cheer.

THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY

Held a special meeting at Wilkson's National Hotel, Trenton, on Tuesday, January 18, for the purpose of taking the necessary steps to secure an act of incorporation from the legislature in session at Trenton.

The President, Dr. J. J. Youlin, delivered a spirited address. The Committee on Incorporation reported a bill, and petitions in its sup-

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port numerously signed by influential citizens of both political parties. A vote of thanks was tendered the president for his zealous services.

The following six physicians were elected members of the Society: Drs. J. L. Seward, South Orange; P. H. Pfeiffer, Philadelphia; G. B. L. Clay, Morristown; C. R. Cloud, Burlington; C. B. Compton, Trenton; and John Greenbank, New Brunswick. Dr. Andrews was requested to prepare resolutions on the death of Dr. Augustus S. Beach, of Caldwell. A Bureau of Registration and Statistics was voted; it is to be appointed at a future time by the president.

Two papers were read: Observations on the Materia Medica, by Dr. Wallace McGeorge, Hightstown, and Defective Nutrition, by Dr. F. B. Mandeville, Newark. Sundry additions to, and alterations of, the Constitution and By-Laws were reported and referred to the annual meeting, which is to be held at Newark on Tuesday, April 12, 1870.

An excellent dinner followed the adjournment.

THE HOMŒOPATHIC MEDICAL DISPENSARY OF BOSTON.

This Institution held its Annual Meeting on January 18, 1870. The Secretary, I. T. Talbot, M.D., read reports of the doings the past year, showing that the Dispensary had been in successful operation; 1,208 patients had been treated at the central office, and 249 cases by visiting physicians, making in all 1,457 cases.

Some plans were proposed for increasing the usefulness of this institution, and it is to be hoped that they will prove successful.

The Treasurer, Alexander Strong, Esq., made a report, of which the following is an abstract:

To cash on hand at last annual meeting	$46 98
Received from various sources	1,716 45
Total	$1,763 43
By cash paid for expenses of the Dispensary . . .	1,039 90
" " " bank stock	704 00
" " " on hand	19 53
Total	$1,763 43

The present value of the property of the institution is $21,881.25.

A communication was received from Mr. Strong, stating that his business arrangements were such that he should be obliged to resign his office of Treasurer, whereupon the following resolutions, presented by Mr. S. G. Cheever, were unanimously adopted: —

Resolved, That the Homœopathic Medical Dispensary, in receiving the resignation of Alexander Strong, Esq., as Treasurer, would express their gratitude to him for the prompt, efficient, and faithful manner in which for six and a half years he has conducted, without compensation, the affairs pertaining to his office, and for the success which has accompanied his efforts in increasing the funds of the Dispensary.

Resolved, That they tender him their regret that he is unable longer to continue the duties of Treasurer.

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Resolved, That the Secretary be directed to communicate to Mr. Strong a copy of these resolutions.

The following were elected Trustees for the ensuing year:

Hon. JACOB SLEEPER,	ALEXANDER STRONG, Esq.
OTIS CLAPP, Esq.	SAMUEL GREGG, M.D.
S. G. CHEEVER, Esq.	JOSEPH C. TYLER, Esq.
ISAAC RICH, Esq.	S. WHITNEY, M.D.
A. W. FARRAR, Esq.	JOSEPH STORY, Esq.

H. C. ANGELL, M.D., *Treasurer.*
I. T. TALBOT, M.D., *Secretary.*

THE CINCINNATI HOMŒOPATHIC DISPENSARY.

THE following is the annual report for the year ending December 31, 1869:—

Number of patients January 1, 1869.	51
Number of patients received	1,707
Number of patients recovered	1,630
Number of patients sent to hospital	44
Number of patients died	12
Number of patients remaining January 1, 1870	72
Number of visits	1,325
Number of prescriptions	4,338

At the annual meeting of the members, twenty Directors were elected. The following are the officers of this Board: John P. Epply, *President;* Wesley Tailor, *Vice-President;* Gazzam Gano, *Treasurer;* and Dr. J. A. Cloud, *Secretary.*

The dispensary has proved so successful that they are about to make an attempt to establish a hospital.

REVIEWS AND NOTICES OF BOOKS.

THE CALCUTTA JOURNAL OF MEDICINE. — Edited by Mahendra La'l Sirca'r, M.D., Calcutta; printed by I. C. Ghose.

We have received, through the kindness of Messrs. Henry Turner & Co., of London, a file of this Journal from its commencement, in January, 1868, to July, 1869. It is a well-printed octavo, in monthly issues of about forty pages. It indicates the strength as well as the enterprise of our homœopathic brethren of India to publish a journal like this. It contains much professional information which is well worthy of perusal. But we would suggest to the conductors of this, as well as other medical journals, that they could increase the value and usefulness if they would enliven their pages with matters of interest peculiar to their own particular country or section. What a contribution to homœopathy could our friends at the East make by giving us additions to our materia medica, common enough in that latitude, but unknown here! How interesting it would be to have the personal history of some of the earlier of their homœopathic physicians, and of their efforts in extending our cause! More life and energy is needed in all our journals, and just in proportion as these are infused in

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them will be their influence upon the whole medical profession, as well as upon the rest of the community. We cordially welcome this journal to our exchange list, and shall quote from it whenever we find anything of Indian origin that promises to be of importance and value to our readers; and such occasions will not, we trust, be few.

First Annual Report of The Board of Health of The State of Massachusetts. — Public Document No. 39, 1870.

This pamphlet of fifty-eight pages shows with what a broad and earnest spirit this Board have entered upon their work. While they have touched upon many important topics which will remain for future consideration, the special subjects which have engrossed their attention have been, 1st, The sale of poisons; 2d, Slaughtering for the Boston market; and 3d, A comparison of model lodging-houses and common tenement houses. On the first two of these subjects they make reports. And a paper on the prevention of diseases, by the Secretary, Dr. George Derby, is included in the pamphlet. The report on slaughtering for Boston market contains a great many suggestions, which would lead to stringent legislation, if the members of the general court could be compelled to pass a hot summer's afternoon on Spectacle Island, and witness the bone-boiling process; or sit down quietly in the neighborhood of the slaughter-houses in the beautiful rural retreat of Brighton! In the report on the sale of poisons, they state the fact that "unhappy mistakes frequently occur, that they sometimes cause death, and that they often result in serious injury to health," from the ignorance or carelessness of druggists. Some of the causes of this they enumerate as follows: —

"Within the past twenty years great changes have taken place both in the materials used as drugs and in the manner of selling them. The progress of chemistry and of pharmacy has added greatly to the number of medicinal preparations. While the list of articles has at least doubled, their bulk has diminished and their power has increased. Every year adds to the number of medicines of concentrated strength, each of which if taken in small amount will kill a man, and all of which apothecaries are expected to keep ready for use. While this change has been going on, requiring increased care and knowledge on the part of those who deal with such two-edged weapons, the business of the apothecary has from various causes changed also.

"People do not take as many drugs as formerly. Physicians do not prescribe such variously compounded mixtures. Twenty years ago a druggist was more exclusively devoted to his legitimate business, while now, in our large towns, he is rather a dealer in soda water, cigars, perfumery and fancy goods.* His chief interest does not, in many cases at least, correspond with his duty to the community as a dealer in articles which, through a want of prudence or knowledge on the part of himself or his assistants, may carry death into any family.

"* The following advertisement is taken from a Boston newspaper of Dec. 21, 1869: —

"For Sale.—The well-known Drug-Store at the junction of Court and Hanover streets. This is a splendid opportunity for one or two live men to secure the most profitable store in the State. A knowledge of the drug business is not necessary, as the trade is principally fancy goods, patent medicines, cigars and soda water. Profits on soda sales alone more than pay the running expenses. Apply at the store between 2 and 6 P. M.

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"The most poisonous preparations may be often found in druggist stores in dangerous proximity to articles in daily use, and both are liable to be dispensed by boys who are completely ignorant of their properties."

One of the daily papers in commenting upon the subject as it now is before the legislature says:—

"The apothecary business has undergone a revolution. The appearance of a new school in medicine who have no alliance with the druggist, and the coincident and perhaps consequent modification of the practice of the old school, many of whose practitioners now give a gill where they used to give a gallon, and are content with ice water and peaches where they used to command quinine, leeches, and croton oil, has deeply affected the corner druggist. Finding the market for poisons and nauseating pills and powders to be undergoing a gradual collapse, he has as gradually extended his business to include fancy goods, soda water, cigars, bronzes and bouquets. No special skill or training is required for dealing in these harmless commodities; and naturally youths have been cheaply employed to pass them over the counter, as they might be hired to sell neckties and shoe-strings, without a thought of their technical education. Yet to keep up their name as apothecaries, the shopkeepers have set side by side with their trinkets and tobacco boxes bottles of the deadliest drugs; and as the result murder has been made easy, and hasty comers, bearing almost illegible prescriptions, have been sacrificed to ignorance."

What a delightful picture for those who continue to sing the beauties of allopathy, and insist upon swallowing its doses!

As an escape from these dangers, the Board propose a law which requires of the druggist "a certain amount of instruction and special training before he should be permitted to exercise his calling." This is very well so far as it goes; but a large share of the public — and the share is getting larger every day — have found a better way of getting rid of this danger. It is by taking nothing but homœopathic medicine, which cures their ills more quickly, and never kills or even injures them.

As the Board of Health is examining subjects of importance to the life and health of the community, we would propose the following for their careful and unprejudiced consideration: Homœopathy, and its Results in the Treatment of Disease.

MANUAL OF CLINICAL MEDICINE AND PRACTICAL DIAGNOSIS. By Thomas Hawkes Tanner, M.D., F.L.S., etc. Third American, from the second English edition, revised and enlarged by Tilbury Fox, M.D., of London. Philadelphia: Henry C. Lea. Pp. 366. 16mo.

Diagnosis is advancing to a place among the exact sciences, partly by the invention of new appliances for investigating the condition of the human body, partly by new applications of those long known. The laryngoscope, ophthalmoscope, endoscope, and sphygmograph have not done more for diagnosis than have improved uses of the thermometer, microscope, tape-measure, and other substitutes for mere guess-work. The question, What is the matter with the patient?

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is one of prime importance, whether we consider the disease as an entity or a series of symptoms. This Manual is designed to aid in the cultivation of the faculty of observation, and so to direct it that it may yield to the physician the most valuable results. This faculty is directed to every sort of disease, and every manifestation of disease. Special directions are given for the examination of children and the insane. The chapter on Fifty Feigned Diseases is at once sad and instructive. The section on Life Assurance is worthy of the attention of all who are engaged in examinations for that object.

What gives this little volume its special value is the careful manner in which it is brought down to the present time, and the vast amount of needful suggestions crowded within the small space of a convenient pocket volume. There is scarcely a page in the whole volume which does not contain something of value and interest to the practitioner, and if we were to make extracts, we should not know where to stop. We advise every physician, of whatever school, to purchase this book and carefully read it.

THE PATHOLOGY OF BRIGHT'S DISEASE, by Wm. B. Lewis, M.D., maintains that this term is less comprehensive than *albuminuria*. Albumen may be found in the urine of those who are neither suffering from admixture of blood or pus with that fluid, nor yet from seated organic lesion of the kidney. He finds Bright's disease of three types: Tubal nephritis (acute desquamative, croupous, inflammatory); granular degeneration (chronic desquamative, gouty, fibroid, parenchymatous); and waxy (depurative, amyloid, or lardaceous). This last has its principal seat even oftener in the liver than in a kidney. Dr. Lewis hardens the kidney with bichromate of potassa before making his sections for the microscope; the waxy degeneration is best shown by the application of Lugol's solution of iodine, diluted until of a dark sherry-color. This should be applied in the autopsy where any form of Bright's disease is suspected. Eight woodcuts illustrate the progress of the disease. This brochure, which is an interesting one, is published by Turner and Mignard of New York. Price, 50 cents, pp. 29.

HOMŒOPATHIC INSANE ASYLUM. By George F. Foote, M.D.

The author thinks that with five thousand homœopathic practitioners in America, it is high time that there were some place to which an insane patient could be sent without subjection to allopathic treatment. Dr. Foote's plan is to raise funds by benevolent contributions, so as to furnish grounds and buildings, leaving the current expenses only to be borne by the patients, as in the McLean, near Boston, and the Bloomingdale, in New York. He hopes for State aid in the infancy of the institution. The title and control is to be in a close corporation. This scheme was indorsed, Nov. 10, 1869, by the Homœopathic Medical Society of the City and County of New York.

While allopathy does not propose to medicate insanity as a disease, homœopathy aims to treat it precisely as it does any other disease, according to the symptoms. We hope the effort may result in a large hospital, which shall be a benefit to the community and an honor to our cause.

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OLD AND NEW. — A Monthly Magazine, Edited by Rev. Edward Everett Hale. Boston: H. O. Houghton & Co.

This new magazine, which has already proved a brilliant success, embraces the broadest range of subjects ever attempted by a periodical. The arts, sciences, business, politics, theology, education, poetry, facts, and fiction all find a place in its pages, and in such a manner as to commend it alike to old and young. The capacity and originality of its well-known editor will bespeak for this magazine a place in every family of culture and taste.

ITEMS AND EXTRACTS.

DISRAELI has the gout severely.

NELATON has gone to Rome for his health.

OHIO built six hundred and sixty-three school-houses last year. So much saved from prisons.

HIPPOPHAGY. — The use of horse flesh as food is steadily increasing in France.

SOUP. — The city authorities of Boston are ready to furnish a "hasty plate of soup" to any one who applies. This plan, perhaps justifiable in an extremely cold and severe winter, would be only mischievous as a yearly custom.

LONGEVITY. — A negro is reported to have died recently in Brazil at the age of *one hundred and fifty years.*

HOMŒOPATHY IN MEXICO. — An association of homœopathic physicians has been formed in Mexico, called the "Institucion Homeopática Mejicana." This Society has published a Constitution and By-laws, and will undoubtedly do much for the promotion of homœopathy in that country.

DECIDEDLY COOL. — An Indianapolis woman recently gave birth to a child during her husband's absence, and just before his return the neighbors borrowed two other babies and placed them in bed with the little stranger. When the father asked to see his child, the coverlid was turned down, and although he must have been immensely surprised, he coolly turned to his wife and asked, "Did any get away?"

A man who could "accept the situation" so promptly, would make an excellent doctor.

TRANSPARENT PAPER. — Benzole has been applied to a somewhat novel purpose. If poured on a piece of ordinary paper, immediate transparency is produced to such an extent as to enable one to dispense entirely with tracing paper. On exposure to air, or better, a gentle heat, the liquid is entirely dissipated; the paper recovers its opacity, and the original design is found to be quite uninjured.

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NIGHT DOCTORS. — A project is on foot for an improvement in the medical service of the French metropolis at night. It is proposed to establish in Paris forty stations where a night doctor shall be in constant attendance. For these, sixty doctors will be chosen, so that they may relieve one another. They are to receive a fixed salary from government or the town, and it will be their duty to attend all urgent cases free of charge.

NAIL PARERS — Are a class of people found in Chinese cities who practise a lucrative trade. They are excessively well up in their profession, and are therefore much patronized. Foreigners often call in their assistance. Seldom, if ever, is it required in China to extirpate corns or bunions, these affections being unknown to the Chinese. Their shoes and boots are made of cloth, rags and paper.

RELAPSING FEVER.—This fever, improperly called also Famine Fever, is now prevalent among the squalid poor of London. It has rarely occurred except as an epidemic. It had thus visited Scotland and Ireland in 1817–18–19, and Scotland again in 1843 and 1847. It was found in London from 1851 to 1855, but never since till last autumn. It had attracted little attention previous to 1843; but, if we may rely on its most remarkable feature as a characteristic, we find Hippocrates describing it as prevailing in the island of Thasus on the coast of Thrace. This character is *invariable relapse* some days after supposed complete recovery from the first attack. Fortunately, though it crowds the hospitals, it is almost never fatal.

A few cases may have been imported into America in its previous visitations of the British Isles; and, as it may not improbably reappear here, we purpose in our next to devote some special attention to it.

THE MASSACHUSETTS BOARD OF HEALTH, recently appointed under an act of the last legislature, has issued a Circular to local Boards, which is sent to the selectmen, clergymen and physicians of the State. It calls attention to several sanitary laws, urging their vigorous enforcement. Among these is one which secures the right of appeal from the action or non-action of a local Board to the county commissioners, who can in that case exercise all the powers of a Board of Health. The duties of a State Board are mainly advisory; but if they are zealously performed, and properly seconded, its influence cannot fail to promote longevity, health, and happiness. Dr. George H. Derby, State House, Boston, is the Secretary. We trust that in their various duties, which bring them into relations with the physicians of the State, the Board will not overlook the large class belonging to our school.

VACCINATION. — In a brochure recently published in London on Animal Vaccination, we notice the following statement: "Vaccine lymph by long human transmission has lost much of its essential qualities. We must improve — not abandon — compulsory vaccination, complete Jenner's great work, and restore to his immortal discovery all its former usefulness, glory, and prestige."

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THE SCARBORO' CONVALESCENT HOME FOR LADIES.—This Institution, recently established for the benefit of ladies of limited incomes, has been the scene of one of those unseemly displays of medical intolerance which usually arise when allopath meets homœopath. The fact of Dr. Craig having, in common with eleven other medical men of Scarboro', consented to give his professional assistance to such of the inmates of the Home as might desire it was no sooner announced than seven of the eleven withdrew their names and used all sorts of pressure to induce the remaining four to do so likewise. The latter appealed to Sir T. Watson and Mr. Paget. These two gentlemen concurred in thinking that there was no valid reason for the medical men refusing their gratuitous aid because provision was made for homœopathic patients to have a homœopathic adviser. The malcontents then addressed themselves to the *Lancet*. Their oracle (to the disappointment, doubtless, of many) indorsed the opinion of these two eminent members of the profession (*vide Lancet*, Sept. 18, p. 416). It did so, however, in a manner which shows clearly enough how great was the struggle to resist the temptation to do otherwise. The old insolence is there, but the fervor and unction with which it was wont to be expressed are gone. It relies upon its "well known, never concealed, and utter contempt for homœopathy" for the acceptance of the opinion which has been wrung from it. And to what does this opinion amount? That an allopath may without loss of caste prescribe for a patient in a public institution in which a homœopath has also a patient! Intolerant and absurd as any other view of the case would have been, ten or fifteen years ago it would have been expressed, aye, and that too in the coarsest language Billingsgate could have supplied.

The *Lancet* states that as "a concession" made to induce those who had withdrawn to return, Dr. Craig was described in the circular as a homœopath. The idea of "concession" was never for one moment entertained by the Committee. Dr. Craig, it is true, is stated in the circular to have kindly promised "to attend any inmates of the Home who may wish to be treated homœopathically"; he was so distinguished solely for the convenience of the inmates. The objectors to Dr. Craig's appointment having withdrawn from the Home, the institution will, we presume, be carried on without them. — *Monthly Homœopathic Review.*

CHILDREN'S HOSPITALS. — Dr. Heslop, of Birmingham, has been enlightening the British Medical Association on the condition of sick children in large towns, having special reference to the medical attendance they receive. Taking Birmingham for illustration: Of 383 children attended by him at the Children's Hospital, he found that two-fifths of the number had applied to a druggist alone, more than one-half had been without any medical aid whatever, and only one-twelfth had been under the care of a qualified practitioner. "When it is remembered how serious and deadly the diseases of children are, it will be readily understood that such imperfect medical attention for days and weeks, and 154 receiving only the attendance of a druggist, must convince us of the urgency of the question of

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medical provision for the children of the poor in large towns." To leave them to the tardy care of the poor-law medical service is neither kindness to the children, nor a credit to our benevolence. We appeal to homœopaths in this matter; let dispensaries, children's hospitals, and nursing sisterhoods, under the benign influence of our kindly system of treatment, be formed throughout the country wherever practicable; let our friends bestir themselves, and be second to none in effecting the salvation, from suffering and death, of the thousands of children who may be saved by the means proposed.—*The Homœopathic World for October.*

Domestic Printing. Ever since our little girl was ten years old she has had her cheap amateur press. It has been not only a great source of enjoyment, but a means of education to her, and of no small service to us. There are so many little things that a physician may want often to repeat, or to put in a clearer form than manuscript, that new uses for a press continually suggest themselves. At the Mechanics' Fair, lately held in this city, the little printer found the "Novelty" press, which she thought better than her own. The lateral pressure which tends to blur was obviated, and the difference seemed not unlike that between the cylinder press and the best job presses. This press is in fact used in printing offices, and some of the work done by it is of the nicest description. It is very simple in style and very cheap, and is made and sold by B. O. Wood, 351 Federal street, Boston.

Relapsing Fever. — This disease is on the increase in New York. It is most prevalent in Mulberry, Cherry, James, Batavia, Baxter, Pell, and one or two other streets occupied by the very poor. There are at present about one hundred cases in that city. Since the first of December there have been one hundred and eighty-nine cases reported to the Health Board; but it is fair to presume that the actual number of cases has been much greater, as many physicians fail to report their patients to the Sanitary Superintendent.

The Metropolitan Board of Health has issued the following ordinance in relation to the disease: —

"It is hereby declared to be an additional ordinance of this Board that the disease known as the relapsing fever is hereby declared to be a disease of a contagious or infectious nature, within the meaning of the nineteenth section of the ordinances of this Board, and that the same reports are required to be made in respect to said disease as are required relative to any disease mentioned in said section."

Sanitary Superintendent Harris has also issued the following Circular: —

"Metropolitan Board of Health,
Office of Sanitary Superintendent,
February, 1870.

"The medical officers of the Metropolitan Board of Health will make daily returns to the Central Office concerning all cases of relapsing fever which they verify or believe to be verified.

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"In every instance, please to state what official action has been taken or is being recommended by you. Also state what cases are sent, and what are to be sent, to hospital, and what cases are isolated, and how this is done, and with what medical care attended.

"The daily record of the regular dispensaries (in your respective districts) will give important information, and you will find their cases of relapsing fever are being attended mostly as remittent (and as typhus mitior.)

"E. HARRIS,
Sanitary Superintendent."

HYDRATE OF CHLORAL. — Dr. B. W. Richardson in the *Medical Times and Gazette* says: — The effects of hydrate and chloral may be summed up as follows: —

(*a*) Deep and prolonged narcotism can be safely produced by the hydrate of chloral.

(*b*) During a portion of the period of narcotism, there may be complete anæsthesia with absence of reflex actions, and a condition in which every kind of operation fails to call forth consciousness.

(*c*) During the narcotism, there are intervals of apparent exalted sensibility.

(*d*) In the transition from drowsiness to stupor, there is no stage of muscular excitement, but in birds there is vomiting, as is common in the same animal in the second stage of narcotism under chloroform.

(*e*) During the narcotism produced by the substance, there is invariably reduction of temperature.

(*f*) The hydrate produces muscular relaxation, which relaxation extends to the muscles of volition and alike to the iris and the muscular arterial system. From the condition of the muscles after death we may infer that this paralysis is in part due to change within the muscular structure itself.

(*g*) The action of the substance on the nervous system is primarily on the sympathetic ganglia, afterwards on the cerebrum, and finally on the heart.

(*h*) Recovery, when it takes place, is followed by no bad results.

(*i*) In fatal cases the functions destroyed are: — 1. The cerebral. 2. The voluntary muscular. 3. The respiratory. 4. The heart.

(*j*) The substance in small proportions arrests in some degree the coagulation of the blood, and in large quantities stops the process of coagulation altogether. In large quantities it also destroys the blood corpuscles, and produces general destruction of blood; but the dose required to produce extreme narcotism need not be so large as to lead to serious derangement of blood.

(*k*) The phenomena observed correspond with those observed under chloroform, and the balance of evidence is, that they are the result of the action of chloroform.

PHYMOSIS. — *Sudden Dilatation.* — A very simple and effectual mode of treating phymosis is by sudden dilatation, whereby the constricting mucous membrane is torn up to the full extent required.

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It is necessary first of all to calculate the exact amount of dilatation required, and then with an ordinary dressing forceps, or an instrument specially made for the purpose, to suddenly open out the narrowed parts. The only dressing needed is a strip of lint moistened with water, which should be wrapped round the part so as to retain the foreskin retracted, and cover the wound. When there is induration and matting of the parts, this plan of treatment is not so successful. The operation will not be successful unless the foreskin is well retracted and so retained for twenty-four or forty-eight hours, otherwise the tear is not transverse. — *Braithwaite's Retrospect.*

ALLOPATHIC PROGRESS. — We copy the following excellent morceau from the *Medical Times and Gazette*, the ablest journal in the allopathic ranks.

"*Homœopathy vs. Science.* A correspondent, apropos of certain remarks of ours, writes thus: 'I have just been reading Professor Ringer's work on therapeutics, which I remember was much lauded at the time of its appearance in the *Medical Times and Gazette*, and I had come to the conclusion that homœopathy is being very extensively adopted, under the name of scientific medicine.'

"Now, after regretting that our correspondent had not had recourse to Dr. Ringer's book earlier, and taking the opportunity of again lauding the book, as one of the best of its kind, notwithstanding its faults, we shall take the trouble of replying to our correspondent, as this sort of remark is becoming very common. The foundation of homœopathy is the law of similars — that like cures like — a law which, as certain enthusiasts have it, is as universal as the laws of gravitation. Superadded to this, now-a-days, although Hahnemann himself did not always practise it, is the homœopathic dose, which is closely associated with the superstition of dynamization — *i.e.*, that the very process of trituration and subdivision increases the potency of the drug. Now, supposing that all homœopaths are agreed to the doctrine of similars (if not, they are not homœopaths), this is far from being the case as to the dose, some recommending doses not far different from those of orthodox practitioners, using the mother tinctures, or the first and second dilution, others using high potencies, doses of decillionths of a grain.

"It is plain, therefore, that the question of dose, aside from being a small one, is not a homœopathic dogma. Now, let us see how it stands with Dr. Ringer. The head and front of his offending lies in his use of ipecacuan wine in one-drop doses frequently repeated as a remedy for sickness; and secondly in his preference for small doses of other remedies, also frequently repeated, as of calcium sulphide in the scrofulous sores of children. He orders one grain to be dissolved in half a pint of water, a teaspoonful to be given every hour. Now, in both of these instances the benefits arising from the medicine are matters of experience, for we are not called upon to decide whether this is or is not good practice. Drop doses of ipecacuan wine either do or do not cure sickness. If they do, as practical men, we are bound to use such or similar treatment in such like cases. Are we

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to be called homœopaths on that account? Certainly not. We have all along held, as matters now stand, whatever may hereafter turn up, the basis of therapeutics is an enlightened empiricism, the exercise of which is something very different, from being bound hand and foot by an untruthful dogma.

"Do homœopaths use bromide of potassium in epilepsy? Assuredly they do, although it is in direct opposition to the doctrine of *similia similibus* (by the by, we have heard that some clever homœopath has discovered that it is after all *simile, similius*, or *similimum* we are not sure which, to epilepsy). Again, certain remedies have been called homœopathic. Against such appropriation we vehemently protest. Is a man to be proscribed from giving quinine in ague because the homœopaths assert it to be homœopathic to that disease? Such a notion is preposterous, and if, as they would seem inclined, the homœopaths lay claim to all medicines which are specific or approximately so — and we are to be hindered from prescribing such — the doctrine of homœopathic remedies to be used exclusively by homœopaths becomes simply ridiculous."

Go on, gentlemen! Don't be afraid of that bugaboo, Homœopathy, which you have been calling hard names so long. If you *want* to give *drop doses of a weak preparation of ipecac to stop vomiting*, you *shall* do it, and nobody shall hurt you! And by and by when you get better acquainted with homœopathy you will prize it as we do — a boon from heaven to suffering humanity.

Prostitution. — The *Medical Times and Gazette*, in an able notice of Mr. Acton's recent work, makes the following sensible remarks in relation to the prevention of prostitution:

"Whether or not State intervention be desirable in the regulation of prostitution, we maintain that the chief hope of amelioration lies in an improved moral tone of society, which must commence in its higher strata. There was a time in the memory of many of us when intemperance was a leading vice of the age. We have lived to see the day when, the drawing-room being purified, drunkenness has become less prevalent among the lower orders of the people. Virtues and vices have both a tendency to gravitation. Is it too much to expect that the virtue of male chastity throughout our population may be promoted and extended by means similar to those which have succeeded in making us now a comparatively temperate people? Is it too much to ask that the leaders of female society in the metropolis should make a beginning in this direction? that they should refuse admission into their *salons* of the notorious profligate or seducer, just as they would to the same man if he intruded his presence when debased by indulgence in the bottle? that they should extend their disgust of the drunkard to the man whom they know to be living a sexually immoral life? Till this is done, till the axe is laid to the root of the tree, we have little hope of destroying the vicious trunk by the mere lopping off of its branches."

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HOMŒOPATHIC DIRECTORY.

NEW HAMPSHIRE.

HISTORICAL SKETCH.

THE first practitioner of homœopathy in New Hampshire was Dr. Moses Atwood. He studied with Dr. S. Gregg, of Boston, in 1840, and first practised homœopathy at Francestown, Hillsborough County, where he remained for several years. He then removed to Concord, and finally to New Boston, where he died, April 28, 1850, aged forty-nine years. Drs. W. P. Gambell and A. J. Moulton practised at Francestown subsequently at different periods.

In 1843, Dr. James Peterson, of Weare, Hillsborough County, through the instrumentality of Dr. Atwood, began the practice. He is still at Weare, and has Dr. J. P. Whittle for a colleague. In the same year, Joshua F. Whittle, a nephew and student of Dr. Peterson graduated at Castleton, and by the advice of his uncle commenced the practice of homœopathy at Nashua, Hillsborough County, where he remains at present. Dr. F. Horton practised at Weare, in 1857 or '58.

In 1844, Dr. Israel Herrick, a convert from the old school, began to practise homœopathy at Lyndeborough, Hillsborough County. He died Febuary 18, 1866, aged seventy-one.

At about the same date, Dr. Henry C. Parker joined the new school, and commenced practice at Manchester, Hillsborough County, where he continued until his death, Dec. 8, 1861, at the age of forty-eight years. In 1853, Dr. Charles H. Walker graduated at the Homœopathic Medical College of Pennsylvania and settled at Manchester, where he practised several years, and removed to Chelsea, Mass. In 1856, Dr. Israel P. Chase, a graduate of the Homœopathic College at Cleveland, came from Richmond, Va., and established himself in Manchester; he afterwards removed to Henniker, where he is now practising. Drs. Emil Custer and Aaron Walker are the present practitioners in Manchester.

In 1846, Dr. Isaac Colby began the practice of homœopathy at Concord, Merrimac County, whence he removed in 1851 to Salem, Mass. He died June 29, 1866, aged seventy-three years. In 1850, Dr. Alpheus Morrill, a graduate of Dartmouth College, removed from Ohio, and settled in Concord, where he is still in practice. In 1850, Dr. Augustus Frank came from Boston, and practised for a short time in Concord. He subsequently removed to Norwich, Conn., and is now located at Milton, Vt. Dr. Hamilton J. M. Cate, a graduate of the Woodstock Medical College in 1849, came here from Danville, Vt., in 1851, and continued in practice till 1855, when he removed to Northampton, Mass. He now practises in Amherst, Mass. He was succeeded by Dr. F. G. Oehme, now of Plymouth, Mass., who remained here ten years. Dr. J. C. Baker practised here awhile, and removed in 1857 to Middleboro', Mass. Besides Dr. A. Morrill, there are now practising in Concord Dr. Jacob H. Gallinger, a graduate of the Eclectic Medical College at Cincinnati and the New York Homœopathic College, who, after practising one year at Keene, settled in Concord in 1862; also, Dr. Shadrach C. Morrill, son of Dr. A. Morrill, a graduate of the Homœopathic College at Cleveland.

In 1856, Dr. David F. Moore practised at Lake Village, Belknap County, where he and Dr. J. Clifford Moore are still in practice. Dr. Thomas M. Sanborn, who died Jan. 23, 1869, was a former practitioner there. He graduated at the New York College of Physicians and Surgeons in 1842, and adopted the homœopathic practice about five years previous to his death.

In 1857, on account of ill health, Dr. Albert Lindsay removed from Roxbury, Mass., to Laconia, Belknap county, where his health so much improved that he has been able to practise up to the present. Dr. L. T. Weeks, formerly of Canterbury, is now associated with him.

In 1868, Dr. Edwin A. Knight, a graduate of the New York Homœopathic College, went from Boston to Lebanon, Grafton County, where he still remains.

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At Peterborough, Hillsborough County, Drs. Levi Dodge, D. Seavey, and O. L. Bradford practised. The former is still there, the latter has removed to Andover, Mass. Dr. Seavey's present address is unknown to me.

At Milford, Hillsborough County, Dr. Levi W. Wilkins formerly practised. He died in 1865. Dr. William H. W. Hinds, a graduate of Harvard, is in practice there. At Keene, Cheshire County, Dr. William B. Chamberlain, a graduate of the Homœopathic College at Cleveland, was for several years alone, and afterward associated with Dr. James Chester Freeland, a graduate of the Homœopathic College at Cleveland. Dr. Chamberlain is now at Worcester, Mass., and Dr. Freeland at Fitchburg, Mass. They were succeeded in Keene, by Dr. Francis Brick, a graduate of the Homœopathic College at Cleveland, Dr. J. Homer Darling, a graduate of Castleton College, and Dr. Henry H. Darling, a graduate of the New York Homœopathic College. Dr. D. White practised here in 1851.

Dr. E. P. Cummings, located for a time at Exeter, Rockingham County, removed to Newburyport, Mass.; and Dr. Henry B. Morrill, of Meredith Village, Belknap County, removed thence to Boston.

The present residences of Dr. John Le Bosquet, formerly of Greenfield, Hillsborough County, and Dr. David Foss, of Rochester, Strafford County, are unknown to me.

LITERATURE.

The Homœopathic Advocate and Guide to Health was published at Keene by Dr. D. White. It was a monthly octavo of sixteen pages. The first number appeared in April, 1851, and the last in March, 1852. It contained original articles from Drs. S. M. Cate, I. Herrick, J. F. Whittle, O. W. Woodbury and D. White, and extracts from other journals.

In 1859, Dr. F. G. Oehme issued from the press of E. C. Eastman, Concord, "The Homœopathic Domestic Physician and Traveller's Medical Companion," a 24mo of 125 pages.

THE NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

At a meeting of the New Hampshire Homœopathic Fraternity, held in Concord, June 3, 1851, a committee was appointed to memorialize the legislature for an act of incorporation, which was granted in June, 1852, and the act approved by the governor on Jan. 8, 1853; the incorporators were Drs. Alpheus Morrill, of Concord; Israel Herrick, of Lyndeborough; Joshua F. Whittle, of Nashua; Hamilton J. M. Cate, of Concord; Emil Custer, of Manchester; John LeBosquet, of Greenfield; James Peterson, of Weare; and A. W. Pike, of Dover. The first meeting of the Society was held in the city of Nashua, Feb. 22, 1853, and the act of incorporation was unanimously accepted. In June, 1853, the constitution was adopted. It provides for an annual meeting of the Society in the city of Concord on the third Wednesday of June for the election of officers, and specifies such other matters as are necessary to the working of the organization. Since that date (1853) to the present time, regular annual meetings of the Society have been held.

During the time that the Society has been in existence, fifty physicians have become members of the organization; but in consequence of removals from the State, deaths, etc., the membership is now reduced to nineteen, with an honorary membership of fifteen. An effort is now being made to induce every homœopathic physician in the State to join the Society. If successful, this will largely increase the membership at the next annual session, to be held at Concord, on Wednesday, June 15, 1870.

The proceedings of the Society have been published in the *North American Journal of Homœopathy*, Vol. XI. and XIV., *American Homœopathic Review*, Vol. III., *New England Medical Gazette*, Vols. II. and III.

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The officers of the Society for 1869–70 are: —

A. MORRILL, M.D., Concord, *President.*
D. F. MOORE, M.D., Lake Village, *Vice-President.*
J. H. GALLINGER, M.D., Concord, *Sec., Treas., and Librarian.*
L. T. WEEKS. M.D.,.Laconia,
HENRY TUCKER, M.D., Claremont,
A. MORRILL, M.D.,Concord,
} *Councillors.*
J. H. GALLINGER, M.D., Concord,
J. F. WHITTLE, M.D., Nashua,
J. C. MOORE, M.D., Lake Village,
J. W. DRAKE, M.D., Dover,
S. C. MORRILL, M.D., Concord,
W. A. JONES, M.D., Lyndeborough,
} *Censors.*

PRACTITIONERS.

There are thirty-seven practitioners in the following list. Names printed in SMALL CAPITALS have been registered with the American Institute of Homœopathy; those prefixed with an asterisk are members of the Institute; the prefix † denotes membership of the State society. The population of towns is taken from the last official census. I am indebted to Drs. J. H. Gallinger, Joshua F. Whittle, J. Peterson, and A. Lindsay, for their assistance in compilation.

Antrim, Hillsborough Co. Pop. 1,123
Christie, J. M.

Claremont, Sullivan Co. Pop. 4,026
†*Tucker, Henry, M.D.

Concord, Merrimack Co. Pop. 10,896
†*GALLINGER, JACOB H., M.D.
†*MORRILL, ALPHEUS, M.D.
†*MORRILL, SHADRACH C., M.D.

Dover, Strafford Co. Pop. 8,502.
†DRAKE, JASON W., M.D.
Horsch, C. H.
PAYNE, NELSON MILLAR, M.D.

Great Falls, Strafford Co. Pop. 4,500
CONANT, JOSIAH, M.D.

Henniker, Merrimack Co. Pop. 1,500
†CHASE, ISRAEL P., M.D.

Keene, Cheshire Co. Pop. 4,320.
†*BRICK, FRANCIS, M.D.
†DARLING, HENRY H., M.D.
DARLING, J. HOMER, M.D.

Laconia, Belknap Co. Pop. 1,806.
†LINDSAY, ALBERT, M.D.
†*WEEKS, LORRAIN T., M.D.

Lake Village, Belknap Co.
†*Moore, David F., M.D.
†*Moore, J. Clifford, M.D.

Lancaster, Coos Co. Pop. 2,020.
*JONES, DANIEL LEE, M.D.

Lebanon, Grafton Co. Pop. 2,322.
KNIGHT, EDWIN A., M.D.

Littleton, Grafton Co. Pop. 2,292.
†*SANGER, THADDEUS E., M.D.

Loudon, Merrimack Co. Pop. 1,638.
Collins, William S.

Lyndeborough, Hillsborough Co. Pop. 823.
†JONES, WILLIAM A., M.D.

Manchester, Hillsborough Co. Pop. 20,107.
†Custer, Emil.
Walker, Aaron.

Milford, Hillsborough Co. Pop. 2,223.
†HINDS, WILLIAM H. W., M. D.

Nashua, Hillsborough Co. Pop. 10,065.
†*WHITTLE, JOSHUA F., M.D.
†WOODBURY, OLIVER A., M.D.

New Boston, Hillsborough Co. Pop. 1,369.
Clark, N. P.

Newport, Sullivan Co. Pop. 2,077.
Darling, W. W.
Willcox, Mason A.

Peterborough, Hillsborough Co. Pop. 2,265.
Dodge, Levi.
Marcy, Mrs. Mary E., M.D.

Portsmouth, Rockingham Co. Pop. 9,335.
Richter, E.

Rumney, Grafton Co. Pop. 1,103.
PATTERSON, DANIEL.

Weare, Hillsborough Co. Pop. 2,310.
†*Peterson, James, M.D.
†*Whittle, James Peterson, M.D.

Winchester, Cheshire Co. Pop. 2,225.
GREGORY, SAMUEL ORVILLE.

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VERMONT.

HISTORICAL SKETCH.

HOMŒOPATHY was introduced into Vermont by Dr. David H. Bard, who adopted the new system about the year 1842, and began to practise it at Coventry, Orleans County. The following year Dr. T. C. Taplin practised homœopathy at Danville, Caledonia County, whence he removed to Montpelier, Washington County. A year or two later. Dr. C. B. Darling, of Lyndon, Caledonia County, gradually adopted the new school of practice. He died June 10, 1860, at the age of forty-one years. I do not know where or when Drs. Bard and Taplin died.

In 1846, Dr. Beniah Sanborn, of St. Johnsbury, Caledonia County, a graduate of the University of Vermont in 1827, procured some homœopathic works in New York, and became interested in this system of medicine, which he fully adopted in the course of three or four years. In 1851, he, with a few colleagues, formed the Caledonia County Homœopathic Medical Society, one of the earliest county societies in New England. He continued in practice until his death, which occurred October 4, 1867, aged sixty-seven.

At Brattleborough, Windham County, in 1846, Dr. Robert Wesselhoeft erected a hydropathic establishment, in connection with which homœopathic medicines were used. Ill health compelled him to leave in 1852, and he was succeeded by Drs. C. W. Grau and F. Müller. Dr. Grau died; and Dr. Müller having removed to Montreal, Dr. D. P. Dearborn now occupies his place.

At Danville, Dr. Calvin Woodward has been in practice some years. At Montpelier, Dr. Gershom N. Brigham, a graduate of Woodstock Medical College in 1845, has been in practice since 1855. He began homœopathic practice in Waitsfield in 1850. Dr. E. J. Foster, a graduate of Hahnemann Medical College, Philadelphia, has lately settled at Montpelier.

In 1849, Dr. Charles Frederick Adams, a graduate of Dartmouth Medical College, began the practice of homœopathy at Londonderry, Windham County. In 1858, he removed to Rutland, Rutland County, where he now practises. Dr. Charles Woodhouse also settled there in 1867. There is no physician at Londonderry.

In 1852, Dr. Hiram C. Orcutt, a graduate of Dartmouth College, began the practice of homœopathy at Troy, Orleans County, where he continued until 1865, when he removed to Derby, in the same county, where he remains with Dr. McDuffe. Drs. H. H. Carpenter, W. W. Jenness and J. A. Steele practised in Derby prior to Dr. Orcutt's settlement there. Their present address I do not know.

Dr. George Storrs Kelsea, from Lisbon, N. H., a graduate of the Homœopathic College at Cleveland, practised at Derby five years, and in 1869 removed to his present residence, Newport, Orleans County. Drs. L. C. Moore and George B. Rowell are in practice at Troy.

In 1853, Dr. G. E. E. Sparhawk, a graduate of the Homœopathic Medical College of Pennsylvania, began practice at Rochester, Windsor County. He practised also at West Randolph, Orange County, and in 1858 removed to Gaysville, Windsor County, his present address. Dr. S. Henry Sparhawk, a graduate of the Homœopathic College at Cleveland, settled in Gaysville in 1864, and after practising in Pittsford and Morrisville returned to Gaysville in Dec. 1869. Drs. C. B. Currier, H. D. Brown and J. H. Jones, have at different times resided at Rochester, where there is now no homœopathic physician. Pittsford and Morrisville are also unoccupied. In 1861, Dr. Hiram J. Hazelton practised at Gaysville where he remained one year. He graduated at the Homœopathic College at Cleveland, and opened an office at Barnet, Caledonia County, where he is still in practice. In 1854, Dr. Chester Walter Scott, a graduate of the Homœopathic Medical College of Pennsylvania, began practice at Irasburgh, Orleans County. In 1869, he settled at Lyndon, Caledonia County, where he remains with Dr. H. C. Bartlett as a colleague. Dr. Scott, I believe, also practised at Hardwick. Drs. C. B. Darling and I. R. Taylor practised awhile at Irasburgh, where also Dr. Charles B. Parkhurst,

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a graduate of the New York Homœopathic College, practised until recently, when he removed to Owego, N. Y. Dr. Milo G. Houghton, a graduate of the Pennsylvania Homœopathic College, began practice in 1856 at Lyndon, and after residing at Barnet, Vt., and Claremont, N. H., settled in 1863 at St. Johnsbury, Caledonia County, where Drs. P. R. Holbrook, Beniah Sanborn and A. B. Stone had previously practised, and where he remains, together with Dr. Horatio M. Hunter, a graduate of the Pennsylvania Homœopathic College, who moved from Concord and settled here, in 1864 or '65.

In 1854, Dr. Nathan Howland Thomas, a graduate of the Woodstock Medical College, of the class of '28, who has resided at Stowe, Lamoille County, since 1830, began to practise homœopathy, and with the exception of one or two who, at different times, have been at Morrisville, he has been the only homœopathic physician in the county.

In 1860, Dr. L. H. Thomas, a graduate of the Castleton Medical College, began the practice of homœopathy at Waterbury, Washington County, where he continues to reside. In 1861 Dr. Stebbins A. Smith, a graduate of New York Homœopathic College, opened his office at St. Albans, Franklin County, where he has since practised. Dr. E. Worcester began practice here in 1857, but removed to Waltham, Mass., in 1860. In 1862, Dr. Alonzo Edward Horton, a graduate of Burlington College, began the practice of homœopathy at Shrewsbury, Rutland County, where he continued until 1864, when he removed to his present location, East Poultney, in the same county, and was succeeded by Dr. George J. Crowley, a graduate of the University of Vermont, who still continues in practice at Shrewsbury.

In 1863, Dr. Charles H. Chamberlain, a graduate of the Pennsylvania Homœopathic Medical College, began practice at his present location, Barre, Washington County, where he has been joined by Dr. George Colton, a graduate of the New York Homœopathic College. A Dr. Evans practised here in 1858 or '59.

In 1865, Dr. Asa Adgate Arthur, a graduate of Bellevue Medical College, New York City, removed from New Jersey and opened his present office at Vergennes, Addison County, in which place Dr. J. G. Stearns formerly practised.

Dr. Darwin H. Roberts, a graduate of Burlington College, in 1867 opened an office at Underhill, Chittenden County, whence he removed in one year to Fletcher, Franklin County, where he now is. Dr. George W. Roberts is now at Underhill.

At Bennington, Bennington County, Dr. Stanton L. Hall, a graduate of Berkshire College, is in practice. Dr. H. Smith was there in 1858 or '59. At Bradford, Orange County, Dr. A. M. Cushing has been succeeded by Dr. Julian Henry Jones, a graduate of the Homœopathic College of Pennsylvania. At Burlington, Chittenden County, Drs. Thomas Bigelow and S. Wager have been in practice several years. Drs. Oliver J. Eels and R. C. Green practised at West Cornwall; the former was one of the earliest practitioners in the State, but I am unacquainted with his history; they are both deceased. Dr. Rolla J. Smith, formerly of Brandon, is now practising in Rochester, N. Y. Drs. A. Page, A. George, J. Neal, and J. Stevens have practised respectively at Ashuelot, Calais, Canaan and Newbury; their present address I do not know.

THE VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

In 1854, eight physicians, nearly all of our school in the State, organized a society under the name of Green Mountain Homœopathic Medical Society. Dr. Beniah Sanborn was President, Cephas Taylor Vice-president, Drs. C. B. Darling and Joshua Stone, Secretaries and Treasurer. In 1855, they had an accession of six members, and in the following year six more. In 1858, the name was changed to the Vermont Homœopathic Medical Society, and a special act of incorporation was obtained from the legislature. It now numbers fifty-one members. The proceedings of the societies have been published in the *Am. Hom. Review*, Vol. I., *Hahnemannian Monthly*, Vols. I., II., III.,

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IV., *N. E. Med. Gazette*, Vol. I., IV. The Society holds its Annual Meeting in June. The next meeting will be held at Montpelier on Wednesday, June 1, 1870.

The present officers are: —

C. B. CURRIER, M.D., Middlebury, *President.*
J. H. JONES, M.D., Bradford, *Vice-President.*
H. M. HUNTER, M.D., St. Johnsbury, *Recording Secretary and Treasurer.*
A. A. ARTHUR, M. D., Vergennes, *Corres. Secretary.*
A. E. HORTON, M.D., S. H. COLBURN, M.D., *Auditors.*
C. H. CHAMBERLAIN, M.D., G. N. BRIGHAM, M.D., C. W. SCOTT, M.D., *Censors.*

THE CALEDONIA COUNTY HOMŒOPATHIC MEDICAL SOCIETY was organized in 1851, and had occasional meetings till, in 1854, it was merged in the Green Mountain Homœopathic Medical Society.

PRACTITIONERS.

The number of practitioners as given in the list is sixty-six. Names printed in SMALL CAPITALS have been registered with the American Institute of Homœopathy; those prefixed with an asterisk * are members of the Institute. The prefix† denotes membership of the State Society.

I am indebted for favors to Drs. C. B. Currier, M. G. Houghton, H. M. Hunter, J. H. Jones, G. N. Brigham, M. L. Scott and G. E. E. Sparhawk. The statistics of population in most instances have been furnished by Dr. Currier.

Barnet, Caledonia Co. Pop. 2,000.
†HAZELTON, HIRAM J., M.D.

Barre, Washington Co. Pop. 2,000.
*†CHAMBERLAIN, CHARLES H., M.D.
†*COLTON, GEORGE, M.D.

Barton, Orleans Co. Pop. 1,800.
†Ruggles, A. M.

Barton Landing, Orleans Co. Pop. 600.
Ranney, E. O.

Bennington, Bennington Co. Pop. 4,500.
†HALL, STANTON L., M.D.

Bradford, Orange Co. Pop. 1,700.
†*JONES, JULIAN HENRY, M.D.

Brattleboro', Windham Co. Pop. 4,000.
†Dearborn, D. P., M.D.

Bridgewater, Windsor Co. Pop. 1,292.
†Willey, D. F.

Bristol, Addison Co. Pop. 1,600.
†Hamilton, H. W.

Burlington, Chittenden Co. Pop. 8,000.
†Bigelow, Thomas.
†Wager, S.

Cabot, Washington Co. Pop. 1,318.
Dor, J.

Calais, Washington Co. Pop. 1,409.
George, A.

Charleston, Orleans Co. Pop. 1,200.
Whittemore, J.

Charlotte, Chittenden Co. Pop. 1,600.
Wheeler, E. H.

Concord, Essex Co. Pop. 1,300.
†Huntley, George E., M.D.

Danville, Caledonia Co. Pop. 2,600.
†WOODWARD, CALVIN, M.D.

Derby, Orleans Co. Pop. 2,000.
†ORCUTT, HIRAM C., M.D.
†McDuffe, J. W.

Derby Line, Orleans Co.
Thurber, S. W.
†Brown, ———.

East Corinth, Orange Co. Pop. 1,700.
†Smith, E. T.

East Poultney, Rutland Co. Pop. 2,500.
†*HORTON, ALONZO EDWARD, M.D.

Ferrisburgh, Addison Co. Pop. 1,800.
†Humphrey, S.

Fletcher, Franklin Co. Pop. 1,000.
†ROBERTS, DARWIN H., M.D.

Franklin, Franklin Co. Pop. 1,800.
†Burleson, C. W.

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Gaysville, Windsor Co. Pop. 1,500.
†*Sparhawk, G. E. E., M.D.
†Sparhawk, S. Henry, M.D.

Hardwick, Caledonia Co. Pop. 1,369.
Sanborn, J. M.

Hinesburgh, Chittenden Co. Pop. 1,800.
†*Whittaker, E. B., M.D.

Island Pond, Essex Co.
Whitcomb, Moses.

Lyndon, Caledonia Co. Pop. 1,800.
†Bartlett, H. C.
†Scott, Chester W., M.D.

Lyndonville, Caledonia Co.
†Scott, Martin Luther, M.D.

Marshfield, Washington Co. Pop. 1,200.
†Packer, J. Q. A.

Middlebury, Addison Co. Pop. 3,000.
†*Currier, Christopher B., M.D.

Milton, Chittenden Co. Pop. 2,000.
Frank, Augustus.

Montpelier, Washington Co. Pop. 2,900.
†*Brigham Gershom N., M.D.
†Foster, E. J., M.D.

Moretown, Washington Co. Pop. 1,500.
†Haylitt, James, M.D.

New Haven, Addison Co. Pop. 1,500.
Sanborn, ———.

Newport, Orleans Co. Pop. 2,000.
†Kelsea, George Storrs, M.D.

Northfield, Washington Co. Pop. 4.500.
†Colburn, S. H
†Styles, M. F.

North Troy, Orleans Co. Pop. 1,500.
†Moore, L. C.
Rowell, George B.

Peacham, Caledonia Co. Pop. 1,247.
Packer, D.

Rutland, Rutland Co. Pop. 8,000.
†Adams, Charles Frederick, M.D.
*†Woodhouse, Charles.

St. Albans, Franklin Co. Pop. 4,000.
†*Smith, Stebbins A., M.D.

St. Johnsbury, Caledonia Co. Pop. 4,000.
†Houghton, Milo G., M.D.
†*Hunter, Horatio M., M.D.

Shrewsbury, Rutland Co. Pop. 1,500.
†Crowley, George Jed., M.D.

Stowe, Lamoille Co. Pop. 2,500.
†Thomas, Nathan Howland, M.D.

Sutton, Caledonia Co. Pop. 1,500.
Colby, G. W.
†Davis, C. B.

Tunbridge, Orange Co. Pop. 1,700.
Flanders, G. F.

Underhill, Chittenden Co. Pop. 1,700.
†Roberts, George W.

Vergennes, Addison Co. Pop. 2,000.
†*Arthur, Asa Adgate, M.D.

Waitsfield, Washington Co. Pop. 1,300.
†Van Deusen, J. M.

Waterbury, Washington Co. Pop. 3,000.
†Thomas, L. H., M.D.

West Cornwall, Addison Co.
†*Marshall, Alden V., M.D.

Williston, Chittenden Co. Pop. 1,500.
Alger, J. S.

Woodford, Bennington Co. Pop. 600.
Cutter, A.

Woodstock, Windsor Co. Pop. 3,062.
Randall, Nathaniel, M.D.

PERSONAL.

W. E. Payne, M.D., makes the following corrections in the historical sketch in the Directory of the January number, p. 60, 7th line from the top. "Dr John Roberts should be Dr. Jonathan Roberts." P. 61, 19th line from the top, "Amity, Aroostook County, should read Unity, Waldo County." The notice of the Central Society, 8th line from bottom of p. 61, "quarterly meetings should read semi-annual meetings." Among the practitioners, "Brunswick, Cumberland County, pop. 4,723, Perkins, D. C., M.D., should read, Clinton, Kennebec County, pop. 1,803, D. C. Perkins, M.D."

William Gallupe, M.D., wishes "Concord, N. H.," on p. 59, 6th line from the bottom, to be changed to Concord, Mass. He says, "I graduated from

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Dartmouth Medical College in 1830, practised two and one-half years in Plainfield, Sullivan County, N. H., three and a half-years in New Ipswich, Hillsborough County, and in the Spring of 1837 removed to Concord, Mass. While residing in Concord, I examined and adopted the principles of homœopathy in the years 1841 and 1842. In June, 1844, I removed to Bangor, Me., and offered my services as a homœopathic physician and surgeon. At that time there was no representative of the practice east or north of this place on the continent, and the nearest practitioner of the school was Dr. John Payne of Belfast, forty miles distant, and Dr. W. E. Payne at Bath." He further writes, "We have had no especial sickness during the fall and winter thus far, only the usual affections incident to the season."

W. B. CHAMBERLAIN, M.D., of Worcester, Mass., writes that influenza, ulcerated sore throat, and pneumonia are prevalent there.

REMOVALS. FREDERIC N. PALMER, M.D., has removed from Newton, to No. 37 Pinckney street, Boston; where Dr. Luther Clark will also continue for a time.

WILLIAM F. HATHAWAY, M.D., from Philadelphia to 58 Beach street, Boston, where he is associated with Dr. David Thayer.

F. H. UNDERWOOD, M.D., from Millbury, Mass., to 1087 Washington street, Boston.

HENRY A. CLARK, M.D., from Nashua, N. H., succeeds Dr. Underwood at Millbury, Mass.

W. R. REUD, M.D., from Philadelphia to Sacramento, Cal.

S. B. TOMPKINS, M.D., from 14 Warren street to 884 Broad street, Newark, N. J.

G. H. STOCKHAM, M.D., from Lafayette, Ind., to Leavenworth, Kansas. ALICE B. STOCKHAM, M.D., will remain in Lafayette a few months longer, when she will join her husband at Leavenworth, where they will continue their united labors for homœopathy. This will leave a good location for a homœopathic physician in Lafayette.

F. L. VINCENT, M.D., from West Rockford, Ill., to 38 First street, Troy, N. Y.

L. F. MORSE, M.D., from Biddeford, Me., to Mattoon, Ill.

DIED. In Boston, Jan. 25, 1869, of scarlet fever, Rose, daughter of Dr. CONRAD and LILY WESSELHOEFT, aged four years and eight months.
The sympathy of the profession will be warmly extended to our friends, who have had their only child thus suddenly taken from them.

Dr. G. W. J. SWAN, of North Easton, Mass., died recently from an overdose of chloroform, administered by himself for relief from suffering.

BOOKS AND PAMPHLETS RECEIVED.

IN addition to the usual exchanges for January:—
The Calcutta Journal of Medicine, 18 numbers, January, 1868, to July, 1869. The Dental Cosmos; Philadelphia. Old and New; Boston.

Also the following:—
Addresses before the New Jersey Homœopathic Medical Society, by J. J. Youlin, M.D., of Jersey City, N. J. Fifteenth Annual Report of the Bond Street Homœopathic Dispensary; New York. Address of Governor Chamberlain, of Maine, 1870. First Annual Report of the State Board of Health of Massachusetts, January, 1870. Tanner's Clinical Medicine, revised and enlarged by T. Fox, M.D., Philadelphia: Henry C. Lea.

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THE

New England Medical Gazette.

No. 3.] BOSTON, MARCH, 1870. [Vol. V.

MATERIA MEDICA IN ITS SCIENTIFIC RELATIONS.

BY W. W. RODMAN, M.D., NEW HAVEN, CONN.

(*Continued from page* 69.)

III. In the natural progress and due development of the science, there is a process by which a scientific classification is to be reached. The nature of this process is the inquiry next in order.

(1.) To obtain a scientific arrangement of the facts of the materia medica, it is not necessary that we do all the work at once. We shall fail in any such attempt. Progress must be made little by little, and through the united and earnest efforts of many individuals. We must be content to proceed as investigators in other sciences are forced to do. If we can unite by a distinctly expressed formula any facts which have hitherto stood apart, let us be thankful for so much. Grouping "by gradual and successive degrees" is the true way. We must make approximations, using hypotheses to aid our conceptions. We must subject them to repeated scrutiny, and thus grasp what we can, be it more or less. If we can be assured that we are on the right track and are making some gain, we have what is essential. The great difficulty is in the start. When this is once made, facilities for progress will unexpectedly open to us.

We are not to be discouraged if we find ourselves checked in certain directions by difficulties which arise from other subjects. Progress in any study often depends on materials furnished by other departments, which are to be used suggestively or instrumentally. Questions arise which belong to physiology, to pathology,

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and to psychology, and which these sciences fail to answer. We must be content to wait. Perhaps our questions may stimulate inquirers in these branches to new researches.

Nor should we be disheartened by the intrinsic difficulties of the subject. Every advancing science suggests new ideas, has its peculiar generalizations, and calls for new terms of thought and expression. The combinations which are to embody and express the physiological operations of medicines — in many instances at least — are as yet undetermined. The ideas which they will suggest are yet to be formed. These ideas, when suggested, are to be elaborated into precision. They are, then, to be expressed in language. On every side, questions are still in doubt. The relations between mind and matter, those between cause and effect, the *modus operandi* of medicines, and many other subjects, are not yet fully understood. Thus on all sides difficult questions arise and meet us. Clear views on them will aid us in our progress. We must be content to go no faster than we can take with us distinct conceptions, and no farther than the most rigid scrutiny secures our foothold.

(2.) We should avail ourselves of the results of experience. History shows that successful progress in other departments has been very uniform, and we should heed its lessons. Knowledge is gained in two ways: by obtaining particulars, and by combining these particulars into general propositions. The first process has been assiduously pursued in the study of the materia medica; the second has hardly been commenced. A consideration of some of the methods whereby other sciences consolidate their knowledge cannot fail to be of service to us.

This teaches us, for example, that in attempting to generalize and to classify we are too apt to look at that which is merely material, to the gross, to the visible. The generalizations which we seek will be more and more remote from the crude, from the tangible, from those phenomena of physical change with which we are most familiar. But they will be none the less real. Though we can never reach the point of understanding and explaining nature's initial forces, every successive generalization carries us back a step nearer to the great unknown.

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Phenomena are manifestations of certain forces of which we study the operations; but the nature of those forces we can never understand. Each of them has a character of its own, which, if allowed to act freely, it will always manifest by its individual peculiarities. When we can identify the material agent which is the nucleus or embodiment of the inner force, as in the case of the drug, we may expect that its operations can be reduced to order, to system, to scientific relation. We are not to feel that we understand a single phenomenon until we know at least something of its relation to that general principle or conception which nearest expresses the interior force whence it springs.

Material phenomena take precedence of those which are immaterial in the course of our studies, but not in ultimate significance. Facts of the former class engage our attention earlier than the mental and the moral. But the body is only a case for the soul with its recondite powers. In studying an animal, we are sooner led to consider size, weight and outward appearance than strength, docility, and courage. Yet these latter qualities lead us much more definitely to its characteristics. The magnet is only a lump of iron. But its essence consists in a hidden quality almost spiritual in its operations. Everywhere physical phenomena are but the superficial covering of those which are deeper — nature's real treasures.

Led by such considerations, it becomes us, while studying the effects produced by drugs, to seek to learn their true significance. We need those relations among phenomena which are most generic, deep-seated, and constant. They will be found to include all ascertained changes in thought, feeling, and volition, as well as those of a material character. Indeed, while all the phenomena have mutual relations, it is possible that the order which has usually been followed in seeking manifestations of the power of medicines needs to be reversed. Doubtless, in the ultimate classifications, the mental and the moral conditions will have a prominent place, whether these are dependent on the physical, or whether they control them.

(3.) To succeed in organizing our knowledge, we must make the attempt to do so. It may be doubted whether this has been faithfully done. Our books contain little evidence of earnest at-

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tempts to follow such clews as are obtained. On every page we find generalizations which are constantly put to practical use, but to scientific use they are seldom applied. There seems to be no thought of utilizing them for the purpose of securing propositions of still greater generality. Indeed, the conception of a pure materia medica, depending on itself for its inductions and generalizations, is still in embryo. We must accept it as a possibility and then make it an actuality. At present, our materials stand as a miscellaneous crowd of individuals. In some instances, a crude affinity has brought parties into relation. As a whole, they are waiting to be marshaled into compact masses wherein each item shall have its due relation, and exhibit a force and an individuality of which at present we have no idea.

(4.) God has given us powers of combination and construction. We are to use them by noting resemblances and by forming conceptions which shall include numerous particulars in one idea. We are to use our faculties on the materials before us, and seek to systematize them. We are constantly to test our groupings as rigidly as may be. We shall soon find, as the child does in regard to his dissected map, whether our thoughts are the realities of nature. These are the ways in which a science is made to comprehend and to consolidate the particulars of which it is composed. The process by which other sciences effect their combinations must, in its general outline, be applicable to our materials.

We are now brought back to the point from which we started. Are the phenomena furnished by Hahnemann and his followers capable of scientific arrangement? To test this fully will be an undertaking worthy of the efforts of all those to whom these materials are entrusted. To actually accomplish the synthesis is the most important need of our materia medica which at present can be pointed out.

A definite conclusion cannot be reached immediately. But the question can be approximately answered if it can be shown that the crystallizing process is already at work. If we can adduce instances in which separate phenomena are combined into scientific formulas, and if we can continue to add to their number and to their breadth by a voluntary effort, we may rest assured that we are advancing in the right direction.

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We have implied that the extent to which these combinations have already been made is not satisfactory. This is owing to the fact that the process has not yet been made a distinct and definite object of pursuit. To obtain the means of curing disease has occupied the almost exclusive attention of observers. In determining and classifying the operations of medicines, it has been thought to be indispensable to await the verification of therapeutics,— a view doubtless correct in the early stages of scientific development. But there comes a time when each branch of knowledge must depend upon itself for its generalizations. To some extent this has been done in the case of the materia medica. Progress has been made towards effecting a systematic arrangement. A few of its topics have been already investigated with zeal and ability. It would be difficult to find anything in medical literature surpassing some of the papers on this subject by our associates. A part of these will come under our notice at subsequent stages of this investigation.

The present inquiry is designed to be more rudimental than most of those which have preceded it. Principles will be appealed to, which, in well developed sciences, no longer need formal statement. The attempt will be made to base the discussion upon principles which underlie positions hitherto conflicting. There must be some standpoint which might be occupied in common by those who have quite different views on the practice of medicine.

We hope to obtain some clews to the process which successful investigation must pursue, and to place before the mind a general outline of the method by which our present and our future thinkers must consolidate their knowledge. We need to separate this process more and more from other topics, to disentangle it from complications, whether they spring from speculation, from the aim at practical utility, or from the conflict of diverse opinions. In short, we need to determine how it is that the varied phenomena which a drug produces are to be brought into relation.

[*To be continued.*]

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ACTION OF CARBONIC ACID UPON THE UTERUS.

BY CHARLES H. HAESELER, M.D., POTTSVILLE, PA.

About a year ago I began the employment of carbonic acid gas, in the treatment of a number of cases of uterine complaints, with very satisfactory results. As many such cases come, strictly speaking, under the domain of surgery, I hope to be pardoned for the apparent deviation from homœopathic therapeutics which I am about to relate; especially when it is added that, in every instance of the topical application of the gas to which allusion shall be made in this paper, it was used only after thorough and exhaustive treatment with internal homœopathic remedies. I would, moreover, be understood to belong to that liberal class of homœopathists who adhere to its exalted tenets as being *par excellence* the principles that should guide us in the sick room; but who, nevertheless, so long as patients are known, now and then, to die under its strictest administration, are not so entirely wedded to it as to see no good whatever outside of its theory. This liberal class are those who, as Dr. Hughes says, "assert and use their liberty to avail themselves of every resource which the wit of man has devised, or shall devise, for the averting of death and the relief of suffering; who know of no obligation superior to the paramount one of doing their best for their patients; who, in becoming homœopathists, do not cease to be physicians."

The manner of application which I at first adopted in the use of the remedy was that employed by Prof. Simpson, and recommended in Dr. Waring's Practical Therapeutics, page 190. Dr. Dewees had first pointed out the remedy in the treatment of cancer of the uterus; and Dr. Clutterbuck derived great advantage from it in the treatment of irritability of that organ.

I prepared an ordinary long-necked German wine-bottle with a closely-fitting cork, into which was inserted the end of an elastic tube, about half an inch in diameter, and eighteen inches in length. Into this bottle was put a tablespoonful of crystallized tartaric acid and an equal quantity of bicarbonate of soda. About half a pint of tepid water was poured upon these, and effervescence immediately took place. Rapidly adjusting the cork, in which the gum-

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elastic tube was inserted, everything was in readiness for the application of the remedy. This was done by introducing the free end of the tube into the vagina, so that the gas escaping from it could have free play in the vagina and in the direction of the os uteri.

Of this mode of application, Dr. Waring says: "The first evolution of gas is attended with a slight feeling of heat; but this is soon followed by a soothing effect. In addition to its local anæsthetic property, the gas is one of the best applications which can be made to an ulcerated surface. If the acid fail to afford relief, a teaspoonful of chloroform may be added to the contents of the bottle. For the relief of uterine pains, perhaps no measure is so speedily efficient. As a means of inducing premature labor, the use of the carbonic acid douche has proved effectual in the hands of Prof. Simpson (*Edin. Med. Journal, July*, 1856), Scanzoni (*Brit. and For. Med. Chir. Rev., Oct.*, 1856), and others. In dysmenorrhœa, Prof. Mojon found "carbonic acid gas of the greatest service."

The result of my own experience upon this subject in numerous instances, succinctly related, was as follows:—

Mrs. S., aged 33 years; phlegmatico-bilious temperament; rather spare and emaciated; sallow, soapy complexion; vitality evidently much depressed. She had suffered for years with a profuse catarrhal draining from the womb. Examination with the speculum discovered a patulous state of the cervix, a purple hue, great tumefaction, and several ugly looking fissures or gashes in the os tincæ. The examination was exceedingly painful to the patient, and an attempt to explore the cervix with a sound was intolerable. She had had four children, the youngest being three years of age, since which time she had not been pregnant, but menstruated regularly, and was troubled with this catarrh of the womb during the whole period of the intervals. She had subjected herself to all manner of treatment, allopathic and homœopathic, without any apparent benefit. I directed her to use the carbonic acid gas douche, as above specified, and after the first application she expressed herself already greatly improved. After repeating the treatment daily, five minutes each time, for two weeks, the disease was greatly

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ameliorated; the parts having lost much of that sensibility to touch, and the angry appearance before mentioned. But finding that a copious leucorrhœa still continued, I gave her some five-grain powders of persulphate of iron (Monsel's Powder), with instruction to add one to the contents of the bottle every time that she used the remedy. In a short time she was entirely cured of the difficulty, and her whole appearance became radically changed for the better.

Mrs. R., aged 26 years; of sanguine temperament, with bright florid complexion, full habit, and every appearance of excessive plethora. She had been married four years, but never pregnant; was anxious to be so. From puberty she had suffered with fearful dysmenorrhœa; her menstrual returns were regular enough, but attended with excruciating pains, which confined her to bed at least two days each time. I ordered her to use the carbonic acid gas daily, three or four days before the menstrual period; and from the first return her suffering was abated. She continued the treatment, and never complained afterward. In about six months after her first employment of the remedy, she joyfully announced to me that she was pregnant.

Mrs. H., aged 33 years, of nervous temperament, intellectually accomplished, and of studious and sedentary habits, has had a child, but has been in widowhood during the past four years. She has been subject to periodical attacks of pure hysteralgia, lasting several days at a time, accompanied by profuse, thin, watery leucorrhœa, — a weeping of the womb, she says, as neuralgia would cause the eyes to weep. The least exposure to cold, or unusual bodily exertion, or great mental emotion were all likely to bring on an attack; and her menstruation never appeared to exert any influence in the matter. No evidence of disease, aside from a purely nervous excitability, could be discovered.

I gave her a number of remedies in succession, among which *Sabina*[200] appeared most efficacious, but established no positive cure. Whereupon I advised her to use the carbonic acid gas; and from the time of its first employment she had absolute control over her difficulty; for she resorted to the remedy upon the appearance of the first threatening symptoms, and repelled them at once.

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Not wishing to take up any more space in the details of cases, it is hoped that the three instances enumerated will suffice; though I could adduce quite a number of more or less similar cases, in which the use of this remedy was followed by the happiest results. I used it also in scirrhous and fibrous degeneration of the cervix uteri; and though no permanent benefit resulted in such instances, yet even then some temporary advantage followed from its palliative anæsthetic influence. It will be recollected that it was for the treatment of this disease that Dr. Dewees first employed this remedy. (See Dewees on Diseases of Females, page 269.)

For the convenient generation and application of the carbonic acid gas, instead of the bottle contrivance, the following is a convenient apparatus for the purpose heretofore named: Take a vessel, something like an ordinary tin cup, to the centre of the bottom of which should be soldered an upright wire, extending three-fourths of the height of the cup. Into this the mixed powders (*Tartaric acid* and *Bicarbonate of soda*) are to be placed. Then there must be another vessel of exact dimensions, so as to slide accurately up and down in the lower cup. This vessel should have a perforation in the bottom, closed by a tightly fitting cork; over this upper cup there should be a funnel-shaped lid, upon the point of which the elastic tube may be slipped.

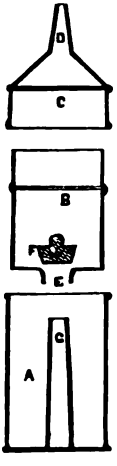

Fig. 1.

Fig. 2.

Figure 1. Section showing its internal arrangement.

Figure 2. Apparatus ready for use.

A. Lower cup for the acid and soda.

B. Upper cup for the water.

C. Funnel lid.

D. Point for attachment of rubber tube.

E. Aperture in bottom of upper cup.

F. Cork to close the aperture.

G. Upright standard to push out the cork.

H. India rubber tube attached.

I. Vaginal bulb.

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Now, put half a pint of water — tepid is preferable — into the upper vessel, the bottom of which is corked up, and slide it into the lower vessel until the upright post therein touches the cork; then cover the whole apparatus with the funnel-shaped lid, with the tube attached, and thus it may stand any time ready for instant use. To make use of the apparatus, all that is necessary is to push the upper cup down into the lower until the cork is pushed up by the central upright of the lower cup, whereupon the water will flow down upon the powder beneath. The gas generated will escape through the tube, the free end of which must be introduced into the vagina.

From some observations which I have made, I am convinced that this gas not only exercises a curative influence upon diseased mucous surfaces, but possesses, to a considerable extent if not wholly, a prophylactic power against conception.

There is a lady who, on account of antero-posterior contraction of the pelvis, has been obliged, on three different occasions, to submit to the operation of craniotomy, in order to be relieved of a fœtus at full term. The last of these times it was my own unhappy duty to perform it, assisted by Dr. F. W. Boyer, of this place. With the view of preventing the recurrence of this disaster to a lady, who is young, vigorous, and quick to conceive, it occurred to me that possibly this gas, applied to the os uteri soon after sexual cohabitation, might destroy the fecundity of the seminal fluid. Accordingly, I instructed her with regard to its employment. She has kept herself clear thus far, nearly a year.

Now, there is no one who can condemn more heartily than I do the abominable and atrocious practice of fœticide, which society has gradually come to look upon with so much apathy and indifference, though latterly it is beginning to arouse the just censure of the medical profession, as well as of the church. And there can be no physician whose moral sensibilities are unimpaired, who does not shrink with instinctive aversion from the onerous duty which sometimes makes it necessary for him to induce premature labor, yet we cannot for a moment doubt the moral or professional duty of preventing the progress of gestation when the life of a woman, or any serious impairment of her health, is at

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stake. The legal axiom is undoubtedly well founded, that the life of a mother is more valuable than that of an unborn child; and that the latter, if necessary, must be sacrificed to preserve the former.

Every physician is liable to meet with such cases, and if this should prove a means whereby they can be prevented, it will be a blessing to both physician and patient.

NOTES ON MATERIA MEDICA.

BY WALLACE McGEORGE, M.D., HIGHTSTOWN, N. J.

(*A Report made to the N. J. Hom. Med. Society.*)

At the last meeting, your bureau reported progress in the proving of *Rhus venenata*, and hoped to report more fully to-day. But, as no provings have been received from the other members of the bureau, nor from any of the gentlemen who volunteered to assist in the proving, I am unable to make any further report. If those who have made provings will send them to me, however small or fragmentary they may be, before April, I will endeavor to present a report in full at the annual meeting. [If any reader of the *Gazette* can assist the bureau by sending any provings, or clinical remarks concerning this drug, due credit will be given them in the report; and by their provings, this drug will be rendered more useful to the profession].

Instead, then, of the proposed paper, I will, with your permission, read the following observations, which have been jotted down from time to time, hoping they may not be devoid of interest:—

Agaricus muscarius. — Valuable just now as a remedy for chilblains (pernio); it is the simillimum for frost-bitten toes and fingers, characterized by burning, itching, and redness. A most excellent remedy for clonic spasms, particularly of the eyelids (blepharo-spasmus).

Sambucus nigra.—Not to be given, as its congener (*S. canadensis*) is recommended, in every complaint and on every occasion, in the form of elderberry wine or teas; but an invaluable remedy when indicated. Especially in phthisis does its pathogenesis cover the

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hectic flush, night sweats, choking cough, and afternoon fever. It is an excellent remedial agent in the sudden nocturnal suffocative attacks, when it seems as if the patient — awakened after midnight, as he generally is — would choke, without being able to call for help. Let your first dose act fully; for weeks there will be no need of repetition, so great is the improvement which follows its exhibition.

Hepar sulphuris. — Not sufficiently used, nor known. An invaluable remedy for children in psoric diseases. As characteristic of it in cutaneous eruptions, may be mentioned the sudden fainting (in old or young) following the slightest touch, as well as from the slightest pain. Very serviceable and beneficial to infants who have a constant rattling of mucus in the chest, threatening suffocation at times. One dose will generally be sufficient, and effect a brilliant cure.

Tartarus emeticus — Will relieve the violence of dying struggles, and enable patients to pass away peaceably, even when their throats are filled with tough phlegm which they are unable to expectorate. In every case, it enables the expiring patient to breath more easily, to die without choking, and without the spasmodic struggles so often seen. I first observed this several months ago, in a case of a lady who expired in an hour and a half after an attack of paralysis of the par vagum.

Rhus toxicodendron. — The higher the potency the more severe the aggravation, and more brilliant the cure. A most excellent remedy in dysorexia, when other symptoms correspond. Its success in rheumatic and febrile conditions is too well known to say more.

Allium cepa — Is a more useful remedy in coryza and coughs than most physicians suspect. It covers more closely all the symptoms of the ordinary common cold than any others. Its cough brought on by inhaling cold air is similar to *Phosphorus*, and it will often prove curative, when the latter remedy fails to relieve this distressing symptom.

Bromide of potassium, — The fashionable remedy just now, seems to cover almost every complaint. Its sphere of action is certainly very decided over the motor nerves; it produces a profound sleep, requiring considerable effort to arouse. When given too often, it also produces many unpleasant skin diseases. Dr. Hale, of Chi-

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cago, thinks it *the* remedy in spasmodic croup. I should like to see a communication on this subject from a certain member of this bureau who is reported very skilful in its use.

Arnica — Will remove the "rotten egg" taste *occurring in the morning*, so often experienced by many. In the *afternoon* and *evening*, *Tartar. emet.* will prove more beneficial. But the taste of rotten eggs after rising in the morning, going away after washing out the mouth, indicates *Graphites*, and neither of the other remedies. After parturition, *Arnica* is very useful, especially when the after-pains recur every time the child is put to the breast. The high potencies in water act more speedily than the tincture. For years I have not used lower than the second potency, even for bathing bruised surfaces.

Ignatia amara, — Six months ago, brought on the menses again in an old lady of 62; she has had them regularly ever since. The quantity is much less than normal, the color natural. This lady had considerable trouble, and the *Ignatia* was given as a remedy for grief. It removed her grief, and has made her feel better, as she informs me, than she has felt for twenty years, although she has this unnatural flow. It also brought on a sudden flow in a woman aged 30, who had missed her periods for three months.

Arsenicum album — Produces its greatest aggravation, when administered in high potency, the first night after its exhibition. This is generally worst after midnight, or about 1 A. M. It often prevents sleep, or produces such anguish and restlessness that sleep, if possible, is worth nothing. The greater the aggravation, the longer the action of the remedy continues. I have frequently given a dose in pathological conditions indicating carcinoma of the stomach or mamma, or round perforating ulcer; and in debilitated conditions, with no special disease, good results have followed for weeks and months. In one case a young lady took only one dose in fifteen months. In many cases, one dose is enough, with placebos once or twice a day, to be taken indefinitely. As the aggravation is so severe, I generally tell my patients not to be alarmed should they notice anything unusual, as this is what I expect to follow the administration of the remedy at first.

Camphora, — Will often revive patients when respiration is sus-

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pended, the action of the heart has ceased, and the patient is apparently gone. It may prolong life, even in the most desperate cases, for a longer or shorter interval; it also follows well after *Tartar. emet.*, and when that remedy, from a long continuance, loses its effect, *Camphora* has worked admirably. I generally administer both in the same manner, — dry on the tongue, and at very short intervals. In such cases, the medicine soon loses its hold on the system, and needs repeating. If the patient can swallow, I prefer it dissolved; but in the majority of cases they are unable to swallow, and hence it has to be administered in pellets as often as every five minutes; or, again, from fifteen to thirty minutes between each dose. *Camphora* and *Veratrum* are two good remedies to study and compare.

Clematis erecta, —

"the favored flower
Which boasts the name of virgin's bower,"

spite of the poetical renown, is more useful in cases of skin disease, and of one result of misplaced affections — venereal diseases, — and occupies an important place in the therapeia of gonorrhœa; in epithelial carcinoma, it has been found quite useful. Its characteristic in skin symptoms seems to be a moist eczematous eruption, itching terribly, aggravated by washing in cold water, from warmth of bed (similar to *Merc.* and *Sulph.*), and from wet poultices. It should be more used, and will repay a careful study.

Lobelia inflata, —Will remove a continual feeling of nausea occuring especially in the morning, in severe cases, amounting to retching and gagging, when *Ipecac*, *Tartar. emet.*, *Veratrum*, etc., will only afford temporary relief, and soon fail entirely in their effect. It is very useful in "morning sickness" during pregnancy; also in the nausea which sometimes occurs in the last stages of phthisis pulmonalis.

Phosphorus, — Will relieve consumptives of their worst symptoms for a few days; but if repeated too often will hasten a fatal termination. After relief is obtained, and when more medicine is necessary, if possible, use another remedy. A little does good; too much, harm.

Teucrium marum. — A splendid remedy for polypus in ear or

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nose; unless otherwise indicated, it will always accomplish fine results, especially among old and middle-aged women.

Pulsatilla. — My friend, Dr. Horace Hatch, of Washington, says *Puls.* will remove the rattle in a dying person's throat. Physiologically, this may seem impossible, but the Doctor probably knows of what he speaks.

Zincum metallicum, — (In some cases *Z. oxidum* is better,) will make many patients who are affected with spinal complaints glad in their hearts, and grateful to you for giving it. But it will largely increase your practice in this class of diseases if you do not repeat the dose too often. A dose of the two hundredth, after the aggravation is over, will work many weeks, and with the addition of daily powders of *Saccharum lactis* will accomplish much.

But in this case, as in all others, we must be guided by Hahnemann's directions: 1. To give the similar remedy. 2. The single remedy. 3. The smallest possible dose. 4. (And equally important), As long as we see improvement, *wait.* He will be the most successful physician who carries out these all-important truths most conscientiously in his practice at home or abroad. Let us all strive, then, to be more diligent in studying how to be more useful to suffering mankind.

RELAPSING FEVER.

(*Prepared expressly for the New England Medical Gazette.*)

THE metropolis of America has been invaded by a disease which, with a single exception, has never before found a foothold on our continent. In London, where it is no stranger, it has filled the hospitals as no other disease except cholera ever has, and it has become a source of anxiety to the Privy Council. For, though not very fatal, it is regarded as very contagious, so as even to endanger those who wash clothing that patients have worn.

Its type seems so marked by a very sudden onset, an equally sudden cessation, often at a regular time, the inevitable, sudden and punctual relapse, another cessation, and possibly further relapses, that it seems wonderful that it could have prevailed as an epidemic

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for centuries after the first description of it, and yet escape a name or even detection till 1843. The reason of this is to be found in the fact that a well-known, somewhat similar but distinct disease — typhus — was generally mingled with it, and both were ascribed to a common cause, — poverty, with its concomitants, crowding, squalor and hunger.

The distinction once drawn between relapsing fever and typhus, it was natural to try to carry back the history of the newly-discovered disease. Attention was then called to an obscure passage of Hippocrates, in which, if no leaves have been transposed in the copy, there were some doubts as to the true reading, even in Galen's day. We translate a small portion, selected so as to show some of the difficulties. We use the Leipzig edition of 1827. In two cases, Greek numeral letters are used, for which we give Roman numerals; while, in yet another case, we supply in brackets a number taken from the Latin translation on the same page. It is from the "Epidemics," Book 1st, Section 2d, Constitution 3d.

"Crises were sometimes similar and sometimes dissimilar. Thus, two brothers of Epigenes, who were living near the theatre, were taken at the same hour. The elder had his crisis on the sixth day, the younger on the seventh. Both had the relapse at the same hour, and each had an intermission of five days. They both recovered by a crisis on the seventeenth day. Most of the patients had a crisis on the fifth day, and then an intermission of seven days, and on the fifth day of the relapse there was a second crisis. Some had their crisis on the seventh day, then an interval of seven days, and a crisis on the third day of the relapse; but others having their first crisis on the seventh had their intermission of three days, and their crisis on the seventh. Some, who had their crisis on the sixth day, had an intermission six days, and were taken on the third; after another intermission of a single day, the fever returned, and came to a crisis on the next; this was the case of Evagon, the son of Dætharses. Others, with a crisis on the VIth day, had an intermission of VII and a crisis on the third day of the relapse, as was the case with the daughter of Aglaïdes. Such was the tenor of the disease with most cases, and *I do not know of a single case of recovery without a relapse at one of these*

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specified times; and all who had their relapses at these times recovered. And I do not know of a single case of the disease again returning to those who had had its regular course. Those who died, died on the sixth day, as Epaminondas, Silenus, and Philiscus, the son of Antagoras.

"Those who had parotid swellings had a crisis on the twentieth day. They all recovered without suppuration by a metastasis to the bladder. But in the case of Cratistonax, who lived near the Temple of Hercules, and of the maid-servant of Scymnus the fuller, the swellings suppurated and they died. Those who had a crisis on the seventh day had an intermission and a return after nine days, with a crisis on the [fourth] day of the relapse. Panocrates, who was sick at the house of Gnathon the painter, recovered after a crisis on the seventh day" [without a relapse?].

Hippocrates is believed to have died in the year 357 B. C. The seat of this epidemic was the island of Thasos, in the northern part of the Ægean sea, northwest of the much smaller isle of Samothrace, better known to us, because once visited by St. Paul. (Acts 16: 11.)

We catch no further glimpse of the disease till 1739, when it seems most certainly to have been in Ireland, where it has been a visitor more frequent than welcome, and whose sons it has followed, in their migrations, with an affectionate persistence. In 1741, we hear of it in England, at Plymouth; and at Newcastle in 1777. But in the famine years of 1817–19, it first became much more serious as an epidemic in Ireland, and at the same time in Scotland. It was then, as almost always, mixed with typhus, which finally almost supplanted it, as appears from the increase of mortality. After another violent outbreak, in 1826, it seems to have retired from British ground till that visit to Scotland of which we spoke at first, and in which, for a wonder, the Irish had little share. Here the disease was first studied, in Edinburgh and Glasgow. This visit extended to London, where it was at its height in December, 1843. It returned to Scotland in 1847, and with typhus attended on the famine in Ireland which then began. In 1851, it contributed more to fill the London Fever Hospital than any other form of fever. In 1855, it disappeared entirely from the British

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Isles, and not a case occurred for fourteen years; and singularly enough, there seems to have been a similar period of exemption from 1828 to 1841. Simultaneously with these visits, we find the epidemic elsewhere: — in the German Ireland — Silesia — both Prussian and Austrian, in 1847; among the British troops in the Crimea in 1855; at Sitka in 1858; and, it is said, in India from 1863 to 1868, particularly among the troops on their return from Abyssinia. This last, however, is doubted by Dr. Murchison, our best authority on relapsing fever.

In London it has manifested strong national partialities. It has been severe towards the Jews. An Irishman was in more than forty times as much danger from it as a Scotchman, and these in turn were a little more frequently attacked than the English. More exactly: in the epidemic of 1847–8, it seized one Englishman (including children of Irish) out of every 16,465 in London; one Scotchman in every 15,200; and one Irishman in each 386.

It was imported by an Irish emigrant ship into Philadelphia in 1844, and a few cases are said to have occurred among the Irish in New York and Buffalo in 1847 and '48. It has now returned with more severity.

In no case has it been very fatal, though exceedingly contagious. It has proved more dangerous to the lives of those in comfortable circumstances than to the poor; employees in hospitals have died, while patients recovered. It seems more attendant on hunger than on any other concomitant of poverty; hence the applicability of the German name of *Hungerpest*, and our *Famine Fever*.

Is relapsing fever a specific disease? It seems probable. It most resembles typhus, but typhus it certainly is not. Typhus protects from typhus, but not from the new disease; which, in its turn, does not protect from typhus nor from its own return. Its orderly course would suggest a specific poison or zymosis, which seems to have a period of incubation of from four to ten days. The relapse itself may be but the patient taking the disease again from himself.

The invasion of the disease is peculiarly sudden. A rigor, more marked than that of typhus, fixes the exact date of its onset. A frequent pulse, hot skin, rapid breathing, pains in the head, back,

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muscles and joints follow, sometimes jaundice, which has been held to be a dangerous symptom, and not unfrequently vomiting, which in icteric cases may have that appearance of coffee-grounds which characterizes yellow fever. The spleen and liver are enlarged, painful, and tender, and may be softened. The temperature reaches 105°, respiration 36, pulse 120. The bowels are constipated; a peculiar bronzing of the face may occur, but no eruption. The blood may be poisoned with urea, and the delirium consequent upon it may simulate intoxication. One uniform result is the same as in the Thasian epidemic, twenty-two centuries before, — almost never is a pregnant woman, taken with it, delivered of a living child. And this by the way is a difference between relapsing fever and typhus; for in even severe cases of typhus, the fœtus sometimes survives.

The crisis, which seems to be oftener on the fifth or seventh day than the sixth, is generally characterized by profuse perspiration, sometimes by epistaxis, or the catamenial discharge, or more rarely by diarrhœa.

It is, as we have said, wonderfully sudden. In five hours the pulse may go down from 140 to 40, and the temperature of the skin from 106° to 92°, but rising rapidly again to the normal temperature of health. Instead of this may come the great change, the patient dropping off in syncope, or dying in coma. Both these unexpected events may occur after the crisis.

But if he survive, he pronounces himself entirely well. He leaves his bed weak and hungry, but nothing else is the matter with him. So it is through the thirteenth day from the original attack. He is improving and gaining strength, only his pulse may be suspiciously slow. Yet on the fourteenth, as punctual as the chicken under the brood-hen, the fever is back. Some seem to expect that those whose crises are on the fifth day wait two days longer than those who are held seven days at first. Others expect the relapse in an exact week from the cessation. The old symptoms return, perhaps with greater severity than at first, perhaps with less; but it is apt to hold only three days, it may be less and it may be longer. A second, a third, and even a fourth relapse is possible.

Among the sequelæ, the most peculiar is an attack of amaurosis,

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succeeded by inflammation of the right eye, rarely of the left, and in a very few cases of both. In 105 cases, the right eye was affected in 69, the left in 23, and both in 13.

The following case with the chart of the temperature and pulse give a more accurate and vivid idea of the course of the disease than any mere verbal description. They are taken from the *Medical Times and Gazette.*

"David B., aged 22 years, was admitted under the care of Dr. Kelly on August 19, 1869. He had been a soldier, but was discharged for bad conduct. Two years ago he was in Ireland, and since then he has led a very dissipated life. For a fortnight before admission, he had eaten little, but had been drinking a great deal. On August 12, he got wet through, but remained well until the evening of August 14, when he was taken suddenly ill with shivering and rigors. The next day he was very feverish and thirsty, and vomited frequently. On admission, he had very much the appearance of a typhus patient, but his eyes were not suffused, and he had a very sallow tint; his conjunctivæ were not yellow. His skin was very hot, and his pulse very rapid; the tongue was coated with a thick, white, moist fur, and was very tremulous. He never complained of any marked pain in his limbs at any part of his illness, but he was very delirious; he frequently vomited his food. There was at first a trace of albumen in his urine, which was high-colored and abundant. Epistaxis was very frequent, but there was no petechial spots on the skin; bowels open once a day; stools light and liquid. Chest sounds quite healthy; no abdominal tenderness nor enlargement of liver and spleen.

"On August 21, he seemed worse; there was a good deal of delirium; his tongue was dry, with a dark-yellow fur, and he frequently vomited. In the evening his temperature was 105.8° Fahr., pulse 132, respiration 54. During the night his temperature suddenly fell, so that in twelve hours it stood at 92° Fahr. and the pulse at 62. During this rapid defervescence of nearly fourteen degrees, he perspired most profusely, and vomited a good deal.

"In the evening of August 22, he felt much better, and complained of nothing but weakness. Temperature 94.2° Fahr., pulse 72, respiration 18. His tongue rapidly cleaned, and his appetite im-

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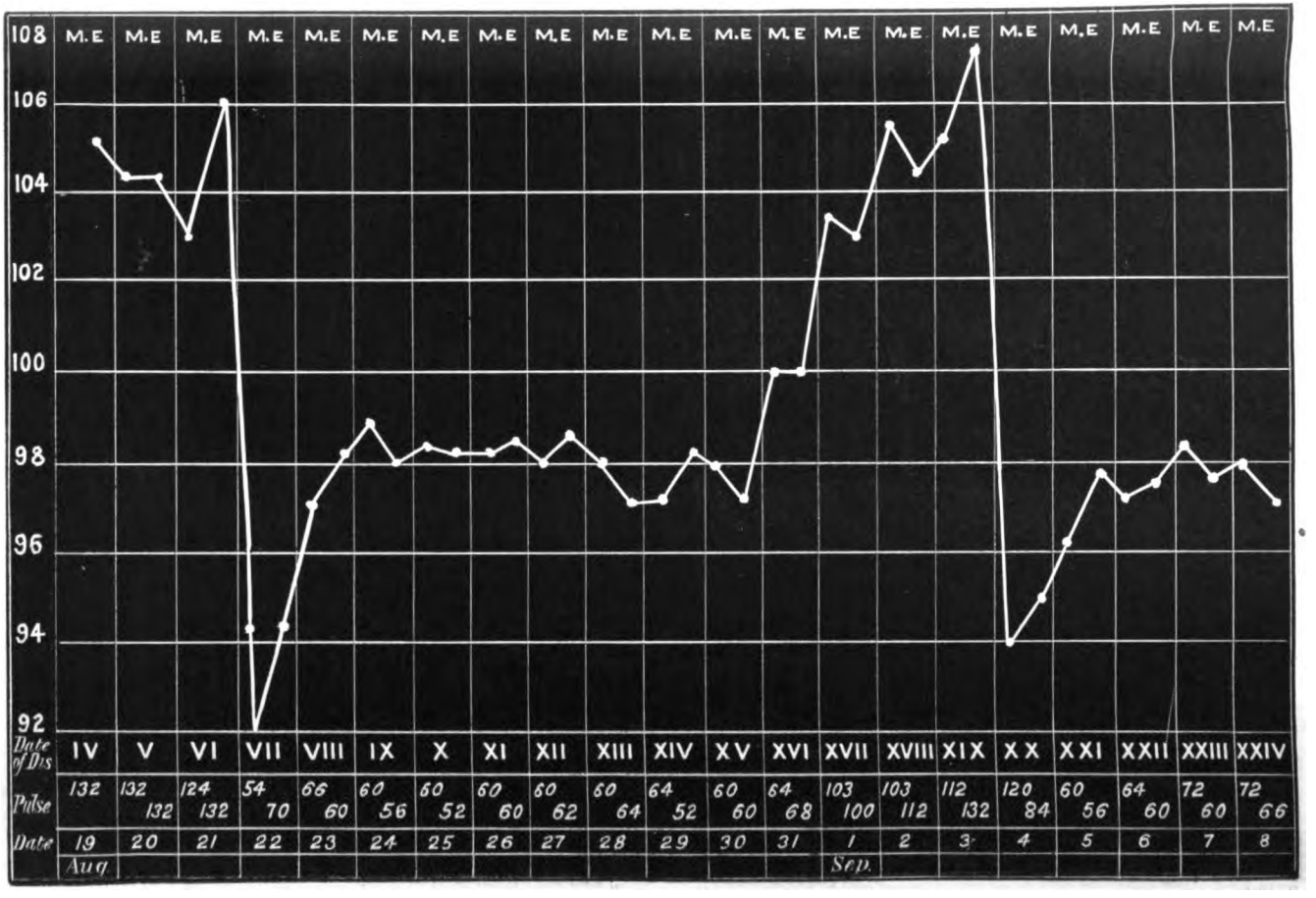

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proved. He had been placed on a milk and beef-tea diet, and had taken a quinine mixture. Medicine was now discontinued, and he had fish in addition to the above diet. For the next few days he seemed very well; he ate and drank heartily, and slept well, and was able to go about the ward. There was now no albumen in the urine, and his tongue was quite clean. At this time he was perfectly free from fever, and his pulse was very slow. No alteration took place until the morning of August 31, the sixteenth day of illness, when his temperature rose to 100° Fahr., and his tongue began to be coated with a white moist fur; he was drowsy, but not delirious; the pulse was about 64. The next day the temperature and pulse had both risen, and he was in the same state as on admission. The tongue was dry and furred; there was some tenderness over the liver and spleen, but neither seemed larger than before; he was very thirsty, and vomited three times; no albumen in the urine, and no delirium. Some rhonchi were heard over the bases of both lungs, and the expectoration was bronchitic.

"On September 3, he seemed much worse; the tongue was dry and brown, and there were *sordes* on the gums and teeth; he vomited frequently, and expectorated slightly. He was ordered a saline effervescing mixture, and returned to the milk diet. At 9 P.M. his temperature was 107° Fahr., and pulse 132. Both then began to descend, and by 10.30 P.M. the temperature was 103.2° Fahr., pulse 112. At 3 A.M. September 4, or in six hours time, the temperature was 94.2° Fahr., and it had thus rapidly fallen through nearly thirteen degrees. He only perspired after the defervescence, and then not so profusely as on the first occasion; the bowels were open once a day; he passed an average quantity of water, and no excess of lithates. The temperature was from 94° to 95° Fahr. during the 4th, but September 5, it rose to the normal standard. His tongue very rapidly cleaned, and he became hungry; the pulse as before was slow. The moist râles over the chest soon disappeared, and in a day or two he seemed as well as ever. He was kept under observation until September 10, when he left the hospital, and no further history could be obtained about him."

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Medicine seems to have little power to modify the attack, nor have heroic doses of antiperiodics served greatly to prolong the interval, never to prevent the relapse. We have, therefore, the task of guiding the bark of life down the rapids of the disease, and avoiding the rocks on either hand; something may be done also to relieve painful symptoms as well as to avoid danger.

Many have thought that an early emetic diminished the violence of the symptoms. Opiates have been used for the headache and arthritic pains. Constipation and non-secretion of urine have been met by castor oil and nitre. If the heart be closely watched, it is thought that the fatal syncope may be averted by the prompt use of stimulants on the monition of the anæmic murmur. Lastly, we have the information (strange from such a source) of Dr. Murchison, that the *vomiting* and pain and tenderness in the hepatic and splenic regions are often greatly relieved by the exhibition of an *emetic!*

We have, as yet, seen very little of the clinical experience of members of our school in this disease; but we feel entire confidence that a system which has proved so successful in typhus and typhoid fever, and has been triumphant in cholera, can easily cope with this milder and much less fatal disease. At the commencement of the attack, for the rigors, the rapid pulse, heat, and dificult, rapid breathing, *Aconite* would be strongly indicated; while the pain in the head, back, and limbs, which follows, would call as clearly for *Bryonia*. From this time till the first period of defervescence, all the symptoms demand *Arsenicum*. The delirium, the dry, dark tongue, vomiting, epistaxis, increased temperature, with comparative freedom from chest symptoms, could hardly fail to bring this remedy vividly to the mind of every homœopathist. As the violence of these symptoms would be greatly diminished by this remedy, so would the relapse and accompanying depression be very much less. The sudden defervescence, amounting almost to collapse, with profuse vomiting, and cold, clammy perspiration, would decidedly indicate *Veratrum;* followed, if the pulse was very low, by *Camphora*. *Rhus radicans, Arsenicum, China,* and *Tartarus emeticus* would after this almost invariably prevent the relapse. The experience of our physicians should be carefully recorded in this, to some extent, new and, under allopathic treatment, uncontrolled disease.

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LIFE INSURANCE.

BY J. W. TALBOT, BOSTON.

In no financial enterprise has science done more to benefit mankind during the last few years than in that of Life Insurance. Far back in the history of man, we find the germs of all kinds of insurance, growing out of a laudable desire to assist in bearing each other's losses, whether occasioned by fire, shipwreck, or death. Early in the sixteenth century, companies were formed for mutual insurance, resembling, in a measure, those of our own time. Their number and usefulness have since been steadily increasing. The first life insurance companies were based upon false principles; they insured all ages at the same rate, and proved disastrous failures. From experience, however, came wisdom; and early in the present century there were formed companies, based upon more correct principles, and attended with better results. Their success soon aroused competition, and in Europe, especially in England, all kinds of companies were formed, promising the most wonderful results. Thousands and thousands were induced to embark in the wildest, yet apparently the most brilliant schemes, devised and controlled by crafty and unscrupulous men. They resulted only in entire failure, and the most cruel disappointments. Similar companies were rapidly extending their operations into this country, as late as in 1860. For the successful destruction of such schemes, and for establishing life insurance upon a just and permanent basis, we are greatly indebted to the scientific labors of Hon. Elizur Wright, of Boston, who first solved the problem of protecting the insured from the cruel rapacity of fraudulent companies.

Several years since he was instrumental in obtaining an act of the legislature of Massachusetts, which enforces the only real test of solvency among insurance companies. It may be called the guardian of life insurance. It requires each company doing business in the State to make an annual report of all the policies it has ever issued, of all its liabilities, and of all its assets. It is incumbent on the State Commissioner to estimate the absolute liability on all the policies thus reported. This enables him to give the exact standing of every company. It was by the application of

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this test that Commissioner Wright drove the International Insurance Company of London from this country by exposing its tremendous fraud. This exposure afterward forced it, with several similar institutions, into chancery. Another device of his was the "non-forfeiture clause," which was passed, at his suggestion, by the same legislature. Previous to this time, any person who, from inability or from any other cause, failed to pay his annual premium on the very day it became due, forfeited to the company all he had paid. By this law, all new companies were obliged to allow the insured a claim upon the company in proportion to what they had already paid. This law was so just and humane, that nearly all the old companies in this country have been obliged to adopt it, in order to compete with the new. Life insurance, thus placed upon a safe and liberal basis, has become one of the great institutions of the age. Its increase in this country has been unparalleled. The number of policies issued in the United States exceeds a million, and the amount insured would pay our vast national debt.

By the application of science, tables of mortality have at length been so carefully constructed that the risk on life can be estimated with as much accuracy as upon houses or ships. By classifying nearly 200,000 insured lives, it has been found that, of persons insured at the age of —

22	years,	one-half	will	live	to the age	of 62.
30	"	"	"	"	"	63.
40	"	"	"	"	"	68.
50	"	"	"	"	"	72.

According to this, we say a healthy man at the age of —

22	years,	has an	even	chance	to live	40 years.
30	"	"	"	"	33	"
40	"	"	"	"	28	"
50	"	"	"	"	21	"
60	"	"	"	"	12	"
70	"	"	"	"	8	"
90	"	"	"	"	2	"

This is called the expectation of life; upon this are based the rates of insurance. Homœopathists now claim a *higher* expecta-

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tion, and have made tables by which the rates of insurance are *lower* than others.

This claim is based upon the proposition that the homœopathic practice of medicine increases the longevity of its adherents. To prove this proposition, they adduce the reports of nearly three hundred thousand cases, treated in the homœopathic and non-homœopathic hospitals, and in the private practice of distinguished physicians in this country and Europe. These reports have been made by men appointed by the different governments, and hence may be regarded as impartial, or at least, not biassed in favor of any new system of practice. In thirty of the largest allopathic hospitals, the average mortality in general diseases has been reported at a little over twelve per cent. In twenty homœopathic hospitals, in the same diseases, it is less than six per cent.

In seasons of cholera, yellow fever, and typhus, the mortality in allopathic hospitals was over forty per cent; in homœopathic hospitals it was less than thirteen per cent.

In the general returns made to the English Parliament in 1855, by Dr. Macloughlin, Medical Inspector of the General Board of Health, it was ascertained that the Royal College of Physicians had suppressed the report of the homœopathic hospital. The House of Commons voted that the suppressed report be added and printed. It was as follows: Mortality with allopathic treatment, fifty-nine per cent. Mortality with homœopathic treatment, seventeen per cent.

In several hospitals in Germany, where the old practice has been supplanted by the new, the rate of mortality has been diminished in about the same proportion. In the private practice of physicians, nearly the same results have been observed. From these and many similar facts, the homœopathists claim a higher expectation of life, and have reduced this conviction to practice by issuing new tables and reducing their premiums for Life Insurance.

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SEVEN CASES.

BY F. G. OEHME, M.D., PLYMOUTH, MASS.

Case 1. — About two years since a nursing woman called on me for medicine for constipation. She was also afflicted with piles, but these, as she thought, proceeded from the costiveness. *Nux, Sulph., Bryon., Hippoc., Calc., Lycop.*, etc., did not have the least effect. On account of her light, freckled complexion, light hair, and mild disposition, I concluded to give a few doses of *Puls.*[2 dec.] and was greatly pleased to learn that this obstinate case of costiveness and piles was immediately benefited and cured in a few days by this medicine. After this, I used *Puls.* often for constipation of nursing women, when *Nux* or *Sulph.* proved unsuccessful; and, as it always acted promptly, it is now my first medicine in such cases, and very rarely fails.

Case 2. — A young girl had a polypus mucosus, of a pale reddish color, in her left nostril, which obstructed the passage of the air. *Phos., Calc.* internally, *Kal. bichr.* externally and internally, were ineffectual. *Teucrium*[1 dec.] internally and externally caused it to drop out of itself in seventeen days.

Case 3. — A man subject to piles complained of a fissure in the anus which had troubled him very much for nearly a year. Many remedies had been used externally and internally, but without effect. One local application of pure carbolic acid had made it worse for some time. I was led to give *Petrol.*[2 dec.] four times a day, on account of its good effect in rhagades. This prescription brought relief within a few days, and cured in a few weeks.

Case 4. — A lady about 54 years old had always suffered from attacks of sick headache. The pain, sometimes upon the right side and again upon the left, was increased by light and noise. She had sickness at the stomach, with vomiting of food, and afterwards of bile. The attacks generally lasted one day, during which she was confined to the bed. They occurred at irregular intervals, but had of late been more frequent, — as often as every ten or twelve days, even sometimes every week. She felt debilitated for the two or three following days. She was constipated, and her menstruation had always been quite profuse. These two last

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symptoms induced me to give *Arg. nitr.* 3 dec. The next attack was so much milder that she did not vomit, felt but little sick at the stomach, and could attend to her work. This disease of thirty-eight years standing, and also her constipation, were cured in less than six months, during which she took *Arg. nit.* 3 dec. from one to six times a day, according to need. I have frequently used this medicine with good effect in headaches, when there was constipation and profuse menstruation.

Case 5. — A lady complained of a sore place on the right leg, which had greatly troubled her during the last two years, especially nights; at times the pain had been so severe that she could not sleep at all, except by short naps during the day. There was an inflamed spot about an inch long and three-fourths as broad on the front of the tibia, half-way between the ankle and knee. The affected place was a little raised above the surface of the surrounding skin, and sore to the touch. It was evidently a circumscribed periostitis. Long and continued allopathic treatment had not even given temporary relief. *Merc. sol.* 3 dec. four times a day brought sleep the first night, and cured entirely in four weeks.

Case 6.—A little, well-bred girl, of a very refined family, commenced more than two months before to have such putrid-smelling flatus that it could scarcely be tolerated. Frequently it was involuntary, even at the table. Otherwise she was apparently in perfect health. *Arsen.* 3 dec. four times a day removed this disorder in less than a week.

Case 7. — A man complained that within a few months he had begun to be strangely forgetful, and that in writing he would mix up the letters or syllables of words, or leave out parts of them; also, that his thoughts were frequently confused. These symptoms had been steadily growing worse. *Lycop.* 3 dec. two doses a day, gave relief within a few days, and cured in about two weeks.

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The New England Medical Gazette.

BOSTON, MARCH, 1870.

We call attention to an article on the subject of Life Insurance in the present number, which shows the great improvements recently made in the method of conducting this business. By these statements, we see that through the careful supervision of the State and individuals, money is now as securely invested in these companies as in any savings-bank.

A new phase also has lately been given to the whole subject of life insurance. The profits of these companies depend upon the length of life of the insured. Now, so long as death affected only the feelings of those interested, grief was the principal result; but when it touched the pockets of life insurance companies, they began to search for the causes which shortened life, and the means used in preserving it. Drugging, to which so many are wedded, was found to diminish the length of human life, and consequently the profits of the companies; while statistics, whenever compared, clearly proved that mortality was greatly lessened under homœopathic treatment. With such conditions, homœopathists began to inquire whether it was for their interest, or they were under obligation to pay for the lives of those sacrificed by drugs; and after mature deliberation, a company was organized in Cleveland, Ohio, in 1865, which insured those who were in the habit of using only homœopathic medicines at a rate ten per cent less than others. The brilliant success of this company led to the establishment of two others on a similar plan. Of these three companies, two insure almost entirely at the homœopathic rates, and have proved beyond a doubt the success of the principle on which they started. These companies are conducted by men of the best business capacity and the strictest integrity, and their investments have been made with the greatest care and security, so that by impartial judges they are accounted among the soundest and best managed companies in this country. Their success has been almost unequalled in the history of life insurance. The Hahnemann, of Cleveland, has issued about six thousand policies in four years, while the Homœopathic Mutual, of New York, has issued over twenty-two hundred in the

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first year and a half of business. This is a success which should be entirely satisfactory; but as every additional policy gives increased strength to the company, have not we some plain duties in the matter?

These may be summed up as follows:—

1. Duty and expediency alike demand that every homœopathic physician who insures his life should do so in one of these companies.

2. Since these companies are entirely worthy of confidence, we should recommend them to all our friends who are willing to insure.

3. As the success of the company depends much upon the quality of its agents, we should aid them in their efforts to obtain the most competent and reliable men.

4. As the rates are made on healthy lives, it is important that they should be selected with care and judgment, and the examining physicians should always be thoroughly competent and honest.

In these and many other ways can we, as physicians, render our aid to secure still greater results. Sometimes an expression of our own confidence assures a doubting inquirer. "What do you think of this *homœopathic* life insurance company?" inquired a man of his physician. "I think so much of it," was the reply, "that I am insured for ten thousand dollars in it, and only wish I held a policy for twice that amount." "If that is the case," said the questioner, "I will take a policy there, too." "What do you think of the New York Life?" said another. "I think it is an excellent company," replied the physician; "but as you are a homœopathist, I think you can get just as safe a policy in the Homœopathic Company for ten per cent less premium."

While it is not the duty of physicians to devote themselves to canvassing for these companies, they can, by an occasional word expressive of their own confidence, wield an immense influence in their favor, and also strengthen and popularize our humane system of medicine through these powerful organizations.

CORRESPONDENCE.

MR. EDITOR: In the February No. of the *Gazette*, you print a communication from Dr. Barrows, of Providence, R. I., giving seven cases illustrative of the curative effects of *Helleb. nig.*, and *Zinc. met.* in hydrocephalus. The second case is dated 1854, the three last 1869. Every case reported, recovered, and with one exception, viz., case 2, in which there still remains paralysis of lower limbs, the cure was perfect. We would like to ask Dr. Barrows if this statement

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includes *all* of the cases of hydrocephalus treated by him during this time? and if not, if any cases have proved fatal? If so, whether any cases treated in the manner indicated in the article above referred to were lost?

The impression left upon the mind, after perusing this interesting paper, is, that the combined action of these two remedies, given in alternation, is a specific for acute hyrocephalus, both simple and complicated. We have been in the habit of using, to some extent, at least, these remedies in this disease, *but not always with the happy result* attending the cases reported by Dr. Barrows, — especially in the more frequent forms, where the "head trouble" seems to be the sequence of an irritated and weakened condition of the physical and nervo-mental system. If there is any "shady side" to the picture, will the doctor let us have it? Truly yours, S.

REPORTS OF SOCIETIES.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by A. F. Squier, M.D., Secretary.

Feb. 14, 1870. — The hospital question was again brought up for consideration.

The committee of the whole, appointed at the annual meeting, made no report, and after considerable discussion the committee was discharged. Various plans for establishing a hospital were suggested and discussed, but none agreed upon. The necessity for a hospital was fully realized by the members, but no one seemed to have taken hold of the matter in earnest, and in a manner to accomplish the object; and until this is done, it seemed doubtful to some of the members if any real progress would be made in the matter.

MEXICAN HOMŒOPATHIC INSTITUTE.

In our last number we mentioned the formation of this Society. Since that time we have received the following item from Carroll Dunham, M.D., chairman of the committee named below.

"Information has been received by the Committee of Foreign Correspondence of the American Institute of Homœopathy that, on the 18th of August, 1869, at the city of Mexico, was held the first session of the 'Mexican Homœopathic Institute,' an association upon the plan of the American Institute.

"The 'Mexican Homœopathic Institute,' responding to the invitation of the American Institute, forwards to the latter a copy of its constitution, and accedes to the proposed interchange of publications and co-operation in labors for the advancement of medical science.

The officers are: —

Dr. José Puig y Monmany, *President.*
Dr. P. Fuentes y Herrera, *Secretary.*
Dr. Julian Gonzalez, *Treasurer.*
Dr. José Braulio Sagaceta, *Honorary President.*"

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CLEVELAND HOMŒOPATHIC MEDICAL COLLEGE.

The twentieth annual commencement of this College took place 16th Feb., 1870, in their splendid building on University Heights. The morning was occupied by a special meeting of the medical fraternity to discuss the use of alcohol and opium in medicine and surgery.

The commencement exercises began at 2 P. M., wih an address to the graduating class by Rev. T. K. Noble, on Fidelity to Duty. The names of the graduates are as follows: —

Mrs. E. Miller, Mrs. S. B. Chase, George A. Gordon, William F. Lefavor, C. W. Hoyt, H. D. Chase, H. S. Strong, J. Pettet, S. S. Parker, G. O. Spence, B. L. Cleveland, A. E. Scheble, J. D. A. Pohle, O. B. Moss, W. B. Van Norman, E. D. Preston, F. B. Sherburne, George W. Moore, N. F. Canaday, E. V. Van Norman, G. C. McDermott, T. K. Dawson, J. A. Partridge, A. S. Rosenburger, O. S. Martin, W. H. Riley, C. D. Woodburn, B. Sovereign, I. J. Whitfield, A. L. Gardner, Charles F. Petsch, W. A. Whitney, P. S. Duff, F. L. Davis, and A. F. Worthington.

A few words from Prof. Blair preceded the Valedictory by Prof. Schneider.

Next followed the exercises of the Hahnemann Society of the College, including a report of operations at the clinic, presentation of diplomas, and an address by Prof. Wilson. A banquet in the evening, at the Kennard House, with the usual toasts and speeches, closed the labors of the day.

This college has made preparations to offer peculiar facilities to female students "who are willing to abide by the same requirements of culture and learning as men." While the faculty believe that the best course is for both sexes to pursue most studies together, it has made arrangements to give separate instruction in such parts of the course as might seem to require it.

ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

The first annual commencement of this College was held in St. Louis on 24th February, 1870. A large and enthusiastic audience assembled in the Polytechnic Hall.

The exercises were opened by Rt. Rev. C. F. Robertson, Bishop of Missouri, with an appropriate and earnest prayer.

Capt. Silas Bent, President of the Board of Trustees, then made a few remarks detailing the history of the new college, its advantages, the number of students (23), and the flourishing financial condition of the institution. He stated that, so far, the success of the enterprise was almost unparalleled in the history of medical colleges.

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After appropriate music, the degree of the college was conferred upon the following gentlemen by the President:—

Ambrose S. Everett, Bloomington, Ill.
Chester G. Higbee, Red Wing, Minn.
Isaac W. Timmons, Centralia, Ill.
Samuel Bishop, St. Louis, Mo.
Ferdinand C. Valentine, New York.
Frederick A. Steinmeyer, Farmington, Iowa.
William Wilson, Alleghany City, Pa.

The gentlemen having received their diploma, the charge was delivered by R. S. Voorhis, B.L.

The remarks of Prof. Voorhis were of the most instructive character, and were earnestly delivered. He warned the young men of the dangers that would beset them, and of the difficulties that would have to be overcome. He set forth to them the high nature of the calling they had chosen, and pointed out to them the correct road to distinction and position. He spoke of the interest that would be manifested in them by their *alma mater*, as being her first offspring, and begged them to honor her by a correct and conscientious course of life.

After the charge, the diploma of the Good Samaritan Hospital was conferred by Prof. Hartmann upon those who had been diligent in their attendance upon the clinical instruction there given. This was followed by decorating with medals those who had been proficient in the separate branches of medical education for which the prizes were offered.

For excellence in obstetrics, Dr. T. G. Comstock conferred his medal (silver, beautifully engraved) upon Mr. Samuel Bishop.

The Pattison medal, of gold surrounded by silver, was awarded to Chester G. Higbee, of Red Wing, Minnesota, for proficiency in surgery, and was given with appropriate remarks by Professor Pattison.

Ambrose S. Everett received the prize, a complete and valuable case of instruments, offered by Dr. Helmuth, for the best dissection made during the term; and Ferdinand C. Valentine was the recipient of the prize for Materia Medica, a handsome case of medicine, offered by Mr. H. C. G. Luyties. The two last were given by Professor Read.

After the prizes had been delivered, and the students had resumed their seats in the hall, Dr. Helmuth pronounced the valedictory, which was replete with terse and original advice, from which we extract the following:—

"The true liberality of mind of which we speak allows to others the same rights we reserve for ourselves; it teaches us to respect the opinions of others, and to *examine* before we condemn them. It prevents the application of such odious names as quack and charlatan and knave and fool to those who may chance to differ from us in opinion, and gives dignified silence rather than a garrulous tongue. The narrow-minded men in medicine — the "little fellows" in the profession — are very apt to apply the term quack to every one who dares to differ from them in medical faith; and I venture to assert that, in the majority of instances, the very definition of the term is

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often unknown to those who use it so flippantly. What is a quack? or what is quackery? It is a boastful pretension to medical skill which is not possessed, together with the administration of secret nostrums to which are assigned preposterously wonderful power. A quack is a combination of ignorance, prevarication and deception. He is meanness coupled with disgusting effrontery. He veils his head behind lying advertisements and fulsome self-laudation. His aim is the deception of the suffering; his god, the graven image on the almighty dollar. Gentlemen, beware how you use this word; beware how you apply it to those who may chance to differ from you in medical faith. It not only shows, as I have said to you before, lack of liberality of mind, but it damages you in the eyes of the world. Society is not blind; society is not a fool; society knows more about the world than the world knows about itself; and society says, when one medical man rancorously and systematically abuses another, that something — perhaps jealousy — may be at the bottom of the matter, and therefore good old society sits in judgment and says *tolle causam*, and investigates the subject in a most genteel manner, and generally forms a correct diagnosis. Beware how you go before society abusing *any* one in *any* school of medicine, or society may condemn you to the treadmill, and call upon your belabored brother to occupy a favored position." * * * * * * *

ITEMS AND EXTRACTS.

THE MEASLES are visiting many Southern towns in an epidemic form.

DUBLIN has been so thoroughly vaccinated as to have had but one death from small-pox for two years.

THE UNIVERSITY OF VIENNA has decided to open its medical lectures and confer medical diplomas on women.

HOMŒOPATHY IN ITALY. — The *London Lancet* is astonished by the intelligence that the town councillors of a certain municipality in Italy have determined that "a vacancy amongst its poor-law medical officers" shall be filled by a homœopath. It is indignant at this attempt to "force homœopathy upon the poor of the locality," by allowing *one* homœopath on the medical staff. The *Lancet* sees trouble ahead, from two provisions of the Italian law: the candidate must have graduated at a college where homœopathy is officially taught, therefore at a college *not in Italy*, therefore excluded by law from the right to practise medicine. But he must be prepared also to dispense his own medicines, another thing strictly forbidden by Italian law. So "the empty-headed municipality have carried their joke too far." But how if a man be found who is a graduate both of an Italian college and a homœopathic one? How, if it be decided that the Italian law, like the Spanish, does not aim to include high attenuations among medicines? The "empty-headed municipality" may yet "force the poor" to take their choice between homœopathy and allopathy!

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A CLAIRVOYANT interviewed a lock of hair clipped from a "subject" by a waggish medical student, pronounced the disease as pertaining to the kidneys, and offered to cure the same for five dollars.

DIETETICS. — It is said that the French historian Guizot's appetite has been ruined by eating dates. This is the only instance we can recall of a strictly chronological diet; and if figures, like facts, are stubborn things, it is no wonder he couldn't digest them.

EPILEPSY. — Of late the most popular and accredited remedy for this disease has been the bromide of potassium. Now, we hear of M. Derosne having obtained some favorable results by the cold-water treatment. In a dozen of cases, four were confirmed cures, five sensible ameliorations, and but three failures.

SOLIDITY. — Philip Hebbard, of Quidneck, R. I., is at the head of a weighty household. He weighs 225 pounds, and his wife 190. Fifteen children have been the result of the marriage, the youngest being eleven years of age, and weighing 100 pounds, and the oldest, thirty-nine years of age, weighing 237 pounds.

UNUSUAL VIGOR. — Dr. John Stevens, of Castine, Me., now eighty years old, recently went in an open boat seven miles, in the night, during a storm, to visit a patient. For more than fifty years much of his practice has required him to visit his patients in a small boat, and oftentimes exposed him to great peril.

DIPLOMA TRADE. — A little village in Ohio has been astonished by the discovery that one of its physicians furnished forged diplomas from the "American University of Philadelphia" to uneducated men who wished to practise the healing art, the consideration being $200. The local paper says that after his arrest he tried to bribe the constable, and failing in that, feigned piety.

OVARIOTOMY. — Dr. Sven Sköldborg, of Stockholm, from a published table of all the cases of ovariotomy which he has performed during the last three years, shows the brilliant result of seventeen recoveries and three deaths. In four other cases, an exploratory incision was made, death resulting in one of the four. Death occurred in another case, which proved to be one of cancer, making a total of five deaths in twenty-five cases.

A CURIOUS SUIT AT LAW is soon to come on in London. A few months ago the Earl St. Maur, eldest son of the Duke of Somerset, died suddenly. His mother believed his death was caused by mistaken treatment on the part of the medical man who attended him, and has, it seems, been using very strong language in regard to the offending doctor, stigmatizing him as "a hypocritical murderer." He has retaliated by an action for libel.

Lord St. Maur was well known and much liked in this country, where he had spent a good deal of time. The Duchess is granddaughter of the celebrated Richard Brinsley Sheridan, and consequently sister of Mrs. Norton. She played the part of Queen of Beauty in the celebrated Eglinton tournaments.

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HOMŒOPATHIC DIRECTORY.

MASSACHUSETTS.

HISTORICAL SKETCH.

We are indebted to Dr. I. T. Talbot for the compilation and arrangement of the following history of homœopathy in Massachusetts.

[Many of the facts in this sketch were obtained from the persons named; but thanks are especially due to the able and efficient Secretary of the State Society, E. U. Jones, M.D., of Taunton, for his valuable assistance; also to Drs. S. Gregg, G. Russell, D. Thayer, C. F. Geist, L. Clark, H. L. H. Hoffendahl, C. Wesselhoeft, W. P. Wesselhoeft (who prepared the sketch of his father, as printed), B. de Gersdorff, H. C. Angell, W. F. Jackson, S. M. Gale, D. Holt, T. S. Scales, W. B. Chamberlain, L. B. Nichols, J. C. Freeland, G. W. Swazey, W. H. Wentworth, H. B. Clarke, and J. L. Clarke, who furnished many important items, and to many other physicians who have kindly responded to inquiries, and aided both in making the historical sketch and in completing the directory.

Owing to the difficulty, oftentimes, in obtaining correct data, and the small space allowed in which to notice so many physicians, the personal sketches are necessarily brief, and many are omitted which would gladly have been inserted. Any corrections should be sent immediately to Dr. Smith; and any more extended historical notices may be sent either to him or to Dr. E. U. Jones, of Taunton, Mass. — I. T. T.]

The first homœopathic practitioner in New England was Samuel Gregg, M.D. He was born in New Boston, N. H., in 1799, and received his medical degree from Dartmouth College in 1825. He soon after settled in Medford, Mass., where he gained a wide-spread reputation and an extensive practice.

As early as 1833, some members of the family of Thatcher Magoun, Esq., of Medford, had experienced the benefits of homœopathic treatment in New York. They were, so far as known, the first homœopathic patients in New England. Through them the new system became so favorably known to their family physician, Dr. Gregg, that in the spring of 1838 he went to New York with his oldest daughter, then in an advanced state of consumption, to consult Dr. F. Vanderburg. Though the patient was not cured, the relief was sufficent to warrant a careful investigation of the new therapeutics, which resulted, as it almost invariably does when fairly conducted, in their adoption, in April, 1838. By this change he expected to lose patronage, yet greater success soon increased both his reputation and his practice. He removed to Boston in November, 1840, where he has continued to reside to the present time, engaged in an extensive practice.

A few months after the adoption of homœopathy by Dr. Gregg, Dr. Josiah Foster Flagg, of Boston, a graduate of Harvard University, began to investigate the subject. He was a man of rare qualities of mind and heart. His few years' practice, which failing health obliged him to relinquish, was mostly confined to chronic cases, of which he had made a record of nearly three hundred cases. A dentist, also, by profession, he had made several important improvements in dental and surgical instruments, and during the ether controversy took an active part against the legality of patenting that discovery, and its being used as a patent medicine. He died suddenly, December 20, 1853, aged 64 years.

In 1840, through the influence of his friend, Dr. Flagg, Dr. Charles Wild, a graduate of Harvard College, then in active practice in Brookline, examined and adopted homœopathy, which he continued to practise in that town with great success till near the time of his death, May 3, 1864.

In the same year, Dr. J. P. Spooner, of Dorchester, became a convert, and labored earnestly for the cause. He is still practising in Dorchester.

These four gentlemen, in December, 1840, came together, and formed the Homœopathic Fraternity, which held monthly meetings, for the instruction and improvement of its members.

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Dr. William W. Cutler, of Boston, joined the Fraternity in February, 1841, and was its first Secretary. He continued in practice several years, and then engaged in manufacturing interests with his father, Hon. Pliny Cutler. He is still living, an earnest advocate of the cause.

Dr. Luther Clark, a graduate of Harvard in 1836, became a member of the Fraternity at the same time with Dr. Cutler. He adopted homœopathy in June, 1840, and for nearly thirty years he has been, and still is, in the active practice of it.

Dr. William Wesselhoeft was born in Chemnitz, Saxony, in 1794. He studied medicine at Berlin, Würzburg, and Jena, at which latter university he graduated in 1820.

He, together with his brother Robert Wesselhoeft, Charles Beck, Charles Follen, and others, were prominently involved in the political agitations emanating from the German universities, under the name of "Burschenschaften." He was incarcerated in Berlin, but escaped after four months of imprisonment. He fled to Switzerland, where already Beck and Follen were teaching at the University of Basle. Here he became Demonstrator of Anatomy, and lectured on diseases of the eye until 1823, when the Swiss Government was forced by Prussia to deliver up political offenders.

He fled to America in 1824. His first place of residence was Siegersville, Pa.; and in 1827 he removed to Bath, Northampton Co., where in 1828 he became convinced, by actual experiment, of the truth of Hahnemann's discovery. It is an interesting fact, that his father, a layman, had for several years previous importuned his son to experiment with Hahnemann's potencies, and had already sent him many books and all the then proved medicines; but he could not prevail upon him to have aught to do with such evident nonsense as homœopathy. It was not until he heard of the conversion of Dr. Ernst Stapf, whom he esteemed as a man of uncommon attainment and purity of character, that he thought it worth while to make the experiment.

The first three experiments proved convincing. He now gave all his energies to the study of the homœopathic materia medica, which, as he said, cost him more labor than all his previous medical and collateral studies. Through Dr. Stapf, he received suggestions how to pursue his new studies, which he entered into with rare enthusiasm; and occasional cures of chronic maladies kept alive in him the hope of becoming a master in the new healing art.

In 1833, Dr. Hering came from Surinam to Philadelphia. Two years later, 1835, the North American Academy of Homœopathy was established at Allentown, Pa., where Dr. Wesselhoeft taught anatomy, physiology and surgery. The Academy was not, however, a self-sustaining institution; and the disastrous year of 1837 brought ruin to many of its strongest supporters, so that the enterprise had to be abandoned. Dr. Hering removed to Philadelphia; and in September 1841, Dr. Wesselhoeft came to Boston, where he continued in a large practice till his death, September 1, 1858

About the time that Dr. Wm. Wesselhoeft came to Boston, his brother, Dr. Robert Wesselhoeft settled in Cambridge, where he practised till 1845, when he removed to Boston. The next year he established an extensive water-cure at Brattleboro', Vt. Two attacks of apoplexy compelled him to relinquish his establishment in 1851, and he died in Leipzig, November 18, 1852.

In December, 1841, Dr. Charles Frederic Hoffendahl came to Boston. He was born in Mecklenburg-Strelitz, June 28, 1798, and commenced his medical studies at Berlin in 1829, having served several years on the medical staff of the Austrian army. He first learned homœopathy in Italy, from his chief of staff, Dr. Schmidt. In 1829 he became the physician to Hermann, Count Schwerin, in Mecklenburg. He emigrated to America in 1837, living in Philadelphia and then in Albany before coming to Boston. He continued in active practice till his death, April 24, 1862.

In 1841, Dr. C. M. Weld, of Jamaica Plain, became interested in homœopathy, and joined the Fraternity, of which he was secretary for several years. He had a large and lucrative practice in this place until recently, when failing health compelled him to retire from it.

Dr. William Ingalls was born in Newburyport, May 3, 1769, and received

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his medical degree from Harvard University in 1794. He was Professor of Anatomy and Surgery in Brown University, but retired from the active duties of the profession in 1834. In 1842 he became interested in the new science of homœopathy, which he investigated with a zeal seldom found in one of his age. His interest continued unabated till his death, September 8, 1851.

Dr. John A. Tarbell was born in Boston March 31, 1810. He took the degree of A.B. at Cambridge in 1832, and that of M.D. at Bowdoin in 1836. He embraced homœopathy in 1843. He was the author of the "Pocket Homœopathist," and "Homœopathy Simplified." He edited Epps' Domestic Homœopathist, and was Associate Editor of The Homœopathic Quarterly. He died in Boston, January 21, 1864.

Dr. David Osgood, a man of decided opinions, and belonging to a conservative family, adopted homœopathy in 1846, and continued an enthusiastic believer and practitioner till his death, February 23, 1863.

Dr. David Thayer graduated at Pittsfield in 1843, and at once commenced practice in Boston. He began his experiments with homœopathy in 1845, with the usual result, and since 1846 he has been practising it.

Dr. Hiram L. Chase had his attention directed to homœopathy in 1846, soon after he had graduated from the Medical School of Harvard University. He studied with Dr. Gregg for a time, and then settled in Cambridge, where he has since been in active practice.

Dr. Joseph Birnstill, after having practised in Worcester three years, came to Boston in 1847. He practised here two years, and removed to Newton Corner in 1849, where he had an extensive practice till he died, February 16, 1867, aged 56.

Dr. J. Lloyd Martin practised for nearly two years in Boston, with brilliant success, and then removed to Baltimore in 1849, where he has since resided.

From this time the number of practitioners in and near Boston rapidly increased. We find, in 1852, sixteen names of homœopathic physicians in Boston; in 1856, nineteen; thirty in 1861, and fifty-two in 1870.

MEDFORD is the point in New England where homœopathy first found foothold. Upon the removal of Dr. Gregg to Boston, in 1840, he was succeeded by Dr. Milton Fuller, a graduate of Harvard. Dr. Fuller remained in practice there till 1855, when he removed to Boston, where he still resides.

Dr. Daniel Swan, a graduate of Harvard in 1803, a prominent practitioner in Medford, adopted homœopathic practice about 1842, and continued it till his death, in 1864, at the age of 84.

In 1855, Dr. A. B. Stone commenced practice here, with brilliant prospects of success, which in a few weeks was suddenly and sadly terminated by death.

Dr. James Hedenberg, of Troy, N. Y., a graduate of Castleton Medical College, succeeded him, and is still in active practice there.

Dr. Elwell Woodbury succeeded Dr. Fuller, on his removal to Boston. He afterwards removed to Chelsea, where failing health compelled him to abandon practice.

ROXBURY. — Dr. Horace D. Train graduated from Harvard in 1846, and in February, 1847, commenced homœopathic practice in Roxbury, now a part of Boston. He continued here till 1853, when he removed to Sheffield, in the western part of the State, where he has since been practising.

Dr. Albert Lindsay, a graduate of the Homœopathic Medical College of Pennsylvania in 1851, commenced practice here in that year. He remained till 1857, when he removed to Laconia, N. H., where he still resides.

Dr. W. F. Jackson graduated from Jefferson Medical College in 1849, and practised homœopathy in Gardiner, Me., till, in 1853, he removed to Roxbury, where he has since been in extensive practice.

Dr. J. P. Paine, a graduate of the Homœopathic Medical College of Pennsylvania in 1852, practised a year at Damariscotta, Me., then removed to Dedham, where he practised very successfully ten years, and in 1863 removed to Roxbury, where he is still in active practice.

Dr. J. T. Harris, a graduate of the Homœopathic Medical College of Pennsylvania, after practising a considerable time in Abington and other places, removed to Roxbury in 1867, where he now resides.

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ANDOVER. — Dr. Francis C. Clark, a graduate of Harvard Medical College in 1835, introduced the practice of homœopathy in this place in 1840, having received his knowledge of it first from New York, and then from Dr. Gregg. He retired from practice in 1846, and died at Ballardvale, in 1848.

Dr. Bruno de Gersdorff, born in Germany, was, at the age of four, a patient of Hahnemann, whose success in his case made an enthusiast of his father, but did not prevent the son from graduating with allopathic opinions from the University of Jena, in 1846. He came to America that same year. Here he met his former allopathic tutor, Dr. Lingen, who was then practising homœopathy in Mobile, Ala. Through his influence, and that of Dr. Hoffendahl, he became a homœopath, and in 1847 settled at Andover. He removed to Salem in May, 1850, and to Boston in 1868. Dr. J. Howarth succeeded him in Andover, and is there still. Dr. Milton Berry practised there for several years, and died in 1866. Dr. J. C. W. Moore succeeded him, and remained a short time. Dr. O. L. Bradford removed to this place from Peterboro', N. H., in 1868, and is in practice here.

LYNN. — In 1848 Dr. Daniel A. Johnson, then a recent graduate of the Berkshire Medical College, studied with Dr. Gregg, and settled in this place, where he acquired an extensive practice. In 1854 he removed to Chelsea, where he now resides. In 1850 Dr. E. P. Eastman adopted the homœopathic practice, which he continued till 1855. Failing health compelled him to abandon practice. In 1854 Dr. J. M. Blaisdell succeeded Dr. Johnson. He remained about three years, and removed West, but is now practising in Bangor, Me. In 1858 Dr. F. Horton removed hither, from Weare, N. H.; he died March 3, 1861. Drs. B. F. Green and J. Brown have practised here for several years. In 1861 Dr. H. Ahlborn removed to Lynn from Marblehead, and continued in successful practice till, in 1867, he removed to Boston. Drs. A. M. Cushing, J. H. Kimball and Martha J. Flanders are now in practice here.

SALEM. — One of the earliest practitioners in this city was Dr. J. H. Floto, a native of Germany. He graduated at Allentown, and after practising in Pennsylvania for some time, he removed to Salem in 1843, and remained here till 1860. He is now practising in San Francisco, Cal.

In May, 1850, Dr. de Gersdorff removed from Andover, and had an extensive practice till, in 1868, he removed to Boston, where he now resides.

Dr. Isaac Colby came here in 1851, from Concord, N. H., and remained till just before his death, which occurred June 29, 1866.

Dr. John G. Wood graduated at the Homœopathic Medical College of Pennsylvania in 1852, and came to Salem, where he remained in practice till a short time before his death, which occurred in Philadelphia, April 29, 1859, in the thirtieth year of his age.

In 1853 Dr. Henry C. Angell began practice here with Dr. Floto. He afterwards engaged in general practice in Lynn, but in 1857 removed to Boston, where, since his return from Europe, in 1864, he has attended especially to diseases of the eye and ear. In 1860 Dr. Shadrach M. Cate, of Augusta, Me., succeeded Dr. Floto, and has continued in practice there.

In 1866 Dr. N. R. Morse removed from Reading; and in 1868 Dr. S. H. Worcester came from Gloucester to this place. Dr. E. Morrill has also been in practice here for several years.

NEWBURYPORT. — In April, 1842, Dr. George W. Swazey, a graduate of the Maine Medical School, settled at Newburyport. He had experimented with homœopathic medicines in Maine, and had become a confirmed homœopathist. He remained here two and a half years, and in 1844 removed to Springfield.

His place was filled for a short time by an Italian physician named Bianchini who subsequently resided in New Orleans; afterwards by lay practitioners.

In 1850 Dr. Stephen M. Gale, a graduate of Harvard in 1837, removed to this place from Methuen, where he had practised allopathy.

In 1866 Dr. E. P. Cummings, and, in 1867, Dr. David Foss also came here; and all of these have been very successful. It is estimated that about one-third of the whole practice of the city is homœopathic.

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LOWELL. — Homœopathy was introduced into Lowell by Dr. Christian F. Geist, in 1843. Dr. Geist was born in Germany in 1805. He came to this country in 1835. He was in Allentown for a considerable time, and was with Dr. Wm. Wesselhoeft in Boston two years previous to locating in Lowell. He returned to Boston in 1845, where he is still in active practice.

Dr. Geist was succeeded in Lowell by Dr. Rufus Shackford, who in about three years removed to Portland, Me., where he now is.

Dr. Daniel Holt, a graduate of Yale Medical School in 1885, came to Lowell in October, 1845, from Connecticut, where he had been practising allopathy for about ten years. He had then just been expelled from the New Haven Medical Association for publishing a pamphlet advocating homœopathy. His success in the severe epidemics in 1847–48–49 aided in giving homœopathy its present footing in Lowell, where it has about one-third of the medical practice of the city.

The associates of Dr. Holt are Drs. Hiram and Daniel Parker, Albert Buswell, a graduate of Homœopathic Medical College of Philadelphia, A. Thompson, Edmund H. Packer, a graduate of Homœopathic Medical College of Philadelphia, E. B. Holt and E. B. Aldrich, the two latter graduates of Harvard.

PLYMOUTH. — In 1842 Dr. Robert Capen went from Boston to Plymouth, where he practised with considerable success. Ill health compelled him to leave, and Mrs. Mercy B. Jackson was frequently called upon to prescribe. She afterward studied and received a medical diploma from the New England Female Medical College. She removed to Boston in 1856, where she now resides. Rev. Mr. Tomlinson was in Plymouth for several years as a lay practitioner. Dr. Ferdinand Gustav Oehme, a graduate of Leipzig in 1852, came to this country in 1856, practised in Concord, N. H., for ten years, and moved to Plymouth in 1866, where he now resides.

NEW BEDFORD. — In 1841, Dr. Manning B. Roche, a graduate of Allentown, settled in New Bedford. His successful career was closed by ill health in 1861, and he died at Riverside, N. J., July 5, 1862, aged 73. In 1847, Dr. Fleming, a clergyman, commenced practice, and after considerable success left in 1851.

Dr. G. F. Matthes settled here in 1850. He graduated at Halle, and Wittenberg, Prussia, in 1836, and came to this country. He still resides in New Bedford.

Dr. Daniel Wilder, a graduate of the Homœopathic Medical College of Pennsylvania, located here in 1851, and remained till 1869, when he removed to Greenfield, Mass.

In 1852 Dr. Henry B. Clarke, also a graduate of the Homœopathic Medical College of Pennsylvania, came here, and has done much to render the system popular. There are at present seven members of our school in practice at New Bedford, and perhaps in no town in the State is homœopathy more esteemed by the educated classes.

FALL RIVER. — Dr. Isaac Fiske introduced homœopathy into Fall River in 1845. He is now advanced in years, but still practises.

Dr. John L. Clarke, a graduate of the Homœopathic Medical College of Pennsylvania, came in 1854, and has since been in active practice here. There have been two other physicians here for a short time.

TAUNTON. — Although there had been some domestic practice previously, Dr. George Barrows, a graduate of Pittsfield and of the Homœopathic Medical College of Pennsylvania, was, in 1846, the first to locate here; he has since had an extensive practice.

Dr. S. W. Graves and Dr. Charles Harris, and afterwards his father, Dr. Handy Harris, practised here for a while. Dr. E. U. Jones, a graduate of the Pennsylvania Homœopathic College, came here in 1855, and in 1866 Dr. Joseph W. Hayward, a graduate of the Maine Medical School, and have added greatly to the strength of our cause in Taunton.

NORTON. — In 1842 Dr. Ira Barrows, of this place, abandoned allopathy. His practice soon extended over an immense area. He ultimately removed to Providence, where he still prospers.

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Dr. Benjamin M. Rounds, who came to Norton in 1847, still remains there.

WALTHAM. — Dr. George Russell, a graduate of Harvard, of the class of 1820, commenced homœopathic practice here in 1840, remained till 1848, and then removed to Boston, where he now resides. A Dr. Hebbard followed. Dr. T. B. Wales was there two or three years, and then removed to Randolph, where he died, February 2, 1861, aged 38. Dr. Charles F. Adams was here four or five years, and removed to Rutland, Vt., in 1858, where he now resides. Dr. C. F. Saunders practised here for two or three years. Dr. Edward Worcester, a graduate of the University of New York in 1851, removed from St. Albans, Vt., to this place in 1860, and has since practised here. Dr. Luther Clark, of Boston, has, with his family, resided in Waltham, and occasionally practised here.

WOBURN. — Dr. Thomas S. Scales, a graduate of Woodstock Medical College, Vt., came to Woburn in September, 1848, and has since been in active practice here.

FITCHBURG. — In 1855, Dr. Chester J. Freeland, and his son Dr. J. C. Freeland, removed from Hubbardston, Mass., to this place. The elder Dr. Freeland, after practising homœopathy six years, died in May, 1858. Dr. J. C. Freeland, a graduate of Cleveland, after practising two years in Keene, N. H., returned to this place, January 1, 1858, where he has since been in active practice. In 1861 Dr. Daniel B. Whittier removed from South Gardiner to this place, where he has since practised. In 1863 Dr. W. B. Chamberlain, now of Worcester, practised here.

WORCESTER. — Rev. Aurin Bugbee, of Charlton, Mass, claims to have been the first to introduce homœopathy into Worcester County, in 1840. He removed to Worcester in 1854, studied medicine, and practised, but afterwards removed to Warren, Vt., where he died in 1859.

Dr. Joseph Birnstill practised in Worcester from 1844 to 1847. In 1849, Dr. J. K. Clark, just graduated from the Homœopathic Medical College of Pennsylvania, settled here. He had an increasing practice till, in 1855, he removed to Elizabethtown, Ohio, and thence to Louisville, Ky., where he now resides.

Dr. L. B. Nichols graduated in Philadelphia, and in 1849 began homœopathic practice in this place, where he has had an extensive practice, and has done much to give this system the respect it has acquired.

Dr. J. E. Linnell graduated at Dartmouth in 1844, practised allopathy ten years, and removed to Worcester in 1855, where he continued in homœopathic practice till, in 1866, failing health compelled him to relinquish his profession. He has since resided in Norwich, Conn.

Dr. Wm. B. Chamberlain, a graduate of Cleveland, practised in Keene, N. H., nine years. He was for a short time in Fitchburg and Middleboro', Mass., and came to Worcester in December, 1865, where he still resides.

Dr. David Hunt, Jr., graduated at Harvard in 1867, and the next year came to Worcester, where he still practises.

Dr. Mary G. Baker graduated in 1862, and practised homœopathy in Middleboro' in 1868, when she removed to Worcester, where she is in active practice.

Dr. Wm. Ingalls resided here several years, but was not in active practice.

WESTFIELD. — In 1844 Dr. Jehiel Abbott, for many years an allopathic practitioner, adopted homœopathy. Though an octogenarian, he is still hale and hearty, and as firm a friend of the cause as ever.

Dr. C. W. Taylor practised here for several years. In 1857 he removed to Malden. He now practises at Newtonville.

Dr. Denton G. Woodvine succeeded Dr. Taylor, and remained here till 1866, when he removed to Boston, where he now practises.

Dr. Frank Mullen has practised here since 1866.

SPRINGFIELD. — In 1844 Dr. G. W. Swazey removed from Newburyport to this place. He remained the sole practitioner of homœopathy till 1854, when Dr. S. W. Graves came here from Taunton. Dr. Graves remained about two years, then removed to Chicago, Ill., where he died.

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Dr. H. A. Collins removed from Conway, Mass., to Springfield, in 1852, and has since been in active practice here.

Dr. Cornelius Jocelyn began practice in 1863. He was a man of excellent ability, but his health failed; he went to the West Indies, and died soon after his return.

Dr. E. C. Allen and Dr. J. E. Lucas, though not graduates, have been in practice here for several years.

PITTSFIELD. — Dr. Van Vleck, a graduate of the College of Physicians and Surgeons, New York, commenced the practice of homœopathy here in 1847, continued until 1851, when he removed to Kinderhook, N. Y., where he had an extensive practice. He entered the army during the war, and died of typhoid fever at Fortress Monroe in 1862.

Dr. Charles Bailey, a graduate of the Berkshire Medical College in 1843, was for four years associated in practice with Dr. J. G. Holland, in Springfield. He adopted homœopathy in 1848, and commenced its practice in this town in 1849. He has held a leading position in the profession in this part of the State.

Dr. Harvey Cole, a graduate of the Berkshire Medical School, practised here from 1850 until 1868, when he removed to Hartford, Conn., where he now resides

Dr. Lorenzo Waite, a graduate of the Berkshire Medical College, began practice here in 1857, and still remains.

Dr. W. H. Wentworth, a graduate of the College of Physicians and Surgeons, New York, in 1863, served in the Medical Corps of the Navy until 1865, commenced the practice of homœopathy the same year in Lenox, and, after remaining there a few months, went to Lee to occupy an old field left vacant by the death of Dr. Gifford, where he remained until 1868, when he removed to Pittsfield, and is now associated with Dr. Bailey.

EGREMONT. — Dr. H. D. Chapman commenced the practice of homœopathy here some time in 1846, and continued in practice until 1856, when he removed to Virginia. He was the pioneer of homœopathy in Berkshire County, and was regarded by physicians of the old school as a man of high attainments.

STOCKBRIDGE. — Dr. W. L. R. Perrine commenced practice here in 1850, and, after staying nearly two years, went to Hudson, N. Y., and continued practice. He afterwards removed to Brooklyn, where he remains.

LEE. — Dr. J. B. Gifford commenced practice here as a homœopathist about 1851, and continued until the date of his death, March, 1866. He was one of the first to practice homœopathy in central Berkshire, and had an extensive practice, and an enviable reputation.

Dr. C. W. Stratton now occupies the field, a graduate of the Albany Medical College, class of 1867.

SOCIETIES.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY

Is the oldest existing Society of our school in this country. It was formed in December, 1840, under the name of the Homœopathic Fraternity; its four original members were Drs. Gregg, Flagg, Wild, and Spooner.

Its meetings were held monthly, at the houses of the members, on the Tuesday evening preceding the full moon. The present name of the Society was adopted July 7, 1851. In 1856 an act of incorporation was obtained, giving the members the right to collect their fees by process of law, and the exemption from militia and jury duties.

The number of active members at that time was forty-one. Under its new organization, the Society met annually, on the second Wednesday in April. Since 1862 semi-annual meetings have been held, on the second Tuesday in October. The present number of active members is about 125. The Society

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has published a volume of 571 octavo pages, containing the publications of the Society from 1861 to 1866. It has now in press a volume of the earlier proceedings, from 1840 to 1860.

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E. U. JONES, M.D., *Auditor.*

* Deceased.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

After the monthly meetings of the Fraternity gave place to the annual meetings of the State Society, the physicians of Boston and vicinity formed this Society in 1859.

It meets on the second and fourth Monday evenings in each month at the rooms of the Homœopathic Dispensary. The meetings are of both a social and scientific character; papers are read, cases reported, and views interchanged in discussion. The present number of members is about fifty. The President is elected for four meetings only. The principal executive officer is the Secretary and Treasurer; this office is filled by A. F. Squier, M. D.

THE BOSTON HOMŒOPATHIC SOCIETY

Was organized in 1868 on the plan of the Boston Academy. It holds its meetings on the second and fourth Thursday evenings in each month. The Secretary and Treasurer is Giles M. Pease, M.D., of Boston.

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THE BRISTOL COUNTY HOMŒOPATHIC MEDICAL SOCIETY

Was organized in October, 1866. It embraces the homœopathic physicians of the southeastern section of the State. The meetings are held quarterly. The present number of members is twelve. G. Felix Matthes, M.D., of New Bedford, is President; and J. W. Hayward, M.D., of Taunton, Secretary.

THE WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY

Was organized in 1866. It holds its meetings quarterly. W. B. Chamberlain, M.D., of Worcester, is President; and C. C. Slocomb, M.D., of Rutland, Recording Secretary and Treasurer. Its proceedings have been published in the *New England Medical Gazette.*

INSTITUTIONS.

THE HOMŒOPATHIC MEDICAL DISPENSARY,

Of Boston, was incorporated in May, 1856, and was opened to the public April 10, 1857. A small permanent fund was obtained, but as it proved insufficient to sustain the Dispensary, a Fair was held in March, 1859, in the Music Hall, which added $13,100 to this fund. By careful investment, this has not only paid the current expenses, but has increased to upwards of $20,000.

The Dispensary has been located for several years at No. 3 Tremont Temple; and the rooms are open daily from 9 to 11, A.M., and from 2 to 4, P.M. Upwards of 20,000 patients have been treated at this institution. A building has been purchased at No. 14 Burroughs place, a part of which is intended for a hospital.

The following are the officers of the Dispensary: —

Trustees. — Hon. Jacob Sleeper, Otis Clapp, Esq., S. G. Cheever, Esq., Isaac Rich, Esq., A. W. Farrar, Esq., Alexander Strong, Esq., Samuel Gregg, M.D., Joseph C. Tyler, Esq., Joseph Story, Esq., S. Whitney, M.D., H. C. Angell, M.D., Treasurer; I. T. Talbot, M. D., Secretary.

Attending Physician. — S. Whitney, M.D.

Visiting Physicians. — A. F. Squier, M.D., A. Boothby, M.D.

Consulting Physicians. — Samuel Gregg, M.D., George Russell, M. D., Milton Fuller, M.D., David Thayer, M.D., Henry C. Angell, M.D., I. T. Talbot, M.D.

THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL

Was incorporated May 19, 1865. It has never been put into operation.

THE CONSUMPTIVES' HOME

Was opened in 1864, and has been in operation more than five years. It is designed for incurable consumptives, and is supported by voluntary contributions. It already occupies four houses, and has accommodations for fifty inmates. Charles Cullis, M.D., of Boston, is the founder and physician.

THE BALDWIN PLACE HOME FOR LITTLE WANDERERS

Was established in 1865. Its sick, from the first, have received homœopathic treatment, with very remarkable success,— the rate of mortality being surprisingly low for such an institution. J. H. Woodbury, M.D., is the physician, and O. S. Sanders, M.D., consulting physician.

THE HOUSE OF THE ANGEL GUARDIAN,

Founded by Rev. George F. Haskins, has been in the care of homœopathic physicians for about four years. It shelters about three hundred boys, of from five to fifteen years of age. Rev. G. F. Haskins is the Director; J. D. Judge, Superintendent; and H. P. Shattuck, M.D., Physician.

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THE NEW ENGLAND HOMŒOPATHIC MEDICAL COLLEGE.

A liberal charter was granted in 1868, but the College has never been put into operation.

PHARMACIES.

The first homœopathic pharmacy in New England was opened by Otis Clapp, Esq., in 1840, since which time his name has been intimately connected with the progress of our school in this section. Besides keeping a large stock of homœopathic medicines, and other articles requisite for practice, he has himself published a large number of books, and has acted as agent for other publishing houses. His establishment, No. 3 Beacon street, has been a sort of head-quarters or exchange for the whole fraternity in New England.

In 1845 Mr. N. C. Peabody established a pharmacy in Boston, and has since closely devoted himself to this business. He is at No. 56 Beach street.

In 1865 Messrs. A. H. Howland & Co. opened a pharmacy at Worcester, which is continued by Mr. Joseph A. Howland.

In 1866, S. Whitney, M.D., under the direction of the Committee on Pharmacy of the State Society, commenced the preparation of medicines from drugs and native plants. His place of business is at No. 3 Tremont Temple.

There have been other pharmacies in different parts of the State; and frequently physicians have been obliged to sell medicines for lay practice.

LITERATURE.

"Homœopathy; with Particular Reference to a Lecture by O. W. Holmes, M.D. By A. H. Okie, M.D. Boston: Otis Clapp. 1842," is the title-page of a 16mo pamphlet of forty-eight pages, the first work on homœopathy published in the State. A few weeks later, a pamphlet of the same size, containing sixty pages, was published under the title, "Some Remarks on Dr. O. W. Holmes's Lectures on Homœopathy, and its Kindred Delusions; communicated to a Friend by Dr. Robert Wesselhoeft." Boston: Otis Clapp. 1842.

The following year was published, "Domestic Homœopathy; or, Rules for the Domestic Treatment of the Maladies of Infants, Children, and Adults, and for the Conduct and Treatment during Pregnancy, Confinement, and Suckling," by John Epps, M.D. First American Edition. Boston: Otis Clapp. 1843. 16mo, pp. 195; a reprint of the second London edition. Several subsequent editions were published by Mr. Clapp.

In 1846 Mr. Clapp published a 16mo pamphlet of eight pages, by Henry Wigand, M.D., entitled "The Principles of Homœopathic Practice, as Contrasted with those of the Old School of Medicine, or Allopathy." There was published this year, in Münster, Bönninghausen's Therapeutisches Taschenbuch, in three editions, German, French and English. The latter was reprinted in New York, with many of its errors uncorrected; and in 1847, Mr. Clapp published, "Bönninghausen's Therapeutic Pocket Book, for Homœopathists, to be used at the bedside of the patient, and in the study of the Materia Medica." Edited by A. Howard Okie, M.D., a 12mo of 483 pages. The same year, Mr. Clapp also published the "New Manual of Homœopathic Veterinary Medicine; or the Homœopathic Treatment of the Horse, the Ox, the Sheep, the Dog, and other Domestic Animals," by F. A. Gunther, a 12mo of four hundred and eight pages, reprinted from the London edition, a translation of the third German. Several editions have since been published. In 1848 Mr. Clapp published a pamphlet of twelve octavo pages, by L. D. Fleming, M.D., entitled "A Popular Lecture on the Philosophy and Claims of Homœopathy."

In January, 1849, appeared the first number of the *Quarterly Homœopathic Journal*. This was in octavo form, of one hundred and forty-four pages. It was edited by Dr. A. C. Becker, and after his death subsequent numbers were edited by Dr. Joseph Birnstill and B. de Gersdorff, and published by Otis Clapp.

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Its object was, "to lay before the American reader scientific and practically useful articles, selected from the current homœopathic literature of the day, in Germany and France." The first volume contained, almost exclusively, translations from German homœopathic works and periodicals. In the second and last volume of the series, articles were published from American contributors, and extracts made from English periodicals. In July, 1852, the first number of the new series appeared, under the editorial management of Drs. J. Birnstill and J. A. Tarbell. Two volumes were published; the numbers being reduced in size from one hundred and forty-four to forty-eight pages. The course proposed in the beginning, of furnishing translations from the German, was carried out in the new series, although there were published many original articles from American contributors.

In a pamphlet of twenty octavo pages, entitled, "On the Homœopathic Treatment of Cholera," published by Otis Clapp, Dr. C. F. Hoffendahl gave his experience in the treatment of Cholera in Germany, during the epidemic of 1831.

In this year the "Proceedings of the Sixth Annual Meeting of the American Institute of Homœopathy," held in Philadelphia June 13 and 14, 1849, were published by Otis Clapp.

The "Address delivered before the American Institute of Homœopathy, at its sixth annual meeting, held at Philadelphia, June 13, 1849, by B. F. Joslin, M.D.," entitled THE LAW OF CURE, was reprinted in pamphlet form, 8vo, pp. 18, by Otis Clapp.

Mr. Clapp published Dr. A. E. Small's "Address delivered in the Homœopathic Medical College of Pennsylvania, as preliminary to the course of 1849–50," in pamphlet form, of nineteen octavo pages. In the same year, he also published "The Pocket Homœopathist and Family Guide," by John A. Tarbell, M.D., a 32mo of sixty-three pages. Of this, several editions have subsequently been published.

In 1850 there were published, "The Sources of Health, and the Prevention of Disease; or, Mental and Physical Hygiene," by John A. Tarbell, M.D., 12mo, pp. 170; a pamphlet of sixteen pages octavo, by Dr. F. Matthes, of New Bedford, entitled, "Letter to Worthington Hooker, M.D., of Norwich, in relation to so much of his book, entitled 'Physician and Patient,' as has reference to Homœopathy;" and "Homœopathy in Germany and England in 1849, with a Glance at Allopathic Men and Things," being two preliminary discourses delivered in the Homœopathic Medical College of Pennsylvania by C. Neidhard, M.D., an octavo pamphlet of forty-five pages; also, the "Proceedings of the Seventh Annual Meeting of the American Institute of Homœopathy," held in Albany, June 12 and 13, 1850. All these were from the press of Mr. Clapp. "Topographical Anatomy: a report on the subject made to the American Institute of Homœopathy, at its Seventh Annual Meeting, in Albany, June 12, 1850, by its committee appointed for that purpose; illustrated by four lithographic figures of the human body," is the title of a 12mo work of seventy-seven pages, printed by David Clapp. The committee were, Drs. Ingalls, Flagg, and Gregg.

In 1851 a pamphlet of eight octavo pages was printed by David Clapp: the "Report of a Committee of the Massachusetts Homœopathic Medical Society, occasioned by a Report of a Committee of the Counsellors of the Massachusetts Medical Society."

The Proceedings of the Eighth Annual Meeting of the Institute, held in New Haven June 11, 1851, were printed by Wilson, Springfield.

The next publication was in 1855. Mr. Clapp published, "The Gentleman's Handbook of Homœopathy, especially for travellers and for domestic practice," by Egbert Guernsey, M.D., 12mo, pp. 255. A second edition was published in New York.

On the 10th of April, the Massachusetts Homœopathic Medical Society celebrated the centennial birthday of Hahnemann.

Dr. Wm. E. Payne delivered an address in the Tremont Temple to an audience of over three thousand, and Dr. Henry C. Preston read a poem. These were published by Otis Clapp in a neat pamphlet of fifty-two octavo pages.

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Mr. Clapp also published Dr. J. J. G. Wilkinson's "War, Cholera, and the Ministry of Health: an Appeal to Sir Benj. Hall and the British People," an octavo of eighty pages.

The "Homœopathic Directory for New England" was prepared and published under the direction of the Massachusetts Homœopathic Medical Society this year.

In 1857 two pamphlets were published by Otis Clapp; one, "Homœopathy and Homœopathic Practitioners in Europe," by E. Sanford, M.D., gave an interesting sketch of that gentleman's visit the previous year; the other was a reprint of an English edition of J. J. G. Wilkinson's "The Homœopathic Principle Applied to Insanity: a Proposal to Treat Lunacy by Spiritualism," an octavo eighteen-paged pamphlet.

In 1859 Mr. Nathaniel C. Peabody published the "Memorial of Dr. William Wesselhoeft," by Elizabeth P. Peabody; to which is added his Last Address to the Homœopathic Association, a 12mo pamphlet of fifty-four pages.

The first number of a monthly periodical was published at Springfield in June, "The Homœopathist; devoted to Homœopathy, Hygiene, Physiology, Surgery, and the Laws of Health." Drs. J. M. Buzzell and D. White were editors. It was an advertising sheet for a private hospital Dr. Buzzell was trying to establish. Two numbers were published.

In 1861 the Boston Academy of Homœopathic Medicine published Dr. Bellows' review of O. W. Holmes's "Currents and Counter-currents," a pamphlet of twenty-seven pages, octavo. In July Dr. Talbot published a directory of homœopathic physicians in Massachusetts.

In 1862 "The Common Sense of Homœopathy," the Annual Address delivered before the Massachusetts Homœopathic Medical Society April 10, 1861, by Dr. I. T. Talbot, was published, a pamphlet of twenty-six octavo pages.

In 1866 there were two pamphlets reprinted by Wilson & Son from the Publications of the Massachusetts Homœopathic Medical Society, a paper read by Dr. I. T. Talbot, October 8, 1862, "Tracheotomy in Croup," pp. 26, and an address by Dr. S. M. Cate, delivered in April, 1864, entitled "Correct Observation in Medicine," twenty-six pages.

In 1867 there was issued from the press of J. Wilson & Son, Cambridge, the "Publications of the Massachusetts Homœopathic Medical Society, from 1861 to 1866 inclusive," an octavo volume of 571 pages. It contains the proceedings of the meetings from 1861 to 1866, the addresses of Drs. Fuller, Talbot, Weld, Wesselhoeft, Thayer, Linnell, Holt, Cate, Clarke, Jackson and Chase; articles on clinical medicine, by Drs. Angell, Linnell, Clarke, Cate and Gregg; Gnaphalium, by Dr. Woodbury; Kali cyanuretum, by Dr. Wesselhoeft; Chelidonium, by Dr. Cate; Myricin, by Drs. Chase, Cullis, Wesselhoeft, Krebs and Linnell; Physostigma, by Drs. Chase, Cullis, Wesselhoeft, Clarke, Christison and Mr. Bowman; Tracheotomy in croup, by Dr. Talbot; Diphtheria and Scarlatina, by Dr. Jones; Materia Medica, by Dr. Cullis; Early Annals of Homœopathy in Massachusetts, by Dr. Gregg; Operations for Cataract, by Dr. Angell; Hypodermic use of homœopathic remedies, by Dr. Woodbury; Treatment of ovarian tumors, by Dr. Johnson; Dysentery, by Dr. Wesselhoeft; Gamboge in Chronic Diarrhœa, by Dr. Burpee; Pharmacy, by Dr. Chase; Medical expedients, by Dr. Jackson; Bilious obstructions, by Dr. Thayer; Disease of nervous centres, by Dr. Paine; Scarlatina, by Dr. Dunham and others, — interesting and instructive articles.

From this work, Dr. H. B. Clarke's address, "Clinical Homœopathy," and Dr. Jackson's "Historical Address," were reprinted in pamphlet form. In the same year there were issued from the press of Rand & Avery the "Proceedings of the Nineteenth Session of the American Institute of Homœopathy, held in Pittsburg, June 6 and 7, 1866," an octavo of one hundred and eighty-nine pages, and two reprints therefrom; Dr. W. T. Helmuth's "Annual Address, and the Report of the Bureau of Surgery," forty pages; and Dr. J. H. Pulte's article on "The Spectroscope and the Similia Similibus Curantur," a ten-paged pamphlet.

In 1868 the Transactions of the Twentieth Session of the American Institute of Homœopathy, held in New York, June 4, 5, 6 and 7, 1867, was pub-

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lished, a volume of over four hundred pages, forming the first volume of the new series. From this, Dr. N. F. Cooke's "Annual Address" was reprinted in pamphlet form, as was also "Section 1, Proceedings and Miscellaneous Papers," a pamphlet of one hundred and thirty-two pages.

In 1869 the "Transactions of the Twenty-first Session" of the Institute was published, from which several articles were reprinted, the most important of which was the "Code of Medical Ethics, Constitution, By-laws and List of Members," a pamphlet of forty-eight pages.

Several editions of Dr. J. A. Tarbell's "Homœopathy Simplified, or Domestic Practice made Easy," were published. The date of the first we do not know.

PERSONAL.

GEORGE F. FOOTE, M.D., is earnestly and successfully at work in establishing an Insane Asylum in New York. There is now very little doubt of his success.

WILLIAM E. PAYNE, M.D., was nominated for Mayor of Bath, Me., by a unanimous vote, at the republican caucus. As the democrats make no nomination, we are sure that Bath will secure a good Mayor for the ensuing year.

R. T. HARMON, M.D., of Hagerstown, Md., has established a free Homœopathic Dispensary in that place, an enterprise worthy of commendation.

C. B. PARKHURST, M.D., of Irasburg, Vt., writes us that he has not removed to Oswego, N. Y., as we stated in our last number, and moreover has never thought of going to that place. He also writes that HIRAM C. ORCUTT, M.D., of Derby, Vt., has gone West; and since Dr. McDuffee, of that place, does not practise, there is a good opening for a homœopathic physician in Derby.

LOCATED. D. F. HUNT, M.D., a graduate of the New York University, at No. 40 Monroe st., Grand Rapids, Mich.

G. H. S. WILSON, M.D., at Louisville, Ky.

P. A. AIKMAN, M.D., at Windsor, Ontario.

REMOVALS. JOSEPH B. BROWN, M.D., from Pittsburg, Pa., to Newport, R. I.

GEO. H. COX, M.D., from Lewistown, Pa., to 4629 Germantown avenue, Philadelphia.

W. J. EARHARDT, M.D., from Philadelphia to Fremont, Neb.

WILLIAM SPETH, M.D., from Pittsville, Pa., to Lewistown, Pa.

DEATHS. PROF. R. E. W. ADAMS, M.D., one of the pioneers of homœopathy in Illinois, died at Springfield, Ill., December 15, 1869.

ROSWELL W. HASKINS, Esq., a man of eminent ability, and one of the first and most devoted adherents to homœopathy in Buffalo, N. Y., died recently in that city.

TO SUBSCRIBERS.

THE historical portion of the Directory for Massachusetts has required a great deal of time, and is the cause of the delay in the present number. In future we shall hope to avoid this, and issue the *Gazette* promptly on the first of each month.

TO CORRESPONDENTS.

WE are quite unable to answer promptly all the letters of our numerous correspondents, and hope they will not complain if we do our best in that direction. From the large number of manuscripts sent us, we are obliged to retain some, even the best, a considerable time before we can find a suitable place for them. They will, however, all receive due attention.

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J. B. B., Me. — We shall be happy to receive reports of your Society, or communications from any of its members.

J. H. G., A. L., J. H. D., J. P., and J. F. W., N. H. — Many thanks for your information in regard to homœopathy in your State. If you detect any errors, or have any additional information, please inform us at once.

J. H. J., H. M. H., C. B. C., G. W B., and G. E. E. S., Vt. — Your communications have been very welcome. The note above this applies also to you.

S. M. G., D. H., T. S. S., G. W. S., and many others, Mass. — The list of physicians for Massachusetts will appear in the April number of the *Gazette*, and the information you have sent has been duly used. We wish to make the Directory as complete as possible, and any information will be very acceptable. It may be sent directly to the editor of the *Gazette*, or to Dr. Smith, who compiles the Directory. Dr. E. U. Jones, the able Secretary of the State Society, is preparing a more elaborate history of homœopathy in this State for the first volume of the Society's Publications. Any information sent to us will go at once to him.

H. W. B., R. I. — The February number of the *Gazette* of volume IV. (1869), is out of print. The numbers were all carefully mailed to subscribers, and we are very sorry if any were not received. Perhaps some of our subcribers who do not have their numbers bound would send us the February number; in which case they will receive not only our thanks, but we should be happy to return them the price of the number.

BOOKS AND PAMPHLETS RECEIVED.

The following Exchanges for January and February: —

The Hahnemannian Monthly; Philadelphia. The American Journal of Homœopathic Materia Medica; Philadelphia. American Homœopathic Observer; Detroit. The Medical Investigator; Chicago. The United States Medical and Surgical Journal; Chicago. The Western Homœopathic Observer; St. Louis. The Monthly Homœopathic Review; London. The Homœopathic World; Reading, England. Allgemeine Homöopathische Zeitung; Leipzic. Monatsblatt, Allgemeinen Homöopathischen Zeitung; Leipzic. El Criterio Médico; Madrid. Bibliothèque Homœopathique; Paris. Rivista Omiopatica; Rome. The Calcutta Journal of Medicine, January 1868 to July 1869. The Boston Medical and Surgical Journal; Boston. Good Health; Boston. The Journal of the Gynæcological Society of Boston. The Medical Record; New York. The Medical Gazette; New York. American Eclectic Medical Review; New York. Hall's Journal of Health; New York. Buffalo Medical and Surgical Journal. The Philadelphia University Journal of Medicine and Surgery; Philadelphia. Nashville Journal of Medicine and Surgery. Boston Journal of Chemistry. The Dental Cosmos; Philadelphia. The Canada Journal of Dental Science; Hamilton. The Missouri Dental Journal; St. Louis. Every Saturday; Boston. Littell's Living Age; Boston. The Atlantic Monthly; Boston. Old and New; Boston. Our Young Folks; Boston. Our Dumb Animals; Boston. Monthly Record of the Five Points House of Industry; New York. The Phrenological Journal; New York. The Nation; New York. The National Sunday School Teacher; Chicago. The Witness; New York. Cincinnati Times. The Ohio Medical and Surgical Reporter; Cleveland, Ohio. The North American Journal of Homœopathy; New York. The Homœopathic Quarterly; Buffalo. The Canada Health Journal; London, Ontario. The British Journal of Homœopathy; London, Eng. The American Agriculturist; New York. The Woman's Journal; Boston. The Little Folks; Chicago. The Sunday School Scholar; Chicago.

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THE

New England Medical Gazette.

No. 4.] BOSTON, APRIL, 1870. [Vol. V.

MATERIA MEDICA IN ITS SCIENTIFIC RELATIONS.

BY W. W. RODMAN, M.D., NEW HAVEN, CONN.

(*Continued from page* 69.)

We have considered, in a cursory manner, the nature of the process by which the great want of our materia medica must be met. We now propose to notice more particularly the steps of this process.

We call it *synthesis*, or the act of uniting; a term applied to the method in which separate items are connected by some relation. It is of complex character, and enters as an essential element into all the operations whereby phenomena are either determined or are comprehended. It is the predominating element in those classifying and generalizing processes by which we bring our knowledge into system. These processes are called synthetic, not because analysis and other means are excluded, but from the relative importance of the combining act.

The synthetic process is one which we all follow with more or less success. We can trace it more intelligently if we resolve it into its elements. We need then a definite answer to the question, in what consists scientific synthesis as applied to the materials now before us.

When we study the relations of vital phenomena, one of two paths is to be taken. These paths start from the same point, follow different routes, and terminate in the same end. In both, the phenomena are first to be gathered; and this is to be done to the greatest extent possible. Then comes a divergence of the two

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courses. In one, when the phenomena are too extensive to be separately available, they are grouped into classes. Facts which are co-existent are brought together according to some principle of likeness, or to some relation suggested by the subject of inquiry. Thus, to use a familiar illustration, the union of redness, heat, pain, and swelling is recognized, under the name *inflammation*, as a definite group or condition. This condition occurs in various forms and various intensities, and with complications in infinite variety. Thus, too, the union of inflammation, tenesmus, and certain discharges forms a group to which the term *dysentery* is applied.

This process of unifying the phenomena, by bringing them into classes either of greater generality or of greater complexity, is to be carried as far as possible.

The other path starts with the particular phenomena also. But it takes them not simply as facts. It considers them as effects of a cause. It has regard to the forces which produce them. They are consequent upon some preceding fact or state. Here, as will more clearly appear hereafter, we are to aim at the generic effects which the given agent produces. Thus we notice that one substance causes distinct consciousness of ordinary sensations, vivid consciousness of slight pains, and also of organic operations which are usually unnoticed. Another agent acts in such ways as to have suggested to various observers the ideas of intensity or violence. Debility is frequent and prominent among the effects of one drug, morbid irritability among those of another. The synthetical question in each case is this: In what do the different operations of the agent agree? Or, what classes of effects are most generic, as the exponents of a common cause? In the previous instance it was different, namely, What are the effects which this and similar drugs produce? Effects of effects are also to be sought, and this is to be done as long as links of sequence can be traced. In many instances the generalizations reached by these two processes will prove to be identical. This coincidence will be more and more decided as we advance. In a true science the two paths again unite in that complete synthesis which includes all the phenomena, whether they are studied from one or the other point of view. When we trace these processes as minutely as the present state of

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our knowledge admits, it adds to the availability of that knowledge, and shows where it needs to be extended.

The questions to be comprehended are infinite in number, but they fall naturally into four classes. These classes mark four stages in the development of the science itself and of each of its particulars.

These questions may be stated in various forms. By so doing we may better understand their nature, a consideration which, it would seem, will justify some repetition. We may ask: —

1. What are the facts?
2. How they exist?
3. Why they exist?
4. What is that relation, law, or principle which, in general terms, answers these three questions at once?

Each of the classes needs to be studied by itself, to be separated from all other topics. When a new fact is learned, or a new property of a drug is determined, the questions in which our present science is interested, are not in regard to the use of the phenomenon, nor what symptom or element of natural disease stands related to it. But the true questions are as follows: *First*, what are the limitations of the new phenomenon, which distinguish and separate it from all others? *Second*, what other facts are, or may be found associated with it; and what is the nature of that association? *Third*, what is there in the phenomenon which is like the other effects of the agent which caused it; and what is the nature of that likeness? *Fourth*, what is there in the phenomenon which is like all the other effects of drug action? Sooner or later, questions of practical utility will force themselves upon us; but, if they prominently engage our attention, they will retard scientific progress, although it is very likely that from them sprang the inducement which led to the original investigation.

The processes which we have designated apply not merely to the preliminary phenomena,— the facts of observation,— but also to all combinations of them. Every determinate position reached is to be taken as a new starting point, which in turn is to be subject to the same rules.

Our efforts at developing a scientific materia medica, must take

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one or both of these channels. Everything that has been done hitherto, may be referred to the same. They are both in the process of daily development. Progress in them has been quite unequal. The present state of the science indicates that it will be many years before a complete solution of its problems can be looked for.

Every phenomenon is but partially known, while its relations to each of these classes is yet to be fully determined. All that is to be known of it, is referable to one or the other of them, and to this combination. A phenomenon may, however, be useful to some degree, although we know but little of its scientific relations.

The lines which separate these classes are not distinct and rigid. Facts may appear in one or more of them according to circumstances to be hereafter considered. Indeed, as every phenomenon has a place in each, and must be studied in the various relations suggested in order to be fully understood, it follows that each of the classes must be well developed before the separate facts can be fully grasped. The elements of the two general classes are thus mutually dependent. They aid, they limit, and they complete each other.

It is to be observed that much is done in accordance with them, without their formal introduction. But in certain stages of our progress, it is essential to the best success to place distinctly before the mind the character of the instruments we are using. Their distinct recognition and verbal statement are to be regarded as only temporary. When our knowledge is brought into systematic form, the scaffolding which aided us in construction is set aside as no longer needed.

Workers in this department should keep in mind that the ultimate object is to bring all the phenomena into relation; the present aim and expectation being to make a beginning; to enter upon a few steps of the process. The limitations which hamper us are those to which other sciences submit. The processes must be found and kept within the materia medica itself. They must advance by gradual and successive degrees. They are to start with the particulars, and whatever progress is made it must tend towards the complete unification of all the phenomena.

[*To be continued.*]

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SMALL-POX.

BY D. HUNT, JR., M.D., WORCESTER, MASS.

A SLIGHT epidemic of small-pox has prevailed in Worcester lately; and, thinking that the experience derived from it might be of some use, I send the record of it to the *Gazette*. For a rarity, the five cases of variola and varioloid that I have attended are all connected, as to the source of contagion.

Case 1. Dec. 24, 1869, I was called to see a child of C. J. W., and found it with a light, primary variolous fever. *Acon. Tart. emet.*, and *Coff.*, brought it through the fever very comfortably.

Case 2. C. J. W. himself had every symptom of the fever, but, unlike the child, no eruption occurred. The treatment and result were the same as in the case of the child.

Case 3. Jan. 2, 1870, I was called to a man, age 24 or 25, in the lower story of the same house. He was the brother of a small-pox patient just lost by an allopathic physician. Found him covered with the papular eruption. He had been vaccinated in the army, and again about a fortnight before, but neither time had it taken. The case developed into one of not severe confluent small-pox: that is, the hoarseness was not great; he was not much troubled with tenderness of body, and the eruption had a healthy, inflamed look; and though the pustules covered him from the crown of his head to the soles of his feet, they were confluent only on the face, and in patches on the feet and limbs. I gave him *Acon.* Φ and *Tart. emet.*3 every two hours in alternation; a tablespoonful of a decoction of Sarracenia purpura (American pitcher-plant) every three hours. During the latter part of secondary fever *Ars.* and *Tart. emet.* were the remedies. I used the new hypnotic, chloral, in his case, and with the very best results. A quiet night's rest invariably followed its use, and it seems to have a specific effect upon the soreness of the skin and throat. The patient is now in good health, and with no marks excepting a few on the nose.

Case 4. — January 30th, I was called to a young man, a jewel-

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ler, who worked in a room in which some of the goods of C. J. W. had been stored when he moved, about New Year's. Found him covered with pustules, it being the eighth day of the fever. His former physician had refused to come to him, and had left him with a pound of sarracenia, assuring him that it would be well with him. This case was much more violent than the other, and I had but small hopes of his recovery. There were the following unfavorable symptoms: the premonitory fever had been quite violent; he had delirium, was very despondent and anxious, extremely restless and agitated, and had scarcely slept during the fever; his skin was very sensitive and sore; his throat was very sore and stuffed up, and he could not breathe at all through the nose. He had been forbidden all nutriment except wine whey, and that in insufficient quantities.

Used the same treatment as in the other case, with the following exceptions: For several nights I used doses of the *Chloral*, consisting of 35 or 40 grs., as my ordinary doses of 20 grs. did not make him sleep through the night. I once prescribed *Ars.* for a terrible burning in the chest, which it removed within twelve hours. I first suspected that this might have been caused by the *Chloral*, but it did not recur again. And I once used *Merc. corr.* for the stoppage of the nose, at the suggestion of Dr. W. B. Chamberlain, who saw the case with me on Wednesday afternoon; this symptom was almost entirely removed by this prescription when I called next morning. This patient had never been vaccinated.

Case 5. A sister of patient in case 3. The allopathic physician had declined to vaccinate her, lest it might make the small-pox worse if she had it. Seven or eight days after she was vaccinated she was taken down. She is still under treatment, and both vaccination and the varioloid are running on together.

I have not detailed these cases, but the general description is enough for one conversant with small-pox. I wish principally to draw attention to the fact that in these two cases of small-pox the tedious, troublesome period of scattering was entirely avoided. The pustules blighted or withered when they reached their acme, and left merely spots of discoloration upon the skin. I should think, from the cases reported in which sarracenia has been used, that it

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was mainly this remedy which cut the disease short. Its action does not seem to influence or modify the symptoms, but after it has been taken a certain time it seems to blight the disease. For this reason I would advise that an exposed person should commence drinking the decoction without waiting for the primary fever. It will develop the symptoms of the primary fever, as I had occasion to see in a family who lived in the same house with the fourth case; leaving off the sarracenia, set everything right.

If sarracenia is good in this way, chloral is not less valuable for procuring sleep; as I used it with sarracenia, I cannot say what effect it had on the eruption; my inference is that it had a large share in blighting it. The patient invariably awakes rested and with good appetite. I believe that the proper homœopathic remedy is invaluable in allaying special bad symptoms, and I am ready to believe that an experienced homœopathic physician would dispense with both chloral and sarracenia, and bring his cases out as well. I used them because the epidemic came upon us suddenly, and because they offered me the best means of combating the disease. I would state that I had seen two cases of confluent small-pox in the practice of Dr. Gottschalck, of Providence, recover without pitting. His treatment consisted almost exclusively in the administration of *Tart. emet.* As I used *Tart. emet.* in my cases, it is but fair to allow its claims.

PATHOLOGY AND SYMPTOMATOLOGY.

BY T. F. POMEROY, M. D., DETROIT, MICHIGAN.

THERE has been much of controversy in our ranks as to the relative merits and claims of pathology and symptomatology. By a sort of tacit consent, it has come to be an almost admitted fact that those who adhere to the low dilutions are the champions of the former, while those who are called high dilutionists, are supposed to hold a similar relation to the latter. A moment's reflection would, I think, show the fallacy of any such arrangement, and demonstrate the necessity for a better comprehension of the meaning of these terms, pathology and symptomatology, and especially of their rela-

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tions from a homœopathic point of view. A definition of them is, of itself, either an explanation of their intimate relations, or it is a refutation of the charge of an antagonism between them, showing that such a condition is impossible, and, as a consequence, that this conflict of words and contrariety of opinions is correspondingly absurd.

The cause for the differences of opinion and the controversies to which I have referred, has its origin in the old plan of treating the name of the disease instead of treating the patient, — a plan which is utterly at variance with the correct application of homœopathic principles, and one which is almost necessarily subversive of them, and fatal to that individualization which is requisite both for diagnosis, and for the application of a law of cure in the treatment of disease.

A pathological condition is simply and obviously the disturbance of a previously existing physiological one, — nothing more and nothing less. It makes itself known through external signs or symptoms; therefore symptoms of disease are impossible without a corresponding pathological condition, and a pathological condition is impossible without the presence, more or less, of symptoms. They are mutually existent, and reciprocally dependent, like cause and effect.

An attempt to treat a disease from only a pathological point of view would be as preposterous as to do so from only a symptomatological point of view; both must necessarily be taken into the account, in order to form a correct diagnosis; short of this there can be no proper cognition of disease at all, with a view to its treatment; hence there can be no antagonism between them.

It seems almost as useless thus to attempt a demonstration of what is here affirmed, as it would be to prove an axiom, especially so in view of the fact that symptoms not only indicate pathological conditions, but also show that the recuperative energies of nature are aroused and actively at work to overcome them, as they are also indicative of the direction and manner in which the aid of art is needed to that end. So, also, is the correspondence complete in the relations which drugs and other agents sustain to physiological, as well as to pathological conditions, in the disturbance of the one, and,

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when properly applied, the removal of the other; and thus is it that we have a complete system of therapeutics which would otherwise be impossible, as no natural curative law could apply to any mode or method of treating disease, based upon the hypothesis of an antagonism between pathology and symptomatology.

In this light how frivolous, how unjust, is the charge that "symptom hunters," as they are sometimes called, have discarded pathology; of all others, they have regarded it most comprehensively, because they have studied it analytically and most discriminately; let these, then, most of all, be acquitted and forever absolved from a charge of attempting a divorce between pathology and symptomatology.

In this connection we sometimes hear that good prescribers are oftentimes poor diagnosticians. This improbable proposition is a legitimate corollary of the one we have been considering, and falls to the ground with it. As a rule in medical science and its practice, a physician must have been a thorough student, and must be an intelligent observer, in order to be a good, that is, a successful prescriber. In this term is embraced all that relates to pathological conditions, — which constitute disease, — whether induced spontaneously, so to speak, or through the agency of drugs, or from whatsoever cause; short of this, and without the possession of a therapeutic law, there is no such thing as medical science in its broadest sense. Learned twaddle and technical phraseology, however profuse, no more evinces a knowledge of principles, or of their practical application in medical science than in any other. It should, therefore, form no part of homœopathic literature, for homœopathy deals in facts and in the individualization of disease rather than in its theoretical generalization. It is far more easy to concede that a physician may be a good diagnostician and a poor prescriber, but this can only be in case of his total unfitness for the practical duties of the profession he has chosen. The possession of certain intuitive faculties may largely conduce to unusual accuracy in diagnosis; also the almost exclusive cultivation of that branch of medical science, naturally, if not necessarily, shuts out the cognition of disease in any other than its diagnostic aspect. Quite too frequently do we find this class of physicians relying almost wholly

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upon their intuitions and upon the deductions drawn from theoretical generalization, when they come to the therapeutical or practical aspect of disease; such, if homœopathic physicians, are found to be but poor prescribers, and poorer representatives of our system, almost invariably bringing it into discredit, although as allopathists they would be grandly successful, and would truthfully illustrate whatever of therapeutic law may be justly conceded to that mode of medical practice.

As well might we, as a rule, expect excellence in the higher branches of mathematical science, where its intermediate branches, and even its elementary principles, had been neglected or overlooked, or the greatest skill and proficiency in the science of music without a preliminary knowledge of its rudiments and a thorough study and practice of its principles, as to expect excellence as to the therapeutic relations of medical science, without a constant recognition and a diligent study of the symptoms of disease. For the groupings and infinite combinations of symptoms furnish the themes both for diagnostic and for therapeutic observation and culture, as those of the eight musical notes, or of the nine digits, furnish exercise for ultimate mathematical or musical excellence and skill. We might, then, as well make a virtue of necessity, and become, one and all, "symptom hunters," if thereby we may excel as homœopathic physicians, and best illustrate the sublime principles which underlie our system of medical practice, and which constitute the science of homœopathic therapeutics in their legitimate application.

The intuitive faculties will furnish but little aid in the selection of proper remedies for the successful treatment of disease, without an antecedent as well as a concurrent study of those symptoms which represent it; and, although pathology and symptomatology in the abstract may be studied separately, they must, in their practical application, go hand in hand; in other words, upon a correct diagnosis or analysis, both as to disease and as to the agents to be curatively employed against it, a successful result depends; and these requisites come not by intuition, but rather as the reward of systematic and diligent study and observation.

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METASTASIS.

BY S. LILIENTHAL, M. D., NEW YORK.

KAFKA and Goullon, jun., two stars of the first magnitude, on the horizon of German homœopathy, have given us lately, in Hirschel's Klinik, their own ideas about metastasis, *pro* and *con*. Let us see, therefore, if it is not possible to bring order out of chaos, and to harmonize apparently contradictory opinions.

Goullon relies on facts; for his very first quotation reads: "*Les faits sont les principaux éléments qui determinent mes convictions.*" He then gives many cases to prove that where a disease has been driven away only, but not cured, other diseases would take its place, and the latter would only disappear when the original disease reappears. He cites as proofs: —

1. A man had an ulcer on his leg, and enjoyed very good health. After it healed up, he became insane, and was not cured till a seton was set in the calf of his leg. When this was allowed to heal, a relapse of his insanity occurred, which ceased again as soon as the artificial suppuration was re-established. Kafka replies to this case, that he has frequently witnessed the healing of long-standing ulcers, without any evil consequences; and does not believe that the seton had anything to do with the case.

Is not one positive fact worth more than mere negation?

2. Another person suffered from hydrocele, after the suppression of an eczema. After an operation, the eczema returned. Kafka: Why not? The most different diseases may appear accidentally. I treated two children of one family, suffering from scabies, by inunctions with sulphur. When they got well, the younger one suffered from ophthalmo-blenorrhœa, the other from croup; both were treated *lege artis*, without regard to the itch, and both got entirely well, although the eruption never reappeared. Furthermore, relapses of eczema are of daily occurrence, and may appear simultaneously with an emphysema, an asthma, or a hydrocele.

3. Another person suffered an operation for fistula ani, and after it healed, he became insane, but recovered spontaneously, as soon as a new fistula ani made its appearance. Kafka: How does a fistula ani affect the brain? By a dyscrasia stercoralis? By

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resorption of pus or ichor? Although such resorption produces many a dangerous state, we have nowhere found insanity mentioned as one of them.

4. Military surgeons affirm that the suppression of perspiration may be followed by epilepsy, and many an epilepsy has ceased when suppressed hæmorrhages or skin diseases reappeared. Kafka: It is well known that a sudden cooling of a perspiring skin may produce convulsions in children, hysterical spasms, epileptic fits, asthma, colic, etc.; but such an effect must not be ascribed to the suppressed perspiration, but rather to the inimical action of the cold air, or of the cold winds on the peripheric nerves. Have sudorifics ever cured such a case?

Goullon continues: The physician who cannot see the intimate connection between a suppressed secretion and a disease afterwards developed, will never take the trouble to give his remedies in such a manner as to reproduce the former secretion; or, still worse, he will not be afraid to suppress excessive secretions and to stop their discharge by mechanical means, for he denies the possibility of a reappearance of the same disease in other organs. Such a physician endeavors to quickly dry up running sores; he will stop habitual hæmorrhages with styptic remedies, apply strong stringents to chronic blenorrhœas, and allow his patients suffering from measles or scarlet fever to leave their bed at any time, as the eruption cannot be driven in, and metastatic processes, according to Hebra and others, are mere illusions. But does not nature herself show us, especially in exanthematic diseases, that she labors to send the poison which would produce the most direful effects on internal organs to the surface, *i. e.* to the skin, and thus give relief to the sufferer. This law of nature repeats itself in every disease. Let us examine closely that ominous word "metastasis," and according to its etymological composition it means: something looming up behind another thing, "an invisible sprite, which comes and goes according to its own unaccountable notions, while still the thorough physician is able to call it up or to remove it. Or, in other words, we may define metastasis to be the voluntary or forced change of locality of one and the same disease;" the simultaneous change of form being caused by the change of locality. The appearance of

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a disease after a preceding suppression of a physiological function we only consider as a psuedo-metastasis; as, for example, the case narrated by Esquirol, where a man became insane from washing his head with cold water when his body was perspiring freely. It does not matter in relation to the diagnosis, if the genuine metastasis involve an aggravation (fatal or not), or a beneficial crisis; but it is always necessary that the disease, with the appearance of the metastasis, leave the ground where it first took position, or else it is merely an extension and a natural evolution of the disease. When a diabetic patient acquires in the course of his disease a cataract or a tuberculosis, we cannot consider it a metastasis; but as an example of a pure metastasis we take a case in which pre-existing severe pains, as in acute articular rheumatism, suddenly cease, and a meningitis sets in with clearly defined symptoms; or when orchitis follows a suddenly retroceded parotitis. It is well also to recollect, that during a disease the body is impaired in all its functions, — the individual parts have lost some of their powers of resistance, powers which, according to the nature and the course of a disease, are liable to change, and under the influence of such changes in the external as well as internal relations a more fitting depository may be selected in this or that anatomical system for the elimination of pathological processes. It is therefore self-evident, that the doctrine of metastasis is closely connected with the doctrine of crisis, metastasis being only a good or bad crisis. For by crisis we understand the excessive functional action of one or more organs in order to relieve other organs of morbid affections; the theory of metastasis finds, therefore, its natural practical solution without becoming lost in theoretical or philosophical explanations. Therefore, when we consider not only the physiological antagonism between serous, mucous and epidermoidal membranes, but also the manifest connection between all tissues and particles of organs through the nervous system and the circulation of the blood, we arrive at the following conclusions: —

1. Any disease may change its location and therefore its form.

2. States originally pathological, which, by long habit, become of physiological importance, cannot be changed without producing deleterious consequences in the form of metastatic retrocession.

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3. Such metastatic retrocessions can only be relieved by reproducing the *statum quo ante.*

To this letter of Goullon, jun., Kafka replies: Every physician acknowledges that there is a connection between a suppressed secretion and a consequent disease; but we explain this fact differently. We see, after suppression of habitual hæmorrhages, hyperæmia frequently arising in those organs which stand in special relations to the bleeding organ either by continuity, affinity, or consensus. Thus menstruation is frequently suppressed by the effects of sudden colds, mental emotions, etc., and a painful abdominal state sets in, simulating colic, peritonitis, vaginitis, etc., according as the noxious influence produce real stasis or only nervous irritation. According to Goullon, our first and only duty would be to force menstruation to reappear again as quickly as possible; but we believe he will never succeed in it. The inflammatory affection, or the nervous hyperæsthesia must be quieted, our patient must feel that her health is again restored, and menstruation will then take care of itself and reappear spontaneously. The same is the case in all painful attacks from chlorosis. Remove the pains, enrich the blood with red blood-globules, and the menses will appear as soon as conservative nature feels itself competent for such performance. Even in vicarious hæmorrhages, which are only consequences of a high degree of hyperæmia in other organs, we will never succeed in forcing the menstrual flow as long as the disturbances of the circulation remain. Thus I understand this important matter; but let me illustrate it by other examples. Too frequent serous secretions from the body, as habitual perspiration of the feet or too copious perspiration, render the body liable to manifold diseases engendered by atmospheric changes; such diseased states are not transpositions of morbific matter from the skin to internal organs; they can only be ascribed to the deleterious influence of moisture, winds, colds, etc. If only a transposition had taken place, a good old-fashioned sweat would be the remedy, but we all know that even copious sweating does not always relieve these affections. A sudden suppression of the sweat of the feet may produce the most diverse diseases originating from atmospheric changes, but the feet will remain dry, as long as the affections are not removed, in spite of hot or cold pedi-

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luvia, sinapism, irritating or homœopathic appliances; but as soon as these painful affections are removed, the perspiration returns spontaneously, frequently to the astonishment of the physician who has failed to succeed with all the weapons of his armamentarium.

The most different inflammatory or painful affections appear in organs near and remote duri g the suppression of mucous secretions, as leucorrhœa, blenorrhœa, coryza, from whatever cause they may have arisen. During the course of this second disease the secretion ceases entirely, or is reduced to a minimum. This also cannot be considered as a transposition, but rather the secretion is supplanted by the fresh disease. We observe this process very clearly in gonorrhœa complicated with orchitis. If this were only a transposition of the gonorrhœal matter, the orchitis could not cease till the gonorrhœa would be in full blast again; but we usually see the orchitis first removed, and then the gonorrhœa may spontaneously return. The same is also the case with all physiological secretions during the breaking out of febrile or inflammatory diseases; for the more intense their first stage is, the more we see the salivary, urinary, lacteal and other secretions diminish. The same happens during lactation. Puerperal fever, metritis, peritonitis do not ensue because the secretion of milk is stopped, but milk fails to be secreted as soon as such morbific processes begin to disturb the equilibrium of the organs. During an otitis externa the affected ear is dry and the patient is hard of hearing because the auditory canal is closed; but as soon as the inflammation decreases, increased secretion takes place, and the hearing becomes restored, for the swelling of the mucous membrane subsides, and the sound is again carried forward. During the course of exanthematic fevers, patients sometimes lie in a burning fever though the eruption is fully developed; and, at another time, there is hardly any trace of fever, while still the eruption is slow to make its appearance. The more the fever rises, the more we see patients exposed to complicating inflammations of the lungs, pleura, meninges, etc. As soon as such a complication takes place, the eruption suddenly disappears, either totally or partially, and reappears as soon as the inflammation has visibly decreased. Every attempt to reproduce the eruption fails as long as the fever and the inflammation run high; with their decrease

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the eruption spontaneously reappears. This reappearance of the eruption is neither of semiotic nor of prognostic importance, if the fever does not simultaneously decrease with a reaction of the temperature and a general amelioration in the local manifestations. It is also a great error to consider sequelæ of exanthemata as metastases; they arise frequently without known cause, even after the most careful and painstaking attendance, as well as after errors in nursing; they frequently originate in the intensity of the eruption, or from different constitutional relations. It is well known and acknowledged by every physician how sensitive the skin remains for months to all external impressions, after the regular disappearance of acute exanthemata.

Goullon compares metastasis to a crisis; but recent researches during the last thirty years have overthrown many a dogma of ancient times, and strict examination and a progressive spirit is the watchword of our age. What this age understands by metastasis, I have shown in the chapters of my therapy, treating of puerperal fever, pyæmia and septicæmia, Vol. II., p. 785. Pyæmic foci are most frequently observed in the lungs, liver, spleen, kidneys, brain, etc. They present abscesses, seated on the periphery of the organs, etc. Such abscesses were formerly considered as pyæmic metastases, and ascribed to the infection of the blood with pus. But Virchow has shown by manifold experiments that such abscesses originate from embolia, etc. Again, Vol. II., p. 609: Pathological anatomy shows that the uterine veins contain puriform coagulations, producing, secondarily, further inflammatory manifestations in the veins and lymphatics; and soon, also, metastatic inflammations of the greatest importance in distant organs, known as puerperal metastases, etc.

We see from these translations that neither Kafka nor Goullon deny a pathological state, which may be termed *metastasis;* but, whereas Goullon defines it with our Dunglison "as the sudden transference of diseased action, or of a natural or morbid secretion from one part to another," Kafka throws aside these doctrines of an ancient humoral pathology, and uses the word *metastasis* more in the sense in which others would use the term *secondary.* Where we differ from both is in the therapeutical

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application, and we may safely acknowledge that practical evidence leans more to the side of Kafka than to Goullon; for the true similimum will cover the primary and secondary disease, and at once eradicate the disease, which is but one, although it may have changed locality and form. Let me elucidate this by a few cases: —

Mrs. B., prima donna of the opera, has always enjoyed the very best health; she is of sanguine temperament, dark complexion, and able to undergo any amount of fatigue. While singing at the Academy of Music (a place frequently called the Hecatombs, because it exposes the artists to continual drafts), she caught a severe cold, and as it did not affect her voice, she repeated, though unwell, her difficult rôle on the following evening. She reached her home chilled through, and passed a sleepless night, with high fever. The morning found an erysipelas of the face fully developed; and, as it was the busy season, the director requested the attending physician to hasten his treatment. Sugar-of-lead lotions were therefore applied; the erysipelas left the face, but the patient, although acting her parts in the opera with apparently the same vigor, suffered terribly for five long months. Gastralgia and abdominal colic were now her daily tormentors; she constantly vomited large quantities of glairy white masses; her formerly clear complexion turned to a dirty yellow; her appetite failed, and the little which she could eat was vomited up again; obstinate constipation set in, or when she had a stool with excruciating agony, the discharged fæces were not larger than a small pebble, and equally hard. Narcotics, nervines, tonics, taken in large quantities, rather aggravated her sufferings. The Congress water of Saratoga lay like so much lead in her stomach, and produced a suppression of her formerly regular menstruation. She returned discouraged, and allowed herself to be persuaded to try homœopathy. My choice fell on *Ammonium carbonicum*, as it is one of our best specifics in retrocession of eruptions, and we found every symptom represented from which our patient suffered. In fact, the *Carbonate of ammonia* covered the primary erysipelas as well as the secondary abdominal affection; the natural consequence was, of necessity, a perfect cure. If this is not a metastasis, according to Goullon, because the erysipelas did not reappear after the removal of the gastralgia,

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then we admit that we do not understand the meaning of the word; and we would also inquire of Kafka if he thinks that any other remedy, from the large quantity recommended by Hirschel in his prize essay, would have eradicated the whole disease, as this similimum did; still we find under *Ammonium carbonicum* only such symptoms as pains in the stomach, disturbing the night's rest; severe pressure and squeezing in the stomach, and pit of the stomach, nausea and vomiting of all food, followed by sour taste, fullness of the stomach, painfulness to external pressure, constriction of the chest and abdomen, constipation, etc., which we will find among many other remedies; but there is hardly any other one which gives us the symptoms of primary erysipelas. The totality of the symptoms is required for the selection of the remedy, and a cure only can follow, if such is thoroughly the case.

Our esteemed colleague, Dr. Carroll Dunham, was once requested to treat a young man for deafness. The symptoms given were too scanty for the selection of any remedy; and, as the mother of the young man was present, Dr. Dunham inquired into the previous history of the case. He learned from the intelligent mother that, when a child, he suffered from tinea capitis; this was exterminated by ointments, and deafness resulted. The minute description of the eruption was such, that *Mezereum* would cover the case; and as hardness of hearing is also found in its symptomatology, he prescribed it. The result showed the wisdom of his choice, for after a short time the young man was, for the first time in his life, able to listen to a sermon; the sense of hearing became fully restored, although no tinea capitis made its reappearance. Here, also, the right remedy covered the primary and secondary or "metastatic" disease, and by one well-managed application removed the whole pathological state.

Grauvogl, Vol. II., 213, considers the idea of metastasis of morbid products wrong. Morbid causes may migrate hither and thither, and their consequences may extend themselves over large fields; but physiological products can only pass in the direction of excretory organs.

Wagner, in his General Pathology, p. 37, remarks, that the final results of any disease are: (1.) Perfect restitution of normal

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health; (2.) Transition into other morbid states, secondary diseases, or sequelæ, — incomplete restitution; (3.) Cessation of the existence of the organism, death. He continues, p. 47: We must consider a cure incomplete when there remains a disposition to become sick again. "In what this disposition consists, we are still unable to say; it may be disturbances in form or in its component parts, but they are so slight that our crude mode of examination fails to discover them; we must also distinguish between imperfect cures and sequelæ, as the former are morbid states, left from the original disease, whereas sequelæ are new processes. We find, in many works, sequelæ and complications terribly mixed up; so pericarditis may complicate an articular rheumatism, but it may also appear upon the stage only after the rheumatic affection of the joints has run its full course. On the contrary, we would call *metastasis* a change by which one morbid state becomes better or ceases entirely, as soon as another one makes its appearance."

Considering now the whole field, and the different opinions of so many distinguished authors, would it not be far better to erase from our medical dictionary the Greek word *metastasis*, and use instead the plain English terms: complication, sequela, or after-disease, and secondary disease, which are easily understood by every body.

But after all, "to heal" is our duty, and here we must entirely differ from Goullon, who considers the *status quo ante* as *the* condition for a cure; "*sublata causa tollitur effectus*" is an axiom which will prove itself true in such processes, whether we call them metastatic, or by any other name; and Kafka's "spontaneous reappearance of suppressed discharges" would never take place, if his therapeutical measures were not directed towards the removal of the cause which produced the suppression. Kafka is right in declaring that issues, setons, local adjuvantia and locally acting remedies, like emmenagogues, belong to bygone ages. Hahnemann's glorious doctrine of the *totality of the symptoms* is the guiding star, and our cures will be the more prompt, the more we learn to follow his three golden rules.

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TWO CASES.

BY E. H. SPOONER, M. D., READING, PA.

SCARLATINA has been fearfully prevalent here during the past three months, and is so still. Among the cases I have treated there is one which I think especially interesting, in view both of the number and variety of its sequelæ, and its confirmation of the value of topical applications in diphtheritic formations, especially of the efficacy of the alcoholic preparations, in accordance with the views of Dr. Von Grauvogl, who regards these formations as fungous growths readily destroyed by alcohol.

Case 1. — J. S., a boy of 4½ years, was taken with scarlet fever on Feb 12th. The case was of a mild character, and yielded readily to the usual remedies. It presented nothing noteworthy until the sixth day, or Feb. 17th, when the lips and mouth were very sore, and the glands about the neck became much swollen, with an offensive discharge from the nose. The whole case seemed to call especially for *Arum tri.*, and I was much disappointed at the utter failure of this drug in this case; I continued its use for two days, with an occasional dose of *Calc.*, without the slightest benefit. There was now a very offensive discharge from the ear, and the throat and tongue were covered with a diphtheritic membrane, the tongue being actually glued to the roof of the mouth. There was no false membrane about the nostrils, but the discharge was very profuse, both from the nose and ear, and the mouth and throat presented a fearful sight. I now determined to cleanse the throat and tongue with the *Muriated tinct. of iron*, which I applied, undiluted, with a camel's-hair pencil. It dissolved the whole mass readily, and I removed it, to the great relief of the little patient. This process was repeated several times by the parents, and the success of this application was most gratifying. I now administered *Merc. biniod.*[2] in alternation with *Kali bichrom.*[1], and continued this treatment until the 26th, when the mouth and throat were well. There was still a slight discharge from the nose and ear; but the child was playing about the house, and, from exposure to cold, and perhaps from the introduction of the nasal discharge, the left eye and its lids next became much inflamed, swollen

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and puffy, of a dark mahogany-red. This gradually spread over the cheek, but readily yielded to *Apis* and *Bell.*

March 7th. — Cerebral symptoms. Muttering delirium. Sleeps most of time. Will take no nourishment but milk. Much fever and sweat in the afternoon. — *Bell.*[1]

9th. — Urine scanty and dark. — *Apis.*[1]

10th. — Severe chill in the morning, followed by fever and sweat in the afternoon. — *Lach.*[6] The urine continued scanty and dark, but gradually improved under *Helleb.*[1]

On and after the 13th, he seemed to have a well-marked quotidian intermittent. A severe chill in the morning, followed by heat and sweat in the afternoon and evening. Gave *Natr. m.*[200] with some benefit for some days, but finally cured the whole trouble with *Chinin. sulph.*[2] and discharged the case cured on the 22d.

Case 2. — March 15th, I was called to see a case of nephritis of three weeks standing, or rather *lying*, for the only position this patient, Mrs. Van C., could assume, was upon the back; not being able to lie upon either side, or to sit up.

There was a constant burning sensation in the region of both kidneys, with frequent urination. Urine yellowish-red; mucus, or albuminous flocks or masses discharged from rectum upon the slightest motion, or movement of body; shortness of breath; short, dry and fatiguing cough, with great weakness and prostration; *Canth.*[200] alone and unaided, cured this case in about one week. Even on the 16th, she was sitting in a chair for the first time since her sickness; on the next day she was down stairs; pain in back nearly gone, as also the cough; no diarrhœa. On the 24th she was discharged as cured. I think this case illustrates or demonstrates the power of our most delicate preparations, or high attenuations, to cure disease, when applied in accordance with the law, *similia similibus.*

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The New England Medical Gazette.

BOSTON, APRIL, 1870.

THE peculiar and remarkable property of the sun's rays, known as actinism, has of late attracted great attention from scientific men. It is entirely distinct from the light and heat which that luminary gives off so abundantly, and is, to some extent, a creative and conservative influence pervading nature. To this power we owe the whole art of photography, which gives a permanent existence to the face of a friend, the form of a flitting cloud, and even the crest of the dashing wave.

Actinism amazes us yet more by its wonderful influence upon the organic world. It causes the buds to swell and the seeds to germinate, and wakens all nature into fresh life. At this season of the year, when the most wonderful changes are to be wrought by the agency of the actinic rays, may we not hope that these influences will strike deeper and go farther than the mere material world. We have never yet heard of medical actinism. But is there not evidence that this, or some other vivifying power, is exerting a benign influence upon our branch of the profession?

Is there not a new life and growth infused into our ranks, to be made more manifest the present year than ever before? Our colleges, *seminaria* of nursling-plants, have given us an unusual supply of new doctors to be planted (located, we call it) in every part of the country. And these colleges themselves, manifesting increased vigor of growth, are taking on new life with every step in the improvement of medical education. Hospitals, also, which for the last quarter of a century have been the dream and hope of our school, seem just now to be springing up in various places. St. Louis presents its "Good Samaritan" as an example to other cities; while in Philadelphia, New York, Boston, and some say in Cincinnati and Chicago also, the ground is even now bursting with vigorous germs of similar institutions. Dispensaries, already firmly rooted in our large cities, are being started in many of our smaller towns. Even societies were never more active than now, and we may well believe that their growth in the year 1870 will be greater than ever. A large number of meetings are about to be held; and, led by the noble State of New

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York, one after another her sister States will follow in her footsteps until the Garden City shall witness, in June, the largest and most enthusiastic meeting of homœopaths ever held. While each of our individual members is pressing on as never before, let us all draw strength and renewed courage from these signs of a rare medical actinism, and eagerly grasp the duties which we have to perform in the cultivation and growth of our beloved science.

The Homœopathic Hospital in Burroughs Place. — It is with more than usual pleasure that we are able to announce the organization of an institution which not only the profession but the whole homœopathic community of Boston and vicinity have long desired. Fifteen years ago a homœopathic hospital was so much a necessity that a charter for one was obtained, and a liberal grant of State aid failed only by a single vote in the Massachusetts Legislature. Ten years ago the organization was revived, and would probably have established the hospital but for other drafts upon every man's energies occasioned by the sudden breaking out of the great rebellion.

But in our branch of the profession we have a consciousness of every element of success, and there should be no such word as fail. A few of our number have now taken up the matter in real earnest, with the determination that before the summer passes a homœopathic hospital shall be provided for the sick and destitute of this city. In these efforts they have been heartily seconded by some of the best as well as the most prominent citizens of Boston.

The Board of Trustees which has been secured to take the general control of this institution will command the entire respect of the community, and be to them a guaranty of its success. We owe the hospital something more than good wishes: all of us have active duties to perform in aiding it. Dependent as it must be upon the liberality of the community, we must each of us do our utmost, both in giving, and in soliciting contributions from our liberal-minded patients and friends. That this institution will live and be a successful one is well assured. Its growth and usefulness will be proportioned to the efforts we make in its behalf.

CORRESPONDENCE.

New York City, March 7, 1870.

Dear Gazette: The new hall of the Young Men's Christian Association was well filled last Saturday evening by an interested and

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appreciative audience, gathered to honor the occasion of "the tenth annual commencement of the New York Homœopathic Medical College." Thirty-eight gentlemen received the degree of doctor of medicine, and four a special degree: Drs. Edwin A. Lodge and Walter Pardee, and Messrs. L. Drescher, and A. B. Conger. Among the graduates we noticed two physicians who had previously received diplomas from allopathic Colleges,— Drs. J. Benjamin Franklin, and J. Ralsey White, of this city.

Dr. S. H. Carroll of Albany, New York, gave the address in behalf of the class, expressive of thanks to the faculty, and parting regrets as regarded class associations.

Prof. J. A. Carmichael gave an interesting valedictory address, on the influence of homœopathy upon allopathic treatment; the address was clear, and pleasantly rendered, and readily understood by the laity as well as by the members of the profession. But we regret that it was marred, both at the opening and close, by remarks which detracted very much from its merits. The speaker said that in alluding to his allopathic opponents, he would not use the "Billingsgate" which they usually employed in speaking of homœopathists. Yet, in referring to his predecessor and his associates, he used language which, although it fulfilled its design of provoking laughter and applause from those who were to receive their diplomas at his hand, did not seem appropriate language for a learned Professor, or "a gentlemanly physician."

Though this professor may succeed in teaching homœopathy "free from any taint of the two hundredth of Nux," as was remarked, yet the honor and merit of those who were formerly members of the faculty will not be forgotten by the profession, and personal abuse can no more touch them than it can injure a certain Christian physician, honored and loved here as well as in your own city, "the head and front of whose offending" is that his name appears on religious publications. The bitterness exhibited in our school is a shame to us; low dilutionists ridiculing the high as transcendental, and the high, in return, stigmatizing the low as crude and uneducated. Away with such unworthy and discourteous bearing; let the freedom of thought and liberty of action, which is the glory of America, characterize our profession, and we shall hasten the day, — for which the speaker expressed strong desire, — when distinctive terms shall be thrown aside, and all stand as physicians in the broadest, truest sense of the word.

On the 5th inst. an informal meeting was held at the office of Dr. H. D. Paine, for consultation previous to a public meeting in behalf of the "Homœopathic Insane Asylum." A general interest is manifested in the enterprise. Pleasantly located grounds have been secured at Middletown, on the Erie Railroad, sixty-seven miles from New York. Fifty thousand dollars have been subscribed by the citizens there, other sums are pledged, and as soon as $150,000 is obtained it is proposed to erect a portion of the buildings, and complete the work as rapidly as possible, at a probable cost of $400,000. Of the progress of this enterprise you shall be seasonably informed.

Yours, truly, H.

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HELLEBORUS IN HYDROCEPHALUS.

PROVIDENCE, March 21, 1870.

DEAR GAZETTE: In reply to your correspondent S——, in the March number, permit me to say I am not a believer in the "*Elixir of Life.*" I intended to simply state the fact that the tincture of *Helleborus niger*, either alone or in conjunction with *Zincum metallicum* has proved, in my practice, more successful in curing hydrocephalus than *Helleborus* in attenuation, or than any other remedy; and I cited a few cases to show what the symptoms were that yielded to *Helleborus* and *Zinc.*

Hydrocephalus has not been of frequent occurrence in my practice; still I did not record all the cases cured, nor have I been able to cure all the cases thus treated. Among the cases not cured, not one of them had what I consider the *characteristic symptoms of Helleborus niger* in this disease, viz: *rigidity of the muscles of the neck and limbs*, one or both. Some of the cases cured had not this marked rigidness, but were attended with dilatation of the pupils and retention of urine, which *Bell.* failed to affect. My object in giving these cases was to call the attention of the profession to the use of this drug in this difficult and often fatal disease.

IRA BARROWS, M. D.

AFFAIRS IN NEW JERSEY.

TRENTON, N. J., March 9, 1870.

DEAR EDITOR: You must not fail to be present "at Library Hall at Newark, on the second Tuesday (12) of April next, at eleven o'clock in the forenoon," when "THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY" will hold its first legal meeting, in pursuance of a liberal charter lately passed by the House of Representatives, and just now by the Senate, in both cases by a unanimous vote — an allopathic doctor in the Senate happening not to say *no*. The sums we have spent in lobbying, bribery, feeing clerks, and other and more legitimate expenses of getting a bill through a legislature, have amounted, in all, to a prodigious total of NINE DOLLARS! But the petition which backed us was an amazement to every one. Judge whether there wasn't some work in getting it up. Homœopathic doctors will be no longer outlaws, and will be able to collect their dues like citizens; — nay, more, we have yet hopes that New Jersey may in time come to be reckoned as one of the United States!

We gained another victory to-day. A bill before the Legislature had an amendment aimed at homœopaths, compelling the Regents of the Hudson County Hospital to appoint *regulars* only as physicians and assistants. This was resisted by some of our friends, and overwhelmingly defeated.

Our Society has twenty corporators, and can hold real and personal property to the amount of $25,000. We are to have a

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"President, three Vice-Presidents, Recording Secretary, Corresponding Secretary, Treasurer, Board of Censors, and such other officers as the Society may think proper from time to time to appoint"; and "all the benefits and privileges that any duly licensed physician or surgeon now has, or may hereafter have, under any law of this State, with full power to frame and regulate fee-bills." In short, all we could ask or wish.

Great is our rejoicing, and great will be our triumph on the 12th *proximo*. A special Providence seems to have watched over our bill, as the course of legislation has been unusually snarled this year. You may well suppose that, with clean hands and such a constituency, we are "in full feather."

Yours, Y. McG.

REPORTS OF SOCIETIES.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The thirtieth annual session of this society will be held in Boston, on Wednesday, April 13, 1870. Eighty or a hundred physicians cannot come together from different parts of the State, without bringing with them a vast amount of clinical observation and experience; and it should be the object of these meetings to educe the most valuable portion of this for the benefit of the profession. The President, Dr. G. W. Swazey, of Springfield, will give the opening address, and Dr. David Thayer, of Boston, the annual address.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by A. F. Squier, M. D., Secretary.

March 14, 1870. — Dr. Pierce stated that the person whose case he had previously reported as of ovarian dropsy [see *Gazette*, Vol. IV., pp. 379, 424] had died, and that the autopsy had revealed a condition of things wholly unexpected from the history of the case. About three months before death there appeared a fluctuating tumor just over the pubes which opened at the site of the cicatrix of the wound made by the first tapping. It discharged three or four quarts of thick pus. This discharge continued, and the exhaustion consequent upon it was evidently the cause of death, as there was no interruption of any of the vital functions.

At the examination, the abdominal viscera were found pushed up by a large sac which rested on the pelvic brim, and had free communication with the pelvis of the left kidney. The sac was of the capacity of about two gallons, and its walls were of fibrous material about three-eighths of an inch in thickness. The left kidney had lost its proper structural character, was soft, friable, and had the appearance

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of liver. The uterus and ovaries were found in good condition, and wholly unconnected with the sac. From the advanced state of decomposition in which the viscera were found, it was impossible to determine the exact relations of the sac.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Reported by C. C. Slocomb, M.D., Recording Secretary.

The quarterly meeting was held in Temperance Hall, Worcester, Feb. 9, 1870, the President, Dr. Chamberlain, in the chair. Owing to the roads being blockaded with snow, but few members outside the city were present. A portion of the morning session was spent in the discussion of the prevailing epidemics, their treatment, the prevention of contagion, etc.

Dr. Brooks stated that for children teething, *Kreosote* from the 3d to the 12th, had done most good.

Dr. Hunt had cured two cases of spermatorrhœa with *Digitalin*, 3 dec. He had also cured a case of painless and frequent diuresis with *Phos. ac.*[3]

Dr. Brooks mentioned a case of ulceration of the bladder, in a lady thirty years of age. He had tried the various remedies indicated in the case, but without success; finally he resorted to the gum elastic (English) catheter, which the patient has now worn for four years, changing it every day or two. Authority says, a catheter should not be thus worn, but in this case the patient is kept comfortable by it.

Dr. Chamberlain called attention to the valuable properties of *Sulpho-carbolate of soda* as an antiseptic in scarlet fever (see Braithwaite).

The *Sulpho-carbolate of zinc* had proved a good remedy in gonorrhœa.

Dr. Whittier stated that he had found *Ustilago*, 1st or 2d, an invaluable remedy in hæmorrhage after abortion; but that in menorrhagia, the 3d to the 6th had proved better.

Dr. Chamberlain spoke of two recent cases of dysmenorrhœa and menorrhagia, which he had relieved with *Arsen.*

Dr. Hunt had relieved a case of chronic coxalgia by the successive use of *Kali jodidum*, *Colocynthis*, *Rhus. tox.*, and *Bell.*

Dr. Brooks had cured a case of rheumatism in the neck and shoulder with *Amm. muriat.*, one drachm to a pint of water, several drops at a dose. He also finds *Copaiva* a very useful remedy in a rattling cough.

Dr. Nichols thinks chronic hepatization of the lungs can be cured; he had cured a case of one year's standing.

A case was spoken of as having been cured with *Ranunculus bulbosus.* The expectoration amounted to a pint a day, and had a dirty appearance, of the color of prune-juice, or like beef-brine.

Dr. Chamberlain cured several bad cases of hepatization, of from three to six weeks' standing, with *Ammonium carb.*

AFTERNOON SESSION.

Dr. Chamberlain read a paper on Electricity and its Therapeutical

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Application, giving a very thorough *resumé* of the opinions of different writers on the subject. Dr. Chamberlain has paid special attention of late to this subject, in perfecting plans for the more ready and convenient application of electricity to the various parts of the body.

Dr. Hunt presented a case of local palsy, and illustrated one division of Dr. Chamberlain's paper by a local application of electricity.

Adjourned at 4 P. M.

The Secretary being absent, Dr. Chamberlain very kindly furnished him his notes of the proceedings, from which to make his report.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The Society held its Nineteenth Annual Session in the City Hall, Albany, on February 8th and 9th, 1870. Dr. Wm. Wright, of Brooklyn, President of the Society, occupied the chair.

FIRST DAY.

After the session was opened by prayer, the President in his inaugural said: —

Gentlemen of the Homœopathic Medical Society: It is with no ordinary feelings that we greet your presence here to-day. At whatever sacrifice you may have purchased the relaxation of a visit to the city, I cannot but feel it is well that you have found it in your hearts to come here to this grand council of the State. The annual gathering of the representatives of our profession throughout the State cannot fail to be productive of great good.

No striking event has occurred since last we met to work an era in our history, yet our progress has been steadily onward, making new breaches continually upon the walled citadel of that system of medicine whose chief reliance, aside from its age, consists in the presumed unscalable height of its walls, and the imagined strength of its bulwarks. It is estimated that there are now some eight hundred homœopathic practitioners in this State alone, and although the several medical colleges are sending out large classes annually, the supply does not equal the demand.

The Margarettville Retreat for the Insane has proved a failure; still it does not indicate a want of interest in the welfare of this unfortunate class of our fellow-citizens. While this may retard, let it not discourage any well-organized and systematic effort to erect a better institution than the one at Margarettville ever could have been. In view of the present condition of the insane in our State, and the increasing numbers of the friends of homœopathy, its wealth and influence, it is but just that at least one asylum should be founded where the treatment shall be homœopathic. Our opponents, if honest, should favor such action on the part of the State, if for no other reason than to show the folly of homœopathy. I would recommend the appointment of a committee to take charge of the subject, and to confer with, or petition the Legislature in relation thereto.

Some action is necessary to place the financial queston on a solid basis. I would recommend the appointment of a committee for tha purpose.

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Congratulating you, gentlemen, upon the favorable auspices under which we meet, may I not express the confident hope that our present session will be one of great harmony and good-will, one indeed on which we may all look back, when we shall have returned to our homes, with feelings of unalloyed pleasure.

A committee of three was appointed to consider and report on the suggestions set forth in the President's address.

A committee was also appointed to wait on the Governor and Legislature, and invite them to attend the sessions of the Society.

On motion of Dr. Blakeley, all homœopathic physicians present were invited to participate in the proceedings of the Society. Dr. Elial T. Foote, of New Haven, Ct., the oldest honorary member of the Society, was invited to occupy a seat by the side of the President.

The following were elected permanent members of the Society: Drs. H. B. Millard, New York; H. N. Avery, Poughkeepsie; H. E. Morrill, Brooklyn; F. W. Ingalls, Kingston; C. G. Clark, Troy; G. H. Beach, Sandy Hill; J. N. White, Amsterdam; L. B. Waldo, Oswego; S. C. Knickerbocker, Watertown; C. C. Bass, Cazenovia; H. Doty, Margarettville; C. E. Swift, Auburn; W. M. Gwynn, Throopsville; H. S. Hutchins, Batavia; A. T. Bull, Buffalo.

The following were elected honorary members: Drs. John Drummond, Manchester, England; John J. Edic, Leavenworth, Kansas; John J. Drysdale, Liverpool, England; Z Von Grauvogl, Nuremberg, Germany; H. R. Madden, London, England; D. G. Woodvine, Boston, Mass.

The Treasurer presented a report, from which it appears that the total receipts for the year were $623.71. The expenditures were $598.46. The debt of the Society amounts to $322.27.

It was recommended that the names of delinquent members be stricken off the roll and new members elected in their place, if the law of the State will permit; and that County Societies represented by delinquent delegates be notified of the fact.

After transacting some further business relating to the funds of the Society, Dr. Waldo, from the Business Committee, read the following papers by their titles, and moved their reference to the Publication Committee: —

The Modus Operandi of Medicine in Curing Disease; By William Wright, M.D.

The Repetition of the Dose; By H. S. Benedict, M.D.

Carditis; By T. J. Pettit, M.D.

Oxalate of Cerium; By J. M. Cadmus, M.D.

The Blood in Pulmonary Tuberculosis; By Henry N. Avery, M.D.

Report on Clinical Medicine; By Dr. W. A. Ely, M.D.

The Proper Dose; By Henry Noah Martin, M.D.

The Homœopathic Dose; By George F. Foote, M.D.

The Dose; its potency and the frequency of its administration; By H. N. Avery, M.D.

Trephining the Tibia; By L. Pratt, M.D.

The Future Progress and Triumph of Homœopathy; By J. H. P. Frost, M.D.

Five Points House of Industry; — Report of Children's Hospital; By B. F. Joslin, M.D.

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Report of the Hahnemann Hospital, New York; By F. Seeger, M.D.

Cypripedin; By C. F. Mitchell, M.D.

Verbena Hastata in Rhus Poisoning; By S. W. Griffin, M.D.

Placenta Prævia; By S. W. Griffin, M.D.

Letters from Dr. H. D. Paine, New York, respecting the illness of John F. Gray, M.D.

Report of the New York City Homœopathic Dispensary; By A. P. Throop, M.D.

Report of the Westchester Homœopathic Medical Society.

Spotted Fever; By B. F. Joslin, M.D.

Obituary notice of H. S. Benedict, M.D.; By J. M. Cadmus, M.D.

Obituary notice of Josiah Bowers, M.D.; By B. F. Bowers, M.D.

Phthisis Pulmonalis; By L. B. Waldo, M.D.

Application of the Bandage in Surgical Cases; By Dr. Hotchkiss.

Zizia Aurea; By T. C. Duncan, M.D.

Several of these papers were read.

Letters were received from the following gentlemen: Drs. H. D. Paine, H. Doty, L. Clary, and L. Dennis.

Dr. Waldo offered a resolution, which was adopted, extending the sympathy of the Society to Dr. John F. Gray, in his present serious illness, which has prevented him from being present.

Recess until 3 P. M.

AFTERNOON SESSION.

The Society reconvened at 3 P.M. An interesting case of Bright's disease of the kidneys was described by Dr. McMurray, and remarks were made by a number of delegates.

Dr. Joslin made some remarks on vaccination, and hoped the members of the Society would express their views generally.

Dr. Waldo said the trouble in vaccination was to obtain good virus.

Dr. Wells said, the best way to obtain good virus was to select the best imported virus, and then take the virus from a healthy child. He thought that vaccination was the best and most thorough manner of preventing small-pox. He had been vaccinated at least twenty times, but never successfully.

The President said he had been vaccinated half a dozen times, and always successfully.

Dr. Searle mentioned the case of his little boy, who was never healthy before he was vaccinated. About a month ago he vaccinated him, and with the most marked results; he had grown stronger and healthier since the operation.

The discussion was continued at considerable length, several of the delegates expressing surprise that an impression had got abroad that homœopathists were opposed to vaccination.

Dr. McMurray said that sores, ulcers and other diseases existed before vaccination was discovered. So did small-pox, and it carried off hundreds of thousands where it does not now hundreds.

Dr. Searle, having occasion to vaccinate one hundred one evening, he broke up some matter in water, and in every instance successfully.

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Two or three days afterward, the same matter was applied to a child, and was followed by bad effects.

Dr. Jones said the result of vaccination was partly due to the state of the patient at the time. Having vaccinated a child, he told the mother that it would break out into sores, there being a roughness of the skin between the eyes. The child broke out into sores from the root of the nose to the nape of the neck.

The question of uterine diseases and the use of pessaries was next discussed by various members.

Resolutions were unanimously adopted, favoring a more thorough medical education, and approving the advanced position of certain colleges, in enlarging and dividing the curriculum into freshmen, junior and senior years.

The Society then adjourned.

EVENING SESSION.

The members met at the Assembly Chamber to listen to the address of Dr. Wm. S. Searle, of Brooklyn, on the subject of The Status of the Medical Profession in America. He presented an able elaboration of the following topics: Why the standing of the profession is lower in America to-day than in any other age or country. Review of the requirements of the government in respect to physicians in England, France and Germany. Many of the safeguards of European law are impossible in the United States. Defects of the present system of educating physicians in this country. Skill and ability to cure disease, at present, not the criterion of a physician's success. How far the government may legitimately interfere.

He then presented a draft of a bill for the regulation of the practice of physic and surgery, divided into the following sections: 1. Appointment of Censors by the Governor. 2. Department over which each Censor shall preside. 3. Term of office. 4. Filling vacancies. 5. Censors to be nominated by State medical societies. 6. Censors not to receive fees. 7 and 8. Mode of examining candidates. 9. Eligibility of candidates for the degree and title of Physician and Surgeon. The benefits likely to result from the proposed change were then discussed, and he concluded with an eloquent apostrophe to his profession, and urged his brethren to join hands with him in the endeavor to lift it from the slough of quackery and the quagmire of abuse.

Upon the conclusion of the address, the members adjourned to the Delavan House, where they enjoyed hospitalities provided by Dr. H. Swits, of Schenectady. After the collation, remarks were made by President Wright, Dr. Elial T. Foote of New Haven, Hon. John Stanton Gould, Hon. James W. Husted, Drs. George F. Foote, A. P. Throop, A. Wilder and I. S. P. Lord.

On motion of Dr. Watson, the thanks of the Society were tendered to the several speakers for their addresses, and to Dr. Swits for the entertainment he had so generously provided.

SECOND DAY.

The Society met at 9 o'clock.

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Dr. H. M. Smith, chairman of the committee on amending the By-Laws, presented a report recommending certain changes, among which was the establishment of a series of bureaus similar to those of the American Institute; also an executive board, consisting of the president, vice-president, secretaries, treasurer, and chairman of the several bureaus. The report was accepted, and the proposed changes adopted.

Dr. Searle, chairman of the Committee on the President's Address, reported that the committee fully indorsed the sentiments of the address, but find no occasion to recommend any legislative action by this Society in view of them.

Dr. Searle moved that a committee of six be appointed on the bill suggested in the Annual Address, to perfect the same, and report at the next annual meeting if any further action is necessary. Drs. Gray, Joslin, Dunham, H. D. Paine, Moffat, and Watson, were appointed such committee.

Reports of delegates to the various State Medical Societies were read and adopted.

The report of the nominating committee was received, and the following officers elected: —

President. — L. B Wells, M.D., Utica.

First Vice-President. — E. H. Hurd, M.D., Rochester.

Second Vice-President. — E. P. K. Smith, M.D., Auburn.

Third Vice-President. — T. F. Smith, M.D., New York.

Recording Secretary. — H. M. Paine, M.D., 104 State street, Albany.

Corresponding Secretary. — E. D. Jones, M.D., 140 State street, Albany.

Treasurer. — W. S. Searle, M.D., 119 Montague street, Brooklyn.

Censors, Northern District. — Drs. E. B. Cole, S. C. Knickerbocker, D. E. Southwick. Southern District. — Drs. L. W. Flagg, W. S. Searle, E. M. Kellogg. Middle District. — Drs. L. B. Waldo, G. Z. Noble, W. A. Hawley. Western District. — Drs. Charles Sumner, A. T. Bull, N. R. Seeley.

Chairmen of Bureaus. *Materia Medica.* — Carroll Dunham, M.D., 68 East 12th street, New York. *Clinical Medicine.* — W. H. Watson, M.D., 270 Genesee street, Utica, Oneida County. *Statistics.* — H. M. Smith, M.D., 107 Fourth avenue, New York. *Obstetrics.* — E. M. Kellogg, M.D., 21 East 20th street, New York. *Surgery.* — C. Th. Liebold, M.D., 107 Fourth avenue, New York.

The following were nominated for honorary membership: Drs. C. Hempel, St. Petersburgh, Russia; B. Hirschel, Dresden, Saxony; Alfred C. Pope, London, England; Mathias Roth, London, England; A. H. Hull, Chicago, Ill.; Robert J. McClatchey, Philadelphia, Pa.

The following were appointed delegates to the *American Institute of Homœopathy:* L. B. Waldo, Oswego; J. W. Sheldon, Syracuse; W. S. Searle, 119 Montague street, Brooklyn; E. B. Cole, Waterford; Wm. M. Gwynn, Throopsville; G. Z. Noble, Dundee; J. F. McKown, Albany; Henry Sayles, Elmira.

To State Medical Societies: —

Massachusetts. — E. B. Holmes, Canandaigua; H. M. Smith, 107 Fourth avenue, New York; H. D. Paine, 229 Fifth avenue, New York.

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Maine. — George B. Palmer, East Hamilton; H. N. Avery, 122 East 27th street, New York; J. S. Delavan, Albany.

Connecticut. — J. R. White, 124th street, between Second and Third avenues, New York; T. F. Smith, East 128th street, near Fourth avenue, New York; G. A. Gifford, Clayville.

Pennsylvania. — E. W. Avery, Poughkeepsie; J. McE. Wetmore, 278 Fourth avenue, New York; P. W. Mull, Ghent.

Michigan. — G. A. Hall, Westfield; A. R. Wright, Buffalo; N. R. Seeley, Elmira.

Indiana. — H. M. Paine, Albany; H. Minton, 138 Remsen street, Brooklyn; T. J. Pettit, Fort Plain.

Illinois. — F. W. Ingalls, Kingston; E. C. Bass, Cazenovia; Harman Swits, Schenectady.

Ohio. — C. H. Carpenter, Troy; E. D. Jones, Albany; S. D. Hand, Binghamton.

Missouri. — L. Clary, Syracuse; T. L. Brown, Binghamton; L. M. Kenyon, Buffalo.

New Jersey. — W. S. Searle, 119 Montague street, Brooklyn; W. H. Watson, Utica; William Wright, 35 Fifth street, Brooklyn, E. D.

New Hampshire. — B. F. Cornell, Fort Edward; D. E. Southwick, Ogdensburg; J. F. Miller, Cambridge.

Vermont. — H. A. Houghton, Keeseville; S. J. Pearsall, Saratoga Springs; George W. Little, Fort Edward.

Iowa. — J. M. Cadmus, Hammondsport; George W. Lewis, Buffalo; D. F. Bishop, Lockport.

Rhode Island. — B. F. Joslin, 52 West 29th street, New York; D. H. Bullard, Glenn's Falls; F. W. Ingalls, Kingston.

The President was authorized to fill all vacancies.

Reports were received from twenty homœopathic institutions and twenty-nine county societies in the State, and were referred to the Bureau of Statistics.

Dr. McMurray offered the following preamble and resolutions, which were adopted, —

Whereas, Geo. F. Foote, M.D., has for some months past been preparing plans, selecting a location, and collecting subscriptions for a Homœopathic Insane Asylum; therefore, —

Resolved, That Dr. Foote has the entire confidence of this Society.

Resolved, That we freely indorse his prepared plans and the work so far accomplished.

Resolved, That the President and Recording Secretary of the State Society, together with Drs. John F. Gray, Carroll Dunham and Samuel Lilienthal of New York, Wm. S. Searle of Brooklyn, William H. Watson of Utica, A. R. Wright of Buffalo, and Hon. J. Stanton Gould of Hudson, be, and are hereby, appointed as associate counsel with Dr. Foote in furthering the object of this work until a proper Board of Trustees shall be elected.

Dr. Foote addressed the meeting, and stated that he had plans for the asylum prepared, and had made arrangements whereby building materials could be obtained at very low rates.

The Society adjourned to meet at Rochester on the second Tuesday in September, 1870, at ten, A. M.

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Upwards of sixty members were present at this meeting. More than the usual interest was manifested in sustaining the Society to the full extent of its usefulness.

H. M. PAINE,
Recording Secretary.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

Reported by Wallace McGregor, M.D., Secretary.

THE Society met at the West Jersey Hotel, Camden, on Wednesday, February 16, 1870, at 11, A. M., D. R. Gardiner, M. D., President, in the chair. Ten members and two invited guests were present. James I. Whittington, M. D., of Windsor, and Walter Ward, M. D., of Mt. Holly, were duly elected members.

The motion made at the last meeting to change the name from "Homœopathic Medical Society of the Western District of New Jersey," to "West Jersey Homœopathic Medical Society," was adopted.

It was voted that the Annual Meeting be held at the West Jersey Hotel, Camden, on Wednesday, May 18, at 11, A. M. Physicians from the neighboring societies are invited to be present.

On motion, E. R. Tuller, M. D., was chosen Orator, and Isaac Cooper, M. D., Alternate.

Dr. Bancroft, of the Bureau of Obstetrics, made a report in writing as follows: August 26, 1866, Mr. S. H. called in reference to his wife, who, he stated, was in an unusual state of mental excitement, and who was more than six months advanced in pregnancy. Gave *Sulph.*[200], one powder to be taken that night. Next day, on visiting her, I found she had an irresistible desire to commit suicide. She had concealed this from her husband, had fought against it with all her will, — resisting, not without prayer, but was unable to banish it from her mind. She was the mother of five children, and, as she had no domestic or other trouble, this feeling could have its origin only in her pregnant condition. The only other symptom present was a dull, heavy pressure on the vertex. Gave her *Aurum met.*[200] and learned, several days after, that these feelings were removed. On the 6th of December, delivered her of a healthy child, and she said that she never had had a return of the symptoms.

Many women, especially primiparæ, suffer considerably from laceration of the posterior commissure of the vulva from labor, and especially when there has been an instrumental delivery. A relief for this has been found in a glycerate of hydrastis, made by dissolving a drachm of tincture of hydrastis in an ounce of glycerine, and applying to the parts several times a day.

PROLONGED LABOR. — Dr. Tuller related a case where the os dilated very slowly, labor was much prolonged, and presentation was apparently transverse. He turned the child, bringing the feet down, but the labor was very tedious; it was three hours from presentation of feet until breech came, then two hours till the shoulder came, and

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finally he had to introduce the forceps to deliver the head. The child was dead. Could he have done anything to save the child?

Dr. Hunt would have used some force to hasten the pains, and would have given ergot to bring on the pains if the child was still alive. Would it not have been well to hurry up matters?

Dr. Pfeiffer would not have waited so long before calling in help. If there was spasm, the spasm must be removed before the os could dilate. Would introduce the hand.

The President thought Dr. T. waited too long. He always hurries these cases. Had a footling case which he delivered in five minutes. Never uses forceps to deliver the head in such cases; he simply introduces his finger into the child's mouth, and pulls down the chin.

Dr. Tuller said the pains were sufficient, and did not need ergot to increase them. In reference to consultations with allopaths in such cases, he said they usually recommend ergot, which, contrary to his wishes, was given in a similar case by an allopath called in consultation. Before giving it the child was alive. The woman, after taking the ergot, labored hard, and suffered horribly for four hours, when finally she had to be delivered by the forceps, and the child was dead. Believes the child was killed by the ergot. He resolved then he would never call an allopath in consultation in a case of obstetrics. He would sooner take the responsibility himself.

Dr. Hunt always found Dr. Guernsey's directions in such cases all that is necessary. Thinks forceps should be used early in severe cases.

Osteo-Sarcoma.— Dr. Cooper, of the Bureau of Surgery, related the following case: During November, 1869, was called to see a lady aged twenty-two, who, when about fifteen years of age, received a blow upon the arm by her mother in a fit of passion. It passed by unnoticed, though becoming painful, and showed no signs of morbid growth till about two years previous to her death, when, from some cause, she received another blow, and it immediately commenced to grow. It grew till, when she died, it had reached the immense size of forty-two inches in circumference, from the elbow to the shoulder. It had been in this condition without causing her any suffering, till about two months previous to her death, when nature seemed to stop all nourishment to the parts, and sloughing commenced; it continued to decay till she was removed by death. Treatment was only palliative, aiming to relieve her as much as possible. External applications of carbolic acid diluted did much to make her comfortable, relieving the dreadful effluvia arising from her disease.

Dr. Ansten, from same Bureau, reported a case where a piece of iron became deeply imbedded in the cornea, and described the manner of removal.

Dr. Whittington related the treatment in a case of fracture of the tibia in the middle third, with other injuries, the face being dreadfully bruised by a fall. After setting the bone, he gave the patient *Arnica* tincture, and used the same externally. On the second visit, he called Dr. McGeorge in consultation, who recommended some changes in the splints in order to prevent trouble from the bone getting out of position. He also advised *Arnica*^{200}, internally and externally, and as

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soon as the man had recovered from his other external injuries, unless otherwise indicated, to place him under *Symphytum*^{200}, which would cover all the indications for the fractured bone, as well as the injured bone surrounding the eye. Dr. W. had carried out these suggestions, and the patient is doing well, in spite of his intemperate habits.

Dr. Hunt, from Bureau of Practice, asked for information on the subject of gonorrhœr. He had given, in one case of secondary syphilis, *Cinnabaris*, and in secondary symptoms of a chancre case, *Calendula*. His usual remedies were *Merc. sol.* and *Nitric. acid.*

Dr. Bancroft uses *Corallia rub.* and *Cinnabaris.*

Dr. McGeorge has found *Cannabis sativa* curative in nearly every primary case of gonorrhœa, although he has to resort to other remedies to complete a cure in obstinate cases. Uses *Natrum sulph.* in secondary cases, and in chronic, obstinate cases and in gleet, *Sulph.*, *Petrol.*, and *Merc.* He asked Dr. Hunt if he used *Merc. sol.* and *Nitric. acid.* in alternation. Dr. H. replied he did in some cases. Dr. McG. thought that in those cases it was difficult to tell which of the two remedies did the greatest good. He believed them to be antagonistic in their action. *Nitric. acid.* was one of the best antidotes to the mercurial preparations, and if too much mercury had been previously exhibited, should be given alone. He believed it better adapted to the phagedenic varieties than *Merc.* His manner of prescribing *Cann.* in gonorrhœa was to give one powder of the 200th, every day for a week, and a dilution of the same potency in alcohol, one drop of this to be placed in a gill of water, and used as a wash and lotion for the penis. In three or four days, the stool becomes very hard, but he does not change the remedy. He considers this trouble a mild punishment for this class of offenders against morality. He never resorts to injections.

Dr. Cooper uses permanganate of potash in gonorrhœa.

Dr. Bancroft, in greenish-yellow discharge, uses *Merc.;* when light-yellow, *Sulph.;* for thick, creamy discharge, *Capsicum.* He asked for information in treatment of syphilitic sore mouth.

Dr. Ansten uses in gonorrhœa *Gelseminum.*

Dr. Brown sent an interesting account of the successful treatment of a case of hydrocephalus, by means of *Bell.*, *Helleb.*, *Zinc.*, and later, *Sambucus.*

After some incidental discussion, the society adjourned.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The next annual meeting is to be in Chicago. The preliminary meeting will be held on Monday evening, 16th June, and the regular sessions are expected to occupy the four following days. The meetings have regularly increased in numbers and in interest for several years past. Chicago is a good place to visit — a wonder in itself. Its large-hearted people have welcomed many thronged conventions, political and others; we have never heard of any of them exhausting

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its hospitalities. Let the overworked come and rest; and let those who have a little fortunate leisure, spend it usefully in a better medical gathering than we have yet seen on this continent.

NEW YORK COLLEGE FOR WOMEN.

The commencement took place on the 23d of March, at the hall of the Young Men's Christian Association, and was honored by an immense audience. The graduates were Mrs. Howard of Ohio, Mrs. Gilbert of Michigan, Miss Everett of New York, Miss Smith of New York, and Miss De Hart of New Jersey. Miss Smith (a colored lady of great promise, and a most diligent student) was the valedictorian, and did honor to the choice of the class.

The New York College of women, although not a homœopathic college in name, still in fact is strictly so, as is clearly shown by the names of the faculty; and the Board of Censors, before whom the graduates had to pass a most searching examination, consists of Drs. Ball, Bowers, Hallock, Fowler, and Paine.

The summer course begins on the first of April, and will last two months. Dr. Allen will lecture on Diseases of the Eye, Dr. Burdick on Sequelæ of Parturition, Dr. Bradford on Diseases of the Skin, Dr. Furness (our lady professor of Anatomy) on Anatomy, and Dr. Lilienthal will continue his clinics at the Hospital and Dispensary during the whole summer.

HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI.

The Ninth Annual Commencement was held on March 2d, at 8, P. M., in the large hall of the Polytechnic building, St. Louis.

Prof. J. S. Temple, Dean of the college, delivered the opening address. He referred to the rise and progress of the college and its success. He spoke of the flattering present and future of the institution in glowing terms.

Mr. W. B. Baker, President of the board of Trustees, then addressed the graduating class, eleven in number. He spoke earnestly of the duties upon which they were now about to enter, and charged them in regard to its usefulness, its dangers and its responsibilities. The following gentlemen comprise the class: G. W. Higbee, Ind.; T. H. Vestry, Wis.; J. Venable, Ky.; A. Putsch, Minn.; N. Cash, St. Louis; J. P. Thorne, St. Louis; W. B. May, St. Louis; J. L. Higbee, Ind.; C. Sibley, Ill.; P. Ewald, St. Louis; C. H. Haskins, St. Louis.

Dr. Chase, with an appropriate and brief address, then presented the "Parsons Medal" (for proficiency in anatomy) to Dr. T. H. Vestry. The "Temple Medal," for proficiency in Materia Medica, was presented by Geo. M. Stewart, Esq., with a brief address, to Dr. P. Ewald, of St. Louis. The "Franklin Medal" was presented by the same gentleman to George W. Higbee, for proficiency in surgery.

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The medals were of plain and highly polished silver, rimmed. Upon one side was engraved the name of the receiver, and upon the reverse the name of the college.

The valedictory address to the graduating class was delivered by Professor S. B. Parsons, and was replete with sound instruction and excellent advice to the graduating class, and it was listened to with attention by all present.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

ANNUAL COMMENCEMENT.

The *Daily Evening Bulletin* contains a very full report of an excellent commencement of this college, held at the Academy of Music on March 9, 1870. It was a large and spirited meeting. The valedictory address was by Professor Raue. The degrees were conferred by the President of the Board of Trustees. After them came numerous presents of bouquets, books, etc., from friends and preceptors. After the benediction the exercises were closed with "an aria and chorus, given with immense effect." The names of the forty-nine regular graduates are as follows: —

V. F. Alexander, Md.; Myron H. Adams, N. Y.; John P. Birch, Pa.; Henry Baethig, Jr., N. Y.; James H. Blake, Texas; Freeman Berry, Jr., R. I.; T. R. Blackwood, N. J.; Jedediah M. Barton, Mass.; William H. Crow, Del.; A. P. Chalker, N. J.; Sam'l H. Colburn, Va.; Thos. S. Dunning, Del.; Olin M. Drake, Mass.; Silas B. Dickerman, N. H.; E. H. Eisenbrey, Pa.; Moses M. Frye, N. Y.; Geo. Tyler Flanders, Vt.; Richard Gardiner, Jr., N. J.; Wm. C. Goodno, Pa.; Asa S. Gaskill, N. J.; Alfred K. Hills, Mass.; Eugene F. Hoyt, N. Y.; Jacob Iszard, N. J.; Samuel Kennedy, Pa.; Randal M. Lytle. M. D., Tenn.; Henry M. Lewis, Nevada; Chas. A. R. Moore, Va.; Robt. L. McIntire, Pa.; Joseph A. Moké, Prussia; Harry P. Mera, M. D., N. Y.; John Nottingham, N. J.; Trimble Pratt, Pa.; Nelson A. Pennoyer, Wis.; Geo. W. Parker, Pa.; Chas. W. Perkins, N. J.; Amos A. Roth, Pa.; Joseph M. Rotzell, Pa.; Wm. Benj. Reynolds, Pa.; Benj. F. Reich, M. D., Pa.; Hyland W. Rice, Ill.; Geo. M. Romig, Pa.; Richard Schulz, Germany; Elhanan Z. Schmuker, Pa.; Chas. M. Savage, Ohio; Geo. R. Spooner, Mass.; John C. Slay, Del.; Wm. G. Taylor, Pa.; Eugene C. Thompson, Ohio; Jeptha W. Tatem, N. J.

Special Degree — James H. Patton, Richmond, Va.

Honorary Degrees — Carroll Dunham, M. D., New York; T. F. Allen, M. D., New York.

HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.

Report of surgical operations performed in connection with the Clinic during the session of 1869 – 70, by Malcom Macfarlan, M. D., Professor of Clinical Surgery: —

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Resection of the ramus and part of the body of the lower jaw; amputation of thigh (middle third); of the fore-arm, with flap (2); arm near the shoulder; fingers (2); removal of fatty tumor from side (weight three pounds); necrosed bone from tibia; of cancerous breast; of septum of nose, for tumor; of uvula; of tumors of the scalp (3); of large fibrous tumor from the neck; of tumors in the orbit; of tumors of the eyelids (2); of foreign bodies from the eye (2); operation for ptosis (2); entropion; ectropion (2); pterygium (2); staphyloma (2); strabismus (6); Von Graefe's operation for hard cataract (5); secondary needle operation on capsules; artificial pupil (3); extirpation of eyeball; blepharoplasty, otoplasty; hare-lip, simple and complicated; cleft palate; division of frænum of tongue; obstructed lachrymal passages (5) paronychia; ganglion of the wrist; tenotomy; hypospadia; fistula, anal and perineal; division of stricture in rectum; internal division of stricture of urethra; phymosis (2); for relief and for radical cure of inguinal hernia; femoral hernia; fractures of clavicle, humerus, its condyles, radius, and tibia; dislocations of shoulder and wrist.

Besides the above seventy-seven operations, many cases of a minor character were treated medically and otherwise.

BOSTON HOMŒOPATHIC HOSPITAL.

The following circular has been issued: —

Reception and Fair, in aid of the Homœopathic Hospital, to be held in the Hospital Building, No. 14 Burroughs place, Boston, on Wednesday and Thursday, May 11 and 12, 1870.

The need in this city of a hospital devoted to homœopathic treatment in disease, has been often urged; and with more than common pleasure we make the announcement to our friends that a few individuals have initiated a movement to found such an institution. We beg the co-operation of our friends and all interested, in this effort to give to the sick and destitute the humane curative method so familiar to and highly valued by us.

The following ways are suggested by which every person can render efficient aid.

First, by donations of money for the establishment of free beds, or for the general purposes of the hospital.

Second, by yearly subscriptions.

Third, by contributions to a *Reception and Fair*, to be held on Wednesday and Thursday, May 11th and 12th, at the Hospital Building, No. 14 Burroughs place. Useful and fancy articles, works of art, pictures, ornaments, books, flowers, and refreshments are especially solicited by the Executive Committee: Mrs. B. de Gersdorff, 136 Boylston street; Mrs. H. C. Angell, 16 Beacon street; Mrs. Conrad Wesselhoeft, 57 Chauncy street; Mrs. J. H. Woodbury, 58 Temple street; Mrs. I. T. Talbot, 31 Mt. Vernon street.

The following have been selected as a Board of Trustees of the Hospital: —

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Alexander H. Rice, *President;* William Claflin, Alpheus Hardy, *Vice-Presidents;* Newton Talbot, Henry L. Pierce, William Pope, David H. Blaney, R. A. Ballou; Frank W. Andrews, *Treasurer;* John C. Park, *Secretary;* together with the members of the Medical Board.

Medical Board. — Henry C. Angell, Conrad Wesselhoeft, J. H. Woodbury, B. de Gersdorff, I. T. Talbot.

GRAM MONUMENT FUND.

The Treasurer has received the following subscriptions from New England to the above Fund since the last acknowledgment: —

Dr. Moses Dodge,	Portland, Me.
Dr. W. A. Jones,	Lyndeborough, N. H.
Dr. David Thayer, 58 Beach street,	Boston.
Dr. Mercy B. Jackson, 681 Tremont street,	Boston.
Dr. James Hedenberg,	Medford, Mass.
Miss L. Osgood,	" "
Misses Bartlett,	" "
Dr. Samuel Alvord,	Chicopee Falls, "
Dr. P. K. Guild,	Jamaica Plain, "
Mrs. S. R. Spalding,	" " "
" G. A. Curtis,	" " "
" W. D. Ticknor,	" " "
Miss Ticknor,	" " "
Mrs. Franklin Greene,	" " "
" P. F. Folsom,	" " "
" William Burrage,	" " "
" D. S. Greenough,	" " "
" J. L. Gorham,	" " "
" William Evans,	" " "
A Friend,	" " "
Dr. Samuel Shaw,	Palmer, "
Dr. J. E. Lucas,	Springfield, "
Dr. G. W. Swazey,	" "
Dr. Luke Corcoran,	" "
Mr. D. B. Wesson,	" "
Mr. J. L. King,	" "
Dr. James H. Austin,	Bristol, Conn.
Dr. William Bulkley,	Danbury, "
Dr. William E. Bulkley,	" "
Mr. Henry S. Hoyt,	" "
" Edgar S. Tweedy,	" "
" Isaac W. Ives,	" "
" Lucius P. Hoyt,	" "
" William R. White,	" "
" William Sabine,	" "
" Daniel M. Benedict,	" "
Hon. Roger Averill,	" "
Mrs. A. E. Tweedy,	" "

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Mr. Joseph M. Ives,	Danbury,	Conn.
" John Cosier,	"	"
" William H. Tweedy,	"	"
" George Cowperthwait,	"	"
" Edmund Tweedy,	"	"
" Henry S. Turrel,	"	"
" John Daun,	"	"
" Jacob Merritt,	"	"
" Charles H. Merritt,	"	"
" Theodore Hoyt,	"	"
Mrs. Fanny Hoyt,	"	"
Mr. Charles H. Merritt, jr.,	"	"
Dr. S. E. Swift,	Colchester,	"

Physicians and others having lists, are requested to forward the names of subscribers already obtained at an early day.

The subscriptions received by the Treasurer, amount to upwards of six hundred, of which New England has furnished 160, as follows: from Maine 16, New Hampshire 2, Massachusetts 102, Connecticut 37, Rhode Island 3. Forty-seven of these are from Physicians.

HENRY D. PAINE, *Treasurer.*

229 FIFTH AVENUE, NEW YORK, MARCH 21, 1870.

ITEMS AND EXTRACTS.

LEWISTON, ME., is to have a general hospital.

SMALL-POX. — The Board of Education of Jacksonville, Ill., have closed the city ward-schools in that city for two weeks, as a preventive against the small-pox.

SPOTTED FEVER prevails to an alarming extent in Daviess county, Ind., and many deaths are occurring. Out of a school of thirty-five scholars at Mt. Zion school-house, in the German settlement, thirteen of the pupils — all of them girls — died of the disease in two weeks.

DISCIPLINE. — Mr. F. Stearns, of Detroit, an ex-President of the American Pharmaceutical Association, has been expelled for putting forth a nostrum called "Sweet Quinine," which contained no quinine, and was therefore a fraudulent imposition. Mr. Stearns' "offence is rank," and he has undoubtedly been justly punished; but we doubt if the community suffer as much from his nostrum as if it were the veritable article which it simulates.

THE FIRST INOCULATION FOR SMALL-POX. — Cotton Mather, "the distinguished divine," introduced inoculation for small-pox, in the eighteenth century. He accidently came upon an account of inoculation as practised in Turkey, and bored physicians with the scheme for a long time unsuccessfully. On the 29th day of June, 1721, Dr. Zabdiel Boylston inoculated his only son for small-pox.

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QUACKERY IN HIGH PLACES. — A communication in the *Buffalo Medical and Surgical Journal* arraigns Dr. Atlee, of Philadelphia, the famous gynæcologist, for professional irregularities.

HOMŒOPATHY IN PARIS. — The Homœopathic Society of France have decided to have another hospital in Paris, devoted to the practice of homœopathy.

LIBEL. — Dr. W. W. Lemon, a homœopathic physician in Jacksonville, Ill., has brought a suit for libel against Dr. David Prince, of the Jacksonville Infirmary, laying his damages at five thousand dollars. The alleged libel was contained in an article published in the *Journal*, of that city, from the pen of Dr. Prince, in which Dr. Lemon is referred to as a charlatan, charm-dispenser, necromancer, etc.

MANSLAUGHTER. — The English Government have appointed Mr. Gifford, Q. C., to prosecute the parents of the Welsh fasting girl, who have been committed for manslaughter.

FARADAY MEMORIAL. — The subscriptions to this object have reached $1,400. A monument, it is said, is to be erected in the British Musuem. This is all the present generation of Englishmen seem inclined to do to perpetuate the memory of the greatest philosopher of their time.

"IF NOT TAKEN, RETURN IN TEN DAYS." — Dr. T. sent by mail a bottle of homœopathic pellets to a patient, with the usual direction to the post-master printed on the corner of the envelope. He was not a little surprised to receive, on the morning of the eleventh day, the half emptied bottle, with a note from the patient saying that he returned them *as requested*, although they had done him a great deal of good, and he should have been glad to have taken them a little longer.

HOMŒOPATHIC DIRECTORY.

BY HENRY M. SMITH, M.D., NEW YORK.

MASSACHUSETTS.

Continued from page 167.

PRACTITIONERS.

IN Massachusetts there are 259 homœopathic physicians according to the following list. Names printed in SMALL CAPITALS have been registered with the American Institute of Homœopathy; those prefixed with an asterisk * are members of the Institute, and those with the prefix † are members of the State Society.

I am indebted to many Physicians in Massachusetts for favors, and especially to Drs. I. T. Talbot, Boston, and E. U. Jones, Taunton. The statistics of population have been generally taken from the State census of 1865. That of Boston is its present estimated population.

[The title M.D. is affixed to those only who have, in response to the circulars, registered their names and the college from which they graduated with Dr. Smith, Chairman of the Bureau of Registration of the American Institute of Homœopathy. All members of the Institute, as

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well as of the State Society, are graduates. Most of the other physicians in the list are also graduates. — *Ed. Gazette.*]

Abington, Plymouth Co. Pop. 8,576.
Jameson, Robert E.

Abington, (South).
Copeland, H. Frank.

Adams, (North), Berkshire Co. Pop. 8,298.
†Harvey, A.
Van Rensselaer, D. C.
Williams, A. G.

Adams, (South).
McDurfee, W.

Amesbury, Essex Co. Pop. 4,181.
Gale, J. B.

Amherst, Hampshire Co. Pop. 3,415.
CATE, HAMILTON J., M.D.

Andover, Essex Co. Pop. 5,314.
Bradford, O. L.
Howarth, J.
Pearson, Charles H.

Athol, (Depot), Worcester Co. Pop. 2,814.
Broonz, Frederick R.

Attleboro' (East), Bristol Co. Pop. 6,200.
†SANFORD, EDWARD, M.D.

Attleboro' (North).
*Foster, James W.

Barnstable, (Cotuit Port), Barnstable, Co. Pop. 4,928.
George, ———

Billerica, Middlesex Co. Pop. 1,808.
Parker, Daniel.

Boston, Suffolk Co. Estimated Population 275,000.
Abell, Mrs. L. W., 173 Charles street.
†*Ahlborn, Henry, 76 Charles street.
†*Angell, Henry C., 16 Beacon street.
†*Boothby, Alonzo, 16 Staniford street.
†BUSHNELL, WILLIAM, M.D., 58 Webster street, E. B.
†*CLARK, LUTHER, M.D., 37 Pinckney street.
†*CROSS, HIRAM B., M.D., 384 Broadway, S.B.
†*CROSS, WM. PLUMMER, M.D., 379 Broadway, S.B.
†*CULLIS, CHARLES, M.D., 18 Ashburton place.
DAVIS, JOSEPH DRESSER, M.D., 78 Shawmut avenue.
Drake, O. M., 11 Bowdoin street.
†*FULLER, MILTON, M.D., 35 Essex street.
†*GAMBELL, WILLARD PARKMAN, M.D., 2 Rutland street.
†*Geist, C. F., 367 Columbus avenue.
†*GERSDORFF, ERNST BRUNO DE, M.D., 136 Boylston street.
Gove, Hiram, 4 Princeton street, E.B.
†*GREGG, SAMUEL, M.D., 35 Howard street.
†*HARRIS, JOHN T., M.D., Highlands, 2146 Washington street.
Hastings, Miss C. E., 27 Boylston street.
HATHAWAY, WM. F., M.D., 58 Beach street.
†*HOFFENDAHL, H. L. H., M.D., 25 Somerset street.
*HUMPHREY, OTIS, M.D., 496 Tremont street.
JACKSON, MERCY B., M.D., 681 Tremont street.
†JACKSON, WILLIAM F., M.D., Highlands, 84 Dudley street.
†*KREBS, FRANZ HUGO, M.D., 63 Chauncy street.
†LEE, LUTHER M., M.D., Harrison square, Dorchester.
†*MACFARLAND, LAFAYETTE, M. D., 1492 Washington street.
†Macomber, H. K., 36 Newton street.
†*Morrill, Henry B., 17 Harrison ave.
†*PACKARD, LIBERTY D., M.D., Broadway and Dorchester street, S.B.
†*PAINE, JOSEPH P., M. D., 84 Dudley street.
†*PALMER, FRED. N., M., D., 37 Pinckney street.
†*PAYNE, JAMES H., M.D. 1262 Washington street.
†PEASE, GILES, M.D., 77 Dartmouth street.

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†*Pease Giles M., M.D., 77 Dartmouth street.
†*Robinson, Charles F., 83 Saratoga street, E.B.
†*Russell, George, M.D., 14 Lynde street.
†*Sanders, Orren Strong, M.D., 11 Bowdoin street.
†*Shattuck, Henry P., M.D., 645 Washington street.
Spaulding, E. F., 4 Princeton street, E.B.
Spooner, John P., Dorchester.
†*Squier, A. F., 1 Asylum street.
†*Talbot, I. Tisdale, M.D., 31 Mt. Vernon street.
†*Thayer, David, M.D., 58 Beach street.
†*Turner, John, M.D., 725 Tremont street.
†Underwood, F. H., 1087 Washington street.
†*Weld, C. M., Norfolk House.
†*Wesselhoeft, Conrad, M.D., 57 Chauncy street.
†*Wesselhoeft, Wm. Palmer, M.D., 173 Tremont street.
†*West, Benj. H., M.D., 2 Union Park.
White, Mrs. John S., 98 Decatur street.
†Whitney, Sullivan, M.D., 3 Tremont Temple.
*Willard, Ephraim, M.D , 4 Garland street.
†*Willis, L. Murray, M. D., 274 Meridian street, E. B.
†*Woodbury, James Harvey, M.D., 58 Temple street.
Woods, William, 68 Carver street.
†*Woodvine, Denton Geo., M.D., 733 Tremont street.

Bridgewater, Plymouth Co. Pop. 4,196.
Alden, S.
†*Lowe, Lewis Gould, M.D.

Bridgewater, East, Plymouth Co. Pop. 2,976.
Harris, Charles W.

Bridgewater, North, Plymouth Co. Pop. 6,332.
Dean, E. E.
Johnson, Mrs. E. A.

Bridgewater, West, (Cochesett), Plymouth Co. Pop. 1,825.
Swan, James C.

Brookfield, West, Worcester Co. Pop. 2,101.
Forbes, George F., M.D.

Brookline, Norfolk Co. Pop. 5,267.
†*Sanford, Enoch W., M.D.
*Wesselhoeft, Geo. P.

Cambridge, Middlesex Co. Pop. 29,112.
†*Chase, Hiram L., M.D.

Cambridge, (East).
†*Farnsworth, Chas. H.

Cambridge, (North.)
†*Fletcher, Wm. K.

Charlestown, Middlesex Co. Pop. 26,369.
†*Neilson, James C.
†*Pierce, Levi, M.D.

Charlton, Worcester Co. Pop. 1,925.
Taft, George H.

Chelsea, Suffolk Co. Pop. 14,403.
†*Cutler, William C.
†* Johnson, Daniel A.
†*Packer, David, M.D.
†* Walker, Charles Henry, M.D.

Chicopee, Hampden Co. Pop. 7,577.
Forbes, C. F.
Jenness, W. W.

Chicopee (Falls.)
*Alvord, Samuel.

Clinton. Worcester Co. Pop. 4,021.
*Brooks, Charles A., M.D.

Conway, Franklin Co. Pop. 1,538.
Vining, D. T.

Danvers, Essex Co. Pop. 5,144.
†*Whiting, Lewis, M.D.

Dedham, Norfolk Co. Pop. 7,195.
Southgate, George A.,

Dedham, (Mill Village).
*Ware William G., M.D.

Dedham, (South).
†*Cragin, Francis M., M.D.

Dedham, (West).
Butman, George F., M.D.

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Dighton, (North), Bristol Co. Pop. 1,813.
Aldrich, E. B.

Easton, Bristol Co. Pop. 3,076.
Deans, Samuel.

Easton (South).
Swan, Caleb.

Egremont, (North), Berkshire Co. Pop. 928.
MILLARD, LOUISA S., M.D.

Fall River, Bristol Co. Pop. 17,481.
†*CLARKE, JOHN L., M.D.
Davis, R. T.
Fiske, J.
Richards, William.

Falmouth, Barnstable Co. Pop. 2,283.
Thayer, C. W.

Fitchburg, Worcester Co. Pop. 8,118.
†*FREELAND, JAMES CHESTER, M. D.
†*WHITTIER, DANIEL B., M.D.

Foxborough, Norfolk Co. Pop. 2,778.
Dickerman, Lemuel.
Dickerman, William A.

Framingham, Middlesex Co. Pop. 4,665.
Johnson, O. O.

Framingham, (Saxonville.)
Wiggin, J. M.

Framingham, (South).
*DENNETT, GEO. WILLIAM, M.D.

Franklin, Norfolk Co. Pop. 2,510.
Brown, David M.

Gloucester, Essex Co. Pop. 11,937.
Conant, Thomas.

Great Barrington, Berkshire Co. Pop. 3,920.
PENNIMAN, J. A., M.D.
VAN DEUSEN, HARLOW A., M.D.

Greenfield, Franklin Co. Pop. 3,211.
*HARDING, W. F., M.D.
Stone, E. L.
†*WILDER, DANIEL, M.D.

Groton, Middlesex Co. Pop. 3,176.
Willis, E.

Hardwick, Worcester Co. Pop. 1,967.
Ruggles, Mrs. Moses.

Haverhill, Essex Co. Pop. 10,740.
†Chase, Irah E.
*MOORE, JAMES OTIS, M.D.
Sawyer, B. A.
*SAWYER, BENJ. EDWARDS, M. D.

Hingham, Plymouth Co. Pop. 4,176.
†*SPALDING, HENRY C., M.D.

Holyoke, Hampden Co. Pop 5,648.
SMITH, GEORGE HERBERT, M.D.
Woods, J. U.

Hyde Park, Norfolk Co. Pop. 2,500 (estimated).
Sumner, Thomas F.

Lawrence, Essex Co. Pop. 21,698.
†*FRENCH, ARTHUR J., M.D.
HUMPHREY, DAVID, M.D.
†LOUGEE, WM. HATCH, M.D.

Lee, Berkshire Co. Pop. 4,035.
Gifford, T. B.
Greene, W. W. B.
Stratton, C. W.

Leicester, (Clappville), Worcester Co. Pop. 2,527.
Rosenthal, Gustavus.

Leominster, Worcester Co. Pop. 3,313.
BROWN, H. K., M.D.

Lowell, Middlesex Co. Pop. 30,990.
Aldrich, E. A.
BUSWELL, ALBERT, M.D.
†*HOLT, DANIEL, M.D.
*Holt, Edward B.
*PACKER, EDMUND H., M.D.
Parker, Daniel.
*Parker, Hiram.
Thompson, A.

Lynn, Essex Co. Pop. 20,747.
*Brown, Josiah.
†*CUSHING, ALVIN M., M. D.
FLANDERS, MARTHA J., M.D.
†*GREEN, BENJAMIN F., M.D.
†KIMBALL, JAMES HENRY, M.D.

Malden, Middlsex Co. Pop. 6,840.
†*BURPEE, JOHN A., M.D.
DAWES, WILLIAM GREANLEAF, M. D.
†*SAWTELLE, GEORGE B., M.D.

Mansfield, Bristol Co. Pop. 2,130.
Perry, W. F.

Marblehead, Essex Co. Pop. 7,308.
*Foster, Edward.
†*Morse, Martin V. B.

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Marion, Plymouth Co. Pop. 960.
Sturtevant, Charles.
Vose, Henry C.

Marlborough, Middlesex Co. Pop. 7,164.
Hinks, E. F.

Medford, Middlesex Co. Pop. 4,839.
†*Hedenberg, James, M.D.

Medway, (East,) Norfolk Co. Pop. 3,219.
Gale, Amory.

Medway, (West).
*Gale, James A., M.D.

Melrose, Middlesex Co. Pop. 2,865.
Livor, J.
†*Smith, J. Heber.

Middleborough, Plymouth Co. Pop. 4,566.
Baker, Mrs. J. C.
†*Sherman, John H., M.D.

Milford (Hopedale).
Gay, Emily.

Milford, Worcester Co. Pop. 9,108.
†Herbert, Charles D.

Millbury, Worcester Co. Pop. 3,780.
Clark, Henry A.

Nantucket, Nantucket Co. Pop. 4,748.
Franklin, J. H.

Natick, Middlesex Co. Pop. 5,208.
†*Gunter, Geo. W., M.D.

New Bedford, Bristol Co. Pop. 20,853.
†Chisholm, W. R.
†*Clarke, Henry B., M.D.
†*Derkey, Francis F. de.
†*Matthies, G. Felix, M.D.
†*Sisson, Edward R., M.D.
†*Spencer, Charles L.
*Stearns, George W., M.D.

Newburyport, Essex Co. Pop. 12,976.
Cummings, E. P.
Foss, David.
†*Gale, Stephen Madison, M.D.

Newton, Middlesex Co. Pop. 8,975.
†Keith, Theodore S.
†*Scales, Edward P., M. D.

Newton, (Auburndale).
Hopkins, E. B.

Newton, (Newtonville).
*†Taylor, Charles W., M.D.

Northampton, Hampshire Co. Pop. 7,925.
*Harding, Evan B., M.D.
Roberts, Osmon O., M.D.

Norton, Bristol Co. Pop. 1,709.
†Rounds, Benjamin M.

Otis, Berkshire Co. Pop. 956.
Champlin, H. C.

Palmer, Hampden Co. Pop. 3,080.
Shaw, Samuel.

Peabody, Essex Co. Pop. 6,051.
Haley, George.

Pittsfield, Berkshire Co. Pop. 9,676.
Bailey, Charles, M. D.
Waite, L.
Wentworth, Walter Henry, M.D.

Plymouth, Plymouth Co. Pop. 6,068.
Oehme, Ferd. Gustav., M.D.

Provincetown, Barnstable Co. Pop. 3,472.
Whiting, Isaiah.

Quincy, Norfolk Co. Pop. 6,718.
Underwood, Joseph.

Randolph, Norfolk Co. Pop. 5,734.
†Babbitt, Warren M.

Rutland, Worcester Co. Pop. 1,011.
*Slocomb, Christopher Columbus, M.D.

Roxbury, West, (Jamaica Plain), Norfolk Co. Pop. 6,912,
†*Guild, Phineas K., M.D.

Salem, Essex Co. Pop. 21,189.
†*Cate, Shadrach M., M.D.
†*Morrill, Ezekiel, M.D.
†*Morse, Nathan R., M.D.
Worcester, Samuel.
†*Worcester, Samuel H.

Sandwich, Barnstable Co. Pop. 4,158.
Hannan, D. B.

Savoy, Berkshire Co. Pop. 866.
Bowker, A. M.

Scituate, (West,) Plymouth Co. Pop. 2,269.
Greeley, ———.

Sheffield, Berkshire Co. Pop. 2,459.
Train, Horace D.

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Sherborn, Middlesex Co. Pop. 1,049.
Blanchard, A. H.

Somerville, Middlesex Co. Pop. 9,353.
Sargent, Ignatius.
VAN DE SANDE, DANIEL FRED. GEO., M.D.

Somerville, (East).
*†HEMENWAY, HORACE P., M.D.

South Hadley (Falls), Hampshire Co. Pop. 2,099.
†*PEARSON, WILLIAM, M.D.

Springfield, Hampden Co. Pop. 22,035.
Allen, Edmund C.
Booth, Alfred.
Buck, C. H.
†*Collins, Henry A.
*Corcoran, Luke.
Lucas, John E.
*†SWAZEY, GEORGE W., M.D.

Stockbridge, Berkshire Co. Pop. 1,967.
Adams, Lucius S.

Stockbridge, Glendale.
Warner, Thomas J.

Stoneham, Middlesex Co. Pop. 3,298.
†Hodgson, Richard.

Stoughton, Norfolk Co. Pop. 4,855.
Swan, W. E. C.

Sturbridge (Fiskdale), Worcester Co. Pop. 1,993.
Allen, Liberty.

Taunton, Bristol Co. Pop. 16,005.
†*Barrows, George.
†*HAYWARD, JOSEPH W., M.D.
†*JONES, ELIJAH U., M.D.

Tyringham, Berkshire Co. Pop. 650.
Wilson, John W.

Uxbridge, Worcester Co. Pop. 2,838.
Macomber, J. M.

Wakefield, Middlesex Co. Pop. 3,244.
Chapin, Solomon.

Waltham, Middlesex Co. Pop. 6,896.
WORCESTER, EDWARD, M.D.

Wareham, Plymouth Co. Pop. 2,798.
Chubbuck, Mrs. L. A.
Eaton, E. R.

Warren, Worcester Co. Pop. 2,180.
Sibley, Freeman R.

Wendell, Franklin Co. Pop. 603.
Andrews, Orin.

Westfield, Hampden Co. Pop. 5,634.
*ABBOTT, JEHIEL, M.D.
MULLEN, FRANK, M.D.

Westport, Bristol Co. Pop. 2,799.
Parris, J. B.

Weymouth, Norfolk Co. Pop. 7,675.
Swan, James.

Weymouth, (North).
Tirrell, Norton Q.

Winchester, Middlesex Co. Pop. 1,968.
Trask, Mary E.

Woburn, Middlesex Co. Pop. 6,999.
Kendall, Mrs.
†*SCALES, THOMAS SPENCER, M.D.

Worcester, Worcester Co. Pop. 30,055.
Baker, Mrs. Mary G.
†*CHAMBERLAIN, WILLIAM B., M.D.
†*Hunt, David, jr.
†*Nichols, Lemuel B.
Thayer, H. R.

Wrentham, Norfolk Co. Pop. 3,072.
Blake, Jacob.

Wrentham, (North.)
Mann, T. H.

Yarmouth, (South,) Barnstable Co. Pop. 2,472.
Harris, Handy.

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PERSONAL.

Dr. W. E. PAYNE, of Bath, Me., writes us that Rev. Mr. Howland, mentioned in the January number of the *Gazette*, p. 60, 6th paragraph from top, should be Rev. Mr. HOWARD.

Dr. JAS. B. BELL settled in Augusta, Me., in 1861, instead of 1865, as printed. We learn from Dr. HENRY NOAH MARTIN, Philadelphia, that Dr. E. J. Foster is at Burlington, Vt., instead of Montpelier. Dr. H. H. Carpenter went from Derby, Vt., to Newport, where he died in July, 1868. Dr. Jas. A. Steele has gone from Derby, Vt., to Dixon, Ill. Dr. J. Doe (printed Dor), has left Cabot, Vt., to which place Dr. J. M. Sanborn has gone from Hardwick. Dr. D. Packer has removed from Peacham, Vt., to Chelsea, Mass.

Dr. C. B. PARKHURST, of Irasburgh, Vt., writes that he succeeded Dr. C. R. Taylor, who died at Irasburgh, Vt., in October, 1865. Dr. C. B. Darling never practised at Irasburgh, nor did Dr. Scott at Hardwick. The name of E. O. Ranney should be erased from Barton Landing.

Dr. T. S. VERDI, M. D., of Washington, writes: "We have had a diphtheritic season here, but, thanks to *Mercurius solubilis* and *Bichromate of potassium*, all my cases have been cured with wonderful rapidity. Funeral ceremonies have been only performed amidst the faithful conservatives." He thinks Congress will grant a charter for a Homœopathic Society in the District of Columbia.

C. C. SLOCOMB, M. D., of Rutland, Mass., writes, March 8: "Rheumatism, neuralgia, and influenza have prevailed here with us more generally than anything else the past winter; but the cold and less changeable weather of the last two weeks has been more favorable to health.

RICHARD GARDINER, M. D., has removed from Philadelphia, where he has so long resided, to 121 Park street, second door above Madison street, Baltimore, Md.

JOHN F. GRAY, M. D.—Dr. Henry D. Paine writes that this veteran in our cause has been very ill, and though better, is not yet fully recovered.

DIED. E. CASPARI, M. D., of Louisville, Ky., died on Friday, Feb. 4, 1870, of typhoid pneumonia. A more extended notice of him will be prepared at some future time.

In Middletown, N. Y., on Friday, March 18th, of bronchial phthisis, Ella, wife of Dr. F. W. SEWARD, in the 23d year of her age.

On Sunday, March 20th, Augusta W., wife of Dr. VIRGIL THOMPSON, of New York, and daughter of Capt. Chas. S. and Weltha G. Williams, of Berkley, Mass., aged 30 years.

BOOKS AND PAMPHLETS RECEIVED.

MANY of the Medical Journals for March were unusually late, but most of them, with the other exchanges, have been received. Also the following:—

Tenth Annual Report of the New York Homœopathic Dispensary. Landmarks of Progress in the History of Homœopathy during 1869, by Alfred C. Pope; London. Entozoa, by D. G. Woodvine, M. D.; Boston. The Homœopathic Vade Mecum of Modern Medicine and Surgery, by E. Harris Ruddock, M. D.; London. Obstetric Aphorisms, by Joseph Griffiths Swayne, M. D.; Philadelphia, Henry C. Lea. The Landing of the French Cable at Duxbury, July, 1869, with Photographic Views. Report in relation to a Public Park for the City of Boston, 1869. The Inaugural Address of Nathaniel B. Shurtleff, Mayor of Boston, Jan. 3. 1870. A practical Treatise on the Diagnosis, Pathology, and Treatment of Diseases of the Heart, by Austin Flint, M. D., Philadelphia, Henry C. Lea.

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THE

New England Medical Gazette.

Nos. 5 & 6.] BOSTON, MAY AND JUNE, 1870. [Vol. V.

MATERIA MEDICA IN ITS SCIENTIFIC RELATIONS.

BY W. W. RODMAN, M.D., NEW HAVEN, CONN.

Continued from page 172.

The Phenomena Furnished by Observation. — To be able to do a thing does not render it superfluous to study the process by which it is accomplished, and the nature of the result obtained. After we are familiar with an operation, we find that we learn something more about it when we investigate the principles on which the action was founded, and the steps passed over. The men who have given to us a science have been busy workers, and could not always stop to determine the rationale of their processes, and the logical relations of their observations. All who enjoy the fruit of their labors would do honor to these pioneers by interrogating their way of procedure, and seeking to understand the nature and character of the materials they have gathered.

Materia medica, as a science, starts with the facts of sensation and consciousness produced on the healthy organism by drug action. These phenomena suggest ideas which are embodied in language. To characterize them sharply, so as to convey distinct conceptions, is a task of infinite difficulty. Indeed, it is a constant struggle for the unattainable. We make the attempt, and, although we cannot secure all that we seek, we can obtain what is essential to our purpose. This difference between our aim and our achievement will constantly obtrude itself upon us.

In studying the character of our phenomena, it is to be observed that our present concern is only with their relations among

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themselves. We are to look at them merely as materials for synthesis. All questions that pertain to the theory and practice of medicine are at present irrelevant. We have, just now, nothing directly to do with physiology, psychology, pathology or therapeutics. We do indeed depend on each of these sciences for collateral aid in giving to us clear and distinct ideas and in turn our materials illustrate each of these studies. But the significance of our facts and their combining character are to be determined independently of all other branches.

Nor are we, at present, to detail the phenomena themselves, nor discuss the practical methods to be pursued in obtaining them. These great works we must leave to others. Even to specify to whom we are indebted for the facts and for their elucidation, would be no easy matter. Our whole literature must be laid under contribution by him who would fully study these particulars. Our first indebtedness is to Hahnemann, for teaching us the need of this knowledge and the process by which it is to be obtained and for furnishing us many of the facts, through his own observation. His followers share in the labor and in the successful result. To Dr. Hering and to his personal friends are we under very great obligation, for making known to us new agents, and for more sharply defining many of our facts. Under the names of *characteristics* and *key-notes*, this branch of our knowledge is at present receiving great attention. Those of us who are restricted to the English portion of our literature, are especially indebted to the writers of the late *American Homœopathic Review*. The papers of Drs. Wells, Dunham, and Lippe — both original and translated — are among the most important which we possess.

Our materia medica owes its distinctive character to its separation from therapeutics, and the cultivation of pathogenesy as an independent branch. Notwithstanding this, in studying our phenomena, the stand-point usually taken is selected with a view to the treatment of disease. There is a temptation to look for therapeutic confirmations rather than for strictly scientific elements, and to consider symptoms of natural disease removed by the action of a medicine, as entitled to rank with undoubted

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pathogenetic effects. It is true that, in the minds of the observers, the two classes of facts are regarded as correlative and interchangeable through the application of the "principle of similars" which Hahnemann established. But, in aiming at accuracy, no such presumptions are permanently allowable, and there can be no doubt that our materia medica will make a great advance whenever it can become so far independent that its phenomena shall verify each other.

As is true of all knowledge, the first great want is that of exactness and precision in each particular observation, and definiteness in the record of it. It is necessary to grasp, ourselves, and convey to others, conceptions which shall not be confounded with any others which are not exactly similar. The single effects of drugs which are unmistakably characteristic are what we now want.

These individual facts are our starting-points. They must be thought of, again and again, and in their various relations. We must be able to identify them when they occur. We need to express in appropriate language the ideas they convey to us.

The effects to be thus obtained and recorded must be kept distinct. The study of materia medica must be based upon the successive and continuous study of individual medicines. Each must be taken by itself, although its particulars can be fully understood only by comparing them with similar phenomena as elicited by other agents. Studying thus single agents, our aim is to obtain their individual and special effects in the most simple forms in which they can be appreciated by the observer and formulated into language. The power of appreciation depends on natural aptitude and on educated skill. The capabilities of language are constantly advancing with the development of new ideas, and increased precision of old ones. Thus our means of obtaining and of expressing the phenomena which a drug produces are constantly growing.

It is often assumed that we are already in full possession of many of the most definite and important of these characteristics. Probably this is not the case to the extent that is supposed. As

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yet, we fall short of that precision and simplicity which are both indispensable to successful progress, and among its fruits. Very good reasons exist why the results which we seek and those which we obtain are widely different.

Every phenomenon, however simple in appearance, is in reality extremely complex. It must have relations to time, to intensity, to location, to quality, and to various organic states and functional activities, besides links of sympathy without number. Such must be the character of the original perception, however distinct and definite it may appear to us. How obvious is it that any verbal expression which attempts to convey it to others, must be vague and uncertain. If this is true of the most simple of vital phenomena, what is to be said of the others? Whether they arise from natural disease or are caused by special irritants, morbid phenomena are among the most intricate subjects which the human intellect is ever called to investigate. We seek perceptions which are definite, and statements which are simple, precise and characteristic. We find that, in spite of us, the best we can furnish are either very complex or very general. We may seek to describe an effect as definitely as possible; and, whether it be pain, or nausea, or dyspnœa, or vertigo, we find that the term we adopt will surely be applicable to the operation of other agents.

The difficulty is with our comprehension. If our discrimination were keen enough, the result in each instance, or with each single symptom, would be characteristic of its origin, that is, on the supposition that we had an absolute standard of health on which to operate. But our faculties are quite inadequate to such precision, and we must yield to the limitations due to the nature of the experiment.

Such is the order of nature that the phenomena must always be inherently distinct, and must partake, at least potentially, of the peculiarities of the agent which causes them, so that each phenomenon shall receive an individual character. It must be certain that we may expect uniformity of results in experiments with a medicine, to the extent that all collateral circumstances are alike. And, if circumstances are precisely similar, the operations of different agents must be presumed to be unlike.

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Two emetic effects produced by different agents, may seem to be alike, and be described in the same terms. But the analogy of all science teaches us that if we could exclude all extraneous influences, the two effects would be found to differ in some respects. Each substance has its peculiar taste and smell, and produces distinct impressions upon our special senses. There can be no doubt that the various sensations, painful and otherwise, which a medicine causes, the emotions it calls up, the changes in the solids and fluids which it excites, are, in each instance, if it is only free to act itself out, characteristic of a peculiar power. Were our powers of perception and of description as keen and delicate as are the operations of nature, a single word would suffice to characterize any vital phenomenon.

We are not to lower our aim because we cannot fully accomplish our purpose at first. We are to do the best we can in the circumstances. The materials we gather will ultimately enable us to do much that is now impossible. Our task is to obtain, to the extent of our present ability, the differences, the shadings, the peculiarities which distinguish the action of each agent, and to embody them in words. The complex result which any experiment with a drug presents to our observation, is to be reduced to its elements. These elements are to be mentally combined and expressed in thought and language. Here is the first synthetical induction. The result, which we call *phenomenon*, *fact*, *symptom*, or *proving*, is the starting-point of our science. To obtain the phenomena of drug-action has been the brave task of the most active minds, and the most careful observers.

We cannot so enlarge our conceptions as to fully indicate the shades of difference which we seek. Nor can we find words to express them. We cannot so describe any pain which we feel, that others can, with certainty, identify its nature and its cause. We must avail ourselves of formulas, which express much else besides the separate and individual features which we wish to describe. These formulas are of two classes, according as the feature at which we aim is made more complex or more general. By the first process, we narrow our conception so that it will apply to but

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a single drug. By the second, we extend its scope so that it becomes applicable to a class of drugs. A medicine, for example, produces a disturbing impression on an internal organ. In recognizing and describing this effect, it will be necessary, in order to fix its applicability to the single drug, to add the location of the distress produced, its quality, and one particular after another, until quite a complex result is reached. Or, on the other hand, we may be compelled to content ourselves with a general term, and call it *neuralgia* or *pain*, thus leaving it applicable to a multitude of agents. In such ways we seek terms either more complex or more general than the simple and distinct ones we should have preferred. In the one case, we use combinations and circumlocution, in order to apprehend and describe our results. We must take into consideration the relation of the phenomenon to something else, in order to obtain a statement characteristic of the agent. At the best, however, we must content ourselves, in many instances, with a general conception of but little definiteness. Where we cannot discriminate and explain, we can at least classify.

Our most characteristic phenomena have, then, a twofold relation. We are to aim at the unattainable. We seek the simple facts of observation. We grasp them as they appear to us. They prove to be groups of coexistent facts either complex or general. As such we shall consider them hereafter. But the nearer to simplicity we can attain, the more definite is our knowledge. We are constantly to strive to reach particulars. They are as constantly gravitating, under our manipulations, into our next synthetical class. Both these processes are constantly going on, and by a progression commensurate with the growth of the science. We are not to regard either operation as perfected at any point. At least, the time is distant when, in our search for more definiteness and for more completeness, our knowledge of any phenomenon will not both require and admit of addition.

We reach precision only through complexity. We avoid complexity only through generality. This necessity seems, at first view, greatly to be regretted as a hinderance to our progress in knowledge. We shall find hereafter, that it is an essential aid to

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that progress. It is in perfecting these two processes that science consists. When every phenomenon has its definite meaning so sharply expressed as to distinguish it from all similar facts, — and when, at the same time, the phenomenon is seen to take its fitting place in relation to all the other effects of the agent, — there will be no occasion to look elsewhere for either explanation or for verification.

This scientific standard can be reached but slowly. All that is now asked is, that it be made an object of distinct endeavor. It can be established only by sifting, comparing and combining the materials adapted for the purpose. At first, the materials can be obtained by inferior processes only. This necessity is recognized by our ablest writers. To no living man do we feel under greater obligations than to Dr. Hering for his untiring labors and his keen observations. None of our associates have done more to develop a scientific materia medica. His *Introduction to the American Journal of Homœopathic Materia Medica* contains the following passage on the subject of the verification of phenomena: —

"The safest and most certain way is at the same time the shortest: let us collect what has been given us *bonâ fide*, and put the test of practice to it. We shall soon see the tares."

Without undervaluing the test appealed to by Dr. Hering, or disputing its absolute necessity in the early stages of the science, we would urge that the time must come when a more accurate and a more available one must be found. If the student of other sciences were compelled to await the verification of his results until they could be confirmed by practical utility, his progress often would be greatly retarded.

To obtain an accurate knowledge of the characteristic operations of medicines, something is needful beyond their individual study. That which is really characteristic is usually some element which is too delicate or too evanescent to be put into language. We notice the perception, and seek to grasp it, but it eludes us. Practically, the first distinctive characters are presented to us in general groups — not in simple ideal phenomena. It is impossible to convey in words, even by aid of much circumlocution, a distinct idea of the taste of castor-oil, or of the diarrhœa of jalap, or in-

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deed of any symptom of drug action. To find "characteristics" which shall briefly and sharply express the effects of medicines is simply impossible. We must secure as much definiteness of statement as may be, and then look elsewhere for collateral aid in describing the action of the drug. That aid must come from its other properties. Each throws light on the others. None can be understood singly. When we understand the general spirit and character of the drug, we can interpret more definitely its individual features. Such as we had confounded with those of other agents, now assume distinctness. Possessing this new light, our experiments may be repeated and verified with a result quite unattainable before. Recognizing at once what the symptom means, the most simple phenomenon has, to our minds, a new significance, and the most general idea has a definiteness unthought of; each takes its destined place in the constructions of the science.

[*To be continued.*]

ON DUST AND DISEASE.

BY JOHN TYNDALL, LL.D., F.R.S., PROFESSOR OF NATURAL PHILOSOPHY IN THE ROYAL INSTITUTION.

Reprinted from Fraser's Magazine.

Being asked for permission to publish this discourse in *Fraser*, I willingly gave it. I have gone through the proof, and made in it a few alterations and additions. A brief historic summary is also added. — J. T.

SOLAR light in passing through a dark room reveals its track by illuminating the dust floating in the air. "The sun," says Daniel Culverwell, "discovers atomes, though they be invisible by candle-light, and makes them dance naked in his beams." *

In my researches on the decomposition of vapors by light I was compelled to remove these "atomes" and this dust. It was essential that the space containing the vapors should embrace no visible thing; that no substance capable of scattering the light in

* On a day of transient shadows there is something almost magical in the rise and dissolution of the luminous beams among the scaffolding poles of the Royal Albert Hall.

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the slightest sensible degree should, at the outset of an experiment, be found in the "experimental tube" traversed by the luminous beam.

For a long time I was troubled by the appearance there of floating dust, which, though invisible in diffuse daylight, was at once revealed by a powerfully condensed beam. Two tubes were placed in succession in the path of the dust: the one containing fragments of glass wetted with concentrated sulphuric acid; the other, fragments of marble wetted with a strong solution of caustic potash. To my astonishment it passed through both. The air of the Royal Institution, sent through these tubes at a rate sufficiently slow to dry it, and to remove its carbonic acid, carried into the experimental tube a considerable amount of mechanically suspended matter, which was illuminated, when the beam passed through the tube. The effect was substantially the same when the air was permitted to bubble through the liquid acid and through the solution of potash. The core of the bubble does not touch the acid, and even the dust particles which come into contact with the acid require time to be wetted by it. When left sufficiently long in contact with the acid, the particles are destroyed.

Thus, on the 5th of October, 1868, successive charges of air were admitted through the potash and sulphuric acid into the exhausted experimental tube. Prior to the admission of the air the tube was *optically empty;* it contained nothing competent to scatter the light. After the air had entered the tube, the conical track of the electric beam was in all cases clearly revealed. This indeed was a daily observation at the time to which I now refer.

I tried to intercept this floating matter in various ways; and on the day just mentioned, prior to sending the air through the drying apparatus, I carefully permitted it to pass over the tip of a spirit-lamp flame. The floating matter no longer appeared, having been burnt up by the flame. It was therefore of *organic* origin. When the air was sent too rapidly through the flame, a fine blue cloud was found in the experimental tube. This was the *smoke* of the organic particles due to their imperfect combustion. I was by no means prepared for this result; for I had thought that the dust of our air was, in great part, inorganic and non-combustible.

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Mr. Valentin had the kindness to procure for me a small gas-urnace containing a platinum tube, which could be heated to vivid redness. The tube also contained a roll of platinum gauze, which, while it permitted the air to pass through it, insured the practical contact of the dust with the incandescent metal. The air of the laboratory was permitted to enter the experimental tube, sometimes through the cold, and sometimes through the heated, tube of platinum. The rapidity of admission was also varied. In the first column of the following table the quantity of air operated on is expressed by the number of inches which the mercury gauge of the air-pump sank when the air entered. In the second column the condition of the platinum tube is mentioned, and in the third the state of the air which entered the experimental tube.

Quantity of Air.	State of Platinum Tube.	State of Experimental Tube.
15 inches.	Cold.	Full of particles.
15 "	Red-hot.	Optically empty.

The phrase "optically empty" shows that when the conditions of perfect combustion were present, the floating matter totally disappeared. It was wholly burnt up, leaving no sensible residue. The experiment was repeated many times with the same invariable result. From spectrum analysis, however, we know that soda floats in the air; these organic dust particles are, I believe, the *rafts* that support it, and when they are removed it sinks and vanishes.

When the passage of the air was so rapid as to render imperfect the combustion of the floating matter, instead of optical emptiness a fine blue cloud made its appearance in the experimental tube. The following series of results illustrate this point: —

Quantity.	Platinum Tube.	Experimental Tube.
15 in., slow.	Cold.	Full of particles.
15 " "	Red-hot.	Optically empty.
15 " quick	"	A blue cloud.
15 " "	Intensely hot.	A fine blue cloud.

The optical character of these clouds was totally different from that of the dust which produced them. At right angles to the illuminating beam they discharged perfectly polarized light. The cloud could be utterly quenched by a transparent Nicol's prism, and the tube containing it reduced to optical emptiness.

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The particles floating in the air of London being thus proved to be of organic origin,* I sought to burn them up at the focus of a concave reflector. One of the powerfully convergent mirrors employed in my experiments on combustion by dark rays was here made use of, but I failed in the attempt. Doubtless the floating particles are in part transparent to radiant heat, and are so far incombustible by such heat. Their rapid motion through the focus also aids their escape. They do not linger there sufficiently long to be consumed. A flame, it was evident, would burn them up, but I thought the presence of the flame would mask its own action among the particles.

In a cylindrical beam, which powerfully illuminated the dust of the laboratory, was placed an ignited spirit-lamp. Mingling with the flame, and round its rim, were seen wreaths of darkness resembling an intensely black smoke. On lowering the flame below the beam the same dark masses stormed upwards. They were at times blacker than the blackest smoke that I have ever seen issuing from the funnel of a steamer, and their resemblance to smoke was so perfect as to lead the most practised observer to conclude that the apparently pure flame of the alcohol lamp required but a beam of sufficient intensity to reveal its clouds of liberated carbon.

But is the blackness smoke? This question presented itself in a moment. A red-hot poker was placed underneath the beam, and from it the black wreaths also ascended. A large hydrogen flame was next employed, and it produced those whirling masses of darkness far more copiously than either the spirit-flame or poker. Smoke was, therefore, out of the question.

*According to an analysis kindly furnished to me by Dr. Percy, the dust collected *from the walls* of the British Museum contains fully fifty per cent. of inorganic matter. I have every confidence in the results of this distinguished chemist; they show that the *floating* dust of our rooms is, as it were, winnowed from the heavier matter. As bearing directly upon this point I may quote the following passage from Pasteur: "Mais ici se présente une remarque: la poussière que l'on trouve à la surface de tous les corps est soumise constamment à des courants d'air, qui doivent soulever ses particules les plus légères, au nombre desquelles se trouvent, sans doute, de préférence les corpuscules organisés, œufs ou spores, moins lourds généralement que les particules minérales."

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What, then, was the blackness? It was simply that of stellar space; that is to say, blackness resulting from the absence from the track of the beam of all matter competent to scatter its light. When the flame was placed below the beam the floating matter was destroyed *in situ;* and the air, freed from this matter, rose into the beam, jostled aside the illuminated particles, and substituted for their light the darkness due to its own perfect transparency. Nothing could more forcibly illustrate the invisibility of the agent which renders all things visible. The beam crossed, unseen, the black chasm formed by the transparent air, while at both sides of the gap the thick-strewn particles shone out like a luminous solid under the powerful illumination.

But here a difficulty meets us. It is not necessary to burn the particles to produce a stream of darkness. Without actual combustion, currents may be generated which shall exclude the floating matter, and therefore appear dark amid the surrounding brightness. I noticed this effect first on placing a red-hot copper ball below the beam, and permitting it to remain there until its temperature had fallen below that of boiling water. The dark currents, though much enfeebled, were still produced. They may also be produced by a flask filled with hot water.

To study this effect a platinum wire was stretched across the beam, the two ends of the wire being connected with the two poles of a voltaic battery. To regulate the strength of the current a rheostat was placed in the circuit. Beginning with a feeble current, the temperature of the wire was gradually augmented, but before it reached the heat of ignition, a flat stream of air rose from it, which, when looked at edgeways, appeared darker and sharper than one of the blackest lines of Fraunhofer in the solar spectrum. Right and left of this dark vertical band the floating matter rose upwards, bounding definitely the non-luminous stream of air. What is the explanation? Simply this. The hot wire rarefied the air in contact with it, but it did not equally lighten the floating matter. The convection current of pure air therefore passed upwards *among the inert particles*, dragging them after it right and left, but forming between them an impassable black partition. This elementary experiment enables us to render an ac-

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count of the dark currents produced by bodies at a temperature below that of combustion.*

Oxygen, hydrogen, nitrogen, carbonic acid, so prepared as to exclude all floating particles, produce the darkness when poured or blown into the beam. Coal-gas does the same. An ordinary glass shade placed in the air with its mouth downwards permits the track of the beam to be seen crossing it. Let coal-gas or hydrogen enter the shade by a tube reaching to its top, the gas gradually fills the shade from the top downwards. As soon as it occupies the space crossed by the beam, the luminous track is instantly abolished. Lifting the shade so as to bring the common boundary of gas and air above the beam, the track flashes forth. After the shade is full, if it be inverted, the gas passes upwards, like a black smoke among the illuminated particles.

The air of our London rooms is loaded with this organic dust, nor is the country air free from its pollution. However ordinary daylight may permit it to disguise itself, a sufficiently powerful beam causes the air in which the dust is suspended to appear as a semi-solid rather than as a gas. Nobody could, in the first instance, without repugnance place the mouth at the illuminated focus of the electric beam and inhale the dirt revealed there. Nor is the disgust abolished by the reflection that, although we do not see the nastiness, we are churning it in our lungs every hour and minute of our lives. There is no respite to this contact with dirt; and the wonder is, not that we should from time to time suffer from its presence, but that so small a portion of it would appear to be deadly to man.

And what is this portion? It was some time ago the current belief that epidemic diseases generally were propagated by a kind of malaria, which consisted of organic matter in a state of *moist decay;* that when such matter was taken into the body through the lungs or skin, it had the power of spreading there the destroying process which had attacked itself. Such a spreading power was visibly exerted in the case of yeast. A little leaven was seen to

* This explanation has been found difficult. Why, it is asked, does not the current of hot air carry the particles up with it? I hope very soon to enter more fully into this question.

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leaven the whole lump, a mere speck of matter in this supposed state of decomposition being apparently competent to propagate indefinitely its own decay. Why should not a bit of rotten malaria work in a similar manner within the human frame? In 1836 a very wonderful reply was given to this question. In that year Cagniard de la Tour discovered the *yeast plant*, a living organism, which when placed in a proper medium feeds, grows, and reproduces itself, and in this way carries on the process which we name fermentation. Fermentation was thus proved to be a product of life instead of a process of decay.

Schwann, of Berlin, discovered the yeast plant independently; and in February, 1837, he also announced the important result, that when a decoction of meat is effectually screened from ordinary air, and supplied solely with calcined air, putrefaction never sets in. Putrefaction, therefore, he affirmed to be caused by something derived from the air, which something could be destroyed by a sufficiently high temperature. The experiments of Schwann were repeated and confirmed by Helmholtz, Ure, and Pasteur. But as regards fermentation, the minds of chemists, influenced probably by the great authority of Gay-Lussac, who ascribed putrefaction to the action of oxygen, fell back upon the old notion of matter in a state of decay. It was not the living yeast plant, but the dead or dying parts of it, which, assailed by oxygen, produced the fermentation. This notion was finally exploded by Pasteur. He proved that the so-called "ferments are not such; that the true ferments are organized beings which find in the reputed ferments their necessary food."

Side by side with these researches and discoveries, and fortified by them and others, has run the *germ theory* of epidemic disease.* The notion was expressed by Kircher, and favored by Linnæus, that epidemic diseases are due to germs which float in the atmosphere, enter the body, and produce disturbance by the development within the body of parasitic life. While it was still struggling against great odds, this theory found an expounder and a defender

* Nobody is likely to infer from this language that the speaker lays any claim to the authorship of the germ theory.

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in the President of this Institution. At a time when most of his medical brethren considered it a wild dream, Sir Henry Holland contended that some form of the germ theory was probably true. The strength of this theory consists in the perfect parallelism of the phenomena of contagious disease with those of life. As a planted acorn gives birth to an oak competent to produce a whole crop of acorns, each gifted with the power of reproducing its parent tree; and as thus from a single seedling a whole forest may spring; so, it is urged, these epidemic diseases literally plant their seeds, grow, and shake abroad new germs, which, meeting in the human body their proper food and temperature, finally take possession of whole populations. Thus Asiatic cholera, beginning in a small way in the Delta of the Ganges, contrived in seventeen years to spread itself over nearly the whole habitable world. The development from an infinitesimal speck of the virus of small-pox of a crop of pustules, each charged with the original poison, is another illustration. The reappearance of the scourge, as in the case of the *Dreadnought* at Greenwich, reported on so ably by Dr. Budd and Mr. Busk, receives a satisfactory explanation from the theory which ascribes it to the lingering of germs about the infected place.

Surgeons have long known the danger of permitting air to enter an opened abscess. To prevent its entrance they employ a tube called a cannula, to which is attached a sharp steel point called a trocar. They puncture with the steel point, and by gentle pressure they force the pus through the cannula. It is necessary to be very careful in cleansing the instrument; and it is difficult to see how it can be cleansed by ordinary methods in air loaded with organic impurities, as we have proved our air to be. The instrument ought, in fact, to be made as hot as its temper will bear. But this is not done, and hence, notwithstanding all the surgeon's care, inflammation often sets in after the first operation, rendering necessary a second and a third. Rapid putrefaction is found to accompany this new inflammation. The pus, moreover, which was sweet at first, and showed no trace of animal life, is now fetid, and swarming with active little organisms called vibrios. Professor Lister, from whose recent able lecture this fact is derived, contends,

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with the strongest show of reason, that this rapid putrefaction and this astounding development of animal life are due to the entry of germs into the abscess during the first operation, and their subsequent nurture and development under favorable conditions of food and temperature. The celebrated physiologist and physicist, Helmholtz, is attacked annually by hay-fever. From the 20th of May to the end of June he suffers from a catarrh of the upper air-passages; and he has found during this period, and at no other, that his nasal secretions are peopled by these vibrios. They appear to nestle by preference in the cavities and recesses of the nose, for a strong sneeze is necessary to dislodge them.

These statements sound uncomfortable; but by disclosing our enemy they enable us to fight him. When he clearly eyes his quarry the eagle's strength is doubled, and his swoop is rendered sure. If the germ theory be proved true, it will give a definiteness to our efforts to stamp out disease which they could not previously possess. And it is only by definite effort under its guidance that its truth or falsehood can be established. It is difficult for an outsider like myself to read without sympathetic emotion such papers as those of Dr. Budd, of Bristol, on Cholera, Scarlet-Fever, and Small-pox. He is a man of strong imagination, and may occasionally take a flight beyond his facts; but without this dynamic heat of heart the stolid inertia of the free-born Briton cannot be overcome. And as long as the heat is employed to warm up the truth without singeing it overmuch; as long as this enthusiasm can overmatch its mistakes by unequivocal examples of success, so long am I disposed to give it a fair field to work in, and to wish it God-speed.

But let us return to our dust. It is needless to remark that it cannot be blown away by an ordinary bellows; or, more correctly, the place of the particles blown away is in this case supplied by others ejected from the bellows, so that the track of the beam remains unimpaired. But if the nozzle of a good bellows be filled with cotton wool not too tightly packed, the air urged through the wool is filtered of its floating matter, and it then forms a clean band of darkness in the illuminated dust. This was the filter used by Schroeder in his experiments on spontaneous generation, and

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turned subsequently to account in the excellent researches of Pasteur. Since 1868 I have constantly employed it myself.

But by far the most interesting and important illustration of this filtering process is furnished by the human breath. I fill my lungs with ordinary air and breathe through a glass tube across the electric beam. The condensation of the aqueous vapor of the breath is shown by the formation of a luminous white cloud of delicate texture. It is necessary to abolish this cloud, and this may be done by drying the breath previous to its entering into the beam; or, still more simply, by warming the glass tube. When this is done the luminous track of the beam is for a time uninterrupted. The breath impresses upon the floating matter a transverse motion, the dust from the lungs making good the particles displaced. But after some time an obscure disc appears upon the beam, the darkness of which increases, until finally towards the end of the expiration, the beam is, as it were, pierced by an intensely black hole, in which no particles whatever can be discerned. The air, in fact, has so lodged its dirt within the passages to the lungs as to render the last portions of the expired breath absolutely free from suspended matter. This experiment may be repeated any number of times with the same result. It renders the distribution of the dirt within the air-passages as manifest as if the chest were transparent.

I now empty my lungs as perfectly as possible, and placing a handful of cotton wool against my mouth and nostrils, inhale through it. There is no difficulty in thus filling the lungs with air. On expiring this air through the glass tube, its freedom from floating matter is at once manifest. From the very beginning of the act of expiration the beam is pierced by a black aperture. The first puff from the lungs abolishes the illuminated dust and puts a patch of darkness in its place; and the darkness continues throughout the entire course of the expiration. When the tube is placed below the beam and moved to and fro, the same smoke-like appearance as that obtained with a flame is observed. In short, the cotton wool, when used in sufficient quantity, completely intercepts the floating matter on its way to the lungs.

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The application of these experiments is obvious. If a physician wishes to hold back from the lungs of his patient, or from his own, the germs by which contagious disease is said to be propagated, he will employ a cotton wool respirator. After the revelations of this evening such respirators must, I think, come into general use as a defence against contagion. In the crowded dwellings of the London poor, where the isolation of the sick is difficult, if not impossible, the noxious air around the patient may, by this simple means, be restored to practical purity. Thus filtered, attendants may breathe the air unharmed. In all probability the protection of the lungs will be the protection of the entire system. For it is exceedingly probable that the germs which lodge in the air-passages, and which, at their leisure, can work their way across the mucous membrane, are those which sow in the body epidemic disease. If this be so, then disease can certainly be warded off by filters of cotton wool. I should be most willing to test their efficacy in my own person. And time will decide whether in lung diseases also the woollen respirator cannot abate irritation, if not arrest decay. M. Pasteur, for whose work in connection with this subject I entertain a very high admiration, has shown that the germs diminish as we ascend a mountain. By means of a cotton wool respirator, so far as the germs are concerned, the air of the highest Alps may be brought into the chamber of the invalid. Fifty different occupations might be named in which irritation of the lungs and injured health arise from the inhalation of dust. A properly constructed air filter of cotton wool would entirely abolish the evil. Such a filter, properly constructed, would also be found effectual in warming the air. Provision ought to be made for the frequent removal of the cotton, the cost of which is practically *nil*.

In a letter published subsequently in the *Pall Mall Gazette*, one of the peculiarities of the method pursued in the foregoing lecture is pointed out. Reference is made to the blue color of the sky, which is, or may be, "produced by particles suspended in the air and not only invisible to the naked eye but irreducible by the highest powers of the microscope. Hence, without seeing the individual particles, we may have indubitable evidence of their existence.

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"This, indeed, is the point wherein the method pursued in the lecture differs from preceding ones, and is destined powerfully to supplement them.* The microscope seeks for single particles; but they are here taken *en masse*, and their existence demonstrated by the light which they scatter after they have passed utterly beyond the range of the microscope."

Attention was drawn at the same time to the important report of Dr. Angus Smith, published in 1869, which was sent to Professor Tyndall subsequently to his lecture. Pasteur had previously counted the germs of Paris air, but the exceedingly ingenious method employed by Dr. Smith enabled him to concentrate the germs of a very large volume of air in a small quantity of water, and thus to enormously multiply their numbers in relation to the space which contained them: —

"I have been favored," says Mr. Tyndall, "by Dr. Angus Smith with a copy of his fifth annual report, from which I glean some interesting facts regarding the air of Manchester. To catch in water the floating matter of the air, Dr. Smith places a small quantity of the liquid in a bottle and shakes it up with successive charges of air. In one instance he did this 500 times, and then handed over his bottle to an able microscopist, Mr. J. B. Dancer, for examination. The bottle had been shaken in the open air, through which, however, Dr. Smith could not see any dust blowing; at all events, if there were dust, it was only such as people are called upon to breathe. Here are some of the revelations of Mr. Dancer: —

"'*Fungoid Matter.* — Spores or sporidæ appeared in numbers, and, to ascertain as nearly as possible the numerical proportion of these bodies in a single drop of the liquid, the contents of the bottle were well shaken, and then one drop was taken up with a pipette. This was spread out by compression to a circle half an inch in diameter. A magnifying power was then employed, which gave a field of view of an area exactly 100th of an inch in diameter, and it was found that more than 100 spores were contained

* It is competent, for example, to give ocular evidence of the absence of germs in still air and thus to prove the correctness of Pasteur's experiments on the air of the caves under the Paris Observatory.

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in this space. Consequently, the average number of spores in a single drop would be 250,000. These spores varied from 10,000th to 50,000th of an inch in diameter.

"'For the purpose of obtaining a rough approximation to the number of spores or germs of organic matter contained in the entire fluid received from Dr. Smith, I measured a quantity by the pipette, and found it contained 150 drops of the size used in each examination. Now I have previously stated that in each drop there were about 250,000 of these spores, and as there were 150 drops, the sum total reaches the startling number of 37½ millions; and these, exclusive of other substances, were collected from 2,495 litres of the air of this city — a quantity which would be respired in about ten hours by a man of ordinary size when actively employed. I may add that there was a marked absence of particles of carbon among the collected matter.'

"Apart from their other effects, the mere mechanical irritation produced by the deposition of these particles in tender lungs must go for something. They may be entirely withheld by a cotton wool respirator. In various dusty trades and occupations the respirator will also be found a comfort and protection."

The employment of cotton-wool on scalds and burns; its healing effect on wounds generally; the use of flour in erysipelas; even the binding up of wounds by sticking-plaster, and the covering of them by gold-beaters' skin, may all have their rational ground in the fact that they withhold, not the air, but the organic matter of the air.

The reader will bear in mind that as this subject is not one with which my own studies would have rendered me familiar, I may be uttering that which has been already expressed by others. A similar remark applies to the history of the subject, which, as might be expected, is by no means meagre. Nyander held that small-pox, measles, the plague, dysentery, and hooping-cough, are all caused by minute animals. Réaumur thought that the small clouds which sometimes seem to hug the earth in summer weather may be insect swarms. Cuvier speaks of the *richesse effrayante* of insect life. Sir H. Holland thinks that the outbreak of carbuncular boils which occurred some years ago in England may have had

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its origin without the system, as a virus or some form of organic life. Ehrenberg, whose wonderful investigations have been heard of everywhere, speaks of the "*milky way* of smallest organization." The electric beam renders the figure admirably just. Henle maintained that the material of all contagious diseases is not merely organic, but matter possessing all the characters of parasitic life. Eiselt found pus corpuscles in a foundling hospital where the children were suffering from conjunctival blennorrhœa, and proved conclusively that such corpuscles spread the epidemic without contact with the infected persons. Pouchet, the able and ardent advocate of the doctrine of heterogenesis, has devised an instrument called an aëroscope to catch the microscopic particles of the air. This instrument was employed by Eiselt in the foregoing inquiry. Every Alpine man can testify to the correctness of De Saussure's remark that a deep blue heaven portends rain, while the air is rendered turbid by a succession of fine days. De la Rive ascribes this turbidity to organic germs which swathe the earth as a light haze. He has devised a photometer for determining the transparency of such air, and of connecting this with the other elements of meteorology. He also refers to the bearing of the subject on epidemic diseases.

The papers of Dr. Budd, in relation to contagious diseases, are full of interesting facts, and marked by rare logical force. Professor Lister has brought to my notice an observation of his own, the sagacity of which is so strikingly demonstrated by the experiments on the breath recorded in the foregoing lecture, that I propose to give it special attention at a future time. In a pamphlet published in 1850, Mr. Jeffreys reveals some exceedingly unpleasant facts regarding the air of London. He had then ventilated a house with filtered air, and examined the strained matter. I refer to page 16 of his pamphlet for a statement of what that matter is. Dr. Angus Smith's researches on the air of Manchester have been already mentioned. Dr. Smith also experimented on the air of cow-houses and stables, and concluded that such air contains more particles than the air of the street. Mr. Crookes has sought to entrap the germs in infected places. Dr. Greenhow has examined the lungs of stone-workers, colliers, and

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potters, and found imbedded in them mill-stone dust, silica, alumina, and iron. The important researches of Dr. Stenhouse on the action of charcoal, though not strictly belonging to the present subject, may be mentioned here; and also the experiments of Dr. Marcet.

As may be seen from the foregoing imperfect summary, the history of this subject is voluminous. I shall probably return to it, and give it further expansion.

REPORT OF THE COMMITTEE OF MATERIA MEDICA.

Read before the Mass. Hom. Med. Soc., Oct. 17, 1869.

Your Committee began its duties, soon after the last meeting of the State Society, by addressing circulars to every physician in the State, soliciting concise and reliable clinical experiences regarding *Baptisia tinct.*, and *Ignatia amara*, or any other drug with which experience had been gained. An appeal of this kind was also published in the *New England Medical Gazette.* Your Committee hoped for numerous responses; but, while we are not altogether discouraged, we are astonished at the lack of interest shown in a matter of so much importance, a subject which forms the foundation of our existence as homœopathic physicians. In consideration of these circumstances we have the more reason for expressing our sincere thanks to those gentlemen who have favored us with communications: and we trust that their example will in future be followed by others. Thus far, we have received communications from four physicians only who are not members of this committee; namely, Dr. Wm. Pearson, of South Hadley Falls, Dr. G. F. Matthes, of New Bedford, Dr. B. de Gersdorff, of Boston, and Dr. G. F. Butman. We dwell on this subject with emphasis, not in a spirit of censure, but because we wish to show that a subject might have been exhaustively elaborated in six months, for the benefit of all mankind, had each member of this Society responded; but, at this rate, it would require, instead of weeks, as many years as there are weeks in half a year.

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The reports received are as follows:—

By Dr. Wm. Pearson, of South Hadley Falls, on *Ignitia.*
" G. F. Mathes, of New Bedford, on *Sanguinaria.*
" " " " " " " on *Caulophyllum thalic.*
" B. de Gersdorff, of Boston, on *Ignatia* and *Baptisia.*
" A. F. Squier, of Boston, on *Ignatia.* Three cases.
" A. M. Cushing, of Lynn, on *Ignatia* and *Baptisia.*
" G. F. Butman, of Boston, on *Ignatia* and *Baptisia.*

IGNATIA.

ASCARIDES. — I have had occasion to use *Ignatia* in many instances for violent itching of the anus and perineum; for prolapsus of the rectum, and for various nervous irritations of the organs of the pelvis. More especially I have found it useful in ascarides, when known to exist, or when symptoms indicated their existence, both in children and in adults, and even when the nostrils and vagina were infested with the parasites. I have generally used the 3d centesimal atten., sometimes the 2d. I have seldom been disappointed in the action of the remedy when the above symptoms and diseases existed.

I consider *Ignatia* a specific for ascarides, and always feel sure of beneficial effect.

MUSCULAR SPASMS. — Among other symptoms for which I have prescribed the remedy with decidedly good effect, are spasmodic action of muscles, "sudden jerks, and starting of the limbs," general restlessness, etc.

Wm. Pearson, M.D.

EPILEPSY. — Mrs. S., about thirty-two years old, widow, a large fat brunette, of lymphatic, nervous temperament, called on me in December, 1868, and wanted my professional advice and aid for epileptic fits to which she had been subjected for several years, and for which she had had medical treatment from various physicians of various schools, but of no avail. The first fit set in about seven years ago, soon after the beginning of her married life, which was an unhappy one. She had for a long period experienced violent grief from harsh treatment, had kept her troubles to herself for

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months, and when she finally gave way, the paroxysm of crying lasted an entire week, at the end of which the first fit came on. The premonitory symptoms were generally: stopping of the circulation, cold extremities, oppressed breathing and enormous flatulence. Sometimes a large dose of brandy would keep a fit off for a while, but no other medicine or treatment had permanently or even temporarily helped her. Her mind had remained, so far, clear and unaffected, but her spirits were very unequal, and she was often melancholy. Lately the fits, which had formerly come on once or twice a week, generally late in the evening after a rich supper, had been less frequent, but more severe, causing her to fall and bite her tongue, and leaving her for three to four days very lame with a bruised feeling all over the body. Appetite and digestion very variable, changing from extreme nausea or qualmishness to canine voracity. I gave her considerable encouragement because her case seemed so strongly to indicate the homœopathic remedy, and experience has proved that I had not raised her hopes too high. For under the influence of *Ignatia amara*, given, first in daily, and finally in semi-weekly doses of the third and sixth dilution, and interrupted only a few times by the use of *Nux vomica* and *Belladonna*, she has until this day steadily improved, so that she calls herself now cured of her epileptic fits, although she is not as yet to be considered a healthy person. She had one fit the day after the first dose of *Ignatia* was given, but no recurrence for two months, when she had a severe one, caused evidently by strong excitement and vexation. I have been several times during that time called to see her when she was, as she thought, threatened with a fit, but the symptoms were only those of decided hysteria, exhibiting all the variations of this protean disease, changing from heat to cold, from crying to laughing, and from drowsiness to sleeplessness. Finally also these hysterical spells disappeared, but even at present *Ignatia* corrects her symptoms of dyspepsia, consisting in belching of bitter fluid and a "drawing" sensation as if the walls of the stomach were distended. She now enjoys better spirits and her menses are regular, and not attended or preceded, as they used to be, by epileptic attacks.— *Bruno de Gersdorff, M.D.*

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DIARRHŒA AND TENESMUS. — Mrs. E —, a young married woman, with auburn hair, blue eyes, and the first physical signs of phthisic appearing in lungs, — had inflammation of bowels six months ago, since which time there have been alternately constipation and diarrhœa most of the time.

Was called August 14, 9 P.M. She had been completely constipated for the preceding five days, and this morning diarrhœa began. She had had four discharges during the day, with pain of an intense tenesmic character in the rectum, — *only after a discharge*, — also steady, dull pain and tenderness in the left lumbar region. I gave *Ign.*$^{3d\ dec}$ in water, a teaspoonful to be taken every three hours.

Aug. 15. The pain in left lumbar region, and tenesmic pain in rectum increased to an intense degree until 3 A. M., when it rapidly subsided. Now at 10 A. M. there is very little pain either in the lumbar region or after the discharges. The diarrhœa still continues. I gave *Sacc. lact.*, and the next morning the patient was well.

PARALYSIS AGITANS. — Mrs. C., aged about twenty-five years. Has had paralysis agitans ever since she can remember.

Oct. 7, gave *Ign.*$^{3d\ dec}$ in water, one teaspoonful every three hours. Oct. 9. Met the patient, who told me that the medicine had increased the weakness and trembling of the hands very much, and that I need not call again.

CHOLERA INFANTUM. — Baby aged four months, had cholera infantum three days, — extremely weak and emaciated. Discharges watery, slimy, passed with force, followed by straining; about twelve discharges a day. Aug. 4, gave *Mer. corr.*^{3} two doses. Aug. 5, much better. Aug. 6, still better, though the discharges are greenish-yellow, and considerable flatus passes with them. — *Cham.*^{3} every three hours. Aug. 12. Diarrhœa entirely stopped, and the child seemed dull and stupid and pale; gave *Bell.*^{3} every two hours. Aug. 14. Child pale, cold, fixed, staring look, occasional screams, vomits food. — *Ign.*^{200} Boericke, every three hours. Aug. 16. All the above symptoms have passed away. The child retains its food well, and only appears much emaciated and weak. — *A. F. Squier, M.D.*

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JAUNDICE. — I have found *Ignatia* indicated by these two symptoms: Silent melancholy, twitching of one muscle at a time. A severe case of Acute Jaundice is making a rapid recovery, under the influence of *Ignatia*. The symptoms suggesting it were the constipation, silent, stupid state, with jerking of body, arms and limbs when asleep, but it was only one muscle at a time.

A. M. Cushing, M.D.

I have found *Ignatia* a useful remedy in diseases of women and children, especially in Hydrocephaloid disease, caused by sudden metastasis from the bowels to the brain, in children affected with cholera infantum during dentition. I have found the especial indictation for its use to be — sudden paleness of the face, with a rolling, tossing motion of the head; difficulty of swallowing; delirium, with convulsive motion of the eyes, and lids. I have also used *Ignatia* in hæmorrhoids after confinement, when there was present sharp painful pressure in the rectum after a soft stool, also sharp stitches extending from the anus into the rectum.

Geo. F. Butman, M.D.

BAPTISIA TINCTORIA.

PROVING. — I have attempted a proving of Baptisia in the past month, but soon after commencing, found my physical condition unfitted for a reliable proving; but I herewith furnish what I have obtained.

May 17, 1869, 7 A.M. Took three drops of the fifth dilution. In five minutes to half an hour: aching pain of occiput, extending from ear to ear, and from nape of neck to vertex.

May 20. For two days severe sleepiness, dullness and drowsiness; weakness of memory; fall asleep easily while sitting or riding [have lost much sleep in the course of the winter, but not lately]. Immediately after taking medicine, aching pressure over whole occiput, from ear to ear, and from vertex to nape of neck.

May 20. Great sleepiness all day while sitting still; irresistible desire to sleep in carriage; was so exhausted and sleepy after

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a light dinner at 3 P.M., as to be unable to sit up any longer. Refreshed after an hour of imperfect sleep, but felt sleepy and tired all the evening.

May 21. Immediately after breakfast, great sleepiness; would like to lie down and sleep, though I slept well all night. Head dull and heavy; mental work costs great exertion; great disinclination to exert the mind in any manner. Excessively sleepy all day; gaping while conversing with people; fall asleep in the horse cars; and can scarcely keep awake while driving. Sleep after dinner refreshed somewhat, but sleepiness returned in the evening with nausea.

May 22. Took no medicine in the morning, and felt much better all day. *C. Wesselhoeft, M.D.*

CLINICAL EXPERIENCE. — Dr. J. B. Bell, of Augusta, Me., writes, that his clinical experience with Baptisia is confined to the confirmed symptoms which have gone the rounds: "Sleeplessness from feeling as though the head were scattered about; and tossing about to get the pieces together," which symptom, he thinks, is well confirmed.

In a paper on *Baptisia*, furnished me by Dr. C. Hering, the entire contents of which will be incorporated in a future complete elaboration of this drug, Dr. Wm. L. Thompson, of Maine, confirms many pathogenetic symptoms such as "aphthæ of the mouth, particularly those cases of long standing ulcerations, extending from the mouth through the alimentary canal, with watery discharges from the bowels: aphthous diarrhœa. Derangements of the mucous surfaces generally; vomiting and purging; sore mouth of nursing infants, and sore mouth of consumptives.

The above is confirmed by some brief observations collected by Dr. Hering: —

Baptisia is given in canker-sores; it causes a very great increase of the saliva.

Aphthæ cured by Dr. Neidhard.

Dr. Guernsey observes: If children could swallow solid food; if the smallest particle of solid substance causes gagging, so that

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nothing but milk can be taken; if there is at the same time a kind of watery, offensive diarrhœa day and night, *Baptisia* cures.

This, according to Dr. Lippe, is exactly like the pathogenesis of *Silicea*, with this difference that milk cannot be borne.

In a case of typhoid fever cured with *Baptisia*, the following symptoms principally led to the use of that medicine: Shivering; restless sleep, yellowish cheeks, with central deep flush; tongue yellowish-white, deeply furred; pulse 110, variable and thready; sleepless and wandering of mind; occasional diarrhœa; frequent sweats; critical sweat on forehead and face; hopeless of recovery and certain of death. Semi-comatose; unable to swallow; unconscious evacuations; urine alkaline and offensive. Aphthæ in mouth, tongue ulcerated, sordes on teeth and lips; spitting out of liquids put in the mouth; mucous rattle in the throat; sinking down in bed; lying with the head thrown back; jaw dropped; chokes with a half teaspoonful of water; paralysis of organs of deglutition; unable to swallow. This well marked and carefully described case was cured with the first decimal dilution.

Dr. Jacob Jeanes writes, that in a proving made thirty years ago the following symptom was particularly marked: "A pain and superficial burning on outside part of the upper surface of the right foot, extending from the toes half way up to the ankle. Dr. Jeanes furnishes the following case: A lady aged seventy-nine, had œdema of lower extremities, and oppression of chest; troubled with feverishness for a year or two previously; constant sweating, causing chilliness upon slight change of air; *pain and burning in top of right foot, by which she had been troubled for months, and of which she complained greatly. Baptisia* was administered interconnecting with other remedies, and the speedy removal of that troublesome symptom, together with the hydropic disorder, Dr. Jeanes attributes to Baptisia.

There is much additional information scattered throughout our periodical homœopathic literature, which must be omitted from this report, for want of time to collect and arrange it.

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INFLAMMATION OF THE FAUCES.—July 3d, 1869. Mr. I. H., mechanic, age thirty-three, dark complexion, grey eyes; after taking cold, had a severe sore throat; with some effort I succeeded in examining the throat. There was enlargement of both tonsils. The uvula was very much inflamed, and somewhat elongated. On the right side of the fauces there was a lump, having the appearance of an incipient abscess; also another swelling on the left side. His mouth was continually filled with thick viscid saliva, which he was neither able to swallow nor expectorate, but was obliged to incline his head to let it run from his mouth. There was considerable rigidity of the muscles of the jaw, and extreme pain in the articulation and the lower portion of the zygoma; the effort to swallow produced violent pain. He was very nervous, tossing about from one side to the other. *Bell.* was prescribed every hour. At noon I was sent for, and as he was no better, gave *Merc. viv.* At night he was the same. Gave *Merc. biniod.*

July 4. No better; gave *Baptisia*[1] [dec]; grain doses every half hour; improvement commenced with the first dose, and he was well in two days.

The especial indications for the use of *Baptisia,* I found to be intense inflammation of the throat, which was of a bright red color, accompanied with hoarseness and profuse accumulation of viscid saliva in the mouth, deglutition impossible, inability to speak, with pain in the articulations of the jaw, with rigidity of the muscles of the jaw, preventing the opening of the mouth; I have also used *Baptisia* with very good success in cases of syphilitic sore throat.

Geo. F. Butman, M.D.

DISEASE OF LIVER.—J. W., forty-seven years old, of bilious-nervous temperament, has lived many years in a very hot climate on the African coast, and had several attacks of fever there. Since his return to this country he has had several violent attacks of bilious colic and subsequent jaundice, probably owing to obstruction of the excretory ducts of the liver by gallstones, although none have ever been discovered in the stools. On examination the liver does not seem much enlarged, but hardened, so that its margins

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can be felt distinctly through the abdominal coverings. The attacks of pain are preceded by very low spirits, loss of appetite, dull, heavy headache, drowsiness in the daytime, restlessness at night, vomiting of sour and bitter fluid from the stomach, yellowish skin, distended stomach and abdo men. They last from three days to one week The patient lives, while not suffering, very injudiciously, — using stimulants and freely gratifying his appetite for food. In addition to this, he has habitually used cathartics and opiates. I was called to see him in July last. He had been in pain for three or four days. It was a severe, drawing pain (not steady) in the right epigastric and umbilical region, not worse on pressure, but causing the patient constantly to lean forward and to move about, although the moving was painful; he had vomited sour and bitter fluid, but had kept down the little food he had taken; pulse, sixty-five, small; extremities cool, tongue with a triangular spot of brownish coat in the centre; constipation for four days; very low desponding mood; urine scanty and dark yellow. Having on former occasions found that *Nux vomica* always had a general good effect upon him, I gave it, but found him not much better the next day. During one of the former attacks, the pains seemed to indicate *Berberis*, which was then given with very good result, but did this time no good, nor did *Belladonna Cocculus*, *Colocynth*, *Podophyllum* or *Opium*, afford any relief. The patient suffered two days severely, until I gave him *Baptisia tinctoria*[2] for the marked symptom of pain in the region of the gall-bladder, which causes the patient to keep stirring, although the moving is painful. The effect was striking; the medicine acted, and appeared to the patient like an anodyne in relieving the pain, but it went further in its action on the pathological state; for the vomiting soon ceased appetite reappeared, and the attack passed off without producing the accustomed and expected jaundice. Some loose stools set in, but no gall-stones could be detected. Two months after, he had another attack, although he had been using daily doses of *China*; *Baptisia* again afforded considerable relief, although not so marked, the symptoms being very violent and the patient having on his own accord put himself under the influence of a very large dose of morphine. — *B. de Gersdorff, M.D.*

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The following symptoms I consider genuine: Feverish; little or no thirst; tongue brown, or reddish brown, and dry; breath offensive, sometimes very offensive; especially in diphtheria, with dark membrane in the throat. No restlessness with the fever, as in *Aconite;* but a semi-comatose condition. Headache *commencing in the occiput, and extending to the top or front of the head.* —*A. M. Cushing, M.D.*

SANGUINARIA CURED.

CHARLES ——, about thirty, when influenza was epidemic in March last, had violent dry cough, sensation of burning behind upper part of sternum, much thirst with craving for *cold* water, the water, after having been ten or fifteen minutes in the stomach, was thrown out by vomiting. Fauces dark-red, not swollen; little or no fever. *Phos.* ^{200}, two doses.

Evening: no improvement whatever. In addition to the above symptoms he complains now of headache so severe as to make him almost crazy; in the region of the right temple, near, and a little above the right eye, it feels like bursting open, the eye looks inflamed, the upper lid somewhat swollen; light aggravates the pain, open air relieves. Everything he eats or drinks is thrown out at once by vomiting. *Arsen.*^{30} checked the vomiting and made the eye look less inflamed, the lid less swollen, but did not modify the headache or the other symptoms. *Sanguinaria*^{3}, in water, of which he took but one or two teaspoonfuls, relieved him promptly of all the remaining symptoms, so that he was able to work at his trade, about twenty-four hours from the time he came to consult me first.

Some ten or twelve years ago, this man had been afflicted with secondary syphilis, under the form of mucous tubercles on the inside of his lips, a fact which may be interesting to those who remember von Grauvogl's recommendation of *Sanguinar. can.* in certain forms of secondary syphilis. — *Von Grauvogel's Grundgesetze page* 560 *et seq or Allgem. Hom. Zeitung,* 1864–5 "*Folien aus meiner hom. Praxis.*"

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CAULLOPHYLLUM THAL. — Mrs. ——, about forty, menstruation habitually very abundant, returning every three weeks, mother of several children, when pregnant again, in the third month, procured abortion by some manual operation of her own device, inducing profuse hæmorrhage, but had no medical assistance. Three weeks after this a severe headache came on, which she described as a sensation of pressure over the left eye, aggravated from stooping, from light, and growing worse from noon until night independently of eating or fasting; the affected spot of the forehead was sore to the touch; the suffering made her fretful, weak of mind and memory. *Nux vomica*, which she had been in the habit of taking occasionally for periodical headaches with benefit, did not relieve this time at all, *caullophyllum*[1], of which I dissolved a few small pellets in half a tumblerful of cold water, — a teaspoonful to be taken every two hours, — relieved her promptly before she had taken the medicine more than two or three times.

G. F. Matthes, M.D.

REMARKS. — The object in selecting Baptisia as a subject of study was the reputation which this medicine has obtained in the cure of typhoid fevers, on which account it seems also to have attracted the attention of Dr. E. M. Hale.

We have an abundance of clinical experience regarding it, but a great want of thorough provings, with the exception of those by Dr. Burt. Hitherto, the provings and clinical experience do not seem to substantiate each other sufficiently; there are too many connecting links yet wanting; to find these has been and will be the object of continued investigations.

CONRAD WESSELHOEFT,
A. F. SQUIER,
A. M. CUSHING,
Committee.

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CASE OF UTERINE POLYPUS.

BY J. H. WOODBURY, M.D., BOSTON.

Read before the Massachusetts Homœopathic Medical Society.

In calling the attention of the members of this society to the following case, I do so, not so much on account of any novelty presented either by the case itself or by its treatment, as of the forcible illustration of the importance, nay the absolute necessity, which it presents of a thorough and accurate diagnosis in uterine diseases, and of neglecting no means at our command of rendering certain what otherwise might be only problematical or inferential. In my judgment, the fashion which is just now prevailing in some quarters of depreciating the value of, or altogether ignoring the use of, the speculum, and of digital examinations, and trusting for diagnosis to the hearsay evidence of the patient herself, to her description of her sensations and impressions, and to the appearance of the discharges which flow from the diseased parts, rather than by an inspection and examination of the parts themselves, is a step in the wrong direction, is a deliberate exclusion of the most direct and positive testimony which the case can offer, and, in many cases, is the basis of a decision upon circumstantial evidence, when that which is direct and positive is at hand and available.

How unreliable and insufficient these sources of diagnosis may sometimes prove to be, the following case will serve to illustrate. About the middle of October last, Miss M——, age forty-two years, applied for treatment for leucorrhœa, supervening, as was believed, upon the cessation of her menses. She told me, in answer to questions, that her health had been almost uniformly good during her whole life, and her menstruation perfectly regular, until about twelve months previously, when the menstrual flow began to diminish in quantity, the intermenstrual periods to lengthen, and an abnormal discharge to issue from the vagina, — something which had never before occurred. This discharge had rapidly increased in quantity; and, from being serous at first, it

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had, latterly, become mucous, sometimes sanious, and at other times yellowish, acrid, and offensive. Her appetite and strength were diminishing, she was growing pale and anæmic, and her general health fast breaking down. She complained of a constant dragging, tired pain in the pelvic region, and a sense of weight, heat, and fullness in front over the uterus and ovaries, and a feeling in the vagina as though the uterus was prolapsed.

She had been under both allopathic and homœopathic treatmen t. From the first, she had taken iron and bark, and a general course of tonic treatment with astringent injections, etc. From the homœopathist she had received, it is safe to say, a careful course of treatment according to the symptoms presented, but all without benefit. She had steadily grown worse instead of better. In justice to her former physicians, I should say, she had resolutely refused to submit to a vaginal examination, and they had been obliged to infer her condition entirely from her own description. So strenuously opposed was she to any examination, that, contrary to my settled custom in such cases, I yielded the point, and commenced treating her with no additional light to that possessed by my predecessors. My first prescription was *Sepia*^{6}, every four hours, and an injection of five grains of sulphate of zinc in four ounces of water twice each day. At the expiration of a week she reported herself as much improved; the discharge was very much less and the pain diminished; the same treatment was continued another week. At the end of that time the report was not quite so favorable. There had been more pain, the quantity of the discharge was increased, and it contained more blood. *China*, *Platina*, *Mercurius*, *Calcarea*, *Senecio*, and, in short, almost every remedy which seemed at all indicated, were successively tried, sometimes without any effect, and at others with apparently the most prompt relief. I say apparently, for I afterwards became satisfied that the relief was due to natural causes rather than to the medicine, since the same favorable appearances also occurred at a later date when all medicines had been discontinued. I finally declined to treat her further unless she would submit to an examination. To this she reluctantly consented, and on Jan. 6, 1870, nearly four months from the commencement of my treatment, and more than a year

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from the date of her first placing herself under the care of a physician, I made an examination with the speculum, which at once revealed to me the cause of the poor woman's long-continued sufferings, and the failures of all her various physicians to afford her relief; for, just protruding from the distended os uteri was the base of a large polypoid tumor. Of course the indications for treatment were now perfectly plain. I at once seized the tumor with a pair of long forceps, with the double purpose of ascertaining how far it could be drawn forwards, and also its character and size. I soon perceived that the pedicle was quite long and attached quite high up in the cervix or lower portion of the fundus uteri, that the polypus was quite dense and firm in its texture, and that the cervix uteri was so rigid in its grasp of the tumor that no very exact examination could be made, or operation performed, until it was dilated. At the solicitation of the patient this was postponed until the 12th of February, a little more than a month, and it was during this interval, all treatment being meanwhile discontinued, that the frequent and sudden changes took place, which at an earlier stage we had fondly attributed to the beneficial effect of the medicines which she was then taking.

On the 12th of February, however, another examination was made, and with considerable difficulty I managed to insert three pieces of sea-tangle tent of about the diameter of an ordinary pencil between the tumor and the cervix. And here let me say, in passing, that this case illustrates forcibly the superiority of the sea-tangle over the sponge tents in certain cases, for it would have been very difficult — not to say impossible — to insert a single sponge tent, while the dilatation of the three sea-tangle tents was much greater than from any single sponge tent which could have been introduced. After twelve hours the tents were removed, and the cervix found to be considerably dilated. As the patient had suffered a good deal of pain since the introduction of the tents, I determined, if possible, to remove the polypus at once, while the cervix was already dilated. The patient was immediately etherized, and the polypus drawn down as far as possible with a strong pair of forceps, when, by slipping the chain of

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the écraseur over the handles of the forceps, in the manner described in my last semi-annual report, I was able to carry it up very near the attachment of the pedicle, which was easily cut through and the tumor removed. The stump of the pedicle was well sponged with a solution of persulphate of iron, and the womb allowed to resume its natural position. This tumor weighed nine ounces and possessed a more decidedly fibrous character than these neoplasms ordinarily do. Some degree of fever and local inflammation followed the operation, and for more than two weeks the discharge was very copious, sanguino-purulent and offensive. Injections of a weak solution of carbolic acid in water readily corrected this latter characteristic, and convalescence was soon established, and the patient is now, April 4, fully restored to health.

Two corollaries, it seems to me, may be drawn from this case. First, that the subjective symptoms are not always sufficient to establish an accurate diagnosis in cases of organic uterine diseases, since this case presents no symptoms which are not common to the stage of menopausis and concomitants of a considerable number and variety of uterine affections. Second, physicians should firmly refuse to treat such cases unless the fullest opportunity for examination is accorded; in other words, they should refuse to assume responsibility where they are denied authority.

CASE OF OVARIAN CYST.

BY A. F. SQUIER, M.D., BOSTON.

Reported to the Boston Academy of Homœopathic Medicine.

THE following interesting case of extensive ovarian cyst of twenty-three years' standing, occurred in a woman sixty-five years old, a patient of Dr. H. B. Cross, of South Boston. The first symptom which she noticed was a swelling in the epigastric region, which gradually extended till it included the whole abdomen. Still, it did not incapacitate her for labor; and, until the last six

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months, she enjoyed tolerably good health. It was only a few days before her death that she consulted a physician; and Dr. Cross was the first whom she permitted to examine the tumor. The measurements he then took corresponded closely with those made at the autopsy. The shape of the tumor was pyriform, depending, when the patient stood erect, to about four inches below the knees.

At the autopsy, in which I was called upon to assist, the tumor was found to occupy the whole abdominal cavity, encroaching upon the chest, and causing the lower ribs and sternum to flare outwardly in a very marked manner. The ensiform cartilage stood at nearly a right angle with the sternum. The circumference, measuring from the back at the lumbar region, around the most prominent portion anteriorly was sixty-five inches; from the sternum along the side to the pubis and up the opposite side, sixty-two inches. From the sternum to the pubis along the median line of the abdomen the distance was fifty-one inches. Eighteen gallons of dark, coffee-brown, highly albuminous fluid were removed by a trocar. It was alkaline in reaction, of specific gravity 1014; the whole amount weighed one hundred and fifty-two pounds.

Upon opening the abdomen the intestines were found pushed upwards and backwards against the diaphragm; the walls of the sac were of elastic fibrous material, abundantly supplied with blood-vessels, and closely united to the anterior and lateral abdominal parietes by fibrous adhesions which, in one or two places, transmitted anastomosing vessels between the sac and peritoneum. At two points on its walls were found deposits of bone, from one to three inches in length, with surrounding areas of cartilaginous formation. The sac arose from the left ovary, or rather from its site, by a very short pedicle, about two inches in diameter, upon which was spread a thin layer of what looked like ovarian tissue. The right ovary appeared to have been entirely obliterated by the presence of numerous fibrous tumors, most of which had undergone calcareous degeneration to a great extent. The uterus was enlarged to about the size of the first, by these fibrous tumors, all more or less filled with calcareous deposits.

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No other cysts were observed. The stomach was small; spleen much atrophied, not weighing more than two ounces; the kidneys healthy. As there had never been any indications of disorder of the heart or lungs, these organs were not examined.

Not only had the deceased enjoyed comparatively good health till within the last six months of her life, but till the last three years she did active duty as a nurse. And, even till within two weeks of her death, she had, without assistance, dressed for herself a large indolent ulcer on her leg.

HELLEBORUS NIGER IN HYDROCEPHALUS.

BY E. C. KNIGHT, M.D., WATERBURY, CONN.

In October, 1867, I was called to see a child, eighteen months' old, of fair complexion, light hair, blue eyes. It was teething and had the following symptoms: feverishness, with gastric irritation; slight, but not very frequent, mucous discharges; did not appear much sick. Gave *Ipec. Bell. Puls.* and such remedies as I thought indicated, for five or six days, without obtaining anticipated results. The child continued to grow worse.

At the end of two weeks the diarrhœa had stopped and the following symptoms presented: feverishness, head hot, constant rolling of the head, pulse quick and frequent, thirst, strabismus, drawing and rigidity of the muscles of the fore-arms, particularly of the left, the thumbs were curled in upon the palms of the hand. Everything indicating serous effusion in the ventricles of the brain. *Aconite, Belladonna,* and *Helleborus niger* were prescribed for two or three days without improvement, when, on consultation with Dr. Austin, of Bristol, *Bell.* and *Sulphur* were prescribed with the view of continuing them for several days. I soon observed, however, that *Bell.* had but little power in controlling the most prominent symptoms, and returned to *Hellebore.*

The difference in the action of these two drugs was very marked and is worthy of notice. *Belladonna* would reduce the heat

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in the head and calm the arterial action, but had no control over the muscular contractions, rolling of the head, and spasmodic symptoms. While *Hellebore* controlled the muscular contractions, strabismus, rolling of the head (which was so great as to completely denude the back of it), and all the spasmodic symptoms; also, it increased the urinary secretion, which was almost entirely suppressed, but it did not like *Bell.* control the arterial action.

After pursuing the *Sulphur* and *Hellebore* treatment for two weeks, occasionally substituting the *Belladonna* to keep down the arterial action, the child began to improve and consciousness returned. The remedies were continued another week, but less frequently. During convalescence the right ear discharged considerably, which of course gave some relief. Recovery went on uninterruptedly with the exception of a cough, which yielded to appropriate remedies.

It is not often that we see a truer type of the *Helleborus* hydrocephalus than this. The fair complexion, lax fibre, insensibility of disposition, stupefaction, irritable condition of the stomach and bowels, with small mucous discharges, scanty urine, and the gradual stealthy development of the case, all pointed to *Hellebore.*

According to Hempel, the physiological and curative action of *Hell. nig.* lies in its power to excite the serous membranes to eliminate from the blood those principles of effete matter which, when retained, cause various forms of dropsy. Consequently, *Hellebore* is applicable only to those cases of hydrocephalus which arise from a diseased condition of the serous membrane, approaching insidiously, rather as the sequelæ of some other disease than as the natural termination of inflammation of the brain.

While, no doubt, something is due to the action of *Sulphur* in this case, in promoting the absorption of serum in the ventricles of the brain, yet I feel quite sure the case would never have recovered, but for the *Hellebore.*

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CACTUS IN HEART DISEASE.

BY ERNEST A. FARRINGTON, M.D., PHILADELPHIA.

I HAVE heard it disputed that *Cactus grandiflorus* is of any real value in heart disease. The following case may be of interest to your readers, as confirmatory of the efficacy of this new remedy. Mrs. ——, age, 40. Enlargement of the heart, open beat one inch without a line drawn vertically through the left nipple. Numbness in left arm. Easily frightened, often awakes from sleep in a fright. *Pain as if the heart were squeezed in an iron hand.* I gave four powders of *Cactus grand.*[30] on January 4, 1870. April 20th! No pain or numbness in left arm, nervousness less, pain in heart *entirely disappeared.* Pulse less violent, but enlargement not diminished. I could detect no valvular lesion.

May 6, 1870.

The New England Medical Gazette.

BOSTON, MAY AND JUNE, 1870.

THE AMERICAN INSTITUTE OF HOMÆOPATHY.

THE TWENTY-THIRD SESSION of this national association will be held in the Crosby Music Hall, Chicago, commencing on Tuesday, June 7 (not 14, as printed by accident in our last number), and continuing four days.

The preliminary meeting will be held on Monday evening, at the house of Dr. D. S. Smith, one of our oldest resident practitioners in Chicago.

The programme or order of exercises which has reached us seems replete with interesting and important matter. "Every member is expected to contribute something yearly"; but if even one half of the one hundred and twenty or more officers come to the meeting laden with the fruits of careful observation, we shall have a mass of material worthy of our national name.

We shall endeavor, in our next number, to give a very full account of this meeting, in which all the members of our school feel so deep an interest.

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THE HOMŒOPATHIC QUARTERLY is quite disturbed in its last number, and makes up wry faces and calls us names because, in a notice of the first issue of that publication, we expressed the fear that it "smacks strongly of egotism, if not of charlatanry"; and later on receiving a pamphlet of considerable size, vigorously opposing the theories of the "editor and proprietor," we said, "We cannot but think that Dr. Cook has made a useless expenditure of printer's ink, both in poking fun at his theories, and in seriously combating them."

Now, we would be the last to do an injustice to our old friend and earnest fellow-laborer in the cause of Homœopathy, or extend to him anything like harsh judgment, so we have carefully looked over again this Quarterly from its commencement to see whether we were justified in our conclusions.

The introduction, a short article of eighty-one lines, printed in large pica type, contains the author's name once, *myself* once, *me* four times, *my* thirteen times, *I* twenty times, as well as this remarkable sentence on page 1 of Vol. I., No. 1: "**I** claim to have discovered the cause of Tuberculosis and its numerous kindred maladies. In the belief that **I** shall be able to fully maintain this claim, **I** trust **I** do not need to say that **I** am sincere. Indeed, **I** have the most undoubted confidence in **my** position, and it appears to **me** that the facts in **my** possession will be found to bear **me** out," etc. Our readers can judge whether we were correct in our first expression.

Allowing something for the newly-fledged editorial pen, we thought the *ego* would to some extent disappear; but taking up the last number we find, in an article on Leucorrhœa, Vol. II., No. 1, page 73, *I* occurs no less than eighty-two times, while in two appended notes the editorial *we* appears twenty-eight times, and in one line three times, as follows: "**We** have to say that **we** have always, since **we**," etc. Besides this, there prevails throughout the article the usual excess of *me*, *my*, *mine*, *myself*.

The science, not to say egotism of the author, will appear in the following extract of a case which he reports on page 87, Vol. II. "**I** think it the worst case of the kind **I** have ever yet seen. **I** selected and gave Sepia 6th potency one dose. The response to this was prompt and very satisfactory, so **I** let it act seven or eight days, when, though still improving, **I** feared **I** should lose the favorable action, and therefore gave another dose. This seemed to occasion a more rapid improvement, which, however, began to subside, some-

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what, in the course of about ten days, when **my** fears got the better of **me** again, and **I** gave another dose of Sepia 6th. But woe to **my** peace of mind from that third dose. **My** patient, immediately, that is, within a day or two, commenced sinking into a most lamentable condition, of both body and mind, and was the worst wreck, **I** think, that **I** ever saw, from the bad action of medicine; and **I** *was dismissed from the case in disgrace.*"

While, in our editorial position, it is always pleasanter to commend than to condemn, at the same time a proper regard for the welfare of the profession demands a condemnation of everything which injures the fair fame or progress of "pure homœopathy."

Massachusetts Homœopathic Hospital. — In our last number we published some account of the proposed establishment of a hospital in Boston. It was designed to commence on a small scale and to increase it in proportion to the aid which the public should bestow upon it. By the report of the meeting of the State Society it will be seen that there were differences of opinion in regard to the plan of this hospital. Some unpleasant feeling was exhibited, and those physicians who had commenced and were willing to carry on this work at whatever sacrifice, were severely criticised. A committee — that oft-tried panacea for real and imaginary grievances — was appointed to consider the subject. This committee met, and after investigating the matter, published the following Circular: —

To the Homœopathic Physicians of Massachusetts. — At a meeting of the committee on the Homœopathic Hospital, appointed by the State Society at its recent session, the following resolutions were adopted.

Resolved, That this committee cordially approves the establishment of a Homœopathic Hospital in Burroughs place, believing that in this modest beginning we have the germ of an institution which, under the fostering care of the Homœopaths of the city and the State, will grow into a New England Homœopathic Hospital, and a New England Homœopathic College.

Resolved, That this committee deem it expedient that the persons named on the Board of Trustees of the Homœopathic Hospital in Burroughs place be added to the trustees of the Massachusetts Homœopathic Hospital, provided the charter of the latter is actually in force at this time.

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On motion, it was voted that the above resolutions be sent to the homœopathic physicians of the State, as evidence of the harmonious action of the committee.

DAVID THAYER.	I. T. TALBOT.
H. C. ANGELL.	C. WESSELHOEFT.
CHARLES CULLIS.	W. P. WESSELHOEFT.
B. DE GERSDORFF.	J H. WOODBURY.
G. M. PEASE.	D. G. WOODVINE, *Sec'y of Com.*

A meeting of the Hospital corporation was soon afterwards called, at which it was voted to enlarge the board of trustees, and the following — thirty-seven in all — were elected as officers: —

President. — Chas. B. Hall.

Vice-Presidents. — Jacob Sleeper, I. T. Talbot, Wm. Claflin, Alex. H. Rice.

Trustees. — Thos. Russell, Otis Clapp, Joseph Story, Alpheus Hardy, Newton Talbot, John C. Park, Robt. L. Robbins, Henry L. Pierce, Geo. W. Chipman, Wm. Pope, D. H. Blaney, R. A. Ballou, Robt. C. Covell, Asa Farwell, Henry W. Richardson, Dr. Geo. Russell, Dr. O. S. Sanders, Dr. J. H. Woodbury, Dr. David Thayer, Dr. Giles M. Pease, Dr. W. P. Gambell, Dr. H. C. Angell, Dr. C. Wesselhoeft, Dr. B. de Gersdorff, Dr. W. P. Wesselhoeft, Dr. D. G. Woodvine, Dr. Chas. Cullis.

Secretary. — George Bancroft.

Treasurer. — S. G. Cheever.

This board embraces some of the most reliable and best men in Boston, and, if they choose to exert all the power at their command, may soon build the finest homœopathic hospital in the country. But with such large bodies the responsibility is so widely diffused that, unless some one assumes and forces action upon the whole, little will be done. It is on this account that we prefer a smaller active working body for such an object. However, if this Board of Trustees will go to work with enthusiasm, and make the Hospital a speedy and permanent success, we shall certainly vie with others in expressions of gratitude, and thanks to the self-denying and devoted workers.

THE NEW YORK MEDICAL GAZETTE. — Our allopathic namesake exhibits a touching solicitude for us at certain statements concerning the Spanish law, which does not class the attenuations of homœopathy among interdicted medicines, and inquires how we can, after this, entitle ourselves "practitioners of medicine." Why, good neighbor,

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the law simply says, in effect, what we all know, that drugs, as *you* use them, are very dangerous, and therefore *you* cannot be trusted to dispense them, while in our hands they will be safely administered. The law is made only to restrain the dangerous members of the profession.

CORRESPONDENCE.

HOMŒOPATHY IN NEW BRUNSWICK, D. CANADA.

SAINT JOHN, N. B., APRIL 14, 1870.

DEAR GAZETTE: Some remarks concerning the rise and progress of homœopathy in this portion of the Dominion may not prove without interest to your readers.

The exact date of the introduction of homœopathy into New Brunswick, I have been unable to ascertain, but as far as can be learned, one Dr. Von Schskrowde (?) came here from the United States sometime between 1850 and 1853. As he was not a regularly graduated physician, very little attention appears to have been paid to him in the city. He soon proceeded to Quaco, a little village about thirty miles distant from St. John. Here, from all accounts, he labored with considerable success. He prescribed, I am told, *Nux vomica* in the majority of cases which he treated. His name soon spread over the region round about where he practised, and to this day farmers and villagers will tell you of the wonderful cures made by the Old German Doctor.

It was reserved, however, for Dr. John C. Peterson, of Hamilton, Ontario, to place homœopathy upon a solid basis in this province.

Dr. Peterson arrived in St. John toward the close of the summer of 1856. Being a man of genial disposition and good address, he was not long destined to remain unknown. One after another was induced to employ him, and, ere many months had passed by, he found himself in a fine practice. Among all classes he made warm friends. Always cheerful, his patients took more than usual pleasure in his visits.

Before a year had rolled around, Dr. Peterson's practice had increased to such an extent that he was unable to do justice to all his patients. The allopaths, who at first merely laughed at and treated this "homœopathic moonshine" as a good joke, became now daily more alarmed at its success. They began to feel that immediate steps must be taken to crush it. Meetings were held, and various means devised. Dr. H——, a leading allopath, made it his duty to go from house to house warning the people against that monstrous humbug, Dr. Peterson. Then appeared from the pen of Dr. R. B ——, M.D., D.C.L., etc., etc., the leading star of the dominant school in this

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city, a most elaborate "rehash" of Professor Simpson's absurd attack on homœopathy, which he (Dr. B.) called "Evidences of the Delusions of Homœopathy." The allopaths looked with admiration upon this last effort, and expected an immediate return of their misguided patients to the "Flesh-pots of Egypt." But not so! The work proved a grand failure, for the doctor had undertaken to write concerning a subject of which he was profoundly ignorant. So completely did he lay himself open to the enemy's guns, that Dr. Peterson, when he opened fire, entirely annihilated him.

This controversy proved of great service to the homœopathic cause in St. John. Intelligent minds were led to investigate the doctrine of similia, conviction, in the majority of cases, being the result.

The next means taken about this time (1857) to strangle the infant — homœopathy — was the establishment of a society of the allopaths, for the purpose of taking legal steps in the matter, but in consequence of internal warfare the whole affair fell through, and for nearly three years only a few squibs were fired off, on either side. In the mean time homœopathy became more deeply rooted and grounded in the minds of the people. Night and day Dr. Peterson was in demand, till he could no longer carry on the work alone.

Dr. Von Schskrowder, as he was near by, became associated with Dr. Peterson, but it was only for a short while; Dr. P. soon discovered that his partner was not the man he wanted. After their dissolution Dr. Von S. opened an office in the city, but no success attended this attempt to gain the confidence of the people, and he shortly after left the province.

Dr. Peterson then (1858) wrote to Dr. Henry C. Preston, of Providence, Rhode Island, to visit St. John, with a view to partnership in this new and fruitful field of labor. Dr. Preston came at once to St. John, and after taking a survey of the ground, decided to settle here.

Drs. Peterson and Preston remained together for about one year, when they dissolved professional relations, — each to commence on his own account.

The arrival of Dr. Preston was the means of arousing the allopathic fraternity to another effort to extirpate the viper — homœopathy — from the soil of New Brunswick. A new society was formed, called the "Medical Council." This learned and august body proceeded at once to frame a bill, in which the Provincial Legislature, then in session, was asked to acknowledge by law only such physicians as held diplomas from colleges recognized in the bill. Dr. Peterson's Alma Mater was of course left out, and as it was supposed by the "wise men," Dr. Preston's as well, — but here they defeated themselves. When this bill came before the House of Representatives, so little did its members understand its true nature and intent, and so slyly had the whole affair been managed, that it passed the lower and upper House with hardly a comment. By this act Dr. Peterson could no longer sign M.D. after his name; for every such an *offence* he was subject to a fine not *exceeding* eighty dollars, nor could he any longer collect his bills by law, and of this petty piece of legislation, I am sorry to say, many took advantage.

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With Dr. Preston, however, the case was very different, for it soon came to light that he was a graduate of the University of New York, having received his diploma from that seat of learning in 1844, and this university was one of the principal institutions recognized in the act; so when the day appointed came for all physicians practising in the city to register their diplomas, Dr. Preston, much to the disgust of the illustrious Council, quietly handed in his credentials.

Dr. Peterson, by this most contemptible piece of allopathic tyranny, could no longer feel comfortable here, and among a people, too, for whom I believe he cherished a most affectionate regard. Various attempts were made by his friends to have the act repealed, but the allopaths always had superior force early upon the ground, and the law still stands, and no physician holding only an homœopathic college diploma can legally practise in this Province. Dr. Peterson quietly labored on for another year, avoiding all dangerous points, yet doing much for the cause he loved so well.

As soon as the war of the rebellion broke out, he commenced to fit himself to take an active part in the battle of his country; and in September, 1861, he bade a last farewell to New Brunswick, and hastened to Washington to fill a captain's commission in the — regiment. Through his ability and courage he rose rapidly in the estimation of his superior officers, and when the rebellion was crushed he filled the honorable position of lieutenant-colonel.

His sad and untimely death was learned by his old friends in St. John with sorrow and regret. Many an eye was moistened by the melancholy news.

After Dr. Peterson's departure, Dr. Preston labored on single-handed till May, 1867, when Dr. Allan M. Ring arrived in St. John (his native city), and at once went into a fair share of practice. During these six years Dr. Preston had refrained from any aggressive movement, preferring to let homœopathy rest entirely upon its own merits, and perhaps this was the wisest course to pursue.

In February, 1869, homœopathy had a valuable addition to its ranks in the person of Dr. Martin H. Peters, of St. John. Dr. Peters is a graduate of the University of Edinburgh, and had practised allopathy here for upwards of twenty-five years. For some years past his faith in the old-school mode of prescribing had been very much shaken. The uncertainty with which drugs were given, and the frequency of bad, and often fatal results, led him at length to investigate the claims of homœopathy. Like a candid man, as he is well known to be, after a fair and impartial trial, he embraced the new-school mode of therapeutics with all his heart. He says he can do more now in ordinary cases in twenty-four hours, than he used to accomplish in a week, and with no bad after results.

In May, 1869, Dr. Preston's eldest son, Henry G. Preston, a young man of much promise, especially as a surgeon, commenced practice in the city, and is, I believe, building up a good practice.

Our city now rejoices in four homœopathic physicians, all enjoying the confidence and respect of the people. Much of the former animosity of the allopaths has subsided; they have found to their sorrow that homœopathy is becoming a great power in the land.

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Scattered through the province, there are several homœopathic physicians, but I have been unable to learn anything accurate concerning them.

In January last, through the exertions of Dr. Ring, a homœopathic pharmacy and free dispensary were established. The former is conducted by George S. Purdy & Co., Mr. Purdy having studied pharmacy with Dr. Ring. The dispensary is governed by a board of directors. Drs. Peters, Preston, jr., and Ring, form its medical staff. It was opened to the poor on the tenth of January, and since then three hundred cases have been treated, and upwards of eight hundred prescriptions made up. As yet it is supported by public subscription, but it is the intention of the directors to apply for a city grant, to be paid annually toward its maintenance. It is destined to become one of our most important charities, and has already given a fresh impetus to the homœopathic cause here. Thus you see the grand truths of *Similia Simililus Curantur* are triumphing here.

I am, very truly yours,

ZETETIC.

THE SOCIETY UNDER THE NEW CHARTER IN NEW JERSEY.

NEWARK, N. J., April 13, 1870.

DEAR GAZETTE: Doubtless you want to know what we of conservative New Jersey are doing for the cause nearest to the hearts, heads, hands and pockets of most of your readers. Our State Society has just met, dissolved its old organization, and completed a new one under the provisions of a charter which we consider liberal, secured for us at the last session of our legislature. Enclosed please find a copy. We had an enthusiastic gathering of between fifty and sixty physicians representing fairly the working element, the *live* men of the State. Pres. Youlin led off with an address full of congratulation, admonition and exhortation, with a due seasoning of reproof to those who have refrained from assisting in the work now done, but are ready to participate in the benefits conferred. The slow progress of homœopathy in the past he attributes chiefly to ignorance on the part of patrons and practitioners to work on domestic practice, and to lay doctors. The haste displayed by our medical college to graduate students but half-equipped for their work received well-merited censure. Your favorite and his, the American Institute, was warmly sustained, and every physician present enjoined to become not only a subscribing but a working member of it.

Nineteen new members were added to the Society, which now numbers, all told, seventy; a fact calling for mutual congratulation and encouragement.

Of course we could not allow such an occasion to pass without an appropriate feast, and our good disciples of Æsculapius showed that on this occasion, at least, they were not strict Hahnemannians, since to a man they indulged in the crude articles and in *massive doses.*

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After tarrying long at the toasts (without the wine), we returned to the less attractive but more important duties of the day, adopted a new Constitution and By-laws, and elected as officers for the ensuing year: —

President. — J. J. Youlin, Jersey City.
First Vice-President. — F. B. Mandeville, Newark.
Second Vice-President. — F. Nichols, Hoboken.
Third Vice-President. — R. M. Wilkinson, Trenton.
Recording Secretary. — L. Dennis, Newark.
Corresponding Secretary — F. A. Rockwith, Newark.
Treasurer. — E. C. Webb, Orange.
Censors. — E. Nott, Paterson; G. W. Bailey, Elizabeth; E. B. Mandeville, Newark; H. F. Hunt, Camden; E. R. Tuller, Vineland.

But few papers were presented, as the session was understood to be mainly a business one. The Eastern and the Western District Societies applied for recognition as auxiliary bodies, and their request was granted.

We were the more anxious to have a full representation and a general enrolment in the society of the physicians of our school, because in 1864 the allopathic society, in obtaining a new charter for itself, secured the abolition of the general law under which we were recognized as regular practitioners of medicine equally with the adherents of the dominant school. Our charter, therefore, is the only legal safeguard of homœopathy in New Jersey. As such we prize it, and hope to make good use of it. A semi-annual meeting at Vineland on the second Wednesday in October, 1870, and the next annual meeting on the first Tuesday in May, 1871, were decided upon.

Yours warmly, L. Dennis,
Recording Secretary.

ITEMS FROM CHICAGO.

Chicago, April 12, 1870.

Mr. Editor: That your readers may be *au fait* in professional matters transpiring in this metropolis, I send you a few items.

The Chicago Academy of Medicine celebrated Hahnemann's birthday with a pleasant little dinner to the members, their wives, and a few invited guests. The occasion was enlivened by a few good speeches, some excellent music, and social intercourse. The President stated that, with but one exception, the fortnightly meetings of the Academy had been regularly held throughout the year, and that the transactions had always been of a most peaceable and practical kind. Two or three social meetings have also been held, at which the doctors' wives were present, — a feature which promises the best results for the harmony of the profession. This Academy is an institution of which any city might be proud.

That the Hahnemann Medical College, of Chicago, will live to a ripe old age, is fixed beyond peradventure. A lot of ground, sixty

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by two hundred feet, has just been donated for the location of the new college building. The plan of the edifice is already drawn; the building contract is being let, and within thirty days the formative forces will be at work to rear it. The building is to be finished by Sept. 1, in season for the next winter session. The spring term of lectures, in this college, opened April 4th, with an Introductory by Prof. Hedges. This course includes two daily lectures, beside the clinics. It will close about June 1.

The College Faculty has just taken charge of the Scammon Hospital, which is located within a stone's throw of the new college. It is already built, in excellent repair, and will be equipped and set in operation at once. This will add greatly to the clinical resources of Hahnemann Medical College.

Drs. Small, Ludlam and Danforth, having purchased the *United States Medical and Surgical Journal*, the said Quarterly will become the organ of the college, and of the Academy of Medicine, with the names of these physicians as editors and proprietors. The first issue, under the new auspices, will appear Sept. 1, bearing date of Oct., 1870.

Arrangements for entertaining the American Institute at its next meeting in this city, June 7th, are being rapidly perfected. From present appearances it is safe to predict a very large and profitable meeting.

STUDENT.

REPORTS OF SOCIETIES.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

THE thirtieth annual meeting was held in Fraternity Hall, No. 554 Washington St., Boston, on Wednesday, April 13, 1870.

MORNING SESSION.

The meeting was called to order by the President, G. W. Swazy, M.D., at 10.30 A.M., and the records of the last meeting and of the Executive Committee having been read by the Secretary, Dr. E. U. Jones, the President gave the usual address: —

The yearly assembling of a society like this is an occasion for thankfulness to Almighty God. The oldest society of our school in this country, we now represent vast interests, maintain a rapidly increasing influence, and intend to do our full share in the work and gospel of a great medical reform.

Allow me to offer for consideration a few thoughts concerning our position, our posology, our literature, and our organizations as hints toward our fuller development, and greater usefulness.

But first it becomes my duty to announce to you the decease of three of our members, since we met in April of last year.

On the 23d of May, 1869, Wm. Knight, M.D., of Marlboro', one of our most valued colleagues, departed this life at the age of fifty. Born

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In Atkinson, N. H., and educated at the Berkshire Medical School, he had been in active practice for twenty-six years, about half of which were devoted to homœopathy.

J. G. W. Pike, who died in Boston on the 11th of September last, was thirty-nine years old. He was born in Brunswick, Me., and being educated at Bowdoin College, had been in medical practice several years.

Like a shock of corn ready for the reaper, so our colleague, A. J. Bellows, of Boston, passed away by death, on the 11th of December last, at the age of sixty-five. He was educated at Hanover, N. H., and wasa man of marked qualities.

In the brief period which measures one generation, after counting out eleven deceased, our Society numbers one hundred and twenty active and paying members, besides twenty-one honorary and corresponding members. In the whole State there are about two hundred and sixty homœopathic physicians doing our cause good service. In the whole United States there are from 4,000 to 5,000 practitioners, sustaining nine medical colleges, eighteen hospitals, and more than thirty dispensaries contributing to a system of practice which is found to suffer nothing in comparison with any in the world.

Our class of periodical literature in the United States is well maintained, vieing successfully, in this respect at least, with all our opponents. The eclectic allopaths, according to best authority, maintain one journal for every 2,000 of their practitioners. Our more formidable rivals, the so-called regulars, support a journal for every thousand of their class, while twelve homœopathic journals are well supported by our 4,000 or 5,000 physicians. Possibly more physicians borrow light from our press, and thereby sustain it, than allow their names to be reckoned in with us as *doers* of the word which we publish. We have about one hundred and sixty publications in all, full one third of which are of western authorship. About fifteen volumes have been issued within the last year.

The year 1870 will be noted during all time for our having built the first monumental tablet, in memory of the first public advocate and practitioner of our school in this country, and it will be marked also as the date of the first incorporated Insane Asylum in all the world, when this unfortunate class of patients can go from their homœopathic homes, and from the care of homœopathic friends, to the care of physicians of their own faith.

Probably history cannot furnish in any other reform more striking results from such beginnings. Not that we need be vainglorious, but the need of deliverance for the suffering, had, in the order of a merciful Providence, become imperative, and consequently this work of reform has thus far been made easy, and naturally successful.

Now, as the position we occupy among medical men is so persistently misrepresented, and as our posology is a somewhat vexed question with ourselves, let us see how we stand. As reasonable men seeking for light, we maintain that we could have done no less than acknowledge the principle "similia similibus." And as consistent physicians, having yielded to our plain duty of investigation, we have

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proceeded to prove and illustrate it in the routine of daily practice, and so far as we have become satisfied of its truth by applying it, we have done no more, and can do no less, than adopt it, adhere to it, and defend it. So, after having first doubted, next investigated, and finally admitted it, we claim to be at home without restricted rights in the *whole* materia medica. We claim the broadest ground of experiment and observation of the use of every means and medicament, known and unknown, in its "similia similibus" application. And this principle, let it not be forgotten, which we have thus accepted, and which our opponents affect to despise, is the only method of direct procedure to the pathogenesis of disease, with its rule for selecting a curative remedy, ever proposed to the medical profession.

As one means of our advancement, both as regards ourselves and the allopathic world, our periodicals should not be open to contributions which inculcate doctrines which are at variance with our accepted principle of cure. Especially should the publications which issue from our largest societies be thus restricted, for they are generally considered authoritative. From them no disclaiming resolution in advance should be allowed; for granting ourselves absolution before committing the fault is a process both queer and questionable.

Among the other means which will contribute largely to the success and aggrandizement of homœopathy, the formation of local societies, and the proper division of their labor in the work of collecting, collating, and distributing their stores of knowledge, stand pre-eminent. These small societies should be made up of those who can work together, and being mainly engaged in local interests, should send forward to the larger societies only their best selected observations, and their most carefully digested opinions. So these accumulated papers should pass on by a sort of "ex-cathedra" process from the smaller and State societies to the American Institute, — as things now stand, — or to some subordinate Institute, as things might, and perhaps should stand. Such an Institute as now exists in the Western States I think we might, with great advantage, proceed to organize in the East. But it is plain that the work of selecting, classifying, and disseminating our literature, and as we hope giving it an enviable distinction, and a high character, should be done in greatest measure by or through the American Institute. But it must be apparent to all that a society as large as the American Institute will be in two or three years (probably not less than 1,500), must be unwieldy in its working capacity, and ill adapted to the wants of the profession at large, or its subsidiary societies. I do not propose to intimate any lack of entire satisfaction with its eminent success and prestige, but it seems from many considerations that it must eventually become a body of representative delegates, both for convenience and efficiency.

The Western Institute includes the rank and file of fifteen States, and virtually constitutes the right wing of the American force. Now to balance the West, not by competition, except in the noble effort of creating and concentrating homœopathic influence, there might be created an Eastern Institute, as a left wing, or supporting

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arm. We have ten States, with their chartered and flourishing societies, of nearly a thousand members, to become the working force.

And after a few years of growth and reconstruction, and a better acquaintance with our Southern brethren, there will be a dozen more States to form still another Institute in that section.

Organization and co-operation are the talismanic words which will soon open for us the bolted doors of hospitals and insane asylums, and make way for the "coming doctor" in the army and navy, and enable us to demonstrate our power.

At the conclusion of the address, the thanks of the Society were presented, and on motion it was referred to a committee of five: Drs. Chase, C. Wesselhoeft, Thayer, E. P. Scales, and Chamberlain.

The Corresponding Secretary, Dr. S. M. Gale, of Newburyport, had no particular report to make.

The Treasurer, Dr. T. S. Scales, of Woburn, reported that at the commencement of the year there was a balance in the treasury of $26.00. Expenditures during the year $212.69. Amounts received, $654.00, leaving a balance of $468.07. Yet due for diplomas, subscriptions and assessments, $375.00. Accepted.

The Librarian, Dr. S. Whitney, of Newton, reported the condition of library not materially changed since the last report. Accepted.

The Committee on the Library, through its Chairman, Dr. Russell, of Boston, reported that the books have been properly arranged, and catalogued. It is recommended to the Executive Committee that the books be loaned to members of the Society under proper restrictions, and that some means be adopted to increase the number of books. Accepted.

The Committee on Hospitals, appointed at the last annual meeting, made their report through G. M. Pease, M D., suggesting that such action should be taken, "as shall at once result in the immediate establishment of a hospital under the charter which has so long been kept in force." It was also recommended that a central committee of seven be appointed, "to take active measures in securing a building suitable for the purpose"; and to whom committees appointed by county societies could report; and that, for the purpose of raising funds, a large fair should be initiated, to be held early in the coming winter.

The question of the acceptance of the report being before the Society, —

Dr. Thayer, of Boston, said, a circular concerning the establishment of a hospital in Burroughs Place in this city, signed by five individuals, had been sent out over the country. I understand some funds have been contributed, but know of no responsible body to receive and properly appropriate such contributions. The committee on a hospital, appointed a year since, has not been called together till yesterday. The name of one member of this committee is on the circular referred to, but he has not called into consultation the rest of the committee. And the circular claims that the building owned by the Homœopathic Dispensary has been leased for their hospital.

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But the Dispensary is the property of all the physicians. It has bargained for a house, but the bargain is not completed. The Trustees moreover supposed that it was the chartered hospital which had leased their building. This society knows nothing about it, and has no assurance that its contributions are rightly given. I would not characterize the whole concern as a swindle, but would like to know why the committee was not called together.

The PRESIDENT. — The discussion should be confined to accepting or referring the report.

The reading of the report a second time was called for.

On motion of Dr. E. P. Scales, of Newton, the report was accepted and referred to a committee of seven, to be appointed by the chair.

The chair appointed Drs. David Thayer, W. P. Wesselhoeft, C. Wesselhoeft, G. M. Pease, Chas. Cullis, I. T. Talbot, and D. G. Woodvine.

The remarks of Dr. Thayer having been decided as out of order, and allowed only by privilege, the same courtesy was extended to Dr. de Gersdorff, that he might respond.

Dr. THAYER. — I wish to be understood as making no allusion to any one but that member of the committee who did not call the committee together.

Dr. DE GERSDORFF. — It seems useless to expend much eloquence on this affair. It is simply whether a work of this kind can best be initiated by a few active, earnest, determined men, or by the action of a large body of men. Large bodies move slowly, and seldom any one man among them will put his hand to the plow. In other countries the greatest institutions have been commenced by single men, earnest in their hopes, endeavors, and prayers. We have obtained from the dispensary the promise of their rooms in Burroughs Place, and the promises and co-operation of some of the best men in the city. We are thus committed to the work, and do not fear that this step is to be taken independently of the Society, nor do we wish to take away its rights. We ask your hearty co-operation, that when the ball is set in motion and gains that impetus which will carry it along, then will we gladly give up our responsibilities and shift them upon you. But the work is best begun by a few men.

Dr. TALBOT, of Boston, rose to a question of privilege, and said: I hardly know in what manner to commence. Four members of those named in the circular are entirely exonerated; I alone am accused. This matter of a hospital has been talked of for the past twenty years. Fifteen years since an earnest effort was made, and a charter granted, and I believe that I labored in that cause earnestly at that time. But the charter was all we obtained. The subject was again revived about ten years since, and circulars prepared. But the war intervened, and it was thought best not to push too fast during the existence of that. Last year Dr. Krebs called up this matter before this Society; a committee was appointed, and though six months elapsed before Dr. Krebs sent in his resignation as chairman of the committee, and went to Europe, yet the members of the committee were never called together. I was informed by the secretary of the fact of Dr. Krebs'

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resignation, but returned word that I could not serve as chairman of the committee. As a Society we cannot properly take up this matter of establishing a hospital, and nothing has been accomplished. The subject was again brought before some thirty physicians in Boston, last winter, but two weeks and then four weeks passed, and no action was taken or effort made by any. Not till then did the five persons referred to start the project of this small hospital in Burroughs Place, pending the formation of any larger one. If this be swindling, we have entirely failed in our appreciation of what is right.

The institution chartered fifteen years since has held no annual meeting as required, for several years. This hospital was not to be started till $100,000 were subscribed. We thought one might be started on $25,000. Now if we five succeed in raising this amount, and the other two hundred and fifty-five physicians in the State will raise the remaining $75,000, we will give ours in, but it will be found a hard and thankless task.

Dr. G. M. Pease, by privilege, read from the records the dates of several meetings of the hospital corporation that had been held.

[There was no meeting from 1863 to 1867.]

Dr. Talbot. — Will Dr. Pease read the records of the meeting held in 1867?

Dr. Pease read, "The only member of the corporation present was the secretary."

Dr. Talbot. — Read those for 1868.

Dr. Pease read, "Two persons were present, the secretary and Dr. Talbot. But the notice, though properly sent, had failed to be published."

Dr. Talbot. — I think this establishes my point, that no meeting was held as required for several years.

The Committee on Materia Medica, through Dr. C. Wesselhoeft, reported that but few answers had been received to the circulars issued. Dr. Cushing, the most assiduous member of the committee, had been sick for some months, and had received but one contribution, and that from Dr. Wm. Pearson of South Hadley Falls. Dr. Wesselhoeft read a number of cases from his own practice, illustrating the action of remedies; accepted.

Dr. I. T. Talbot, chairman of the Committee on Surgery, reported that further time was needed to make a full report. Homœopathic surgery was taking a higher stand every day. The western surgeon who recently excised fifty-eight inches of intestine, with the perfect recovery of the patient, stated that that perfect recovery was due in great measure to the homœopathic treatment received. A surgical hospital has recently been established at the west, and one is already in successful operation in Pittsburg, and a surgical clinic in Philadelphia.

On motion of Dr. Chase the committee was granted time, with instructions to report to the Secretary.

Dr. Chase, of Cambridge, Chairman of the Committee on Pharmacy, reported. Great need exists of uniformity in the preparation of drugs, and of a thorough study of the manner of their best preparation. An

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association of homœopathic pharmacists had been formed for these very purposes, and it is hoped that this step in the right direction will be followed by good results.

The Committee on Obstetrics reported in separate papers read by Drs. I. H. Woodbury, on Uterine Polypus: by Dr. O. S. Sanders, and by Dr. Giles Pease on Abnormal Placental Attachment. Report accepted and referred.

At forty minutes past one o'clock, the Society adjourned for lunch.

AFTERNOON SESSION.

The Society was called to order at half-past two o'clock.

The committee appointed upon the address of the President reported through Dr. H. L. Chase, recommending the adoption of the suggestion contained therein relative to the establishment of an Eastern Institute, and that Drs. G. W. Swazy, S. M. Cate, and C. Wesselhoeft, be appointed a committee to carry the suggestion into effect; to report at the semi-annual meeting in October next. Adopted.

The annual address was now delivered by Dr. David Thayer, of Boston. Subject, THE COMING DOCTOR.

DR. THAYER'S ADDRESS.

I CONGRATULATE you on the favorable circumstances in which we meet. Every year adds fresh evidence how surely and widely the theory and practice which we advocate is making its way to general, if not universal acceptance. The time has been when we were obliged to come up armed and equipped to do battle for our cause, like the Jew at the rebuilding of Jerusalem, like our ancestors when surrounded by Indian foes. But those days have happily passed away. Facts have vindicated us, and to all the storm of envious abuse, our complete and quiet answer is *success*. We may well rejoice at this release from the disagreeable task of self-defence, for it leaves us free to survey the healing art from the highest out-look, and to glance over the whole field of our professional life in its amplest breadth. Into this survey we can carry one lesson taught us by the severe experience through which we have just passed, — the lesson of a liberal toleration of all new ideas, and a generous welcome to all suggestions of improvement. Of the great Lord Bacon, Montague has well said, "He was willing to light his torch from every man's candle."

The physician has been variously estimated, at different times, and among different nations. Among the ancient Greeks he ranked among the gods, and no greater or nobler niche can ever be intellectually filled than that in which the ages have placed Hippocrates. And Galen's lofty outbreak as he finished his essay on the structure of the human skeleton speaks the true idea. "I esteem myself as composing a solemn hymn to the author of our bodily frame; and in this, I think, there is more true piety, than in sacrificing to Him hecatombs of oxen, or burnt offerings of the most costly perfumes; for I must endeavor to know him myself, and afterwards to show him to others, to inform them how great is his wisdom, and virtue and

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goodness." During the first half of the historic period the physician almost monopolized science. Scholars regarded him as *par excellence* the scientific man. But a division of labor has taken place in our time, and the students of social science claim as their province much of that field which was once quietly surrendered to the physician. But guardians of the public health as we are, we must not wholly relinquish our place in these departments. A thousand occasions summon us to do our duty to the public. The water arrangements of cities; the warming and ventilation of dwellings and public buildings; the location and arrangements of hospitals; some portions of school-government; the legislation relative to insanity, and that touching intemperance; the drainage of towns; the habits of daily life, which favor or avert disease; all come within the legitimate sphere of the physician.

Our faith in our own system is full and growing. We gather day by day fresh evidences of its soundness, and its adaptation to the cure of disease; and experience only adds to our confidence, and increases our admiration for the resources of our art. Already we see the wide influence our career has had in simplifying the methods of other schools, leading them to rely more on nature, and to dispense with the lavish use of nauseous, useless and dangerous drugs. Let the dispute as to the *rationale* of our practice go on. It is a useful investigation of the laws of health and disease Meanwhile we point to experience as conclusive evidence that our method is efficient. Science and every-day experience have been brought into agreement, and by-and-by, as we work on, and supply facts, the world will come to recognize another Bacon in Hahnemann, and accept the laws which he announced.

There is one question daily assuming increased importance. I mean woman as a fellow-practitioner of the healing art with ourselves. Everything points toward the wider influence of women socially. In literature, in many channels of philanthropic effort, in that most important of all human concerns, EDUCATION, woman's place has been generously recognized within the last century. It is not strange therefore that professionally and even in civil affairs her claim should be put forward. And there are peculiar reasons why we, as Homœopaths, should lead the way in the recognition of woman's rightful place in this profession. Our theory makes large account of the delicate and subtile forces that affect health and disease. Now every man knows that close, cordial and intimate sympathy between patient and physician is one of the first requisites for successful treatment. Why should we not avail ourselves of this in medicine? Again, full, frank *confidence*, a lavish communication of all facts, is often the readiest way to a correct diagnosis. Every one must see that sometimes those of the same sex will open their lives and hearts to each other far more intimately than those of opposite sexes.

Another very special reason is the great help she will be as a prover of drugs. Most of our provings have been made by men, and the pathogenetic symptoms developed by these provings relate specially to men, and we never shall know all the powers of drugs, till woman shall join us in the important work of drug-proving.

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Another quality eminently fitting her for the profession is her superior *patience*. In the quiet struggle with the necessities of domestic life she bears right on, quiet and persistent, where man breaks down, or frets himself into uselessness.

But above all, and before all these peculiar reasons, I feel that woman holds one-half the brains of the race, and their recognition in medicine just doubles the chance of our improving the science. Who can say that among the intellects of that sex there may not at some time appear some which will marvellously improve medicine? Science accepts help from every quarter, and shrinks from discouraging the slightest possibility of aid. I desire to record my judgment that our school especially, and all schools of really scientific medicine, must inevitably accept and encourage the participation of woman in the study and practice of our art. We must accept the tendency of our age, recognizing it as true progress. The civilization which produced and welcomed Maria Edgeworth, Mrs. Browning, Charlotte Brontë, Mrs. Child, and Mrs. Stowe, in literature; Mrs. Somerville, and Maria Mitchell in science; Lucretia Mott, Mrs. Howe, Miss Dix, Florence Nightingale, and Clara Barton in philanthropy, will not support us in the presumptous assumption that woman cannot possibly help us in medicine.

Among the auxiliaries of medicine stands animal magnetism, and it is a question I leave to you, whether there are not true powers in it to be developed, subdued to law, and made useful to our cause.

Another help may be found in the lifting cure. Some cases of pleurisy are reported to have been cured by it in a much shorter time than ever was done by blistering and bleeding. The rationale of these cures, if they are to be credited, seems to be in the determination of the blood to the surface of the body, which is always the case in lifting a heavy weight. Two cases of bilious colic are also said to have been cured in a very short time. This disease is often caused by the passage of biliary calculi through the biliary duct, and the act of straining to lift a heavy weight is a most successful imitation of nature, which institutes vomiting, in order to force through the *ductus choledochus* the calculus too large to pass with ease. This cure, in my opinion, has for many affections this superiority over some other methods; viz. that while it relieves the system of morbid conditions, by equalizing the vital forces, it, at the same time, strengthens and invigorates the body. While our school of practice recognizes and hails with delight all these helps, and welcomes every suggestion for improvement, we claim that as there is *one*, and *only one law of cure*, similia similibus curantur, still as therapeutists we are not excusable if we neglect any of the auxiliary methods within our reach. We do not regard them as belonging strictly to any medical system; they should be included in regime with bathing, diet, exercise, etc.

The peculiar felicity of our present assured position in the scientific world, is, that it leaves us leisure and opportunity to search further on, and welcome to fair trial, all newly discovered powers. If I were to choose a motto worthy of our origin, it should be first CAU-

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TION, and second COURAGE, intellectual courage. A *rash* homœopath would be a contradiction in terms, a *timid* one a disgrace to our school. In the interests of truth, for the advancement of science, for the relief of suffering, we are to be bold seekers, and candid listeners. Let other men busy themselves with cause and effect, sufficient be it for us that in some way our great purpose is accomplished, to prevent and shorten disease, and to make life longer and more comfortable. Ours is the army, —

That moves in silence by the stream
With sad, yet watchful eyes,
Calm as the patient planet's gleam,
That walks the clouded skies.

Along its front no sabres shine,
No blood-red pennons wave,
Its banner bears the silent line,
"Our duty is to save."

On motion, a vote of thanks was passed to Dr. Thayer for his address, and that it be referred to the Committee on Publication.

Dr. Cate of Salem, offered the following: —

Resolved, That the Massachusetts Homœopathic Medical Society, as a body, encourages and sanctions the enterprise which is now being started by five homœopathic physicians of Boston, viz. Drs. Angell, Woodbury, Wesselhoeft, Talbot and de Gersdorff, to establish a Homœopathic Hospital in Burroughs Place, Boston, and wish it success, with the hope that in a future time the charters for hospital and college, heretofore existing only on paper, may be brought into active use, and thus a beginning made which we may expect will help develop both hospital and college on a broad and permanent basis.

Dr. G. M. PEASE strongly opposed the resolution. He thinks that a wrong impression has been given by the circular, and that some have subscribed to that hospital, who have done so under a misunderstanding of the true state of the case.

Dr. TALBOT. — Name some of them.

Dr. PEASE. — S. G. Cheever.

Dr. TALBOT. — Has not subscribed one cent.

Dr. PEASE. — The Hon. Judge Russell supposed this to be the hospital of which he is a Trustee. Hon. Joseph Story could not understand it other than as an underhanded piece of business. These are but samples of facts coming to my knowledge, and to that of others. It is an attempt at obtaining money under false pretences, though perhaps not so intended by the signers of this circular. It has no regular board of trustees. Those named have never been organized, and many of them may refuse to serve. To whom do the funds go? No one is responsible for them. It is a private enterprise, and not a chartered institution. The dispensary is a chartered institution, and this hospital seeks to get under its wing. The dispensary can let their building to whom they please, but it was the intention that both the dispensary and the chartered hospital should be one.

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On motion of Dr. Thayer, the resolution was laid upon the table in order that the society might proceed to the election of officers for the ensuing year, which resulted as follows: —

President. — Henry B. Clark, M.D., of New Bedford.

First Vice-President. — Conrad Wesselhoeft, M.D., of Boston.

Second Vice-President. — D. A. Johnson, M.D., of Chelsea.

Corresponding Secretary. — F. N. Palmer, M.D., of Boston.

Recording Secretary. — E. U. Jones, M.D., of Taunton.

Treasurer. — T. S. Scales, M.D., of Woburn.

Librarian. — S. Whitney, M.D., of Newton.

Censors. — Wm. F. Jackson, M.D., of Boston; W. P. Gambell, M.D., of Boston; O. S. Saunders, M.D., of Boston; S. M. Cate, M.D., of Salem; A. M. Cushing, M.D., of Lynn.

Reports were received

Of the Boston Academy of Homœopathic Medicine, through its Secretary, A. F. Squier, M.D.

Of the Boston Homœopathic Society, through its Secretary, G. M. Pease, M.D.

Of the Worcester County Homœopathic Society, through Wm. B. Chamberlain, M.D.

Of the Bristol County Homœopathic Society, through its Secretary, J. W. Hayward, M.D.

Of the Consumptives' Home, through its founder and physician, Chas. Cullis, M.D.

And of the Home for Little Wanderers, through its physician, J. H. Woodbury, M.D.

And were severally accepted and referred to the Committee on Publication.

The resolution offered by Dr. Cate, of Salem, was taken from the table.

Dr. Cate deprecated the very severe tone the debate had taken. He said that the efforts to establish the hospital and to place it on a basis where it would have a fair chance and success, had been made by gentlemen of acknowledged integrity, gentlemen who were far removed from all suspicion, and who were far above all the insinuations and innuendoes that had been cast upon them. He was glad to add that the five gentlemen named were not to be deterred by slurs and denunciations of any one. Allusions had been made to several citizens, who, it was stated, had expressed an opinion on the subject, but he would like to know who informed Judge Russell or anybody else that danger was to be apprehended from the hospital being started.

Dr. Giles Pease would be glad to have the inapprehension that apparently existed in the minds of gentlemen present removed.

Dr. Morse, of Salem, said he wanted to see an exhibition of feeling among the members present, he wanted unanimity. If they were to have the hospital, and if that hospital were ever to become a success, they would have all to work together, hand in hand. It was not only for the interests of the hospital that they should be united, but it was for the interests of homœopathy, not in this State only, but over all the country.

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After a few words from Dr. Pease, Dr. Woodvine gave a detailed account of the manner in which the subject of the hospital was first brought under the notice of the Society. The present question was, whether the Society would act in the matter jointly or separately; in other words, would the members of the Society establish the hospital themselves, or would they allow five gentlemen to do it.

Dr. CHASE said the sum of $100,000 was needed to establish the hospital, and it was a matter of conjecture whether such an amount could be raised. Meanwhile the five gentlemen whose names had been freely used that afternoon were ready to start in the matter, and then, when it had been once got under way, they would be glad to take in as many more as would come. For his part it seemed strange and unaccountable that men who were willing to take the burden and responsibility of starting a hospital could be denounced as swindlers.

After some further discussion, Dr. de Gersdorff stated, that, as one of the five individuals who assisted in the matter of starting the hospital, he would not stand in the way at all, but was willing to let others step in. It had been called a private enterprise, but for his part he saw nothing private in the matter. His colleagues, he knew very well, would also be willing, perfectly willing, to stand one side with him, but they would all like to have the work continued, and would like others to come in at once.

Dr. HOLT, of Lowell, thought if a portion of the society indorsed the five gentlemen, and the whole association afterwards refused to act with them, there would be some trouble. For his part he wanted to see both hospital and college prosper, and it did not matter to him by whom they were started, provided they only were in existence, and were doing a good work.

The PRESIDENT considered the cause would be greatly benefited by a free ventilation, and therefore he wished to say a few words in the hope that the question might be discussed temperately and with justice, so that the Society might come as near a fair representation outside as possible. A day or two previously he received a circular stating that the hospital was in operation in Burroughs Place in this city, and hence he was betrayed into the remark in his address that he hoped the hospital would prove a success, believing at the time that the charter had been resuscitated, and that the work was going on under sanction of law. If that remark had created discord, he was sorry for it. He was happy to see, however, a prevailing disposition on the part of members to come to a right understanding in the matter, and he hoped such a consummation would be reached. He suggested that the society should stand by the work the five gentlemen had accomplished. He was forcibly impressed with the truth of the remark Dr. Talbot had made that forenoon, to the effect that to accomplish a thing it required individual work, and a careful attention that was apt to be too thanklessly received.

Dr. Wesselhoeft, with a view of uniting the two apparently opposing parties, offered an amendment to the effect that the five gentlemen engaged in the hospital work should be added to the committee on the hospital, appointed in the forenoon session.

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A free discussion ensued, and in the course of it, Dr. Morse ventured to explain the position of affairs. He said a committee was appointed that morning for the purpose of establishing a hospital under the charter already obtained, and then they had a resolution appointing five men to start the hospital. He moved that the names of Dr. Angell, Dr. de Gersdorff, and Dr. Woodbury, be added to the committee appointed in the forenoon.

The question being taken upon the amendment, the three names were unanimously added to the committee. The resolution was then indefinitely postponed.

Dr. Thayer rose to a question of privilege. During the morning he had uttered the word "swindle," and he wished his brethren to remember that he had said "I will not characterize it as a swindle, although I have heard it so characterized." He thought the word swindle was a harsh one, and fearing it might possibly tend to discord, he willingly retracted it.

The Report of the Committee on Clinical Medicine, presented by its Chairman, Dr. J. Hedenburg, was received, and referred to the Committee on Publication.

On motion of Dr. Thayer, the usual vote of thanks was passed.

Adjourned.

E. U. JONES,
Rec. Secretary.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by A. F. Squier, M.D., Sec.

MARCH 28, 1870. — Dr. Woodvine read a paper upon the "Differential Diagnosis of Scarlatina and Purpura miliaris." He stated that these diseases were often difficult to distinguish from each other, and that this fact had led many to consider them as identical; this is a constant source of misunderstanding whenever they are the subject of discussion. From this confounding of the two diseases had followed the repudiation of *Belladonna* as a prophylactic in scarlatina. He considered the present false status of the question to be owing partly to a love of ease among the profession which permitted them to accept statements as true which would require considerable labor and perseverance to verify; and it is partly due to the very insufficient and incompetent manner in which these subjects are treated by most modern writers on medicine. He regarded it as especially our duty as homœopathists, to investigate the differences between scarlet fever and purpura miliaris, inasmuch as the discovery was made by Hahnemann; and upon their non-identity, and the prophylactic powers of *Belladonna* in one and not in the other, hang the reputation of the founder of our school, and, in a measure, that of the school itself.

When we look at the history of exanthematous diseases, and find that it was not until Sydenham's time that measles was known from small-pox, that Huxham, Fothergill and Withering first discriminated

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measles from scarlatina, "may we not turn with pride to that later period of medical history in which purpura miliaris was separated from scarlatina by our own Hahnemann." In speaking of the prophylactic powers of *Bell.* in scarlatina, he quoted the remarks of Hahnemann on this subject: "*Belladonna* may be used as a prophylactic against the smooth, glossy scarlet fever described by Sydenham, Plentz and others. This great discovery of mine has been scorned and sneered at by a number of physicians for the last nineteen years. They were ignorant of the character of this disease, which is peculiar to childhood, and they were indiscreet enough to mistake for scarlet fever the purple rash which had migrated into Germany from Belgium, ever since the year 1801. They falsely applied to this purple rash the term scarlet fever, and failed, of course, in trying to cure it by means of the remedy which I had proposed. I rejoice that in subsequent years other physicians should have again observed the genuine scarlet fever, that they should have confined the prophylactic virtues of *Bell.* to this disease, and should have done me justice after the unjust derision which I so long suffered. Purple rash being a disease different from scarlet fever, it requires to be treated in a different way. In purple rash *Belladonna* can do no good, and patients who are treated with *Bell.* in this disease will generally have to die; whereas, all of them might have been saved by the alternate use of *Aconite* and *Coffea cruda.*"

He then gave the principal distinguishing characteristics of scarlatina and purpura miliaris as mentioned by Hahnemann, Sim, Shultze, Sydenham, Plentz, Sennert, Navier, Stiegeltz, De Gorter, Nenter, Junker, and the Aet. Med. Berol. The following is a summary of it: —

"Purpura miliaris attacks all ages, while scarlet fever is said almost never to attack adults. The former may repeat itself several times, the latter never invades the system twice. In purpura miliaris the rash is of a dark-red color, *always* thickly studded with dark-red, miliary papulæ which do not leave a white spot upon pressure by the finger, but remain unchanged; while, on the contrary, the rash of scarlatina is of an erysipelatous, fire-colored redness, resembling the color of a boiled lobster, or of a cinnabar redness, and leaving a white spot upon pressure.

"The manner of the appearance of the eruption is quite significant, occupying, in purple rash, the covered parts most frequently, while in scarlatina it prefers the uncovered parts. Perspiration on the parts covered with the rash occurs in purpura, while in scarlatina it occurs *between* the patches of eruption. In purpura miliaris we see the mildest manifestations of the disease when the eruption is out most thoroughly; and, on the contrary, in scarlatina when the eruption is out the fullest the case is considered to be the most dangerous. The eruption in purpura frequently disappears suddenly, at indeterminate times, with increased danger to life, and usually followed by death. In scarlatina the eruption does not disappear during the fever, but gradually fades away as the fever decreases. In cases where death occurs from scarlatina the hitherto red spots, after a time, turn violet."

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In conclusion, Dr. Woodvine said that he considered the distinctions made by Hahnemann between scarlet fever and purpura miliaris correct, and his statements as to the prophylactic powers of *Belladonna* to be true. "Give *Bell.* for pure scarlatina, and *Aconite* for purpura miliaris, and all contention ceases. The diseases stand separate; the treatment is entirely different."

THE WASHINGTON HOMŒOPATHIC MEDICAL SOCIETY.

We have received from our friend T. S. Verdi, M.D., the following bill, which he has been mainly instrumental in getting through both branches of Congress, and which is now a law.

A Bill to incorporate the Washington Homœopathic Medical Society.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That Tullio S. Verdi, Gustave W. Pope, C. W. Sonnenschmidt, E. S. Kimball, and Jehu Brainerd, their associates and successors, physicians, be, and they hereby are, made a corporation by the name of the Washington Homœopathic Medical Society, *with all the powers and privileges*, and subject to all the duties, liabilities, and restrictions set forth in the within act.

Sec. 2. *And be it further enacted*, That said corporation may hold real and personal estate to the amount of twenty thousand dollars.

Sec. 4. *And be it further enacted*, That the members of said society, or such of their officers or members, shall have the power to practise medicine and surgery and collect their fees like other members of other medical societies, enjoying equal legal rights and privileges, within the District of Columbia.

Sec. 5. *And be it further enacted*, That the members of said society, or such of their officers or members as they shall appoint, shall have full power and authority to examine all candidates for membership concerning the practice of specific medicine and surgery, provided said candidates shall sustain a good moral character, and shall present letters testimonial of their qualifications from some legally authorized medical institution; and if, upon such examination, the same candidates, without exception on account of color, shall be found qualified for the practice of medicine and surgery, they shall receive the certificate of membership, or the license to practise medicine or surgery within the District of Columbia.

Sec. 6. *And be it further enacted*, That any acts or part of acts conflicting with the provisions of this act be, and are hereby, repealed.

An Act to Incorporate the New Jersey State Homœopathic Medical Society, passed February 9th, 1870.

1. *Be it enacted by the Senate and General Assembly of the State of New Jersey*, That Doctors J. J. Youlin, F. B. Mandeville, F. A. Rockwith, F. Nichols, T. Y. Kinnie, E. C. Webb, R. M. Wilkinson,

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W. McGeorge, A. P. Macomber, W. H. Sanborne, George W. Bailey, H. F. Hunt, C. J. Cooper, Joseph Moore, M. W. Wallins, E. R. Tuller, E. H. Phillips, L. Dennis, D. E. Gardiner, W. Ward, and their successors and associates shall be and they are hereby constituted a body politic and corporate, in law and in fact, by the name of "The New Jersey State Homœopathic Medical Society," and shall and may have and use a common seal and alter the same at their pleasure, and as such corporation possess all the powers and privileges, and be subject to the restrictions and liabilities contained in the act entitled "An Act concerning corporations," approved February the fourteenth, eighteen hundred and forty-six, and the various supplements thereto.

2. *And be it enacted*, That the object of this society shall be the advancement of the science of medicine and the protection of their legal rights.

3. *And be it enacted*, That any one who is a graduate of a medical college or school authorized by law to confer degrees, may be proposed as a candidate for membership, by satisfying the board of censors, that may be appointed by said corporation, of his good moral character and suitable attainments in the theory and practice of medicine and surgery, and complying with provisions of such by-laws as said society may from time to time adopt, may be a member of this society.

4. *And be it enacted*, That the officers of the society shall be a president, three vice-presidents, recording secretary, corresponding secretary, treasurer, board of censors, and such other officers as the society may think proper from time to time to appoint, who shall hold their respective offices for such time as may be fixed by the by-laws of said society.

5. *And be it enacted*, That the first meeting of said society shall be held in Library Hall, at Newark, on the second Tuesday of April next, at eleven o'clock in the forenoon, when the regular officers of said society shall be elected, and yearly thereafter at such time and place as the society from time to time shall designate.

6. *And be it enacted*, That the regular members of this society shall have all the benefits and privileges that any duly licensed physician or surgeon now has or may hereafter have under any laws of this state; and such society shall have full power to establish and organize county and district societies in this state, and frame and regulate fee bills.

7. *And be it enacted*, That said corporation may hold real and personal estate to the amount of twenty-five thousand dollars.

8. *And be it enacted*, That this act shall take effect immediately.

Albany City Dispensary. — The semi-annual meeting of the Trustees was held Tuesday evening, April 12, at the Dispensary, No. 7 Plain street.

The attending physicians appointed for the ensuing six months are as follows: Monday, Drs. J. W. and C. A. Cox; Tuesday, Drs. L. M. Pratt and P. F. L. Reynolds; Wednesday, Drs. E. D. Jones and

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J. S. Delavan; Thursday, Drs. H. M. Paine and J. Smithwick; Friday, Dr. J. F. McKown; Saturday, Drs. W. H. Randel and S. H. Carroll.

The following departments were established for the treatment of special diseases, viz. diseases of the throat and lungs, by Dr. Reynolds, on Tuesday; diseases of women and children, by Dr. Delavan, on Wednesday, and Dr. McKown, on Friday; and diseases of the skin, by Dr. Carroll, on Saturday.

A dental department was also established for such surgical treatment of the teeth as may be required, service to be rendered three days in each week by members of the dental profession.

The resident physician, Dr. Carpenter, presented a report for the months of January, February, and March, of the present year. The report exhibited gratifying evidence of the success of the institution, as indicated by the increase in the number of applicants and of the number of cases treated.

The Treasurer, Mr. S. Moffat, presented a report showing entire freedom of the institution from debt.

A resolution was adopted providing for an increase of the number of rooms, and the appointment of an assistant resident physician.

The following was also adopted: —

Whereas, the Dispensary requires the permanent advantage of greater facilities for lighting and heating the building, the introduction of hot and cold water, and a more convenient arrangement of reception, operating, and consulting rooms, and also other improvements, which can be economically provided only in a building owned by the Association, therefore

Resolved, That the Finance Committee be authorized to solicit donations to a building fund, to be paid when in the aggregate the subscriptions amount to three thousand dollars.

The attending physicians and surgeons may be consulted daily, from 1 to 2 o'clock, P.M.

The dispensary is open at all hours of the day and night, the resident physician being in attendance when not otherwise professionally engaged.

UTICA CITY HOSPITAL.

A PETITION was presented to the Utica Common Council requesting that the City Hospital now under the charge of the Overseer of the Poor be leased to the "Utica City Hospital Association." To this some homœopaths objected, except upon the condition that one half of the hospital, if thus transferred to a board of trustees as requested, shall be placed in the charge of such homœopathic physicians as may from time to time be nominated for that purpose by the Homœopathic Medical Society of Oneida County.

The following reasons were assigned: —

(1.) The majority of the signers of the petition above referred to are allopathic in sentiment, and all of the physicians whose names

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are appended to the said petition are members of the allopathic profession, and there is therefore great reason to fear that should their request be granted, the hospital would, medically at least, be placed under sectarian control. Such a result, as your honorable body will see upon reflection, would, in the present excited state of the public mind, and at a time when there is such a decided opposition to the conversion of public money and property to sectarian uses, be greatly to be deprecated, as leading to a never-ending and bitter sectarian strife, between the allopathic and homœopathic professions and their respective adherents in this city.

(2.) Only by imposing such a condition upon any board of trustees, to whom the care of the said hospital shall be given up, can the Council be certain of securing impartial justice in reference to its medical management, and of preventing a violation of the great fundamental American principle of "no taxation without representation." A large portion of the tax-payers of this city, who have already contributed by taxation to the erection of the said hospital building, and to whom equally, with other citizens, it now properly belongs, are adherents of homœopathy, and they are justly entitled to a voice in its management.

(3.) There are large numbers of the poor in this city who are liable to become inmates of the said hospital, and who are in the habit of employing the homœopathic practice when sick, and on this account the hospital should not be given into the control of one medical sect.

The undersigned would further represent that when a similar movement was inaugurated by certain allopathic physicians for obtaining possession of the City Hospital in December, 1868, a remonstrance was presented to your honorable body, similar in purport to the above, signed by a very large number of our most influential tax-payers, and the prayer of the petitioners was not granted. The same reasons for not acceding to the prayer of the present petitioners now exists as then, and the movement is essentially the same. Moreover, the whole number of the present petitioners is very small.

We trust, therefore, that the prayer of the petitioners for the City Hospital will not be granted, except with the provision above stated, in reference to the appointment of physicians thereto. This remonstrance was signed by the following homœopathic physicians of Utica: Drs. L. B. Wells, J. C. Raymond, Wm. H. Watson, C. Judson Hill and M. M. Gardner.

Dr. Watson was requested by his associates to present and advocate the remonstrance, which he did with such effect that, though the measure had already secured a favorable report, it failed by a vote of 8 to 11.

HOMŒOPATHIC INSANE ASYLUM.

No other disease demands treatment in large special establishments more imperatively than insanity. And in no other disease do allo-

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pathic physicians pronounce so large a proportion of their patients incurable without any visible physiological necessity. It remains to be seen whether the superiority of homœopathy cannot be also exhibited in the treatment of insanity. It is a wonder, then, that the world to-day sees not one insane asylum under homœopathic control.

At length we may consider the first step well taken towards a supply of this want. Our whole school may learn a lesson from the success which has attended the earnest, indefatigable labors of Dr. GEORGE F. FOOTE to establish an insane asylum, in which the inmates can receive homœopathic treatment. It was begun as a charitable undertaking, and every effort was made to insure its success. The State of New York has granted $150,000 on condition that a similar sum should be raised from other sources. Middletown, N. Y., has been selected for the location, on the condition that $50,000 shall be raised by its citizens for the object. Middletown is in Orange county, on the Erie railroad, seven miles northwest of Goshen, and sixty-seven from the city of New York.

The Act of Appropriation ordains that the management and treatment of patients shall be wholly and perpetually in accordance with the rules of homœopathy, and the trustees and officers are required to be of the homœopathic faith. We trust that nothing will occur to prevent our having, at length, a first-class institution for the treatment of the insane.

REVIEWS AND NOTICES OF BOOKS.

A TREATISE ON DISEASES OF THE EYES, FOR THE USE OF GENERAL PRACTITIONERS. — By H. C. Angell, M.D. oculist and aurist. Boston: James Campbell, pp. 339; 12mo. price $3.00.

It is seldom that we have seen a book, whether on a medical subject or any other, so thoroughly unexceptionable in its mechanical execution, as this. And we take pleasure in making unusually full notes of it, with copious extracts from its pages.

The volume is dedicated with great propriety to Dr. Dudgeon, the well-known author and one of the editors of the British Journal of Homœopathy, a man of marked talents among our English colleagues, and one who has devoted a great deal of time to the study and treatment of ophthalmic diseases.

The body of the work is commenced by a short chapter on the rise and progress of ophthalmic surgery, and this is succeeded by a chapter on the *examination of the eye*, one of the most important sections of the book for physicians having but a limited time to devote to this class of affections; for a correct method of examining a diseased eye, and a correct appreciation of the significance of abnormal symptoms, goes far towards insuring a good diagnosis and proper treatment. The next chapter treats of the anomalies of refraction and accommodation, the greater part of which has already been published in this and other journals.

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Chapter fifth, the longest in the book, is devoted to the consideration of the different affections of the conjunctiva. In those varieties of conjunctivitis which the author considers purely or mostly local in character, such as the catarrhal and the purulent forms, he strongly recommends a local as well as an internal treatment; while in the non-contagious and constitutional inflammations, like ophthalmia scrofulosa, he objects quite as strongly to local stimulation of any kind as not merely useless, but as positively injurious. We should be glad, if space permitted, to insert in our review the half-dozen pages of the author, devoted to the treatment of scrofulous ophthalmia. He does not believe at all in the practice of darkening the rooms in cases accompanied by severe photophobia, and relates that, many years ago, a professor at the Vienna University was in the habit of forcibly opening the eyes of children affected with this disease, and exposing them to the direct rays of the sun. This treatment is not commended, but simply instanced as evidence of the harmlessness of bright light in those cases. In photophobia arising from a different cause, as, for instance, in the various forms of choroiditis, as mentioned at pages 51 and 154, and others, great caution is recommended in exposing the eyes to bright light; and blue glasses are prescribed for out-door use. No doubt that in the treatment of photophobia, a wise discrimination in regard to its cause or pathology is necessary.

Again, on page 213, in speaking of retinal asthenopia, we find a mild protest against dark rooms. The writer remarks as follows: —

"Blue glasses should be worn in the open air, and it may be necessary to moderate the light to a certain extent in-doors. I have never yet found it necessary to confine persons for days in complete darkness, as has been practised and recommended. Indeed, it has seemed better to encourage the patient in attempting to accustom the eyes gradually to the daylight, as the general health is improved. The strong light is unpleasant rather than injurious. I never hesitate to use the ophthalmoscope freely in these cases, throwing a strong light directly into the eye. No sensitiveness whatever is noticed under the examination after the first few seconds, and I never heard of any after ill effects."

Chapter sixth treats of the cornea and scelerotica. At page 117, in speaking of phlyctinular corneitis, the author asserts that "*Arsen.* is the most serviceable remedy by far, and comes as near being a specific for this form of corneal ulceration as possible."

Chapters on the iris, choroid, and vitreous follow next, and chapter nine gives a concise but very thorough and distinct description of the various forms of glaucoma, and its medical and surgical treatment. On page 173, under the heading "When to make the iridectomy," occurs the following: —

"An important point to be determined is the length of time we may wait, in case our remedies fail of the desired effect, before resorting to an operation. The ready answer, and the true answer, to a question of this kind is, *the sooner the operation is performed in a case of glaucoma* the better. Delays are exceedingly dangerous.

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But the patient is not often willing at the very commencement of the disease to submit to an iridectomy, even if we happen to be fortunate enough to be consulted thus early. As a rule, then, he may safely postpone the operation so long as the intermissions of congestion, pain and blindness *are complete*. When there is simply remission instead of intermission, the eye is in great danger, and if vision is continuously impaired, and especially if *the field of vision is contracted*, the operation should be postponed no longer than is absolutely necessary. We must, as before observed, always bear in mind that with or without medical treatment the subjective symptoms are constantly changing, and that, while our measures may be palliative, they cannot be curative unless they reduce the abnormal tension (hardness) of the globe. In the estimation of this tension we are to be guided by our sense of touch, rather than by any sensations of the patient. Both his eyes being closed, we press very gently, either together or in alternation, upon both eyeballs, determining their comparative hardness, and comparing them in this respect, if necessary, with our own."

This chapter is followed by some twenty-four pages in relation to the nature and homœopathic treatment of affections of the retina and optic nerve.

The following, on page 203, strikes us as being extremely feasible and practical for those who are not supplied with all the paraphernalia necessary to the practice of a specialty.

DIAGNOSIS OF AMBLYOPIA.

"A simple, practical, and quite reliable method of diagnosing amblyopia, as well as other diseases of the eye, involving loss of vision, from those of anomalous refractive power requiring only proper glasses for their cure, is by the easy device of permitting the patient to look through a large pinhole in a blackened card. *If this improves vision*, refraction is faulty, and will be corrected by suitable glasses. If vision *is not improved*, the loss of visual power must be sought in some of the inner structures of the eye, and an ophthalmoscopic examination will be necessary. Of course nicer methods than this to determine faulty refraction, when the requisite concave and convex glasses are at hand, are those mentioned in the chapter on Anomalies of Refraction; but the requisite glasses are frequently not at hand in the office of the general practitioner, and the above test of Giraud Teulon will prove very convenient."

From the chapter on cataract, as a specimen of its style and of the important matter contained in it, we reproduce the remarks on the complications of cataract with other diseases, — a state of affairs frequently overlooked by surgeons as well as physicians, leading to frequent disappointment in the results of an operation.

"The most common complications are, —

The results of iritis,	Softening of the vitreous humor,
Choroiditis,	Sclerotico-choroiditis posterior,
Separation of the retina,	Amblyopia.

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"We may determine a complication or its absence, by testing the patient's visual power after the cataract is fully matured. He may be able to distinguish night from day, or the light from a window, and to note a hand before his eyes, even at a distance of three feet, and still we should not be justified in pronouncing the retina sound beyond a doubt. To render the absence of all complications sure, the patient should be able to discern a dim light in a darkened room at a distance of ten to fifteen feet. There should be no contraction of the field of vision as tested by moving a lighted candle from one part of the visual field to the other. The patient's eyes should be fixed on his finger at the distance of a foot during this test, and the candle should be shaded while its position is being changed; the tension of the eyeball should be noticed, and in cases of doubt the whole history of the failure of sight investigated thoroughly. Pain, photophobia, flashes of light, spectra, and like symptoms, are to be regarded as indicating unfavorable complications."

For the details contained in succeeding chapters, on spectacles, the muscles of the eye, including paralysis and strabismus, on the affections of the lachrymal organs, on affections involving the whole eye, and on affections of the eyelids, we must refer our readers to the work itself. Chapter XXVIII., on injuries of the eye, and sympathetic ophthalmia, is thorough and exhaustive, although comprised within twenty pages, and is one of the most important to the general practitioner, in the whole book. In relation to the treatment of burns of the conjunctiva from lime, mortar, or plaster, he says at page 295: —

"It is wiser not to attempt to neutralize the alkali by the use of weak acid. The eye is very intolerant of acids in these cases, and they can hardly be of service unless applied *immediately* after the accident. It is better, therefore, to resort to olive oil at once, a small quantity of which is to be dropped into the eye. The lids are then to be everted, and the loose particles of lime removed with a delicate spatula. If the epithelial layer of the cornea is destroyed, it should be removed, and, if possible, the cauterized portions of the corneal substance should also be taken off, so that the reproduction of tissue may not only be speedy, but that the new tissue may be free from depositions of lime, and transparent. After the application of a few drops more of sweet oil, the lids should be closed, cold-water dressings used for the first few days, and *Acon.* and *Arn.* administered."

There are two very important and novel variations in the above treatment, from that usually laid down by authors. The first is the condemnation of the useless practice, to say the least, of attempting to neutralize the chemical effects of an alkali *after the mischievous results have been produced;* and the second not less important point, which we have never noticed in any of the standard treatises on the eye; namely, the advice to remove the cauterized portions of the cornea, so that the corneal tissue to be reproduced *shall be transparent.* The great obstacle heretofore, in the way of a restoration of vision in these cases, has been in the opaque and milky or chalky nature of

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those portions of the cornea burned by the alkali. We now learn from the author that recent experiments made in Germany, upon animals, prove conclusively that when the cauterized part of the surface of the cornea can be removed soon after the accident, the reproduced tissue contains no lime, and is clear and transparent; this treatment may thus render one of the most frequent and dangerous accidents to vision comparatively harmless.

The following indications of the author for the diagnosis of foreign bodies within the globe of the eye when they cannot be seen, with or without the aid of the ophthalmoscope, are important and interesting; we quote from page 300.

"The diagnosis is sometimes quite difficult When the foreign body cannot be seen, with or without the aid of lateral illumination and the ophthalmoscope, we may suspect its presence: —

If the pain does not yield to the usual palliative treatment, and is apparently disproportionate to the visible inflammation; if the inflammation does not appear to be controlled by the treatment, to the usual extent; if symptoms of inflammation of the deeper structures of the eye are present; if there is a circumscribed iritis with exudation, limited to a given point, no foreign body being visible, the eye having been struck by a splinter of metal. I recall a case like this in the clinic of Professor Graefe, where he made an iridectomy, and then removed the invisible bit of metal from behind the iris; if there is non-union, or only partial union, of a wound through which a foreign body may have entered the eye."

Chapter XIX gives a résumé of thirty-six remedies, with the symptoms and diseases of the eye in which the author has found them useful, and chapter XX, the last, presents us with two series of excellent and convenient test type for determining the acuteness of vision. Finally, the index is full and well arranged, a model in these respects for medical writers generally. The work as a whole is eminently practical and valuable, meeting a demand which is certain to place it in the library of every homœopathic physician. We learn from the publishers that the book is finding a ready sale, and that a second edition will soon be demanded.

Strangulated Umbilical Hernia. — We have received in pamphlet form the report which we published in the *Gazette* for September, 1859, of Dr. Beebe's celebrated Chicago case. But wonders will never cease; and not only did this woman entirely recover after a loss of fifty-eight inches of sphacelated intestine, but — *mirabile dictu!* — four and a half months afterwards she was delivered of a fine healthy female child, weighing eight pounds. We do not know what our neighbors of the *Boston Medical and Surgical Journal*, who could not swallow the first account, will say to this addition. Perhaps they will get their friend, the Professor of Harvard Medical School, who has succeeded so admirably in his case of "*Placenta Prœvia*," to write a review of this pamphlet.

"The Origin of Homœopathy, and reasons for preferring it to the common system of medical treatment," is the title of a little pam-

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phlet issued by the Hahnemann Life Insurance Company for general distribution. It is not only very attractive in form, but contains a large number of facts in relation to homœopathy which it would be well for the public generally to know. We have no doubt that the Company would furnish these gratuitously to physicians, and they would not do better than to distribute them among their patients.

FALLACIES AND CLAIMS, a word to the world on homœopathy, by Dr. E. H. Ruddock, Reading, Eng., is a reprint, by C. S. Halsey, of Chicago, of an English tractate, of which upwards of twenty thousand copies had already been circulated abroad. It is of a size suitable for enclosure in letters, and is sold by Mr. Halsey, at the extremely low price of one dollar per hundred, — but little more than the cost of the paper.

THE ANNUAL OF HUDSON AND MENET for 1870, is a very handsome octavo of 216 pages, which this enterprising firm distribute to their patrons. It contains a full list of all newspapers and periodicals published in the United States and Canada, with statistical information for the use of advertisers, and a list of the leading newspapers in most countries in the world. Of course an advertising firm could not let such a book go into the world without putting in a few advertisements; and it is itself not only an advertiser's guide, but an advertisement of Hudson & Menet, 41 Park Row, New York, and of Hudson, Menet & Gay, 133 Dearborn street, Chicago.

OBSTETRIC APHORISMS FOR THE USE OF STUDENTS COMMENCING PRACTICE. — By Joseph Griffiths Swayne, M.D., from the fourth revised English edition; with additions by Edward R. Hutchins, M.D. Philadelphia: Henry C. Lea, pp. 177, 12mo. This small volume is for beginners in obstetric practice, presupposing a thorough course of study but no experience. It aims at the seasonable anticipation of unusual difficulties in order that the young practitioner may call in experienced help when the safety of the patient demands it. Sixteen wood-cuts aid in making the directions just what the beginner needs, and to him the book may be considered a necessity. The American editor protests strongly against the too prevalent practice of fœticide.

ITEMS AND EXTRACTS.

RELAPSING FEVER has greatly diminished in London.

UNIFORM MORTALITY. — The total mortality in all the hospitals in Paris, during 1869, was 13,167; and for 1868, 13,052; being almost exactly the same.

THE DIFFERENCE. — "My dear doctor," said a lady, "I suffer a great deal with my eyes." "Be patient, madame," he replied, "you would probably suffer a great deal more without them."

SIR EDWIN LANDSEER appeared as a witness in a London Police Court recently, in a case of cruelty to animals, and made an indignant protest against the barbarous practice of cropping dogs' ears.

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HOMŒOPATHY IN FRANCE. — Dr. Léon Simon continues this year his lectures on Homœopathy, at the Sorbonne, and Dr. Jousset will give a course at the Dispensary, Rue de Verneuil, No. 1, twice a week; and, on Tuesday, a clínical conférence. (Paris, France.)

THE HOMŒOPATHIC HOSPITAL, at Lyons, France, will be dedicated to its charitable purposes next fall. The basement is for dispensary and offices; the first floor contains four wards, eight beds in each ward, and is free to all; the second floor, for paying patients. contains as many rooms. A large piazza, 182 feet long and 10 feet wide, offers a pleasant covered walk for the patients, from which they can go into a large garden in the rear of the hospital. Drs. Gallavardin and Emery, the physicians in chief, will deliver a course of lectures during the ensuing winter. (Klinik) [S. Lilienthal.]

SWIMMER'S CRAMP. — A simple and sure means of relief when attacked is for the swimmer to instantly throw himself upon his back and kick out *violently* or even lash the water with his legs until all cramp has disappeared. — *Medical and Chirurgical Review.*

DR. ALBERT DAY, Superintendent of the New York State Inebriate Asylum, has retired from that position, and is succeeded by Dr. Daniel G. Dodge. We understand that Dr. Day is to undertake the charge of a similar institution in the vicinity of Boston.

WE regret to announce the death, at the age of fifty-nine, of Sir James Y. Simpson of Edinburgh, who has for thirty years occupied a most distinguished position in medical science as a discoverer, and as a bold and skilful operator.

INTERESTING TO TEA-DRINKERS. — Dr. Letheby, an English physician, says that most of the cheap tea, — and some brands are sold in England for a less price than the customs duty, — is not tea at all, but a mixture of siftings, the dung of silk worms, dust, dirt and a solution of gum.

A PROFESSOR FORCED TO RESIGN. — During a recent lecture Dr. Tardieu was hissed and insulted on account of the deposition made by him at Tours in favor of Prince Bonaparte. Dr. Tardieu was obliged to quit the hall, and while retiring declared that he should resign his chair, and the announcement was received with bravos.

"EXACT SCIENCE" AGAIN. — For an anomalous case of abdominal pain "an old subscriber" in the *Lancet* says of a correspondent who is in doubt: "Has he tried suppositories of belladonna, full doses of tincture of belladonna and strychnine in mixture, and the local application of liniment of aconite with chloroform over the seat of the pain?" "Senex" says, for the same case: "Has your correspondent tried nitrate of silver, or oxalate of cerium! If not, let him try them separately, and note the result in your columns."

IMPORTANT ALLOPATHIC DISCOVERY.— Dr. Clersoy has published in a French medical journal an account of a complete cure of a bad case

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of consumption by the use of arsenate of soda. He gave six milligrammes a day for twenty consecutive days, then cod-liver oil for sixteen days, and then returned to the arsenic. A correspondent of an English paper which published the account, writes to say that dilutions of arsenic have long been used by the homœopathic school in pulmonary diseases.

Allopathic Infinitesimals. — French doctors have been experimenting with corrosive sublimate for general debility, especially in children, and are delighted and astonished at the results. They have continued its use for half-years and whole years, and constantly observe "a return of appetite, increase in bulk, development of muscular vigor, improvement in complexion, and all the external signs of health," — but now for the dose. The dose of the corrosive sublimate given with this object in view, is very small, being from one to two milligrammes a day; or, .015 to .03 grains, dissolved in distilled water. They find similar results, too, from the small doses of arsenic, tartarized antimony, perchloride of mercury, bichromate of potash, *Nux vomica*, etc. When will wonders cease!

A Spanish Sanitarium. — The attention of English physicians and invalids is just now being directed to a new health resort, that seems likely to rival Cannes and Nice. This is the town of Elche, in Valencia, Spain, on the western shore of the Mediterranean. It is seven miles from the sea, and but seventy-two miles southeast of Madrid, from which it is accessible by rail.

Elche is situated in the midst of plantations of palms of enormous size, and is a Moorish-looking town, needing only the Bedouin to give it a completely Eastern aspect.

It is picturesque in the extreme; the church is unique and curious; the hotel or posada, decent; the surrounding country contains much to instruct and amuse the botanist and mineralogist; and the traveller is beguiled by the interesting local history of the town. But the delightful climate is its chief attraction. There is a delicate softness in the air, a freedom from fog and dampness, an elasticity and brightness, "which is just what is needed," says a distinguished physician, "to refresh and invigorate a tired and jaded brain."

To consumptive and dyspeptic patients, these qualities of the climate render it greatly superior to that of Italy. This winter, an English diplomatist with impaired health has betaken himself to Elche, and the seal of fashion will soon be placed upon this oriental-looking and health-giving locality.

An ability to put up with rough accommodations, and a little knowledge of Spanish, are the only pre-requisites to the enjoyment of the charms of this salubrious and cheerful spot, — the Cashmere of Europe. Elche is "illustrated" in *Appleton* for February 5.

Trifolium pratense in Whooping-cough. — *A new Allopathic discovery.* — *The Boston Journal of Chemistry* publishes a discovery as reported by an allopathic physician of this city, viz: the use in whooping-cough of a tea made from red clover blossoms. But his

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method is like sending a ploughboy to survey a field. He says "Some care and art is necessary in making the tea. I select and cure the blossoms myself, and take off the best blossoms, about two ounces to a pint of boiling water, steep for four hours, and give a wineglass full occasionally during the day." Now it strikes us that these vaunted scientists proclaim their discoveries too often for their own reputation. They had better leave this herb-tea making and drinking to the Aborigines, and go to a homœopathic pharmacy, purchase the tincture of *Trifolium pratense*, or some suitable dilution of it, and administer this long-tried and favorite homœopathic remedy in a scientific manner.

Physicians need to ponder upon Sydenham's admonitions when "they fail to use for the relief of the sick the best means furnished by science and art, lest they be compelled to give up some cherished prejudice."

A Courageous Mother. — In his recent *éloge* on Trousseau, M. Béclard, while referring to his re-establishment of tracheotomy in croup, which he thought likely to form his most durable claim to the gratitude of posterity, — an opinion which many will not be likely to agree with, — relates the following anecdote which the Professor was very fond of narrating: "I was sent for," he says, "together with MM. Blache, Guersant, and two other physicians, to the house of a renowned Parisian sculptor, whose child was dying of croup. This child was in such a condition that not one of us, even those who were the most daring, was willing to venture on an operation, feeling almost certain the child must die, whatever was done. I was deputed by my *confrères* to communicate this sad intelligence to the mother, informing her of the extreme peril in which her child was, which, indeed, she knew only too well. I added, in answer to her questions, that I did not believe that medical aid could usefully intervene, for although there was an operation, yet in this particular case it presented at the very utmost but one chance in a thousand. At these words the unfortunate mother rushed to the door, closed it, and placing her back against it turned towards us, and with accents of "*sublime colère*," exclaimed, "You shall not leave this room until the operation has been performed!" M. Trousseau executed it, and the child is now a man.

Vaccination in China. — Through the perseverance of Dr. Henderson, an official proclamation has been issued at Shanghai by the Taotai, condemning the practice of inoculation for small-pox, and encouraging the Chinese to avail themselves of the advantages of vaccination. The Taotai calls attention to the unmistakable benefits conferred by the vaccine establishment in the native city, where thousands of children have been vaccinated, and, altogether, the proclamation indicates that the native authorities are becoming increasingly amenable to the instruction of those whom it was once the universal Chinese fashion to regard as "outside barbarians." — *North China Herald.*

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Allopathic Treatment of Croup. — The report of the *Société Médicale des Hôpiteaux*, which consists of the medical officers of all the civil hospitals, states that the mortality from *croup*, during 1869, amounted to 73 per cent, and they pathetically observe, that this result is in spite of the care literally lavished upon this class of patients, and the improvements in their medical and surgical treatment. In fact, they go on to say, the mortality is even greater still, inasmuch as some of the children are removed by their parents in a dying state, while others discharged as convalescent, soon afterwards die! Look to your therapeutics, gentlemen!

Professor Von Graefe, the illustrious ophthalmologist of Berlin, has, we are glad to learn, entirely recovered his health, having derived the fullest benefit from the sojourn which he had been compelled to take in Italy. He has now returned to Berlin, and resumed his usual occupations, having presided over the last sitting of the Academy of Medicine.

Nelaton. — It has been reported that the cause of Nelaton's visit to Italy, is a disease of the heart, which will henceforth prevent him from continuing his surgical practice. We believe there is no ground for such a report, and that the reason of the great surgeon's journey to the South was a desire for rest and recreation, and particularly the wish to soothe the grief of his only daughter, who has been lately bereaved of her husband.

Temperance of the Chinese — We have much satisfaction in adding our testimony concerning the comparatively temperate habits of the Chinese people. In no country, perhaps, is wine of a decidedly intoxicating nature so generally and yet so moderately partaken of as in China. — *Report of the Hankow Medical Mission Hospital*, 1868.

Charles Read, in the *Pall Mall Gazette*, calls attention to the grave question of treatment of lunatics, in view of the various cases of broken bones and fractured ribs and other degrees of pulverizations which have come under his notice in various asylums and workhouses. He offers a reward of £100 for such evidence as will lead to a conviction in one of the more recent and aggravated cases. The English Medical press lend their columns to the discussion of the subject; and it is to be hoped that good will result here, as well as in England, from a thorough investigation of the conduct of the officers of asylums for the insane.

Prof. J. C. Sanders' method of dressing the navel of new-born infants meets the hearty approval of Prof. Guernsey, and other skillful physicians who have tried it. The directions are to take a pledget of batting as thick as the hand, and of a length and width once and a half the length of the cord, and place it across the abdomen above. Upon this lay the cord vertically, in the median line. Over the cord thus placed apply another layer of batting, and then use the bandage for its retention as in the old manner of dressing. The advantages claimed for this method of dressing are, that it is

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more soft, elastic, and absorbent; it can be more easily renewed; it holds the cord in place; it hastens the separation of the cord by several days; and it secures a healthier and kinder cicatrization. Here are advantages enough to command the attention of every accoucheur.

WHAT ARE CONDIMENTS? — The *Pall Mall Gazette* says: —

"Professor Fonssagrives, in his new treatise upon dietetics, gives us some curious information upon the use of condiments in France and in England, and includes under that term a somewhat surprising list of things, *e.g.* magnesia, Vichy waters, bicarbonate of soda, and Gregory's powder. He assures his readers that this last mixture is habitually used in England as a condiment, and universally enjoys a high reputation. A writer in the *Medical Times*, commenting upon the difficulty of accurately defining a condiment, observes: 'We recollect hearing a hospital nurse remark, when a patient complained that he did not like his beef tea out of the same unwashed cup which had just held his medicine, that it was impossible for the authorities to provide him with a separate receptacle for each of his condiments.' The professor's list does not comprise what, according to the mediæval adage, is the truest condiment, hunger; but for the comfort of readers who have no appetite, he conclusively proves the benefit which would arise in their case from the habitual use of pepsine."

ASCETICISM. — If the brain has to be active, the body must be well nourished, and a robust and healthy condition of the physical frame is the best guarantee for the continuance of mental sanity and vigor. We are at liberty to infer from this that the practice of asceticism is even more a blunder than it is a punishment, — inasmuch as the mental activity excited by bodily abstinence in excess is a diseased and abnormal activity; and, consequently, no reliance can be placed, or ought to be placed, on the rapturous utterances or beatific experiences of cloistered enthusiasts undergoing self-inflicted torture. All that is got by such mistaken self-devotion is at best open to suspicion; and it is worth remarking here that the so-called celestial visitations and spiritual ecstasies vaunted by the self-macerating skeptics, bear a striking similarity to the illusions and hallucinations so often attendant on the last hours of persons who languish out their lives through sheer weakness and exhaustion, — and that quite irrespective of their religious character. — *Leisure Hour.*

WORMS INFESTING THE BRAIN OF BIRDS. — Dr. Jeffries Wyman has communicated to the Boston Society of Natural History a description of an animal parasite, the thread-worm, found in the brain of seventeen out of nineteen specimens of the snake-bird, or water-turkey, shot in Florida. The presence of these parasites in the cranial cavity of the *Anhinga* seems to be its normal condition, yet nothing is known of the manner in which the embryo finds its way into the bird. Dr. Wyman says parasites have occasionally been found infesting the brain or its membranes in man and animals, but

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far less frequently than in other regions of the body. The species, referable chiefly to four genera, are confined almost wholly to man and domestic animals, such as sheep, reindeer, dromedary, horse and ox; and among the wild animals, to the chamois, roebuck, and a few others. That they have not been more frequently seen in wild species is doubtless due to the fact that but few brains of these have been examined.

HOMŒOPATHIC DIRECTORY,

BY HENRY M. SMITH, M.D., NEW YORK,

RHODE ISLAND.

HISTORICAL SKETCH.

PROVIDENCE. — The practice of homœopathy was introduced into Rhode Island by Dr. Lewis Parlin, about the year 1839. He was a German, but graduated at Bowdoin College in 1835. He practised in Providence. In the Dorr rebellion, being a "Dorrite," he became unpopular, and left in 1841.

In the fall of this year Dr. P. P. Wells, a graduate of Dartmouth College in 1833, came here from Roxbury, Mass., and the following year adopted the homœopathic practice. In September, 1843, he removed to Brooklyn, N. Y., where he has since resided

In the spring of 1842 Dr. Abraham Howard Okie, a graduate of the Tennessee Med. College, came here from Philadelphia. He is still here, in large practice. Dr. Josiah F. Flagg, who was induced by Dr. G. Humphrey to practise homœopathy, practised here in 1840 or '41. Dr. Channing, of New York, made frequent professional visits here in 1839 to '41, although he did not reside here. He did much to strengthen the faith of the early practitioners, and aided them by his counsel. About the year 1843, Dr. John J. DeWolf, of Bristol, became a homœopathist and settled here. In 1850 Dr. Ira Barrows, a graduate of Harvard College in 1827, came here from Norton, Mass. He is still in large practice. Dr. Grenville Smith Stevens graduated at the College of Physicians and Surgeons, New York, in 1854, and opened his office here, where he is still in practice. Dr. Washington Hoppin, a graduate of the Hom. Med. College, of Penn., entered into a partnership with Dr. Barrows in 1857, which was continued till his death, April 1, 1867. Dr. Wilhelm A. von Gottschalk, who has a large practice here, graduated at Leipsig. Dr. Geo D. Wilcox, who is also in full practice, is a graduate of the Medical Department of the University of New York. Dr. Courtland Hoppin graduated at the College of Physicians and Surgeons in New York, and opened an office here in 1860. Dr. Isaac W. Sawin, a graduate of the Western Hom. College, came here from Centredale. Dr. Peleg Clark, who has now retired from practice, came to Providence from Quidnick, in Kent Co. Dr. Henry C. Preston practised here several years, and about ten years ago moved to St. John, N. B. Dr. Charles G. McKnights, a former practitioner here, has, I believe, gone out of practice. Dr. A. P. King and Isaac S. Crocker, once in practice here, are not living. The latter died Oct. 26, 1866, aged thirty-eight. Dr. M. F. Cooke, was in practice here several years before removing to Chicago where he now is.

PAWTUCKET. — Dr. Charles F. Manchester adopted the homœopathic practice in 1843 and began here, where he remains. In 1847 Dr. James Lucas Wheaton graduated at Berkshire Medical College and entered upon practice here, where he is now. In 1867 Dr. Oliver Henry Arnold graduated at Harvard College, and in March of the same year opened his office here.

CENTREVILLE. — In 1844 Dr. Peleg Clark was converted to the new system and began to practise it here. He is now in Providence, retired from prac-

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tice. In 1853 Dr. Asa W. Brown graduated at the Cleveland Homœopathic College and began to practise here. He remained two years and removed to Mystic Bridge, Conn., where he now is.

SLATERSVILLE. — Dr. E. C. Knight practised here in 1852. He went from here to Middleborough, Mass., and thence to Quincy, Ill. He is now at Waterbury, Conn.

COVENTRY. — Dr. Allen Tillinghast graduated at Berkshire Medical College in 1843, and, after practising the old system here for eleven years, adopted the homœopathic practice in 1854. He practised awhile in Clayville and Washington Village.

PHENIX. — Dr. William Hughes Richard graduated at Harvard College in 1866, and began practice here the same year.

BRISTOL. — Dr. Henry W. Boynton, a graduate of Bowdoin College, is in practice here.

At CENTREDALE, Dr. John C. Budlong, a graduate of the Homœopathic College of Pennsylvania, is in practice.

At WOONSOCKET, Dr. Jerome Harris, a graduate of Bowdoin College, is located.

There have been other physicians in practice in the State, whose histories I have not been able to get.

SOCIETIES.

THE Rhode Island Homœopathic Society was organized in 1847, and a charter obtained from the legislature. Quarterly meetings were held; but, I believe, that for several years the society has not met.

THE Hahnemannian Medical Society of Rhode Island was organized Oct. 21, 1854. I do not know that meetings are held now.

LITERATURE.

IN 1850 Mr. Geo. H. Whitney, of Providence, published "An address delivered before the Rhode Island Homœopathic Society by A. Howard Okie, M.D., President, etc., an octavo pamphlet of twenty-eight pages. In 1852 the "Inaugural Address delivered before the Rhode Island Homœopathic Society, Nov. 3, by Dr. Henry C. Preston, President," was printed in pamphlet form by Sayles & Miller, 8vo. pp. 44.

PRACTITIONERS.

ACCORDING to the following list there are thirty-six practitioners. Names printed in SMALL CAPITALS have been registered with the American Institute of Homœopathy; those prefixed with an asterisk * are members of the Institute. The statistics of population have been taken from the last U. S. census. I am indebted to Dr. Ira Barrows of Providence, and P. P. Wells, of Brooklyn, N. Y., for favors.

Bristol, Bristol Co. Pop. 5,271.
BOYNTON, HENRY W., M.D.

Centredale, Providence Co.
*BUDLONG, JOHN C., M.D.

Centerville, Kent Co.
Hall, Robert.
Sprague, Albert G. jr.

Coventry, Kent Co. Pop. 4,247.
TILLINGHAST ALLEN, M.D.

East Greenwich, Kent Co. Pop. 2,882.
Greene, D. H.

Georgiaville, Kent Co.
Nutting, F.

Hope, Providence Co.
Fiske, Harding.

Newport, Newport Co. Pop. 10,508.
Greene, Nathaniel.
Stanton, Nathaniel.

Pawtucket, Providence Co.
ARNOLD, OLIVER HENRY, M.D.
Berry, Freeman.
*Manchester, Charles F.
WHEATON, JAMES LUCAS, M.D.

Providence, Providence Co. Pop. 50,666.
*BARROWS, IRA, M.D.
Barnes, George L.

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*Clark, Peleg.
*De Wolf, John J.
*Foster, Avery B.
*GOTTSCHALK, WILHELM A. VON, M.D.
*HOPPIN, COURTLAND, M.D.
*Loring, Charles P.
McKnight, Charles G.
Mowry, Miss H. M.
OKIE, ABRAHAM HOWARD, M.D.
Okie, Howard.
*SAWIN, ISAAC W., M.D.
*STEVENS, GRENVILLE SMITH, M.D.
WILCOX, GEORGE D., M.D.

South Scituate, Providence Co.
Roberts, J. E.

Phenix, Kent Co.
RICHARDS, WILLIAM HUGHES, M.D.

Wakefield, Washington Co.
Hazard, W. H.

Warren, Bristol Co. Pop. 2,636.
Clark, Gilbert.

Westerly, Washington Co. Pop. 3,470.
Palmer,

Woonsocket, Providence Co.
Cargill, O. D.
HARRIS, JEROME, M.D.

CONNECTICUT.

HISTORICAL SKETCH.

We regret that the following sketch is very imperfect, and hope that the physicians will note the errors and omissions, that they may be corrected and supplied in a future number of the GAZETTE. No pains have been spared to make it complete. Blanks were sent to all the physicians; only a few of which have been returned, and of these a still smaller number furnish the data asked. One physician, without filling the blank, replied that he had "no time to attend to it." We trust that he and others may, by their criticisms, give us the information we have been unable to get in any other way.

In 1810 a German physician came to this country, and settled in Philadelphia. For reasons not ascertained, but supposed to be pecuniary losses, he never divulged his name, except to the Rev. Mr. Gallaudet, of Hartford, who died some years since without communicating it to any one. In 1811 or 1812, he practised in Brooklyn, N. Y. In 1813 he was in East Hartford, Conn., a year later he practised in Providence, R. I., and in 1815 died somewhere in New England; where, is not known. Dr. S. B. Barstow, of this City, knew of him in 1813, at New Hartford, where his sister was sent to him to be cured of epilepsy. She remained three weeks, and had no return of her disease after taking the first dose. From the fact that his remedies were invariably administered in rain water, and his patients were enjoined to use that in preference to any other kind, and to avoid coffee, tea, wine, tobacco, spices and all other stimulants, he acquired the soubriquet of "Rain-water doctor." He furnished his own medicines, for which he charged four cents a vial, which, with the price of his pamphlet of directions, was all the fee exacted.

These facts have been furnished me by Dr. Barlow, who has till now delayed publishing them (though they were told me nine or ten years ago), that he might collect more evidence to prove him to have been a homœopathic physician, as he believes he was. I introduce the matter in this part of the history, as we have now for the first time come to where he practised.

Dr. Barlow, in looking over some of his old books and pamphlets, found three or four pamphlets of one hundred and fifty pages each, signed "Sylvan; Enemy of Human Diseases." They were principally dietetic rules, etc., for his patients, and in them he frequently makes use of the term *pathopoietic* (but not patho*genetic*). Dr. Barlow thinks that any homœopathic physician who reads the pamphlets would say the writer was certainly a homœopathist, so strongly was he reminded of Hahnemann's writing. The perusal of these pamphlets recalled some of the circumstances to his mind, and Dr. Barlow by extensive correspondence and otherwise, obtained many facts which will be made public. The late Prof. Ives, of New Haven, who knew him, in a

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letter to Dr. Barlow described him (as all others spoke of him) as skilful and benevolent, and as having done "much good."

A few years later another person (who died in 1825) practised in New England, and called himself Dr. Rainwater.

Here for the present I leave this mystery, and take up with more recent events.

In an Inaugural Address delivered before the Connecticut Homœopathic Medical Society, Nov. 15, 1864, Dr. Elial T. Foote, the President, gave an historical sketch of medicine and medical societies in the State, including the introduction of Homœopathy. He intended to give a brief notice of every physician, but, being unable to get the facts, he has only mentioned seven: Drs. Taylor, Taft, Northrup, Skiff, Schue, Ensign and himself; of the latter, however, little is said.

NEW MILFORD, Litchfield Co. — In 1837, Dr. George Taylor, a graduate of the medical department of Yale College in 1824, first practised homœopathy here. We learn from Dr. Foote's address that in 1837 Dr. Taylor's wife was cured by Dr. F. Vanderburgh, after he and neighboring physicians had failed. This led him to investigate the subject, when he adopted the pract ce, which he has continued to the present time. Dr. Charles Taylor, a graduate of Geneva Medical college, has practised here since 1852, with the exception of one year at Bridgeport.

HARTFORD, Hartford Co., was the second place where the new system was introduced. Dr. Gustavus M. Taft, a pupil of Drs. Hull and Gray, graduated at the New York University in 1842, and removed here, where he remained till November, 1845, when ill health obliged him to go South. He went to New Orleans, where he was the first to practise homœopathy. He was very successful in treating the yellow fever, but being overworked, was himself attacked with the disease, and died Aug. 10, 1847, aged 27. Dr. John Schue was born in Germany in 1815, and graduated at a German university. He came to New York in 1839, and entered the office of Drs. Hull & Gray. In 1842, he took a degree from the College of Physicians and Surgeons, and continued to practise in New York till 1844, when he entered into a partnership with Dr. Taft. He remained here in practice till his death, Sept. 25, 1856. There are now in practice here Dr. Gardner S. Browne, a graduate of the University of New York; Dr. George S. Green, also a graduate of the University, and formerly a partner of the late Dr. A. Cook Hull of Brooklyn; Dr. Harvey Cole from Pittsfield, Mass., in 1868; Dr. James D. Johnson, a graduate of Bellevue Hospital Medical College, who opened an office here in 1869; Dr. Cincinnatus A. Taft, a graduate of the New York College of Physicians and Surgeons, who, we believe, succeeded his brother, Dr. G. A. Taft, and is now the physician longest in practice here; Dr. Irving W. Lyon, a recent convert from the old school, and Dr. S. GilesTucker, a graduate of the Homœopathic Medical College of Philadelphia, who came here from Newport, R. I., about two years ago. In 1856, Drs. H. T. Brownell and Russell Caulkins were in practice here. Their present address I do not know; the latter practised afterward in Providence, R. I. Dr. M. P. Hayward, a graduate of the Phil. Hom. College, after practising here awhile with Dr. G. S. Browne, removed to Oberlin, Ohio.

NEW HAVEN, New Haven Co. — Dr. Charles H. Skiff, a graduate of Berkshire Medical College, removed from Spencertown, N. Y., where he had practised homœopathy two years, and settled here in 1843. He was the fourth practitioner in the State: the third Dr. Daniel W. Northrop, having begun the practice a short time before at Sherman, Fairfield Co., where he still continues. With the exception of two years (1860 and '61) spent in Brooklyn, N. Y., Dr. Skiff has continued to reside here. Dr. Daniel Holt, a graduate of Yale Medical School in 1835, after practising the old system here about ten years, adopted the new, and published a pamphlet giving his reasons therefor, for which he was expelled from the NewHaven Medical Association. He left here in 1845 and settled in Lowell, where he has since practised.

Dr. Elial T. Foote received his license from the State of New York, and practised at Jamestown, in that State. About the year 1840 he began to

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practice homœopathy. I do not know when he came here. He has retired from active practice, but still resides here, and takes, as ever, an active part in every thing relating to homœopathy. His son, Dr. Charles C. Foote, a graduate of Jefferson College, Philadelphia, has been in practice here some years. There are also in practice here Dr. Paul C. Skiff, a graduate of Yale Medical College and of the Hom. Med. College, of Philadelphia; Dr. William W. Rodman, a graduate of Jefferson Medical College, Philadelphia, who came here from Waterbury in 1860; and Dr. William D. Anderson, a graduate of Yale Medical College, who opened his office here in 1868. Dr. Charles W. Skiff, a graduate of the N. Y. Hom. Med. College, practised with his father in Brooklyn, and returned with him to New Haven in 1862, but remained in practice only a short time.

New London, New London Co. — In 1845 Dr. Oscar Sceitz began to practice homœopathy here. Dr. Nathaniel Otis Harris practised here from 1854 till 1857, when he removed to East Haddam, leaving Dr. Sceitz the only practitioner.

Bridgeport, Fairfield Co. — In 1847 Dr. Lucien H. Morton, a graduate of Berkshire Medical College, opened an office here and was the pioneer in this county. He is still in practice. Dr. Charles Taylor practised here one year and returned to New Milford, whence he came. In 1859 Dr. Charles E. Sanford, a graduate of Yale College, came here from Bristol. Dr. J. H. Osborne, a graduate of the N. Y. Hom. College, is also here.

Manchester, Hartford Co. — Dr. Oliver Brewster Taylor graduated at Harvard College in 1842, and began to practise homœopathy in 1848, at Dana, Mass., whence he came here in 1849. He is the only homœopathic physician.

Middletown, Middlesex Co.— In 1850, Dr. William C. Bell, a graduate of Berkshire Medical College, in 1833, opened an office here. He began to practise homœopathy in 1843 at Austerlitz, N. Y., and afterward practised at Great Barrington, Mass. Drs. G. W. Burroughs and G. B. Smith practised here awhile; the former removed to Baltimore, and the latter went into Insurance business.

Bristol, Hartford Co. — Dr. Geo. P. Cooley graduated at the Hom. Med. College of Philadelphia, and began to practise here in 1854. He remained four years, and went to New Britain where he is now. He was succeeded by Dr. Chas. E. Sanford, who stayed only one year, and went to Bridgeport. Dr. James H. Austin graduated at Berkshire Medical College in 1847, opened an office here the following year, and two years later adopted the new system. He and Dr. Edward P. Woodward are practising here.

Mystic Bridge, New London Co.— In 1855, Dr. Asa W. Brown, a graduate of the Hom. College, at Cleveland, after practising two years at Centerville, R. I., opened an office here.

Norwalk, Fairfield Co. — Rev. Moses Hill, from Hartford, introduced homœopathy here about the year 1855. Several physicians, whose names I cannot recall, have since been in practice here. At present, however, there is but one, — Dr. Nathan A. Mosman.

Danbury, Fairfield Co.— Dr. William E. Buckley, a licentiate of Yale College in 1826, began to practise homœopathy at Hillsdale, N. H., in 1837, and in 1856 came here, where he continues in practice with his son, Dr. J. C. Buckley.

In 1856, Dr. R. W. Rockwell was in practice here, and afterward in Brooklyn, N. Y. In 1867, Dr. Edward W. Kellogg opened an office here, and remained about a year, when he removed to Southington.

Fair Haven, New Haven Co.— Dr. Henry E. Stone, a graduate of Castleton Medical College in 1847, moved here from Otego, N. Y., in 1857. Prior to this, Dr. Lester Keep, now of Brooklyn, N. Y., had been for some time in successful practice.

West Meriden, New Haven Co. — Dr. G. Herrick Wilson, a graduate of Berkshire Medical College in 1849, after practising in North Adams and Conway, Mass., came here in 1857. In 1869, Dr. E. C. Newpoit, a graduate of the N. Y. Hom. College, came here from Holyoke, Mass., and a few months since Dr. L. E. Phelps, from Michigan, opened an office here.

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EAST HADDAM, Middlesex Co. — Dr. N. O. Harris, a graduate of the N. Y. University Medical College, came here from New London in 1857, and still remains.

NEW BRITAIN, Hartford Co., prior to Dr. George P. Cooley's coming from Bristol, in 1858, Dr. Henry Isham had introduced homœopathy here; Dr. Isham died in 1868, and the following year Dr. Charles Vishno, a graduate of the N. Y. Hom. College, opened his office here.

WATERBURY, New Haven Co.— In 1860, Dr. Elam Clark Knight, a graduate of Berkshire Medical College in 1845, succeeded Dr. W. W. Rodman, who removed to New Haven. Dr. Knight began to practise Homœopathy at Slatersville, R. I., afterwards he introduced the practice in Middleborough, Mass., whence he removed to Quincy, Ill.; thence here, as secretary of the State Society, he has rendered efficient service. In 1867, Dr. Tripp opened an office, but remained less than a year. He was followed by Dr. Henry R. Brown, a graduate of the New York Hom. College, who removed to Leominster, Mass., the early part of this year. In May, 1869, Dr. Charles Shepard Rodman, a graduate of the College of Physicians and Surgeons, a son of Dr. W. W. Rodman, began practice here.

SOUTHINGTON, Hartford Co.— In 1856, Dr. Lucy A. Hudson was in practice here. In 1866 Dr. Timothy D. Wadsworth, a graduate of the N. Y. Hom. College, began practise here. Two years later he removed to St. Louis, and was succeeded by Dr. Edward W. Kellogg, also a graduate of the New York College, who had been in practise at Danbury. Dr. Noah H. Byington is also in practice here.

NORWICH, New London Co. — In 1856, Drs. S. M. Fletcher and A. Frank were in practice here. Dr. Fletcher removed to Westerly, R. I., Dr. Frank is now at Milton, Vt. Dr. Jerome Harris, of Woonsocket, R. I., was also established here. In 1865, Miss Anna Manning graduated at the N. Y. Medical College for women, and opened an office here, but I believe she has lately removed. In 1867 Dr. Herbert Martin Bishop, a graduate of Yale College, came here. Dr. J. E. Linnell, formerly at Worcester, Mass., was obliged, on account of ill health, to retire from practice, and since 1866 has resided here. Dr. E. A. Mosman practised here a few years. He died in 1868.

BIRMINGHAM, New Haven Co.—In 1861, Dr. Albert W. Phillips, a graduate of Hahnemann Medical College, Chicago, came here from Syracuse, and succeeded Dr. Horace Bowen, who removed to Jersey City, N. J., of the date of whose establishment here I am not informed.

At Tariffville, Dr. Charles W. Ensign, a graduate of the College of Physicians and Surgeons, began practice in 1844. In 1855 he became a homœopathist, and practised here till his death.

At Stratford, a Dr. Gielwitz practised, but without any great credit to the school. He removed to New York, where he staid a few months only.

LITERATURE.

In 1839 Dr. John L. Sullivan published a duodecimo pamphlet of sixty pages, entitled "Homœopathia, the science of specific remedies," the substance of a dissertation read October 2, 1839, before the New Haven County Medical Society. It was printed in New Haven by Babcock & Galpin.

In 1845 Dr. Daniel Holt published his "Views of Homœopathy; with reasons for examining and admitting it as a principle in medical science," an octavo pamphlet of forty-eight pages. It was printed by J. H. Benham, New Haven.

In the same year Dr. Henry Lee published, in a duodecimo of twelve pages, his "Reflections on the principles and practice of Homœopathy." It was printed by W. Storer, New Haven.

In 1851 Dr. W. W. Rodman published his "Letter to the members of the Connecticut Medical Society," in which is published the correspondence that took place in the latter part of the preceding year in regard to the expulsion of Dr. Rodman from the New Haven County Medical Society. It is an octavo of eight pages, printed at the *American* office, Waterbury.

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In the same year a pamphlet by Dr. Rodman, entitled "An examination of the Evidence in regard to Infinitesimal Doses," was published by Wm. Patton, Waterbury. It is a duodecimo of one hundred pages.

In 1856 Dr. Rodman published a "Letter to a member of the Connecticut Medical Society," in which he endeavored to answer inquiries on homœopathy from some of his former associates. It is a duodecimo of twenty-eight pages, printed by E. B. Cooke & Co., Waterbury.

In 1857 Dr. Geo. Gleiwitz published an octavo pamphlet of forty-eight pages, with the title "Homœopathy, its nature and principles." It was printed at Bridgeport, by Pomeroy & Morse. Dr. Gleiwitz also published, for the purpose of extending business, two small pamphlets, "The Homœopathic Physician, Part I," and "The Homœopathic Physician, Part II, Diseases of Children."

In 1866 "The Transactions of the Connecticut Homœopathic Medical Society for the years 1864 and 1865, with the Inaugural Address of E. T. Foote, M.D." was published. We have already referred to it. It is an octavo of thirty-two pages, printed by T. J. Stafford, New Haven.

In 1868 Dr. W. W. Rodman published anonymously the beginning of "The Materia Medica in its Scientific Relations," in which he gives a statement of principles and definition of terms, and states how the Materia Medica should be studied. It was issued from the publishing house of Judd & White, New Haven, an 8vo of forty-two pages. A continuation of it is now being published in the *New England Medical Gazette.*

SOCIETIES.

The Connecticut Homœpathic Medical Society was organized Nov. 17, 1851. It was incorporated in June 1864. At its fifth annual meeting, held in Hartford 11 May, 1869, the following officers were elected: —

President. — W. W. Rodman, M.D., of New Haven.
Vice-President. — C. E. Sanford, M.D., of Bridgeport.
Corresponding Secretary. — J. D. Johnson, M.D., of Hartford.
Recording Secretary. — E. C. Knight, M.D., of Waterbury.
Treasurer. — E. W. Kellogg, M.D., of Southington.
Librarian. — G. H. Wilson, M.D., of Meriden.
Censors. — J. H. Austin, M.D., Charles Vishno, M.D., H. M. Bishop, M.D., G. H. Wilson, M.D.

PRACTITIONERS.

There are sixty-four names in the following list. Those printed in SMALL CAPITALS have been registered with the American Institute of Homœopathy; those prefixed with an asterisk are members of the Institute; the prefix † denotes membership of the State society, and the ? shows doubt. The population of towns is taken from the last official census. I am indebted for favors to Drs. E. C. Knight, Chas. H. Skiff and G. H. Wilson.

Birmingham, New Haven Co. Pop. 5,443.
†*PHILLIPS ALBERT WILLIAM, M. D.

Bridgeport, Fairfield Co. Pop. 13,299.
†*NORTON LUCIEN H., M. D.
OSBORNE J. H., M. D.
†SANFORD CHARLES E., M.D.

Bristol, Hartford Co. Pop. 3,436.
†AUSTIN JAMES H., M.D.
Woodward Edward P.

Brooklyn, Windham Co. Pop. 2,136.
?Whitcomb James B.

Cheshire, New Haven Co. Pop. 2,407.
†Williams W. C.

Chester, Middlesex Co. Pop. 1,015.
?Pratt Ambrose.

Colchester, New London Co. Pop. 2,862.
†*SWIFT SOLOMON EVEREST, M.D.

Collinsville, Hartford Co. Pop. 1,000.
Freeman Orrin B.

Danbury, Fairfield Co. Pop. 7,234.
Buckley J. C.
†*BUCKLEY WM. E., L.M.

East Haddam, Middlesex Co. Pop. 3,056.
HARRIS NATHANIEL OTIS, M.D.

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Fairfield, Fairfield Co. Pop. 4,379.
†*Denison Jeremiah F.

Fair Haven, New Haven Co. Pop. 3,000.
†*Stone Henry E., M.D.

Hartford, Hartford Co. Pop. 29,152.
†*Browne Gardner S., M.D.
†Cole Harvey, M.D.
†*Greene George S., M.D.
†Johnson James D., M.D.
Lyon Irving W.
†*Taft Cincinnatus A., M.D.
Tucker S. Giles, M. D.

Hitchcocksville, Litchfield Co. Pop.
? Erving J. F.

Manchester, Hartford Co. Pop. 3,294.
Taylor Oliver Brewster, M.D.

Middletown, Middlesex Co. Pop. 3,438.
† *Bell Wm. C., M.D.

Mystic Bridge, New London Co.
? Bunna D.
† Brown Asa W., M.D.

New Britain, Hartford Co. Pop. 5212.
† Cooley Geo. P., M.D.
† Vishno Charles, M.D.

New Canaan, Fairfield Co. Pop. 2,771.
Roberts Theodore.

New Hartford, Litchfield Co. Pop. 2,758.
Hazen Thomas G.

New Haven, New Haven Co. Pop. 39,269.
* Anderson Wm. D., M.D.
† * Foote Charles C., M.D.
† * Foote Elial T.
† * Rodman Wm. W., M.D.
† * Skiff Chas. H., M.D.
† * Skiff Paul J., M.D.

New London, New London Co. Pop. 10,115.
Schitz Oscar, M.D.

New Milford, Litchfield Co. Pop. 3,535.
Taylor Charles, M.D.
Taylor George, M.D.

Norwalk, Fairfield Co. Pop. 7,182.
† * Mosman, Nathan A.

Norwich, New London Co. Pop. 14,048.
† * Bishop Herbert Martin, M.D.

Rockville, Tolland Co.
† Mason L. T.

Seymour, New Haven Co. Pop. 546.
†Vail A.

Sherman, Fairfield Co. Pop. 911.
Northrop Daniel W.

Simbsbury, Hartford Co. Pop. 2,410.
* Holcomb N. Webster, M.D.

Southington, Hartford Co. Pop. 3,315.
Byington Noah H.
† Kellogg Edward W., M.D.

Stamford, Fairfield Co. Pop. 7,185.
Ayers Chauncy.

Thompsonville, Hartford Co. Pop. 2,000.
? Lucas, J. E.
Miller Geo. S.

Unionville, Hartford Co.
†* Sage William H., M.D.

Waterbury, New Haven Co. Pop. 10,004.
†* Knight Elam Clark, M.D.
Rodman Charles S., M.D.

West Haven, New Haven Co.
Painter H. W.

West Meriden, New Haven Co.
Newport E. C., M.D.
Phelps L. C.
†*Wilson G. Herrick, M.D.

Willimantic, Windham Co. Pop. 3,500.
? Card David C., M.D.

Willington, Tolland Co. Pop. 1,166.
? Brown J. M.

Windsor Locks, Hartford Co. Pop. 3,865.
† Chaffee Ralph T.

Wolcottville, Litchfield Co. Pop. 1,200.
? Bela St. John.

PERSONAL.

Wm. Tod Helmuth, M.D. — A private surgical hospital has recently been established at St. Louis, under the care of Dr. Helmuth. The brilliant results which have already attended some very severe and difficult operations cannot fail to give this hospital an extensive reputation, and render it of great service to our cause in the West.

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MR. WILLIAM BOERICKE, for six years with Boericke & Tafel, in Philadelphia, has taken the place of manager of their new branch at 234 Sutter street, San Francisco, California.

HENRY B. CLARKE, M.D. — In our notice of the Bristol Co. Hom. Med. Soc. on page 163, Dr. Clarke's name should have been inserted as president.

E. R. SISSON, M.D. — The historical sketch of homœopathy in New Bedford was left very incomplete, by the omission of Dr. Sisson's name. He is one of the oldest as well as one of the most prominent practitioners of our school in that place, and has always labored earnestly and successfully for the good of our cause.

ALLAN M. RING, M.D., of St. John, N. B., has rendered a service to the cause of homœopathy, by the historical sketch which is given in this number of the *Gazette*. Will not others of our correspondents do likewise?

LOCATED. — SAMUEL WORCESTER, M.D., at Concord, Mass. (Middlesex Hotel).

S. B. DICKERMAN, M.D. (*Hahn. Med. Coll. Philad.*), Ipswich, Mass., Caldwell's Block.

G. R. SPOONER, M.D., at Westborough, Mass.

REMOVALS. — WALLACE MCGEORGE, M.D., from Hightstown, N. J., to Crescent, Saratoga Co., N. Y. I. P. JOHNSON, M.D., late of Philadelphia, takes the place of Dr. McGeorge, at Hightstown, N. J.

W. W. RODMAN, M.D., from 183 Church street, New Haven, to 491 Chapel street.

WILLIAM A. MANSFIELD, M.D., from Richmond, Va., to Emporia, Ks.

HYLON DOTY, M. D., from Margarettville, N. Y., to Rochester.

CHARLES STURTEVANT, M. D., from Marion, Mass., to the new, enterprising and rapidly-growing town of Hyde Park.

PATHOLOGY OF PHTHISIS. — The pathology, and in consequence the prognosis of this disease, have received important additions and modifications during the past two years. The results of the various researches which have been recorded above, on the subject of tubercular inoculation, have added the last links which were necessary to the proof that under the word phthisis — used roughly for destructive pulmonary disease attended with wasting — there are really included a variety of disorders with most important differences in their essential nature. Several things have become abundantly clear. The most practically important of these is the fact that wasting disease, attended with *cheesy* deposit in the lungs, may certainly, and in truth very often does, result from a mere neglected catarrhal pneumonia or other inflammatory affection, in which there is increased cell-formation within the finer bronchial tubes, which extends itself to the alveoli, and that a considerable proportion of such cases is curable. Secondly, that miliary or gray tubercle (to which the term "tubercle" increasingly tends to be limited) is, in the majority of instances at least, altogether a secondary production, the result of absorption, of infective matters of various kinds, of which cheesy matter from lung deposits is, perhaps, the most common. It is apparent that the advent of true tuberculosis, in a case previously distinguished only by cheesy deposits and by more or less constitutional hectic, is the commencement of a new and much more dangerous state of things, from which recovery rarely, we may practically say almost never, occurs. A third series of facts which have been brought into great and possibly exaggerated prominence, are those which are observed in a class of cases distinguished by a special tendency to fibroid changes within the lung. Only a few observers maintain that these cases form an entirely separate group; yet in a prognostic point of view it will certainly henceforth be of the highest conse-

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quence to note the following group of phenomena: Limitation of deposits to one lung; slow progress of the disease; absence of fever and sweating; tendency to retraction of the chest wall.

Finally, it may be noted that there is a greatly increasing tendency to consider *hæmorrhage* as a comparatively unimportant occurrence in pulmonary disease. So far from its having that serious or even almost necessarily fatal augury which was ascribed to it by some of the most distinguished classical authorities not many years since, it is the tendency of recent observation to associate hæmorrhage rather with a curable class of cases, and to regard it as frequently affording a harmless and even beneficial relief to mechanical congestion. — *Syd. Soc. Bienn. Retrosp.*

PULMONARY HÆMORRHAGE.— The following are NIEMEYER'S conclusions on this subject: —

1. Abundant bronchial hæmorrhages occur more frequently than is supposed in people who neither then nor ever afterwards are consumptive.
2. In many cases the commencement of consumption is preceded by abundant hæmorrhage, but there is no genetic connection between the two, which really arise both from a common source. The patient has, in fact, a predisposition to them both.
3. Hæmorrhages from the bronchial mucous membrane proceeding from consumption are sometimes in true genetic connection with it, inasmuch as the hæmorrhage may lead to inflammatory processes in the lungs, terminating finally in their breaking down.
4. Bronchial hæmorrhages occur much more frequently in the course of a consumption than before the disease. They really refer to the time in which the lung disease was as yet latent.
5. Bronchial hæmorrhages occurring in the course of consumption may make that disease fatal by means of their tendency to hasten the destructive inflammatory processes. — *Idem.*

OCCURRENCE OF TWO SPECIFIC FEVERS AT ONCE. — Some interesting cases are reported by MONTI (*Jahr. f. Kinderk.*, 1868), and by STEINER, of this kind of complication. Monti reports a case in which measles and scarlatina were combined. The family in which this occurred was composed of five children, — three boys of the respective ages of ten years, eighteen months, and two months; and two girls of fourteen and six years. The two youngest boys and the younger girl had no connection with other children; the eldest boy and girl went to separate schools. In the boys' school there was a severe epidemic of measles. The boy appears to have caught the measles there. In the girls' school there was an epidemic of scarlet fever, and the eldest girl became affected with it in the middle of January. The child of eighteen months caught the measles from the elder brother, and just as this was vanishing, he showed symptoms of scarlet fever. The girl of six years was exposed to both contagions, and on the 21st January, he exhibited feverish symptoms, apparently combining both affections. The eyes and nose and the throat exhibited the characteristic symptoms of the two diseases. On the third day a scarlatina rash was well developed; on the following day this somewhat faded, but some crescentic spots of measles were visible. The two eruptions vanished about the fifth or sixth day, and the throat and nose symptoms then also disappeared. On the seventh day the first symptoms of desquamation appeared, and this was fully developed by the twelfth day. On the twentieth day the child was bathed, and pronounced well. Steiner reports a case of small-pox and measles. A girl of six years was taken ill with rigors, feverishness, and vomiting, which increased during three days; on the fourth day the characteristic small-pox eruption appeared. Two days later, the fever still continuing, it was

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noted that the eyes were congested, and there was dry cough, etc. Next day there was profuse catarrh; the cough was worse. The breathing was quick, the pulse and temperature higher, and certain dark red spots like measles appeared. The following day the latter were more clear. On the next day to this the small-pox eruption had much subsided — that of measles was highly developed. The temperature went on diminishing on the night of the tenth day. There was a gentle sweat. The pulse had fallen next day to 96. The patient was dismissed, fully cured, on the twenty-second day.

Steiner also reports a case of measles and scarlatina. A child of five years old, scrofulous, was attacked with catarrh, and fever and cough. Four days later the eruption of measles appeared. Inspection of the mouth and pharynx showed small, scattered, round, and very red spots on the palate. On the fifth and sixth days, the eruption still increasing, the child vomited repeatedly, and the temperature and pulse rose. The fauces were now much swollen and dark red, with a yellowish-gray secretion covering them. Besides the original eruption, the neck and back, and certain parts of the extremities, showed a uniform diffuse scarlatina rash. On the eighth day, the measles eruption being somewhat faded, but the scarlatinal eruption remaining, slight albuminuria and swelling of the submaxillary glands occurred, and the albuminuria continued on the next day. On the eleventh day there was still fever, and there was now blood as well as albumen in the urine, and also fibrous tube-casts. On the thirteenth day scarlatinal desquamation began. There was ordinary scarlatinal dropsy during the next fourteen days.—*Idem*

Carbolate of Soda as an external application, cures the itch according to Dr. Zimmerman, of Braunfels. He uses 160 to 320 grs. of the salt, to 7 ounces of water, to be well rubbed in thrice daily.

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THE

New England Medical Gazette.

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FREEDOM OF MEDICAL THOUGHT AND ACTION:

A Vital Necessity and a Great Responsibility.

The Annual Address before the American Institute of Homœopathy, at Chicago, June 8, 1860.

BY CARROLL DUNHAM, M. D., NEW YORK.

Mr. President, Ladies and Gentlemen: While the site of this imperial city was still a mere military outpost, and the step of civilization yet hesitated on the eastern verge of the prairies, the department of medical science which this Institute represents had already a few confessors in the cities of New York and Philadelphia.

About the time when sagacious men, perceiving whither the course of empire tended, were laying here the broad foundations of this busy mart, the homœopathic physicians of our country assembled in New York, to inaugurate the institution, of which we now celebrate the annual session, of the American Institute of Homœopathy, — though so young, yet the oldest national medical association in America!

They were a mere handful, and their earnest exposition of the new medical doctrine and practice was received by the profession with contempt and derision. These sentiments, however, were soon merged in bitter aspersions and determined hostility, as the new practice found favor with the people. Every weapon which vested privilege, the sole possession of institutions of learning, and the prestige of centuries could give to a profession which places in every household a ministering priest, to whom its inmost secrets

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are confided and whose word is almost law, was used with a hearty will against the pioneers of homœopathy.

I need not describe the trials and obstacles which these noble men encountered and overcame. They belong to the personal history of very many whom God has spared to be with us this evening. But these difficulties and persecutions gave a peculiar character to the proceedings of the Institute. Its annual sessions were occasions on which converts were added to the faith; and its public exercises were expositions of homœopathy, and protests against misrepresentations.

How great the difference between those earlier occasions and the present! Our science, then so sparsely represented, now numbers her hosts by thousands. The legal disabilities which once hampered her adherents are removed in every State by the will of the people. Public aid is freely extended to our public charities. The task of medical instruction is entrusted to us; and the practitioners of the old school, who but yesterday affected to deride us, are, by the clear intelligence of the community, placed on the defensive.

These happy changes in our relative position involve corresponding duties. No longer obliged to defend for our doctrine the right to a place among the medical sciences, we are still under obligations to perfect it and to work out its relations with the ever-growing store of general scientific knowledge. No longer forced to battle for the right to believe as reason compels us, and to practise as we believe, we are now free to devote ourselves to the avowed object of our Institute, the "Promotion of Medical Science." Our success in this our legitimate work must mainly depend upon the spirit in which we enter upon and prosecute it.

As involving, then, a consideration of what shall be the animus which shall govern the future action of the Institute, I have thought it not amiss to submit to you some reflections upon *Liberty of Medical Opinion and Action : a Vital Necessity and a great Responsibility.*

And in no spot upon earth could one, I think, with better justification and encouragement, speak for liberty of thought and action, freedom of mind and body, than in this noble *city of mag-*

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nificent ambitions, and, if that were possible, of still more wonderful achievements!

If to any this theme appear irrelevant on the ground that, in this country at least, there are no restrictions upon freedom of thought and of orderly action, let me remind them that it is not the physical restraint of legal prohibitions and penalties, which has alone, or chiefly, impeded intellectual progress among men; nor has the absence of such prohibitions and penalties, of necessity, left men free. Public opinion is a power which few among us have the courage to oppose; and he who persistently defies the judgment of the community, especially if that judgment be supported by supposed pecuniary interests, may expect to meet with persecution, obloquy and material loss. To cite one proof that persecution may live even in an enlightened republic: many of us here are old enough to remember how those men were treated who, less than thirty years ago, maintained, without reservation or exception, the doctrine of the Declaration of Independence, that man is born with certain inalienable rights, such as life, liberty, and the pursuit of happiness.

As regards the theory and practice of medicine: It is scarcely six months since one of the oldest States (New Jersey) repealed the statute which imposes a fine of fifty dollars upon the homœopathic physician for every prescription he made within the State; yet it is nevertheless true that legislative bodies have, to a great extent, removed the restrictions formerly imposed upon the liberty of physicians. But that liberty is still most injuriously circumscribed by the force of opinion within the limits of the medical profession itself, as I shall proceed to show by a few examples.

One of the largest and most flourishing medical colleges of the city of New York requires its graduates, on receiving their diploma, to take, in addition to the customary Hippocratic oath, a solemn obligation to return their diploma to the college in case, at any future time, they should deviate in their practice from the methods taught them during their pupilage in the college.

Progress in science and art involves, as a matter of course, the adoption of new principles and methods, as research and experiment shall commend them. But this body of professors would lay

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an embargo on all progress in the science and art of medicine by exacting from ingenuous youth an obligation not to swerve from the teachings of their Alma Mater on pain of forfeiting their diplomas! Is, then, the science of medicine, as they teach it, so complete, or the art, as they practise it, so successful, that any change must, of necessity, be for the worse? What physician would advance, for any system of medical practice, so monstrous a pretence?

But what is a diploma? Is it a permit to practise, which may be revoked at the pleasure of the grantor? By no means. Although the State has attached a contingent value to it, by declaring that whoever possesses a diploma may, without further condition, enjoy certain immunities and privileges as a practitioner of medicine, yet the diploma itself, in so far as the authority of the college is concerned, is a simple certificate, signed by a body of teachers, and bearing witness that its possessor has faithfully studied and thoroughly mastered the science and art of medicine and surgery, and is competent to practise them. In other words, that he is qualified to judge and to do what is best for the sick who ask his advice. Do not his knowledge and his capacity to judge remain the same, even though observation and reflection should lead him to adopt principles and a practice which had not been sanctioned by his teachers?

No men would more loudly proclaim the present incompleteness of medical science than this body of professors. But how shall it ever become more complete if the pupil may not swerve from the teachings of his masters? And wherein lies the hope of mankind in regard to progress of any kind, save in the adventurous spirit of experiment and discovery which is the attribute of youth?

It will be said, as is true, that this prohibition is intended to apply only to the adoption of the homœopathic theory and practice. But this does not alter the principle involved. The imposition of such an oath is a fetter upon the freedom of the young physician, — of which the cruelty is equaled only by the impudence, — while nothing can surpass its cruelty and impudence, save only its folly.

But it may be said that this piece of unwisdom is the act of a

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single corporation, and may not justly be brought as a reproach against the whole profession. Let me cite a clause in the Code of Ethics adopted by the national association of allopathic physicians. This clause denounces physicians who adhere to one exclusive principle of therapeutics, and casts out from fellowship all who consult with such physicians. The discussions of the association prove that, by this clause, it means to denounce homœopathic practitioners, and to forbid consultations with them. Passing for a moment the possible inhumanity of such a prohibition, as it might in various ways affect the patient, I speak only of its effect upon the physician. It is conceded that scientific progress is, at least, accelerated by the unrestrained intercourse of active minds, exchanging observations, comparing deductions, and stimulating each other to fresh investigations. It is obvious that, in so intricate a matter as the study of disease and the treatment of the sick, new principles and a new method cannot be skilfully and safely applied by one who, whatever his knowledge and abilities, has had neither experience of his own nor opportunity to witness the operations of an expert. It follows that, in so serious a concern as the dangerous illness of a fellow-creature, few physicians would venture to apply a new method of treatment, except under the guidance of an expert in that method. But the prohibition and the Code of Ethics to which I have called your attention, completely preclude such intercourse with homœopathists as would enable an inquiring physician, not a homœopathist, to practically study the new method, or to safely test it in his practice. He dares not openly study, dares not practically observe, dares not safely test homœopathy, under pain of excommunication. This is no mere captious inference from the letter of the law. The action of societies, and the recent discussions of the American Medical Association (1869), establish the point that no intercourse whatever may be had with homœopathic physicians. That there are many men in the profession too large of nature to wear such fetters, we freely concede; but that the majority are bound by them, the following incident, which came under my own observation, will attest.

Two young physicians, firm friends and classmates, and alumni of the same college, were earnest students of microscopic morbid

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anatomy. One of them became a homœopathist. It chanced that, about ten years after graduation, they became residents of the same city, and renewed their acquaintance. The homœopathist, having met with a rare specimen of structural metamorphosis, called upon his friend with it, stating the result of his own examinations, and proposing that his friend should investigate it with him, as had been their custom of old. To which the "regular" replied: "James, *personally* I highly esteem you, and, as a histologist, I should like to examine your specimen. But, you know, I am a member of the American Medical Association, and its laws forbid my consulting with a homœopathist. I must, therefore, deny myself the pleasure of conversing with you on professional topics." I tarry only to ask, In what particular is such a course of conduct likely to subserve the promotion of medical science?

The most candid even of the bitterest opponents of homœopathy, admit and assert that homœopathy has greatly modified and improved the previously existing theories and practice of medicine. *Fas est et ab hoste doceri.* Assuredly, in so noble and so difficult a work, it is permissible to learn from the errors of others. But how can one get the full measure of knowledge, even from this source, without free access to the field of observation? And this is forbidden by the rules of the craft! In what other profession or occupation are such restrictions imposed? Could the theologian refute his heretical antagonist without a study of the latter's arguments? Is it not the chief concern of the artist, the mechanic, the craftsman, to observe and closely scrutinize his rival's methods of procedure, that he may profit by his discoveries and avoid his mistakes?

Moreover, every tyrannical assumption and exercise of repressive power re-acts upon the spirit of those who make it. And the more so if it be the act of a large body of men, rather than of a single mind. Because, in this case, every member of the body becomes an involuntary spy upon every other; and, all being conscious of this, the constant endeavor of each is to make sure of compliance with the restrictive law by keeping *certainly within* its requirements. These, therefore, become doubly strict, and ever increase in severity. Such is the terrible tyranny of a multitude:

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a memorable example of which was presented by the restriction upon word and deed which was imposed by public opinion, in the Southern States, before the late war, on the subject of slavery.

Now, in this way, the consent of the great body of non-homœopathic physicians to the restrictive and repressive edicts I have cited, has reacted upon themselves, discouraging original investigations and expression in any department of medical science akin to that which is under the ban of their association, and consequently, in the principles and practice of therapeutics; until it has come to pass that the clearest thinkers and closest observers among them abstain from expressing themselves; or, if they publish their results, they do so in the most indirect way, disavowing any tendency towards homœopathy, or else ingeniously and carefully ignoring any apparent resemblance to the hated doctrine and practice. And inasmuch as homœopathy is, *par excellence*, a principle, the law of therapeutics, the thinkers of the old school guard themselves with ludicrous care from any attempt to express at all — what nevertheless they all proclaim to be wanting, and so desirable, namely — a therapeutic law. And this, through dread that some pestilent Paul Pry in their own ranks should raise the cry, "such an one is turning homœopathist!"

To show that I am not taking for granted this discouragement felt by the thinkers of the profession, and its cause, permit me to read a few editorial paragraphs from one of the ablest allopathic medical journals of our country, the New York *Medical Record:*

"The profession in America has been inclined to *discourage* rather than to encourage original thought among its members. . . . We write in memory of the time when one of the greatest surgical discoverers of the country, whose name all Europe has delighted to honor, was first received here with coldness and despising; when, even in New York, the most progressive of cities, his theories were scouted and his facts were discredited, and all the medical colleges closed their doors against him. We write in memory of the time, but eight years since, when the reviver of the practice of *external version*, which our leading obstetricians now boast of having performed, was driven into exile, hounded not only by his own townsmen, but by medical professors from all parts of the country. We

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write in memory of the time, when, in one of our principal medical societies, a well known member of the profession used the influence of a deserved reputation and the weight of an honored name, to prevent the discussion of a department of science that is already growing into transcendent importance, both in Europe and America, on the plea that its advocates would be thereby advertised. We write in memory of the time when, on the same plea, the same society remorselessly snubbed a professor in one of our leading colleges, who in his own department, is an acknowledged authority." (*Medical Record*, May 15, 1869, pp. 133, 134.) And again: . . . "We repeat that, until quite recently, no physician in this country could advance a radically original thought in science without risking not only his reputation, but even his comfort. . . . Not longer ago than 1860, there was published a pamphlet filled with maledictions of the American reviver of *external version*, and signed by a large number of the most prominent obstetricians of the country — some of whom have passed away, but most of whom are yet living — which, if it had been exhumed from the ruins of the Inquisition, would have made our blood run cold with horror. When Professor Thomas read some portions of it to his class, in the College of Physicians and Surgeons (in New York), it sounded like the voice of the Middle Ages. Whoever desires to know why America has given so few original thinkers to medical science, let him read that pamphlet. Let him compare it with the persecutions of Galileo, and the ravings of the monks of Salamanca against the future discoverer of America."

Again I quote: —

"It may be said that a courageous physician, a real hero, will speak the truth at all hazards and at whatever cost. This is very true, but moral heroes are rare. Many men who have taste and genius for original science, have not united with that taste the heart of a lion, or the face of steel that is necessary to conquer despising and opposition. God gives to the world many who can originate ideas; but few who will dare all for an idea. To our personal knowledge, many . . . good men and true . . . are so overburdened with this great millstone of scientific prejudice, that they kneel in the furrow, fall by the wayside, and, in all the ambition for professional glory, are crushed forever."

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How fine an unconscious tribute is this editorial to the moral heroism of those who defied a scientific prejudice and opposition tenfold greater than are here described, and who now form the goodly company of the homœopathic profession! How many more of our professional brethren, as it plainly shows, — had they not LACKED "the lion's heart and face of steel," — might have been with us this evening, rejoicing in their mental freedom, and ready to follow truth wherever she leads — into fresh investigations and, if SHE leads the way, to NEW confessions of faith!

Mr. President and colleagues! It is not a pleasant thing to bring these reproaches against a parent profession which, since the dawn of civilization, has been foremost in every good work; on whose records are names which exalt our estimate of humanity. Far more grateful would it be, reverently stepping backward, to cover from sight the weaknesses of our misguided parent, waiting for time to bring sober justice and the single sight of truth. But circumstances require us to determine the course of our own institution and our own school, and examples so full of instruction and warning we may not pass by.

The American Institute of Homœopathy now represents a school of medicine already numerous and rapidly increasing, strong in the confidence and good will of the people, and standing on an equal footing with other schools before the law. The time, then, has passed which called for defences and expositions of homœopathy, appeals for equal privilege, and protests against oppression. We stand henceforth on equal ground as members of the great body of the medical profession, in which we shall take rank according to the worth of our work in the broad field of medical science.

But our position is peculiar in this respect: that in contradistinction to any body of physicians, we profess a principle of therapeutics so wide in its application as to express the natural law, in accordance with which, in all cases, drugs are to be selected to restore diseased organisms, — and so revolutionary in its effects upon methods of medical practice that from it we take a distinctive name — homœopathists. As a matter of course, the community will look upon the composition of this representative body as a

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standard by which to estimate the character of homœopathic physicians in our country. It will accept our proceedings and publications as the measure by which to gauge our success in cultivating medical science in general, and the science of therapeutics in particular, to which, under the name of homœopathy, we more especially devote ourselves.

This being the case, a decent respect for the opinion of mankind would impel us to keep clearly before our minds the design of this Institute, and would authorize us, in our labors to carry out that design, to exercise the right, which inheres in every association, of determining the qualifications of its members, and of establishing rules of conduct and modes of ridding it of discreditable associates.

Accordingly, in addition to the article in our Constitution which explains the object of the Institute, we have adopted a Code of Medical Ethics which defines with considerable minuteness the duties, as we understand them, of physicians to each other and to the public. Associations of other schools have done the same. But we have, besides, a standard which the other school does not possess — a fundamental therapeutic law, which is, to some extent, of the nature of a *creed*, adhesion to which would seem to be essential to membership in the Institute; and without acceptance of which it would appear that no physician could entertain views in common with us, or have any desire to unite with us.

When the members of the Institute were few in number, when to avow one's self a homœopathist required moral courage such as only a profound conviction of truth could give, there was in all its members absolute belief in the homœopathic law, and a general acceptance of the corollaries which are usually conceded to attach to it. But as the new practice became popular, men took the name of homœopathic physicians who did not accept the homœpathic law as of universal application in therapeutics, or who did not accept the peculiar modes of practice generally known as homœopathic, — the single remedy, for instance, and the minimum dose. So it results that we find to-day, in the membership of the Institute, all varieties of medical belief and practice that could obtain among physicians who accept the law "*Similia similibus curantur.*"

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We have members who profess to prescribe according to this law, but who mix remedies in their prescriptions, who alternate and rotate remedies, and whose massive doses would sometimes astonish the Old School itself!

We have, thank God, a band by no means contemptible in numbers, of the strict followers of Hahnemann, — not, perhaps, in his logic; not, certainly, in his asperity, begotten of oppression, but — in the practical rules at which his wonderful sagacity enabled him to arrive, as the result of his long and varied experience.

And there are, among those who call themselves homœopathists, some who are impostors: men unworthy to be called physicians; men without knowledge and without conscience, who play upon the credulity of mankind, and pervert to their own aggrandizement every trust committed to them. That such men, professing to be of our school, should be regarded by the community as belonging to it, and should tarnish our fair name by their foul deeds, is certainly a misfortune. Yet, that there are so many of them, is, in one sense, a testimony in favor of homœopathy. For who ever heard of a patent being infringed which was good for nothing? Who ever heard of impostors claiming heirship to an insolvent estate? Should we probably meet with uneducated or knavish persons claiming to be homœopathic physicians, were not the success and consideration which attach to that position something desirable? In some sort, then, the very number of impostors and parasites may be taken as a measure of the value and vitality of that on which they cling.

I think I do not mistake the general feeling of our profession in assuming that the time has come for the Institute to establish, if not precise qualifications for membership, at least the general spirit and animus of its future action. Two tolerably distinct classes of cases present themselves for consideration: those which involve questions of the theory and practice of medicine, and those which involve questions of the general educational and moral fitness of actual or proposed members.

As regards the former class, shall we seek to establish a standard of medical faith and practice, which must be accepted, without reservation, by all who would join us or remain with us? And if

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so, what shall be its articles? Shall we require, first, belief in the homœopathic law, *Similia similibus curantur*, and that the physician shall follow it in all his operations, or to such or such an extent; and shall we specify when he may follow some other law, and how far? Shall we, further, require adherence to the single remedy: or shall we suffer deviations from this rule; and when, and how far? Shall we, moreover, prohibit the mixture of remedies in a prescription, or shall we allow it sometimes; and can we say under what circumstances? And, finally, shall we insist upon the minimum dose, or what shall be our decree on this point?

Mr. President, and my colleagues! my own position on these points of doctrine and practice is not unknown to some of you. Holding that the law *Similia similibus curantur*, expresses the relation between the specific drug-action and the diseased organism, and that it is a sufficient and the only trustworthy guide in every application of drugs to cure the sick, I fully believe not only that the practical rules laid down by Hahnemann, and which enjoin the single remedy and the minimum dose, are the rules of sound practice; but I believe that every observing physician who faithfully applies the law of cure, will be led by experience to the same conclusion, and will adopt these rules as leading to the best results.

Notwithstanding this belief, I advocate entire liberty of opinion and practice. Nay, *because* of this belief, I plead for liberty; for I am sure that perfect liberty will the sooner bring knowledge of the truth, and that purity of practice which we all desire.

So long as we are a body of physicians characterized by a distinctive name derived from the law of cure which we profess, I suppose that none will seek membership in the Institute who do not substantially accept the law. This granted, I would have no exclusive creed, no restrictions relating to theory and practice, but would receive into membership of the Institute every applicant of suitable educational and moral standing. I deprecate any attempt to regulate or prescribe the opinion and practice of members of our school for two principal reasons. We *cannot* do it if we *would*, and we *ought* not if we *could*.

We cannot. We are not a body claiming to possess infallibility. It belongs not to us to utter denunciations of what we may believe

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to be errors of faith and practice; nor to put forth an index of the allowed and the forbidden. We are a voluntary association of laborers, simply from the love of knowledge, as is the case with all workers in science; and we have no power to enforce any restrictions upon which we might determine.

We ought not. Not until we have reached the absolute truth should we be justified in establishing a standard of faith and practice. How far we are from that position need not be argued here. Let us remember the wise course of the Bureau of Direction of the Paris Hospitals, when, in 1850, Tessier, of Ste. Marguerite, made known his conversion to homœopathy, and it was proposed to deprive him, on that account, of his position as hospital physician. The wise Chomel opposed the proposition, saying that every physician who is thoroughly qualified to practise, has the right to select his own mode of treatment and to judge what is best for his patients, and may not be interfered with, unless his results are notoriously bad, or he commit some act of unquestionable malpractice. "For," said he, "it is only by the exercise of this freedom that changes and improvements have ever been introduced in practice; and herein lies the only hope of further improvements. Tessier, in practising homœopathy, has only exercised the same freedom of selection which Bouillaud and Rayer, and Louis and I have enjoyed; and, as his results are as good as ours, we may not interfere with him."

In our own case, too, there would be *practical* difficulties in any course which sought to prescribe a rule of practice. For who, of us all, should compose the creed? If the stricter homœopathists should prevail and exclude those whose practice is mixed (or, as it is offensively styled, "mongrel"), that might perhaps accord with *my* views. But how would it be if the opposite party should prevail? Or, if at alternate sessions of our Institute, the different parties should be in a majority, and should make corresponding changes in the creed?

But, ignoring these considerations, wherein would our profession be the gainers? If membership were confined to the comparative minority of us who are stricter homœopathists, we should be a select company indeed, but comparatively without influence upon

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the school or the profession at large. We then, perhaps, should no longer hear the gibes and sneers of our allopathic brethren who, being themselves without any scientific law to guide them in the selection of drugs, mock at the imperfection of our practice in comparison with our principles, — and with about as much reason as has the godless profligate who derides the shortcomings of a Christian life. But I fail to see what good would accrue in the promotion of medical science.

On the other hand, by excluding those who, willing to be with us and of us, had not yet reached our standard of knowledge and practice, we should deprive ourselves of all opportunity to influence them or to show them a better way than they have yet known. For, if we consider that the vast majority of existing homœopathic physicians were, at one time, allopathic physicians or students, or at least under allopathic influence, we shall perceive that our ranks must contain men of all grades of homœopathic conviction and knowledge, from those who have but just accepted the law and have but little idea of true homœopathic practice, to those who have had long experience in the stricter methods of Hahnemann. To doubt that physicians who are sincere enough to join us from acceptance of our therapeutic law, will accept and follow the truth as fast as it is demonstrated to them, is to discredit all sincerity and earnestness. Indeed, if we harbor such a doubt, we do betray in ourselves a sad indifference to truth and duty; for how can we judge of others save by our own consciousness of ourselves?

In so far, then, as doctrine and practice are concerned, I would have the fellowship of this body free to all qualified and upright physicians who seek it. I would make its sessions occasions for a free and temperate discussion of all questions of this kind on which we differ. Entertaining very definite opinions myself, I ought to welcome the expression of antagonistic opinions and of arguments in their support; for if those who differ from me in opinion are clearly wrong, I ought to be able to show it. If truth and error fairly meet in free discussion, we should not fear for the result. Nor do I know of any effective way to *combat error*, save by *proclaiming truth.*

Let us avoid the mistake, into which men have often been betrayed,

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of supposing that if we silence an opponent, we have convinced him. Let us not fancy that if we exclude a man of mixed practice from our fellowship instead of teaching him a better way, we have purified our fellowship. Instead of purifying the homœopathic practice, we should exclude a large number of its professors from a means of improvement.

The experience of mankind should teach us. Has the method of exclusion and of persecution ever succeeded in convincing men of error and bringing them to accept a different faith? Which have done the most to extend the influence of Christianity, — the pains of compulsion, or the convincing demonstrations of Christian charity and loving kindness?

What has been the experience of the medical profession? Excommunication never exterminated heresy. The edicts of the old school, though supported by the State, have not killed homœopathy, as witness the host of her adherents, most of whom were once allopathic physicians or students; although, but for these edicts, their number would doubtless be much greater. Restrictive decrees do sadly interfere with investigation, observation, and free thought and expression; they shut out all knowledge that might be gained from the successes or even from the errors of those who differ from us. At length they convert that which was intended to be an assemblage for scientific discussion into a convocation for the establishment and application of creeds. We can see this effect in the proceedings of the recent meeting of the American Medical Association, the whole time of which seems to have been consumed in determining whether certain physicians who had mingled with certain other physicians, should be kept out of the Association, either under *color of the law*, or under the *law of color!*

Some will say, it is very vexatious to meet fellow-members who are homœopathists only in name, really ignorant, and giving out their crude assumptions as the science of to-day. It may be equally vexatious to some to meet the stricter homœopathists. Probably the vexation is not in meeting these men, but rather in the fact that they exist and practise and talk as they do. Well, if we expel them, will they not still exist, and talk, and practise? If we expel them, we deprive ourselves of every chance to teach them

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better ways; and there is not an earnest man of them who would not gladly learn.

Let us then bear with these trials, as it may well be that others are patiently bearing with our own shortcomings. Let the Institute be an open forum, in which truth shall be so distinctly proclaimed, and so persuasively enforced, that error shall have no chance. Let the pure doctrines of homœopathy, illustrated with all the ability of their advocates, be trusted to do their legitimate work. We need not fear for the result. If it chance that they who hold these doctrines find that there are broad fields of medical science which they have not so carefully cultivated as their neighbors; or if some neophyte, fresh from the instructions of the old school, give us, in exchange for our therapeutic knowledge, some glimpses of the progress of pathology which shall show us that one day our sciences, now at variance, may be harmonized again. I think that the great object of the Institute, "the promotion of medical science," will be thereby more truly advanced than by any decrees of exclusion or resolutions of close communion!

And, reminding you again of the object of our Institute, and still pleading for that large liberty without which it may not be attained, let me add: Should WOMAN come, with her different equilibrium of intellect and physique, with her special and distinctive tests of drugs, to make our materia medica as all-sided and complete as is the human organism to the care of which our science is devoted, let us welcome her contribution to our still imperfect store of knowledge, and give the hand of equal fellowship in the profession to a claimant who presents so unquestionable credentials.

As every right implies a corresponding duty, so does liberty of medical opinion and practice involve a great responsibility.

As regards the individual practitioner: the plea for freedom to practise according to his judgment, presupposes full qualifications for forming a correct judgment; qualifications acquired, in the first place, by a thorough course of theoretical and practical study during his pupilage, and maintained by unremitting and earnest labors to keep up with the progress of medical science in every department. It presupposes earnestness and faithfulness in the

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application of all his faculties and acquisitions to the exercise of his profession, in whatever sphere he may work. Finally, it presupposes a guileless honesty, which pledges him to only the legitimate aims of his professional labor, — no desire for selfish aggrandizement standing first in his thoughts.

As regards such organizations as the Institute, the claim of perfect liberty of medical opinion and action, which we have successfully urged against the old school, and which, therefore, for consistency's sake, no less than because it is just, we should freely concede to all, involves a care that those whom we can influence shall be directed in the right way, by precept no less than by the weight of our corporate prescription and by the penalty of our corporate disapprobation. Inasmuch as these points of duty, earnestness, honesty, devotion, are moral considerations, touching which there can be neither doubt nor differences of opinion among right-thinking men, it is fitting that our Institute, which imposes no restrictions upon liberty in the uncertain things of medical opinion and practice, should establish positive standards of character, and should hold members to a strict moral accountability.

Accordingly we find that the Code of Ethics adopted by the American Institute of Homœopathy, while it contains not a single article enjoining or forbidding anything touching the practice of medicine, — which it leaves to the judgment of the physician, — dwells with solemn emphasis upon the earnestness and devotion which should animate the physician in the study of his profession and the discharge of its duties. It also specifies certain acts as unworthy of the physician.

Thus, it condemns the advertisement of special processes, the public parade of unusual operations and cures, the public promising of cures in special cases or without limitation. This is because the spirit which prompts such advertisings and promises, is one of self-seeking, leading to a concealment from others and from one's self, of the advancement of science; and the act is one of positive dishonesty, no physician being justified in direct or indirect unqualified promises to cure.

The Code even disapproves of any physician obtaining or holding a patent for any medical or surgical method or apparatus. Not

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because the profession should not devise such things, nor because those whose ingenuity and industry have produced desirable results are not deserving of pecuniary emoluments, but chiefly, as I suppose, for the following reasons: The physician or surgeon ought to stand before his patient with a judicial, unbiased mind, familiar with all the resources of his art, and perfectly free to stretch out his hand in any direction, and appropriate and make use of any appliance or apparatus which the case may seem to call for. Such impartiality of mind, though the patient may rightly demand it, it is hard for the physician in any case to attain and preserve. We all know that education, early association, prejudice, habit, will give us a bias towards certain procedures and appliances, and a prejudice against others. We all have hobbies, and are in danger of riding them to our patient's damage.

Now, if to this infirmity of our nature, we add the inducement of pecuniary gain, such as might result from the possession of a patent, there is danger that the bias will become so strong, even with the best of us, that our judgment will be no longer sound, nor our observations trustworthy. If you doubt this, listen to the doctor who has patented a pessary or a truss, as he describes its uses and its merits. Do you trust his statements as you would those of an expert who had no interest whatever in the apparatus? Do you not, as you listen, make a large discount because of his patent? Neither can his judgment, as to the suitableness of his apparatus for a patient, be implicitly trusted. As he listens to the patient's story, do you not see that his mind is already made up? His eye glistens, his lip quivers with impatience as he awaits a favorable opportunity to interrupt the patient with the promise of a cure, and an assurance that his patent apparatus will surely effect one.

It is because the physician ought to be preserved from these temptations, and ought to have his mind as free and impartial as the human mind can be kept, to select among all the appliances that human skill and ingenuity have discovered or devised, the very one which will be best for his patient, that the patenting of remedies and apparatus has been disapproved by the profession.

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I will not weary you by reciting further prescriptions and prohibitions of the Code of Ethics; its requirement of the subordination of all personal preferences and desires of the physician to the good of the patient; its specifications of what is unfair conduct in and after consultations, etc. All of these instances show the responsibilities which are entailed upon the physician to whom freedom in practice is conceded; and to these responsibilities this Institute should not fail to hold its members.

There is another department, in which, if possible, a still greater responsibility rests upon us. Ever since Æsculapius ascended to the skies, leaving the sick world in charge of his disciples, medical science has been handed down from generation to generation of its votaries, each adding to its stores of knowledge. It now rests in our care; on us is the responsibility of its transmission to our successors, a brighter and more beneficent light than when we received it. Something peculiar, and very distinct from other departments of knowledge, possessing almost a language of its own, medical science has been in exclusive possession of physicians, and they have had sole charge of medical education. To their honor be it said, the trust has, with rare exceptions, been faithfully and generously discharged.

What, however, could be more fatal to our great object, "the promotion of medical science," what more destructive to every purpose of our profession, than a betrayal of this trust by neglect in the education of medical students, or, what is still worse, a prostitution of the powers and privileges granted to educators, by the introduction of unqualified or unworthy men into the profession?

If, while leaving the practice of medicine free to all well-qualified, earnest and honest practitioners, this Institute count it as one of its functions to see that its members be well-qualified to practise their profession, and that they be unselfish, honest and faithful in the exercise of their individual duties, how much more is it incumbent on it to see that no unworthy men are brought into the profession, or foisted upon it, by the neglect or through the dishonest connivance or procurement of those to whom has been entrusted the office of teacher! Nor could too severe a sentence be executed upon such as should have thus abused this sacred trust.

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Am I reminded that, neither in our laws nor in the Code of Ethics, is there any allusion to the subject of medical education, much less any reprobation of such delinquencies on the part of medical teachers?

Let me reply, that in the law of no country, I believe, is there a prohibition against poisoning the wells of drinking water, nor a penalty for doing so. Yet, by the common consent of mankind, he who commits this dreadful crime, even though a hostile army be on the march through his neighborhood, is deservedly dealt with by drum-head court-martial, and a short shrift. What milder punishment should he receive who poisons or diverts the springs of knowledge in a matter that concerns the life and welfare of mankind?

In the old Roman law there was no penalty for parenticide. The lawgivers would not, even by a law against it, sanction the idea that a man could raise his hand to take the life of those who gave him being. None the less relentless, on this account, was the punishment of the parricide! In what degree should that teacher be less detested who has committed the unanticipated crime of a deadly assault upon the science to which he owes his professional life, by deliberately placing her torch in hands unworthy to receive it?

Of this nature, then, are the responsibilities which are involved in the enjoyment of freedom of medical opinion and action.

Do we demand liberty of opinion? Then must we take care that our opinions rest on a foundation of study and acquirement which embraces the entire circuit of medical knowledge, and takes in and honestly estimates every new contribution to it, no prejudice of place or person giving a bias to our reason. Then must we act in the spirit of Hahnemann's noble admonition: "In a science in which the welfare of mankind is concerned, any neglect to make ourselves masters of it becomes a *crime!*"

Do we claim liberty of action? Then we must take care that our action, springing from well-grounded opinion, be honest, faithful and efficient.

Let us, as individuals, and as an Institute, manfully meet these responsibilities which our claims and our conceded position alike impose upon us.

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In questions of moral obligation, let us pursue no hesitating course.

But touching the open questions of medical opinion and practice — while each of us earnestly proclaims the opinions he has espoused, and zealously puts them in practice — let us cultivate the catholic and noble spirit of Chillingworth: —

"I will take no man's liberty of judgment from him; nor shall any man take mine from me. I will think no man the worse man . . . I will love no man the less for differing in opinion from me; and what measure I mete to others I expect from them again."

ARE OUR HIGH POTENCIES MATERIAL?

BY T. F. ALLEN, M. D., NEW YORK.

In *Nature*, for March 31, 1870, Sir William Thompson enters upon an interesting examination as to the size of the ultimate atoms of material substances. He considers an atom as "a real portion of matter, occupying a finite space, and forming a not immeasurably small constituent of any palpable body." The conclusions have such an important bearing on the question of high potencies, that they deserve careful consideration from us. Unfortunately — perhaps necessarily — all the four lines of reasoning which Professor Thompson presents in this paper take us over ground that very few of the best educated men are capable of following. My only attempt will be to outline them.

I. Light consists of undulations varying in length from .0000266 of an inch, for the extreme red, to .0000167 for the extreme violet. Now Cauchy maintains that if you compare two contiguous cubes of water or glass, of a size represented by a moderately small fraction of one of these numbers, they are unlike. "In a mass of brickwork," says Professor Thompson, "two adjacent lengths of 20,000 centimeters may contain, one of them, 999 bricks and two half bricks, and the other, 1,000 bricks. Thus two contiguous tubes of 20,000 centimeters each may be considered sensibly similar. But two adjacent lengths of 40 centimeters might

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contain one of them one brick and two half bricks, and the other two whole bricks; and contiguous cubes of forty centimeters would be sensibly dissimilar. In short, optical dynamics leaves no alternative but to admit that the diameter of a molecule, or the distance from the center of a molecule to the center of a contiguous molecule in glass, water, or any other of our transparent liquids and solids exceeds a ten thousandth of two wave-lengths, or a two hundred millionth of a centimeter." Whoever can explain the colors of a soap-bubble might hope to begin to understand this process of reasoning, invented by Cauchy more than thirty years ago; "and it is only incapacity to judge in dynamical questions that can admit a doubt of the substantial correctness of Cauchy's conclusion." This "incapacity" is no uncommon infirmity in our most learned bodies.

II. It is calculated that if we could make a "pile of 100,001 plates alternately of copper and zinc, each a centimeter square and a hundred-thousandth of a centimeter thick, with intervening spaces of the same thickness, the weight would be eight grammes; and on connecting the extreme plates by a wire, the work done by electrical attraction would warm this only $\frac{1}{1602}$ of a centigrade degree. But now let the thickness of each piece of metal and each intervening space be a hundred-millionth of a centimeter instead of a hundred-thousandth. The work would be increased a million-fold, unless a hundred-millionth of a centimeter approaches the dimension of a molecule. The heat-equivalent would therefore be enough to raise the temperature of the material by 62°. This is barely, if at all admissible, according to our present knowledge, or rather want of knowledge, regarding the heat of combination of zinc and copper." Reduce the thickness to a four hundred-millionth of a centimeter and you would have a far greater heat "than can possibly be produced by zinc and copper entering into molecular combination. Were there in reality anything like so much heat of combination as this, a mixture of zinc and copper powders would, if melted in any one spot, run together, generating more than heat enough to melt each other throughout" — just as heat extends in a mass of gunpowder ignited at one point. And if plates of a three hundred-millionth of a centimeter in thickness

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"could be made without splitting atoms," their juxtaposition would "form a near approximation to a chemical combination."

III. The thickness of the film of a soap-bubble, "which gives the first maximum brightness around the black spot seen where the bubble isthinnest, is only about an eight-thousandth of a millimeter," and with a thickness of a ten-thousandth there is no sensible diminution of contractile force. But the heat-equivalent of the work spent in reducing the film to a twenty-millionth of a millimeter would be 1,130 times enough to raise the substance a degree centigrade, — much more than is possible." The conclusion is unavoidable that a water-film falls off greatly in its contractile force before it is reduced to a twenty-millionth of a millimeter. "It is probable, therefore, that there are not many molecules in a thickness of a twenty-millionth of a millimeter (two hundred-millionth of a centimeter) of water."

IV. "We may regard it as an established truth of science that a gas consists of moving molecules disturbed from rectilineal paths and constant velocities, by collisions or mutual influences, so rare," that the interspaces are many times the diameter of the molecules. The molecules are more likely to be "soft, elastic solids, not necessarily globular," rather than infinitely hard, elastic spheres. "The average velocity of the molecules of oxygen, nitrogen, or common air at ordinary atmospheric temperature and pressure, is about 50,000 centimeters (nearly a hundred rods) per second; and the average time from collision to collision is one 5,000,000,000th of a second." From these not very palpable premises, comes a conclusion that no gas is condensible to 40,000 times the density it has at ordinary temperature and pressure; that as ordinary solids and liquids are from 500 to 16,000 times more dense than air, "therefore the number of molecules in a cubic centimeter may be from 3×10^{24} to 10^{26}," that is, from 3 with 24 noughts to 1 with 26 noughts (from three to one hundred sextillions); and that from centre to centre of the molecules may be from $\frac{1}{140.000.000}$ to $\frac{1}{460.000.000}$ of a centimeter.

Prof. Thompson concludes: —

"The four lines of argument which I have now indicated lead all to substantially the same estimate of the dimensions of molecular

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structure. Jointly they establish, with what we cannot but regard as a very high degree of probability, the conclusion that, in any ordinary liquid, transparent solid, or seemingly opaque solid, the mean distance between the centres of contiguous molecules is less than the hundred-millionth and greater than the two thousand-millionth of a centimeter.

"To form some conception of the degree of coarse-grainedness indicated by this conclusion, imagine a rain-drop, or a globe of glass as large as a pea, to be magnified up to the size of the earth, each constituent molecule being magnified in the same proportion. The magnified structure would be coarser grained than a heap of small shot, but probably less coarse grained than a heap of cricket-balls."

If the above conclusions have even an approximation to the truth, the efficacy in our high potencies cannot arise from any portion or atom of the original material contained therein. I have always supposed that any degree of dilution hitherto proved to be active, possessed at least some portion of the original molecules of the drug, and that drug action was due to the peculiar combination of atoms in the molecule. One of my arguments was founded on the different action of two substances of precisely the same atomic composition, which is discussed by Dr. Liebreich in his recent paper on chloral. But I am obliged, by my conviction of the approximate truth of these conclusions of Sir William Thompson, to abandon all my old ideas on the subject, and must look for some other explanation of drug action. I am as perfectly convinced of the efficacy of the thirtieth and two hundredth potencies as of any proposition established by experiment. For after the administration of a dose of a drug for a positive homœopathic symptom, the result can be predicted with almost absolute certainty.

There is one suggestion — not by any means original — that sheds some light on the subject. There is in every organized substance a peculiar force: in a seed of veratrum viride, there is a force that produces a plant of veratrum viride instead of any other veratrum, or any other plant. In chemical compounds having the same atomic constitution, there are forces at work which differ in that they arrange the atoms differently one from the other. And

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when these "isomeric" compounds are decomposed in the human organism, this force of each may be set free, and produce the effect characteristic of the particular compound with which it was associated.

However all this may be, let us examine our dilutions on the basis of the investigations here presented. It will be seen that in every drop of water there are not more than four decillions of molecules. About that number of small shot — ten to a linear inch — would make a bulk equal to this earth; for there are not far from four nonillions of cubic inches in the earth.

If now a drop of alcohol be perfectly mingled with four decillions drops of water save one, each drop of the dilution would contain a molecule of alcohol. Any further dilution would rapidly diminish the probability of finding a molecule of alcohol in any given drop.

We find that every drop of the *sixteenth* centesimal dilution should contain *forty* molecules of the original crude material. Of the seventeenth dilution only *two* drops in every *five* can contain molecules; of the eighteenth, only one drop in every 250; of the nineteenth, one in every 25,000. It will be seen that even in the twentieth dilution, it is quite improbable that a particle of the original material is present, since there is only one chance in 25,000 that the one drop of the nineteenth dilution taken for making the twentieth, would contain a molecule of the drug.

The efficacy of this and higher potencies being — to my present mind — fully established, it follows that medicinal property is a force which can be isolated from material substance, and be transmitted independent of it. What that force is, and what are the laws which govern it, are questions for extended scientific research.

Editorial Note. — It is not to be denied that this is an important question, and gives a new practical interest to the study of somatology, about which not one liberally-educated man in a thousand has ever troubled himself. Since the above was prepared for the press, Dr. Pemberton Dudley, who has examined Sir William Thompson's paper with great care, has published an able article in the *Hahnemannian Monthly* for June. Dr. Dudley does

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not think of yielding to Sir William's authority, and pronounces the undulatory theory of light and the kinetic theory of gases "two of the most tottering assumptions of science." Dr. Dudley can hardly overthrow the undulatory theory with a push, seeing it is now nearly universally received; and if a man must *understand* the kinetic theory (now a hundred years old) before he attacks it, the champions of old Bernoulli have little to fear from this generation. But there are so many steps between the premises and the conclusion in each of the four processes, that it would be no wonder if there were several wrong ones in each. In our opinion, there is more power in the first than in all the other three.

To the learned Sir William, our answer is this: How will you reconcile your conclusions with the indubitable fact that there is a definite efficacy in the attenuated medicines? Will he, like the audacious Frenchman, say — when facts conflict with his fine-spun theories — *So much the worse for the facts!*

After all, is there anything more wonderful in the transmission of remedial power by a particle of *lachesis*, which consists of but carbon, oxygen, hydrogen and nitrogen, to another compound particle of different proportions, than that by a particle almost as small should be transmitted insanity, the marking of a feather, or the aptitude for scientific pursuits?

CHRONIC DIARRHŒA CURED BY COLOCYNTH.

BY J. C. NEILSON, M. D., CHARLESTOWN, MASS.

Mrs. ———, a lady about forty years of age, had been for two or three years suffering from chronic diarrhœa, nervous prostration, and general debility, — the result of mental over-exertion. She had tried treatment of various kinds for a long time, without any benefit; among other things, had resided at one of the best hydropathic establishments in New England, following its rules and treatment faithfully, without relief. Although surrounded with all the luxuries that wealth could procure, life had become a burden.

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When I first saw her, she presented the following symptoms: Considerable emaciation; skin sallow, hair thin and dry; anxious expression of face; restless sleep which did not refresh; anxious, busy and frightful dreams; tired after sleeping; great prostration in the morning; weariness the whole time; little appetite, nausea, with disgust of food; diarrhœa constant, stools frothy and watery — from three to twelve in the twenty-four hours, continual borborygmus, and grinding, griping pains, preceding and accompanying the stools; tenesmus, constant pain and tenderness in the left inguinal region; menses absent; tenderness along the whole vertebral column; neuralgic pains in almost every part of the system constantly, day and night. The remedies given at various times were *Merc.*, *Ars.*, *Ant.*, *Zinc. val.*, *Puls.*, *Ipec.*, *Sulph.*, *Lach.*, *China*, *Macrotin*, *Calc. carb.*, and *Kali carb.* Of these, I relied chiefly on *Ars.* and *Ant.*

She had remained under my care for about three months with some benefit, when her husband decided to send her to the water-cure at Northampton, where she remained four months under treatment, without much improvement. One day, while taking a "douche," she "felt something give way in the abdomen," and began to enlarge. A somewhat celebrated surgeon was sent for from a neighboring city, who tapped her per rectum, and drew off a large quantity of a bloody liquid. After this she failed rapidly, and at one time was thought to be dying. She rallied, however, and in a few weeks was able to be brought home.

I was sent for, but after making her a visit, was notified that my services were not required, — as the surgeon who had operated on her, and still considered her as his patient, had called and preferred that another physician, whom he named, should attend her conjointly with himself.

I heard no more from her for several weeks, when I received a note requesting me to see her at least once. I complied, and learned from the family that her physicians, three in number, had, in consultation the day before, pronounced her case utterly hopeless, — in fact, a cancer. They thought that she could not possibly live more than a few days. I examined her as carefully as I could, and came to the conclusion that they were mistaken, as I could

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discover no symptoms of cancer. She presented the following symptoms: Mind clear; extremely restless, very weak, unable to speak except in a whisper; emaciated, reduced to "mere skin and bone." There was intense pain through the whole head, increased by moving the eyes; sleeplessness; wandering pains through the whole system; coldness of the extremities; pulse 130, feeble; no appetite, bitter taste, constant nausea with greenish vomiting; thirsty without ability to take more than a spoonful of liquid at a time; swollen abdomen, borborygmus, diarrhœa; stools increased by taking any nourishment, and accompanied by compressive griping pains — commencing at the umbilicus and passing down to the rectum; stools greenish and frothy, and followed by burning at the anus; tenesmus. Menses absent. Tenderness over the left inguinal region, with intense cramp-like pains passing round to the back. Expression of face anxious; despondent.

The symptoms, I thought, pointed to two remedies, *Arsenicum* and *Colocynth;* I chose the first — giving it for several days in various attenuations — from the first to the third, without perceptible effect. Then I gave *Colocynth* dilution, ten drops in half a tumbler of water, one teaspoonful every three hours, and a dose of *Ignatia* each night for the restlessness. After following this treatment for three days, a marked improvement was noticeable; the restlessness abated, the nausea, borborygmus, diarrhœa, and tenesmus gradually ceased, appetite improved; light farinaceous food could be borne, and, for the first time for several months, natural sleep was enjoyed.

From this time she improved rapidly. In three weeks she was able to sit up, and in less than two months, could, with the help of her nurse, walk across the room. She continued improving until May, when the sudden death of her husband, who dropped dead in the street from rupture of the aorta, affected her severely; for some time I feared a relapse, but she finally rallied, and early in the following August went to the sea-shore, where in a few weeks she wrote me that she was able to ride ten miles and walk three miles per day.

Her health continued good, her appetite and other bodily functions healthy; the menses have returned, more free and less

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painful than for years, and her hair is growing thick and brown as it was in her younger days.

I consider the above case interesting from the long duration of the disease, the inutility of the treatment until the appropriate remedy was employed, and the rapid and almost marvellous improvement that followed its exhibition, — for to *Colocynth* alone I ascribe her recovery.

FIBROID TUMOR OF THE UTERUS. — THUJA.

BY E. COOK WEBB, M. D., ORANGE, N. J.

In June, 1868, I was called to attend Mrs. H., a widow, aged 31, the mother of one child, then four years of age, She informed me that for the past two years she had suffered from dysmenorrhœa, but at the present time her sufferings had lasted for a much longer time, and were more severe than before. She had missed one period, and was now ten days past a second, and was very much agitated for fear that she had some serious uterine difficulty. Her pulse was 90, tongue slightly furred, and breathing somewhat oppressed. I made a specular examination, and found the os uteri locking slightly backward, but not sufficient for anteversion to any great extent. I prescribed for her and returned to my office, to be again called at midnight, when I found, in addition to the foregoing symptoms, sharp pains extending from the symphysis pubis to the lumbar region, a constant desire to urinate, with no relief on so doing, nausea, and great sensitiveness to light. I now made a more careful examination by conjoined manipulation, and discovered the uterus sharply anteflexed, with a distinct protuberance on the anterior surface about the size of an English walnut. By pressing my finger well up in the anterior cul-de-sac, I could elevate the fundus slightly. This seemed to give her relief, and, at the same time, allowed a small quantity of menstrual fluid to pass. I then tried to replace the organ by repeating this pressure while the patient was lying on her back, but in this I failed. She seemed so much relieved by the slight amount of fluid that had passed, that I left her, promising certain relief in the morning.

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She passed a very uncomfortable night, and, in the morning, was anxious for some relief at any sacrifice. I tried to introduce a sound, after giving it the curve that I supposed would most readily adapt itself to the form of the uterine canal. At first I could only pass it as far as the point corresponding to the lower border of the tumor, but by pressing the handle forward I succeeded in carrying it up to the fundus, and by careful manipulation restored the uterus to nearly its normal position. She maintained the dorsal decubitus for a few days and improved nicely. Next I tried a number of pessaries, but failed to get one to answer my purpose. At last I took a Hodge's closed lever, made a compress of cotton, covered it with rubber cloth and fastened it to the end of the pessary; this when pressed well up in the anterior cul-de-sac, relieved her of the desire to urinate, and the pain in her back. In a short time she was able to walk about, the pessary giving her but little inconvenience. After about a week she desired me to give her a written account of her case in detail, as, at the solicitation of her sister, she was going to Philadelphia to consult a physician there. On her return, four days afterward, she told me that she had consulted Dr. Hewson, who informed her that there was an interstitial fibroid tumor, and that no operation could be performed.

A short time after her return she was again married. Before starting on her bridal trip I gave her *Thuja*$^{3\ dec}$, one powder to be taken every day for ten days, then suspend for ten days, and thus alternate until I saw her again. When next I saw her, in October, she informed me that she was enciente, and would prefer not to take any more medicine. I did not see her again until April 10, 1869, when I was called to relieve her of intense pressure on the bladder, which I partly succeeded in doing by keeping her a greater part of the time on her back. On May 28th, I delivered her of a fine little girl, after a labor of less than five hours, without more than ordinary suffering. I was now very desirous of finding what effect pregnancy had had on the tumor, and after giving sufficient time for involution, I made an examination, and found, to my great surprise, the uterus not only in a normal position, but also in a normal condition, the tumor having entirely disappeared.

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Dec. 2, 1869. The organ remains in the same condition. Previous to this prescription of *Thuja*, I had used it with marked success in the case of a mucous polypus, in a woman of forty; this led me to hope for some benefit from it in the present case.

Query: Was the disappearance of the tumor owing to the process of involution, or was it the result of the administration of *Thuja occidentalis?*

SINGLE SYMPTOMS.

BY ERNEST A. FARRINGTON, M. D., PHILADELPHIA.

THE doctrine of metastasis seems to find many friends and opponents in all schools of medicine. Some, as Flint, deny even the metastatic tendency of mumps, rheumatism and gout, but ascribe their apparent changes to some general condition of the blood. (*Flint's Practice of Medicine.*)

In our own school, we hear of the disputations of Goullon and Kafka, and of the harmonizing efforts of Lilienthal, who appears to be at peace with all men. Still, to the true Hahnemannian, it matters little which of these authorities he may follow theoretically; his cures are secured, as Lilienthal justly remarks, if he always regards the totality of symptoms.

Undoubtedly, he should consider both subjective and objective phenomena, otherwise he falls into a one-sided investigation; he does not comprehend the disease in its totality.

According to Hahnemann (*Organon*, Sec. 153), we must pay particular attention to those symptoms which are "*striking, singular, extraordinary* and *peculiar* (characteristic)." The researches and experience of our best physicians have added greatly to our stock of characteristics, or key-notes, and now it remains for the profession, or for that part still adhering to the teachings of Hahnemann, to decide whether or not they shall prescribe for one key-note, to the disregard of the totality of symptoms. And it becomes a momentous question, whether this mode may not favor the change in the *locality of a disease*, call it metastasis or not.

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We are taught that the lopping off of a tumor, the suppression of an eruption or a chronic discharge, may cause a transferrence of disease to some more vital organ. This we believe. But does it matter whether this be produced by the knife, the caustic, as typtic, or a dynamized remedy, given for *one* symptom; such as, "figwarts," *Thuja;* "the eruption feels like a bee-sting," *Apis;* "Diarrhœa only by day," *Petroleum?*

We have seen mumps suddenly involve the brain, when no earthly reason could be assigned but the careless administration of a remedy chosen but for *one* symptom of the case, and this in spite of the assertion, "The metastasis of the disease from the parotid to the mamma, testicle or brain, would seem scarcely possible under judicious homœopathic treatment." (*Guernsey's Obstetrics*, p. 722).

But for every evil there is a check, which the enthusiastic should always seek, to act as a curb for their ungoverned haste. Such a check physicians like Jeanes, Bœnninghausen and others, offer in the rule to always find the coincidence of *three* prominent symptoms in a case and in a corresponding remedy; or, as Hering aptly expresses it, as every stool must have at least *three* legs, so must the selected medicine have at least *three characteristic symptoms* of the given case.

Thus may the purity and simplicity of the Organon be preserved.

A PHYSICIAN'S DUTY. When we consider the importance of his obligations and duties to the public, is not every physician bound to be thoroughly conversant with each new discovery in medicine? And if he be asked, "Are you acquainted with such and such a doctrine?" is it pardonable to reply "No"? All physicians ought to meditate upon this maxim of Hahnemann: "*When it is a question of cure, to neglect to learn is a crime.*" . . . . Homœopathy is either true or false. Submit it to careful experiment, and if it be false, expose it; if it be true, adopt and disseminate it. — *Granier's Conferences.*

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The New England Medical Gazette.

BOSTON, JULY, 1870.

THE CONTRAST. — The year 1870 has witnessed the assembling of two large conventions of medical men. The first was the American Medical Association, at Washington, in May; the second, the American Institute of Homœopathy, at Chicago, in June.

If the character of the two conventions was in the least degree indicative of the value of the systems of medicine which they represented, we cannot be too grateful that scientific truth is associated with moral superiority, and that our tastes and education have led us to the modern school.

We could make no severer comment upon the Washington meeting than to copy some of the remarks of the allopathic press in relation to it.

Four days were spent in wrangling over the admission of delegates; it culminated in an attempt to galvanize into life some old political questions riddled through and through into hopeless death by the bullets of the four years' war. All the science and the art of surgery and medicine were of no account whatever, compared with the question of the admission of black men to membership of the Association. This having been fiercely discussed, and decided in accordance with "old school" prejudices, they then turned their guns, not upon the homœopaths, but upon all those who are willing to treat with courtesy or even decency the believers in this fearful delusion. And having ordered the most reputable societies to purge themselves of these contaminating influences, barely stopping to deny the right of women to membership, they adjourned, proud — no, we hope not that, but ashamed — of their great triumph.

All hail, most noble Association! promoter of science, and protector of free and independent thought!

With pride and pleasure we turn to the meeting in Chicago. More than two hundred physicians, honored and respected in the communities in which they live, relinquished their home-cares and duties for the time, and came together in the interests of science. A more earnest, honest, conscientious body of men we never have met. There

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was scarcely a single one among them but was willing to make any necessary personal sacrifice for the good of the cause. They came laden with a whole year of careful thought and observation. And yet no one seemed willing to discourteously intrude upon the Institute what might even seem to him to be of vital importance.

Some fifty or sixty carefully-prepared papers upon various subjects connected with medicine, were presented, and these were earnestly, courteously, and intelligently discussed. In the materia medica, experiments with drugs recently introduced, were reported, which promise to be of great value; careful researches had been made also into the properties of others comparatively well known. In clinical medicine many important and valuable observations were recorded; while in obstetrics and surgery, novel and brilliant results were detailed. A uniform system of nomenclature of drugs was adopted, which will be of service to our entire school. The cause of medical education was thoroughly discussed, and a plan adopted which, if faithfully carried out by our colleges, will place them far in advance of all others in a sound and complete medical education.

Finally, in this whole meeting there was nothing either of a scientific, social, or professional character, which would not reflect honor and dignity upon every member. Always proud of our position and aims, we are made still more so by comparing it with that of the Medical Association.

The Massachusetts Medical Society. — Following in the wake of the National Association, and evidently fearing the crack of the whip at Washington, the old Massachusetts Society, born a half century before the National Association was dreamed of, hastened to get upon its knees, and purge itself of contempt in allowing homœopaths to remain members of said society. At the very first moment possible, on motion of one Dr. Bundy, it was voted "that all homœopaths be hereby expelled" from the sacred precincts of this most ancient and humiliated society. Now this was a mere sop for the big bullies who were holding the whip over them; no member could have soberly looked another in the face while this farce was being enacted.

This Massachusetts Society has a charter from the State, granting to each of its members certain privileges, to which he is fully entitled under the by-laws which govern the said society. Each

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individual member obtains his membership — fellowship it is called, for the sake of distinction — by complying with the by-laws, and in the precise manner therein set forth.

A diploma, duly signed and sealed, is presented to him, certifying that he is entitled to all the rights, privileges, etc. In these same by-laws, there are certain articles which tell how, and for what offences, members may be expelled; and up to this date, the holding of medical opinions differing from those of the mass, has not been an infringement of any by-law, or one of the crimes deemed sufficient for expulsion. Then, too, this can only be done to individual members; and that after trial before commissioners appointed for this especial purpose. The attempt to expel a whole class by resolution is as absurd as it would be to vote out all who do not believe in vaccination, or "resolve out" all except those who wear long ears!

If the society wishes to take the backward step so well known in the middle ages, of persecution and expulsion for opinion's sake, each member is legally entitled to a full trial and an opportunity for defence. Nineteen years ago a member was expelled, nominally for misconduct, really because he was a homœopath. Some of the old members could tell us the exact sum which that little pastime cost the society. Report says it used up thirty thousand dollars of surplus funds, which the society then had. If it cost this little sum to legally expel one man, for nominal misconduct, how much would it cost to expel sixty upright members who have in no manner infringed the by-laws. When the wise men of the society have carefully computed the amount, and the best method of procedure, we shall be happy to hear from them.

DR. DUNHAM'S ADDRESS. — We need make no apology to our readers for — contrary to our usual custom — re-publishing an address. Dr. Dunham has, in his address before the American Institute, cleared away a good deal of fog which has beclouded the minds of many of its members. It will be well for our readers, when they are a little doubtful as to their duty in regard to their fellow-practitioners, and to the profession in general, to study, in the first place, the elaborate Code of Ethics adopted by the Institute, and then carefully read this address. The "purists" will become purer as well as more tolerant, and the "mongrels" will have higher aims and more exact prescriptions, while all will join hands in earnest advocacy of the great truths of homœopathy.

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CORRESPONDENCE.

CHICAGO, June 6, 1870.

MY DEAR GAZETTE: Perhaps in no way better than in an easy chair, with an easy pen, in a gossipping letter, can I chat with you, and give some facts relative to the Western trip, and to the twenty-third session — *twenty-seventh anniversary* — of the American Institute of Homœopathy. Notwithstanding the lightning expresses and palatial cars, it is a long distance from Boston to Chicago. And though, undoubtedly, there are very few of your readers who would not wish themselves here, and who would not gladly have come, yet the "difficult cases," etc., kept the great mass of homœopathic physicians at home.

As yet, I hear of but three — Drs. Payne, Briry, and Gallupe — from the Pine Tree State. New Hampshire, Vermont, and Rhode Island are unrepresented, save by good wishes. Three or four come from Connecticut, among whom I have seen Drs. Foote and Skiff, of New Haven, and Dr. Stone, of Fairhaven, while the Old Bay State produces her "baker's dozen." Alphabetically arranged, their names are Brooks of Clinton, Cate of Salem, Clarke of New Bedford, Hemenway of Somerville, Holt of Lowell, Lougee of Lawrence, Macomber of Boston, Morse of Salem, Scales of Newton, Spalding of Hingham, Thayer of Boston, Whittier of Fitchburg, and, near the bottom of the list, the editorial "*we.*" From New York our numbers are augmented by about twenty, while Pennsylvania has done nearly as well. And if, in proportion to the distance, the West is attending in equal numbers, we shall have one of the largest meetings of the Institute.

But we miss some of the old and honored members: Gray, the very founder of the Institute; and Hering, who has done so much for our cause; and Gregg, who has been almost always with us; and Gardiner, who last year said he felt ten years younger for the meeting in Boston — would that it had made him so! Then, too, of the younger and working men, Paine of New York City, Wesselhoeft of Boston, and — but if we were to include all whom we would like to see here, we should need to begin with the catalogue of members of the Institute.

Every effort has been made by the Committee of Arrangements for the convenience of their guests.

This evening, the preliminary meeting was held at the house of Dr. D. S. Smith, who, though still in the vigor of manhood, was the pioneer physician of our school in Chicago. For several years, he practised by the "light of other days"; and though even for years a lonely homœopath here, yet we are happy to say that fortune has not failed to smile upon him, giving him a good supply of worldly comforts, and friends to enjoy them with him.

It has always been one of the most pleasant features of the meetings of the Institute, that two or three hundred men, most of them eminent in their profession, can come together and spend a few days in social, as well as professional intercourse. More than anything

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else, it tends to bind together and strengthen our fraternity. It is amusing, and at the same time inspiriting, to see them when they first come together, and to hear their eager inquiries — "Where is Dr. Small?" "Which is Dr. Beebe?" "Will you introduce me to Dr. Ludlam?" "Is Dr. Williamson here?" "Has Dr. Holcombe come?" "Have you seen Dr. Temple?" etc., etc. One can readily imagine that before the evening is past there are not many strangers in the room. I have never been at a preliminary meeting where there has been so much earnestness, combined with so much of kindness and pleasant feeling. Formerly the election of officers was held at the commencement of the session, and the preliminary meeting was a sort of caucus, where everybody seemed to be afraid that everybody else was wire-pulling for his particular candidate. Now, the election is changed to the last day of the session, when the members have had time freely to converse and become *en rapport* with each other.

FRIDAY, June 10.

The four-days' session is closed. A full daily report of the proceedings is published, through the enterprise of Mr. C. S. Halsey, the publisher, and the energy as well as hard work of the secretaries, reporters, and especially of Dr. Duncan, the able editor of the *Investigator*. As this will be widely distributed, we need say little here as to its character.

But there are a few points on which we might make a suggestion or two. And first, in regard to the hall. The mistake has almost invariably been made of procuring too large a hall for the meetings. It is rarely the case that more than from one hundred and fifty to two hundred and fifty are present at one time. And yet the halls have been large enough to seat from twelve hundred to three thousand, thus giving a barren look to the Conventions, and rendering it much more difficult for members to speak and be heard. A good, well-ventilated hall, capable of seating four hundred, would be ample. There should be smaller ante-rooms, and the business of the Institute would be much expedited by meetings of bureaus and committees during the recesses.

The report of each bureau should be carefully timed; and it should be the duty of the chairman, as well as of the Institute, to see that the allotted time is fully given and faithfully improved. The two standing rules, adopted at this session, one, that all papers requiring more than fifteen minutes, should be read by title or by abstract only, except by the unanimous consent of the Institute; the other, to limit speeches to five minutes, ought always to be rigidly enforced.

The system of daily lunches tends greatly to the efficiency and sociability of the meetings. It keeps the members socially together. We should, however, like to see the experiment tried of having headquarters at some hotel near the hall, where, without subjecting the Committee of Arrangements to the expense of the lunch, the hotel could provide a good dinner for the mass of members together.

One of the pleasant features of this session was the laying of the corner-stone of the Hahnemann Medical College. It gave the mem-

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bers of the Institute an opportunity to see something of the growth of this wonderful city, and at the same time associated us with its future medical institutions.

Too much praise cannot be awarded to the Committee of Arrangements for the success attending their efforts for the comfort of their guests.

Intimation had been made the year previous, of some unpleasant differences of opinion likely to come up here. If these still exist, it is astonishing how completely they have been kept out of sight since we have been here, and each one has been a model to the others of courtesy and gentlemanly bearing.

Altogether, the meeting at Chicago has been a capital success, of which those may feel proud who helped to make it so; and for which all may feel thankful. Its success here makes us still more certain of a valuable meeting in Philadelphia, next year, and confident that the American Institute of Homœopathy is ripening into a strong and vigorous manhood to exert its influence for good upon the medical profession, throughout the world. T.

REPORTS OF SOCIETIES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY

Held its Twenty-third Annual Session in Crosby's Music Hall, Chicago, from Tuesday morning, June 7, to Friday noon, June 10, 1870.

The usual preliminary meeting was held Monday evening, at the residence of D. S. Smith, M.D., 402 Michigan avenue, the oldest practitioner of homœopathy in the Northwest. There were present about seventy-five members. A bountiful hospitality added to the general enjoyment. A meeting of the executive committee was held, and a programme for the session arranged.

First Day. — Tuesday Morning.

The Institute was called to order by the President, David Thayer, M.D., of Boston, at 10 A. M. Prayer was offered by Rev. Dr. Kelly.

The Address of Welcome, by Prof. Beebe, alluded to the fact that the Institute and the Western Metropolis are of nearly the same age. Both have grown marvellously, and the future of neither is doubtful. In conclusion, he said, "'*Propter æternitatem geremus*' — let us labor for eternity — is the watchword we would utter, and we bid you all thrice welcome."

President Thayer, in his introductory remarks, said that the West seems the proper home for our association. Here men break away so fearlessly from old prejudices; here every new idea starts fair in the race, tested by its merit, not by its age; here moss-grown precedents have ceased to over-awe men, and novelty is no discredit. The number

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of members on our roll is seven hundred and twenty-three. These are very unequally distributed through the country. But we can point with satisfaction to the fact that our members are largest in those States where we have been longest known; and at the same time these are the States most advanced in science and general education. Even in such States, it is well known that there are many practitioners who ought to be enrolled here, but whose names are not found on our catalogue. An organization like this benefits both the individual and the profession. In order, therefore, to avail ourselves of all our forces, no pains should be spared to induce these physicians to join us. For the accomplishment of this, the President suggested the organization of a large Bureau of Enrollment — one member, at least, from each State, and perhaps one from each county, who should obtain and keep a list of all homœopathic physicians, and all information as to openings for the introduction of our practice, and by correspondence show the advantages of this Institute, and extend its usefulness.

Another subject, which forces itself upon us as scientific explorers. There are so many phenomena of a mental character which every truly scientific physician has often observed, but which have not yet been recognized as belonging to the field of science or scientific medicine, that he would recommend the establishment of a Bureau of Psychological Medicine.

As guardians of the public weal, and explorers, we are bound to watch and scrutinize. The special function of such organizations as this, is to encourage investigations which its members, single-handed, could not undertake. Homœopathy, as a new claimant, best vindicates its own claim to be recognized and studied, by holding out a welcome hand, and keeping open its door to new suggestions.

In conclusion, he said that this Institute is the common bond which supplies this needed partnership in inquiry, the telegraphic wire that keeps us all in constant communication. Let us use it vigorously and effectively, that our profession shall no longer lie open to the charge Lord Bacon brought two centuries ago, that "physic had been more professed than labored, and yet more labored than advanced; as the pains bestowed thereon were rather circular than progressive."

COMMITTEES.

The President appointed the following committees:—

On Credentials.—Henry M. Smith, M.D., New York; N. R. Morse, M.D., Salem, Mass.; Francis Woodruff, M.D., Ann Arbor, Mich.; T. R. Nute, M.D., Chicago; D. H. Beckwith, M.D., Cleveland; F. A. Rockwith, M.D., Newark, N. J.

Auditing Committee. — W. Williamson, M.D., Philadelphia; P. C. Skiff, M.D., New Haven, Conn.; G. N. Seidlitz, M.D., Keokuk, Iowa; A. E. Small, M.D., Chicago; L. M. Kenyon, M.D., Buffalo.

The President's address was referred to the following committee: — N. R. Morse, M.D., of Salem, Mass.; Geo. F. Foote, M.D., of Middletown, N. Y.; H. N. Guernsey, M.D., of Philadelphia; Carroll Dunham, M.D., of New York; A. R. Wright, M.D., of Buffalo.

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FINANCE.

E. M. Kellogg, M.D., New York, Treasurer, reported that he had received $2,167.00. Expenses, $2,390.15. Present indebtedness, $223.15.

The Auditing Committee found the report correct.

PUBLICATION.

The Committee on Publication, through I. T. Talbot, M.D., Boston, the retiring Secretary, stated that they had, at the earliest possible day, completed 1,000 copies of a volume of 552 pages in seven sections. Sections one and two have had additional copies printed, and the total amount of publication for the year has been about 610,000 pp.

LEGAL RIGHTS IN WASHINGTON, D. C.

A letter from T. S. Verdi, M.D., Washington, D. C., stated that the "Washington Medical Society" had had the exclusive right, granted by an act of Congress in 1836, to license physicians to practise; and without such license, any practitioner was liable to a fine of $300, and was prohibited from collecting his dues by process of law. He gave a history of his success in getting Congress to grant a charter for a Homœopathic Medical Society; giving it the right to examine and license practitioners of either school in Washington.

BOARD OF CENSORS.

On motion of C. Pearson, M.D., of Mt. Pleasant, Iowa, it was resolved that the censors be required to state in what medical college and year the applicant for membership graduated; and that this statement be published with the names of members after their admission.

The Institute now adjourned for forty-five minutes, to the dining-room of St. James Hotel, by invitation of the committee of arrangements, for refreshments.

TUESDAY AFTERNOON.

F. R. McManus, M.D., Chairman of the Board of Censors now and afterwards, reported the names of ninety-five applicants whom they had found qualified for membership. They were elected.

BUREAU OF CLINICAL MEDICINE.

In the absence of the Chairman, H. D. Paine, M.D , of New York, S. M. Cate, M.D., of Salem, reported the following papers: —

Relapsing Fever; by Henry D. Paine, M.D., of New York.

Pathological Anatomy as related to Therapeutics; by S. M. Cate, M.D., of Salem.

Climatology, and its Relation to Pulmonary Diseases; by D. H. Beckwith, M.D., of Cleveland.

Electro-Therapeutics; by J. C. Burgher, M.D., of Pittsburg.

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Climatology and Thermometry; by N. F. Cooke, M.D., of Chicago.

Action of Hecla Lava upon some diseases of the bones, and Rana Bufo in Epilepsy. The use of Cyanide of Potassium in Vomiting and Hydrocephalus; and also Chloroform in Eclampsia; by W. H. Holcombe, M.D., of New Orleans, La.

Typhoid Fever, as it appeared in Buffalo, in the Winter of 1869–70; by L. M. Kenyon, M.D., Buffalo.

Diseases of the Optic Nerve from Cerebral Affections; by S. Lilienthal, M.D., of New York.

Report of some Cases by W. Gallupe, M.D., Bangor, Maine.

It was voted that the papers read be at once discussed; and that the speakers be limited to five minutes each.

The following resolution was adopted: —

Resolved, That the reading of reports of committees be limited to fifteen minutes, and if said reports are too lengthy to be read within that time, the committee present a brief statement of the contents of the report, or read it by title, as they elect, before it is referred to the appropriate committee.

PATHOLOGICAL ANATOMY.

Dr. Cate then read his paper on Pathological Anatomy as related to Therapeutics. He pointed out the distinction between physiological and pathological anatomy. First were considered the changes wrought by some diseases of the external parts of the body, where the pathology of the organic changes was open to the inspection of all. It is the duty of the physician to study these changes in all their stages, and thus form a full picture of the disease. When it is understood in all its organic relations, a remedy should be selected corresponding to the organic change and to the constitutional symptoms.

In most diseases, the internal organic changes can be known by the study of the subjective symptoms, in connection with the physical signs open to observation; and the remedy should be capable of producing a similar state upon the healthy. This was illustrated by several diseases. We have a large amount of knowledge of the organic changes which have been produced by medicines upon the healthy, and this is to be used in the cure of disease.

G. W. Foote, M. D., of Middletown, New York, was very much interested in this paper, and very much pleased with certain portions of it. But he thought it said a good deal against what does not exist; that is, the distinction between subjective and objective symptoms. He did not acknowledge the antagonism between them, and he selected his remedies with strict reference to both the pathology and symptomatology of diseases. Now, why should we be told that there is a class who treat patients by symptoms alone, without reference to pathological indications?

Now Dr. Cate states that cases could be found where remedies could be applied strictly in accordance with pathology. How do we know what remedies will cure? First, by the proving of the remedy itself; and second, by overwhelming experience.

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We do not suppose, from our report of the proving of remedies, that we have the totality of symptoms; experience and clinical observation add others.

In the case of the disease of the neck of the bladder, cited in the paper, the remedies that had been administered did not cure; but a careful examination of the pathological condition pointed to *Elaterium*. How do we know that this a remedy? Simply by the experience of some who have cured this pathological condition by *Elaterium*. There is no one who would not consider this pathological condition a symptom of disease and result of a remedy.

Again, the remedy suggested by the pathological condition, if curative at all, is curative because it is the homœopathic remedy, and covers all the symptoms. So the physician, who would examine carefully in such a case as that, would have found out in the first place, before he had experimented for several days, that this was a pathological condition requiring a remedy, and would have gone to his own experience, and selected a proper remedy on this point, just as would your so-called pathologist. So does every physician in the land who professes to be a homœopathist. Therefore, I say it is unfortunate that we should try to raise this distinction between these two classes of physicians, since they do not exist.

Dr. Cate referred to the paper by P. P. Wells, M.D., of New York, in the Transactions of 1868, in which he says, five or six times over, that we have nothing whatever to do with pathology. This, however, is not the accepted theory of the Institute.

Dr. Guernsey objected to the assertion that pathology indicated *Elaterium* in case of inflammation of the bladder. Such statements are the death-blow to homœopathy. No doubt *Elaterium* does cure all such forms of disease of the bladder as correspond to its symptoms when proved. There are many other remedies which cure inflammation of the bladder, when indicated.

Dr. Cate had said, in his paper, that Dr. John Manning had given a statement of curing forty-five cases of inflammation of muscular structure of the neck of the bladder by *Elaterium*. He gave it because of the pathological condition. Dr. Cate tried it and found it successful.

Dr. Guernsey stated that we can expect a cure only when we use understandingly a remedy of which the proving has showed it to be indicated.

O. B. Gause, M.D., of Philadelphia, understood the paper to maintain that the remedy should cover all the pathological indications. For instance, if we have a case of what you have diagnosed to be varioloid, you should have a remedy to cover all the symptoms, not only for the day, but for twelve days hence. Not so; it is your duty to prescribe for the patient according to his condition at the moment of prescribing. We do not need to know the name that has been given to the disease by the science of pathology, but we are to prescribe for the patients as we find them when we are at the bedside the did not believe the doctrine laid down in this paper. The great danger of the school is that of getting up a party line. There ought

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not to be a party line, but all ought to be pathologists, and all symptomatologists.

Daniel Holt, M.D., of Lowell, did not think there was so much difference between these gentlemen as they pretend. You are all right, gentlemen, but you may be wrong. Our pathology is as much ahead of the pathology of books as we are in advance of the old school.

Take a case of pneumonia. The patient calls an allopathic physician to visit him, who asks what is the trouble? He has taken cold; he is very short of breath; he is raising blood. The doctor says, you have pneumonia. The allopathic physician would not dare to prescribe until he knew what the disease was.

This is our advantage over the old school. We take our case in its incipient stage, and do not let it run into this pathological road.

E. C. Franklin, M.D., of St. Louis, liked the discussion very much. He thought the question vital to us. He remembered, in 1868, the discussion of Dr. Wells' paper, in which pathology was entirely ignored in the treatment of disease. Dr. Phelan — a graduate of one of the institutions of Pennsylvania — followed Dr. Wells in the same strain, ignoring pathology. Now, gentlemen, I am of that school that does not ignore pathology or symptomatology; they go together, hand in hand. When we select a single symptom or individual key-note, and prescribe for a case by that, we will find ourselves in the condition of one of these gentlemen that argue against pathology, who received a violent blow in his own family. His wife had some difficulty of the stomach. He exhausted all his knowledge of homœopathy. The wailings of that woman were heard at a distance of two or three blocks. An allopathic physician, an intimate friend of mine, a professor of surgery, heard her cries, went to the house and administered a subcutaneous injection of *Morphine* over the region of the stomach, and in ten minutes the patient was well.

Now, suppose a person presents himself with a pain in the heel, or a pain under the knee; the physician who ignores pathology may treat that patient till doomsday and no good result will follow. But administer your remedies for the hip-joint, stop the disease there, and you have no more reflective symptoms below. There is pathology and symptomatology joined; and the medical man who does not join these cannot prescribe understandingly and successfully.

F. R. McManus, M.D., of Baltimore, asked if Dr. Franklin was the physician who administered the subcutaneous injection?

Dr. Franklin replied that he was not; he merely related the circumstances as they had been related to him. He did not know the pathology of the case.

Dr. Foote reminded the members that it would not look well in the papers to have it stated that a homœopathic physician had exhausted his skill, and resort was had to an allopathic physician for relief.

Dr. Clement Pearson, M.D., of Mt. Pleasant, Iowa, regretted that the statement of the paper read received the indorsement of the Institute. He believed that it was owing to the lack of skill of the St. Louis physician that relief was not given by homœopathic remedies. He inquired whether the doctor referred to in the paper was not the eclectic Doctor King, author of King's Practice.

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Dr. Cate replied that it was.

Dr. Pearson said that Dr. Cate must maintain that the eclectic system cured that patient, and, therefore homœopathy did not cure it; and he protested against indorsing any such view. He believed that if homœopathic remedies, rightly administered, would not cure a case, nothing would.

S. Lilienthal, M.D., of New York, claimed that the right remedy had not been used. We must get the totality of the symptoms — everything — exclude nothing; then get the remedy to correspond. The homœopathic remedy may be indicated in the high dilution, and again in the low dilution. If we get the right remedy, and the right dose, we will cure our cases.

O. H. Mann, M.D., of Evanston, Ill., cited himself as an instance in point where a man could get himself into a scrape by reporting a case he did not fully understand. He referred to one in which *chloroform* had been given, resulting in the death of the patient.

Dr. Franklin replied, that he merely gave the facts as he had received them.

J. P. Dake, M.D., of Nashville, wished the Institute to remember that in the paper read by Dr. Cate, the difficulties occurred, in nearly all the cases, from not having our remedies properly proven. Observations have not been made properly and sufficiently as to the objective symptoms, and he proposed to bring a paper before the Institute during the session that would bear upon that point.

RELAPSING FEVER.

N. F. Cooke, M.D., Chicago, read the paper of H. D. Paine, M.D., of New York, on Relapsing Fever.

Dr. Gause spoke of two cases, both ladies, occurring in his practice. Both relapsed at the end of seven days. One was pregnant; she relapsed twice, and when it seemed that speedy dissolution was inevitable, she suddenly rallied. *Rhus* and *Ant. crud.* seemed to do more than any other remedies that were used.

B. W. James, M. D., of Philadelphia, said he had treated a number of cases of the disease, but could not speak very favorably of the result, though he studied the cases closely. They occurred in a high and healthy locality, and patients were in tolerably good circumstances. In both cases there was an enlargement and tenderness of the spleen, which did not disappear. They relapsed two or three times, at intervals of seven days. *Arsenicum* was the main remedy used. *Rhus* acted well for a time, then seemed to lose its effects. *Sabadilla* was used in one case, by the advice of Dr. Guernsey, but seemed to have no power to control the disease. In these cases the trouble was not due to an impoverished condition of the system.

F. A. Rockwith, M.D., of Newark, N. J., related some cases that came under his observation, and which occurred in a large, airy house, in a high locality. Among the peculiarities of the cases was a loathing of meat, and a craving for farinaceous food. *Ars.*[200] was used, but the remedy that seemed to have the best effect was *Eucalyptus*[1]. All of the patients suffered with severe rheumatic

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pains. This was especially noticeable in the mother of the family. Thinks the disease closely resembles the old English sweating fever of 1721.

Dr. Cooke has not treated many cases of the kind since he became a convert to homœopathy. While an allopath, many of his cases assumed a relapsing form. Thinks it can be controlled if we take the trouble to affiliate our remedies carefully. *Nitr. ac.* low, seemed to him to be a good remedy to use until one relapse had been overcome, then use the 30th.

Dr. Guernsey thought that no one who is thoroughly acquainted with our materia medica need have any great trouble in controlling any curable disease, whether it be relapsing or not. Study the symptoms closely, apply the remedy called for, and abide its action. He related one case which was very severe and seemed to take on a relapsing form. The patient was attacked with a chill, severe pains in the occiput, running down the back, great restlessness, putrid breath, cold, clammy sweat. All the symptoms were aggravated after it. *Ars.*$^{60.00}$, in water, was given every two hours. Improved for two days, when the symptoms seemed to be aggravated; dark purple spots appeared on the back. *Ars.*$^{15.000}$ was then given every four hours. This seemed to act better and more promptly, but he was obliged to have recourse to the *Ars.*$^{40.000}$ before he could cure the case. Has used other remedies, such as *Calc.*, *Eupat.*, *Arum tri.*, etc.

He mentioned the case of a child who was constantly picking his flesh, boring and picking his nose; lips red and raw. He would pick his flesh until it bled, and cry because pain obliged him to discontinue further exploration. These symptoms, whether found in relapsing fever, or in any disease, are characteristic of *Arum tri.*, and would succumb to that remedy. *Arum*$^{20.000}$, in water, was given in this case every three or four hours, and rapidly cured it.

Dr. James stated that he had endeavored to follow such a course, and believed it to be the only true method. He had not used *Nitr. ac.*, but would profit by Dr. Cooke's advice on his return home.

I. S. P. Lord, M.D., of Poughkeepsie, thought it was well to have a text to start with, and adhere to that text throughout the session. In the paper as read, there was nothing definite given about the symptoms; no totality was there to be found. Had the symptoms been carefully recorded at the bedside, as they should have been, we would now have something accurate to guide us. As it is, there is no photograph of the disease given; it is merely a painted image. If he carried a case in his head six months, and then wrote it out, it was a monstrosity, although he claimed to have as good a memory as any one. He thought the matter should be laid over to next meeting.

CLIMATOLOGY.

D. H. Beckwith, M.D., Cleveland, Ohio, read his paper on Climatology and its relations to pulmonary diseases.

Dr. Morse thought it important to acquaint the patient with the true state of the disease. By thus preparing the mind, many cases

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can be saved that could not be otherwise. Let them understand that everything rests with God, and that we are but instruments in his hands.

REPORT OF COMMITTEE ON CREDENTIALS.

Dr. Henry M. Smith, of New York, from the Committee on Credentials, reported the number of physicians present who had handed in their names to be 118, of whom 85 are members of the Institute. There were represented by delegates:—

Two General Societies, — Western Institute of Homœopathy, and American Institute of Homœopathic Pharmacy; eighteen State Societies; fifty-two Local or County Societies; eighteen Hospitals and Asylums; thirty-one Dispensaries and Asylums; ten Colleges; and ten Journals.

The Institute adjourned.

TUESDAY EVENING.

The Institute assembled at eight P. M., and listened to the Annual Address, by Carroll Dunham, M.D., of New York.

(*To be continued.*)

[The remainder of this report, which has been condensed from the very full report of the *Investigator*, will be given in the next number of the *Gazette*, together with several other reports of Societies and important matter which is already in type.]

THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

As will be seen in our advertising columns, this college has been entirely reorganized, and presents a brilliant and extensive array of experienced teachers, which must command for it the confidence, cooperation and support of the profession. We shall have more to say about it in the next number.

REVIEWS AND NOTICES OF BOOKS.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN. By R. Ludlam, M.D. Part One. Chicago: C. S. Halsey; 96 pp. 8vo.

These are clinical lectures on various subjects, as they arose in the clinic of the Hahnemann Medical College, of Chicago, each of which contains a great many suggestions of rare importance to the practising physician, and such as could only come from a mind long trained to careful observation, and which had enjoyed extensive opportunities for pursuing it. This part contains six lectures, and the subjects treated are as follows: Prolapsus uteri, with dropsy

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dating from the climacteric period; leucorrhœa, with chronic ovaritis; morning sickness of pregnancy, and retroversion; on weaning a child, and the subsequent treatment of the mammary glands; galactorrhœa. Molar pregnancy; false conception; leucorrhœa the cause of impaired lacteal secretion; too frequent menstruation in incipient phthisis; burrowing abscess of the mammary gland, with a sinus; abortion, with misplaced pains. Amenorrhœa, with hysterical spasms resembling chorea; abdominal cramps and pains in pregnancy; excessive abdominal development in pregnancy; sudden suppression of menorrhagia by astringents the cause of subsequent illness. Uterine hemorrhage after twin delivery; pseudo-prolapse of the uterus; hysteria in a woman aged sixty. Chlorosis; hysteria at the climacteric. Ovaritis.

It is no uncommon thing for absurd or even ridiculous notions to creep into medicine; and among these not the least foolish has been the fancy that in any form of fœtal malpresentation a dose of a high attenuation of *Pulsatilla* would set all things right. Prof. Ludlam seems to think differently in the following, from page 70: "Concerning the alleged power of pulsatilla to correct a malpresentation of the fœtus at any period of gestation, or in labor at term, I am wholly skeptical. Up to this date (Feb., 1869) there is not a single case on record which clearly proves it to be possessed of any such properties. In every published instance the testimony is as invalid and fallacious as in that which we have just under review. This patient's physician was not certain in his diagnosis. First, he said she had twins, then dropsy of the amnion, and finally the (one) child was 'apparently across the pelvis.' Pulsatilla was given, a spontaneous change followed, — as has probably happened with every fœtus from the time of Cain until now, — and the result was accredited to the remedy that had been swallowed! Such things may not be impossible, but they are exceedingly improbable."

To our friend, the Professor of Obstetrics, of Harvard University, who has had so much trouble recently in a case of Placenta Prœvia! we would recommend the careful study of Lecture IV., which contains so many valuable hints on uterine hemorrhage. While the whole profession would be benefitted by the following: —

"However much we may pride ourselves upon our scientific attainments, I assure you that our patients are prone to estimate our professional capacity and skill by our ability to turn all sorts of expedients to the best account, at the shortest possible notice. They will think more of you, if you can effect a cure with some simple and harmless domestic remedy which they have overlooked, like the coffee in this case, than if you go through the labor and take the time and pains to select the appropriate simillimum. Keep your quiver full of arrows, and be ready for any emergency."

The whole volume will contain some 500 or 600 pages, and will be issued in parts of ninety-six pages each, at intervals of two or three months. These will be worth many times their cost to the practising physician.

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DISEASES OF THE EYE. — By H. C. Angell, M.D. It gives us pleasure to see the favorable opinions of the *Gazette* in regard to this book confirmed by the approving notices of all our Medical Journals, both in this country and in Europe. The first edition having been already exhausted, the stereotype plates are again in the hands of the printers. No physician, of our school at least, can afford to be without this volume.

ANATOMY, DESCRIPTIVE AND SURGICAL. — By Henry Gray, F. R. S., F. R. C. S., Lecturer at St. George's Hospital. A new American, from the fifth and enlarged English edition, with four hundred and sixty-two engravings on wood. Philadelphia: Henry C. Lea. Large octavo, pp. 876. Sold by A. Williams & Co., Boston.

The first edition of this magnificent work was issued in 1858; the fifth in 1869. That part which relates to general anatomy, which before had been scattered through the book, was entirely re-written. The work was otherwise considerably enlarged. Mr. Lea had issued more than one edition of the earlier work, and now has promptly given the public this latest form in a style that should satisfy the most captious. Nothing seems to have been overlooked, from the development of the ovum to the mature structure. Such a book would have been an impossibility in the earlier part of this century, and a wonder near its middle. Such fidelity of illustration in the wood-cuts leaves nothing more to be desired, save stereoscopic pictures in the book, and stereoscopic spectacles for the reader. These we may have in due time; with, we trust, more accuracy in the fore-shortening than we are apt to find in stereoscopic photographs.

But it is the vast advance — we may say the creation — of the science of histology, that more than anything else characterizes the recent anatomical works as those of a new era. And while we dare not predict that this generation will never see this beautiful book laid aside as antiquated, we feel safe in pronouncing it almost as near perfection as we can hope to have for many years to come.

"THE PREVENTIVE OBSTACLE, OR CONJUGAL ONANISM." — We have received this book, written by a Frenchman, and published by a New York firm. Our opinion of it is well expressed by the following, from the New York *Record:* —

"The style of the work, as a whole, seems more fitted to minister to a morbid curiosity than to establish any strictly scientific point, and opens it to the suspicion that it is intended more for the general than the professional reader."

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THE

New England Medical Gazette.

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MATERIA MEDICA IN ITS SCIENTIFIC RELATIONS.

BY W. W. RODMAN, M.D., NEW HAVEN, CONN.

(*Continued from page* 224.)

Phenomena grouped as co-existent facts. — When the phenomena of the materia medica are classified, it must be done according to the principles which prevail in other sciences. As yet, this can only be partly accomplished, and it cannot be completed until the whole science is matured and perfected. There are different processes involved, each of which depends on the others, and, in its turn, is necessary to their elucidation also. A general summary of them is all that can be given now. This will furnish some idea of the ultimate requirements and possibilities of the science. The most important topics must be taken singly in order to their investigation. Until such separation is made, little can be effected by way of illustration. Any other course would extend the subject beyond reasonable limits.

All ideas of the operations of medicines which we can mentally form or express in language, are, of necessity, more or less general ones. This is true, not merely of such expressions as *pain*, *debility*, *diarrhœa*, and the more definite ones *headache*, *colic*, and *dysentery*, but also of all the terms by which drug action is described. Each of them refers to many similar conditions, each one of which includes many dissimilar particulars. The advance of science is continually adding to our knowledge in two opposite directions. It is taking us from general facts to special ones; and the particulars are being generalized into forms which are more and more

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comprehensive. This must continue to be the case indefinitely. Every idea presented to us is to be separated into those which are more elementary, each of which is some modification of the original. This minute analysis of the operations of medicines is the most striking characteristic of the materia medica of Hahnemann.

In the process by which our ideas become less general, they lose in regard to their simplicity. The term *diarrhœa* is far more simple than the formula which expresses the diarrhœa of *Sulphur*, or that of *Mercury*. The particular facts always partake more or less of the character of their origin. In being characteristic, they are of necessity complex. The complexity has the compensating advantage that, by means of it, we secure increased definiteness and exactness.

This advantage is shared by the general term also. It loses its vagueness, and comprehends numerous particulars before unrecognized. The signification of our generalizations is never fixed and unchangeable. The idea expressed by one of them is constantly extending its meaning. These generalizations are to be carefully developed as one of the essential divisions of our knowledge. New ones are to be formed and verified whenever it is possible. The whole science depends upon them as truly as it does upon the most elementary facts. They are of two principal classes: those of co-existence, and those of dependence.

Of the relations between our facts, the most immediate and constant is, that certain of the facts occur together. This includes an infinite number of other relations of every degree of intricacy and complication. There is a sense in which it may be said that the whole science consists in determining them. It seems but little that the mere fact of co-existence teaches us in regard to any given phenomena. But that little is essential to any other progress; and, in turn, it cannot be made fully available except as other relations are understood.

The determination of this relation of co-existence needs to be made a special aim continually. It should be developed according to certain rules. It is essential to keep in mind limitations which are sometimes overlooked. The process is to be extended as

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long as the science grows. Every conception, when verified, should become the basis of new combinations.

This relation of co-existence has a twofold reference. It includes the groups which we form from the union of particulars, and also the separation of ideas which are familiar to us, into those which are elementary.

When we find effects occurring together, or with a tendency constantly to do so, we incline to associate them as unity, under some conception which we embody in words. As there is no limit to the subdividing process by which our ideas are broken into more complex ones, so there is none to the combining process by which they are made more general. The two processes depend upon and aid each other continually. The simultaneous occurrence of rigors, increased heat, and frequent pulse we recognize as a group or condition, and call it fever. The union of fever with definite local symptoms gives some other idea. When we recognize some of the pains caused by *Bryonia* as rheumatic, or the coughs caused by *Spongia* as bronchial, we avail ourselves of this mode of classification. Our periodical literature is the constant vehicle of additions to our knowledge derived from this source.

It is not always noticed that this relation of co-existence is the logical basis of ideas which we are accustomed to regard as single and elementary. It is important that the fact should not be overlooked.

The result of one of our experiments is that a certain medicine causes headache. A moment's reflection suggests to us that certain other drugs cause headache also. We may be further embarrassed by the fact that the very agent which we are studying causes, in varying circumstances, different kinds of headache. It is at once obvious that the term headache is one that includes many particulars. It is a group of co-existent facts. It is more than this, as we shall see hereafter. At present we are to regard it as an aggregation of phenomena. Among the many forms of headache, there is something common to all, which gives to the conception whatever of definiteness it possesses. But that something cannot be fixed in terms of thought and expression. Or, if it can

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be done, the result is the same, and the new element, in turn, resolves itself into another group more recondite than the first.

We are not to suppose that any of the forms of headache caused by *Belladonna*, for example, are ever precisely like those from any other agent. The analogy of all science precludes such a supposition. But we are compelled to recognize the element of similarity, and give one name to many conditions. Our powers are too limited to enable us to recognize so many forms of difference. We are obliged to use the general term or conception, as a symbol to denote the common effects of different agents. But we make a great mistake if we do not recognize the limitations of these symbolical conceptions. When applied to use, the meaning is not a fixed one, but depends upon the particulars by which it is limited for the time. These particulars vary every time the general term is used. Hence the essential part of our knowledge is found in the facts thus embodied, or, in other words, in the most special phenomena of sensation and consciousness which our powers can reach. When these are recognized, the generic term is full of significance; otherwise it is meaningless.

The progress of the science is dependent upon the determination of the effects occurring together, and the grouping of co-existent effects into single conceptions. A number of complex or general facts present themselves to our observation. We characterize them, perhaps, as *debility*, a term with which we are already familiar. Indeed, in this case, as in many others, it seems as if all our medicines cause some form of debility. The term applies to different agents in common. It includes particulars having a general resemblance, but varying in case of each particular drug. The same principle is illustrated by other effects, such as pain, excitement, vomiting, dyspepsia, hypochondriasis, nausea, vertigo, ptyalism, etc. Whatever term we hit upon, we soon find that it expresses effects caused by other agents also.

The groups or conditions which have been cited are all such as we recognize as already familiar to us. They are often seen as elements of natural disease. As such we have been accustomed to consider them, and to designate them by appropriate names. It is one evidence of the dependence and imperfect development of

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materia medica that its combinations are so constantly formed according to conceptions borrowed from other sciences.

Sometimes we recognize groups of facts as occurring together, which have not been characterized by definite terms of expression. We see that there is a relation, but have, as yet, no precise idea whereby to characterize it. To form new conceptions by which to consolidate the particulars of our knowledge, is a task of infinite difficulty. To do it, even imperfectly, we must call to our aid another synthetical principle, namely, the relation of the facts as effects of a common cause. This will come under our notice hereafter.

Our combinations must be restricted to the phenomena before us. This increases the difficulty; and in the early stages of our study of any subject, entire success is perhaps unattainable. Deductions from other sources may aid us in forming hypotheses. But the scientific method of rigid induction must be adopted as soon as it is possible. If a drug causes neuralgia, we must not be too ready to borrow from the forms of ordinary disease any ideas beyond those brought under our observation in the effects of the drug itself. The two conceptions are not to be regarded as having anything in common beyond what is manifest. It is, however, true that we need to carry on our experiments until they include all that can be learned by observation. To that end, whatever may be derived from sound deductions is to be considered. The neuralgias of natural disease, and those caused by other and medicinal agents, will suggest to us channels for investigation. But the final result of these various inquiries is to be restricted to the phenomena of the agent which we are studying.

An important source of error exists in the liability of the experimenter to be misled by deductions from the remedial operations of the drug. These operations are, in many instances, already known, and indeed were the means of calling attention to the agent as a suitable subject for experiment. Such knowledge causes a very strong bias in favor of what the pathogenetic effects are expected to signify. The stronger the confidence in the universal application of the *principle of similars*, the greater is the danger. There is hardly a natural science which exhibits in its history exemption from such errors.

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Our need is to carry the inductive process farther than has as yet been done, deriving hints, where it is possible, from deduction also. There must be advanced inductions, hereafter to be reached, which shall prove to be as determinate as our most elementary ones, and which, when once obtained, will prove to be valuable additions to our knowledge. The preliminary inductions whereby our present materials were obtained are entitled to the highest estimation from all members of the profession, and doubtless will ultimately secure it. The minute knowledge which can now be obtained in regard to some of our medicines, though it falls short of what it should be, is a source of wonder and gratitude. But we are so much occupied with its practical applications, that we do not make the most of what it is capable, as direct additions to our available possessions. The rules for our guidance in obtaining advanced inductions are not novel, whether as applied to our present science or to other branches. They have been fruitful hitherto. It cannot be doubted that their more zealous use and strict observance would open to us treasures now unthought of.

Here are phenomena bearing on the subject of headache, in greater number and variety than can be found, as the result of direct experimentation, anywhere else in medical literature. Suppose that these experiments had been undertaken expressly to elucidate the subject of headache, and with no thought of the results being useful in therapeutics. Can it be doubted that successful generalizations would have been reached? Yet, if the question were asked, in what is the world the wiser on the subject of headache or neuralgia or any of the vital conditions and processes touched by our "provings," the answer is less creditable to our position than it might be. In our phenomena the student of psychology may find materials to illustrate his science of which his ponderous volumes greatly need the benefit, but who among us ever tries to apply to these materials the principles of scientific synthesis? We have been busy in obtaining the facts; it is now time that we were more successful in determining in what relations these facts present themselves. So little has been done that the mere idea of such generalizing processes as are used in other sciences, seems hardly to have been entertained.

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The progress of our inquiries brought us to a position which needs to be kept distinctly in mind. Whatever term is used to describe an effect produced by a drug, it is found to be applicable to the operations of other drugs. Our general terms apply to several drugs in common. Our groups of co-existent facts can be stated only in terms which apply to other and somewhat different groups. As we turn over the pages of our text-books, we do not find any phenomena or conditions that can be unhesitatingly referred to single agents, unless their description be put into very complex forms. The general operations which we are considering, therefore, may be designated as *effects caused by certain drugs in common*. This mode of stating our second synthetical formulæ better answers our present needs than that necessarily adopted in the earlier stage of our investigation. It suggests the requisite mode of studying these operations, which is by a diligent comparison of the different forms of each operation or condition, as produced by different agents. We cannot understand one of these generic terms unless we see it illustrated in its various forms. We must compare them together, and learn what each separately denotes, and thus obtain the collective idea. When a symptom, or operation, or condition, is found among the effects of two or more medicines, the demands of science call for their complete discrimination. They cannot be identical effects. It is to be presumed that they can be distinguished. Suppose that the subject of inquiry is *vertigo*. The first of the questions which must be answered before that affection can be fully understood is, What are the elementary phenomena the co-existence of which is called *vertigo?* The instances in which vertigo is produced by drug action form a series of conditions, analogous but distinct. The phenomena developed in drug-proving are more numerous than all other observations on this subject of which we have any knowledge. The subject can be better understood by studying them, than in any other way. If different forms of vertigo are caused by one agent, the problem becomes more complicated, but is not essentially altered in its nature.

Our materials have never been thoroughly studied with a view to elicit what is taught by them on the subject of vertigo or any

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other morbid action. The paramount idea has been to obtain clews in the treatment of disease. There is need of some one to take our materials, and commence the task of embodying them into scientific formulas. Though the work can hardly be done by a practising physician, it is a task in which all of us can find opportunity for effort. The field is as unlimited as was theirs whose observations gave us the original phenomena. In the science from which we borrow so many of our ideas and formulas, there are instances in which no inconsiderable part of a life-time has been spent in investigating a single topic, — typhoid fever, for example, — and in determining its nature and relations. It will be long before the united efforts of the disciples of Hahnemann exhaust the analysis and synthesis of the materials which he has left to us.

It has been thought by some that the study of the materia medica might be restricted to the determination of those general operations of medicines which serve to classify our minute particulars. Within our own ranks are some who have fallen into the error, which has made the corresponding science of the old school so barren, and have taken these generalizations as expressions of definite meaning, instead of regarding them as mere aids to our mental operations. The mistake is the opposite of that which would restrict the study to the "characteristics," or "key-notes." We have not always realized how great an undertaking is involved in the construction of a science.

[*To be continued.*]

CHARACTERISTIC SYMPTOMS.

BY J. P. DAKE, M.D., NASHVILLE.

When the homœopathic materia medica presented but a small number of remedies, it was within the power of the student to make himself acquainted with them in detail. But it is far otherwise now, with our hundreds of medicines and thousands of pages setting forth their pathogeneses.

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Efforts have been made at classification, in order, by forming groups of articles having similarity of action, to simplify the materia medica and facilitate the selection of remedies. But no such effort has been at all successful as yet, and we are confident that no such scheme can succeed unless made upon the tissue basis, grouping together articles distinctly and similarly impressing the same tissues and organs. This basis is entirely out of reach with the arrangement of pathogeneses at present displayed in our literature.

Physiology has done much to connect the phenomena of healthy life-action with the condition of the inner and unseen tissues of the body, and thus to demonstrate the offices and operations of the various organs. And pathology has done much to connect the phenomena of diseased life-action with the derangement of the tissues and organs within, and thus to show what abnormal conditions or lesions are indicated by certain outward displays of symptoms. But it is not possible, with any amount of learning in physiology and pathology, for one to trace with certainty the effects of our remedies upon the several tissues, by searching through Jahr's Manual, or any rehash of it, or any supplement thereto.

The provings set forth in those volumes have been made in a manner so desultory; the tests, applied to detect and measure the influence of the several remedies, have been so few and so imperfect, and the expressions used in noting and describing the symptoms have been so indefinite and often meaningless, that any attempt to set forth, by the aid which they afford, the *range of action*, or *the tissues distinctly and chiefly impressed* by the different medicines, has been little better than the merest guess-work, and, for all practical purposes, a lamentable failure.

The greatest need of the student and practitioner of homœopathy to-day is a good classification of our remedies on the tissue basis. But no such classification can be made till we possess clearly the characteristic symptoms of each medicine, as displayed by the healthy vital test.

From the days of Hahnemann, efforts have been made to hunt these out and to set them forth. Realizing the utter impossibility of finding them in the provings which we have referred to, the

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tendency has been, especially of late, to call upon clinical experience to apply its touch, and thereby to discriminate between the true and the false, the characteristic and the common or trivial. Read our journals, and see how great is this tendency. There is hardly a number in which you may not see the "key-notes" or "characteristics" of some medicine given, as drawn from clinical experience.

Assuming that all the symptoms set forth in Jahr's Manual and kindred works stand on a common level as to reliability and importance, the plan is to go on prescribing by them; and when a patient recovers, to mark, as confirmed, all those symptoms of the medicine employed, which, occurring also in the patient, have disappeared during the treatment. Symptoms so confirmed are to be called "characteristic."

Who that has contemplated the uncertainties and fallacies of human experience, especially in medicine, can place reliance upon such characteristics? We have many a time seen certain sufferings or symptoms disappear during the use of a remedy, and afterward again and again failed to relieve similar sufferings with the same remedy; yet we try to be critical and careful in our comparisons and prescriptions. Who has not frequently had a case very promptly relieved, after the exhibition of a certain medicine, and been ready to cry out "eureka," and pen in hand to report his success in a journal? But meanwhile there have occurred two or three cases of similar symptoms unrelieved by the same remedy. These throw a doubt on his first experience, and cause him to return to the pointings of his therapeutic law, happy that he is not left to the dim lights of empiricism, now commonly called clinical experience.

But the absurdity of trying to "weed out" the unreliable from our materia medica, and to place that important study upon a scientific basis by such a method, is surpassed in folly only by the practice of setting forth some trivial circumstance or symptom, perhaps the merest accident or concomitant, as that which, above everything else, is to govern in the selection of a remedy. A pain being better or worse at a certain time in the day, or being greater or less, by reason of a certain position or movement; or being

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more cutting than burning, etc., may be of importance, when taken in connection with other symptoms; but to dignify such small and uncertain items with the position and name of "key-notes," is, to us, more speculative than practical.

The student will find such "characteristics," as a general rule, — like the classifications of the old school, the diuretics, sudorifics, antispasmodics, etc., — of little reality and of little worth upon his field of practice. Indeed he will be exceedingly fortunate if he is not misled by them into the use or neglect of remedies, to the detriment of his patients.

Generalizations are good and necessary. We all have rules wrought out by them governing us, more or less, in our practice, yet they should be based upon reliable facts and not upon uncertainties. In logic a conclusion cannot be sound and valuable, unless the premises from which it is deduced are sound; and so a medical principle must be faulty and insecure as a guide, unless it is deduced from incontrovertible facts.

The reader may be ready to inquire what we propose, if we discourage the gathering of characteristic symptoms from the provings in our present materia medica, and from clinical experience. We answer, that we propose — what we submitted thirteen years ago, in a paper read before the American Institute of Homœopathy, at its session in Chicago,* and what we proposed verbally to the American Provers' Union, in Philadelphia, fifteen years ago — *a thorough re-proving of our remedies in an institution established for the purpose.*

We would have at least ten competent provers, male and female, gathered in such an institution, under the guidance of a well-qualified observer and manager. And these, being properly instructed and regulated, should all take a uniform preparation of a medicine at the same time, carefully noting every departure from health, physical and mental; every symptom, subjective and objective; under the application of all the tests afforded by the microscope and other modern appliances.

Let them present their records daily to the manager, giving

* See Transactions of the 14th Annual Session, 1857.

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such verbal explanations of symptoms as might be necessary to render their character and location entirely clear.

A symptom occurring in all ten of the records on the same day would be highly characteristic of the article under trial. One occurring in five would be less characteristic, while all those appearing in only one of the records, would be the least so, and by necessity, of the least value.

We have thus briefly indicated what we consider the only proper method of ascertaining the *true characteristic symptoms or key-notes* of our remedies. It is direct, positive, and more free from errors than any other, and therefore more in keeping with the spirit of the age and the demands of science. With a materia medica composed of provings so made, aided by the records of toxicology, we would expect to see results from homœopathic practice never yet realized, much as we have seen accomplished by its remedies during the last thirty years.

Clinical experience, in her slow, halting march, might come along to add her testimony to the value of our knowledge of remedies thus proven; but she could, in no wise, contradict or set it aside. We would accept her indorsement, as good; but very promptly reject her first words of disparagement, as well meant, but deceptive. Her light, though glimmering and uncertain, might be comforting to eyes hitherto veiled in the mists of empiricism, and not trained to the clear light of the sun; but it could never make plainer the pathway of the practitioner who, with reliable pathogeneses, is governed by the law *similia;* nor would it render the results of his efforts any more sure.

Such an institution cannot be established and maintained by one man; it must be the joint work of many. We are ready to be one of a hundred to found and maintain it with all needed funds. One or two hundred dollars each, annually, for ten years, would give the nucleus of a "Materia Medica Pura" worthy the name and in keeping with our great therapeutic law. We have plenty of male and female students, who would cheerfully spend the months between their terms of medical lectures in such an institution, their expenses being all paid, and medical instruction being given to them meanwhile. A diploma, for one who had helped to give the

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world a materia medica good for all time, would not be lightly prized by the faithful members of the Provers' College.

Are we told that our plan is utopian, that it cannot be carried out, and that we must still go on, groping in the dark for a knowledge of our remedies? Then is the homœopathic law a fiction, and all our boastings of greater science and certainty in practice a miserable sham! For a law is nothing which cannot be carried out in practice. It is as sunlight to the blind, or as a voice to the deaf. But that law is not a fiction, nor is Homœopathy a sham. Above the din of battle with disease, in all quarters of the earth, it is ever calling to us to perfect our knowledge of remedies, so that we may be able readily to find such as bear the homœopathic relationship to any and every case for which medicines are required, whether old and familiar in form, or new and hitherto unknown.

Let us, like honest believers in that law, heed its call, even though thousands of pages of our accumulated symptoms of drugs be shown to be as fanciful as the fabric of a dream, and though some of our ponderous volumes be cast to the moles and the bats. What are the works of fifty years, — gatherings already overgrown, full of imperfections, inextricably mixed, — compared with the truth which we now need, and which will be required in the long line of centuries stretching on before us? Because we have been doing our work imperfectly, so that huge piles of rubbish threaten to overwhelm the laborer, shall we go on till we make homœopathy what Forbes once predicted it would be, — "the grave of scientific medicine"?

While a proper re-proving of our remedies would destroy nothing true and valuable in the medley we now possess, it would separate the wheat from the chaff, the gold from the sand, besides multiplying tenfold the wheat and the gold.

It is a noteworthy and lamentable fact, that the proportion of homœopathic physicians, in this country, who often consult Jahr's Manual, and other works on homœopathic materia medica, is much smaller to-day than twenty years ago; and likewise that the proportion who often refer to Wood and Bache, Christison, Pereira, Orfila, Scudder, King, Coe and Frank's Magazine, in order to get the "range" or "characteristics" of their remedies, is now much

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greater than twenty years ago! And we are not wide the mark when we say that the vast majority of our profession are more governed, in their prescriptions, by the views and clinical experience detailed in books on practice, than by what is contained in all the works on materia medica, old and new, put together.

With reliable pathogeneses, — the comparative value of the various symptoms being known by their more or less frequent occurrence in different provers, — and with true characteristics, underlying a rational classification of remedies, the desire of Hahnemann and his followers — sick of the multitudinous and contradictory works on practice, and the constant reliance upon clinical experience — might yet be realized.

A repertory, now little else than a "blind guide for the blind," might then become, what was at first intended, the complement to the great law *similia*, ever leading the practitioner securely on his way.

We are asked, why we do not, with our deep convictions on the subject, set to work and make provings, or join in the effort to weed out the errors of those already made? Exactly for the reasons already many times stated, that we are not personally fitted or favorably situated for such undertakings. In earlier years we did some provings, but now, for a long time, have had no faith in such modes of cultivating materia medica.

We would not undervalue what has been done, but we must urge that plan which we know will give us greater and better results. "*Vita brevis, ars longa*," is not only true, but admonitory to us, not to limit our calculations to the span of our own short lives, but to take in all the great future when we work for science and the upbuilding of arts.

If, in our generation, we but begin this work aright, and lay a few well-prepared blocks, our labors will not be in vain. Succeeding generations will continue to build upon our foundation, till the materia medica shall stand up, beautiful in all its parts, harmonious and imperishable.

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HIGH POTENCIES: A CONVERSION TO THE TRUE FAITH.

BY CHARLES H. HAESELER, M.D., POTTSVILLE, PA.

To be fully and honestly convinced of the efficacy of high potencies is no trifling matter. The mind, even when it is prepared for, and altogether desirous of, conviction, still reserves its complete confidence, in the face of the successful results from the practice of the most infinitesimal homœopathy by such men as Hering, Guernsey, Dunham, and the rest. This is simply because it cannot comprehend the rationale. Step by step do we toil along, ever and anon faltering before the quasi arguments that loom up between the narrow reason and the expansive faith. It is hard to apply to science that overruling attribute which helps us so readily to overcome all our embarrassments in matters of religion. Hahnemann was not canonized; was not a saint; was not inspired, like the divine scribes. We cannot take his word as though the prophets or apostles had spoken. And so we struggle to believe. We are convinced of the correctness of the principle which guides us in the selection of our remedies — the great law of similars; are willing even to attribute healing virtues to a minute portion of that remotest dilution to which the divisibility of matter has been demonstrated; are content at all events, and conscientiously so, to prefer the uncertain good of small doses to the certain harm attending large ones; but beyond that, we stick.

Like him of old, whose son was possessed of the dumb spirit, we may exclaim: "Lord, I believe; help thou mine unbelief!"

There grows, to be sure, in the course of years, a certain degree of conviction resulting from experience, as we administer higher and higher attenuations each successive year with still growing confidence; although we may not be able to understand the rationale of their usefulness, any more than we do the rationale of a magnetic telegram. The action of the medicine, in the first instance, is inferred from the recovery of the patient, as, in the second, we *believe* the incomprehensible magnetism, because we *see* its wonderful effects, — and for that reason only. Yet so prone is the skeptical mind to believe only what it comprehends, that not unfrequent-

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ly upon the trail of a restoration of health following homœopathic treatment, there lingers still a doubt as to the real cause of it; whether the convalescence resulted from the remedies that had been administered, or from the much-talked-of *vis medicatrix naturæ*. A not uncommon occurrence has it been in the writer's experience, that even patients, with no design of ingratitude, but rather from a deficient faith in the attenuated dose, have exclaimed: "Doctor, I would give a good deal to know, for certain, whether it really was those little powders which helped me, or whether I would have gotten better without any medicine at all."

To have a mind skeptical to this extent is truly a deplorable condition for a practitioner, and yields its possessor a more discontented and unsatisfactory life than does even that easy and pliant faith which is boxed about like a passive shuttlecock between the battledores of credulity and superstition.

In the life of him who honestly searches for light and knowledge in this department of science, probably as well as in any other, there will rarely fail to occur some happy event or circumstance which will so enlighten the understanding, that what for a long while was involved in doubt and obscurity, suddenly presents itself in clear and distinct outlines. Indeed, so thoroughly and abruptly may such intellectual changes come over the mind that there is not a little danger of passing from one extreme of opinion to the other. And so, when any peculiar functional or pathological action takes place in the human system which cannot possibly be explained, except as resulting from some cause not previously understood or admitted, instantly, no room being left for doubt, the mind plunges into the vast sea of metaphysics, from which in a moment it emerges enveloped in a theory that explains everything, and is entirely satisfactory.

During eighteen years had the writer thus practised medicine, beginning with unexceptional, heroic allopathy; but soon softening down, until he became fully converted to the doctrine of homœopathy, with the single reservation of a misgiving as to the positive efficacy of high potencies. It was his sincere and earnest prayer to be delivered from this misgiving. Not long ago he received a letter from Dr. Samuel Swan, of New York (eternal blessings on

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his head!) which contained the means that was destined to break this thraldom of unbelief most effectually and at once.

This letter enclosed two small vials of *Lactic acid*, the one of the 200th and the other of the 1000th potency. It contained also the information that this remedy had proved efficacious in arresting the nausea and vomiting of pregnancy, enumerating simply the few characteristic symptoms of "Nausea, with or without vomiting; in the morning, or after eating and drinking; especially if there is waterbrash." This was all that was said to guide the recipient of the letter in the use of the remedy it contained. Having just at that time a patient whose deplorable condition of morning sickness had baffled all his efforts for a period of upwards of a month, he hastened at once to her bedside, and gave her a powder of the *Acid. lact.*^{1000}. The next day — *mirabile dictu!* — there was no sickness. The day after, however, she had a slight return of nausea, when a dose of the same remedy, 200th potency, almost instantly relieved her. Six days afterwards she had another slight return of nausea, which again vanished upon the administration of a dose of the 200th, as before. This was fifteen days ago, since which time she has not complained; although not a day had passed during the six weeks immediately preceding the taking of the *Lactic acid*, that her stomach had not rejected all the food and drink within half an hour after its reception.

Here was an instance, now, about which there was surely no peradventure, — no coincidental return of health, just stepping in at the very nick of time. In a previous pregnancy the same patient had suffered from constant nausea and vomiting up to the seventh month of gestation, whereas it was here arrested towards the end of the second month. Nor had the sickness shown any signs of cessation before the remedy was administered, but had rather been getting worse from day to day. Surely this sudden cure was too remarkable to leave room for doubt. Nothing but the remedy — this remedy, of the 200th and 1000th potencies — had wrought the change. Wonderful! wonderful! wonderful! From that hour a load — the unbelief of eighteen years — rolled off the writer's mind, and left a clear and open field for the future practice of therapeutics. But oh, how obvious it now became that

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a thorough scrutiny of the materia medica was necessary! What a clear perspective of the wasting midnight lamp loomed up, in searching for and storing away, in the nooks and crannies of the mind, for future use, the characteristic and comparative functions of a thousand remedies! What a glorious fellow Guernsey now, of a sudden, seemed to be! and what a rapturous thrumming of key-notes would henceforth constitute the gamut which would make homœopathy musical to his unstopped ears for all time to come!

But this enthusiasm did not rest content with the result of a single case. A mass of corroborative testimony was soon accumulated. For when the writer became convinced that there was power in an attenuated drug, he determined by cumulative evidence to fix this fact as an absolute certainty in his mind; for if this medicinal development was possible in a single drug, then all drugs must necessarily be capable of similar development. So he went to the homœopathic physicians of his community; he also went to a midwife doing a large professional business among a certain class of people; and, lastly, he went to all his married lady acquaintances, and asked them if they knew of ladies who were pregnant and suffering from morning sickness; if so, he had a remedy that would help them. In this way an amount of corroborative evidence was soon accumulated that must satisfy the most skeptical, that *Lactic acid* of the 200th or 1000th potencies, or the two given successively — the higher one first, followed in twenty-four hours, if necessary, by the other — will almost invariably relieve the sickness of stomach attending pregnancy, — especially if associated with waterbrash; with sour eructations; with burning pain in the stomach and along the œsophagus; dryness in the fauces and posterior nares; great thirst and hunger, with inability to retain food or drink; nausea, with or without headache, in the morning; the sickness being periodical; worse in the forenoon; upon moving about; upon lying down; attended by constipation and great faintness.

It was thus that the first exotic sprig of faith rapidly developed into the fully mature and perennially enduring tree.

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VASOMOTORY METASTASIS.

BY DR. MASSA.

Translated from the Hom. Klinik, June, 1870, by S. Lilienthal, M.D., New York.

THE investigation of the physiological relations of the vasomotor nerves has thrown some light on certain metastatic pathological processes, and it does not seem superfluous to us to direct more attention to the angio-neuroses.

1. The disease-producing cause acts either directly on the vasomotor nerves, or by reflex action, inasmuch as the irritability is carried from the sensitive nerves to the vasomotor nerves.

2. When the sensitive nerves of a part of the body are lightly stimulated, a contraction arises in the blood-vessels of that region; but an energetic stimulus produces a reflected relaxation of the vascular walls; as, e. g., if we throw a few drops of cold water on the skin, the latter turns suddenly pale, and we perceive the so-called goose-skin; but after the energetic application of the cold douche, a vivid redness and hyperæmia of the skin follows the short vascular contraction.

3. The stimulation of the sensitive nerves produces first of all a reflex irritation of those vasomotors which are spread out on the same part of the body; but the stimulation of a sensitive nerve-branch may also produce a reflex irritation of the vasomotor nerves to a far greater extent, even to all the organs of the body. We see thus, in a neuralgic toothache, the blood-vessels of the same side of the head in abnormal agitation, while, on the contrary, a few drops of cold water, sprinkled on the abdomen, produce a momentary contraction of the blood-vessels over the whole cutaneous surface.

4. If this is true, the following thesis becomes plausible: A perverse excitation of vasomotor nerves in distant parts of the body may be produced by stimulation of sensitive nerves at a point where the vasomotor nerves show a peculiar pathological irritability. Nearly everybody has such parts, marked by abnormally increased irritability of their vasomotor nerves. Thus we may explain why the one suffers after catching cold from a hyperæmia of the nasal

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mucous membrane (increased secretion), another from pulmonary hyperæmia, a third in the muscles, joints, etc. These are the so-called *partes minores resistentiæ*. We get in this manner a physiological, well-founded explanation of a coryza, bronchitis, pneumonia, articular or muscular rheumatism, after catching cold. Only where the vasomotory nerves are already morbidly affected, does the disease take hold by reflex action; the other sound parts remain free.

5. Another characteristic of angio-neurosis is, that the disease passes frequently from the parts originally attacked to the blood-vessels of other organs, either in close proximity or at a greater distance. We have a good example of this in the erysipelas migrans.

The manifold anastomotic connection of the blood-vessels explains how, in affections of one part, vicinal vessels may be drawn in by sympathy. But it is not always such a direct proximity, which causes the extension of the nervous action on the blood-vessels; for we frequently see the angio-neurosis suddenly leave a circuit of blood-vessels, to jump, as it were, upon another one. Extraordinary leaps of an erysipelas fugax are well known. We see how a modification or cessation of vascular activity in certain organs, even still within physiological limits, produces an increased vascular activity in the blood-vessels of other organs. So, if the activity of the uterine vessels is suddenly diminished, post partum, the mammary blood vessels will show an increased action, and thus we now understand how, after the suppression of an increased vascular life, or of an abnormally increased secretion, morbidly increased vascular activity will develop itself in some other parts of the body, as after suppressio mensium in consequence of a cold foot-bath.

Some organs appear to stand in especially close vasomotory relations, as the auricular and sexual glands. Parotitis becomes orchitis; or an inflammatory affection extends from the urinary apparatus to some, even distant, parts of the lower extremities.

Vice versa, we see again, by an artificial increase of vascular action in one part, a declension or circumscription of an existing abnormal irritation of the vasomotors in some other parts. The system of derivatory cure is not wholly based on a mere with

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drawal of the blood from the part affected, but it results, in part, from the law that, through a locally increased activity of some parts of the circulation, an excessive stimulation of the vasomotor nerves on other parts will be diminished, and brought back to the normal condition.

Thus our latest and best medical journals explain metastasis; is it anything else but putting the old wine in new bottles?

CLINICAL CASES.

BY E. H. SPOONER, M.D., READING, PA.

PROLAPSUS UTERI. — In January last I was called to attend a lady fifty years old, of nervous temperament, dark hair and eyes, thin, spare habit, cheerful, and fond of telling her aches and pains. She has been an invalid for the past ten years, and confined to her room for the past three years. She has not been well since her last confinement, fourteen years ago, having suffered from prolapsus uteri ever since. Complains of great general weakness, and bearing down uterine pains; frequent attacks of neuralgic pains in face, head, and limbs; hemicrania of left side, pains better from wrapping the head up warmly; the left side of body often tingles and becomes numb, beginning on the left side of the tongue, which gets thick and numb, and extending to the arm and fingers; dyspepsia and abnormal fullness after eating; abdomen bloated, great accumulation of flatus, most troublesome at night; nausea, vertigo, acid eructations, constipation alternating with diarrhœa, much colic and cutting pain in abdomen. Fifteen years ago, after lifting and carrying a heavy load, she began to have pulsations in the back, which have continued to the present time, growing worse and worse as her general health declined; they now begin in the sacral region, and from thence spread over the whole body; they are felt more or less all the time, but are greatly aggravated after any exertion or excitement, and are worse on lying down; the sensation is as of a hammering, or "like a spinning-top" at times.

She has in a great measure lost the use of her lower limbs; there is atrophy of the muscles of the thigh, great weakness and soreness,

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as if the flesh had been beaten; with pain in the periosteum, as if the bones were being scraped. She walks a little about the room with the help of a cane, and the severe pains in the limbs are felt after walking, while sitting; they commence in the back, and extend to the knees.

Silic., *Sepia*, *Nat. m.*, and *Lach.*, all 200, were the medicines I used at different times, from January to March, to relieve the most troublesome symptoms as they arose from time to time; they all acted powerfully and relieved promptly, and her condition in March was greatly improved, better than it had been for years.

Still she did not gain strength and recover the use of her limbs as I wished, and I wrote to Dr. Carroll Dunham for advice. At his suggestion I gave her *Lach.* ^{200}, one powder each day. In May she had *Asaf.* ^{200} for a week, since which time she has had *Lach.*

May 16. (I copy from my note-book.) Feels better in every respect except the pulsation, which is quite severe; feels very sore in the sacral region, *on motion*, not to touch; feels as if a fly-blister had been applied to that region. Much pain in left ovarian region on walking; feels in the groins after walking "as if she would break off"; the perineum and thighs get very sore after walking; slight leucorrhœa; she now walks about the house and through the garden every day. *Lach.* ^{200}, one powder every other day.

This treatment she has followed to the present time, only the doses are given at long intervals, and her present condition is remarkably good. She can walk with a great degree of comfort all about the house, visits her neighbors, and takes long drives through the city,—something that she has not done before for years. She is gaining strength and flesh every day; her general health is greatly improved, with a good prospect of its perfect restoration.

She had formerly used pessaries; I had them discontinued, and she has not worn one since.

Chronic Eczema. — On Feb. 13, 1870, a gentleman about fifty-five years of age, came to my office to be treated for an eruptive disease which had troubled him for several years, but which was now worse than ever before.

The left leg, more especially upon the anterior aspect of the

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tibia, was covered with an eczematous eruption in its various stages, by exuding vesicles and desquamating scales, with here and there a small pustule or excavated ulcer, discharging a thick yellow pus. The patient was tormented with the terrible itching, which was almost intolerable. He had a thick plaster to cover the leg, which he would often tear off in order to scratch. Then followed stinging and smarting pain, and the exudation of yellow serum. The leg was worse when standing upon it for a length of time, but the great peculiarity of the case was its aggravation with the increasing moon: the disease, in other words, waxing and waning with the moon.

There were scattered pimples and blood-boils upon the body, varicose veins upon the leg, indurations in the axillæ, and occasional cramps in the calves and feet. The pain was *stinging* and *smarting*, coming in paroxysms, better in a warm room and from gently walking about. Before the eruption appeared upon the leg, the left lower extremity was cold, from the foot to the hip, as if covered with a wet linen cloth.

He always had this sensation whenever he was *quiet;* since the commencement of the eruption, several years ago, this sensation has entirely disappeared.

I gave him *Silicea* [200], one powder a day for a month. At the end of the month the suppuration had disappeared, and the general condition much improved. I now gave *Clematis erecta* [200] in the same way; since which time he has been entirely well, for the first time in some five years. He remains so at the present time.

Selfishness. — The medical man, of all men, should be free from that vice, which is the besetting sin of mankind — selfishness. He must indeed be thoroughly content to live, not for himself, but for others; not to look to his own interests, not to be guided in his actions by motives of policy, but to let the rule of his life be to do as much good to others as possible. He should think as little of pecuniary rewards as is compatible with his own interest and that of his brother practitioners, remembering the maxim adopted by La Bruyère from Confucius, that he who esteems gold more than virtue, will be likely to lose both gold and virtue. — *Tanner, Clinical Medicine.*

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The New England Medical Gazette.

BOSTON, AUGUST, 1870.

New York Homœopathic Medical College. — There is no place so eminently adapted to a first-class college of our school as the metropolitan city. Its facilities for affording instruction are certainly unequalled in this country, while the talent in our ranks is nowhere greater than in that city. We would not say anything to detract in the least from the earnest efforts which have already been made towards the establishment of a college there, yet it cannot be denied that, for certain reasons, whether just or not, this institution has not commanded the full confidence of the profession, who, for the last two or three years, have watched with interest the effort which has been made to remedy its defects. It is uncertain how far this would have been successful, had it not been for certain irregularities on the part of the college last year, which so aroused the whole profession in New York that an earnest and determined attempt was made to at once place the college in a proper position.

In order to make the change radical and complete, the whole of the old faculty were removed, and all the professorships declared vacant. Strenuous effort has been made to create a new faculty entirely unexceptionable; of men who would command the confidence and respect of the profession, and who would devote themselves to the success and welfare of the college. Though these labors have not yet terminated, yet the success may be judged by the fact that there is already on the list such names as Carroll Dunham, E. M. Kellogg, T. F. Allen, A. R. Morgan, F. S. Bradford, Henry D. Paine, S. Lilienthal, C. T. Liebold, F. A. Rockwith, Jno. C. Minor, and several others; while it is with unfeigned pleasure that we are able to announce that William Tod Helmuth, perhaps the most brilliant and successful surgeon of our school in this country, if not in the world, has consented to relinquish his honorable position in St. Louis, and remove to New York, where he will assume the chair of surgery in this college.

With such prospects, a new era dawns upon the New York College; and let each and every member of the profession, in New England

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and New York at least, do all in his power to aid the College by sending to it students of the best quality and highest attainments.

There should be a fund of at least one hundred thousand dollars raised to aid and suitably equip this College, and we doubt not it could be done if an earnest, generous movement were made in its behalf. If this were accomplished, the public and the profession would soon find themselves trebly requited, both by the quality and quantity of thoroughly accomplished physicians which the College would furnish. Who will make the first movement in this direction?

THE MASSACHUSETTS MEDICAL SOCIETY. — It is not a little remarkable that two of the medical journals published in Boston should each have had in press at the same time an article in relation to this Society which, though taken from entirely different standpoints, were very similar in character. The editorial in the *Boston Medical and Surgical Journal* was carefully, even cautiously written, and was headed, "A Resolution without Legal Force." After giving a lengthy extract from the by-laws of the Society explicitly stating the method to be pursued for trial and expulsion of members, it says: —

"This is the only machinery now existing for expulsion, and its forms must of course be strictly complied with. It will be observed, first, that it applies only to individuals, and cannot be brought to bear upon bodies or classes of members. It is John Doe, the individual, and the practitioner of an exclusive dogma, who is to be thus indicted, and not a class, whether homœopaths or other practitioners; and, secondly, John Doe is to be subjected to a prescribed form of trial; of course, the resolution before quoted is wholly nugatory and falls to the ground. Nobody doubts that it expresses the sentiments and wish of a large majority of the Society. But grave doubts have always been entertained as to the expediency or possibility of accomplishing the desired end. It was remarked at the meeting in question, by Dr. Corless, a delegate from the New York State Medical Society, that that body had abandoned any attempt to get rid of homœopathic practitioners, and contented itself with overlooking their existence. This has hitherto been the policy of the Massachusetts Medical Society. Unable to get rid of them, it has avoided giving to them the benefit of opposition or martyrdom; and this, we think, will be still found, on the whole, the best policy under the circumstances."

After explaining the qualifications required for membership by the preamble, charter and by-laws of the Society, he finds nothing which can exclude a man from membership because his opinions differ from

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the majority, and cites the memorable case of "*Barrows* vs. *The Massachusetts Medical Society*, 12 Cushing's Reports, p. 402," in which the subject of homœopathy "was not passed upon by the court."

The often repeated story of "your bull" is brought to mind, and the editor pertinently asks: —

"If the homœopathists should at any time obtain a majority of the Society, would it be thought reasonable, and within their legal powers to exclude or expel all other practitioners?"

He then very justly says: —

The Society may properly exact from the candidate a certain amount of knowledge in a certain direction, but it cannot arrest the knowledge at that point. It is not responsible for what the admitted candidate may add to his knowledge, nor for what he may choose to do with it afterward. He may practise veterinary surgery, house painting, or homœopathy, and, if we are right, the Society cannot control his course in this respect. If he practises homœopathy dishonestly, the matter of dishonesty and not of homœopathy is then in question. Let any member of this Society imagine himself to be prosecuted for damages, claimed by another member of the society who had been expelled for his homœopathic practice. Let the supposed defendant peruse the first paragraph of our charter, which alone indicates the motive and purpose of the legislature who granted it, and maturely consider upon what ground he would defend himself. Or let him actually go to the present Massachusetts Legislature, and ask them what peculiar views of medical practice they originally intended or profess now especially to indorse. Really we are led to the conviction that the less we meddle with this whole subject the better off we shall be."

This is plain, straightforward language. The editor, evidently, is not prepossessed in favor of homœopathy, yet his sense of justice and propriety far outweighs his prejudices. But there are members of the Society not so just nor so temperate, — men who have denounced homœopathy as arrant quackery which could not last a single decade. Yet a half-century has passed, and though they have laughed at it, lectured about it, legislated against it, and finally ignored it, still it has gone on steadily increasing in the number of its adherents and in the influence it exerts upon the community.

It makes little difference to us what course they pursue. If they ignore us and let us alone, then, unannoyed by their puerile and foolish spite, we shall go on quietly and efficiently, curing our patients and doing our best to improve the science of medicine. If they wish to expel us, and annoy and persecute us by every means in their power, they may be sure that the reaction will be upon their own

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heads, and that the sympathy and the patronage of the public will be more than ever with us. There can be no doubt in regard to this latter point. History repeats itself. The very city which expelled Hahnemann now possesses the only bronze statue ever erected to him. New York, which did so much to persecute Gram and his associates, has now a larger proportion of homœopathic physicians than any other city. Let the Massachusetts Society, then, following the lead of a few crazy-headed members, expel us, or do anything of the kind which pleases them, and our future prosperity, increased thereby, shall entitle them to a vote of thanks for it. But if wiser counsels are to prevail, let them carefully consider the character of those whom they propose to ostracize. As we said when speaking of this subject some years ago: *—

"Of these [sixty or more] homœopathic members, I may safely assert, there is scarcely one who has not carefully conformed to all the rules and regulations of the Society, and sought to increase its influence and elevate its standing. Never have they introduced subjects which would produce discord, or lead to acrimonious discussion; nor have they sought, in any manner, to obtrude their own favorite doctrines upon the Society; but for more than twenty years, with gradual increasing numbers, they have been faithful members of the Society and of the profession, earnestly searching for every improvement in the art of medicine, and quietly obtaining, in the daily round of practice, — that sphere of the true usefulness of a physician, — new confirmation of the truth of the great law of cure. By facts and proofs, rather than by theory, they have sought to gain the attention and confidence of their brethren; and this has slowly but steadily been given."

There can be no question as to the success of homœopathic practitioners; it is the duty of every member of the Society to know upon what basis this success is founded. During the sixteen years of our membership, no homœopathic member has been invited or even allowed to relate a case or express an opinion in the Society on the subject with which he was best acquainted. Now, since the allopaths are unable to bury these members, or even to keep them out of sight, we suggest that the Society should use them for its own education and improvement. Let it at the next meeting appoint committees composed of these same homœopaths, to report upon, —

* Annual address before the Massachusetts Homœopathic Medical Society, April 10, 1861.

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First, The Principles of Homœopathy.

Second, Cases treated Homœopathically.

Third, The Advantages which Homœopathy has been to the World.

Let these committees be judiciously selected, and when the Society shall have heard these reports, we will then be ready to again consider the question of our expulsion.

CORRESPONDENCE.

CLIMATE OF FLORIDA.

NEW YORK, June 25, 1870.

MR. EDITOR: In a letter from Florida, last November, soon after I reached Jacksonville, I promised to let your readers hear from me again in regard to the climate and its effects upon invalids. But the longer I remained, and the more I saw, the less inclination I felt to take the responsibility of either encouraging or discouraging those who might think of going South in search of health.

This much I will say, at the outset: if I have heretofore been cautious about recommending patients suffering from serious diseases of the lungs or air passages, to go South, I should be doubly careful hereafter. To die among strangers at a hotel or boarding-house, far from home and the comforts to which one has been accustomed, is terrible. Among those who went South last fall and the first part of the winter, there were quite a number of deaths; some, I had every reason to think, died sooner than they would have done had they remained at home.

As to the climate in Florida. We reached Jacksonville on the 10th of November. It was too early in the season; for Mrs. Ellis was taken, after a few weeks, with the premonitory symptoms of intermittent fever, which finally developed in the form of a well-marked intermittent neuralgia of the head, and she had been nowhere else where she would have been likely to have contracted this disease. Another case, one of well-marked ague, occurred within my observation; the patient reached Florida about the same time we did, and had had no previous exposure to miasmatic poison. Until nearly the last of November there is undoubtedly some danger from miasm. The weather from Nov. 10th until Dec. 20th was most delightful, equal to the best days of September at the North. Afterwards, it was very variable, occasionally the changes were sudden, and even extreme: in one instance from freezing point at daylight, to over 80° Fah. at 1 P. M. There were perhaps not more than half a dozen frosty nights, and only one when we noticed that ice a quarter-inch thick had formed. Cloudy and rainy days frequently alternated with pleasant weather, and sometimes cold and windy weather would continue for several days. The nights were always damp and chilly. It is perhaps but right to say, that it was the general remark of citizens, that last winter was the most changeable, and the worst they have had for

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many years; still I had some doubts on this point; for occasionlly an individual thought the winter about as usual.

Colds, sore throats, and hoarseness were quite common, also rheumatism, although I think these diseases were not quite so severe and obstinate, as a rule, as at the North. Several consumptives contracted severe acute bronchitis, either on their journey, or soon after they reached there; one of these, a man somewhat advanced in years, died within two weeks after his arrival. Patients often seemed to do well for a time; then, from change of weather, or some other cause, their symptoms would be seriously aggravated.

Upon the whole, I am obliged to confess that I was disappointed in the climate; it is too changeable, and invalids were not as generally benefited as I expected they would be; quite a number of mild cases of chronic catarrh, sore throat, laryngitis, and bronchitis, were certainly benefited, and some cases of asthma, but by no means all of the latter, or even of the former; for some cases seemed to rapidly grow worse. I do not think that many patients with tubercular disease of the lungs, were benefited; some were apparently injured by the climate. I certainly can advise no one who is suffering from consumption in an advanced stage to go to Florida; no one especially who has not the strength and energy to spend most of his time exercising in the open air. If patients are to stay in the house, they had much better be at home than at the South, for they have better food and shelter here than there. About the only advantage the South has over the North, as a winter residence for invalids, lies in the long days of sunshine, and a climate so mild that patients may live out doors most of the time, if they have the mental and physical ability.

St. Augustine is a pleasant, quaint old town, and the atmosphere is much more bracing than at Jacksonville. It is just the place for a winter residence for a large class of patients, especially those suffering from nervous diseases, dyspepsia, debility arising from physical or mental overwork or indolence, and in fact for most cases of chronic disease, with, perhaps, the exception of rheumatism, and of cases in which the sea air is too irritating to sensitive lungs or air passages.

A majority of the patients who visit Florida spend the winter on the St. John's River, either at Jacksonville, Green Cove Springs, Pilatka, Enterprise, or Mellonville; but the atmosphere on the banks of this river is too damp and chilly, and I am satisfied that a large portion of them would do much better in Middle Florida, or back from the river. So far as I am able to judge, Pilatka is about the best place for invalids on the river.

As soon as there are accommodations or hotels, and the country becomes accessible, the lower portion of Indian River Country, or even Biscayne Bay, in the extreme southern part of the peninsula, will, as I have every reason to think, be found far preferable to the northern part of Florida for invalids, especially for those suffering from diseases of the respiratory organs; for the climate is milder, and the atmosphere less chilly.

For those who are comparatively well, but who desire a few weeks relaxation from business, or to escape the severe weather of February

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and March, I know of no excursion equal to that to and through Florida. The mild climate, the wonderful rivers and springs, the moss-laden forests, and the orange groves — so different from anything seen at the North — will well repay the tourist. Not that his expectations, however moderate, will always be realized; so far as fertility of soil, improvements, and the enterprise and industry of the sparse population are concerned, he will often be disappointed; and he will long for green fields, or well-stored barns, as he eats their poor or lean beef, from cattle pastured in the edges of the river, feeding with their heads plunged beneath the surface of the water up to their eyes.

But this communication is already too long.

Very respectfully,

JOHN ELLIS.

A CORRECTION.

IN the last annual report of the Proceedings of the American Institute of Homœopathy (1869), the undersigned is reported to have said, in the course of the discussion of a case of gold-poisoning related by Dr. J. Heber Smith, of Melrose, that: "in dealing with a case of poisoning, we are not to depart from homœopathic principles. What we want is not a chemical antidote to the poison, but a similimum to the symptoms. We can have no other guide." The undersigned trusts that his professional brethren will not consider him guilty of intending to express such an absurd opinion; what he meant to say, and believes he did say, was, that in a case of chronic poisoning, in which the poison itself is no longer present or doubtful, as in the case reported by Dr. Smith, the remedy may be discovered under the guidance of the homœopathic law; that remedy will not necessarily be the *chemical* antidote to the poison. In a *doubtful* case we can have no other guide.

The use of the real chemical antidote, if such exists, in a recent case of poisoning, is, as a matter of course, no subject of dispute.

C. WESSELHOEFT.

BOSTON, July 20, 1870.

REPORTS OF SOCIETIES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Report of Annual Meeting at Chicago. *Continued from page* 350.

SECOND DAY. — WEDNESDAY MORNING.

The Institute met at 10 A. M., the President in the chair.

BUREAU OF MATERIA MEDICA.

W. Williamson, M.D., from the Bureau of Materia Medica, reported the following papers: —

A Fragmentary Proving of Ptelea Trifoliata; by W. Williamson, M.D., Philadelphia, Pa.

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Provings of Lilium Tigrinum; by W. E. Payne, M.D., Bath, Me.

Confirmed Symptoms of the Materia Medica; by C. Wesselhoeft, M.D., Boston.

Provings of Bromide of Potassium, Bromide of Ammonium, and of Sanguinaria Canadensis; by E. M. Hale, M.D., Chicago.

Proving of Hydrate of Chloral; by W. Eggert, M.D., Indianapolis, Ind.

Doses Used in Making Provings; by J. P. Dake, M.D, Nashville, Tenn.

Dr. Williamson read his paper on Ptelea Trifoliata.

Dr. W. E. Payne read the paper of Dr. Wesselhoeft. It suggests that the proving of new drugs is of less importance than the confirmation of old symptoms. It is much easier to note new symptoms than to confirm old ones. He objects to the use of drugs not thoroughly proven. It is recommended that the initials of the confirmer be placed after each symptom, so that he alone may be responsible. Dr. Wesselhoeft selected the following for confirmation: *Lyc.*, *Sepia*, *Sulph.*, *Alumina*, *Squil.*, *Bry.*, *Kreas.*, *Nux*, *Sabina*, *Sambucus*, *Bell.*, and *Hydrate of Chloral.*

Dr. Payne then read his paper on Lilium Tigrinum, and gave cases illustrative of its action in prolapsus, and other diseases of the sexual organs.

Dr. Hale read his papers on the Bromides of Potassium and Ammonium.

COMBINED ATTENUATIONS.

Dr. Dake read his paper on "Doses used in Making Provings." He recommended making provings with high and low attenuations combined

C. H. Haeseler, M.D., of Pottsville, felt very much gratified with the paper just read. He could not clearly understand the *modus operandi*, but would try this combination of various potencies and prove them. He professed to be a homœopathist, — sincerely and honestly, conscientiously and scrupulously so, — but never had been able to produce indubitable, absolute symptoms, in healthy persons, by attenuated doses, though he had tried them honestly and repeatedly many a time. Suspecting a good deal of imagination in the symptoms, he placed most reliance upon the results of large doses. When we give a large dose to a person in health, and produce symptoms of sickness, it is in conformity with the law of *similia*. It does not follow that we must give large doses to relieve symptoms. Attenuated doses are antagonistic to symptoms, and large doses are those which produce symptoms. Large doses make people sick, and small doses make them well.

Dr. Morrison felt a deep interest in this subject. The paper which Dr. Dake has read is not altogether new, but it is very difficult to conceive its just merits. He could not understand why the two hundredth potency, united with the hundredth and the fiftieth, should produce symptoms essentially different from those of either one of them separately. If there is any law by which drugs will cure disease at all in attenuation, it is the law by which the minute particles in those

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high attenuations are capable of entering into more minute relation with the ultimate structure of the body; and if we are capable of getting symptoms from the combination of different potencies, why are we not able to cure disease more efficiently and more readily by combining these same potencies in the cure of disease? If we get the full proving from the two hundredth attenuation, why is it essential to unite any attenuations below it? He doubted the fact, and believed it an error to depend wholly upon the proving of drugs in their crude form. There is a great amount of speculation, a great amount of theorizing with this principle of Materia Medica, and it is very doubtful whether this combination has any influence whatever.

G. W. Bowen, M.D., Fort Wayne, Ind., had given the first, second, third, and sixth attenuations in combination, and obtained remarkable effects.

EARLY APPOINTMENT OF BUREAUS.

Dr. James offered the following resolutions, which were adopted: —

Resolved, That each new Bureau, respectively, shall be appointed immediately after the business and discussion of the Report of the past year shall be ended.

Resolved, That the Chairman of each Bureau shall call it together after such appointment, before the end of the Annual Meeting, to arrange its work for the year.

CORNER-STONE OF HAHNEMANN MEDICAL COLLEGE.

The Institute adjourned to the site of the new Hahnemann Medical College, where the corner-stone of the building was laid with appropriate ceremony.

A. E. Small, M.D., President of the College, stated the object of the gathering.

Rev. Dr. Jennings offered prayer. A copy of Hahnemann's Organon, of each of the daily papers of Chicago, of the Proceedings of the last Session of the Institute, of the College Announcements for each of the last ten years, of the *Daily Investigator*, and other documents relating to the science of homœopathy, were deposited in the corner-stone, which was then put in its proper place. After a brief *resumé* of the history of homœopathy in Chicago by Dr. Small, the party adjourned to the building which will hereafter be known as the "Scammon Hospital," where was found an abundant collation. Brief addresses were made by the Hon. J. Y. Scammon, H. M. Smith, Esq., one of the trustees of the College, Dr. Holt, of Lowell, Mass., and others.

Wednesday Afternoon.

HOMŒOPATHIC DISPENSATORY.

Carroll Dunham, M.D., Chairman of the Committee on a Homœopathic Dispensatory, read the report of the committee, which recommended that the labor of preparing a Homœopathic Dispensatory, in case the Institute order the work, should be confided to a committee

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of nine, to be appointed by the Institute; and that, as far as practicable, the new committee be selected from contiguous cities and States.

The Report was adopted.

It was voted that the committee should consist of the present committee, with two other members of their own selection.

Dr. Haeseler suggested that the Institute should first consider the cost of publishing such dispensatory.

Dr. Lilienthal thought that, even if the dispensatory cost $25, every physician would willingly expend that money to have an authorized work. Our students complain frequently at our lectures that a thing from one pharmacy is light, and from another the same article is dark. Could we have that dispensatory to go by, and see how the preparation is made, and how it should look after it is prepared, it would be worth ten times the price. This committee have worked faithfully the past year; the least we can do for them is to honor them, and beg them to keep on steadily in their efforts, and we may be sure we will have then a work which all physicians will acknowledge as authority; and thus homœopathy will be raised higher than it ever yet has been. Let it cost what it may, give us the work.

On motion of Prof. Ludlam, it was —

Resolved, That the Institute order the preparation of a Homœopathic Dispensatory, to be submitted to the Institute before publishing.

The President re-appointed the same gentlemen as the committee, leaving them to select the two additional members.

BUREAU OF OBSTETRICS.

Dr. Ludlam, of the Bureau of Obstetrics, reported the following papers: —

The study of Diseases of Women as a Specialty; by R. Ludlam, M.D., Chicago.

On Obstetrics; by H. N. Guernsey, M.D., Philadelphia.

Uterine Polypi; by J. H. Woodbury, M.D., Boston.

Hour-glass Contractions of the Uterus; by E. M. Kellogg, M.D., New York.

Mental Influences on Maternity; by O. B. Gause, M.D., Philadelphia.

Spontaneous separation of the Os Pubis in Labor; Atrophy of the Mammary Glands and Soreness of the Nipple, the Result of Injudicious Toilet; Injuries of the Nipples, the Result of the so-called Hardening Process; by J. C. Sanders, M.D., Cleveland.

A Case of Ovariotomy; by Wm. E. Saunders, M.D., Cleveland, O.

A New Vectis; by G. H. Bowen, M.D., Ind.

Case of Prolapsed Vagina; by J. B. Hunt, M.D., Columbus, O.

METRORRHAGIA.

Dr. Guernsey then read his paper.

G. F. Foote, M.D., of Middletown, N. Y., would like to demur to a portion of this paper. We have heard a good deal said about common sense, and following the strict rules of Hahnemann. In this

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instance, the treatment was neither common sense nor strictly in accordance with the rules of Hahnemann. He tells us that he gave *Crocus* every half hour, after he had given the *Crocus* till his patient flowed no more. Why did he repeat this medicine every half hour, after the first impression? We frequently repeat our medicines too often, and continue them too long. Once he was called, in consultation with Dr. Guernsey, to a lady suffering with cholera. The remedy was administered and amelioration immediately followed. The patient seemed to be better for five or six hours, and at the end of that time there was some return; the medicine was repeated, and the patient died.

J. D. Craig, M.D., of Niles, Mich., was called to a case where a woman had aborted a few hours before; she was flowing terribly. The placenta was found in the os; it was dislodged, and the patient flowed no more. Was not the cure as good treatment and much better common sense than if a small dose of medicine had been given?

Dr. Pearson would like to inquire of Dr. Craig what he would have done in case it was not in the os, and he could not have reached it with his fingers or with an instrument?

Dr. Craig would have given her some medicine, or done the next best thing.

Dr. Guernsey accepted Dr. Foote's castigation most heartily, but he has made it a rule, where hæmorrhages are so fearful that they threaten to run a patient's life away very quickly, to repeat the medicines frequently, until there is a change for the better.

Dr. James. In a class of cases of uterine hæmorrhage, the result of abortion caused by men who are no more nor less than murderers, is the physician to use remedies only, or is he to use the tampon?

Dr. Guernsey has been disappointed by mechanical means so many times that he has given them up. He sits down to examine the condition of the patient. He then gives the appropriate remedy.

In regard to abortion, which, in the third or fourth month, is the worst thing in the world according to the old practice, experience has taught him a better course. He has relied on the homœopathic remedy in these cases, and has succeeded much better; all will who take the same course.

Dr. Morrison was called to see a lady who had miscarried. She had flowed one large vessel full of blood, and another vessel, of the same size, two-thirds full. She was pulseless, could not speak, nor see. Still she continued to flow. What was he to do? He used the tampon, and saved her life. The next morning he removed the placenta. I know a physician that believes in Dr. Guernsey's method of treatment; one woman died on his hands, who might have been saved by more rational treatment. I believe the error is in taking any one standard, and treating all cases under it alike. There are extremes in these cases, and we must govern ourselves according to the exigencies of each case. *Ergot*, with me, has been more effective than any other remedy in expelling retained placenta.

Dr. Morse thought we should not say that any patient would have died, or would have lived, under such and such treatment. The

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issues of life and death are in other hands than ours. If we believe *Ipecacuanha* will avert the hæmorrhage, let us give it. If that does not do it, take the impression you have, and believe it the voice of God. Act on it, and do not say, if the patient dies in other hands: "If I had been there, the patient might have been saved." It was not so to be. I thank God, daily, that the issue is not in my hands.

Dr. Morrison does not understand the importance of education if we are to trust everything to Providence, and charge all our ignorance and its results to the interference of Providence.

If a man severs the radial artery, common sense tells us that compression must arrest it, and if we allow that blood to flow, death is inevitable. Now, if the cavity of the uterus is sufficiently large, death will ensue, as well in this instance as in the other; but when the cavity of the uterus is small, and when we arrest the hæmorrhage by physical means, and a clot is formed, death is prevented.

This is common sense.

Dr. Morse said that we should do everything and anything that we are prompted to think would save the life of the patient, whether it is the two hundredth potency or the tampon. But when that life has passed away, let us not say that "I could have saved it." You cannot defeat the Almighty. Some must die. The time is appointed.

T. P. Wilson, M.D., of Cleveland, thought we were getting a little more theology than medicine, and moved that the discussion upon this subject be suspended. Motion seconded and carried.

Dr. Woodbury not being present, his paper on "Uterine Polypi" was referred without reading.

Dr. J. C. Sanders suggested that his paper on "Spontaneous Separation of the Os-Pubis in Labor," be referred without reading.

INJURY TO THE MAMMÆ.

Dr. Sanders read his paper on "Atrophy of the Mammary Glands and Soreness of the Nipples, the result of Injudicious Toilet."

E. M. Hale, M.D., of Chicago, was more than usually pleased with this paper of Dr. Sanders. Within the last year or two his attention has been particularly called to this class of affections, namely, atrophy of the mammary glands, with the corresponding damage done to the nipple by the devotees of fashion. His experience has been, not that women wish to hide these organs, so much as has been generally supposed, but that they wish to disguise their appearance. Young girls, taking the fashion from other young girls, and wishing to disguise the peculiar quivering appearance of the breasts, would apply heavy towels, canvas — any hard substance — bind it very tightly, so as to give the outlines of the chest a hard and round appearance. Of course the nipple is crowded back into the substance of the gland, and wherever there is pressure there is absorption. In one case, an otherwise very finely moulded woman, after confinement experienced the most severe pain in both breasts, as if they were tearing asunder. The mammary glands were hard-

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ened and irregular, and presented none of that elastic feeling which they ought to have. The nipple, instead of being counter-sunk in this case, was absolutely flattened out by extreme pressure. The consequences were terrible; the breasts suppurated, and the woman was utterly unable to nurse her child.

In this case no medicine can do any good whatever. Here Dr. Guernsey's illimitable faith would certainly fail, because there is a mechanical trouble. The mammary ducts are adherent by their sides, with their canal obliterated, and we know of nothing which can distend the milk-duct when it is once in that condition. Counter-sunk nipples may be drawn out with a pump before any milk commences to secrete, and sometimes for weeks before labor sets in, and an india-rubber ring may be applied around the nipple while it is drawn out.

Dr. Holt is inclined to think this abuse may be a fashion at the West, but does not believe it is in New England. He thinks we must do something to keep up the health of the upper class of our people. The case of Dr. Hale will probably prove, sooner or later, to be a person of scrofulous constitution.

Dr. Guernsey said that the address of Dr. Dunham certainly did him a great deal of good. He could very well afford to let the wheat and the tares grow up together, and felt sure that his opinion must ultimately prevail.

Dr. Scales would like to ask whether these papers are simply to be published, or revised?

The President replied that they are subject to the action of the Committee of Publication.

Dr. J. C. Sanders then read his paper on "Injuries to the Nipples, the Result of the so-called Hardening Process."

He spoke of the practice of using stimulants and astringents for the purpose of hardening the nipples. By such application, and rubbing, the nipples are made sore, if not by friction, by closing the pores, producing a dry feverish condition of the nipples, and perhaps checking the free flow of milk. He cited a case of an abundant secretion of milk, but without an outlet, the result of this practice.

Dr. W. E. Saunders then read his case of ovariotomy, illustrated by a tumo. It was referred.

NOMENCLATURE.

Dr. Williamson, from the Committee on Nomenclature, stated that their report was printed. The report was adopted by the Institute, and the committee discharged.

Adjourned.

WEDNESDAY EVENING.

The members of the Institute and their ladies assembled, by invitation, at the residence of Hon. Thos. Hoyne, where very pleasant hours were passed in social intercourse. A large collection of microscopes, with some interesting specimens, was a very attractive feature of the evening's entertainment.

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Third Day. — Thursday Morning.

The Institute was called to order at 10 A.M., by the Vice President, J. J. Youlin, M.D., of Jersey City, N. J.

CLINICAL MEDICINE. — ADDITIONAL REPORTS.

Dr. S. M. Cate read Dr. Holcombe's paper on Hecla Lava. It consists chiefly of a letter from J. J. G. Wilkinson, M.D., of London.

He has used it with benefit in myalgia, where the intercostal muscles were most affected. It gave prompt relief in great pain in the cavity of recently extracted teeth. It cures cases of exostosis of the maxillary bone, chronic headache, white-swelling, syphilis, facial neuralgia, and diseases affecting the bony structure.

Dr. Cate also read Dr. Holcombe's paper on Bufo in epilepsy. It cured several cases. He found the two hundredth attenuation of the most value. He believed it the most promising remedy for epilepsy.

Dr. Cate also read a report by Dr. Gallupe of a severe case of carbuncle. He used slippery-elm poultices and tincture of *Hydrastis*, and gave internally, six pellets of *Anthracin* every four hours. The cure was most rapid.

The following papers were read by title and referred. Dr. Kenyon, On Typhoid Fever as it appeared in Buffalo in the Winters of 1869–70; Dr. Lilienthal, On Diseases of the Optic Nerve from Cerebral Affection; Dr. Gallupe, On Clinical Cases; and Dr. F. Hiller, of Virginia City, Nevada, On Vaccination and its Consequences.

Dr. R. Ludlam read an invitation from Aitken & Fuller, for the members to visit the Art Gallery. The invitation was accepted with thanks.

The Secretary read a communication from the American Institute of Pharmacy, notifying the appointment of delegates to confer with the Committee on a Dispensatory; and the Committee were instructed to confer with this delegation.

A banquet at the Tremont House, given by the homœopathic physicians of Chicago, at 8 o'clock, P. M., was announced.

The Committee on the President's Address reported, recommending the creation of a Bureau of Psychological Medicine; that the Bureau of Registration and Organization be requested to continue their work till every Homœopathic physician in the Country is enrolled; and that the President appoint an assistant to the Bureau from a central point in each State.

Dr. McManus would not think it proper for the American Institute of Homœopathy to publish under its sanction, a registration of all the homœopathic physicians of the United States, outside of the membership of this Institute.

The Report was referred to the Bureau of Organization, Registration and Statistics.

THE WESTERN INSTITUTE OF HOMŒOPATHY.

L. E. Ober, M.D., of Lacrosse, Wis., announced that at the annual meeting of the Western Institute of Homœopathy, held in this city

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last May, it was resolved that the Institute accept the terms proposed by the American Institute of Homœopathy for the consolidation of the two Associations, and modify the same only so far as to refer the names of those not now members of the American Institute, to the Board of Censors for examination, and to remit the initiation fee to those transferred from the Western Institute. The papers, the list of the members who have paid, and the funds, $73.59, are in Dr. Ober's hands.

Dr. Ober, on motion of Dr. Talbot, was requested to pass the archives of the Western Institute into the hands of the Secretary of the American Institute; the Treasurer was empowered to receive the funds of the Western Institute, and its list of members was referred to the Board of Censors.

LIGATION OF THE FUNIS.

Dr. Haeseler made a verbal communication on Ligating the Funis. He has discontinued this practice for six months, and, as he thinks, with benefit, as the babes have suffered less with colic and jaundice. When pulsation ceases, or just before, he cuts it with sharp scissors, some three inches from the body. About a tablespoonful of blood is lost. The cord dries up very finely.

Dr. Morrison was pleased with Dr. Haeseler's remarks. In one case he had cut the umbilical cord about two or two and a half inches from the body, and then removed, by stripping, all the blood that remained in it. He then took a pledget of cotton, folded it, placed the cord in the fold, compressed it with a bandage slightly, and laid it upon the abdomen. He had no more hæmorrhage of any importance, but as for the colic, it had been most terrible in this child.

Dr. James agreed with Dr. Haeseler, so far as cutting the cord and allowing the blood to flow out. He thinks it is an advantage to the child; but he would not leave the child to the risk of subsequent hæmorrhage, without tying the cord before leaving the house. In one case, the child was a very troublesome youngster, and cried a great deal, evidently from pain somewhere. He thought it was colic.

BUREAU OF SURGERY.

Wm. Tod Helmuth, M.D., Chairman of the Bureau of Surgery, announced that he had in hand the following reports: —

Arrest of Arterial Hæmorrhage and Cure of Aneurism by the Flexion of the Joints; by C. T. Liebold, M.D., New York.

Improvements in Surgery; also a New form of Fracture Splints; by B. W. James, M.D., Philadelphia.

Surgical Cases from Practice; by N. Schneider, M.D., Cleveland.

Congenital Talipes Varus; by L. H. Willard, M.D., Allegheny City, Pa.

Surgical Cases; by James B. Bell, M.D., Augusta, Me.

On the Improvements in Surgery, and Clinical Cases; by G. D. Beebe, M.D., Chicago.

Resection of the Knee Joint; by Wm. Tod Helmuth, M.D., St. Louis.

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Iridectomy, instead of Extraction, in some cases of over-ripe Cataract; by T. F. Allen, M.D., New York.

Surgical Cases in the Clinic of Hahnemann College of Philadelphia; by Malcom Macfarlan, M.D.

Adjourned to a collation in the St. James Hotel.

Thursday Afternoon.

SURGERY, CONTINUED.

Dr. Liebold read his report on Arrest of Hæmorrhage by Flexion of the Joints.

OSSIFICATION OF THE CHOROID.

Dr. Liebold exhibited three eyes, extirpated in the Ophthalmic Hospital in New York City. In each of the eyes, bone had formed; and a section prepared for the microscope will show that it is true and veritable bone. The first eye belonged to an Irish girl, nineteen years of age. When five years old she had small-pox, by which her right eye became entirely blind. She came to the hospital with a very severe affection of the choroid and also of the cornea. A proposition to take the diseased eye out was made after six months' useless treatment. She consented in a moment, and the same afternoon it was removed. Dr. Allen made a microscopic specimen, and we found that bone had formed from the inner side of the choroid, leaving a small opening for the optic nerve to enter. It was formed like a cup with a hole in the bottom. In some parts it was thin, and in other parts it was over two lines thick.

After fourteen years of trouble with a diseased eye in her head, the sound eye had become inflamed, from sympathy, doubtless, and it was entirely incurable until the diseased eye was removed. It is now well.

The second case was that of a soldier, who was wounded at the battle of Antietam. He came to the hospital in 1869, with one eye very much diseased, and a pain in the other. The eye was wounded by a spent ball; it inflamed and was totally lost. The shell of bone in it was about five lines by four.

The third eye was that of a student of Harvard College, who was injured, when a child of about eight or nine, by a stick of wood thrown by a comrade; it resulted in his losing the sight of the eye. There was only a very small scale of bone formed in it. This formation of bone has been observed before by many others, but it is in only very recent times that it has been known to cause the sympathetic affection of the sound eye.

Of course there is no medicine that will remove it; the only way is to remove the diseased eye.

S. B. Parsons, M.D., of St. Louis, had found a subject in the dissecting room, a German who had been a bar-tender in one of the beer saloons of St. Louis. An eye had been diseased, and evidently for a long time. The cornea was entirely gone. There was no iris whatever to be seen, and nothing but a hard, osseous mass, which had

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the shape, precisely, of a vitreous humor. It was about five or six lines thick in the posterior part, and in the anterior borders or edge it was not more than two lines, with a small cup-shaped cavity, which resembled somewhat the anterior part of the vitreous humor, in which rests the crystalline lens. There was a small hole through the posterior part not larger than the head of a very small pin.

VULCANITE SPLINT.

Dr. James presented his new form of fracture-splints, applying one by way of illustration to the arm of one of the members. The idea is to do away with bandaging. The material is vulcanite rubber. By holding it over a lighted candle, or by subjecting it to the heat of a stove, you soften it so that it will bend in any direction. By plunging it into cold water it is set immediately. You can give it the proper curves almost immediately, after having had a little experience. It requires a good heat; that of hot water, or of gas, or of a pretty hot fire.

You take two corresponding splints, with a series of holes along each edge, and lace it up like a shoe, taking care to put in between the arm and the splint the material used for dressing wounds; gun-cotton answers better than raw cotton.

The reports by Drs. Schneider, Willard and Bell, were referred without reading.

TORSION AND CATGUT IN OVARIOTOMY.

Dr. Beebe would like to call the attention of the Institute to the operation of ovariotomy. It is well known that the success of ovariotomy depends largely on the treatment of the stem by which the tumor was attached. He proposes to dispense with the clamp, and also with the ligation of the pedicle, using torsion instead; the same process may be applied to any vessels which traverse the broad bands of adhesion. He has tested it in two cases, where there were not extensive adhesions but large pedicles, and with the most gratifying success. The pedicle was severed, and then the vessels were seized and twisted until they were thoroughly lacerated in their coats, and were found then to close. Having closed all vessels that were bleeding, the stump is returned into the abdomen. This obviates very largely the dangers and hazards of the operation.

Next to this he would prefer ligature of catgut, taking an ordinary violin string which had been soaked in strong carbolic acid in which should be oil enough to dissolve it. The catgut may be thus kept always ready for use; its strengh is not at all impaired. It is cut off short, and returned to the abdomen, as though no ligature were applied. After a few days this animal tissue will soften and disintegrate, or otherwise be penetrated by blood-vessels, and finally changed to living tissue. There is no necessity of its being sloughed or cast off in any way. It becomes either animal tissue or is dissolved.

Dr. Beebe then exhibited some improved instruments for staphylorraphy. He resorted first to tracheotomy as the first step in staphylorraphy in the young child.

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Dr. Beebe also cited an interesting case of rectocele, where a strip was cut out of the posterior vaginal wall. The part enclosed was about two and a half inches in its widest part.

THE INTERESTING HERNIA CASE.

Dr. Beebe exhibited a pathological specimen, resulting from an operation in the case of hernia last July, concerning which there have been many misstatements. Having removed about five feet of intestine from his patient, she went to her home in Central Illinois, and completed her term of pregnancy. She was delivered in December of a healthy female child, and has since continued in good health, nursing her child. It has been stated that the patient died, in various ways and at various times at and since the operation; but a few days since, she was still in the enjoyment of good health.

Dr. Helmuth had heard that the patient died four days after the operation; the assertion was coupled with an innuendo, throwing out the suggestion that the case was one of death from excessive use of chloroform.

On motion of Dr. Talbot, Dr. Beebe was requested to make a full written report of the case, to be referred to the Committee on Publication.

Dr. Helmuth then read his paper on Resection of the Knee-joint. On motion it was referred.

Dr. Franklin has used bran saturated in *Carbolic acid* several times in similar cases, and has never found maggots in wounds where it has been employed.

Dr. Franklin presented a paper on Injuries of the Soft Tissues of the Head and Cranial Arch. It was referred to the Publishing Committee.

ON EXCISION OF THE LOWER JAW.

Dr. Franklin said: In the year 1868 I made use of some remarks reflecting upon Dr. Helmuth. Other remarks found their way into the Proceedings of the Institute for 1869. The remarks were in reference to the removal of a lower jaw by Dr. Helmuth, of which I spoke before the Western Institute on the same afternoon that the operation was performed, giving Prof. Helmuth due credit for the operation. It was not dissecting out the lower jaw, but the extraction of the bone, after it had been thrown out by nature, and lay upon the base of the ligamental jaw below. The operation was said to have been performed only three or four times in the United States. I supposed that Prof. Helmuth had reference, when this remark was made, to the removal of the lower jaw entire, in consequence of disease. In Dr. Helmuth's historical article in last year's Transactions, I have the utmost confidence, and I think he has done valuable service in extricating the history of this operation from the confusion that had surrounded it previously.

The operation of the extirpation of the lower jaw, in consequence of disease, I believe, has been performed less than a half a dozen times. So far he is right. But his operation was *extracting* the

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lower jaw, when freed from the adjacent tissues by natural processes, and lying, as it were, a spicula of bone thrown out by this natural operation.

Dr. Franklin added that the remarks that he made were not intended to reflect upon our worthy Secretary, Dr. Talbot, whom he esteemed highly, but they were in consequence of too great an importance given to an operation which is not that exceedingly difficult and dangerous one, the extirpation of the lower jaw.

Prof. Helmuth performed the operation well, and due credit was given to him for it before the Western Institute, and not only credit for performing that operation well, but for performing all operations well.

Dr Helmuth in reply said that he had not referred to his own operation as a difficult one, but had stated that extraction, or extirpation of the entire lower jaw was rare. His case was not a hard one. He had seen Dr. Franklin remove a part of the lower jaw, at the Good Samaritan Hospital for osteo-sarcoma, and he did it excellently well. It was a much more difficult operation than his own; and yet it was not the WHOLE JAW. Hundreds of surgeons would undertake to remove the entire jaw if they could get the chance; but it don't come once in a hundred times. He was the fortunate man that got the chance, and he had the bone in his possession now to show for it.

BUREAU OF ANATOMY, PHYSIOLOGY AND HYGIENE.

Dr. Dunham, Chairman, announced the following reports: —

Report on Anatomy. By S. B. Parsons, M.D., St. Louis.

Report on Physiology. By J. H. P. Frost, M.D., of Philadelphia.

Report on Optical Hygiene. By T. P. Wilson, M.D., Cleveland.

Report on General Hygiene. By J. J. Mitchell, M.D., Newburg, N. Y.

Report on Moral Hygiene. By Carroll Dunham, M D., New York.

Report on Alcohol. By C. Pearson, M.D., Mt. Pleasant, Iowa.

These reports, with the exception of that by Dr. Wilson, were referred without reading.

Dr. Wilson read his report on Optical Hygiene, and it was referred.

NECROLOGY.

The report of the Necrologist was presented and referred.

ORGANIZATION AND REGISTRATION.

H. M. Smith, M.D., of New York, of the Bureau of Organization, Registration and Statistics, reported that there had been obtained a partial list of the physicians and the history of homœopathy in some of the States. It was recommended that the by-laws be so amended as to provide for a Bureau of Psychological Medicine. Adopted.

The Committee on the President's Address was, on motion, discharged.

On motion of Dr. Dake, it was —

Resolved, That there be a standing Committee on Legislation, the duty of which shall be to look after and influence, as far as possible,

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all legislation, in the general Government, or any of the States or cities of the country, in anywise affecting the interests of homœopathy, or of its practitioners.

Dr. Dake had had the honor to be rejected as one of the examiners for pensions, simply because he was a homœopathist. Dr. Bull, from Buffalo, who was present, was likewise nominated for that position, and his case was yet held in doubt.

INSANE HOSPITAL.

H. N. Guernsey, M.D., presented the following resolution, which was adopted: —

Whereas, The Legislature of the State of New York, through the efforts of our colleague, Geo. F. Foote, M.D., has granted a charter with an appropriation of $150,000 to aid in building an Asylum for the Insane at Middletown, Orange county, N. Y., said sum to be paid when a like amount is raised from other sources; and —

Whereas, By the conditions of the bill granting such charter and aid, the officers and trustees of this Institution are to be of the homœopathic faith; and the treatment of the patients is to be in accordance with the principles of homœopathy, therefore, —

Resolved, That we recognize the importance of the first Homœopathic Asylum for the Insane in the world, and that we cordially recommend its establishment and support.

Dr. Foote stated that insanity is greatly upon the increase in this country, as well as in the old countries; that during the past year, in the State of New York, there have been 5,000 patients under treatment in the different asylums, besides some 2,000 incurables within the county poor-houses, and some 2,000 more who are under private management, or who have gone out of the State to other asylums for treatment; making, in all, about 9,000 insane people in the State of New York. Under the allopathic dispensation, about one-third are cured, from one-quarter to one-third die, and the balance grow into a chronic state of insanity. We cure more than one-third of those that fall into our hands under all the disadvantages of private practice.

Dr. Foote gave an interesting account of the passage of the bill. It passed without a dissenting vote, although there were five allopathic physicians in the assembly; those five all voted in favor of the bill. But the bill, after it had passed the lower House, was stolen and hidden three times — absolutely hidden and disposed of — and finally found hidden away before it was signed by the Governor. The bill was passed the last day of the session, and signed the last day. We have an appropriation from the State of $150,000, we have subscribed toward the Institution $60,000, and now only wait to get about $90,000 more, when we shall lay the corner-stone, and commence operations on the Asylum.

FINANCE.

H. M. Smith, M.D., presented the report of the Finance Committee. They recommended that the Transactions be furnished only to those who prepay their dues.

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FOREIGN CORRESPONDENCE.

C. Dunham, M.D., presented the report of the Committee on Foreign Correspondence, and recommended that the following gentlemen be elected corresponding members of the Institute, which was done.

Henry R. Madden, M.D., London, England;
Leon Simon, M.D., Paris;
Giulio Pompili, M.D., Rome;
Francis Goding, M.D., Barbadoes, W. I.;
P. G. Goyco Sabanitas, M.D., Porto Rico; and
Mahendra L'al Sircar, M.D., Calcutta, E. I.

Dr. Clarke, of the Committee on Medical Education, presented a paper, which was accepted.

On motion of Dr. Ludlam, the following additional reports were referred to the Bureau of Obstetrics:

A Case of Ovarian Neuralgia; by E. M. Ballard, M.D., Chicago.

On Cholera Infantum; by A. E. Small, M D., Chicago.

A Uterine Tumor cured by *Ustilago Maïdis;* by E. M. Hale, M.D., Chicago.

Dr. Hale then read his paper.

On motion of Dr. Talbot, the following resolution was adopted: —

Resolved, That the present Session of Institute be known as the Twenty-seventh Anniversary.

Dr. Guernsey, on behalf of the delegation from the State Homœopathic Medical Society of Pennsylvania, invited the Institute to accept the hospitalities of the old "Key-stone" and "Key-note" State, and meet in Philadelphia next June.

It was unanimously voted that the invitation be accepted, and that when we adjourn, we do so to meet in Philadelphia on the first Tuesday in June, 1871.

BUREAUS AND COMMITTEES.

The President appointed the following Bureaus and Committees for the ensuing year: —

Bureau of Materia Medica and Pharmacy.

Conrad Wesselhoeft, M.D., Boston;
Walte. Williamson, M.D., Phila.;
William E. Payne, M D., Bath, Me.;
E. M. Hale, M.D., Chicago;
J. P. Dake, M.D., Nashville;
Carroll Dunham, M.D., New York;
H. N. Guernsey, M.D., Philadelphia;
T. S. Hoyne, M.D., Chicago;
W. W. Rodman, M.D., N. Haven, Ct.;
Theo. Bacmeister, M.D., Toulon, Ill.;
J. S. Douglas, M.D., Milwaukee.

Bureau of Clinical Medicine.

S. M. Cate, M.D., Salem;
Geo. E. Belcher, M.D., New York;
D. H. Beckwith, M.D., Cleveland;
J. C. Burgher, M.D., Pittsburg;
N. F. Cooke, M.D., Chicago;
W. H. Holcombe, M.D., N. Orleans;
F. B. Mandeville, M.D., Newark, N.J.;
A. T. Bull, M.D., Buffalo;
John T. Temple, M.D., St. Louis.

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Bureau of Obstetrics.

R. Ludlam, M.D., Chicago;
H. N. Guernsey, M.D., Philadelphia;
J. H. Woodbury, M.D., Boston;
T. G. Comstock, M.D., St. Louis;
E. M. Kellogg, M.D., New York;
J. C. Sanders, M.D., Cleveland;
N. R. Morse, M.D., Salem;
A. M. Cushing, M.D., Lynn, Mass.;
O. B. Gause, M.D., Philadelphia;
H. Haeseler, M.D., Pottsville, Pa.

Bureau of Surgery.

I. T. Talbot, M.D., Boston;
G. D. Beebe, M.D., Chicago;
E. C. Franklin, M.D., St. Louis;
B. W. James, M.D., Philadelphia;
T. F. Allen, M.D., New York;
N. Schneider, M.D., Cleveland;
W. T. Helmuth, M.D., St. Louis;
C. T. Liebold, M.D., New York;
M. Macfarlan, M.D., Philadelphia;
J. J. Detwiler, M.D., Easton, Penn.;
J. B. Bell, M.D., Augusta, Me.

Bureau of Organization, Registration, and Statistics.

Henry M. Smith, M.D., New York;
H. M. Paine, M.D., Albany;
E. B. Thomas, M.D., Cincinnati;
T. C. Duncan, M.D., Chicago;
R. J. McClatchey, M.D., Philadelphia;
E. P. Scales, M.D., Newton, Mass.;
Geo. W. Foote, M.D., Galesburg, Ill.;

Bureau of Anatomy, Physiology, and Hygiene.

I. S. P. Lord, M.D., Poughkeepsie;
J. J. Mitchell, M.D., Newburg, N. Y.;
J. S. Mitchell, M.D., Chicago;
T. P. Wilson, M.D., Cleveland;
S. A. Jones, M.D., Englewood, N. J.;
L. M. Kenyon, M.D., Buffalo;
W. H. Lougee, M.D., Lawrence, Mass.

Bureau of Psychological Medicine.

G. F. Foote, M.D., Middletown, N.Y.;
J. H. Pulte, M.D., Cincinnati;
C. Dunham, M.D., New York;
N. R. Morse, M.D., Salem;
R. N. Foster, M.D., Chicago;
F. A. Rockwith, M.D., Newark, N. J.;
H. N. Guernsey, M.D., Philadelphia;
A. R. Wright, M.D., Buffalo;
H. P. Hemenway, M.D., Somerville, Mass.

Committee of Foreign Correspondence.

C. Dunham, M.D., New York;
I. T. Talbot, M. D., Boston;
J. Hartmann, M.D., St. Louis;
F. H. Krebs, M.D., Boston;
T. S. Verdi, M.D., Washington, D.C.;
G. N. Seidlitz, M.D., Keokuk, Iowa;
E. B. de Gersdorff, M.D., Boston;
Samuel Lilienthal, M.D., New York.

Committee on Finance.

H. M. Smith, M.D., New York;
E. M. Kellogg, M.D., New York;
Chas. A. Brooks, M.D., Clinton, Mass.;
W. Williamson, M.D., Philadelphia.

Committee on a Homœopathic Dispensatory.

Carroll Dunham, M.D., New York;
W. Williamson, M.D., Philadelphia;
F. E. Boericke, M.D., Philadelphia;
F. A. Rockwith, M.D., Newark, N.J.
T. F Allen, M.D., New York;
H. M. Smith, M.D., New York;
J. J. Mitchell, M.D., New York.

By vote of the Institute, the Committee on Dispensatory are authorized to fill two vacancies on the Committee.

Committee on Legislation.

A. T. Bull, M.D., Buffalo;
G. H. Blair, M.D., Cleveland;
R. J. McClatchey, M.D., Philadelphia;
T. S. Verdi, M.D., Washington. D.C.;
Chas. Vastine, M.D., St. Louis;
G. M. Pease, M.D., Boston.

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Necrologist.

Samuel B. Barlow, M.D., New York.

Orator for 1871.

T. P. Wilson, M.D., Cleveland.

Alternate Orator.

G. D. Beebe, M.D., Chicago.

Committee of Arrangements.

W. Williamson, M.D., Philadelphia;
H. N. Guernsey, M.D., Philadelphia;
R. J. McClatchey, M.D., Philadelphia;
B. W. James, M.D., Philadelphia;
M. Friese, M.D., Harrisburg;
J. C. Burgher, M.D., Pittsburg;
M. Côté, M.D., Pittsburg;
J. F. Cooper, M.D., Allegheny City;
W. J. Blakely, M.D., Erie, Pa.;
R. Faulkner, M.D., Erie, Pa.;
W. C. Doane, M.D., Williamsport,;
C. H. Haeseler, M.D., Pottsville, Pa.;
Jos. E. Jones, M.D., W. Chester, Pa.;
C. Preston, M D., Chester, Pa.;
C. A. Stevens, M.D., Scranton, Pa.;
Thos. Moore, M.D., Germantown;
A. R. Thomas, M.D., Philadelphia;
O. B. Gause, M.D., Philadelphia.

Drs. Haeseler, Ludlam and Ballard were appointed a committee to procure a photograph of this session of the Institute, but owing to the lateness of the hour, they were unable to obtain one. [It is to be hoped that this interesting souvenir of the session will be secured by the Committee of Arrangements for the next session.]

Thursday Evening.

By the invitation of the homœopathic physicians of Chicago, the members of the American Institute and their ladies and invited guests assembled at the Tremont House, and sat down to a most sumptuous banquet. The excellent music by Vaas' band heightened the enjoyment of the occasion.

After the preliminary exercises, the Chairman of the Committee of Arrangements, G. D. Beebe, M.D , arose and said: "Mine host of the Tremont seems to have resources inexhaustible as to these dishes. We have endeavored to work through this bill, and there is one more dish that we must present to you, namely, a dish of *toast* which Prof. Ludlam will now serve." Sentiments were then presented which were responded to by Dr. D. S. Smith, Gov. Bross, President Thayer, and Drs. Dunham, Talbot, Williamson, Gause, McManus, H. M. Smith, and Dake, until at a late hour the company separated, delighted with the cordiality and hospitality of the homœopathic physicians of Chicago.

Fourth Day. — Friday Morning.

The President called the Institute to order at 10, A M. The Report on Medical Education by Dr. H. B. Clarke, of New Bedford, Mass., was deferred till next year.

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MEDICAL EDUCATION.

Dr. G. D. Beebe, from the Committee on Medical Education, presented a report, of which the following is a summary: —

1. No medical school can make good progress without all the advantages of buildings, laboratory, libraries, dissecting-room, and hospitals for clinical studies.

2. The studies should be graded.

3. Chairs in medical schools should be filled by men of ability; no other consideration should be held sufficient to cause an appointment.

4. Volunteer lecturers should be in readiness to supply vacancies, and to lecture on minor branches.

5. These institutions should be endowed with sums that would enable them to secure the best professors from any distance.

6. Preliminary education: Full classical course, or a good English education and course of Latin; knowledge of one living language, so as to be able to read and write it correctly and with ability.

7. Medical education: Progress to be decided by questions and frequent examinations during a three or four years' course. Examination should be by written questions; answers to be in writing.

8. Physically he should be strong. Feeble men should not study medicine, as they have seldom the ability to attain eminence.

9. The standard should be high, and no diplomas should be granted to those who in any way fall below on examination.

On motion of Dr. Dake, the report was accepted, and referred to the Publication Committee.

The Committee on Conference with the Professors of Medical Colleges, Dr. C. Dunham, Chairman, reported the following recommendations: —

1. Applicants for matriculation in a homœopathic medical college shall pass examination in a thorough English education, embracing chemistry and botany, together with a knowledge of the rudiments of the Latin language. Graduates of academies or colleges shall not be required to submit to this examination.

2. The homœopathic medical colleges shall, as soon as possible, adopt a curriculum of three years' course of study, comprising three terms of lectures, which terms shall be graduated as to their subjects,— the first comprising elementary branches, and the second and third the more advanced and practical branches of medical science. And each term shall embrace not less than eighteen weeks. At the beginning of the second and third terms, there shall be an examination on the subjects taught during the first and second terms, which examination, if successfully passed, shall be *final* as regards those subjects. Students who have attended lectures in other medical colleges, and graduates of classical colleges, shall submit to similar examinations, and may enter the class for which they are found to be qualified.

3. The curriculum of study in a homœopathic medical college shall embrace the following subjects: Anatomy in all its branches, Chemistry and Toxicology, Physiology and Histology, Materia Medica, Pharmacy and Botany, Surgery in all its branches, Institutes and

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Practice of Medicine, General and Special Pathology and Diagnostics, Obstetrics, Gynæcology, and Pathology, Psychological Medicine and Medical Jurisprudence. Surgery, Practice, and Obstetrics should be abundantly illustrated by clinics.

4. The number of professors to each medical college should be greatly increased beyond the usual number, in order that the division of labor thereby attained may render practicable the recommendations already made respecting the terms and curriculum of study, and in order that specialism in teaching may be introduced as far as practicable.

5. Graduates of other medical colleges may receive a diploma from a homœopathic medical college upon satisfactorily passing an examination before the faculty in all the branches embraced in the curriculum ofsubjects taught in the college.

6. Where practicable, examinations for the degree of Doctor of Medicine should be conducted in public, and especially in the presence of a board of censors, not less than three in number, each of whom should be a member of the American Institute of Homœopathy.

7. The American Institute of Homœopathy disapproves of granting of special degrees.

8. The American Institute of Homœopathy approves and recommends efforts to secure the endowment of homœopathic medical colleges, professorships, and scholarships.

Dr. Dake moved that the report be accepted and referred.

Dr. Williamson suggested that it be adopted.

Dr. Gause thought the adoption would throw too great a burden on the colleges. He was not prepared, without discussion, to render an examination for matriculation imperative. He offered the following resolution: —

Resolved, That each member of the American Institute will best subserve the interests of homœopathic medicine by using great care to avoid accepting any student of medicine into his office who does not or cannot give evidence of possessing the preliminary education recommended in the report of the Committee on Education.

Dr. Gause, in answer to an inquiry of Dr. Lilienthal, said that the requirements of allopathic colleges are as lax as ours. If we adopt this we must hold every member of the Institute responsible for the preliminary education of the students he sends us.

Dr. Lilienthal thought we must not take a higher standard than the allopaths. And if a man pays for his course he has a right to it.

Dr. Dunham thought we might lose by not being strict enough. Three years ago there were sixteen homœopaths in the allopathic colleges of New York taking of us only our homœopathic lectures, and expressing openly their regret that the others were not fit to listen to, and that the requirements were so lax, that they would not feel proud of the diploma if they had it.

Dr. Franklin, now no longer a professor, seconded Dr. Dunham, and regretted the growing laxity in St. Louis, and in all our schools. Our lax requirements, which allows a blacksmith who has read Pulte to go into practice, weakens the confidence of the people in homœopathy.

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Dr. Dake rejoiced at the prospect of more stringency. He had never permitted one of his fifteen private students to go on without some little Latin. Let us go as much ahead of the allopaths as our glorious system is better than theirs.

Dr. Lord had seen the subject discussed for forty years, the standard all the time sinking. We had better let the matter drop. We cannot alter anything. Every professor will shove his favorite student through, qualified or not.

Dr. Morse believed that the standard could and must be raised. On the new plan, men of good education would be able to go through our colleges in one or two years. He has a student who will not enter a homœopathic college, because the standard is too low.

J. D. Buck, M.D., of Sandusky, O., would not apply stringent rules to students who have already begun their studies. He offered the following resolution: —

Resolved, That the resolution relating to qualification apply to all students whose term of pupilage shall commence subsequent to the year 1870, and that every effort be made to acquaint the profession at large with the action of the Institute.

T. J. Patchin, M.D., of Fond du Lac, Wis., thought the present state of things well enough. He did not see one consummate fool in the Institute. He would agree to educate the educators, and demand that their graduates should understand medicine. He would not require the study of languages. Such a requisition would have debarred him from a medical education. Western men are poor. Eastern men have more cash and sometimes less brains.

Dr. H. B. Clarke feared that all the speakers except the last were like the politician reported by Hosea Biglow, jr., as in favor of the prohibitory law, but opposed to its enforcement. The action is not binding, but advisory only, as far as the colleges are concerned. But we could make regulations that would keep uneducated men out of the Institute. This discussion has a good moral effect, and nothing more. The question should be, Is the man a competent physician? not how he became one. He hoped the matter would take a practical turn in the appointment of a Board of Examiners, who should examine candidates for the Institute.

Francis Woodruff, M.D., of Ann Arbor, Michigan, opposed the report. It would shut out our best men. Our incompetents are those who were once allopathic physicians, and have not yet got rid of their allopathic notions and practices. Our materia medica is a more important study than all their curriculum.

Dr. Clarke said that in his neighborhood, the only discreditable practitioners of homœopathy, and they number some half a dozen, have every one allopathic diplomas; there is not one with a homœopathic diploma.

Prof. Wilson had come almost expressly on account of this discussion. The action here will be binding on our colleges. Let the discussion be free, full and unsparing. But two parties are very much abused here. One is the profession. It does not consist of incompetents. Destruction is not impending over us because we

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cannot conjugate and parse Greek. The other abused party is our own colleges. They have cut their coat according to their cloth. They cannot make medical students, nor make doctors out of any other material than what is sent them. Our colleges are at a crisis,—all in debt. Do not pauper us and tie us hand and foot, so that we can have no students.

Dr. Talbot was grateful for what the homœopathic colleges had done, and cannot hear them disparaged. The best we can do for them and the profession is to send them competent students. They must be previously prepared for the study of medicine. Let us take this proposed step in advance of the allopaths. They, too, have had their discussions and resolutions, which have come to nothing. In their colleges are men as ignorant as in ours. No matter; let us pass these resolutions unanimously, and give Dr. Wilson material fit for him to work with.

Dr. Haeseler laid the blame on the physicians who take an ignorant man to saddle their horse for a year or two, and then send him to college.

Dr. Holt thought that an examination for admission would block the game of these men. He would not admit that our colleges are inferior to those of the allopaths. A student of his pronounced our college in Philadelphia superior to Harvard, after trying both.

The report was adopted as the unanimous opinion of the Institute, and the resolutions of Dr. Gause and Dr. Buck were also adopted.

On motion of Dr. Beebe, it was

Resolved, That candidates for membership in this Institute, who shall have graduated later than 1873, shall be required to present evidence of having attained the standard of qualifications adopted by this Institute.

On motion of Dr. McManus, it was

Resolved, That in all applications for membership, the full name of the applicant shall be given, and that at least one member of the Institute who shall sign the application, as an indorsement, shall be personally acquainted with such applicant.

Dr. Youlin thought it time to study the resolutions already passed before going further; some of them conflicted with others previously passed, and with each other.

Dr. Talbot confirmed this, and on his motion it was

Resolved, That a committee of three be appointed to examine and revise the resolutions passed since the formation of the Institute, and report at the next session.

The chair appointed Drs. Talbot, Ludlam, and Duncan as this committee.

Thanks were unanimously voted to the presiding officer, subordinate officers, bureau and committees; especially to Dr. Duncan and the Committee of Arrangements for the *Medical Investigator Extra;* and to the homœopathic physicians, the citizens, and the press of Chicago.

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ELECTION OF OFFICERS.

The Institute then proceeded to the election of officers, with the following result:

President ..... D. H. Beckwith, M.D., Cleveland, O.
Vice President ..... J. T. Temple, M.D., St. Louis, Mo.
General Secretary ..... R. Ludlam, M.D., Chicago.
Provisional Secretary ..... T. C. Duncan, M.D., Chicago.
Treasurer ..... E. M. Kellogg, M.D., New York.

Censors — F. R. McManus, M.D., Baltimore; L. E. Ober, M.D., LaCrosse, Wis.; G. D. Beebe, M.D., Chicago; R. J. McClatchey, M.D., Philadelphia; T. P. Wilson, M.D., Cleveland.

On motion of Dr. Morse, the general Secretary was instructed to send copies of the daily proceedings (*Medical Investigator Extra*) to absent members who have paid their dues, and the fourth day to those who leave to-day, at the expense of the Institute.

The Institute then adjourned, to meet in Philadelphia on the sixth of June, 1871.

AMERICAN INSTITUTE OF HOMŒOPATHY

CIRCULAR OF THE BUREAU OF SURGERY, 1870 – 71.

DEAR SIR: The Reports of this Bureau have, for the last three years, been extensive and valuable, and it is very desirable that they should be equally so the present year. For this purpose the labors of the Bureau have been divided among the several members, each one taking a subject, as indicated below, upon which he, with the aid of the different members of the Institute, is expected to make a full report. If you have had any experience, or made any observations in relation to either of these subjects, will you have the kindness to send such information to the appropriate member of the Bureau previous to May 1st, 1870, and it will be duly incorporated in the next report, proper credit being given.

Information in regard to any other subject pertaining to Surgery, may be sent to the Chairman, or to any member of the Bureau.

While it is desirable to report upon any new or improved methods of performing surgical operations, or of adapting apparatus, it is especially important to investigate the applicability of homœopathic medicines to surgical diseases.

Hoping that you will assist the Bureau in this matter, we remain,

Very respectfully,

I. T. TALBOT, BOSTON, *Ovarian Tumors.*
G. D. BEEBE, CHICAGO, *Hernia.*
E. C. FRANKLIN, ST. LOUIS, *Resection of Joints.*
BUSHROD W. JAMES, PHILADELPHIA, *Recent Surgical Improvements.*
T. F. ALLEN, NEW YORK, *Canthoplastic Operations.*
N. SCHNEIDER, CLEVELAND, *Fractures.*

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W. T. Helmuth, St. Louis, *Means and Instruments for Arresting Hæmorrhage.*
C. T. Liebold, New York, *Diseases of the Lachrymal Duct.*
M. Macfarlan, Philadelphia, *Clinical Surgery.*
J. J. Detwiller, Easton, Pa., *Concussions and their Treatment.*
J. B. Bell, Augusta, Me., *Strabismus.*

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The semi-annual meeting of this Society will be held at Rochester, N. Y., on the second Tuesday in September (Sept. 13th), 1870. The meetings of this Society are invariably interesting and valuable, and physicians from other States are always cordially welcomed. We advise all who can to be present.

ITEMS AND EXTRACTS.

The Bones of 1.200 Chinamen have just been sent home from San Francisco.

Hair-Dye. — It is asserted that eight per cent of the lunatics in Charenton Asylum, France, are victims to the use of hair-dye.

Oxford University has recently conferred the degree of D. C. L. upon Sir James Alderson, Dr. Paget, Dr. Henry Bence Jones, and Sir William Jenner; also, the honorary degree of M. A. upon Mr. F. Symonds.

A Training School for nurses has been attached to the London Homœopathic Hospital.

Prof. Rokitansky, of Vienna, has recently been elected a member of the *Académie des Sciences* of Paris.

Sir James Y. Simpson. — A meeting has been held at Stafford House, presided over by the Duke of Sutherland, to devise a suitable memorial to the memory of Sir James Y. Simpson. A hospital for the treatment of diseases peculiar to females was fixed upon as the most complete and suitable form which such a memorial should take. We regret to notice that Lady Simpson has not long survived her husband, having died at Killin, Perthshire, on the 17th of June.

Vaccination. — We are pained to see the name of James John Garth Wilkinson, as author of a pamphlet attacking compulsory, and indeed all, vaccination. The mild epithets of "perpetual felony and occasional murder," a "delusion," and "an evil," grace its pages.

Ammonia in Snake Bites. — Prof. Halford, of Melbourne, claims to have discovered that the introduction of ammonia directly into the

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circulation will cure snake bites. Actual experiment in the United States has already shown that crotalus venom preserves its efficiency longer when slightly diluted with ammonia.

THE SIAMESE TWINS. — An instructive paper upon this interesting lusus naturæ was read by Prof. Virchow, at the Berlin Medical Society, and is fully reported in the *Berliner klinische Wochenschrift* for March 28 and April 4.

"ALLOPATHIC MEDICAL TRADE-UNION," is a term coined in England, but from the procedure of medical societies in this country, it would seem to be of more than local significance.

NECROSIS. — M. Nélaton employs the following modification of the liqueur de Villate, as an injection to be thrown into the fistulous tracts connected with carious bone. Acetic acid 100, sulphate of copper and sulphate of zinc each 10, and acetate of lead 5 parts.— *Union Méd.*

WHICH "HORN" WILL THEY TAKE? — If it was good medical treatment thirty years ago to bleed, blister, cup, stimulate, and give large doses of drugs, is it now quackery for the same "*regular*" physicians to rely exclusively on small doses and hygienic advice? If they were not then practising quackery, they must most surely be practising it now. Who will explain? T. L. BROWN.

ANÆSTHESIA. — It is curious to observe how medicinal agents which have been used, reported on, and laid aside, occasionally crop out again. The daily papers report from Berlin that Liebreich has been employing, as an anæsthetic, the chloride of ethylidene, that is, the monochlorinated chloride of ethyle — with which an English physician, Snow, made us familiar nineteen years ago.

LARGE HOSPITALS. — Everybody to-day is convinced of the danger of large hospitals and crowded wards. Many of the important operations practised in the larger hospitals of Paris — the Lariboisiere, for instance, which is one of the best-kept of all — end in the autopsy chamber. The surgeons there, the best of them, are getting discouraged. Yet in spite of such facts, well-known to the Paris *Administration*, another tremendous Hotel Dieu is being constructed which, if intended as a place for the study of pathological anatomy, cannot fail to attain its aims; but woe to the unfortunate patient who has to enter it! Small hospitals are better than large ones, and tent hospitals best of all. — *Paris correspondent of the Medical Times.*

PHOTOGRAPHS IN DERMATOLOGY Mr. Balmanno Squire, of the Royal Polytechnic Institution, London, has invented a new method for demonstrating cutaneous diseases. It is done by means of colored photographs from life, which are taken on glass, and used as slides of a magic lantern. A perfect representation of the precise form and color will be produced of the size of life. Thus illustrative cases for demonstration to a large number of students at a time, is made practicable and convenient.

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PERSONAL.

PROF. E. C. FRANKLIN, of St. Louis, has resigned his position in the chair of Surgery of the Homœopathic Medical College of Missouri, which he has held since 1864.

W. W. RODMAN, M.D., will deliver some of the preliminary lectures on Materia Medica, at the New York Homœopathic Medical College.

PROF. R. LUDLAM, of Chicago, Dean of the Hahneman Medical College, writes that: "The prospects of the College were never so brilliant as now. The new building, the corner-stone of which was laid during the meeting of the Institute, is already enclosed, the floors are laid, the plasterers at work, the seats for pupils half made, and the whole building will soon be ready for occupancy." With such energy back of it, the College must surely be a grand success.

REMOVAL. F. H. UNDERWOOD, M.D., from 1087 Washington street, to 741 Tremont street, Boston.

W. F. HATHAWAY, M.D., from 58 Beach street, to No. 12 Lincoln street, Boston.

BENJAMIN H. WEST, M.D., from 2 Union Park, Boston, to Neponset, Boston.

JOHN H. SHERMAN, M.D., from Middleboro', Mass., to Lynn, Mass.

DIED. JOEL R. ANDREWS, M.D., of New York, at Winona, Minn., June 1st, 1870, aged 52 years. Dr. Andrews was a native of Dedham, Mass., and was educated at Phillips Academy, Andover. Having a peculiar aptitude for teaching, he devoted several years to that business in Bacon Academy, Colchester; Amherst Academy, Mass.; at New London, Conn., and Brooklyn, N. Y., always with marked success. Subsequently, having graduated at the Berkshire Medical College, he entered upon the practice of medicine, and located in New York in 1858. He was identified with the New York Medical College for Women, from its foundation, and held the important position of Professor of Surgery, up to the time of his death. He was earnestly devoted to his profession and had acquired an extensive practice.

DR. EDOUARD DE CABARRUS, died at Paris, May 18, 1870, aged 72 years. He was the son of Madame Tallien, afterwards Princess de Chimay; and was a man of remarkable powers. Both his birth and his ability gave him a prominent position in France. He was the friend as well as physician of Girardin Chopin, and a host of other celebrities.

J. H. BARROWS, M. D., of Gardiner, Me., about 50 years of age, died suddenly on Monday, June 20, 1870.

BOOKS AND PAMPHLETS RECEIVED.

The following Exchanges for July: —

HOMŒOPATHIC.

The North American Journal of Homœopathy, New York. This old and valuable Quarterly is now edited by Drs. Lilienthal and Hunt.

The Hahnemannian Monthly, Philadelphia. A new volume of this excellent monthly, commences in August, each number enlarged to fifty-six pages.

The American Journal of Homœopathic Materia Medica, Philadelphia. Dr. Martin has retired from the editorial chair, but the senior editor, the venerable Hering, remains, and is a host in himself.

The Homœopathic Quarterly, Buffalo.

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The Hahnemannian, Cleveland. A sprightly, wide-awake paper, devoted to the interests of homœopathy and of the Hahnemann Life Insurance Co.

The Ohio Medical and Surgical Reporter, Cleveland. Like good wine, this journal grows better as it grows older.

The Medical Investigator, Chicago. It covered itself with glory, and did good service to the cause and to the American Institute, by its daily record of the proceedings of the late meeting of the Institute.

United States Medical and Surgical Journal, Chicago. This passes into the hands of Drs. Small, Ludlam & Danforth, and will continue to be excellent.

American Observer, Detroit. Full of original articles.

The Western Homœopathic Observer, St. Louis. Has many excellent surgical articles as well as others.

The Homœopathic World, London. By far the best popular journal of our school ever published. We wish it had a large circulation in America.

The Monthly Homœopathic Review. London. One of the most carefully prepared and best of our monthlies.

The British Journal of Homœopathy, London. This quarterly has reached No. CXIII., and shows its increasing vigor and strength by enlarging to upwards of two hundred pages in each number.

Bibliotheque Homœopathique, Paris. Much enlarged the present year, and published by the Hahnemann Society of Paris.

Allgemeine Homöopathische Zeitung, Leipzig. The war does not injure this old and valuable champion of our cause.

Monatsblatt der Allgemeinen Homöopathischen Zeitung, Leipzig.

El Criterio Médico, Madrid. Doing excellent service to our cause in Spain.

Rivista Omiopatica, Rome. We are always glad to see this "Review." It is full of original matter.

La Homeopatia, Bogotá. A few numbers have reached us, and we shall hope to receive it more regularly in future.

The Calcutta Journal of Medicine, Calcutta. Its appearance is creditable to our school in Asia.

ALLOPATHIC.

The Boston Medical and Surgical Journal, Boston. With the commencement of the present volume, this journal has changed editors, — Dr. F. H. Brown taking the place of Dr. Parks. The improved character and tone of the journal under the new *regime* will, we are sure, be acceptable to the profession generally.

The Boston Journal of Chemistry, Boston. Worth a hundred times its subscription price — one dollar a year.

The Journal of the Gynæcological Society, Boston.

The Medical Record, New York.

The Medical Gazette, New York.

The Physician and Pharmaceutist, New York.

American Eclectic Medical Review, New York.

The Dental Cosmos, Philadelphia.

The Half Yearly Abstract of the Medical Sciences, Philadelphia.

The Philadelphia Journal of Medicine, Philadelphia.

The Medical Independent, Philadelphia.

Nashville Journal of Medicine and Surgery, Nashville.

Buffalo Medical and Surgical Journal, Buffalo.

The Canada Journal of Dental Science, Hamilton.

GENERAL.

Every Saturday, Boston. This has become the leading pictorial paper of the United States. Its pictures are excellent, but its editorials are even better.

The Atlantic Monthly, Boston.

Our Young Folks, Boston.

Old and New, Boston.

Littell's Living Age, Boston.

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Woman's Journal, Boston.
Good Health, Boston.
The Nursery, Boston. Indispensable for the very little ones.
Our Dumb Animals, Boston.
Little Wanderers' Advocate, Boston.
The Nation, New York.
The Monthly Record of the Five Points House of Industry, New York.
The American Grocer, New York.
The Star, New York. The success and brilliancy of the "Star" quite eclipses the "Sun."
The Phrenological Journal and Packard's Monthly, New York.
The Witness, New York.
The National Sunday School Teacher, Chicago.
The Times, Cincinnati. Full of sprightly and valuable articles.
Allgemeine Bibliographie, Leipzig. F. W. Christern, New York.

Also, the following: —

Announcement of The New York Homœopathic Medical College, New York.
Announcement of the New York Medical College for Women, New York.
Annual Announcement and Catalogue of the Hahnemann Medical College of Philadelphia.
Third Annual Announcement of the Cleveland Homœopathic College and Hospital for Women, Cleveland.
Twenty-first Annual Announcement and Catalogue of the Cleveland Homœopathic Hospital College, Cleveland.
Announcement of the Hahnemann Medical College, Chicago.
Proceedings of the Society of Homœopathic Physicians of Iowa.
Inaugural Address of the Maine Homœopathic Medical Society, Portland. This Address contains many interesting historical facts.
Fourth Annual Report of the Homœopathic Medical and Surgical Hospital and Dispensary of Pittsburgh, Pa. This is a report of one of the most active and enterprising hospitals of our school in this country.
Homœopathy in France, Germany and England, in the year 1869. Philadelphia. This is a reprint of the valuable contribution of Dr. Neidhard to the Hahnemannian Monthly.
Lectures on the Diseases of Women, by R. Ludlam, M.D., Chicago. Part I. noticed in our last number. Part II. is already promptly issued.
Allopathic Bigotry, by Wm. H. Watson, M.A., M.D. We commend this to the perusal of our opponents.
Strangulated Umbilical Hernia, by G. D. Beebe, M.D. This case, first published in the GAZETTE, is here given in detail.
The Remedies we Use. Nashville. Gamble & Co.
Diseases of the Eye, by H. C. Angell, M.D., Boston. James Campbell. Noticed in last number.
Test Type, by H. C. Angell, M.D., Boston. James Campbell. In a very convenient and excellent form for the practitioner.
The Ladies Homœopathic Manual, by E. H. Ruddock, England. With notes and additions by R. Ludlam, M.D., Chicago. C. S. Halsey. This and the following excellent work will be noticed next month.
Maternity, A Popular Treatise for Young Wives and Mothers, by T. S. Verdi, M.D., New York. J. B. Ford & Co.
Correspondence concerning a fatal case of Placenta Proevia, by C. E. Buckingham, M.D., Professor, &c., with an Appendix by D. Barnard, Boston. A few such pamphlets published by allopathic professors, and exhibiting so much ignorance, stubbornness and unfeelingness, would aid our cause wonderfully.
Society and Solitude, by R. W. Emerson, Boston. Fields, Osgood & Co. A book replete with terse and thoughtful sentences, such as physicians, particularly, enjoy.

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THE

New England Medical Gazette.

No. 9.] BOSTON, SEPTEMBER, 1870. [VOL. V

MATERIA MEDICA IN ITS SCIENTIFIC RELATIONS.

BY W. W. RODMAN, M.D., NEW HAVEN, CONN.

(*Concluded from page* 360.)

Phenomena grouped as effects. — The progress of this investigation brings us to the consideration of the phenomena *as effects*, or as depending upon some previous operation. This includes all the orders of sequence in which the phenomena occur. The direct impression made by a drug upon the physical organization, and the multiform processes thus started into activity, are all subject to the laws of causation, which regulate all natural events. The same materials with which we have already become familiar as single facts, and as elements of complex states, now present themselves to us in this different aspect. They may, indeed, stand as causes also, and thus give us links of succession in extended series.

What is the principle on which depends the successful study of these orders of sequence? This is the particular question now to be treated.

The two classes in which the phenomena are perceived, namely, co-existence and dependence, give to science its form and vitality. Of our fabric they are the warp and the woof. They need to be developed with the utmost assiduity. Every fibre of them is to be traced as carefully as if the whole science depended on it alone.

These two classes include all that we know or can learn of the phenomena of drug action. Every impression made upon the

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organism, primary, secondary, or ultimate, is here included. Disturbances of function, changes of tissue, modifications of consciousness, the various forms of irritation, — local and general, physical and psychological, — and inflammations in diversified grades and modes of manifestation, are here represented. The action of one agent, in its own way impairing vitality, and, beginning at the extremities, causing death by imperceptible gradations; of another, debilitating the patient and suddenly simulating the collapse of cholera; or of still another, undermining organic vigor by developing glandular disease, or, it may be, by slow injury to the nervous system; and, lastly, the destroying of life by asphyxia, — all these are illustrations derived from the twofold aspect in which the phenomena of drug-action present themselves.

The two topics, considered as processes for study, differ in the relative prominence of different kinds of phenomena, and the order in which they are taken for comparison.

When phenomena are presented to us as co-existent, the essential point in the study is to compare them as produced by different drugs. As such they are found to be not completely analogous, hough more or less similar.

In the present instance, or when the same phenomena are taken as effects, the key to their study is found in the comparison of the operations of each single drug. We need to learn wherein these operations agree.

There are always some links of relation between the effects of a common cause. They suggest, develop, and explain each other. Suppose, for example, that the agent to be studied is *extreme hunger*. The wasting of flesh, the cadaverous expression, the debility, and the painful gnawing are allied, correlative, and mutually elucidative. All the phenomena are particular aspects of one general fact. Or, if the agent be some contagious principle, the inflammation, the fever, the pain, the eruptions, and the changes in the secretions and excretions, all throw light upon each other and upon their common origin. Let the cause be any one of the various modifiers of the vital state, as, for example, heat, or cold, or electricity, or pain, or remorse, — in each case the effects and the cause have intimate and inevitable relations with each other. The

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agency by which the phenomena are produced cannot be understood; except by the study of all the effects. Such study is therefore unlimited in extent. It is always advancing, but never to be regarded as completed, as long as new light can be thrown upon the subject.

All the phenomena produced by one of our agents partake somewhat of its individual character. The knowledge of these operations, actually obtained, is never to be taken as a measure of Nature's possibilities.

Our phenomena are the processes of physiology turned aside from their natural channels. They occur in series, each depending on some previous fact or state. Our special study of them starts with the impressions made by the drug directly upon the organism. Either at once, or by repeated acts, it modifies the otherwise normal activities. In this sense the drug is the cause of the phenomena. The way in which it acts is peculiar to itself. Of the nature of this action we know nothing beyond the phenomena presented to our observation and study.

Among the operations of a drug, there must be relations, which reach all the effects. It may not be easy to trace any connection between the rheumatic pains caused by *Sulphur* and the forms of diarrhœa caused by that agent. But, if ours is a true science, there must exist links of analogy and relation which will ultimately be determined.

It must be that *Rhubarb* has a way of modifying the nervous activities different from that of all other agents. Its operations on the organs and functions are parts of a harmonious series, characteristic and peculiar. It is only our ignorance and the complication of the problem that make it difficult, and at present impossible, for us to generalize its effects. A single sensation produced by it, the least separate impression which it makes, might supposably be so distinctly noticed and so sharply described as to leave no doubt as to the agency in its production.

The greatest addition to our knowledge of the relations existing among phenomena is made by determining that immediate condition or fact on which they depend. As the particular facts all partake something of the causative impression, what one fact does not

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exhibit to us may be learned or suggested by studying others in the same category.

In determining the facts of succession, the materials are the same, in their verbal expression, as those which passed under our notice when the classifying principle was a different one. An additional element now enters into the meaning of the term used. Heretofore it suggested a subject of thought made up of the complex elements which comprised the operation. Now it is also considered as a result, or an event, and has an added significance from its partaking of the character of the agent. We call it, for example, a *Pulsatilla* or an *Ignatia* effect. How much this addition is depends upon the amount of our knowledge of the agent. At first it is usually indefinite, and not sharply characteristic. For a period, the best we can do is to describe a phenomenon by referring it to its cause. We use the name of the agent as an adjective qualifying the effect. The qualification increases in significance in proportion as our knowledge of the agent increases.

We may be using a term with which we have become familiar as an expression of some elementary phenomenon, or as associated with or consisting of other facts. As we now use the term it includes this and much more. It has marks of its origin, and carries with it the impress and force of many other facts. The term *inflammation* has a different signification when we are treating of *Belladonna*, than if it were an effect of *Rhus toxicodendron*. The despondency of *Gold* and that of *Sulphur* are very different affections. Every effect of a drug is to have a modifying influence in shaping our knowledge of all its other effects. When its full significance is ascertained and felt, each separate fact will be seen to partake of the life and spirit of the agent, and to share in its dominant characteristic.

The general facts which we are now considering may be defined as the *generic effects of the drug*. Some of them are already ascertained; others are yet to be learned. The same principles apply in this determination which govern other generalizing processes. The generic effects of medicines need to be made a special object of search by all of us. Those hitherto obtained have been incidentally noticed, while the mind of the observer was occupied

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with other inquiries. No adequate idea of the possibilities of the subject can now be entertained.

This division of our study is to be prosecuted by comparing the effects produced by an agent, and noting wherein they agree, and by afterwards comparing these results with similar ones educed from other agents, and ascertaining wherein they differ.

The first attempts are always tentative, suggestive, experimental. They need the advantage of further experiment, and of free discussion, by parties who will look at the subject from different points of view. No one should be disheartened if his efforts are not satisfactory to himself or to others. No one should undervalue earnest attempts because they are seen to be imperfect. What is vague to-day may be clear to-morrow.

The generic effects which a medicine produces may be sought in the study of any of its phenomena. We may begin at any point we please. Every effected combination may aid the final result. Perfection consists in reaching statements of the most extreme generality, while yet retaining all that is characteristic. Of course this cannot be done until all the characteristics are obtained. Thus again we see that all our processes are mutually dependent.

Every drug has a character of its own. Its portraiture depends on its minutest elements, and these cannot be replaced by those of other agents. All the phenomena of *Nux vomica* are particular aspects of one general fact. What is that fact?

"That clew once found unravels all the rest."

But we must first obtain all the phenomena of *Nux vomica*. When we do obtain them, we cannot fully understand them except as our knowledge of the general operations of the drug elucidates the particulars. Intelligent explanation consists in connecting under one head this immense variety of facts.

Incidental advantages of this process are obvious. Its importance as a means of verification cannot be overestimated. It will aid in sifting doubtful phenomena, by excluding the spurious and giving prominence to the valid. The crystallizing process aids in the elimination of foreign materials which had escaped detection.

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While our combinations are forming, they naturally take the form of theory. A theory of the action of each medicine is needed to help us review and combine its phenomena. The phenomena need to be revised and verified in the light of the theory. Any theory which unites some of the facts is, for the purposes of study, to be commended, until a better one is propounded. Any inductive theory is safer than one based on deductions only, until these have been verified and confirmed. Verification and comparison, rigidly pursued, will, in due time, eliminate the theoretical element, and leave us the strength and accuracy of science.

The conclusions reached by such processes may or may not coincide with the deductions of therapeutics, made in accordance with our principle of similars. This is a question which all lovers of truth will be willing to defer for the present.

A general summary has now been given, of the principles of classification as applicable to the physiological operations of medicines. It is more abstract than it was at first meant to be. No attempt has been made to illustrate the positions taken by new examples. The subject is too broad and comprehensive, and must be broken into parts before the concrete can be reached. Advanced inductions must of necessity be somewhat hypothetical, until the processes of verification can be effected. Had their suggestion been attempted, it would only have impaired the validity of our positions in the minds of those who did not accept the offered examples. Such attempts require the separate and combined efforts of many individuals. They need to be examined, discussed, corrected, elaborated. It should be no derogation to the value of the process, or discredit to the endeavor, if the examples are not at once perfect. Such generalizations as the writer of these articles can make, will be hereafter offered as hints or inducements for study. They will stand in the relation of branches to the subject now presented. At some future time the consideration of the main subject may, perhaps, be resumed, under advantages which at present cannot be secured.

The first paper of this series contained an abstract of some of the related properties of three medicines. It may serve another purpose than that for which it was then introduced. The

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reason of the selection of the particular medicines treated was found in the fact that the operations adduced were held in common by physicians of both schools, and therefore involved no controverted topics. The passage alluded to will furnish a partial illustration of the principles we have been considering. As it did not appear in the *Gazette*, it will be repeated here.

In the action of *Belladonna* and of *Secale cornutum*, there are some striking analogies, and quite as remarkable differences. Both act powerfully on the nervous system. Each in its own way may cause determination of blood to the head, headache, vertigo, delirium, craziness, spasmodic contortion of the eyes, and various disorders of vision. Each causes congestion of the minute blood-vessels, fever, eruptions, inflammation of the skin and other tissues. Nausea, vomiting, and disorder of the digestive organs are produced by both. Each disorders the urinary and the uterine organs. Each causes spasms and convulsions. Both of them suspend to some extent the control of the will over the muscular system. Death may ensue from the action of either of them.

The fever of *Belladonna* is active, with great heat and congestion of the capillary vessels. The pulse is quick and bounding. The heat and redness of the surface is intense. A bright florid rash may appear.

The fever of *Ergot* is marked by chilliness, which at times is severe. There may be burning, internal heat, with cold skin, and slow, small pulse, and fœtid sweats.

The delirium of *Belladonna* is demonstrative. There will be immoderate laughter, senseless prattle, merry craziness, determination to do something showing itself in attempts at violence to self, or in quarrelling or fooling with others, and in various extravagant actions.

The delirium of *Ergot* is sadder; it is marked by exhaustion, malaise, anxiety.

The convulsions of *Belladonna* are active, easily excited, and usually exhaust themselves quickly without injury to the part. If they are severe, the muscle is left relaxed and weak, but soon regains its excitability unless the toxic impression is extreme.

The convulsions of *Secale* are rigid; and, if they are protracted, the part is left paralyzed.

The inflammations of *Belladonna* are acute and painful, locating chiefly on the mucous membranes and on central organs.

In the inflammations of *Ergot*, the surface is cold, husky, dry, and brittle. They usually involve the skin and the extremities, and may terminate in gangrene of the affected part.

In contrasting the action of these two agents, it may serve to

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aid the mind (and the suggestion is made for this purpose) to consider that of *Belladonna* as expressing or exaggerating the peculiarities of youth, *Secale* those of age. We have in the one case the excited circulation, the over-active nervous system, the sensitiveness of childhood. The person cannot help doing, though he knows it is foolish. His muscles will act in spite of him. His senses play him fantastic tricks. He sees visions, images, brilliant colors and objects. He cannot stop thinking. His ideas are extravagant and usually gay. Though conscious of these perturbations, he has no power to control them.

In *Ergot* we have the languid circulation, the deficient vital power, the listlessness and torpor of age intensified. Its long-continued action disorganizes and destroys.

It may perhaps be thought that these two medicines are exceptional in their operations, or that they happen to have some correlative action which makes them unfair exponents of the peculiarities of the materia medica.

That this is not so, can be shown by taking a third substance, which has some properties in common, and others distinct from, those of *Belladonna* and *Secale.*

Opium acts powerfully upon the nervous system. It, as well as they, causes determination of blood to the head, headache, vertigo, delirium, at times spasmodic contortion of the eyes and disorders of vision, congestion of the capillary vessels, fever, occasionally inflammation of the skin and other tissues. Vomiting and disorders of the digestive organs are among its occasional effects. Urinary and uterine disturbances, and, finally, spasms and convulsions, and even death itself, link it to the other medicines.

But the effects produced by *Opium* characteristically differ from those caused either by *Belladonna* or by *Ergot.*

The fever of *Opium* has burning heat, though the skin may be moist, and the pulse and respiration may be but slightly quickened. Indeed these are often slower than usual. The mouth is dry, but the thirst is not in proportion to the dryness. The face is flushed (in extreme cases dark red), and there may be headache with great sense of weariness or heaviness of the limbs. The cold period is accompanied by soporose symptoms, more or less decided.

As contrasted with the two other medicines, the activity and the depression of *Opium* are more like those of the mature adult. Thus the mental symptoms are either sad, anxious, taciturn, stupid, with indifference to pain and pleasure, or the reverse of those, showing great cheerfulness, excess of courage, of fancies, and of mental activity, extreme sensitiveness to pain and pleasure, with courage to do, or to dare, or to suffer. There will be disposition to work or to think, while in *Belladonna* it is to play or to quarrel, and in

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Ergot to mope. Under the influence of *Opium*, the mind runs on deep meditations and important business. The delirium is that of the adult, — for instance, he is angry if thought mad, though reproaching himself with madness. He retains the consciousness of his mental operations with great enjoyment in them. The social feelings and the pleasures of sensation are either dormant or are excessive.*

General Synthesis.

All our processes converge towards one point. Every effect noticed by the most humble prover, every induction reached by the most thoughtful observer, the vast amount of materials given to us by Hahnemann, and the generalizations whereby his followers daily add to the completeness and availability of our knowledge, all have one tendency. Every successful effort contributes, in its measure, towards the unification of our phenomena. There is some statement possible which shall express, in a general way, all the facts of drug action, and exclude everything else. It will admit of being resolved into parts, each one of which has a definite sphere, and stands in its due relations to all the others. These subdivisions will admit of further analysis, until we are brought back again to those minute particulars which are the starting points of our knowledge.

The summary which has been given in these papers indicates, it is believed, the process by which the generalizations of our science will ultimately be achieved. It has endeavored to represent, in the form of abstract statement, what is going on under the manipulations of our workers, each in his own place and intent on his own aims, but not always conscious of the bearings of his labors on the systematized whole. The combinations which are taking place by irregular processes incidentally followed, are bringing about the desired result. Must we wait for their natural evolution slowly accruing? Is it not possible that the crystallizing process may be facilitated by voluntary effort and a set purpose?

If the constructions of the science were already well advanced, there would be a way of demonstrating its positions and exhibiting

*Transactions of the Homœopathic Medical Society of the State of New York for the year 1869. Pp. 264–302.

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the systematized result. In other sciences, as geometry, astronomy, and anatomy, this can be done. In the materia medica we can imagine the outline of a process which, if it were reached, would complete the synthesis. Although we cannot strictly follow it, the mere attempt will aid us in seeing what we can do, and what is further needed.

In the light of the preceding investigation, the following might be offered as an outline of such a process, or as an imagined solution of the problem. Sooner or later it will be successfully achieved.

1. Take some one medicine and ascertain what are its elementary operations. By comparison with analogous phenomena as produced by other agents, and in every other way possible, concentrate all the light afforded us upon the particular phenomena sought.

2. Generalize these phenomena into formulas according to the relations of co-existence and succession. In so doing, we are to avail ourselves of every assistance which theory, passing continually into scientific induction, can command.

3. Determine that single form of statement which embodies these operations and formulas.

4. The formula reached is to be interpreted by being itself resolved into its elements. It is to be analyzed, and its relations ascertained and fixed. Subordinate forms or parts of it will express and define the operations of other medicinal agents.

5. These subdivisions of the general proposition are to be studied as they are found to be related to the operations of other medicines. If ours is really ready to take its place among the natural sciences, a correspondence will be established between the operations of the agents and the classified formulas.

This generalization, either expressly or in some form of still greater generality, will be found to comprehend the operations of all our other agents, and thus furnish, in an abstract form, the synthetical result. If this branch of knowledge is a true science, all its phenomena must be parts of one whole. That whole must be expressed by the most generic statement of the general parts.

The state of our knowledge, and the imperfection of our powers,

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are obviously the obstacles which hinder us from accomplishing what is thus foreshadowed. An earnest attempt, should such be made, would not be so complete a failure as to be without some advantage to future workers.

NOTES OF SURGICAL CASES.

BY A. R. THOMAS, M.D., PHILADELPHIA.

I. Removal of Testicle.

Mr. P. F., of Camden Co., N. J., aged fifty-five years, while sliding off the hay-mow in his barn, in some way struck the blade of a hay knife, and laid open the scrotum vertically, exposing the right testicle. No physician being within several miles, he concluded to treat the case himself, and attempted to sew up the wound. He did this so poorly that union did not take place; violent inflammation and swelling of the testicle followed, the stitches gave way, the testicle protruded through the incision, and the scrotum contracted firmly around the epididymis and the commencement of the cord.

In this condition, one week after the accident, he sent for Dr. Davis, who called me in consultation. We found the whole surface of the testicle in a state of suppuration, with the scrotum so adherent to the epididymis as to make it impossible for it to cover the testis. We soon decided that extirpation was the only alternative. Having no anæsthetic with us, we at once proceeded to the operation without the invaluable assistance of anæsthesia. Carrying the incision upwards to the external abdominal ring, we found that, from the severity and long continuance of the inflammation, such effusion of lymph had taken place as to cause much difficulty in separating the blood-vessels from the vas deferens. This, however, being accomplished, and a ligature applied, the cord was divided and the testicle removed.

The separation of the epididymis was followed by violent hæmorrhage, the inflammation of the testicle having probably resulted in an enlargement of the vessels supplying that portion of the gland. The infiltration of the tissues rendered it extremely diffi-

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cult to arrest the bleeding of these vessels. After ligating some of the larger ones, the free use of the nitrate of silver (the only styptic at hand), with pressure, finally enabled us to control the hæmorrhage; not, however, until the patient had lost so much blood as to have become alarmingly prostrated.

The wound was dressed with lint and cold water; it suppurated freely, and healed by granulation in about two weeks.

II. Imperforate Anus.

An operation was performed twenty-four hours after birth. The child was a boy, plump and healthy looking. There was no trace of the anus. During crying, or straining of the child, the whole perineum would move slightly, but did not tend to indicate the position of the end of the rectum. A free crucial incision was made at the point where the anus should have been, and carried as deep into the pelvis as could safely be done, but the bowel could not be reached. The parents not favoring an artificial anus in the side, further interference was abandoned.

A post-mortem examination showed that there was *no rectum*, the bowel terminating in a cul-de-sac just below the sigmoid flexure of the colon.

III. Imperforate Anus and Webbed Fingers.

This child, a girl, presented a number of most remarkable deformities. The right arm was about one-third of the size and length of the left. The hand was bent inwards upon the radial side, nearly to a right angle with the fore-arm, presenting much the appearance of a crab's claw. This hand lacked the thumb, and the first and second fingers were webbed to their ends. The labia of the vulva were well-formed, the clitoris perfect, and the meatus urinarius normal; but there was no trace either of vagina or anus. In the straining of the child, there were indications of a near approach of the bowel to the surface; but there was nothing to indicate the presence of a vagina, as below the urinary meatus there was no fossa, or appearance of imperforate hymen.

A crucial incision readily opened into the bowel, and was

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followed by a free discharge of meconium. A tent was placed in the opening, yet in spite of this, there was such contraction of the parts in healing, as to require a second operation about two weeks later. After this the parts healed without contraction, and have since performed their office normally.

When four months old, I etherized the child, and divided the webbed fingers, keeping a string between them at the cleft, with the view of preventing reunion. A splint was applied to bring the hand into a line with the arm. Notwithstanding every precaution, the fingers gradually reunited until they finally became nearly as bad as at first.

At two years, a second operation was performed. A triangular flap of skin was taken from the back of the second finger, and brought between the two, and fastened by a single stitch at the palmar side; this effectually prevented the tendency to re-unite, and the result was a perfect success.

A careful use of splints for some months quite overcame the angular deformity, and now (at eight years of age) the whole extremity is relatively much larger than at birth, and is used with nearly the same freedom as the other.

IV. Imperforate Hymen.

My attention was called to the genitals of this child, when about two weeks old, by the nurse. An examination showed the hymen to be imperforate, the membrane appeared thick, concave externally, and without the least trace of an opening. Separating the labia widely, the membrane was divided freely in a vertical direction, a linen tent introduced, and in three days the parts had healed, leaving a free opening.

V. Amputation of Thigh for White Swelling.

Miss L—, aged 16 years, is of scrofulous temperament, with very light hair and skin; her mother died of consumption. She has never menstruated. Four years ago, she had a fall on the ice, bruising the left knee, and causing a lameness which continued for nine weeks, but finally passed off. In about a year the lameness returned. The knee swelled and became very painful. From this

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time the patient alternated for two years between better and worse, until about a year ago, when the knee became very much worse. Last fall she took to her bed, and passed a night of intense suffering. On the sixteenth day of March, I was called in consultation by Dr. Robbins, who had charge of the case. Found the patient greatly emaciated, and, although in her seventeenth year, apparently not more than ten or twelve; very pale, lips bloodless, expression of countenance anxious and distressed; no appetite, tendency to diarrhœa, pulse one hundred. The knee was greatly enlarged, with a sinus just over the inner condyle of femur, where it had opened some two months previously, and from which there had since been a copious discharge. The probe passed downwards and inwards about three inches, apparently into the cavity of joint. Decided to put the patient on *Silicea* for two weeks, with milk punch, beef tea, etc., when, if not better, the question of amputation was to be seriously considered.

March 31. — Patient no better, appearance of abscess breaking on outer side of knee. She gets but little sleep, is fast wearing out. Amputation is apparently the only alternative, and that probably giving her not more than one chance of recovery in three. This was announced to the parents, who asked one week to consider. *Calc. phos.* Beef tea and milk punch.

April 7. — Ulcers opened on the inner side of the knee, and are discharging copiously. Less pain, but very weak. Parents and patient agree to the operation, and fix on Monday, 11th.

April 11. — Patient cheerful, and anxious for the operation. A severe northeast storm prevailing, a postponement for fair weather was spoken of, but the patient was unwilling that there should be any delay. Drs. Robbins, Marsden, Keim, and C. M. Thomas assisted. The patient was at once etherized, and the limb amputated at lower third of the thigh, with an antero-posterior flap. A very small amount of blood was lost, the limb having first been elevated, and friction applied to empty the vessels before the application of the tourniquet. An unusual number of vessels required the ligature. All bleeding having been arrested, the flaps were united by sutures and adhesive straps, and the stumps covered with compress and bandage wet in *Calendula* lotion. *China* every two hours.

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April 12. — Patient doing well. Passed a comfortable night. Has some fever. *Aconite* every two hours.

On the fourth day removed the dressings, and found that union had taken place by first intention, to the extent of fully two thirds of the line of incision. From this time the recovery was rapid, the ligatures came off in due time without trouble; very little pus was formed; the patient improved rapidly in flesh, and in three weeks was about her room. An examination of the knee, after amputation, showed complete destruction of the articulating cartilages of both the femur and tibia, with the cavity of the joint filled with pus, which had also burrowed deeply between the muscles of the calf.

VI. Capillary Nævus.

A child was born with a small, round, red spot on the tip of the nose, not larger than a pin's head. It was soon found to increase in size, and proved to be a capillary nævus. At five months it was of the size of a small cherry, covering the point of the nose, extending down the septum narium, and along the right ala nasi. I had two stout surgeon's needles set in handles, and with blunt points, to better hold the heat. The child being etherized, the needles were heated in the flame of a spirit lamp, to a nearly white heat, and thrust quickly into the nævus. The red growth immediately turned white for the distance of a line or two, from the point of puncture, from the contraction of the vessels. In this way, some six or eight punctures were made into different parts of the growth, the needle being carried obliquely with the surface. Not a drop of blood was lost, and the whole surface appeared as bloodless as if frozen.

The part was freely covered with cold cream, and left without further dressing. Very little inflammation followed, and the result was most satisfactory, leaving no trace either of scar, or of the unsightly redness.

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SOMETHING ABOUT HIGH POTENCIES.

BY CHARLES H. HAESELER, M.D., POTTSVILLE, PA.

HAVING at length arrived at a thorough conviction of the utility of potentized medicines, there confronts the conscientious physician yet another difficulty, namely, a fear lest the highly attenuated remedy should be inert, while he is unable to determine this point by any known test. It may have lost its virtue through some flaw in the process of preparation. The least impurity in the water or alcohol used, such as may inadvertently accrue even during their distillation, may neutralize his medicine even in the early dilutions; and he, unconscious of the ruin, goes on with the attenuation of the worthless material to the thousandth or ten-thousandth potency. Or there may be in the sugar with which he triturates the medicine some chemical agent, used in the refining process, which in reality eclipses and supersedes in development the substance which he supposes to be the one undergoing attenuation. Nay, the very atmosphere may contain a malarious or other impure gaseous element of sufficient influence to vitiate with its contact the subtile and delicate character of his minute drug atom. Moreover, with our knowledge of the existing depravity of human nature, as evinced in the too general tendency among trades-people to pass off spurious merchandise for genuine, gilded ware for gold, and in adulterations of all kinds and descriptions, combined with our knowledge of the tedious labor necessary for the accurate production of highly attenuated medicines, and the impossibility by chemical re-agents to discriminate the good from the bad, there presents itself a doubt as to the clinical employment of any remedy not before tested by experience.

With this view of the matter, the practice of medicine with high potencies would certainly seem to involve grave and serious responsibilities, especially in such conditions of sickness as congestions, hæmorrhages, etc., where a prompt response to the remedy administered is essential to the recovery of the patient.

But the former of these objections, those which appear to render the preparation of attenuated medicines almost impossible, may be met by a theory which to myself, at least, is sufficiently satisfactory

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to reconcile me entirely to their employment. Let it be supposed that *Natrum muriaticum* is to be attenuated. A grain of the salt is dissolved in ninety nine drops of distilled water, and thoroughly shaken; whereupon it will be found that in every drop of this solution the salt may be detected by the sense of taste; so that we feel quite certain that a portion of the salt pervades the minutest particle of the water. Now when a drop of this preparation is added to ninety-nine other drops of distilled water, the single impregnated drop will be diffused through this entire mass, and with it a portion of salt, just as certainly as it was through the first dilution; though it may not be possible any longer to detect it by the taste. And, in a dilution in which it is inconceivable that the salt, already so infinitely subdivided, should inhabit every drop of water in proportions recognizable as *matter*, it is quite likely that it resolves itself into a specific *magnetism*, by virtue of which it becomes (for want of a better term) spiritualized. This magnetism, electricity, or spirituality becomes more and more developed as it recedes, with each successive attenuation, farther and farther from its original material condition.

If this be in reality the case, then the period at which it is particularly essential to avoid the admixture of any foreign element in the preparation of a medicine, is during the early attenuations; or, in other words, until the drug to be potentized has assumed this new character. After that period it is not likely to become tainted, or in any manner affected by the addition of any outside *material* influence.

It might be objected that the commingling with a remedy, whether accidental or otherwise, of any foreign element would change the nature of the entire body, — the newly acquired substance becoming attenuated and magnetized just as well as the original drug. This indeed would be an unfortunate condition of things, but that, doubtless, that substance which first assumes the new character maintains its precedence; and in the presence of its greater spirituality all lesser influences of whatever kind must remain inert.

That a magnetic influence or power can be transmitted by the simple process of friction is evidenced by the familiar experiment of rubbing the steel blade of an ordinary table-knife over the poles

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of a horse-shoe magnet; whereupon the blade becomes so magnetized as readily to attract needles or small particles of steel to which it is approximated. It is my firm belief that every elementary substance has its own specific magnetism or electricity, which differs as much, in qualities not yet discovered, from that of every other elementary substance, as these differ from each other in properties hitherto acknowledged; and that, by virtue of this magnetism only, do what are termed medicinal agents exert their curative influence upon disease; whilst fancy conceives the thought that every nerve of the human system may have its "affinity" among the elements of the outside world, whose lightest touch would thrill it with its peculiar electricity. In this or these — if there are essentially more than one — mysterious forces of nature, the coming physician of, it is to be hoped, no distant day will find a wealth of therapeutic power, that by the present generation is indistinctly pursued through a winding labyrinth of provoking perplexities and doubts. Thus only is it possible to comprehend the action of a homœopathic medicine: by assuming, *first*, that every article of the materia medica has a power — electricity, or whatever it may be called — latent within it, like fire in the flint; and, *secondly*, that this power is developed of matter, though not matter itself, and intensified in an increased ratio as it is removed from its primitive condition as matter.

With regard to the other objection above mentioned, — that which implies a suspicion as to the quality of the high potencies that are sold at the shops, — it is sincerely hoped that anything here said will not be attributed to an ungenerous motive. It is not likely, from the known integrity of all our pharmaceutists, that any such deception is really carried on; but the matter is here simply alluded to, as being a possibility to be considered, and a caution for which one must needs be excused, when it is considered what a large number of remedies have of late been advertised as having been attenuated to the 200th, 500th, 1000th potency, and even far beyond that; and that probably some, if not many, of these were prepared by assistants who may or may not have felt conscientious in the performance of work of which it is not possible to decide whether it has been well done or otherwise.

But to any one who cannot feel that absolute reliance upon pur-

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chased medicines which he would desire to have, the way is open, if he but chooses to tax himself with the not unpleasant occupation, to prepare them himself. If he wishes to be scrupulously particular in his labor, he will proceed somewhat as follows: In the first place he will distil water for his use from a glass retort into a well-closed glass vessel, surrounded by an atmosphere as free as possible from any impurities. If the remedy to be developed is one of the organic elements, he will make a tincture of it with pure, homœopathic alcohol, and, in a separate vessel, an infusion with the distilled water, and then mix equal quantities of the tincture and infusion, to constitute his mother-tincture, or base for further attenuation. Thus he will obtain all the properties which alcohol alone extracts, and all those which water alone extracts, — a process, it appears to me, better than the use of simple dilute alcohol. Of this mother-tincture he will take ten drops and mix it, in a thoroughly clean vial, with a thousand drops of distilled water, then subject the mixture to a thorough and prolonged process of succussion, so that not only a complete interminglingling of the atomic particles takes place, but also that friction which is necessary to bring out the latent attribute of the medicine heretofore mentioned. Of this, his second attenuation, he will take two drops to two hundred of water, or any other quantities bearing this relation to each other, and treat them as before, for the third attenuation, etc. If the remedy to be developed is inorganic, he will make a primary trituration, corresponding to the mother-tincture, by mixing say ten grains of the crude drug, as arsenic, sulphur, mercury, or the like, with one hundred grains of pure sugar of milk, and rubbing this well in a wedgewood mortar. Here, also, too much importance cannot be attached to the thorough and long-continued trituration of this mass, so that its molecular constituents become completely intermingled, and subjected to the necessary friction for the attainment of its homœopathic medicinal property. Of this preparation then he will take say five grains, and mix them with another hundred grains of sugar of milk, to be treated as before, this making the second attenuation. Of this he will take two and a half grains, and mix again with a hundred of sugar of milk, and treat as before, for the third potency. Of this one and a half grains with a hundred of sugar of milk, triturated together, will

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constitute the fourth potency. Lastly, one grain of this, triturated with a hundred of sugar of milk, will make the fifth potency. By this time the medicinal magnetic principle of his drug will be so expanded that he can resort to the liquid vehicle for the balance of the attenuating processes.

For this purpose it will be best to make two separate preparations, one by dissolving a grain of the fifth trituration in a hundred drops of alcohol, and another by dissolving another grain in a similar quantity of distilled water, the two solutions to be subjected to succussion; after this one drop of the alcoholic solution, and one of the aqueous to be mixed with a hundred drops of water, and thoroughly shaken; which will then constitute what is equivalent to the seventh centesimal potency. From this point onward, for every successive dilution, one drop to one hundred—or two drops to two hundred—of water should be taken and treated as before, until the desired attenuation may be obtained. If the process be arrested for any length of time, say from one day to another, the last vehicle used should be alcohol; as, if water be used, there is a possibility of the medicine undergoing a change. So also should alcohol be employed for the final attenuation to be prepared. The best way to preserve the medicine is doubtless in this state of alcoholic solution, which should be kept in glass bottles with tightly-fitting glass stoppers, the bottles being kept in darkly-colored pasteboard boxes to exclude the light. Where medicated pellets are used, these should consist of pure sugar of milk, and should be well saturated with the alcoholic dilution, and also kept in well-stopped bottles, and excluded from the light, in an even, moderate temperature.

Such, in the main, is the process by which homœopathic attenuations may be and have been prepared so as to command implicit confidence in their efficacy. But there is yet another method, and one, in my opinion, far better, more efficacious, and more plausible before the great world, from which I have recently obtained most important results. A description of this new method, together with other important matter suggested thereby, shall, however, become, as it deserves, the special subject of another article, at an early day.

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OBLIQUE INGUINAL HERNIA.

BY R. W. MARTIN, M.D., ELIZABETH, N. J.

On the morning of February 17, 1870, I was called to see Martin Green, colored, aged 18, who had been suffering for twenty-four hours with a rupture which had "come down and would not go back again."

Living at a distance of several miles in the country, he had been unable to procure the services of a physician; so that when I saw the patient, I found a hernia in the right inguinal region, which had been strangulated for more than twenty-eight hours.

Trying in vain to reduce by taxis and by suspending the patient by the knees and jolting him pretty severely, and finding that an operation was inevitable, I at once telegraphed to my friend Dr. Rockwith for assistance. On his arrival, at 4 P.M., the operation was begun.

Chloroform (Squibb's) was administered, and an incision made with the expectation of finding a direct hernia. What was our surprise, however, to find ourselves in direct contact with what appeared — and on further examination proved — to be a portion of the cœcum, largely inflated with gas, and lying just beneath the subcutaneous adipose tissue, without any appearance of a sac.

The specific anatomical relations could not be demonstrated to our entire satisfaction, nor could we trace the course of descent with any degree of clearness, until the incision had been extended half an inch; then, finding the protruded intestine external to the epigastric artery, we thought that all would be plain sailing, and endeavored to reduce by taxis, but — owing to the extreme degree of inflation of the intestine, and the extensive adhesions which its being unprotected by peritoneum had enabled it to form — we were unsuccessful.

Fearing to cut about the inflated gut, it was deemed advisable to puncture it, which we accordingly did with a common suture needle. Gas and serous fluid escaped, reducing the tumor to the size of a shell-bark (hickory-nut). A further examination at this stage of the operation revealed within the tumor a substance of an elastic, slippery feel when pressed between the fingers; this proved to be a portion, undoubtedly, of the ileum which had passed

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through the ileo-cœcal valve, thereby causing the strangulation of what was before an irreducible hernia.

Another unsuccessful effort was now made to reduce without proceeding any further with the dissection. We were compelled to cut through the dense subserous tissue; and then, by raising the patient by the knees and grasping the cœcum firmly and drawing it out, at the same time keeping up a kneading motion with the fingers of the other hand upon the invaginated ileum, we had the satisfaction of hearing it slip back into the abdominal cavity with a gurgle. The tumor thus emptied was reduced without difficulty.

Two strong sutures were inserted deeply to prevent the possibility of being torn out; for the patient had a terrible racking cough, the paroxysms lasting several minutes. The wound was dressed with compresses kept wet with snow-water, and a diaper bandage applied, so as to give the most support with the least direct pressure.

The whole time of exposure of the hernial tumor to the air was two hours and three quarters. The patient was under the influence of chloroform for nearly three hours. During the latter part of the operation we had a very bad light. All we could muster was a very poor kerosene lamp.

Aconite was administered to control the excessive reaction, and the patient was left feeling very comfortable.

The next day I found the following conditions: A severe racking spasmodic cough (the cause of the strangulation) coming in paroxysms, with profuse expectoration of mucus; pulse 90, full; tongue coated thick, white, but with red papillæ showing through on the edges; very tender about the wound and all over the right iliac region.

Continued the ice-water dressing and gave *Tartar emetic.*

19th.— Cough no better; tenderness extending to the left iliac region, more diffuse; pulse 108, full; sparkling eyes with anxious expression; very thirsty; tongue almost red; papillæ elevated; five watery stools since midnight. Continued cold water dressings, and gave *Arsenic* ^{200} (Dunham).

20th.— Tenderness more extensive; external wound suppurating profusely; no fæcal evacuations since yesterday's report; three discharges from bowels, which examination revealed to be pus,

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amounting altogether to an ounce and a half; pulse 90; cough slightly improved. Continued cold dressing, and gave *Silicea*[200].

21st.— Tenderness more circumscribed; no more pus was discharged from the bowels; external wound suppurating freely; tongue red; pulse 88. Continued dressing, and *Silicea*.

22d.— Cough decidedly better; otherwise improving. Treatment as before.

23d.— The patient is very weak; cough more severe and racking than ever; profuse whitish expectoration; worse towards morning; skin cool; feet and hands cold; tongue red, dry, and trembling when protruded, so that he cannot control it. Removed the sutures, and gave *Lachesis* [200] (D.); also applied *Calendula* water to the external wound.

24th.— After a very bad day and night he is better in every way. Skin warm; feet and hands warm; cough easier; tongue moist. The external wound gapes considerably and suppurates freely; *a perfectly natural stool during the night.* Strapped the wound, and gave *Lachesis* [200] (D.)

26th.— The patient is better every way—profuse granulations in external wound. *Calendula* lotion, and *Silicea* [200].

He improved steadily from that time on, and he was discharged cured on the fifth of March,—the fifteenth day after an operation upon a hernia which had been strangulated for thirty hours.

For some time I was at a loss to account for the discharge of pus per anum, on the third day after the operation. The only plausible explanation that occurred to me was, that the gut had been inadvertently wounded, and the edges of the wound had become adherent to the wound in the walls of the abdomen, and had thus secured a passage for a portion of the pus so profusely thrown out.

I could not account for it in any other way at the time, nor has any other explanation occurred to me since. Working with such a wretched light, we could not have been blamed very severely if we had accidentally clipped off two or three inches of intestine.

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DIAGNOSIS BETWEEN OVARIAN TUMOR AND PREGNANCY.

BY S. L. HALL, M.D., BENNINGTON, VT.

Oct. 13, 1868, I was called to see Mrs. B., a lady about thirty-five years of age, the mother of three fine, healthy children. Found her suffering from excessive vomiting. She supposed herself pregnant, and, indeed, her form was that of a woman in the eighth month of gestation. I was called to allay the vomiting, which had been uninterrupted for some days, Dr. M., their family physician, — an allopath, — having prescribed without relief. She had no doubt in regard to her pregnancy; but upon inquiring as to her time, she replied that she did not know. She had felt movement for two months or more, but she had had her menses regularly. On examination I found the os uteri and cervix in a normal condition; there being no shortening of the cervix whatever.

I at once told her it was not pregnancy, but a tumor of some kind; at all events, if pregnancy, it was extra-uterine.

The husband wished me to meet Dr. M. in consultation at once, and I did so. He regarded it as an undoubted case of natural pregnancy.

Dr. L., another allopath who was then called in, agreed with this diagnosis. I was at once relieved of any further care of the patient; both husband and wife thought I must be mistaken, as the weight of opinion was against me. I had then been here only about a year, whereas both these physicians had been here for nearly fifteen years.

I heard nothing definite about the case for some months. Some time in February, 1869, the father of Dr. M., an allopathic physician, was called. He, too, pronounced it a case of pregnancy, and bid the patient "cheer up, for she would be all right in a few days." A short time after this I saw the husband and obtained the above facts. I then asked the privilege of seeing Mrs. B.; it was cheerfully granted. I was convinced that my former diagnosis was correct; and, in reply to their inquiries, I told them it was a multilocular ovarian tumor. Within a few days the husband sent to a distant town for a noted surgeon, who came and confirmed my diagnosis. Before leaving, he tapped her and drew off a pailful

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of fluid. After this she failed rapidly; she was tapped three times before her death. She died on May 13, 1869. At the request of the husband, I made a post-mortem examination. After removing sixteen pounds of serous fluid from the peritoneal cavity, we found a multilocular ovarian cyst, which, with the water connected with it, weighed twenty-seven pounds. The uterus was in a perfectly normal condition.

ASCARIDES.

BY ALFRED K. HILLS, M.D., NEW YORK.

In a former number of the *Gazette* appeared an extract from a paper on Ascarides, read before the "Boston Academy of Medicine." The author, Dr. Woodvine, advises the application of oil or lard to the anus. As this treatment seems to be fast coming into use, it is but just that the credit of its discovery should be rightly bestowed. The venerable Dr. Hering, in his "Domestic Physician," page 234, says: "The itching may be allayed by rubbing the parts with sweet oil, or by introducing a piece of bacon, about the size of a finger, attached to a string into the anus, allowing it to remain there for ten or fifteen minutes, and removing it."

The habits and term of existence of these pests were evidently unknown until discovered by Mr. E. C. Haserick of Lake Village, N. H., although the remedy had been found to accomplish the desired result. I have advised this treatment in many cases, with the best result in every case.

Pulex Penetrans, or Chigoe. — This small insect is found in America and the Antilles; it penetrates the epidermis, and then lodges its eggs to about the number of sixty, which, when hatched, create great irritation, and often serious mischief. The native inhabitants extract them very skilfully with a needle, taking care not to rupture the cyst in which they are inclosed. — *Tanner.*

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The New England Medical Gazette.

BOSTON, SEPTEMBER, 1870.

STRENGTH. — Samson is generally acknowledged to have been a very strong man; but, judging by the only account we have of him, a very foolish blunder on his part deprived him of his strength, and and also cost him his eyes. Subsequently regaining it, he was only enabled to kill himself, with the paltry satisfaction of destroying at the same time some thousands who were laughing at him. Samson's case has become historical; and, however desirable it is to be strong, we doubt if there could be found many persons who would be willing to incur the responsibilities of his preternatural endowment, unless, profiting by his folly, they could use it to better purpose. Then, too, the present age is not, so much as of old, moved by muscle; and strength, power, force, are found to lie dormant in many unsuspected forms. A little water, rightly used, now rolls hundreds of tons over the lofty Alleghanies; and metallic plates that could be put within a thimble send, in an instant, messages through the depths of the Atlantic ocean. But exploded boilers and melted wires have too often told us of the careless use and even the complete destruction of these same repositories of power and force.

These thoughts have been suggested by the perusal of two editorials, entitled *The American Institute of Homœopathy*, which have recently appeared in one of our very respectable quarterlies. In the first, the editor denies any scientific value to the meetings of this association, though, in a social point of view, he pronounces them invaluable. But he proposes another great end to be gained; and, after professing great admiration for "authority" and "power," says: "The American Medical Association makes its influence felt in every nook and corner of the land, — thus far we admire it; but it makes this power felt mostly for petty and partisan purposes, — and for this we abhor it. The American Institute of Homœopathy, on the other hand, has no influence, anywhere, on anybody, as far as we can judge, and it is high time that it had." The proposed "great end to be gained," seems 'to be to ascertain who of the members understand and practise homœopathy as our best physicians under-

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stand and practise it; and, as this editor is (we do not hesitate to say it) one of our very best, it is fair to assume, as *he* understands and practises it. All other physicians are evidently "excrescences" on our body politic; and he says: "If it [The American Institute] has not vitality enough left to bear the lopping off of such excrescences, its existence — if such a state can be called existence — is rather to be lamented than desired."

This was written before the meeting at Chicago, which was one of the largest, most harmonious, and valuable that the Institute has ever held. The papers presented were numerous and important, and the discussion animated and excellent. The Annual Address, which our readers have already seen, was a credit to the head and heart of its noble-minded author; and, while it lowered not a jot the standard of pure homœopathy, it was free from the bigotry and intolerance which have too often been the bane of our school. The logic of this address was unanswerable, and the spirit of it was, in the highest sense, Christian.

In the second editorial, just received, there was not a word of favoring comment upon the meeting, with which every one else seemed pleased. But of Dr. Dunham's address, the editor says: "Though we listened to our much esteemed colleague with great pleasure, and were for the time silenced, if not carried away by his manner of putting things, yet we regret, on sober, second thought, that he did not see proper to take other ground." "*Silenced, if not carried away*," he waited till the words which entered his ears had passed out of his mind, and then returned to the original charge, and would make the American Institute of Homœopathy a grand Court of Inquisition, in which those in power shall sit in judgment upon all who differ from them, or are less learned than themselves. Thus it would subvert that voluntary association of members of a noble profession, in which each vies with the other in efforts for its improvement, and where the moral force of each does something towards elevating the whole.

The American Institute of Homœopathy is now a mighty body of earnest, working men, and its strength, rightly applied, may do wonders for our cause and for the good of all coming generations. But let some Delilah open the door which will admit bigotry, intolerance, and harsh judgment, with that personal spite, hatred, and malice, which invariably accompany them, and, quicker than in Samson's case, would our grand old Institute find itself shorn of its strength, and lying prostrate and helpless in the presence of its enemies. "In

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war, science is the first victim," says an old proverb; and when quarrels are introduced into our societies or associations, scientific discussion and investigation are laid on the shelf. Let us then avoid everything which can produce such useless strife, and seek the true path to progress. *Die* MILDE *Macht ist gross*, said the wise Hahnemann; and, recognizing the mild power of truth, let us so develop and use it, that, without paralyzing our efforts, or destroying our usefulness, we may carry it to the uttermost parts of the earth.

MATERIA MEDICA IN ITS SCIENTIFIC RELATIONS. — With this number, we close a series of articles from the well-known and highly esteemed author, Dr. Rodman, in which he has endeavored to make a logical and scientific study of Materia Medica, and to deduce the great principles which may hereafter guide to a more perfect knowledge of this subject. Undoubtedly few, if any, of our readers would expect in these papers that practical matter which will tell them how to treat any specific disease; but if the general principles here enunciated are such as shall enable either Dr. Rodman, or any other thorough student, to soarrange the present confused, illogical, and imperfect Materia Medica that it may be studied with a greater degree of satisfaction and completeness, great service will have been done for the science of medicine. We shall hope at some future time to place before our readers the practical results of Dr. Rodman's careful investigation in the study of some particular substances of the Materia Medica.

OUR MEDICAL COLLEGES. — In a few weeks these institutions will have resumed their yearly courses of lectures; and, from all we can learn, their prospects were never so encouraging as now. We regret that we are unable to give in this article more than a passing notice of each college.

The New York Homœopathic Medical College.—In our last we spoke of this institution at some length. It has now been completely re-organized, and its eleventh annual announcement begins a "New Series — No. 1." It has a corps of seventeen professors, including many of the leading physicians of New York, and it offers unsurpassed facilities for instruction. The Preliminary Course, which commences Sept. 27, should be attended by every student who pro-

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poses to attend the regular course. It will comprise lectures on Bandaging, by Dr. Bacon; on Botany, by Dr. Allen; on Materia Medica, by Dr. W. W. Rodman, of New Haven; on the Histology, Physiology, and Hygiene of the Teeth, by Geo. T. Allan, D.D.S., illustrated by microscopical demonstrations, — together with lectures by Prof. Raue, of Philadelphia; Dr. Verdi, of Washington; and by other distinguished physicians of New York and other cities.

The New York Medical College for Women, now in its eighth year, has become thoroughly homœopathic, as the names of its professors, Drs. J. C. Minor, F. S. Bradford, S. Lilienthal, S. P. Burdick, E. M. Kellogg, T. F. Allen, and F. A. Rockwith, would abundantly testify; while the Board of Censors — consisting of Drs. Carroll Dunham, Henry D. Paine, Lewis Hallock, Edward Fowler and John F. Gray — would not be likely to graduate students ignorant of the great principles of medicine, even of homœopathic medicine. We commend this college to the hearty support of our school. Let us contribute to it in every way which can add to its success.

The Hahnemann Medical College of Philadelphia. — Twenty-two years ago, a homœopathic medical college was inaugurated in Philadelphia. Although sundry revolutions have been accomplished, and a new name has been given to it, — which, by the way, we do not think is any improvement, since it is so liable to be confounded with the school of the same name which preceded it in Chicago,—yet this is virtually the commencement of the twenty-third year of the Philadelphia school. Seventeen years ago we felt proud of this college, and it seems now to have greater facilities for instruction than at that time. No effort is spared by its professors to make it a leading school; and let us hope that each year will add to the strength which it has already attained, and which it so well deserves.

Cleveland Homœopathic Hospital College. — The twenty-first annual session of lectures will commence October 11, 1870, and continue eighteen weeks. Preceding this, a preliminary term of two weeks, commencing September 27th, will be occupied by lectures by Dr. Sanders on some subject connected with his chair, Dr. Biggar on Orthopædic Surgery, Dr. Schneider on Plastic Surgery, Dr. Baxter on Pharmacy and Hygiene, Dr. N. B. Wilson on Pulmonary Diseases, Dr. T. P. Wilson on Diseases of the Ear.

All who propose to attend the regular term are invited to be present at this preliminary course, for which no fees are required. This college has been opened alike to both sexes.

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Cleveland Homœopathic College and Hospital for Women. — The third annual announcement tells us that last year seventeen students were in attendance, of whom six were graduated. Every effort has since been made for improving the means of instruction, and the coming season promises well.

Hahnemann Medical College, Chicago. — A new andbeautiful building, complete in all its appointments, has been erected and is owned by this college, which commences in it its second decade of instruction. The energy, perseverance, and success of our Chicago physicians are well known, and in no way better exemplified than in the matter of this college. On the twelfth of October its regular course will commence, and we are sure it will be to a larger class than ever before assembled within its walls.

We have not yet received the announcement from either of the colleges in St. Louis. While a generous rivalry stimulates to greater exertion and a more healthy growth, yet we fear that our cause is not sufficiently advanced in St. Louis, to make two successful colleges possible there; and we should not deem it any loss to our school if these two rival institutions could be harmoniously blended into one strong medical college.

Of the Michigan University we can simply say that homœopathy is not yet included in its medical teachings, and of the New England Homœopathic Medical College, that it still remains in the condition left by the Legislature of the State, — a germ, ready, under propitious influences, to start into vigorous, healthy growth.

CORRESPONDENCE.

LETTER FROM PROF. W. T. HELMUTH.

St. Louis, Aug. 11, 1870.

My Dear Gazette: — Since my return from the Institute, the mercury has had such high aspirations, and has succeeded so well in reaching an untold altitude, that—

> "At last two Fahrenheits blew up
> And killed two children small;
> And one barometer shot dead
> A tutor with its ball."

My sudoriferous glands have wept perspiration by the pound, and relieved the *cacoethes scribendi*, from which I have suffered for years, leaving me in such a weakly condition that a few sporadic and spas-

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modic ejections of ink, on paper apparently suffering from "a critical sweat," was all that remained of that troublesome disorder. The cooler weather has produced a relapse, and alarming symptoms are manifesting themselves. *Ecce!*

In this city hydrophobia has been very prevalent, and *coup de soleil* has acted fatally on all classes excepting the physicians and members of the Sorosis. Apropos of hydrophobia, and speaking seriously, there have been several very remarkable cases reported in this city,— one of especial interest, in which the person was not bitten. The dog was a pet, and jumped upon the bed in which his master was lying, and merely applied his tongue to several portions of the body. The patient died in the hospital in all the untold agonies of rabies. A very critical examination could not detect the slightest abrasion in any portion of his body. This is a lesson for every practitioner. The efficacy of homœopathic treatment in this disease, so far as my knowledge reaches, has not very extended data to go upon; and although there is a similarity of symptoms, with those of hydrophobia, as shown in the provings of *Bell.*, *Hyos.*, *Lach.*, *Stram.*, and *Canth.*, yet I believe that prompt surgical measures may be used, together with the administration of such medicines as may be best adapted to each particular case. I well recollect how sanguine Dr. J. Redman Coxe, Jr., was, as to the cure of hydrophobia, when he published his proving of the virus in the *Philadelphia Journal of Homœopathy*; but the disease is so terrible in character, and is generally, under the best management, so intractable, that one cannot but be sceptical. In 1852, Dr. Comstock treated and *cured* a case of hydrophobia in this city with the internal administration of *Bell.*, *Hyos.*, and *Lach.* He also laid open the wound, and applied caustic potash, and punctured the vesicles (said to be pathognomonic) under the tongue, touching them with the chloride of zinc. Mr. Leadam, in the *British Journal of Homœopathy*, has also written an essay on this subject, which, if I remember rightly, was republished at "the Hub," in the old *Quarterly Homœopathic Journal.* Ramsbotham also has a case reported in the *British Journal.* I see recommended, also, for treatment of this truly horrible affection, the injection of liquor ammoniæ into the circulation. In a case that came under my observation, although I was not the surgeon in attendance, a man was bitten badly by an undoubtedly rabid dog, — a ligature was placed immediately around the arm, and a large piece of flesh, four inches in diameter, was excised, and the surface freely cauterized. In three weeks, after much constitutional disturbance, the patient was out of the house, and is now attending to his usual business. What may come hereafter, who can tell?

The St. Louis College of Homœopathic Physicians and Surgeons has a fine prospect. Dr. E. C. Franklin has leased to its board of Trustees the building occupied by the old institution, — he resigned from it some months ago, and is using his influence in our behalf. You see by our announcement that our faculty is quite complete, and that one new feature in the programme is the admission of women to the lectures, on equal footing with men.

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Our old-school brethren, and indeed the whole city, were taken much by surprise at the suicide of Dr. Charles A. Pope, in Paris. He was quite a distinguished surgeon and a brilliant operator, and was held in very high esteem by our citizens. He was supposed to have everything in life to make him happy; and the "reason why" he cut his own throat is a mystery which still remains unsolved.

I have had lately several very interesting cases in surgical practice, from which I have learnt much. I was called by Dr. Comstock to see a lady aged about forty-five, who had irreducible strangulated femoral hernia. She had all the symptoms of strangulation: severe fæcal vomiting, cold skin, thready pulse, and hiccough. The usual operation was performed, and after the seat of stricture, which was at Gimbernat's ligament, had been incised, I broke up all the old adhesions, which had existed for a dozen years, and replaced the gut. I mention this case in order to state my belief that "the expectant treatment" is much to be preferred *after* an operation. It is well known that many insist that an evacuation from the bowels is absolutely necessary in a short time after the performance of an operation for strangulated hernia, and that if such a result does not take place within a few hours, a dose of oil or some mild purgative must be administered. I advocate the other side, and think that time should be given to the recently-bound bowel to recover its healthy action. In this case, *three hours after the operation, there was stercoraceous vomiting* in large quantity; and, although this was by no means a favorable symptom, indicating that the stricture might still exist, yet the general character of the patient induced hope. About eight hours elapsed, and after a simple warm-water injection, flatus was passed in small quantity; and in *seventy-two hours* from the time the intestine was replaced, there was a healthy, but rather small, fæcal evacuation. The patient has perfectly recovered.

In another singular case of strangulated umbilical hernia, which recently came under my care from one of our city physicians, I was obliged to operate, the patient being only seven days old. The case was very peculiar on account of the difficulty of diagnosis, there being a fleshy growth immediately over the site of the tumor, quite thick, but sensitive and bleeding. The baby also vomited fæcal matter. The details of this case I shall give at a future time. After the return of the bowels, the child slept and had several small evacuations, but expired from shock. Dr. Kenyon, of Buffalo, was present at the operation, together with Dr. Comstock and others; and I am sure they will remember the difficulty in making out the exact state of the case.

I also have now under my care a most unique case of cysto-sarcoma of the right mamma. The patient is a German lady, seventy-two years of age, and the tumor has been gradually increasing for twenty years. She had been under the care of the late Dr. Lutze, of "the New Organon" notoriety, who, I believe, made promise of a radical cure; what nonsense! The growth now extends from above the clavicle to below the waist, and occupies the whole right side of the thorax; it is simply immense. I believe it is an acknowledged fact that the female

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sex is much more obnoxious than the male to cystoids and cysto-sarcoma of the generative apparatus, although two examples of this disease appearing in men are recorded; one by Johannes Muller, and the other by Paget. The surface of this tumor is very lobulated, and where much fluid has accumulated in a cyst, the surface is bluish, or even purple, with here and there a congested vein running over the elevation. After a cyst has opened, a peculiar substance resembling decayed apple is discharged in large quantity.

There is, as usual, some discrepancy of opinion regarding these growths, Paget believing that they originate *as* cysts, and afterward lose their cystic formation and become more solid. Birkett states that blastema is effused into the connecting mammary tissue, from which the cysts grow; while Rokitansky teaches that the cysts themselves are of secondary formation, and that their wall becomes developed from a matrix which primarily constitutes the tumor. The case has interested me greatly, and is the first one that has come under my observation. You shall see, some of these days, an accurate painting of the tumor. When I first saw the patient, I immediately recollected Dr. Black's case of ovarian cystic tumor which disappeared under the use of the Bromide of potash; and upon considering the symptoms well, I concluded to apply compresses wet with a solution of the salt, — two drachms to the pint of water, — and to administer internally the *Iodide of arsenic*, from which medicine I have in several cases of cystic disease derived much assistance. Operation, even if practicable, was positively refused by the patient. After three weeks' treatment, I began to perceive what I thought to be a decrease in the clavicular extremity of the tumor, and the patient herself, as well as her friends, was positive as to its diminution. Then one of the lower cysts opened, and discharged continually a watery fluid. It was so profuse that, notwithstanding cloths and the linen of the patient were changed three times daily, I was obliged to place a large sponge over the most depending portion of the tumor to catch the discharge. In another week a second cyst gave way, and seven days later a third, and from the interior of this large cavity, by introducing the handle of a scalpel, I could, with very slight pain, withdraw large quantities of the aforesaid "rotten apple" substance. The tumor diminished considerably in size, and began to exhale, for the first time, a peculiarly offensive odor; and the surrounding skin became more purple and discolored. The openings are syringed daily with carbolic acid solution, which gives her a sensation of relief; and I have been obliged for the past week to discontinue the *Iodide of arsenic*, as she states that every powder she takes causes headache. Whether these peculiar appearances and symptoms may be attributable to the treatment, whether there is an effort being made to free the system of this unnatural formation, or whether degeneration and mortification will kill her by constitutional irritation, I am unable to predict. Of one thing I am certain: that it was *after* the treatment was commenced that the tumor diminished in size, and the cysts opened. This may also have been a coincidence.

I have spun out this communication to a much longer epistle than

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I had intended. I desired to say a few words on two interesting cases of fracture in the vicinity of the elbow, which I now have under treatment, one in a girl and one in a boy, and to tell of a curious case of Lupus we now have in our hospital, the whole side of the face being gone; but I cannot write them now.

But I must say one word more. I'm in luck. Do you remember, Mr. Editor, some eighteen years ago, on a clinic day at the Jefferson, in Philadelphia, that the late Dr. Mütter introduced to the class a poor fellow who had but half a bladder, and that half — its posterior wall — was perfectly apparent, having grown to the sides of a deficient abdominal parietes? The ureters were visible, and the urine, constantly tickling down the thighs, rendered the man perfectly miserable to himself, and disgusting to others; there was nothing but the rudiment of a penis, and no urethra. I well recollect, as a collection was made by the class for this miserable being, who made his living by being exhibited every winter before the medical students of the great cities, dropping my last quarter (we had silver, you know, in those days), which I had expected to use for other purposes after clinic, into the dilapidated hat that was passed round, and wondering how long such a creature could live in such misery; — I had no *lager* that day after clinic. Well, a week ago, there came to me from Nebraska just such another case. Complete exstrophy of the bladder, with deficient symphysis pubis; the wall of the bladder protruding and very red, and being merged into the surrounding skin; the opening of the ureters close together; complete epispadias; deformed and elongated præpuce; the corpora cavernosa formed on each side, and a gutter above corresponding with the urethra. I could enter more upon this remarkable case, but I have a project for his relief, — not for his cure; I intend *Deo volente*, to endeavor to cover the protruding wall of the bladder with skin from the abdominal parietes, and manufacture the "gutter" into a canal by which the urine may pass into some kind of a convenient vessel which he can wear. I don't know whether success will crown my efforts or not, but the *effort* will be made, because it is due to humanity and to science.

One more word and I have done. As the time comes for me to tear up the old associations with which I am surrounded; to throw over those opportunities for observation and instruction, and, perhaps for the relief of suffering human nature, which, since my determination to settle in the great metropolis, appear to be clustering closer around me; to remove to a new scene of action where I am comparatively unknown, — I must say that I feel some misgivings. But the die is cast; the lot is drawn; I shall remove to New York in December, having delivered my course here — might I say in my own college — during the early part of the session; and then shall I labor to the best of my abilities, in that position with which my best friends have seen fit to honor me.

Very truly your friend, WM. TOD HELMUTH.

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DISEASES OF CHILDREN.

NEWARK, N. J., Aug., 1870.

DEAR EDITOR: — One who will read the weekly bills of mortality during the summer months from any of our large cities is led, almost involuntarily, to exclaim, Do all our children die! About one-half the deaths, and in some weeks more, for the past three or four weeks, have been of children under twelve months. Is there not something very disheartening in this enormous death-rate? Yet it is not confined to this year, which thus far has been comparatively healthy; but, if you will look back with me, you will observe that the death-rate among children has been on the increase, year by year. We might call it an annual "massacre of the innocents," and in many cases but little better than deliberate infanticide.

Probably you have seen a report just presented to the French Academy by a Commission appointed to examine into the causes of, and remedies for, the excessive mortality among infants in France. According to this Commission, it results directly from: 1. Congenital weakness; 2. The abandonment — sometimes unavoidable, but very often voluntary and unjustifiable — of lactation by the mother; 3. Ignorance of the most elementary rules of diet and physical training in infancy, and the prejudices of all kinds which arise from this ignorance; 4. Abuse of artificial lactation, and want of a salutary diet; 5. Want of the necessary hygienic care; and, finally, a want of sufficient clothing and ordinary care.

The Commission pertinently asks, Is there no remedy for this evil? Shall the children still be sacrificed? After pointing out several remedies, they recommend that sound hygienic principles and rules, especially as regards the artificial feeding of infants, should be extensively taught; also that a permanent commission under the title of Commission of Infantile Hygiene should be instituted in the Academy of Medicine. And now let us turn to our own land; what are we doing to lessen this annual sacrifice? As I stated in the beginning of this letter, the death-rate is appalling, about the same ratio in our chief cities as in Paris. In Europe, for a long time, the diseases of infancy have been carefully, separately, and specially taught. In America the diseases of children are of so little importance that, with the exception of (so far as I know) one allopathic college in New York, they are either omitted entirely, or cursorily dismissed by tacking them on to the chair of Obstetrics, or that of Diseases of Females, both of which are now overcrowded. What are we doing towards enforcing the importance of the study of this class of diseases? In looking over the announcements of the several homœopathic colleges I do not find any chair, or a lecturer, devoted to this branch of the profession. One prospectus states that as much attention will be devoted to children as time will permit. How much time will the professor have who attempts to lecture on Obstetrics and Diseases of Women? Another, and that the chief college of our school in the country, attaches diseases of childhood to the chair of Gynæcology; and it strikes me that if the Professor gives

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to Gynæcology that attention which he usually bestows upon all his undertakings, he will have no time for the children. Is not this a grave mistake on the part of those having charge of the formation of our college faculties? We, as homœopathic physicians, are brought into more daily contact with the children than the dominant school, as about one-half, and probably two-thirds of our daily practice is among them. And how often it occurs that our successful treatment of the "baby" draws the parent toward homœopathy? And, then, our students need to know more of these affections, which possess great interest, involving as they do a new symptomatology and a new pathology. Alas for the student who, when he passes out of the college into the world of disease, shall find his first patient a child! In vain will he search his note-book for some suggestion as to the most successful treatment, or the best hygienic measures, or suggestions for a salutary diet. "I am of the opinion," says Bird, "that much of the student's time might be more profitably employed as regards the real aim and intention of his profession in the investigation of these diseases than in the pursuit of the more minute branches of Anatomy, Chemistry, and Botany." It is your duty, dear Editor, to do all you can in this direction; for it is of vital importance that our physicians know more of the difficult, but all-important department of Pædiatria.

Fraternally yours, M.

MATTERS IN PHILADELPHIA.

PHILADELPHIA, Aug. 4, 1870.

DEAR GAZETTE: — You will not be surprised to learn that here in the city of Brotherly Love, we are suffering the full force of the "heated term," of which we hear complaints from all parts of the country. With the thermometer about 90° for many days in succession, and with only the most trifling showers for many weeks, the cases of sun-stroke, as might have been expected, have been frequent, while the mortality among children has been frightful. From the returns of the Board of Health, it appears that for two weeks ending on Saturday last, the whole number of deaths were 1212, of which 649, or over fifty-three per cent, were under two years of age.

It would be interesting to be able to give a comparison of results of the old and new systems in the treatment of these diseases of children; but, unfortunately, we have not the data for so doing. Yet, from my own experience, and from what I can learn from others, such a comparison would tell greatly in favor of homœopathy.

Within the past year, three great and popular "institutions" have been inaugurated in this city, each of which is calculated to be of great sanitary importance.

The first is the opening of the new Fairmount Park, which, extending as it does for miles on either side of the picturesque Schuylkill, and embracing an area of 2264 acres (the Central, of New York, contains but 800 acres, and Boston Common only

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fifty), it is not only one of the largest, but is destined to be one of the most beautiful parks in the world.

The second is the introduction of the drinking fountains, which are appearing in various parts of the city, and proving themselves a great blessing to both man and beast; and, finally, the free public baths, three of which are now in operation and visited daily by many hundreds of men, women, and children, different hours being given to each.

You will be interested in learning that, while the homœopathic colleges in the West, and that in New York, are making wonderful exertions for giving their classes the best facilities for instruction, the Hahnemann, of this city, is also wide awake, and is resolved to more than maintain her previous reputation for energy and progress. While great improvements are being made in the college building, — enlarging the amphitheatre, improving ventilation, re-arranging dissecting room, etc., — the Trustees have commenced the erection of a hospital building adjoining the college, which is to be completed early in the fall. The structure is of brick, four stories above the basement, the main building being seventy-two feet in length, with a wing thirty-five feet. There will be two public wards — each seventy-two feet in length — with two rows of beds and four small private wards. An elevator, for convenience in moving patients, is to communicate with each floor, while the arrangements of bath-rooms, water closets, etc., etc., are to be those of a first-class hospital.

The advantages to be derived from such a hospital in connection with the college, in addition to other superior facilities offered by this institution, are sure to be appreciated by medical students; and from present indications, the coming class will be the largest ever assembled in our college.

I had purposed saying something about other medical schools in this city, but must reserve that for a future communication. M. D.

PROVIDENCE, Aug. 23, 1870.

DEAR GAZETTE: — In the July number, you publish Dr. Dunham's very interesting address before the American Institute, at Chicago, in June, 1870.

This address reiterates what seems to me to be an error, and which is often both written and publicly spoken, — I fear to the misleading of beginners in the practice of homœopathy. I refer to the classing of those who *alternate* remedies with those who *mix* remedies, and who give *unwarrantably large doses.*

There is no doubt that our license from the master to alternate remedies, may be, and often is abused; but it seems to me to be a question of — Under what circumstances and to what extent ought remedies to be alternated? not whether it is a practice for total condemnation.

The entire question is, however, discussed and elucidated by Hahnemann himself, in his Organon — fifth German edition, I think. It will be found in the translation published in 1836, in a note, pp. 187–191. The remarks apply alike to the treatment of acute and chronic diseases. Respectfully, B.

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REPORTS OF SOCIETIES.

NEW HAMPSHIRE HOMŒOPATHIC MEDICAL SOCIETY.

Reported by J. H. Gallinger, M.D., Secretary.

The eighteenth annual meeting was held in Concord, on Wednesday, June 15, the chair being occupied by Dr. D. F. Moore, of Lake Village, Vice-President. Drs. Levi Dodge, of Peterborough, and Josiah Conant, of Great Falls, having been favorably reported by the Council, were duly elected members.

Dr. Gallinger, of Concord, read a paper entitled "Dangers to Homœopathy," which elicited an interesting discussion.

A committee, consisting of Drs. Dodge, Gallinger, and J. C. Moore, was appointed to draft resolutions regarding the death of Drs. Peterson, of Weare, and Sanborn, of Lake Village.

Dr. J. C. Moore presented a written sketch of Dr. Sanborn's life and illness, which was ordered to be placed on file, and furnished for publication in the *Gazette*.

Dr. Horsch's letter to the Society was taken from the table and read; and Dr. Gallinger offered the following resolutions in reference to the matter: —

Whereas, a letter has been addressed to this society by Dr. C. H. Horsch, of Dover, taking exception to the title of "Homœopathic," and advising that the Society disclaim its distinctive features, and invite all to unite in an organization "who have acquired the right to claim the name of physician, without regard to difference of treatment," etc., thus virtually denying the truth of homœopathy, and admitting that our system is based upon false assumptions, and untenable ground; therefore, be it —

Resolved, That we were never more fully convinced than now of the truth of "*Similia similibus curantur*," and believing it to be the only scientific law that has yet been adduced to govern the administration of remedial agents, we propose to continue to rigidly adhere to the peculiar views of the homœopathic school, believing that the future will continue to abundantly demonstrate the superiority of that system of medical practice over all others.

Resolved, That while mongrel medical organizations, such as has been proposed to our society in this instance, may do for those who have not fully embraced the truths of homœopathy, we respectfully decline to be a partner to any such absurd and impracticable scheme, being persuaded that the interests of humanity and of science alike would be compromised and endangered by such action.

The resolutions were unanimously adopted, and the Secretary was authorized to send a copy of them to Dr. Horsch, and also to publish them with the proceedings of the Society.

A telegraphic despatch was sent to the Vermont Homœopathic Medical Society, in session at Montpelier, in these words: —

"The New Hampshire Homœopathic Medical Society, now in session, sends fraternal greetings to your organization, trusting that the interests of our noble cause may be greatly advanced by our gatherings. "In behalf of the Society,

"J. H. Gallinger, *Secretary*."

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At a subsequent hour, the following reply was received: —

"GREETING: The Vermont Society with pleasure returns fraternal greeting to the New Hampshire Homœopathic Medical Society. "ONWARD" is our motto.

"Fraternally yours,

"G. E. E. SPARHAWK, *Secretary.*"

Dr. Dodge exhibited a calculus of considerable size, taken from Wharton's duct of the submaxillary gland; it was examined with great interest.

A series of resolutions, expressive of the sorrow of the Society in the death of Drs. Peterson and Sanborn, were presented by the committee, which, after eulogistic remarks by Drs. Weeks, D. F. Moore, J. P. Whittle, Gallinger and others, were adopted.

A recess of one hour was taken, and dinner was served to the members at the Phœnix Hotel.

AFTERNOON SESSION.

The first business in order was the election of officers, the ballot resulting as follows: —

President, Dr. D. F. Moore, of Lake Village; Vice-President, Dr. J. F. Whittle, of Nashua; Secretary, Treasurer, and Librarian, Dr. J. H. Gallinger, of Concord; Councillors, Drs. L. T. Weeks, of Laconia, and Levi Dodge, of Peterborough, with the President and Secretary, *ex-officio;* Censors, Drs. J. C. Moore, of Lake Village, J. P. Whittle, of Weare, Henry Tucker, of Claremont, Francis Brick, of Keene, and J. W. Drake, of Dover.

The following committees were appointed for next year: —

On Materia Medica, Dr. L. T. Weeks, of Laconia; on High Potencies, Dr Henry Tucker, of Claremont; on Epidemics, Dr. Francis Brick, of Keene; on Clinical Medicine, Dr. J. H. Gallinger, of Concord. The Essayists are Drs. J. W. Drake, of Dover, and Levi Dodge, of Peterborough.

After the appointment of delegates to the several societies, and the passage of a resolution of sympathy with Dr. Alpheus Morrill, who was then seriously ill at Salem, Mass., the Society adjourned to meet at Concord, on the third Wednesday of June (21st), 1871.

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

AT its sixth annual meeting held in New Haven, May 17, 1870, the following officers were chosen: —

President, Dr. G. H. Wilson, West Meriden.
Vice-President, Dr. C. E. Sanford, Bridgeport.
Recording Secretary, Dr. W. D. Anderson, New Haven.
Corresponding Secretary, Dr. J. D. Johnson, Hartford.

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Treasurer, Dr. E. W. Kellogg, Southington.
Librarian, Dr. G. H. Wilson, West Meriden.
Censors, Drs. Austin, Bishop, Vishno, and H. E. Stone.
Delegates to *American Institute*, Drs. H. E. Stone, C. H. Skiff, and G. H. Wilson.
Delegates to *New York Society*, Drs. E. T. Foote and W. D. Anderson.
Delegates to *Massachusetts Society*, Drs. E. C. Knight and H. Cole.
Delegates to *Pennsylvania Society*, Drs. W. W. Rodman and C. E. Sanford.

Nearly the entire time of the session was devoted to the discussion of matters relating to medical education, and the conferring of degrees. The retiring president, Dr. W. W. Rodman, read a valuable paper on the "Materia Medica in some of its Relations to Psychology."

Drs. T. F. Smith and J. R. White were welcomed as delegates from the N. Y. Society, and elected Honorary Members. Drs. J. Beakley and H. D. Paine were also present; the latter was made an Honorary Member. It was voted to hold the semi-annual meeting in New Haven, in November next.

W. D. ANDERSON,
Rec. Secretary.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Reported by C. C. Slocomb, M.D., Rec. Sec.

THE semi-annual meeting of the Society was held in Temperance Hall, Worcester, May 11, 1870. The President, W. B. Chamberlain, M.D., of Worcester, occupied the chair.

Dr. Whittier and Dr. Nichols read papers on Puerperal Convulsions. Dr. Whittier gave the history of four cases; one patient having a second attack one year after the first.

This patient, at about the fourth month, took cold; next day labor pains came on, continuing till the fourth day, when the child was delivered, stillborn. The lochia were very offensive, but were controlled by *Carbo an.* and vaginal injections. Very soon convulsions set in, lasting three or four hours, begining in the right side, then going over the whole body. She was unconscious most of the time for two weeks. *Hyos. Stram.*, and *Cann. ind.* were the main remedies given.

One year later the same patient, in her eighth month, was taken with convulsions, without known cause. The symptoms were not as violent as before. She became conscious next day; and, on the fourth day, natural labor pains came on; and after three or four hours she was delivered, but the child was dead. The placenta presented a fibro-cartilaginous appearance, and was covered with nodules or small abscesses, which had suppurated. She afterwards had periodical discharges with something like labor pains. She recovered.

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Another patient had two convulsions before Dr. Whittier saw her. She afterwards had two or three more, then became wholly unconscious. He diagnosed uræmic poison. The pains had no effect on the os; she died fourteen hours after. The indicated remedies seemed to have but slight effect in controlling the symptoms.

Dr. Nichols related a case, in which the patient had twins; the labor was very severe, the last child born having one shoulder dislocated. Six hours after, convulsions came on; gave *Stram.*, *Hyos.*, and *Bell.*, but without relief. He then administered chloroform, and gave *Hyos.*, which soon had the desired effect.

Dr. Nichols gave chloroform in convulsions twenty-four or twenty-five years ago, being the first (he thinks) to try it in this region.

Dr. Nichols spoke of another case; the patient had had a miscarriage one year before, from mechanical strain. She was strong and fleshy; had anasarca and severe headache. The eyes looked strangely, though the pupils were natural. The convulsions became very severe. He gave *Bell.* and *Stram.* The child was born soon after; but, convulsions coming on again, he administered chloroform and gave *Bell.* and *Kal. br.* She vomited large quantities of bloody matter before she died.

Dr. Chamberlain read extracts from various writers, favoring the use of chloroform in puerperal convulsions, etc. He spoke of one patient who had over thirty convulsions. He gave *Cann. ind.* with good results. A good authority speaks of it as being a powerful remedy — even more so than ergot — for bringing on labor pains.

Dr. Sibley was called to a case of convulsions, two weeks ago. Patient had ringing in the ears, blindness, anasarca, etc. *Stram.* relieved the ringing in the ears, and the blindness to some extent; but the convulsions continuing, chloroform and ether (equal parts) were given, and the child delivered with the forceps. The breathing was stertorous and heavy. Ten drops of McMunn's elixir of opium were given, then ten drops *Kal. br.* She soon rallied, and made a good recovery.

Dr. Whittier thinks *Kal. br.* homœopathic to the coughs, catarrhs, and sleepless nights of children.

At one o'clock the Society took recess for dinner, accepting the very kind invitation of Dr. Chamberlain to dine with him at "Lilly's."

Afternoon Session.

Dr. Slocomb brought before the Society a patient having a cancer of the lower lip and chin. Three years ago she had two teeth extracted; since then, she has had what she supposed to be canker of the mouth, which gradually grew worse, till some five or six months ago, when, at the suggestion of a friend, she took Croton oil, and almost immediately the lip began to turn purple, and the glands about the mouth and neck to swell; they have now become very much indurated. *Ars.* has seemed to relieve the severity of the pain, but did not control it. The sixth attenuation was first given, but

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was much less satisfactory than higher (1,000 to 40,000). *Phytolacca* has not proved as good as *Arsen.* in relieving the intense pains and the burning.

Dr. Nichols gave the history of a case of constriction of the œsophagus. The patient is a laboring man, and has lived upon a liquid diet for fifty-seven years. When five years old he swallowed a quantity of strong potash water; the œsophagus, near the entrance to the stomach, became constricted to the size of a knitting needle, and a sort of pouch formed just above it, which held the food as swallowed, till it gradually found its way into the stomach. The passage finally became clogged, and no opening could be found with the bougie, neither could anything be forced into the stomach with the force-pump, and no food was taken into the stomach for fourteen days; he was kept alive by beef-tea injections. The patient was given up to die by his friends, but Dr. Nichols, by means of great perseverance and effort, succeeded in relieving the stricture. *Bry.* and *Cupr.* were the remedies most useful in removing the difficulty. The man is now about the streets as usual.

Dr. Spooner related a case from practice. A little girl of eleven years had an eruption like mosquito bites, here and there over the body; the eruption had been out several weeks, with terrible itching about nine P.M., and once during the day, when she said it "seemed as though she must scratch herself to pieces." She had sharp pain in right hip, then in the right knee, then in the right foot; these pains came on suddenly, forcing her to cry out. One dose of *Sulph.*^{200}, dry on the tongue, stopped the itching, and the pain in hips and limb.

D. B. Whittier, M. D., was appointed delegate to the American Institute of Homœopathy.

Adjourned at 4 P.M.

WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

Reported by Isaac Cooper, M.D., Secretary.

THE first annual meeting was held in Camden, May 18, 1870. The President, Dr. Gardiner, upon taking the chair, addressed the Society at some length, impressing upon the members the necessity of attending the meetings, etc.

In the absence of the Secretary, Dr. McGeorge, who has removed from the State, Dr. Cooper was chosen Secretary *pro tem.*

Members present: Drs. Gardiner, Hunt, Streets, Cloud, Wilkinson, Kirkpatrick, Bancroft, Ward, Phillips, Austen, Brown, Middleton, Pfeiffer, Allen and Cooper.

Drs. Richard Gardiner, jr., Jacob Iszards, Joseph Shreve, J. C. Parkinson and Van Room Tendale were duly elected members.

The resignation of Dr. McGeorge was read and accepted; appropriate resolutions were passed to be transmitted to Dr. McGeorge.

A form of license, from the State Society, was presented, but it was not considered advisable to accept it, and it was laid on the table

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for further action. The Society proceeded to an election of officers to serve for the ensuing year, resulting as follows: *President*, Ross M. Wilkinson, M.D., Trenton; *Vice-President*, Daniel R. Gardiner, M.D., Woodbury; *Treasurer*, Jacob G. Streets, M.D., Bridgton; *Secretary*, Isaac Cooper. M.D., Mullica Hill; *Censors*, Drs. Richard Gardiner, jr., Gloucester City; Henry F. Kent, Camden; and Alex. Kirkpatrick, Burlington.

After the appointment of the bureaus for the ensuing year, the Society adjourned, to meet at the same place next August.

EDITORIAL ASSOCIATION.

Our readers will remember an account of a meeting of the homœopathic editors held in Boston at the twenty-sixth anniversary of the Institute. A second meeting was held at Dr. R. Ludlam's office in Chicago, on Wednesday evening, June 8, 1870. The following gentlemen were present: Drs. R. Ludlam, W. T. Helmuth, S. Lilienthal, T. P. Wilson, E. A. Lodge, T. C. Duncan, R. J. McClatchey, and I. T. Talbot.

Dr. Talbot was called to the chair, and Dr. McClatchey was appointed Secretary. The following articles of association were adopted: —

Name.— The name of this Association shall be The American Homœopathic Editorial Association.

Object. — For the mutual understanding of its members; elevating the standard of homœopathic medical journalism; and for the general good of the profession.

Members. — This Association shall be composed of those editors and associate editors of the homœopathic medical journals of the United States, who subscribe to these articles of association.

Officers. — The officers of the Association shall consist of a President, Secretary, and three Censors, to be elected annually, during the session of the American Institute.

Duties of Officers. — The President and Secretary shall perform the usual duties assigned to such officers. The Censors shall make an annual report of the condition of homœopathic journalism in the United States during the preceding year, and report plans for the furtherance of the objects of this Association.

Drs. Duncan, McClatchey, and Helmuth were constituted the Board of Censors.

It was voted that the nomenclature of drugs adopted by the American Institute of Homœopathy, shall be adopted in the homœopathic journals of the association.

Dr. I. T. Talbot was elected President, and Dr. R. J. McClatchey, Secretary, to serve the ensuing year.

Dr. Lodge was elected Delegate to represent the Association in the American Institute of Homœopathy.

The Association then adjourned.

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REVIEWS AND NOTICES OF BOOKS.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY.— Editors, F W. Hunt, M.D., and S. Lilienthal, M.D. New York, and San Francisco: Boericke and Tafel.

With the nineteenth year of this time-honored quarterly, it begins, as it were, a new life, and the number for August, 1870, is entitled "New Series, Number 1." We must confess that the paper and type of the old series had begun to look worn, old and gray, and some of the matter would pass under the technical term, "padding." We are glad to see the New Series come out with clean, white paper, new type, and filled with matter which every physician could peruse with profit. The untiring energy of its editor-in-chief, Dr. Lilienthal, cannot fail to add greatly to the value of this quarterly, for which we bespeak the support of the profession.

THE MEDICAL HERBARIUM. A COLLECTION OF DRIED SAMPLES OF MEDICINAL PLANTS, by T. F. Allen, M. D. New York: Henry M. Smith & Co., Publishers.

This unique publication is designed, as the preface says, "to meet the wants of the physician, the pharmaceutist, and the lecturer. It contains an authentic specimen of every medicinal plant, with its appropriate name and synonyms. It states the region and kind of soil in which the plant may be found, the time of flowering, and the part used for medicine." Part 1. contains Eupatorium purpureum, Asclepias incarnata, Polygala Senega, Baptisia tinctoria, Aletris farinosa, Ptelea trifoliata, Phytolacca decandra, Lobelia inflata, Ustilago Maidis, Cicuta maculata. The well-known ability of Prof. Allen in this department peculiarly fits him for this task, and we doubt not that physicians generally will avail themselves of this opportunity of obtaining, in this convenient form, the rare specimens of our Materia Medica.

THE HOMŒOPATHIC TREATMENT OF HOOPING-COUGH, by C. Von Bœninghausen. Translated, with additions, by Carroll Dunham, M.D. New York: Henry M. Smith & Brother. pp. 200; 12mo.

Both author and translator regard the word *whooping-cough** as merely a convenient mode of indicating certain combinations of symptoms by a single word. More than eighty remedies are discussed in their relation to convulsive coughs, their aggravations and concomitants, *not* including *Trifolium pratense*. This is followed by an elaborate Repertory equal in bulk to the body of the work. An introduction of twenty-four pages gives us the history and picture of whooping-cough and in enumerating the causes includes "Infection, *which can scarcely be altogether denied.*"

Probably no physician has ever more carefully studied the application of remedies to disease than did Bœninghausen, and never did author find a more careful, exact and discriminating translator than

* We greatly prefer this method of spelling, and consider it more correct, as well as more characteristic.

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in the present instance. But Dr. Dunham has done a greater service than that of mere translator. He has not only added to the book from his own valuable knowledge and rich experience, but he has also culled from the writings of our best authors much that is important and otherwise difficult of access.

LECTURES, CLINICAL AND DIDACTIC, ON THE DISEASES OF WOMEN, by R. Ludlam, M.D., Part Second. Chicago: C. S. Halsey.

Promptly, at the time appointed, came the second part of this valuable work by Professor Ludlam, and its appearance fully sustains our opinion expressed of the first part. We had marked many passages for the especial perusal of our readers, but lack of space prevents our inserting them; and we hope that all our readers will have the pleasure of reading them in their proper connection, in the book itself.

THE LADY'S MANUAL OF HOMŒOPATHIC TREATMENT, by E. H. Ruddock, M.D., Reading, England. With Notes and Additions by R. Ludlam, M.D. First American, from the third London edition. Chicago: C. S. Halsey. Pp. 226, 12mo.

MATERNITY: A POPULAR TREATISE FOR YOUNG WIVES AND MOTHERS, by T. S. Verdi, A.M., M.D., Washington, D. C. New York: J. B. Ford & Co.

Never before has it been our good fortune to find upon our editorial table two new books upon the same subject or similar ones, both so valuable, and yet so different.

The work of Dr. Ruddock is precisely what every woman needs, and contains information for the want of which she often suffers a permanent loss of health. The whole range of functions and diseases incident to women is treated with care and precision. Particular emphasis is given, very properly, to the conditions and disorders of maternity, as well as to the treatment of infants.

Dr. Ludlam has rendered his friendly office in a very modest and acceptable manner, and the mechanical execution of the book is creditable to the enterprise of the publisher, and is such as a lady of taste would approve. It has already passed through three editions in London, and we doubt not will have an extensive sale in this country.

Dr. Verdi's work, under the general term "Maternity," treats of many of the wants, conditions, and accompaniments of womanhood, and this it does in such an original, fresh, and forcible manner, touching upon many points never before described, that no physician could peruse the book without pleasure; and every woman, whatever her medical predilections, would find in it a mass of valuable information. Take, for instance, the article on the Monthly Nurse. After giving a clear description of their proper qualifications, as well as duties, and citing many of the defects which every physician finds in them, and giving many hints in regard to the proper treatment of them, upon page 133 we find the following in regard to selecting a nurse:—

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" In looking up a nurse, and inquiring into the qualifications from those who have had experience of her, it will be found useful to ask the following —

Questions. — Is she strong and healthy?

Is her breath offensive?

Is she clean about her person?

Does she keep the baby clean, and is she tidy in the nursery?

Is she attentive to the mother?

Is she gentle, kind, anticipating all wants, and supplying them with a willingness?

Is nursing to her only an effort by which she makes a livelihood, or has she a natural adaptability for the calling?

Is she a light, or a sound, sleeper?

Does she snore?

Has she such a habit of watching, that she can keep awake if necessary?

Can she cook food or dainties for the mother?

Did any accident ever happen through her carelessness?

Is she truthful?

Does she drink, or use tobacco?

Does she receive many visitors?

Does she interfere with the household servants?

Is she inquisitive or gossipy?"

And, we might add: —

Is she fond of dosing the patient?

Will she administer catnip-tea, anise-seed, or paregoric?

The book is well printed for a popular work, and, though we find many traces of careless proof-reading, yet these sink into insignificance, when compared with the good qualities of the book.

ITEMS AND EXTRACTS.

St. Louis has 115 miles of sewers.

New York has a cargo of yellow fever.

Sir William Fergusson has been elected President of the Royal College of Surgeons, London.

The Hahnemann Hospital, located at 807 E. 55th street, New York, will be re-opened for patients, Sept. 15, 1870. Patients able to pay, will be charged a moderate sum for board.

Allopathic Homœopathy. — The cigarette of Cannabis indica is the new method of infinitesimally administering this well known drug by Continental allopaths. It is thus prescribed in chorea, epilepsy, asthma, and other nervous conditions unattended with plethora.

Experts. — "It was the physicians of the highest standing that most opposed Harvey. It was the most experienced navigators that opposed Columbus's views. It was those most conversant with the

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management of the post-office who were the last to approve of the plan of uniform penny-postage." — *Whateley.*

FEMALE EDUCATION. — Professor Seeley, author of "Ecce Homo," has just completed a course of lectures to women, on Roman History, at the Government Institution of Kensington. There were two hundred in the class. The lecture-rooms at Cambridge University have been thrown open to women. A short time ago the first examinations ever opened to women in Ireland were passed by twenty-eight candidates at Trinity College, Dublin. The Dutch are alarmed at a decree of the government of Holland, opening the examinations for apothecaries to women. The Russian government has opened the doors of medical schools to both sexes, and a commissioner has been sent from France to England for the purpose of investigating this "movement." So the work goes on.

NÉLATON. — A good anecdote is told of Nélaton. Going through one of the streets of Paris one day, he came upon a crowd standing in front of a drug store. There a man lay stretched out who had been terribly wounded in the abdomen by a sharp buggy shaft, so that a large part of his intestines protruded. His life could be saved only by a very difficult and dangerous operation; but Nélaton was equal to the occasion, and soon his patient, quite a wealthy man, was sent home out of danger. For three weeks Nélaton heard nothing more of him, but then he made his appearance and asked his preserver how much he owed him? "Hundred and fifty francs," replied the surgeon. "That is too much," said the man, "but give me a specified bill; here is your money." Nélaton sat down and wrote as follows: "For adjusting a metre and a half of the intestinal canal, at a hundred francs per metre, one hundred and fifty francs."

PHYSICIANS' FEES IN PRUSSIA are regulated by law, and are fixed upon the most economical basis. For a first visit within the city limits, a physician is allowed to charge from 50 cents to $1; for each subsequent visit, 25 to 50 cents. If at a distance of from one to five miles from town and suburbs, his first visit may be from 75 cents to $1.50, and subsequent ones from 50 to 75 cents. For a first visit at night he gets, if it be in town, from $1.50 to $2.25; if more than a mile out of town, from $2.25 to $3; following night-visits being, in town, from 75 cents to $1.50; in the country, from $1.12 to $2.25. He may not charge for more than two visits a day, unless they be by special request, nor must his fees for attendance on any one patient within twenty-four hours exceed $2.25. The highest fee in the list is awarded to the surgeon who performs lithotomy; namely, from $15 to $37.50.

BURNS AND SCALDS. — Some months ago it was accidentally discovered by a French workman that varnish was an excellent remedy for burns; and since then some remarkable cures have been performed by its instrumentality. Recently, also, it has been ascertained that petroleum is an excellent pain-relieving application, and it is successfully used for burns and scalds. Experience has shown that crude oil

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is better than the distilled article, that the heaviest kinds are to be preferred, and that the crude filtered oil, which has not been heated, (such as is used for lubricating purposes), is the best of all.

UTILIZATION OF WASTE PRODUCTS. — One of the achievements of modern science is to find a place for everything and put everything in its place, so far as what is usually termed "waste material" is concerned. Fusel oil, putrid cheese, gas tar, and the drainage of cow-houses are transformed into delicious perfumes; and scraps of tin, old woolen rags, and parings of horses' hoofs are made to yield blue dyes. Fishes' eyes make buds for artificial flowers. Fifty thousand tons of cotton-waste are annually worked up (in England) into coarse sheeting, bed-covers, papier-mâché, and common printing paper. Seaweed furnishes iodine. Raisin stalks are used to clarify vinegar; sawdust finds shapes and services of a thousand different kinds; old horseshoe nails make the best of musket-barrels. Spent dyewoods are mixed with tar refuse and compressed into cakes for fuel, and scraps of leather are worked into shoddy, and used for inner soles of shoes. — *Industrial and Commercial Gazette.*

EXPERIMENTING IN SURGERY. — The English papers are discussing a case of hospital practice believed to be without precedent in the science of surgery. It occurred in a London infirmary. It appears that a medical man with a turn for experimenting, was curious to know whether a portion of the skin of a negro would, if applied to a raw surface on a white person, adhere and grow, and, if so, whether the surrounding skin would become discolored. A chance to solve this physiological problem offered. A child was conveyed to the hospital suffering from an enormous burn, and leaving a wound so large that the vitality of the little sufferer was inadequate to heal it. A negro patient was bribed to part with a portion of his epidermis, and this was placed over the wound. The result has not transpired. But in the mean time much indignation has been aroused against the surgeon whose "search after knowledge" was made at the expense of his patient, and the *Daily News* is quite sure, if the facts are as alleged, that he merits public condemnation and disgrace. Medical men, however, defend their *confrère* on the ground that the experiment is expected to determine a point, the knowledge of which may enable the surgeon to save life.

DEATH FROM CHLOROFORM. — Mr. William W. Leonard, a young and prominent merchant of Chicago, died in that city recently from the effects of Chloroform which was administered by Dr. G. D. Beebe, for the purpo e of removing a cystic tumor over the left eye of the deceased. The operation was nearly completed, when Mr. Leonard suddenly threw back his head, his neck became stiff, and he gasped. Efforts were made to restore him, but without avail. In half an hour he was dead. A coroner's inquest brought in a verdict of death from paralysis of the heart, produced by the inhalation of chloroform.

This is but one of the many deaths which have occurred from the use of this anæsthetic, which is dangerous even in the hands of the most skilful and experienced.

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HOMŒOPATHY IN PHILADELPHIA.—The following, copied from the *Philadelphia Press*, may not be uninteresting to *our* readers: —

"This comparatively new system of practice has made such wonderful progress that our readers will no doubt read the following with interest: —

"Philadelphia is the headquarters of homœopathy; for it was here that the first homœopathic college in the world was established.

"Within a period of about thirty-five years, when it was first practised here by one physician only, we have seen ridicule and law hurled at the heresy; and those who employed its physicians, fearing loss of caste in society, were accustomed to go in the darkness of the night to receive treatment. All this is now changed. There are now, practising homœopathy in this city, nearly two hundred physicians. The number of those who employ homœopathic treatment is nearly 300,000, and its adherents are among the best-educated and most wealthy of our citizens. Its patrons represent a capital of many millions of dollars. There are two free dispensaries, whose physicians prescribe for upwards of 10,000 patients yearly, two extensive homœopathic pharmacies and publishing houses, a county society with a large membership, and two monthly homœopathic journals.

"The college has been in operation now over twenty years; and it has accumulated a medical museum, which is, in many respects, second to none in the country, and the foundation — eight hundred medical books — is laid for an extensive library.

"The college building has been undergoing thorough repairs, and among other things a spacious amphitheatre, capable of holding about three hundred students, has been put in. To give the new system a still greater impetus, a hospital is being erected, and will be completed by the first of October, and ready to receive patients. In reference to the hospital, an exchange says: —

"The proceeds of the fair, held in Philadelphia last year for the endowment of the Homœopathic Hospital, netting some $20,000, are now being applied. The trustees of the hospital have purchased the old college property on Filbert and Cuthbert streets, above Eleventh street; they have torn away the small buildings in the rear, and have entered into a contract to erect thereon a building suitable for hospital purposes. It is to be supplied with every department necessary to such an establishment. A noticeable improvement will be an elevator to move patients from floor to floor with ease and comfort. The Hahnemann Medical College have leased the old college building on Filbert street for educational purposes, and thus the Hospital will be under the immediate supervision of the College faculty. The clinical lectures will be delivered in the hospital lecture room. This gives to Philadelphia the completest institution in America for the promulgation of the doctrines of Hahnemann."

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SKETCH OF THE HISTORY OF HOMŒOPATHY IN BRAZIL.

BY S. HASBROUCK, M.D., DOBBS' FERRY, N. Y.

HOMŒOPATHY was introduced into Brazil in 1841 by John Vincente Martin, a native of Lisbon. Although not a graduate of any medical college, he was a man of great literary attainments, and at the time he adopted the homœopathic system, was a chemist and druggist in his native city. From the nature of his business, he was opposed to the new system; but, impressed by the wonderful cures said to be accomplished by Hahnemann and his disciples, he at once began to investigate, and soon became a convert. In 1841, when 35 years of age, we behold him endeavoring to show the people of Brazil the fallacies of the old system, and the truth and advantages of the new. In 1842, he was joined by Dr. Mure, who, at the time of Martin's arrival, was engaged, under the government, in a colonization scheme in St. Catherine's. Immediately on his return he united himself with Martin, and they soon induced others to join them; among whom was Dr. Gamode Castro, then editor of the *Journal of Commerce*, who entered into the combat with great spirit and "through the columns of his excellent paper clearly demonstrated the superiority of homœopathy over the official medicine."

In the summer of 1843, they established the first Homœopathic Dispensary for the poor in St. Joseph st., No. 59; and they applied for and received authority to establish a society which was inaugurated Dec. 10th 1843, under the title of the Homœopathic Institute of Brazil. Dr. Benito Mure was proclaimed Perpetual President. In the spring of 1844 Dr. Gamo de Castro was called to Europe on business connected with his paper, but John Vincente Martin, who had partially withdrawn from the combat, again took an active part in the advocacy of the new system.

In order to establish and perpetuate homœopathy in Brazil, Drs. Mure and Martin proposed to found a college, in which, besides other studies, the Homœopathic Materia Medica and Therapeutics should be taught. A charter for this institution was obtained in 1846.

The physicians of the old school now invoked the aid of the law to stop the progress of homœopathy, and the Academy of Medicine represented to the government that homœopathy was nothing but charlatanism, and asked to be protected against it. This representation was answered by a decree drawn up by Joaquim Marcelino de Pinto, minister and counsellor to his majesty Don Pedro, and dated July 5, 1846, as follows: "Be it hereby enacted that physicians and surgeons of Brazil, and those who are graduates of other countries and have had their diplomas legalized by faculties of Brazil, may rightfully follow any system they please; but those who have not fulfilled the above conditions of the law, are not permitted to practise as physicians and surgeons."

Finding they could accomplish nothing in this way, the old-school physicians resorted again to intrigue and slander. In a debate in the Legislature on the subject of introducing homœopathy into the hospitals and army, a physician, speaking in no very decent terms of homœopathy and of those who had adopted it, was interrupted by one of the ministers, with the following question: "Have you ever read all or any of the works which have been written on the subject of homœopathy?" to which the doctor replied, "I am so great an enemy of homœopathy as not even to give it the honor of looking into its books." The minister sarcastically replied: "that in view of such conclusive arguments, he had nothing more to say, except that the Doctor was quite right in opposing that of which he knew nothing!"

Homœopathy being firmly established in the capital of the empire, where Dr. Mure and his converts remained, Dr. Martin went in 1848 to Bahia, where he soon converted Dr. Mello Morraes to the new faith. The medical corporations united to crush him, but, well accustomed to newspaper wars, he bravely defended his cause, and succeeded in making homœopathy generally known.

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Respecting his conversion, Dr. Morraes says: "By chance it happened I was present with the directors and teachers during an examination before the faculty of Medicine, when a newspaper of Bahia was placed before me, containing a strong attack upon the faculty, and I was asked to undertake the defence of the doctrines of Hippocrates. I began the controversy, attempting to prove the fallacy of the new system, but was forced to yield to the overwhelming arguments of my opponents, sustained as they were by the statistics of those who had compared the two systems. My conversion was badly received by the old school, and for two years we had to battle without intermission." After remaining in Bahia two years, Martin returned to Rio to take the place of Dr. Mure, who had left Brazil. In 1851, he went to Europe, but soon returned, and died in Rio in 1853, in the forty-sixth year of his age, having lived only long enough to see the fresh fruits of his labor..

After the departure of Dr. Mure, Dr. Morraes was elected President of the Institute in October, 1851.

Homœopathy was introduced into the Province of Pernambuco, in July, 1848, by Dr. Sabino O. L. Pinto, who founded the homœopathic societies of Parahiba, Maranham and Pernambuco, and also a college in the last-named town. He is a member of all the Brazilian, and of many foreign societies, and has published several works on homœopathy.

Thus, against opposition, homœopathy steadily advanced, from 1841 to 1853; but its great superiority and full resources, were not recognized by the people till the cholera epidemics of 1855 and 1856. So great was its success in these epidemics, that, notwithstanding the protests of the regular school, infirmaries were established, portions of the hospitals were assigned to the homœopathists, and homœopathic medicines were put up with directions for their use, and sent to every part of the empire by order of the government. Moreover the subject of the introduction of homœopathy into the army, began to be discussed, and, in 1857, a decree was passed, immediately followed by the order of Gen. le Marquis de Caixas, minister of war, authorizing its introduction, and appointing surgeons to the military hospitals, and to the army in the field.

There are at present (1867), in the empire of Brazil, about three hundred homœopathic physicians. Of these, about sixty are in Rio, one of whom, Iacinthe Rodriguez Pareira Piers, is a member of the Imperial Academy of Medicine, and Surgeon to the Emperor of Brazil. In Bahia, are twelve. In Maranham, six. In Pernambuco, eighteen. In Porto Alegre, ten. Rio Grande do Sul, eleven. There are seven pharmacies,— all in Rio; and two colleges.

PERSONAL.

HENRY B. CLARKE, M.D., of New Bedford, Mass., will remove to St. Louis early in November next, to take the practice of —

PROFESSOR WM. TOD HELMUTH, M.D., who, soon after, will remove to New York, and assume the Chair of Surgery in the Homœopathic College of that city. It is seldom that we have to record, at one time, the removal of two men so prominent in the profession as these. In New Bedford, where Dr. Clarke has a very extensive and lucrative practice, his departure will be greatly regretted, and we hope his place will be filled by some competent physician. In St. Louis, Dr. Helmuth has acquired an enviable reputation, which will but be increased by his removal to the metropolis.

J. P. PAINE, M.D., Highland District, Boston. We regret to learn of the severe indisposition of Dr. Paine for several weeks past, from which he is now slowly recovering.

REMOVALS. L. M. WILLIS, M.D., from East Boston to Main street, Charlestown.

A WALKER, M.D., from Pontiac, Mich., to Little Rock, Arkansas.

S. GILE TUCKER, M.D., from Brooklyn, New York, to Norwich, Conn.

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P. T SCHLEY, M.D., from Charleston, S. C., to Atlanta, Ga.

DEATHS. L. M. LEE, M D, of the Dorchester District, Boston, we regret to learn, has recently lost by death his youngest child.

BOOKS AND PAMPHLETS RECEIVED.

The usual exchanges, and also the following: —

Sixty-third Annual Catalogue of the College of the Physicians and Surgeons, New York.

Bellevue Hospital Medical College of New York. Catalogue for 1870-71.

Medical College of Virginia (Richmond). Announcement for 1870-71.

Forty-fifth and Forty-sixth Reports of the Retreat for the Insane, at Hartford, Conn.

The Physician's Monitor for 1870.

Henry C. Lea's Annual Catalogue.

Anatomy, Descriptive and Surgical, by Henry Gray, F. R. S.; a new American, from the Fifth and enlarged English edition. Philadelphia, Henry C. Lea. (Noticed.)

An Oration before the City Authorities of Boston, July 4th, 1870.

Sixth Report of the Trustees of the City Hospital, Boston.

Seventeenth and Eighteenth Annual Reports of the Trustees of the Boston Public Library.

Annual Report of the Boston City Physician, 1870. Dr. Read makes many excellent suggestions.

Report of the Boston Consulting Physicians, 1870.

Report on the Nomenclature of Drugs made at the twenty-second session of the American Institute of Homœopathy. Exceedingly valuable and convenient for reference.

Lectures, Clinical and Didactic, on the Diseases of Women, by R. Ludlam, M.D. Part Second, Chicago; C. S. Halsey.

The Homœopathic Treatment of Hooping Cough, by C. von Boenninghausen, M.D., Translated, with additions, by Carroll Dunham, M.D., New York: Henry M. Smith & Brother.

Annual Record of Homœopathic Literature, 1870. Edited by C. G. Raue, M.D., New York: Boericke and Tafel.

The Medical Herbarium: a Collection of dried Samples of Medicinal Plants, by T. F. Allen, M.D. New York: Henry M. Smith & Co.

Text-Book of Homœopathy, by Dr. T. Grauvogl, of Nuremburg. Translated by George E. Shipman, M. D. Chicago: C. S. Halsey. This very valuable volume will be noticed at length in the October number of the *Gazette*.

The Mystery of Edwin Drood, and some Uncollected Pieces, by Charles Dickens. Boston: Fields, Osgood & Co. This last legacy of Dickens contains some of his choicest *morceaux*.

Transactions of the Medical Society of the State of New York for the year 1869. pp. 363.

Transactions of the Homœopathic Medical Society of the State of New York for the year 1869. pp. 868. If the difference in the size and value of these two volumes indicates the difference in the importance of the two Societies, we may well conclude that the State of New York has irretrievably gone over to the homœopaths. We shall notice these volumes in our next issue.

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THE

New England Medical Gazette.

No. 10.] BOSTON, OCTOBER, 1870. [Vol. V.

NOTES OF SURGICAL CASES.

BY A. R. THOMAS, M.D., PHILADELPHIA.

(*Continued from page* 423.)

VII. Encysted Tumor of the Neck.

Miss R——, aged thirty had for some years a tumor gradually forming in the central line of the neck, between the under jaw and the larynx, the growth producing a great fullness beneath the jaw, like a large double chin. At the same time it was crowding upwards into the mouth, pressing the tongue upwards and backwards to such an extent as to greatly interfere with both speech and deglutition. The increase had been so rapid within a few months as to have given much anxiety as to the result, if longer left without surgical treatment. The absence of pain or soreness, and the slowness of its early growth, rendered it probable that it was not of a malignant nature; while its well defined and apparently smooth outline, and a slight degree of elasticity as felt beneath the tongue, were evidences of its encysted character. Its free projection into the floor of the mouth showed its deep position, and rendered it probable that it had important relations to the muscles connecting the symphysis of the jaw and the hyoid bone.

The patient was etherized, the head thrown well back, and a free incision was made in the central line, from the point of the chin to the hyoid bone; when, by a little dissection, it was evident that the

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tumor was covered by the anterior belly of the digastricus and the mylo-hyoid muscles. The genio-hyoid probably separated it from the floor of the mouth, thus giving also important relations to the sub-maxillary and sub-lingual glands with their excretory ducts.

The difficulties attending the removal of a tumor of the size of a duck's egg, with such relations, led to the plan of the removal of the contents of the tumor, and the destruction of the sac by induced inflammation.

An opening having been made into the tumor, its contents were found very much of the consistency and appearance of cottage cheese. By means of the scoop on the end of a director, a large quantity of the contents was broken up and removed, sufficient to relieve greatly the embarrassed movements of the tongue, and to make room for a tent, which was crowded freely into the sac. In two days the tent was withdrawn. Suppuration to some extent had commenced. By the use of the scoop and injections of warm water the sac was now thoroughly emptied of its contents, and then injected with tincture of iodine, a tent being still retained in the opening. Violent inflammation was the result, followed by a copious discharge of pus. To give a free exit to the matter, and still keep the opening from closing, I had prepared a slightly funnel shaped silver tube, three-fourths of an inch in length, and with a flange on the large end. This was kept in the opening for some ten days, until the discharge had nearly ceased, when a waxed linen tent was substituted, and retained until all discharge ceased, and the parts had healed, apparently from the bottom.

The case was considered cured; but, in about six months, the patient returned, complaining of severe pain and soreness, while the enlargement was rapidly returning. It was evident that a new inflammation and suppuration had arisen, probably from the opening having been allowed to close up too soon. A new opening was made: it was followed by a copious discharge of offensive pus. The tube was again introduced, the cavity daily injected with a weak solution of creosote, and the orifice kept open for several weeks, or until it was evident that the cavity was completely obliterated, when it was allowed to close. It is now four years since the case was treated, and there has been no return of the trouble.

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VIII. Removal of Uterine Polypi by Ligature.

Two cases have recently come under my notice, where the attending physicians, looking only to the subjective symptoms, and making no physical examination, have failed in a correct diagnosis of the disease, and in benefiting the patient. One of the physicians boasted that he rarely makes physical examinations, and considers them quite unnecessary. He only wants the subjective symptoms, — the objective he cares little for. I do not say uterine polypus may never be cured by remedies only; but I do say that where a patient continues to run on from bad to worse, in spite of remedies, the physician who neglects to make an examination, or, on discovering a polypus, hesitates to remove it, fails in his duty to his patient.

In both of these cases the hæmorrhages had been frequent and severe, and were gradually wearing out the patient. A vaginal examination at once disclosed the cause of the trouble. By means of the double canula, an iron wire was carried around the neck of the tumor, and it was so strangulated, that in one case in three days, and in the other in five, the tumor dropped off, and the patients rapidly recovered their former health and strength.

IX. Fracture of Neck of Femur, Treated without Apparatus.

Mrs. H., eighty-four years old, just getting about from an attack of acute bronchitis, on April 29, accidentally slipped upon the stairs, striking her hip on the edge of a step. Upon assisting her to her room, it was found that she could not use her right leg. Complained also of great pain in the hip. I found the patient on her back, with the right foot strongly everted, and the leg, upon measurement, one inch shorter than the other. Could not bring the foot down to same length with the other. Crepitation indistinct. Movement of the hip-joint readily produced, though giving much pain. Diagnosis: impacted fracture of neck of femur.

From the great age of the patient, in connection with her feeble condition, it was evident that any restraining apparatus would not be tolerated, — would only tend to add to her suffering, and prob-

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ably shorten her days. The patient was therefore placed upon her back, the limb flexed at the knee and hip, so as completely to relax the muscles. A pillow, folded into a wedge-shaped mass, was wound with tape and placed under the knee, a slipper placed on the foot, a bandage fastened to the same, and again pinned to the mattress, to prevent the foot from slipping down in the bed.

The position proved quite comfortable for the patient. In six weeks she began to sit up; and at the present time (August 15) moves the limb freely and without pain, yet, through fear, does not put much weight upon it. Although this method of treatment of fracture of the neck of the femur has been recommended only in case of very old people, yet in younger persons, I am led to believe, the plan may be employed most successfully.

X. A Bad Case of Obstetric Surgery.

I was called to take charge of a case of labor, where the attending physician, an allopathist, had just been discharged.

Upon entering the patient's room, I found, upon a blanket in one corner, the *decapitated trunk of a large male child!* Upon inquiry, learned the following facts: The patient, Mrs. G., a German, aged thirty-nine years, had been taken in labor forty-eight hours previously, with her thirteenth child. The breech presented, and the child being very large, the labor was slow and painful. Finally, the body passed — the child being still alive — but the head refused to come down. No amount of pulling, of twisting, or of turning, could coax it away. Council was called, and the efforts repeated and continued, but without success. What was to be done? A bright idea suggests itself. The child is dead now, of course. But for the broad fat shoulders, the forceps might be applied to the head. Then why not separate the trunk from the head by dividing the neck? Happy thought! No sooner suggested than done. But alas! the head, immediately upon being separated from the body, slips high up into the uterus. A protracted series of grappling efforts follow, resulting only in exhausting the strength of the patient, the patience of the friends, and in the discharge of the physicians.

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I found the patient greatly prostrated; pulse rapid and feeble; breathing hurried; abdomen and genitals hot and tender; nose pinched, and countenance expressive of great suffering and anxiety.

The hand was carried into the womb, the head grasped and brought into position for the blunt-hook to catch the under jaw, but it was found impossible to so adjust the head to the diameters of the pelvis as to effect delivery. The only hope was in reducing the size of the head. Steadying the head by the hand in the uterus, the crochet was carefully carried up, and after a protracted and laborious effort the scalp and membranes of the brain were torn open at the anterior fontanel. The brain was slowly broken up by the fingers, and the opening enlarged by breaking down the angles of the frontal and parietal bones, with the thumb. After two hours of most fatiguing labor the head was thus sufficiently reduced to permit of its being drawn away with the blunt-hook. The woman expired in about four hours.*

The young practitioner might here inquire, first: What was the occasion of the difficulty in delivering the head in this case? and, second, How should the case have been managed? The trouble no doubt arose, first, from the large size of the child; and, second, from the head being locked with the chin over the pubis, and the occiput on the promontory of the sacrum. The neck being short, brought the shoulders close to the mother, one under the pubis, the other corresponding to the perineum. If it was found impossible to rotate the head, or to get the finger in the mouth to bring down the chin, then craniotomy would be the only resort. This, of course, would have been a difficult operation, and might have necessitated the removal of one arm and shoulder, to permit access of the operator to the base of the skull. The breaking up and removal of a greater or less portion of the brain, would have been followed by collapse and delivery of the head.

XI. Rupture of Uterus.

Mrs. W., an English woman, aged twenty-two years, was taken in labor with her second child, under the care of a midwife. The

* Braun's perforator and cephalotribe might have rendered very efficient service in this case. — *Ed. Gazette.*

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labor having continued for eighteen hours, with strong pains, without the head descending, the midwife became alarmed and sent for an old-school physician. He came, examined the case, pronounced everything right, and went away. He was called again in a few hours, gave the same opinion, and again left. During all this time the pains were frequent and powerful. Finally, in the afternoon of the second day of the labor, after an unusually hard pain, all further contractions ceased, and the woman began rapidly to sink. The physician, calling soon after, said nothing could be done, and abandoned the case. Dr. R. M. Pancoast was then summoned, and he sent for me in consultation. Upon examination, the os was found fully dilated, and the head distinctly felt. For the purpose of ascertaining the cause of the difficulty, the hand was carried into the uterus, when a head of such enormous proportions was discovered, as to give no difficulty in pronouncing the case one of hydrocephalus. The condition of the mother required prompt action. Instruments were sent for, and, assisted by Dr. J. C. Morgan, who was also called to see the case, I proceeded to open the head. A profuse discharge of water was followed by the collapse of the head, and, almost immediately, the woman was delivered. The introduction of the hand, to remove the placenta, disclosed a ruptured uterus, and of course the woman soon died. With the consent of the friends, I took the child to the college, and made a dried preparation of the head, which now measures 19¼ inches in circumference, and forms specimen No. 473 in the college museum.

A CASE OF PLACENTA PRÆVIA.

BY WALTER WESSELHOEFT, M.D., HALIFAX, N. S.

To the Editor of the N. E. Medical Gazette.

Dear Sir, — The following case of *placenta prævia*, treated according to the method recommended by Dr. Guernsey, occurred in the practice of Dr. Walter Wesselhoeft, of Halifax, N. S. It was communicated to me in a letter not intended for publication; but, on that very account, it seems to me to possess certain points

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of value. It is a real and severe case, well managed, and well described; I therefore take it upon myself to offer it for publication. Yours truly,

C. WESSELHOEFT.

The case was one of a lady who had borne several children. . . . . When labor began, I found myself called upon to pursue a course altogether different from the one I had proposed to myself in such an emergency.

In the earliest stage of pregnancy, there had been threatening of miscarriage, with considerable hæmorrhage.

Again, about the end of the seventh month, a slight, sudden gush took place; it was attributed to some over-exertion. After a fortnight this gush was repeated. Each successive repetition was attended with the most distressing nervous symptoms, heightened sensibility, and excessive prostration. As labor drew near, these sudden discharges increased in frequency, though not in quantity, each time accompanied by the same nervous erethism. During the last three weeks before labor, the patient kept her bed; before this, she was confined to her room and the couch.

After the seventh attack of bleeding — which was very slight, amounting to no more than a wine-glassful — there remained a slight but continued oozing for two days; when suddenly, and without the least warning or pain, at half-past ten in the morning, a fearful gush took place, followed in fifteen minutes by another, even more alarming. I had left the patient at ten well and cheerful, and when I saw her again, at a quarter to eleven, she was in a state of collapse, speechless, colorless, and almost pulseless; having lost blood enough in less than twenty minutes to absolutely cover the bed, and soak through a thick mattress.

I at once made an examination. The os was firm, and scarcely open enough to admit the end of the finger. The peculiar surface of the placenta was felt at once, and by gently urging and pressing the finger within the lips, I could make out the firm attachment entirely around the os. As for making out where the edge of the placenta might be, that was utterly out of the question, and it is my opinion that nobody ever yet discovered the thinnest portion of it in complete central obstruction. There were no pains, and

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no attempt on the part of the uterus to act in the slightest degree.

The child was too high up to admit of making out the presentation; but while endeavoring to do so, the os yielded a little, and grew more flaccid. On withdrawing the finger, after having become fully satisfied regarding the state of affairs, there was a further discharge of blood, which appeared to take away the last chance of life. The pulse was imperceptible at the wrist; consciousness, which had returned partially was now entirely suspended, the eyes were half-closed, the jaw dropped, cold sweat and all the signs of death were at hand; but still it appeared that the womb had not lost its tone, as, on a second examination, I found the os more yielding, and the placenta rather pressing down and elastic.

Without losing another moment, I passed the stylet of a catheter along the examining finger against the placenta, which it soon pierced, and then through the membranes, which had to be perforated by firmly working and forcing the wire. As soon as they yielded, the liquor amnii began to flow freely, and as this took place, there appeared to be great relief; the patient sighed deeply several times, and then observed in a faint whisper that the water had broken. It was now a little past eleven. In a few minutes the greater portion of the liquor drained away, and — what was more — came away tolerably clear, mixed only with the blood previously exuded. The head could now be felt, pressing firmly upon the placenta.

No more bleeding took place after this, and when my colleague arrived, about noon, consciousness had quite returned, likewise the pulse, and some degree of warmth. There was no form of nourishment at hand except oat-meal gruel with milk, which was cautiously administered, there being some nausea present. We now decided to plug the vagina, which was done with a good-sized sponge and a large linen cloth. Having done this, we awaited the result.

Pains had come on, though very slight, a very few minutes after the water came away; they recurred at intervals of from fifteen to twenty minutes; gradually, however, increasing both in strength

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and frequency, until they had become quite strong and regular after two hours, though still at long intervals. Notwithstanding that the os was dilating rapidly, *even before plugging*, there was no further bleeding; and as all went on smoothly, no other interference was considered necessary. Had there been a return of the hæmorrhage with returning strength, the next thing would have been to remove the placenta, and let the head come down, if it would. If it would not, turning might have been advisable, had there been time. This latter means of delivery may be right, but I have my doubts concerning it. In this case there was no time when turning could have been resorted to by any possibility. All the danger occurred before the os was sufficiently dilated to admit two fingers; after the membranes were ruptured, even if there had been enough strength to bear so forcible an interference, the shock of it would most certainly have been fatal afterwards. I think that nothing but watching and waiting was called for after the bleeding ceased, and pains were coming on well.

About 3 P. M., some four hours after the cessation of hæmorrhage, when the pains were well on, the patient desired to pass water, which I drew off with the catheter, and found at the same time that the plug was coming down fast. My colleague, greatly alarmed, urged me to press it in, and I did so as well as I could, though very imperfectly. The patient was now taking beef tea. *China* was given as medicine. In another hour I attempted to draw the urine again, but found it impossible to introduce the catheter; whereupon I carefully removed the plug of linen, and passing the finger beyond the sponge, felt the head which had pressed the placenta aside, and was coming down well through the superior strait. Of course the sponge was removed, and in a very short time after, the head descended into the lower strait, which likewise was soon passed, and, with another pain, the child was born, at half-past seven, livid and dead.

We waited for the placenta, manipulating the womb from the outside; which was felt to contract well. On trying to remove the afterbirth, it was found firmly attached to the posterior lip by the edge, and had to be taken in pieces; a small portion remained so firmly adherent that it was left to come away as best it could. It was removed at half-past eight.

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All night long there was continual fainting and vomiting, nausea, after-pains, nervous excitement, and depression, until about six o'clock, A. M., when the patient, as well as the attendants, obtained some rest. After this there was no more difficulty. The patient steadily recovered from her loss of blood, and did well.

Whatever authors may say, I have learnt to keep my hands out of the uterus if there is a possibility of getting on without it, especially in cases of exhaustion, and even of debility. To remove the placenta, or as much of it as will come, in order to allow the head to descend, is what I should do in another case of this kind, if the bleeding does not cease after the membranes have been punctured.

Three cases, including mine, have occurred here within the last four or five months. In one, labor came on vigorously, and the placenta was thrown off before the head, and all went on well without any interference. In the other case, the physicians waited first, and then manipulated the os until it had dilated sufficiently to enable them to turn; there were no pains, and the flowing was not as sudden and profuse as in my case. After twelve hours, turning was effected, and the woman died under it, or immediately after.

From my own experience and reflection, I conclude that, if pains are on, and the flooding not excessive, it would be best to plug firmly, wait until labor was well established, and then puncture. I would hesitate to puncture at once, lest the pains should be checked, and labor protracted. If the os is dilatable, and danger imminent, I should puncture first, and if no benefit followed, remove the placenta afterwards. If the os is not dilatable, and flooding great, I should puncture at once, and after plugging, wait.

BORAX IN MEMBRANOUS DYSMENORRHŒA.

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

A LADY, aged thirty-two, has had one child and several miscarriages. A few months after her last miscarriage, which occurred when her child was a year old, she observed that the menstrual flow contained shreds of a tenacious nature, and a skinny substance in large

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quantities. At one period of the day the discharge would be profuse; at another time scanty, and with great pain, like labor pains, in the back, hips, and hypogastric region. The amount of membranous substance expelled at the menstrual period was considerable; "half a teacupful," she said. This occurred several months in succession before I was consulted. To satisfy myself of the actual presence of membranous products, I examined the excretion. It had the appearance of a thin, skinny substance, in some instances almost resembling broken-down hydatids. Pieces as large as a dollar, mixed with coagula, were observed every day. The menstrual flow lasted eight or ten days, leaving her weak and anæmic.

The cases of membranous dysmenorrhœa, reported cured, are very rare. In the *Journal of Obstetrics* (1869) is reported a very unique, obstinate, and interesting case, which was *not* cured by any means which the most eminent allopathic physicians of England and this country could devise. This case was the second which had ever come under my observation. The first, I failed to cure, after five months' careful treatment with all the remedies recommended, except *Borax*. Dr. Guernsey (*Obstetrics*) recommends *Bromine*, *Bryonia*, *Calcarea carb.*, *Chamomilla*, and *Cantharis*, but he does not assert that any actual cures have been made with them.

I tried all of them in my first case, also *Kali bich.*, *Sanguinaria*, *Bromide of potassa, and Ammonia mur.*, because of the assertion by some homœopathic writers, that remedies homœopathic to false membranes in the respiratory mucous membrane, would probably cure membranous dysmenorrhœa.

But the idea that this membrane is croupous in its character is obsolete. It corresponds exactly with the decidua vera, in the early weeks of pregnancy. The pieces I examined were smooth on one side and rough and villous on the other.

The ovarian pain, which Grailly Hewett mentions, was a constant phenomenon during the menses in this case.

Dr. Ludlam* very properly says, "Since we understand the origin and structure of the decidua menstrualis, the stereotyped advice to employ such remedies for the cure of this disease as are

* Lectures on Diseases of Women, etc., Part II.

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given in pseudo-membranous croup and diphtheria, would be of very doubtful service."

Dewees recommends the ammoniated tincture of guaiacum in membranous dysmenorrhœa. Bennett highly recommends borax, and gives one remarkable case of a woman, aged twenty-six, subject for two years, since marriage, to painful menstruation. The menses were regular as to time, but usually lasted a week, and were attended with such great suffering that she had always been compelled to lie down for the greater part of that time; the discharges were generally very dark in color, and mixed with clots of blood and *numerous flakes of whitish membrane*. In the interval there was more or less of leucorrhœa, with dull aching pain in the lower part of the back, her tongue was redder than natural, pulse ninety-six, and sharp. After taking the biborate of soda for twenty days, menstruation occurred with very little pain, and was unmixed with either shreds or flakes. During the whole period, she had been able to pursue her usual avocations, and had enjoyed a degree of comfort to which she had been a stranger for years. The next month she also menstruated without material suffering; the aching in her back had also disappeared, together with a chronic cough which had persisted for months.

My patient had all the symptoms mentioned in Bennett's case, and I felt justified, even though the objective symptom was not mentioned in the proving, in giving her *Borax*, of which during the fourteen days previous to the menses, she took five grains three times a day, in a tablespoonful of water. At the next appearance, all the painful symptoms were much alleviated, and a less quantity of membrane was observed.

So soon as the menses ceased, she was ordered to take the *Borax* again in the following manner: Five grains once a day for a week; then twice a day for a week, then three times a day until the menstrual flow ceased. The result was that she had the most comfortable time she had known for months; the loss of blood was not in excess, and the membranous shreds and pieces few in number. While taking the *Borax*, instead of feeling any unpleasant or pathogenetic effects, her general health greatly improved; even the condition of her nervous system, which was almost as

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bad as possible, was much benefited. Another month passed under the same treatment, and the menses came on in a perfectly natural manner.

No more *Borax* was given, and up to this date — nearly a year — her menses have not been attended by any abnormal symptoms, and her health is better than it has been for several years.

I have used *Borax* considerably in many cases of amenorrhœa, dysmenorrhœa, and various uterine diseases, as well as ovarian, and I believe it has not received the attention in such diseases that its merits demand.

Hahnemann placed borax in his Chronic Diseases under the name of *Natrum boracicum*.

Noack and Trinks observe that it is "especially suitable to sensitive, lax temperaments, and nervous constitutions, especially to females and children, ... for diseases of the mucous membrane, and the diseases of the female parts." Clinically, they recommend it for "irritated conditions of the sexual organs; various kinds of menstrual irregularities; sterility; leucorrhœa."

The symptoms of the female sexual organs belonging to *Borax* are numerous and important. It has the power of profoundly modifying the functions of the uterus and the menstrual flow. It does not have the "membranous shreds and pieces among its symptoms, but it has "*leucorrhœa, thick as paste, and white,*" also "white mucus, albuminous, profuse and thick." This is almost sufficient to lead us to believe that *Borax* would cause membranous substances to be formed abnormally, if a proving sufficiently heroic could be made. All the symptoms mentioned by Bennett, and of my own patient, can be found in the pathogenesy of this drug.

We believe the proofs adduced are now sufficient to allow us to place *Borax* among the few remedies for this rare and obstinate disease.

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DANGER ATTENDING THE NASAL DOUCHE.

BY F. B. MANDEVILLE, M.D., NEWARK, N. J.

THE treatment of naso-pharyngeal catarrh by means of the so-called douche of Thudichum — although its introduction more properly belongs to Weber, of Halle — is now so general, that remarks on its benefits, if it has any, would, at this late day, be out of place. I may add, before speaking of the danger attending its use, that theoretically this operation thoroughly cleanses the passages, and that it offers to us good a dvantages for introducing remedial agents into them, and, consequently, directly to the diseased surfaces; and that it is so easily managed, that "the patients themselves can assume the control of the instrument, and cleanse and medicate their own nasal passages."

After using this instrument over two years, I do not hesitate to say that, practically, none of these advantages can be unqualifiedly admitted, and that grave dangers attend its use; that it does not accomplish what we should theoretically expect it to do, *i. e.* the thorough cleansing of, and introduction of the remedial agents into, the nasal passages. This is owing to the fact — which, I think, has been overlooked — that in catarrh the mucous membrane covering the septum and turbinated bones is thickened, and, consequently, the passages are in a measure occluded, so that the small stream of water injected from this instrument will pass only over the floor of the passage, leaving untouched the surface external to and between the turbinated bones.

Even great pressure will not accomplish the desired end, owing to the determination of blood to the parts, and a temporary increase in the thickness. As is well known, the mouths of the Eustachian tubes are to be found in a portion of the tract over which the fluid passes, and just here lies the chief danger. For as the fluid passes through the pharyngeal space, there is an almost irresistible desire to swallow. This involuntary act opens the mouths of the tubes so that the pressure forces the fluid into the middle ear. This has been followed by more or less irritation, and often by all the painful results consequent upon acute purulent

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inflammation. The douche, owing to its supposed efficiency, has been most extensively used, both under the direction of the physician and otherwise, and it is owing to this extensive use that cases of deafness and disease of the ear are on the increase. I am to day prepared to pronounce it a most dangerous instrument; the abandonment of its use demands our serious consideration, since there are other, more valuable, and more suitable means for cleansing the diseased nasal passages, and introducing, if necessary, our remedial agents into them. I do not think it wise to condemn the use of every measure for keeping the parts properly cleansed, and for thus facilitating the curative action of our remedial agents. Let me now refer to a case or two in support of the position I have just assumed.

Case 1. Mr. R., accountant, has had catarrh two or more years. He first came under my observation about September, 1869. Advised the use of the douche in connection with *Aurum mur.* After using the douche about two weeks he called to state that "it caused him much pain and unpleasant feeling within the head, and in the ears as if they were full of water." After about a month I persuaded him to use it again and give it a careful trial; directed him not to use too much pressure, and not to swallow during the operation. On this trial he used it daily for about ten days, during which time he had three attacks of hæmorrhage from the nose, which greatly debilitated him; he also complained of deafness and fullness in the head. Upon examination I found both tympana considerably inflamed. This condition was soon overcome by appropriate remedies. This is the third or fourth case of this kind that I have had under my observation.

Case 2. Mrs. L. has used the douche because some of her friends have found benefit in the treatment. She presents herself, wishing to know why water will occasionally flow from her ear when she uses the douche. Examined the ear with an auriscope, and found the left membrana tympani perforated. From her statement, I supposed her case had been one of purulent otitis media, which had perforated the membrane; and that this was caused by the douche, I have no doubt, as Dr. Knoff, of New York, and Dr. Moos, of Heidelberg, also Dr. Roosa, of New York, report similar cases.

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Case 3. R. B., merchant, who has used the douche two months under the direction of his former medical attendant, presented himself for advice, February 8, 1870. Hoping that more relief might follow his use of the instrument, he had endeavored to draw up the fluid, which failed to reach all the passages. As it passed into the posterior nares, while still making this effort, he was forced to swallow several times. Shortly after the operation he felt a fullness in the inner ear, "as if it were full of water or something like it." He was quite deaf in the right ear; could hear about fifty inches by the left; complained of a good deal of pain and soreness; pus formed, and was evacuated externally through a ruptured tympanum upon the right side. On the left, after a few days of treatment, the membrane assumed a normal appearance; and the hearing on this side is, I believe, completely restored; while upon the other it is entirely gone; and, I fear, forever.

Such is the result of the use of the nasal douche; enough to lead us to fear and tremble when we suggest its use, and enough, I think, to prove it to be a dangerous instrument, and one that should not be indiscriminately used in naso-pharyngeal catarrh.

DANGERS TO HOMŒOPATHY.

BY J. H. GALLINGER, M.D., CONCORD, N. H.

Read before the New Hampshire Hom. Med. Society.

THAT there is impending danger to our cause, the most casual observer in our ranks must have perceived. While homœopathy was in its infancy, it met with precisely the same form of persecution which every other radical reform has encountered, viz. that of ridicule and misrepresentation. But, notwithstanding the bitter hatred of the faculty, and the vulgar jests of the prejudiced and ignorant, the great truth of "Similia" marched steadily onward, gaining glorious triumphs at every step. Under its benign influence a new era dawned upon the afflicted and diseased of earth; and, as its great cures were heralded abroad, it gained strength and popularity. Notwithstanding allopathic professors predicted its

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speedy decline, the intelligence of the masses had caught the great truth upon which the system was built, and would not suffer it to be destroyed. The battle was a hard-fought one. Education, social influence, professional bigotry, and intolerant prejudice were sternly arrayed against the doctrine. But the gradual unfolding and practical application of the homœopathic law constantly added vitality to the cause, and brought influential advocates to its defence; so that it now can point with just pride to its triumphs, and demand recognition and patronage because of its inherent merits. This circumstance should lead us to guard with jealous care the interests of our noble cause, and incite us to continue to develop and ascertain the truths upon which we rest our medical faith.

But are we doing our whole duty in this respect? Are we as earnest and enthusiastic as the early disciples of our school? Are we, notwithstanding the great light and peculiar privileges we enjoy, ready to make as willing sacrifices as theirs to defend our principles from the assaults of our enemies? I fear not; and the object of this paper is simply to call attention to the fact that there are "breakers ahead," and that it is the part of wisdom for us to fearlessly recognize the fact, and endeavor to avoid the ruin that will inevitably result from running upon them, if left unnoticed. I discover danger to our cause from three different sources: 1. From a gradual adoption by the allopathic school of our means of cure, as they suppose, but without the knowledge necessary to the successful use of them; 2. From the introduction of a mongrel system of homœopathy among ourselves; and, 3. From a want of agreement and sympathy among our physicians, societies, medical schools, etc. Let us, then, separately consider, as briefly as possible, these three prominent "Dangers to Homœopathy."

I. In the first place, you have doubtless all observed the tendency of the allopathic branch of the profession to adopt our remedies, to claim to be homœopathic as well as allopathic, and to seek for and obtain patronage under this pretence. It is not only in the larger cities, but in the country towns as well, that physicians who have no clearer knowledge of the principles of homœopathy than the Cardiff Giant has of astronomy, are constantly saying

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that they have "looked into" our system, and are fully qualified to practise either way, according to the whims or preferences of their patrons.

At first thought this may seem to be an advantage to the cause, inasmuch as it demonstrates an increasing demand for our remedies; but when it is remembered that every such prescription is made of the crudest drugs and without the knowledge of a single therapeutic principle to govern its administration, it will readily be seen that this imitation is a real danger to our cause, inasmuch as we shall have, sooner or later, to bear the odium that will necessarily result from such quackery. Forgetting that they once, through their oracles and leading men, pronounced homœopathy a delusion and a cheat, they are now extremely anxious to cover themselves with its mantle, hoping thereby to save their waning cause from complete overthrow. Apparently oblivious of the degradation and disgrace of allowing their patrons to dictate concerning their mode of practice, they manifest a willingness to submit to a shame and humiliation of the profession they represent. And you have also, doubtless, observed that prominent allopathic journals are advising drop-doses of *Ipecac.* for nausea, and making many similar prescriptions, constantly forgetting, however, to credit our school with the discovery. Now the interests of homœopathy demand the exposure of all such impostors and all such plagiarism. Let us also point the public to the fact that, in addition to the direct good that homœopathy has accomplished, it has likewise done essential service in lessening the huge doses and modifying the barbarous practices of the old school; but let us not forget, at the same time, to call attention to the fact that, notwithstanding this improvement, bleeding, blistering, cupping, vomiting, purging, etc, are still painfully frequent, and that there yet remains a vast margin for improvement on the part of the allopathic profession before the pleasant and rational system of homœopathy will be reached. To illustrate this point, we have but to call attention to cases published every day in allopathic medical journals, from which it appears that the tortures of the rack, as it were, are still in vogue, to some extent, among those whose business it is to relieve suffering, and prolong human life.

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One of the most instructive and suggestive cases that has recently come under my observation is recorded in the *American Journal of the Medical Sciences*, for July, 1867, — a publication that claims to be pre-eminently scientific. The victim of the experiments was a seaman, named Mulligan, aged 40, suffering from severe frontal pain, commonly designated headache. The author of the article very properly introduces the narrrative by saying: "I must offer some apology for such an apparently experimental course, but the prescriptions were all made with a view to meet certain prominent indications." But to the treatment. Mulligan had headache, and on July 28, 1868, he came under the care of Dr. Porcher, of Charleston, S. C., surgeon in charge of the city hospital. The doctor's first prescription consisted of Rochelle salts, half an ounce; tincture of hyoscyamus, fifteen drops; water, four ounces; to be taken at bedtime. The record says there was no improvement the next day, and accordingly the patient had quinine, fifteen grains; tincture of aconite, ten drops; to be taken three times daily, with the use of mustard foot-baths and warm herb teas. On August 1st, the same prescription was continued, and a blister applied to the loins. On the 4th, a blister was put on the chest. On the 6th, poor Mulligan had tincture of cinchona, one drachm; sulphate of quinia, five grains; tincture of aconite, ten drops: to be taken four times daily. At this point, no change having occurred in the case, the learned doctor concluded that the pains were rheumatic, and administered tincture of guaiacum and tincture of colchicum, each one-half ounce; sulphate of morphia, two grains; bicarbonate of potash, one-half drachm; sulphate of quinia, ten grains; water, four ounces: a tablespoonful three times daily!

This failed to reach the case, when it was remembered that Sir Astley Cooper had recommended the mezereon root (Daphne Mezereum) in similar cases, but although strong decoctions of this drug were used, the pains remained obstinate. As a next resort, strychnine was tried: the formula being strychnine, $\frac{1}{16}$ gr.; extract of belladonna, $\frac{1}{4}$ gr.; extract of hysoscyamus, $\frac{1}{2}$ gr. Three pills, each containing the above, were administered three times a day, from August 17th to the 21st, but the record says they were

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given with "unsuccess." On the 21st the patient took 10 grs. of quinia before the pains came on. On the 22d he was ordered morphia, in half-grain doses, every half-hour; but a faithful use of this "sweet morsel" during the night failed to afford relief. The next day the patient took cod-liver oil and iron, — a drachm of cod-liver oil and seven drops of tincture chloride of iron three times a day; and on the 24th ten drops of aromatic sulphuric acid were added to each dose. This prescription likewise proving worthless, the historian of this most wonderful case says he then determined to try narcotic ointments, and the following was ordered to be rubbed on the forehead repeatedly: morphia, 10 grs.; pulverized opium, 20 grs.; tincture of opium, 2 drs.; extract of belladonna, 2 drs.; extract of stramonium, 2 drs. These proving likewise ineffectual, the tincture of aconite seeds was rubbed into the skin upon the brow and forehead. On the next evening, Mulligan again took two grains of morphia, in hourly half-grain doses. The pain was lessened, but there was no sleep. On the 1st of September a blister was applied to the nape of the neck, and on the 2d he took a tablespoonful, three times a day, of syrup of sarsaparilla, with two grains of corrosive sublimate to the twenty-four ounces. This was continued for three days, and on the evening of the day subsequent, five grains of powdered opium were swallowed in a few hours, which gave more rest than the morphine. Iodide of potassium, in ten-grain doses, three times daily, was then administered without any benefit. On September 11th, iodide of potassium was given thrice daily in fifteen-grain doses; and on the 13th it was increased to thirty grains, and continued to the 18th, when it was discontinued for two days, and again resumed, having been found to give relief. On the 26th its use was again stopped, the patient complaining of pain and tightness about the abdomen, with a salty taste in the mouth and a running at the nose, which, says our author, "I considered as indications for its discontinuance in such doses."

And thus ends the "chapter of horrors" connected with this case. What a fortunate circumstance it was for poor Mulligan that after two months experimental torture, iodide of potash was accidentally prescribed in doses sufficient to saturate the system to

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the extent of producing a salty taste in the mouth and running at the nose, — a genuine homœopathic proving, — for unless that medicine had been prescribed, who can tell what additional pain would have been inflicted upon him by his medical adviser! Now it may be that allopathic physicians are largely reducing their doses and abandoning many of the painful expedients of former days, but I hazard the opinion that every intelligent person acquainted with the practice of homœopathy will unequivocally assert that the treatment of the above case was as different from homœopathy as night is from day, the only remarkable thing about the case being that the patient lived long enough to try the efficacy of iodide of potash, which fact is a new proof of the correctness of good old Dr. Alcott's saying, that "there is a tough streak in human nature." And the fact that this leading allopathic journal indorses the treatment above described is the very reason why we should meet allopathy on its old ground, and by earnest, vigilant warfare, force it to stand or fall by its own belief and practices, refusing it the privilege of "stealing our thunder."

II. My second proposition is, that there is danger to homœopathy from the practice of a mongrel system on the part of the physicians of our own school. I do not wish to be invidious or hypercritical, yet I cannot help inquiring if it is right for a homœopathic physician — a member of our Society — to saturate a patient with calomel, or to destroy the teeth of a sufferer with a mercurial preparation? What real difference is there between a homœopath who will do that, and the rankest allopathist that can be found? Is it right for homœopathists habitually to call in consultation physicians of the old school in preference to those of our own number? Is it right for homœopathists, following the example of some allopathic physicians, and doubtless for the purpose of securing a little additional business, to diligently circulate the statement that they do not confine themselves exclusively to our system, but resort to allopathic measures whenever convenience requires? My sincere conviction is, that these practices, on the part of a portion of our New Hampshire homœopathists, are doing much to injure our cause, and are contributing largely to place our system on that middle ground where many allopathists now claim they will soon

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meet us. Duty and interest alike demand that we endeavor to preserve homœopathy in the purity of its primal condition.

And just now this duty is thrust upon us with peculiar force and significance, when a man somewhat prominent in the profession, and whom we have heretofore numbered in our ranks, makes a special plea for the abandonment of all distinctive titles (and principles, too, I suppose) in medicine. Absurd as it may seem, the suggestion comes to this Society, that we abandon the name of homœopathic, and unite to our membership all educated physicians, without regard to their medical opinions, — a plea being offered in behalf of non-sectarianism in medicine. For my part, I am not prepared to accept this modest request, and trust that our Society may most emphatically declare its belief in the homœopathic law of cure, and respectfully decline to become a partner, much less the principal, in so preposterous and impracticable a scheme.

III. In discussing my third proposition, that there is danger to homœopathy from a want of agreement and sympathy among ourselves, I have but to point to the prevailing condition of things in our ranks for proof of its correctness. For instance, in Boston two local societies exist, in semi-antagonism to each other; while, in the same city, the success of establishing a homœopathic hospital seems to be endangered by jealousies and personal dislikes on the part of the physicians of our school. In New York, a similar condition of things exists; so that, while our one college there is suffering for funds and patronage, the establishment of a second is threatened by a large and influential class of the homœopathic physicians of the metropolis. In Philadelphia, our ranks have been divided; and, in St. Louis and other large cities, they are now seriously disturbed. And what is true of the larger cities, is likewise too true of the smaller places. It seems to be the rule, rather than the exception, that, where two or more physicians of our school reside in the same city or town, either silent jealousy or outspoken dislike exists. I will not enlarge on this point, but leave the members of the society to determine as to its correctness.

And now comes the most important consideration in connection with this matter, viz: how can these dangers be avoided? It

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seems to me that the way is clear. Either homœopathy is a great truth or a miserable delusion. We believe it to be the former, and in that belief we necessarily place ourselves in antagonism to all other systems of medical practice; consequently it is clearly our duty to uphold and encourage those who are conscientiously endeavoring to practise in accordance with homœopathic principles. I do not approve of injudicious and uncalled-for attacks upon the allopathic system of medicine. Rather would I advise the utmost charity to be practised toward all classes of medical men, notwithstanding the bigotry and intolerance that is so often manifested toward our school by the so-called "regulars." But, at the same time, if we honestly believe that our system is founded on truth, and is superior to all others, I cannot conceive why we should not be zealous in its advocacy and earnest in its defence.

Another essential condition to harmony in our ranks is, that we lay aside intolerance of judgment and bigotry of opinion among ourselves. I contend that "Similia" is the essential principle of homœopathy. Believe that, and practise accordingly, and you are a homœopath; deny it, and you have no right to be in our ranks. The thing is plain and easily understood. The question of dose does not properly enter into the controversy, — that is merely a matter of taste, fancy, or experience. The physician who gives five drops of *Arsenicum* [1], for a certain form of dropsy, is as much a homœopath as the one who gives a single globule of the 1000th dilution for the same disease. It may be that the one who gave the highly-attenuated drug considers that he has acted the wiser part; but by no possibility can it be made to appear that the other is anything but a strict practitioner of homœopathy. This question of dose must not be allowed to divide our ranks, as it has already done in some of the larger cities. We have all made gratifying cures with the 200th and 1000th dilutions, and so we have with the lower attenuations. Let us then confess the fact that the homœopathic law of cure has nothing whatever to do with the question of dose, but is an outside matter that should not be allowed to engender discord or create dissensions in our ranks.

Again, it seems to me that there is no need of jealousy between the physicians of our school. The existing demand far exceeds

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the supply. The Macedonian cry of "come over and help us," reaches our ears every day from localities destitute of the blessings that always attend the practice of pure homœopathy. We need more physicians rather than less, and those of us who are established in practice can well afford to be both charitable and liberal toward those who may join our ranks, extending every possible encouragement and courtesy to them. Failing to do this, we will come short of our duty, and do injury to the cause.

In this hurried sketch much has been omitted that might profitably have been considered. My sole object has been to call the attention of our physicians anew to the fundamental principles of our science, and to endeavor to inspire them with renewed devotion to our grand cause. Let us be earnest in its advocacy, careful and consistent in our practice, tolerant toward its representatives, and charitable to all; and, by zealous, untiring effort on our part, a brighter era will dawn upon the cause in our State.

REPORT ON CLINICAL MEDICINE.

BY C. C. SLOCOMB, M.D., RUTLAND, MASS.

Read before the Worcester Co. Hom. Med. Society.

THIS report will not be so interesting as the author had hoped to make it, so few cases from practice having been communicated by the members of the Society. He has been obliged to supplement this deficiency, as far as possible, from his own note-book.

1. CHRONIC CATARRH.

Mr. —— had chronic catarrh of several years' standing, with loss of the sense of taste, and partial loss of hearing, constant ringing in ears, and a morning cough, with expectoration of large quantities of viscid and hard, yellow mucus. Five or six applications of medicated powder (*Sang.*, one part; *Borax*, six to eight parts, to one hundred of starch, triturated together) so far improved the case that the cough is very slight, the hearing entirely restored, and the ringing in the ears wholly removed; in fact, he calls himself well. *H. R. Brown, M.D.*

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2. Cutaneous Affection.

Mrs. —— had been under allopathic and homœopathic treatment for twenty years, — the latter, about six years. She used to gather up from her bed a pint per day of dry scales, which had fallen, or been rubbed off. *Walnut-leaf tea* was ordered, which soon left the skin entirely smooth. *W. B. Chamberlain, M.D.*

The remaining cases are all from the reporter's own practice.

3. Tumor in the Mouth.

Miss M., a maiden lady of fifty-five, had been suffering for a year or more from a tumor in the mouth, occupying about the place of the two left bicuspid teeth of the inferior maxillary. When first called to the patient, November, 1867, I found the tumor about the size of a walnut, very hard and slightly movable. For some two or three months previous, it had been giving her a good deal of uneasiness, as it had been growing more rapidly, and had become very painful, — the pains darting or shooting, mostly downwards into the neck and breast; the course of the pains was distinctly marked by swelling and discoloration. There was, also, almost a constant prickling sensation in the tumor. Urged by her friends the patient had nearly resolved to go to Boston for its removal, when she was induced by a neighbor, whom I was attending at the time, to try homœopathic treatment before resorting to the aid of the knife. I gave her one dose of *Nit. ac.*^{200} and left her powders of *Sacch. lac.* to last her one week, with orders to take a powder every night and morning. When I next saw her, there was apparently no change in the tumor, but the streaks of discoloration down the neck had become much lighter, and there was also less swelling. The *Sacch. lac.* was continued two weeks longer, at the end of which time the pains had mostly subsided, and the swelling in the neck was nearly gone, but the size of the tumor had not materially diminished. She now received one powder of *Silic.*^{200}, in water, followed by *Sacch. lac.*, for two weeks more. She received no more medicine, and at the end of three months from the time of taking the first medicine, the tumor had wholly disappeared. On the following May, — from

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taking a sudden cold, — a slight swelling appeared where the tumor had been, and the prickling pains returned; the patient became alarmed, and I was immediately called. She received another dose of *Nit. ac.*[200], and in a few days it was gone again; and up to the present time there has been no further trouble from the tumor.

4. Inguinal Abscess and Double Hernia.

I was called, January 14, 1868, to Mr. D., æt. sixty-seven. I found him suffering severe pain from a hard bunch, as he said, in the right groin. On examination, I found the bunch to be about the size of a hen's egg, and very hard. I also found inguinal hernia on both sides. The pad of the truss came so near the tumor as to irritate it, and thinking it possibly might have caused the whole difficulty, I ordered the truss removed.

One dose *Silicea*[200] was given him on the 14th. On the 16th, found the tumor larger, but with less pain. On the next day, it had increased so much in size, that the *Silicea* was repeated, followed by *Sacch. lac.*

During the next ten days, it remained about the same in size, but the pain was now gone, and the tumor had softened so that I expected soon to be obliged to open it, or let it break of itself. Hoping still to be able to get rid of the pus by absorption, another dose of *Silic.* was given; for, knowing that the patient had in former years been both intemperate and licentious, and suspecting that the syphilitic taint still lingered in the system, I determined to avoid opening, if possible.

At this time, it must have contained at least two gills of pus. In a day or two after, the abscess was found to be getting smaller, and it now rapidly diminished in size, till, on February 13, less than four weeks from the time of first taking the medicine, it had entirely disappeared, and the patient was discharged, cured.

I will here say, that at the commencement of treatment, I told the patient that had he been twenty or thirty years younger, I might *almost promise* to cure his hernia also; but as he was now so advanced in years, it would be hardly probable. Nothing more was said or thought about the hernia, till the abscess was cured,

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when he found they were *both cured also.* He has since had pneumonia, and a severe attack of colic, but has had no further trouble from hernia, and has not had his truss on from that time to the present, now two years and a half, so we think we may safely call it a *cure.*

5. Alvine Disease.

September 27, 1869, was called to Mr. S., aged fifty-eight, — a stout, robust Englishman, who, before coming to this country, was an inveterate beer drinker; but since he came to America, says he can get no good beer, so has taken whiskey instead. He does not drink to intoxication, but says he takes a little when he needs it. I found him on the bed, throwing himself about from place to place, but most of the time resting on his elbows and knees, with his head curled down between them. He was groaning with intense pain. He had been in this condition some fifteen to eighteen hours, and, during that time, had (by direction of his wife, who has the reputation of being an excellent nurse) taken various remedies, such as strong mustard-water, "Essence of Life," Jamaica ginger, etc. I at once gave him a single dose of *Nux vom.*[200], and in five minutes he vomited most profusely, throwing up some two or three quarts of a fluid resembling dish-water. It came gushing out like water from a hydrant. This relieved him for about half an hour, when the pain in abdomen came on again, with renewed violence. There had been no passage from the bowels for two or three days, but almost a constant desire to evacuate them. This symptom, together with the patient's position, and also the drugs which I knew he had been taking, led me to prescribe the *Nux vom.*, but as the pain came on again, I now gave *Coloc.*[200], in water, and in a short time he became so much easier, that he fell asleep. The next day he was a little better, but there was still the same feeling in the bowels, though in a milder degree. Injections were repeatedly given, but without effect, till the third day, when there was a free discharge. From this time he became comparatively easy, but was very weak. On the fifth day, there was, without effort, a discharge from the bowels of a mass of jelly-like mucus. Some *ten to fifteen feet* of what

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appeared to have been the mucous membrane of the small intestines, was thrown off, — several feet of it remaining in one piece.

The patient was now fast recovering his usual appetite, including that for the whiskey, but this was of course prohibited. In a short time he had fully recovered, and was about his business as usual.

C. C. Slocomb, M.D.

URETHRITIS. — It is a singular fact that most writers upon the diseases of women have said little or nothing of this painful affection. We cannot attribute this oversight to its infrequency, for, in the female subject, urethritis is much more common than stone in the bladder, or cystitis, both of which diseases have received a due share of attention at the hands of the gynæcologist. Nor is it an insignificant complaint. For whatever occasions such suffering as our patient has experienced, has a claim upon us for relief.

Urethritis may be acute, sub-acute, or chronic. The two latter are the more frequent. It may arise from taking cold, more especially during the menstrual period, getting the feet and limbs wet, sitting in wet skirts at church, or in the concert room; from the extension of the inflammation in case of vaginitis along the mucous membrane of the urethra, or from the irritation of pruritis in the same canal; vascular tumors of the meatus; polypus of the urethra; from acridity of the urine; the contact of leucorrhœal discharges, or of vitiated semen; from the pressure of a dislocated womb; uterine, ovarian, hernial, or pelvic tumors; cancer; misplaced or illy-adjusted pessaries; horseback riding; mechanical injury during labor, or the induction of abortion by those who are ignorant of anatomy; too forcible or too frequent coitus, especially at the month; also from masturbation, gonorrhœa, syphilitic ulceration, urinary calculus, and indirectly from neglect to respond to the promptings of nature when the bladder should be emptied. A spurious form of this disease is sometimes met with in hysterical women. In the sub-acute variety the attack may recur with each menstrual period. . . . Simple, uncomplicated cases may require *Cantharis*, *Cannabis*, *Conium*, *Belladonna*, *Nux vomica*, *Calcarea carbonica*, *Hepar sulphuris*, or *Mercurius cor rosivus*. — LUDLAM'S LECTURES.

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The New England Medical Gazette.

BOSTON, OCTOBER, 1870.

PROFESSIONAL ADVERTISING. — The minds of some of our professional brethren seem to be in quite a muddle on the question of how a physician can properly introduce himself to the public; and the efforts of some of our journals fail to make the subject any clearer. One man can see no possible objection to telling, through the columns of the daily press, the inhabitants of his town in particular, and the world in general, that he has M. D. attached to his name, and that he resides in such or such a street, where, by inference, he will be happy to deal out advice, and medicine it may be, in the most scientific manner. Number two thinks he has an equal right to publish in the same manner, that he is a graduate of some two or three colleges on this or the other side of the Atlantic, is a member of some half dozen societies, and is the author of a score of pamphlets, yclept books. Number three, no less modest and equally enterprising, thinks himself fully justified in issuing a short essay, in the form of a circular, setting forth his particular excellences, to which are attached the testimonials of ministers, spinsters, and others.

Now, we all admit that advertising — as *quacks* do it — is an unquestionable nuisance. By them the truth is stretched to its greatest tension, and when that is not sufficient for the requisite newspaper space and effect, the most unblushing lies are manufactured out of whole cloth. But there are other advertising dodges which have not yet become so generally obnoxious. In a former number of the *Gazette*, something was said concerning signs, which quickened the thoughts and stirred the consciences of physicians; and we need not allude to it further. Now there is, besides the common forms of newspaper advertising, that known as puffs: "Child run over and nearly killed — Dr. SMITH dressed his wounds with remarkable skill — child sent home almost well." Or, again: "Remarkable surgical operation," performed by Dr. Fitzdoodle, at which the gaping crowd, present by special request, were impressed with "the wonderful coolness and ability of this celebrated surgeon." "The varying of the knife but a hair's-breadth would have severed an artery and proved

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instantly fatal!" We are happy to see that this form of advertising is not so common in this latitude as formerly, though specimens of this style sometimes reach us. Then come cards of specialists, showing that they stand a little outside of the profession, and if anybody has an eye, an ear, a lung, a liver, or a womb that needs doctoring, Dr. Swiveller can do it better than anybody else. Circulars and cards of otherwise respectable physicians are of course often to be met with. "I think I shall join such a church," said a physician newly arrived in the city; "they have a good many wealthy men there, and no prominent homœopathic physician." This is a very poor religious dodge in advertising; and to become a Master Mason, or to enter into politics, for a similar reason, is hardly better. The fast-horse trick is to some extent obsolete, but the ingenuity of man sometimes seems unbounded, and means are not wanting for professional, or rather unprofessional, advertising.

But, it is asked, Is there no way in which a young man can render himself known in his profession? Yes, most decidedly. But if he resort to the questionable methods already spoken of, or to similar ones, sooner or later he will be found out as a cheat, a pretender, a charlatan; but by the only legitimate method, by thoroughly qualifying himself for his business, by careful, constant, self-sacrificing attention to his profession, by curing his patients, or doing everything in his power for their relief, he will most assuredly gain the confidence and patronage of the community in which he lives, as well as the respect and esteem of the profession of which he will be an honored member.

There are, of course, circumstances when possibly even a newspaper advertisement may be justifiable; such as a change of residence, or a return from a foreign tour; and it is no crime for a physician to give an address card to a patient who desires it. But the wholesome law against professional advertising should have few exceptions, and those must be such only as arise on rare occasions and from very obvious necessities.

There need be no doubt or uncertainty upon this subject, and this simple rule may cover all cases of professional advertising: information may be given which is intended solely for the benefit of those desiring it, while everything, whether in word, deed, or manner, intended to attract attention and gain notoriety, belongs to the arts of the quack and the charlatan.

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ALLOPATHIC ADVERTISING. — Since writing the above, our attention has been called to an old dodge, which has seen its day. When homœopathy first attracted attention by its brilliant cures, and made its opponents fearful lest they might not be permitted to end their days as allopathic physicians, a few men rode into glory and gained the plaudits of their brethren, — who were willing to accord them any position they might ask, — by attacking that awful "delusion," Homœopathy, and completely annihilating it. Holmes, Hooker, and others of this class, at once come to our minds. Thus they advertised. But as time has run on, and Homœopathy, not thus annihilated, has been steadily gaining the public confidence, and softening the asperities of its most bitter enemies, the mass of the profession have come to look upon it with more calmness, if not with favor. Of late, however, a few ambitious youths have thought the same path of glory open to them, and that a vigorous assault upon homœopathy would soon make them masters in the profession. Recently, one Bundy offered a resolution which, at one fell swoop, was to annihilate all the homœopaths in the Massachusetts Medical Society; but he only gained for himself the reputation which one gets who makes a false stroke at the beginning of the well-known game of croquet. Following in his wake, came the erratic Storer, whose blows were as wide of the mark as his professional efforts are near to quackery. And now arises one Sullivan. Anxious for fame, he enters for a free fight, and, like the Irishman at Donnybrook fair, proposes to hit a head wherever he finds one. In the first scene he comes out with a flaming advertisement, "TO WHOM IT MAY CONCERN," and announces that he is not professionally connected with the *spiritualist* Storer, but with the *specialist* Storer; and, moreover, he acts as though he intended henceforth to be known as the leader of the anti-homœopathic squad; and is willing to expound the law for them, or direct their movements on every occasion. It remains to be seen what will be the effect of this species of advertising, and whether respectable physicians will accept such leadership.

THE councillors of the Massachusetts Medical Society will soon hold a session, at which the inane resolution, adopted by the Society at its annual meeting, will probably come up for discussion; and we are a little curious to know whether this old Society will still further stultify itself by falling on its knees at the crack of the whip of the National Association, and, humbly asking forgiveness for its past sins of *liberality*, promise to expurgate itself, and never commit any such offences again.

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CORRESPONDENCE.

LACTIC ACID IN VOMITING OF PREGNANCY.

Mr. Editor, — Please allow me the use of your columns to reply to numerous inquiries concerning *Lactic acid*, instigated by Dr. Haeseler's interesting article.

A partial proving was made by myself with the 15th centesimal potency prepared by Dr. A. Reisig, of this city, in which I observed the following symptoms: —

"Nausea on rising in the morning."

"Nausea with retching and waterbrash after eating."

"Vertigo when turning the head suddenly."

I tried it in a few cases of morning sickness, in the 15th, and also in the 30th potency, which I received from Dr. Reisig, and with such success, that I had the highest potencies made by Dr. Fincke, from the original 15th cent. dilution, and since that I have used the 200th and 1000th exclusively.

In cases where the patient is otherwise healthy, a single dose of the 1000th at night is sufficient. And I would here call attention to the almost entire exemption of the patient so relieved, from the usual disorders of pregnancy during the remainder of her term. When, however, there is any chronic dyscrasia, a dose of some indicated antipsoric will clear the way for the more perfect action of *Lactic acid*.

As provings are now being made on females, a fuller resumé of the symptoms may be expected before long.

Samuel Swan, *New York.*

Note. — Will Dr. Swan have the kindness to inform the profession how Dr. Fincke prepared these high attenuations? If in a secret manner, then it would be unwise as well as unprofessional for physicians to use them and administer something, — they know not what. If it has been done according to the specification of his patent, few physicians would be willing to even experiment with such unreliable preparations. — Ed. Gazette.

A SIGNIFICANT FACT.

Mr. Editor, — The Homœopathic Mutual Life Insurance Company, of New York, has, since it commenced business (July, 1868), issued more than three thousand policies. Convinced that homœopathists could be insured at a lower rate than others, the company prepared two sets of tables, to which they have strictly adhered, uniformly charging those adopting homœopathic practice less than others. Sufficient time has already elapsed to judge of the correctness of the principle which this company has adopted. Of the risks already taken, eighty-five per cent. are homœopathic, and fifteen per cent. are allopathic. The company has paid sixteen losses. Three of these deaths were accidental or by violence. *Eight are found in the fifteen per cent. of*

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allopathic risks, and only five in the eighty-five per cent. of homœopathic. If this proportion is to continue, the company would do well to confine its risks wholly to homœopathists. The difference in the premiums is very slight compared with the difference in mortality. Still, the whole number of losses in proportion to its policies is very small as compared with those of other companies.

If the above facts will interest the readers of the *Gazette*, please insert them; and allow me here to thank those homœopathic physicians in New England who have so kindly assisted our agents; at the same time, let us hope that these agents may prove successful missionaries for homœopathy.

J. W. TALBOT.

130 *Tremont street, Boston.*

REPORTS OF SOCIETIES.

THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by A. F. Squier. M.D., Secretary.

SEPT. 26, 1870. The first regular session after the summer vacation was held at the new rooms of the Homœopathic Dispensary, No. 14 Burroughs Place.

Dr. Woodvine commenced a series of papers upon Kidney Diseases, giving, this evening, a review of the minute anatomy of the kidney, physiological and pathological.

The paper evinced a thorough acquaintance with this well-cultivated field of research, and with the observations of the older as well as the most recent investigators. Dr. Woodvine was very materially aided in his demonstrations by several large and beautifully-colored diagrams, and by numerous injected specimens exhibited through his fine microscope. In addition to what is generally well known of the anatomy of the kidney, the paper described some of the more recent histological discoveries. Among the latter was that of the lobulated character of the mass of capillaries forming the Malpighian tufts, each lobe being formed by only one vessel or branch, convoluted upon itself, and united at its base to the whole mass only by its origin and its termination in the afferent vessel or vein. Another point, of much greater importance, was the fact of the kidneys having no stroma or skeleton, fibrous or other; a fact which must entirely change our theory of the nature of some renal diseases, and which cannot fail to impart an interest to Dr. Woodvine's future papers upon the diseases of the kidneys. On the whole, while not depreciating its present practical value, we regard the paper as foreshadowing more interesting essays which are to follow.

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WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

Reported by C. C. Slocomb, M.D., Secretary.

THE regular quarterly meeting was held at Good Templars' Hall, Worcester, Aug. 10th, 1870, at 10 A. M., the President, W. B. Chamberlain, M.D., in the chair.

After the usual preliminary business, remarks upon the prevailing diseases of the season were called for.

Dr. Hinks said his main remedies in cholera infantum had been *Ipecac.*, *Secale*, *Sulph.*, and *Ars.* He always changes the food of his little patients when he finds they are having arrow-root, and gives cream instead.

Dr. Forbes prefers the condensed milk. He says the little ones grow fat upon it.

Dr. Whittier doubts if the water added to it leaves it better than fresh milk. He would prefer good milk if he can get it.

Dr. Slocomb's chief remedies in dysentery, have been *Merc.* and *Ars.* His cases have been mostly those of aged people, and none have run over five days.

Dr. Foster brought a patient (Capt. ——) before the Society, having an ugly-looking ulcer in the back part of the mouth, making an opening into the nasal cavity of half an inch or more in diameter, which is increasing in size.

The patient knows no cause for it, — thinks it may have been produced by smoking. Most of the members of the society considered it to be of syphilitic origin. The case has been treated by Dr. Foster for some weeks, but without special benefit, except the alleviation of suffering, to some extent.

Dr. Mary G. Baker brought in a patient, — a little child having a peculiar form of scald-head, which had defied treatment for several months. She wished advice in the case. When the head is better, the child has something like cholera infantum. She has given *Sulph.*, *Calc. c.*, *Graph.*, etc.

Dr. Brooks suggested *Rumex;* Dr. Sibley, *Rhus.*, and Dr. Forbes, *Rhus.* ^{10m}. Dr. Slocomb said he had had many similar cases, and had never failed to cure them with a high potency of either *Calc. c.* or *Graph.*

Dr. Slocomb's report on Clinical Medicine, was next presented. (It is found in this number of the *Gazette.*)

At one o'clock the society adjourned for one hour, accepting the invitation of their President to dine with him.

AFTERNOON SESSION.

Dr. Chamberlain read a paper, giving some interesting clinical experience in the treatment of urinary troubles after confinement, — prolapsus uteri, etc.

Several cases were mentioned of measles shortly previous to confinement; the patients went safely through, and made a good recovery.

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He inquired as to the experience of others in similar cases. Dr. Nichols said he had had two or three cases of measles just before confinement, but all did well. Dr. Hunt had also had one.

The subject of susceptibility to contagion being brought up, Dr. Chamberlain mentioned a lady who rode a few miles with him after he had seen a patient just recovering from measles; she was attacked with the disease, and must have taken it from him after he saw the patient

Dr. Brown spoke of a case where the patient was poisoned by the odor of Rhus, forty or fifty rods away from the house, the wind blowing in at the window.

Dr. Nichols reported a remarkable case: the daughter of a sea-captain, in looking over his effects, came across the Bible he had with him at sea when he had small-pox, twenty years before. She took the disease herself, thus proving that small-pox may be communicated, even after the lapse of so long a time.

The meeting was very interesting, with full attendance. Adjourned at 4 P. M.

MAINE HOMŒOPATHIC MEDICAL SOCIETY.

THE annual session was held at Augusta, Me., May 24 and 25, 1870, the President, Dr. Eaton, of Rockport, in the chair.

Prayer was offered by Rev. Dr. Bingham, of Augusta. Dr. Farnsworth, of East Cambridge, Mass., was present as delegate from the Massachusetts Society.

It was voted to hold the next annual session at Portland, on the fourth Tuesday of May, 1871; and Drs. Burr, Shackford, Dodge, Clark, and Cummings were appointed a committee of arrangements.

Drs. Gallupe and Boynton were appointed delegates to the American Institute, and Drs. Burr and Clark as delegates to the Massachusetts Society. A committee, consisting of the Recording Secretary and Drs. Bell and Burr, were constituted a committee on publications.

The Committee on Materia Medica presented their report. Dr. Burr, of Portland, read a very interesting report upon *Lilium tigrinum*.

Dr. Gallupe stated that he had noticed one case of morning diarrhœa, which was unusual in pregnancy, cured by this drug; and he thought that *Lilium* might prove of signal benefit in many forms of uterine diseases.

Dr. Clark, of Portland, related his experience with *Lilium*.

The Committee on Clinical Medicine presented the following papers:

Clinical experience with *Lilium tigrinum*, by Dr. Wm. E. Payne; Reports upon Clinical Medicine, by Drs. Gallupe, Clark, and Bell.

Dr. Thompson presented a verbal report of some cases treated by him. A warm discussion was elicited, in which Drs. Gallupe, Thompson, Eaton, and Boynton participated.

Dr. Burr, of Portland, read two very interesting cases, treated with *Lilium t.* and *Bry.*

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Dr. Payne then discussed the merits of *Lilium*, and expressed his opinion that it would prove of great benefit in uterine diseases.

Dr. Clark gave his experience with this drug, and also with *Teucrium* in polypus of the nose.

Dr. Farnsworth, at the request of the Society, gave an account of the manner in which the Society of Massachusetts conducted its business; and said that although the homœopathic physicians of Maine were not so numerous as those of the Old Bay State, yet they showed by their works and reports that they were in earnest; and that he saw, in the excellence of the papers which had already been read, an indication of the research and accomplishments of the members in the noble science of medicine. He expressed a hope that the Society would not be dilatory in having the papers printed, as they contained much valuable information. He referred to the movement that had been made to establish a homœopathic hospital in Boston. After discussing the high-potency question, he closed his remarks by expressing his belief in the necessity of improving and elevating the cause of homœopathy, by paying strict attention to our new remedies.

Dr. Seavey spoke of establishing a homœopathic pharmacy under the auspices of the Society.

A discussion then arose as to the propriety of sweetening food for infants. Drs. Bell, Briry, Gallupe, Boynton, and Farnsworth participated.

The meeting then adjourned till evening.

Evening Session.

The Society met at half-past seven.

The annual address was delivered by the President, Dr. Hosea B. Eaton. On motion of Dr. Payne, a vote of thanks was tendered him for his able address.

Dr. Clark then gave an account of the illness and death of Dr. Geo. R. Clark, of Portland, and read an obituary notice of him, giving a short history of his life and character. On motion of Dr. Burr, resolutions of condolence were unanimously passed, the members standing, and in silence.

Wednesday Morning.

Drs. Clark and Thompson presented some very interesting reports of cases from practice.

Drs. Bell and Thompson presented reports on Surgery.

The following officers were elected for the ensuing year: —

President. — W. L. Thompson, M.D., Augusta.

Vice-Presidents. — N. G. H. Pulsifer, M.D., Waterville; I. S. Hall, M.D., Hallowell.

Recording Secretary. — S. H. Boynton, M.D., Rockland.

Corresponding Secretary. — J. B. Bell, M.D., Augusta.

Treasurer. — Wm. Gallupe, M.D., Bangor.

Censors. — Drs. M. R. Pulsifer, Ellsworth; S. P. Graves, Saco; T. L. Bradford, Lewiston; J. M. Blaisdell, Bangor; C. H. Cochrane, Winthrop.

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The President then announced the following committees: —
Materia Medica. — Drs. Payne, Hall, Graves.
Clinical Medicine. — Drs. Burr, Gallupe, Williams.
Surgery. — Drs. Bell, Blaisdell, F. M. Payne.
Obstetrics. — Drs. Clark, Eaton, Cochrane.

The Auditors reported the Treasurer's account correct.

A vote of thanks was tendered to the City Government of Augusta for the use of their rooms for the session.

The Board of Censors then reported that one of the members had forfeited the right of membership, and preferred charges against the aforesaid member of charlatanry and intemperance. The accused was notified to respond to the charges at a special meeting called at Portland, on the third Tuesday of June, 1871.

The Society then adjourned *sine die*.

S. H. BOYNTON, *Secretary*.

THE WEST JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

Reported by Isaac Cooper, M.D., Secretary.

The Society met in Camden, 17th Aug., 1870, the President, Dr. Wilkinson, in the chair. The following members were present: Drs. Hunt, Wilkinson, D. R. Gardiner, Tindale, Cooper, Kirkpatrick, and Shreve. Charles W. Perkins, M.D., of Marlton, was elected a member. Dr. Hunt was elected Corresponding Secretary, agreeably to an amendment of the constitution.

Dr. Hunt, Chairman of Bureau of Practice, reported an account of an epidemic cholera infantum, then prevailing in and around Camden. It generally attacked very young children, — two, three, and four months old. It was attended with severe vomiting, which was mostly controlled by *Ipecac.* and *Verat.* The diarrhœa was of peculiar yellow, watery character. *Gamboge* was the chief remedy; *Arsen.*, though but little used in his practice, sometimes cured it. Dysentery had generally yielded to *Coloc.* and *Merc.* Scarlatina had prevailed to some extent, and attended with dropsy, for which *Apocynum* proved a valuable remedy, and, occasionally, *Stram.*, *Helleb.*, and *Arsen.*

Dr. Wilkinson finds *Cuprum* an excellent remedy in unfavorable cases, when the brain becomes affected, with cold extremities, &c. He mentioned an epidemic intermittent fever prevailing in his locality (Trenton), in which he had generally been very successful with *Arsen.*

Dr. Cooper had in most cases of cholera infantum used *Sulphur* and *Mercury.*

Dr. Shreve presented a very interesting report of a case of diphtheria, followed by stricture of œsophagus, which required relief by mechanical means. It was accomplished with dilators. The patient was nourished by means of a tube introduced into the stomach, and

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was convalescent, but with partial paralysis of the extremities. The remedies used were *Puls.*, *Spong.*, *Bell.*, *Merc.*, and *Lach.*

Dr. Kirkpatrick generally uses *Merc. bin.* in diphtheria, in connection with *Bromine*. He has used carbolic acid, both externally and internally, with good results in quinsy. Dr. D. R. Gardiner always uses *Mercurius* when there is any membrane formed or forming, and has never seen a return of the membrane.

Dr. Cooper has used *Mercurius*, — but the membrane has re-formed; has applied the third trituration directly to the membrane, and finds it an excellent agent to destroy the membrane.

Dr. Wilkinson, in the early stages of diphtheria, uses *Acon.* and *Apis*, with success. If these do not accomplish the cure, he then resorts to *Mercurius*.

Dr. Hunt uses *Mercurius* and *Phytolacca* where there is excessive dryness of the throat.

Dr. Kirpkatrick, Chairman of Bureau of Materia Medica, presented several very interesting cases cured with *Arsen.*, with his reasons for giving this remedy; the great characteristic by which he was governed was the peculiar thirst, relieved by drinking often, but not in large quantities.

Adjourned, to meet in Burlington, Wednesday, 16th of November, 1870.

CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting will be held at the New Haven House, in New Haven, on Tuesday, Nov. 15th, 1870, at 10 o'clock, A. M. A full order of business has been prepared, and an interesting meeting is anticipated. Delegates from other societies are invited to be present, and all physicians will be cordially welcomed. William D. Anderson, M.D., is the Recording Secretary; we shall hope for an early and full report of the meeting.

REVIEWS AND NOTICES OF BOOKS.

Annual Record of Homœopathic Literature, 1870. Edited by C. G. Raue, M.D. New York: Boericke and Tafel; pp. 496; large 8vo.

The object of this volume is to condense into this small space all the facts and observations which have appeared in our medical journals during the past year. These are classified under the general heads Materia Medica, Practice, Surgery, Theory, Posology, Physiology, Chemistry, and Homœopathic Literature Added to this is a Directory of eighty pages, containing the address of the homœopathic physicians throughout the world; with statistics of societies, hospitals, infirmaries, dispensaries, colleges, journals, and pharmacies.

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The part on Materia Medica is conveniently divided into groups, — such as the *Sulphur* group; the *Phosphorus*, *Carbon*, *Oxygen*, *Halogen*, and *Calcarea* groups, etc.; and, in ninety-two pages, an immense number of observations upon the different drugs have been included by the illustrious and efficient laborer in this department, — Dr. Constantine Hering. The remaining departments contain the observations in some thousands of cases, treated by different physicians. There are very few diseases coming within the range of ordinary practice which are not touched upon, and we can hardly conceive a volume of such immense scope and filled with so many valuable suggestions. Every physician who desires to know what is going on in the profession will be sure to purchase it.

Having said thus much, we would be glad to leave the subject; but just criticism compels us to regret the careless proof-reading, ungrammatical and obscure sentences, and the many imperfections which run through the whole book. The first sentence in the book mars the volume at the outset; it is as follows: —

"Our Knowledge of Drugs,

Resting mainly on provings, which have, during the year 1869, increased as usual, hardly allow time to digest what is offered."

Is it our knowledge of drugs which does not allow time to digest, or what is it? Such a careless sentence as this should never go into such a book; and while we hope that every year, or at least every third year, will find a new volume on the same plan as this Record, we trust that more careful editing will in future guard against a repetition of its faults.

Of the Directory, we have little to say; for the publishers have disarmed criticism by acknowledging its errors, and asking the indulgence of their readers We would, however, suggest that if they had copied the list of Massachusetts physicians, which was prepared with great care and fidelity, and published in the *Gazette* last April, they would have done much better than to have given us the faulty one which they have. A hasty glance at it shows us the omission of 32 names, and 87 errors in those that occur. We know the difficulties in directory-making, and we ask all our readers and the whole profession to do everything in their power to render the next Record more perfect and complete.

Text Book of Homœopathy. — By Dr. V. Grauvogl, of Nuremburg. Translated by George C. Shipman, M.D., at the request of the author. Chicago: C. S. Halsey. In two parts. Large octavo, pp. 341–426.

Our school has never before produced a more erudite volume, or one touching more abstruse points in our science. A glance at its table of contents shows that its 354 paragraphs treat of many times that number of subjects, and its scope is as broad as its subjects are numerous. The book is divided into two parts. In Part I., the Introduction treats of general science in its various relations, especially to

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medicine. Life is next considered, and the different theories in relation thereto. Disease is thoroughly investigated, in fifty sections, followed by Modes of Treatment in Therapeutics. The Mode of Action of the Remedy occupies twenty-nine sections. The various Therapeutic Systems are discussed at length, while Electricity and Magnetism are treated separately. Rademacher's School has thirty-five sections devoted to it, and a most searching criticism of it closes as follows: —

"Hence, Rademacher's school comprehends those *external causes* as epidemics, and for *this hypothesis*, and for everything which closely belongs to it, the essential reasons are wanting which can constitute the only clues to certainty in medical practice. This hypothesis leans only upon the one *external reason* of disease, while the inner reasons have been forgotten; and although the art of observation is attended with the greatest difficulties, since it is a matter of the faculty of comprehension, yet nothing should cleave to the objects, which might deliver us over entirely to accident and probability, if it is our aim to establish *correct* indications." Part I., p. 341.

Part II. is more essentially the exponent of our school. Homœopathy and its Drug-provings are first considered; then the Law of Similarity. The Homœopathic Dose fills ninety-three sections, and is in itself a volume of interest. The Examination of Patients forms one division, and these patients are classified as Carbo-nitrogenoid, Oxygenoid and Hydrogenoid Constitutions. After this comes High Potencies, and then the Conclusion.

There is hardly a page in the book but is worthy of notice, and it is a difficult matter to make selections when all are so good; but, on the subject of High Potencies, in which we all feel a deep interest, the careful study and observations of this author has led him to give the following testimony. Whatever our own experience may have been, we can only treat his with entire fairness. He says in Section 341: —

"I myself first learned the necessity of the high potencies, after many cases had compelled me to give higher and still higher potencies, and now I prescribe, much less frequently than before, anything lower than the 30th attenuation, while, at the same time, I have much better success at the sick-bed than previously." He thinks that experience must be our best guide, and that we should *study*, rather than *quarrel*, about this subject. He then reports a case of neuralgia in a hysterical patient, which was relieved by *Nux*, and *Ipec.*, in the 3d attenuation, in hourly alternation. The patient was not cured, and finally fell into other hands, but six months later came again into his care worse than before. This time he cured her by the alternate administration of these same remedies in the 30th attenuation. He says further: "Homœopathic physicians surely will often have to treat cases of intermittent prosopalgia, which originate from marsh miasm, and will find that *Ars.* 3rd, *given alternately* with *Nux* 3d, is crowned with the best results, when given every half hour; but, unhappily, under this proceeding, the drug-symptoms do not fail to appear. This fearful pain will, however, often in a very short time, and without drug-aggravation, disappear entirely in two and three days, if these two remedies are given in the 30th attenuation, and in hourly alternation."

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In justification of this system of alternation, we find in Section 243, after describing the different action of *Aconite* and *Belladonna*, he says: —

"These two remedies, given in succession, may produce various successive motions in the various organs, tissues and cells, without being able to disturb the effect of each other. Moreover, these movements and counter-movements of *Aconite* and *Belladonna*, given, for instance, in hourly alternation, cannot extend further than to their initiative effects, and produce no further effects, no inflammations of the tonsils or of the joints. On the contrary, the effect of *Belladonna* will continue to be directed upon the cells of the blood, that of *Aconite* upon the serum, that of *Belladonna* to exciting the function of the venous, that of *Aconite* to exciting that of the arterial vascular system. Now, it is well known, that, in the domain of the arterial vascular system, the processes of oxidation are introduced and carried on, but in the venous, the processes of reduction. Hence it follows that by the administration of *Aconite* and *Belladonna*, alternately, an alternation of increased oxidation and reduction takes place, *pari passu*. Hence it is clear that the administration of *Aconite* and *Belladonna* produces an acceleration of the organic change of matter which cannot be produced more rationally, *and should we be fettered by a dogma which ventures to forbid us such great conditions of cure?* In this connection, we may further remember that, according to Section 100, the Ozonides act as reducers, when the Antozonides have acted as oxidizers, and so the alternation of many other remedies, in one and the same disease, may be perfectly justified according to natural law."

The translator, Dr. Shipman, of Chicago, has done his work admirably, and the book is published in Halsey's best style. But to Dr. Shipman's energy, earnestness, and devotion the profession are entirely indebted for this work, and we hope Dr. Shipman will find himself abundantly paid for his effort by their liberal purchases. Every physician of our school should not only buy a copy of it, but carefully read it afterwards.

A Practical Treatise on the Diagnosis, Pathology and Treatment of Diseases of the Heart. — By Austin Flint, M.D. Second edition, thoroughly revised and enlarged. Philadelphia: Henry C. Lea, pp. 550; 8vo.

The names of the publisher and author are, to no small degree, the guaranty of this book. The author goes right to his work, teaches no anatomy or physiology, is sparing of narrative or details of cases, and — except some sphygmographic lines — contents himself, we are sorry to say, with a single plate. He devotes one chapter to "certain affections incidental to diseases of the heart," and another to diseases of the aorta. All the rest is exactly described in the title, — the "treatment" being, of course, allopathic.

The United States Medical and Surgical Journal. A quarterly Magazine of the Homœopathic Practice of Medicine. Editors and Proprietors, A. E. Small, M.D., R. Ludlam, M.D., W. Danforth, M.D., Chicago.

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With the present month this very valuable and always respectable quarterly enters upon its sixth year, under entirely new management; and we cordially welcome its well-known editors to our ranks, assured that new life and energy will be infused by them into the Journal. The present number has 128 well-printed pages, and contains a variety of carefully prepared and valuable matter such as every homœopathic physician should read.

We bespeak for the Journal a brilliant success under its new management.

ITEMS AND EXTRACTS.

Nearly 2,000 students of medicine are scattered through the various universities in Prussia.

The Eminent Pathologist, Carl Rokitansky, has been elected President of the Imperial Academy of Science at Vienna.

Miss Garrett, a lady physician, is a member of the staff of medical attendants of the East London Hospital.

Sweet Oil or Castor Oil, swallowed in large quantities, is recommended as the most efficient antidote to carbolic acid when it has been taken in poisonous doses.

The Sick. — There are in the United States 1,360,000 constantly sick, or 24 to each physician. In the U. S. army one medical officer is provided to 333 men in regiments.

Prolific. — Rachel Bunker, who was born and who died in Nantucket, had 12 children, 113 grandchildren, and 98 great grandchildren. About 33 years of her life was devoted to public service, in which time she assisted at the birth of 2,994 children. There were 31 pairs of twins in the number. She lived to the age of nearly eighty-one.

"Medical Wrinkles." — The quaint and practical Thomas Inman, M.D., of Liverpool, in one of his readable essays on the "Restoration of Health," thus remarks: "Do you wish to ascertain the health of a baby, feel the condition of its buttocks. If these are firm and elastic, one may always be sure that the little one is strong and well; but if, on the other hand, they are soft, as if they were boiled turnips in a bladder, it is certain that the child is out of sorts." — *Med. Record.*

Singular Coincidences in a Double Marriage. — The following marriage notice appeared in *The Worcester* (Mass.) *Spy*, which certainly does not look much like the degeneration of American families, about which so much has been said: In this city, May 26th, at the residence of the bride's father, Deacon Samuel Perry, by the Rev. E. Cutler, Harriet N., youngest daughter of a family of ten children — all of whom were present — to George L. Robbins, of this city. At the same time and place, and by the same, M. Jennie, youngest daughter, in a family of ten children, of Z. L. Robbins, of East Thompson, Conn. — all of whom were present — to Moses Perry, of this city. — *Med. and Surg. Reporter.*

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Extract of Beef. — The largest kitchen in the world is that of the Liebig Beef Extract Company, in Uruguay. It covers twenty thousand square feet of ground, and is divided into a number of compartments, which are all constructed with a view to their peculiar uses. You enter first a large, dark, cool hall, with paved floor, where the meat is weighed, and conveyed through openings in the wall to the cutting machines. These are four in number, and can cut up two hundred young oxen in an hour. From the cutting-machines the meat goes into twelve iron receivers, where it is pressed by steam power of seventy-five pounds to the square inch. These twelve receivers are capable of containing twelve thousand pounds of meat each. From these the meat, or rather the liquid, now runs through pipes into receptacles constructed for the purpose of separating the fatty substance from the extract, and to clear it. Lastly, it is raised by steam pumps into large coolers, filtered, and subsequently packed for transportation. The butcher of the company is a scientific executioner who can, with ease and grace, kill eighty oxen in an hour by skilfully separating the vertebræ.

Prussic Acid. — The *Journal des Connaissances Médicales* states that, at the last sitting of the French Academy of Medicine, Dr. Scoutteten communicated the substance of an essay which created quite a sensation. It was a posthumous disquisition on hydrocyanic acid, found among the papers of the late celebrated Professor Schoenbein, of Baden. The question discussed was, whether there is a test for the above-mentioned liquid, besides those of M. Liebig and M. Buignet, which, within certain limits, may reveal the presence of prussic acid, but is insufficient to fix its quantity and detect a crime with certainty. Professor Schoenbein then proceeds to describe a reagent discovered by himself, and delicate enough to bring out to view even the millionth part of a drop, whether diluted with water, or vaporized in the air; a circumstance affording a new proof of the incalculable divisibility of matter. Dr. Scoutteten, who lives at Metz, announced in his communication that he had repeated the late Professor Schoenbein's experiments with the aid of two chemists, MM. Guébin and Pont, and that he begged to submit some of the test-paper prepared by himself to the academy for further trial. The specimen forwarded was of the kind called filtering paper, and had been soaked in a solution of three grains of guaiacum resin in 100 grains alcohol. To use it, a solution of ten decigrammes of sulphate of copper in fifty grains of distilled water should be made, and the paper, which is white, cut into narrow strips. One of the latter being wet with the solution, it is then exposed to the action of the minute quantity of hydrocyanic acid dissolved in water and suspended in the air; the paper will then instantly turn blue. Dr. Scoutteten remarks that these slips of paper will be useful in examining the quality of the medicinal waters or syrups containing a very small quantity of the acid. The paper need only be placed on the unstoppered neck of the phial containing the medicine, and the blue color will at once become visible. Various other experiments are described, all tending to the same result. — *Medical Press and Circular.*

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HOMŒOPATHY IN DISGUISE. — The medical journals, from the Practitioner down along, are trying to convince the world in general, and the medical public in particular, that drop doses of the wine of *Ipecac.* given at intervals of three hours, *to arrest vomiting*, has nothing whatever to do with the principle of homœopathy. "When found, make a note of it!"

RELAPSING FEVER IN GLASGOW. — This city promises soon to riva. Liverpool in the number of its cases of relapsing fever, but seems to stand considerably behind Liverpool in its means of treating them. We understand that the hospital accommodation available is already nearly, if not entirely, used up, and yet the epidemic still shows signs of rapid increase. The authorities have as yet only reached the stage of searching for a site on which to build a permanent fever hospital, and do not seem to have opened their eyes to the probability of an immediate necessity for increased accommodation. — *British Medical Journal.*

SOLVENT FOR EAR WAX. — Dr. Pétrequin, of Lyons, has published in the *Bulletin de Therap.* an account of a series of experiments to find the best solvent for ear-wax. He tried successively olive oil, glycerine and oil, alcohol and olive oil, the latter mixed with oil of turpentine, ether, alkaline solutions, soap and water, chloroform, sulphuret of carbon, &c. Some were found ineffectual, and others were irritating to the aural mucous membrane. At last, the author discovered that *tepid water* had the desired effect. — *Lancet.*

A "BLOW-PIPE GAS CAUTERY" has been invented for the treatment of nævi, vascular growths, spongy piles, warts, &c. It is said to be serviceable in cases of sloughing ulcers, chancres, lupus, and in arresting hæmorrhage.

FRESH AIR IN COLD WEATHER. — Abundance of exercise, free respiration in the open air, inhaling quantities of bracing tonic-azone; and eating good food (without whiskey), is the great receipt for keeping comfortable in cold weather.

To one accustomed to out-door exercise, the stifling air of an apartment is unbearable. He feels that he must throw open all the windows, else he will suffocate. But let him make known his desire, and stay-in-doors inmates are horrified — petrified! What? open windows with the mercury at zero? the idea is shocking! Let us tell you madam. "that if you will leave the room for ten minutes and allow the pure air to circulate freely through it you will complain no more of the heavy sensation in your head, or the severe neuralgic pains in your temples." Many persons think if a room is aired after breakfast it is enough. But we beg to differ from them, if the room is used constantly. In that case, the windows should be opened while the family are in the dining room, and closed before they return. We deprecate drafts (unless in banks) as much as any one can, and are indebted to them for many aches and pains; but we are the champion of good fresh air, and shall always sing its praises. It is a gift from heaven, free to all; yet some of us seem little inclined to benefit by it, though it is as needful for our well-being as beefsteak or bread and butter. In the houses of the poor, how fetid the air! what a horrible

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mingling of odors — tobacco, onion, and cabbage combined; surely, the smell of Cologne cannot attain to it. Yet the dwellers in that horrid atmosphere know not its terrors, — know not how it bleaches their cheeks and steals the strength of bone and muscle. You nor I cannot teach them how desirable it is to open wide the doors and windows, even if the "cold" does enter, rather than to breathe the pestilental, fever-breeding air of their houses. Only a "Board of Health" has power to convince them of their error, and that only during a visitation. Their ignorance swells the bills of doctors and of mortality, and helps to fill the purses of the apothecaries and undertakers. — *Springfield Republican.*

The Doctor. — He must be a man of the strictest honor and integrity, for to him are confided the secrets of families, the honor of wives and daughters — secret trusts that are committed to no other. Every medical man should feel the responsibility of these trusts, or he is unworthy of being a physician. The physician who practises his profession merely as a trade, for the amount of money that can be made by it, is unworthy of his calling. The higher and nobler motive of doing good to others, of relieving human suffering, of prolonging human life, is the only incentive that ever has or ever will make the great physician. In proportion to the weight of his responsibility should be the honor and the integrity of his character. How easy it is for the physician to control the destiny of his patients. On him they rest, and confide in his knowledge and truth. He decides for them questions of life and death. Happiness or unhappiness it is in his power to give, and why? The greater his knowledge the greater is his power. He has knowledge of how to do good, and consequently, the power to do evil; and, therefore, the necessity of his being governed by the strictest honor and integrity in order to use that knowledge rightly. — *Prof. Lewis A. Sayre.*

Revaccination. — The following is the report of a committee of the French Academy of Medicine to the Minister of the Interior, as condensed from the *Révue de Thérapeutique Medico-Chirurgicale* of July 15, 1870: —

"The Academy of Medicine believes it to be useful to make public the following declaration, which it commends to the attention of the government and the public.

"Vaccination is a preservative from small-pox.

"Nevertheless, after a certain period, revaccination is indispensable to assure complete immunity against contagion.

"Revaccination is absolutely exempt from danger. The Academy formally repudiates all that has been said and published to the contrary.

"Revaccination may be useful at all ages.

"It may be performed without inconvenience during the prevalence of an epidemic.

"The existing epidemic in Paris and other places has furnished the most convincing proofs of the preservative power of revaccination.

"In different army corps, and especially in the Garde de Paris, in many public and private establishments, and in some of the munici-

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pal schools, variola has been arrested by revaccination. Finally, the latest statistics, particularly those from the civil hospitals of Paris, prove most positively that very few revaccinated persons are attacked with small-pox, and that of those who were, none died.

"It is, then, of the utmost importance, for the interest of individuals and of the public, to encourage, by every possible means, the practice of revaccination."

THE *Lancet*, of June 25, calls attention to the same subject: "At the small-pox hospital (London), every nurse is revaccinated before entering on her duties; and during thirty-four years, not one of these nurses has contracted small-pox. Some years ago, when the new small-pox hospital was built, and when many workmen were regularly employed there for several months after the patients were received, the great majority of these workmen who submitted to revaccination entirely escaped small-pox, while two cases of the disease did occur among the few who were not revaccinated. Reasoning, not from theoretical considerations, but on the broad and firm ground afforded by large practical experience, Dr. Seaton advises that every child should be revaccinated at or about the age of puberty, or still earlier, when small-pox is prevalent, or when the original vaccination was imperfect; and that the revaccination should be from arm to arm, and performed with the greatest possible care."

THE POPULATION OF PARIS. — In a paper read before the French Academy of Medicine, by M. Gustave Lagneau, the following curious remarks concerning the population of Paris occur: That of the department of the Seine increases in a ratio nine times larger than that of France; a circumstance naturally owing, not to the difference between the number of births and that of deaths, but to the excess of immigration over emigration. About one-third of the children born in the department of the Seine are sent out to nurse in the others; only one-third of these infants ever return home. From the ages of ten to fifteen for boys, and fifteen to twenty for girls, an immigration towards Paris sets in, which seems to attain its maximum within the ages of twenty-five to thirty. It is so considerable as to embrace nearly two-thirds of the population of the department of the Seine, only one-third of which is really indigenous. In consequence of this double current of emigration of infants, and immigration of adults, the Seine differs from all the other departments of France in its having a smaller proportion of infants, a greater one of grown-up persons; a smaller one of married couples, and consequently a larger one of bachelors and spinsters. The mortality of children under five years of age amounts to one-third in the rest of France; in the department of the Seine it is more than one-half. Again, in this department, mortality generally is one-third greater than elsewhere in France: at twenty the survivors are only two-fifths of the number born; at forty, less than a third; and at sixty, less than one-sixth. — *Scientific Opinion.*

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OBITUARY.

THOMAS M. SANBORN, M.D.

BY J. C. MOORE, M.D., LAKE VILLAGE, N. H.

PROBABLY none of us were surprised to hear of the decease of our lamented brother, Dr. Sanborn. All who saw the gray-haired, palsied old man, three years ago, knew that the sands of his life had nearly run out. Those who knew him best feel most deeply the loss of so talented and worthy a man.

Thomas Moore Sanborn was born at Sanbornton, N. H., Dec. 23, 1810. His mother died when he was but a child, leaving a large family. He was obliged to leave home early and make his own way in the world. While quite young he went to Laconia, — a few miles distant, to learn the cabinet-maker's trade. After that, he went into Massachusetts to procure funds for the purpose of educating himself for the ministry. He fitted at the Academy at Andover, N. H., and entered Dartmouth College, but untoward circumstances prevented his graduating. He then commenced the study of medicine with Dr. Hill, of Sanbornton Square; after which he attended medical lectures at the College of Physicians and Surgeons, in New York, and commenced the practice of medicine at Lake Village, N. H., in the year 1842. Here he practised allopathy for nearly twenty years.

About the year 1861 or '62, he was induced to investigate homœopathy. This resulted in his conversion. Unfortunately he was permitted to follow his newly-chosen light but a few years. His last sickness was protracted and severe. Some eight or nine years since he had slight attacks of dizziness, affecting him but little. These attacks grew more severe and frequent, at times rendering him unconscious. About five years ago he had a very severe attack of paralysis, which confined him to his bed for several months, but did not affect his mind so much as even the slightest of his previous attacks. He gradually rallied from this shock, and in a few months was able to walk about the village with the aid of crutches, and to attend to the calls of a part of his numerous patrons during the summer and fall of 1865. He then again broke down, and continued to fail physically and mentally to the end, January 23, 1869.

For the last few months he was confined to his bed nearly all the time — sleeping during the day, but wakeful and shouting all night. At times he would appear to know his friends He ate with evident relish, — yet became very much emaciated. His bowels were regular until the last two or three months, when, for seven weeks, there was no movement whatever. Then diarrhœa set in for a few days, with dark-brown, thin, very offensive stools, apparently attended with great pain. With this exception, he never complained of pain during his sickness.

Autopsy showed the gall bladder perfectly free of bile but full of gall-stones; the ductus communis was enormously distended by them. In all, ninety-four were collected, varying in size from a grain of wheat to more than half the size of a common acorn. The liver appeared normal, except at the lower edge which was congested and

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gangrenous. The omentum had nearly all disappeared. Of the colon, several inches of the arch and descending portion were constricted to a mere string. There were ulcerations about the small intestines, and the spleen was nearly double the normal size. The organs of the chest were in a healthy condition, as also was the stomach. We made no examination of the brain. If we had, we might have obtained more light concerning the disease When an allopath, Dr. Sanborn was an able and honest practitioner, and ranked high in the profession. His homœopathic career, though very brief, was marked by a gratifying success. Our profession might draw an interesting and useful lesson from his noble endurance during his long and weary sickness.

Although he had but just thrown off the shackles that had bound him for a lifetime to empirical practice, through all that trying ordeal of five years I never knew him to waver in his allegiance to homœopathy; in these days of infidelity in our school, such an instance is truly refreshing.

As a man, his character was above reproach; he was a Christian of great piety, a citizen of great usefulness and worth, and of strict integrity in all his dealings.

PERSONAL.

Bushrod W. James, M.D., of Philadelphia, has been quite seriously ill, from the absorption of virus while removing a malignant tumor. It was received through a slight break in the skin of one finger while tying a ligature. He applied *Cupri sulphas* immediately, but without much effect, and thinks the actual cautery to be the only safe method in such a case. It gives us great pleasure to record his recovery.

Removals. — O. M. Drake, M.D., from Boston to Ellsworth, Me.

John Ellis, M.D., from Jacksonville, Fla., to 24 West 29th st., New York.

Isaac Cooper, M.D., from Mullica Hill to Frenchtown, N. J. He writes that there is a good opening for a homœopathic physician at Mullica Hill, N. J.

Died. — W. N. Kirk, M.D., Niverville, N. Y., on April 15th, 1870.

R. R. Gregg, M.D. — poor fellow! We regret to announce that this modest physician has, to all appearances, actually exploded with rage, in his own magazine. Over his shattered remains the only monument is his *patent* for a worthless invention to aid homœopathic physicians in curing their patients, and an old *copyright* on a book never written. *Requiescat in pace!*

Miss Helena Barkaloo, of St. Louis, a graduate of its Law School, and admitted to the bar of Missouri only a few months since, recently died in that city of typhoid fever. She had already gained the respect and esteem of the profession, and resolutions of sympathy and condolence were adopted.

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THE

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PROTRACTED GESTATION.

BY J. H. WOODBURY, M.D., BOSTON.

Read before the Mass. Hom. Med. Society.

IT has been observed that "peculiar cases are gregarious in a physician's practice;" and it is owing to the truth of this aphorism that I am able to lay before you to-day the notes of two cases of protracted gestation. It is but natural that some should be led to doubt the accuracy of the data upon which the assumption of prolonged gestation is based; I would simply say that both cases occurred in women entirely free from menstrual irregularities, and that, in both cases also, quickening occurred at the proper time, and that the movements of the children were felt with the usual force and frequency, from the date of the quickening to the time of delivery.

It is interesting to notice how great a latitude has existed in the views of the ablest writers upon the duration of pregnancy. By the Civil Code of France, a pregnancy may be properly held to continue until the 300th day, which is allowing a latitude of 20 days beyond the full term of 280 days. But most writers admit a far greater range than that allowed in the French Code. Accurate statistics show that the period of gestation is by no means a fixed term in any of the lower animals. According to Brugnone, the difference between the shortest and the most protracted gestation in fifty-five mares amounted to 77 days. M. Tessier found that in the gestation of two hundred mares, there was a latitude of 83 days.

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Prof. Asdrubali gives us a very full account of the pregnancy and confinement of the Signora N., who carried twins in the womb over thirteen months. The truth of his report I have never seen questioned; but, on the contrary, it has been cordially accepted by the most able writers upon this subject since his time. Dr. Merriam, of London, has published, in Vol. XIII. Part 2 of the *London Medico-Chirurgical Transactions*, a paper on the period of gestation, in which he says: "Of 114 mature children, 10 were born in the 43d, and 4 in the 44th week; of which latter, 2 were born at 306 days." Prof. Meigs reports a case which occurred at the Pennsylvania Hospital, in which he believes the pregnancy continued 420, instead of 280 days: the pregnancy having commenced in July, 1839, and ended on the 13th of September, 1840.

Dr. Atlee reports two cases which nearly equaled 356 days each; and Dr. Simpson records, as having occurred in his own practice, cases in which the period reached respectively 319, 324, 332, and 336 days.

The following cases show respectively 378 and 359 days between the close of the last catamenia and the delivery.

Case I.

Mrs. Lucy J. N., æt. 34, was the mother of four children, all of whom had been born without any unusual incidents, and her menstruation was perfectly regular. She began to menstruate on May 3, 1869, and ceased on the 7th. During the succeeding six weeks she suffered in a marked degree all the usual discomforts of early pregnancy, such as nausea, vomiting, loathing of food, etc. On the 28th of September she quickened, and the movements of the child subsequently were both strong and frequent, up to the date of her expected confinement, which she supposed would take place early in February, 1870.

On February 8th, feeling the usual symptoms of approaching labor, — the pains being both strong and frequent, — she sent for her family physician, Dr. N., an allopath of this city. On his arrival he made the usual examination, and announced to the lady that her labor was progressing satisfactorily and rapidly, and that already he could easily introduce two fingers into the os uteri.

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But here the progress seemed to cease, and the pains, after some hours, lost their regularity, became feeble, and finally ceased altogether, and the physician retired to his home to await a summons which he predicted could not be long delayed. But in this he was doomed to disappointment; for although from that time forth the lady was a constant sufferer, during the succeeding three months the proper labor pains never returned again. During all this time she suffered from a peculiar distressing pain through and above the symphysis pubis, attended with most tormenting dysuria, which obliged her to attempt to relieve the bladder every ten or twenty minutes, day and night. Her physician counseled patience, and assured her that her labor could not be many days delayed. So the case went on from day to day.

On *May 20th*, at the solicitation of a friend, her husband asked me to see the case. I found the patient nearly worn out and exhausted by her long-continued and constant sufferings, and quite discouraged as to the result. On examination, I found the os uteri in precisely the condition which Dr. N. had told her it was more than three months before: just sufficiently dilated to easily admit two fingers. I now very carefully introduced a uterine sound, which, to my surprise, readily passed upward thirteen inches without meeting any obstruction until it reached the fundus uteri. Pressing anteriorly with it, however, I came in contact with the distended membranes, surrounding the fœtus. After again going carefully over the chronology of her pregnancy, I decided to rupture the membranes with the sound, which was still in utero, and thus induce labor. I did so, and a most copious discharge of amniotic fluid followed The pains came on in the course of an hour, and were both strong and frequent, but the labor made no perceptible progress. After the expiration of an hour, however, I found the os uteri considerably dilated and softened, so that with a little effort I was able to introduce my hand, and make a careful exploration, which disclosed the fact that the occipital region of the child's head presented at the superior strait. The face of the child was, by the force of the pains, firmly flexed upon the breast, while every pain was forcing the vertex higher and higher above the symphysis pubis.

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In the then existing condition of things, no amount of force or manipulation would have availed to bring the vertex to the superior strait. Turning by the feet was decided upon and safely performed, and this long pregnancy brought to a close by the birth of a live female child, weighing nine and one half pounds. None of her previous children weighed over five pounds. As will be readily seen, the obstacle to delivery in this case was the faulty position of the head; but it seems almost incredible that the labor could have been so long delayed without producing either more serious injury to the mother, or the death of the child.

Case II.

Early in December, 1869, I was called upon by Mrs. F., who resides a short distance out of town, and who desired to engage me to attend her in her approaching confinement. On inquiry, I learned that she had ceased to menstruate on the 28th of June; had perceived quickening on or about the 18th of November, and therefore expected to be confined before the middle of April, 1870. She had borne three children, the eldest of whom was now 18, and the youngest 12 years of age. With all of them she had had very comfortable, though quite protracted, labors. The engagement was made accordingly.

I did not see the lady again for several months, but learned from her nurse, as the time for her confinement approached, that she was enormous in bulk, that her feet and lower limbs were much swollen, and that she was suffering somewhat from dyspnœa. The time for her expected confinement arrived and passed; but I received no summons to attend my patient. Late in the month I heard that Mrs. F. was believed by her friends to be the victim of a false pregnancy, though she asserted that the fœtal movements were distinct and strong. I heard nothing more from her for six weeks longer.

On June 22d, I was summoned in haste to see my patient, as she was in great suffering. I found her sitting in a chair, supported by pillows, unable for a single moment to assume a recumbent position, on account of the suffocation which it produced. She was enormously anasarcous, and there was also hydrothorax

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and hydropericardium, as was revealed upon examination. For the last two weeks she had been unable to recline at all. So great was the effusion into the pericardium, that the normal sounds of the heart were entirely wanting, having given place to the peculiar rubbing or blowing sounds of advanced hydropericardium. Her face was livid, and her lips and tongue purple. Her lower extremities were excessively œdematous, and the abdomen so distended as to effectually muffle the fœtal sounds. Examination per vaginam, revealed an advanced stage of pregnancy: the cervix uteri was completely obliterated, and the os easily dilatable. On passing my finger within the os, it came at once in contact with the excessively distended membranes.

I determined at once to rupture the membranes, and thus hasten the long-delayed confinement. This was accordingly done by introducing a uterine sound by the side of my finger. The rupture was instantly followed by a most copious discharge of amniotic fluid, and, in a short time, by regular and quite severe uterine contractions. But here a new danger threatened; for upon the recurrence of each pain the patient was seized with a convulsive dyspnœa frightful to witness. Her face and hands became purple, her eyes wild and staring, as she eagerly and deliriously begged to be relieved from her terrible sufferings. I now determined to use the forceps as soon as possible, but the patient could not for a moment be placed in the usual position for their use. By bringing her forward so that she sat upon the very edge of the chair, I was enabled to apply the forceps, although the head was still in utero, and by kneeling in front of her, and making traction almost directly downward, I was able in a few moments to deliver her of a living male child, weighing a little over thirteen pounds. During and succeeding delivery, the discharge of water far exceeded anything that I ever saw in a similar case.

In her after-treatment, many of the ordinary rules of the lying-in chamber were necessarily violated. It was still impossible for her to assume the recumbent posture, and it was not until after two weeks that she was able to exchange her chair for the bed. Under the use of *Digitalis*, 1 dec. and *Eupatorium purp.* 1 dec. the renal secretion was greatly increased, so that for several days

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the quantity of urine passed ranged from six to eight quarts per diem. It was not until the expiration of six weeks that the dropsy and dyspnœa were entirely relieved, and even then there remained an irregular and intermittent action of the heart, which finally disappeared under the use of *Cactus* [5].

There had been for many weeks, a very profuse sero-lacteal discharge from the breasts. On the third day succeeding delivery, this had entirely changed in appearance, and was then found to possess all the constituents of ordinary milk, and in quantity sufficient for the child. The urine at no time contained an appreciable quantity of albumen, and its specific gravity varied but very little at any time from the normal standard.

This was apparently a case of simple inertia of the uterus; for previous to the rupturing of the membranes, there had never been the slightest uterine effort, and it is an open and an interesting question how long this condition would have continued, had not the other alarming symptoms rendered interference necessary. What causes the onset of labor is, as yet, an unsolved problem, although it is probable that its solution is to be found in the inability of the womb, in any given case, to bear further distension. Labor comes on from some unexplained necessity of the uterine constitution, and not because the child has reached any absolute degree of development. For the child, whether large or small, is most likely to be born in 280 days after the last catamenial period of the mother; but parturition may be deferred until 300 or 320 days, or even more, have elapsed. Baudelocque endeavors to account for it upon the theory that there is an antagonism between the fibres of the cervix and those of the fundus and body of the womb. He holds that, in the early months of pregnancy, the fibres of the body and fundus yield to the distending force, while those of the cervix resist until about the seventh month. At this time they also begin to yield, and so continue yielding until the ninth month. These fibres of the cervix may be regarded as the seats of the retentive, while those of the fundus and body are the seats of the expulsive power. At the ninth month they are balanced, or antagonize each other exactly. At length, the development of the womb going on, the fibres of the fundus become more powerful, as those of the

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cervix and os uteri are distended, and finally so completely opened as to allow the ovum to escape. This explanation is perhaps as good as any that could be offered; but although human sagacity may remain incompetent to the task of unfolding the secret forces upon which the completion of utero-gestation depends, it is, perhaps, not unworthy of remark, that the Author of Nature has provided a simple law, in virtue of which the womb shall refuse to yield any further than is sufficient to allow the child to acquire a certain degree of size and vigor, essential for its respiratory life, but not too considerable for its birth.

HOW SHALL WE STUDY THE HOMŒOPATHIC MATERIA MEDICA?

BY ALFRED K. HILLS, M.D., NEW YORK.

THE solution of this question, which is so bewildering to the student, and often asked, but rarely answered intelligently, is one that must be understood by any one expecting to make headway in this study. Without this understanding, our materia medica becomes one forest of symptoms, without a single characteristic difference to indicate the genus of a single twig. I asked the question myself in early student days, and, fortunately for me, an explanation followed, so clear and so concise, that it will never pass from my memory. Dr. Hering's valuable paper, hereto appended, was placed in my hands for perusal. It becomes absolutely necessary for the physician who would base his prescription upon the complete picture of his case, as portrayed by the symptoms, in accordance with Hahnemann's teachings, to be familiar with characteristic symptoms, and able to distinguish them from those that are common to very many remedies. We must also beware of the tendency to prescribe upon one symptom alone, either objective or subjective. We should certainly become acquainted with the pathological condition, which is sometimes of great value as a symptom; but, unless we are very careful, it may lead us to generalizations fatal to our rule, — "the totality of symptoms."

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In order to find out what is characteristic of an individual, we must be able to compare one person with another. The comparison will undoubtedly show many things common to both; comparison with some individuals will develop no characteristics, there being no essential difference between the two; while a comparison with still other individuals will reveal and develop the most marked and characteristic points.

It is in this manner that we must study the materia medica, — *by comparison.* Pursuing this course, we shall soon find with what ease we are able to understand our cases; a characteristic symptom will direct our attention to a certain remedy which corresponds to it; and the interrogatories suggested thereby will soon decide as to its use, and whether it is the specific in a given case. The physician conversant with these elementary principles, will soon be able to examine patients, and make intelligent prescriptions, without wandering through symptoms in the materia medica, which he will find at nearly every turn, only to be left finally in the dark as to the proper remedy, in the particular case. I will not take up further space, but call your attention to the valuable paper of Dr. Hering, contained in the "*British Journal of Homœopathy*, 1844." As this is now accessible to a few only, I herewith present it in full. It is one of the soundest and best-written papers upon the subject that we have; and I especially commend it to the notice of students.

"The ordinary mode of acquiring a knowledge of remedial agents — namely, merely by experience during practice — cannot be termed studying the medicines, and no directions are required for it. Much time and labor may be expended upon it, without ever attaining a complete command of the medicinal agents; and many a homœopathic practitioner will find himself in the situation of one working in a tread-mill, and setting machinery in motion, without himself moving from the spot. He who trusts solely to the experience and observations of others, and thinks, by means of published collections of cases, to attain to accuracy, as well in the selecting of medicines in individual cases, as in his general views of medicinal agents, — such an one constantly remains in a state of dependence, moving merely in the narrow circle which others have chalked out. In another country, amidst other customs, and at other times, when a different character of disease is present, —

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indeed, during the prevalence of individual epidemic diseases, — he stands helpless and bewildered, his pockets full of paper money not current there, his hands destitute of any available coin.

"He who relies on his own experience for a knowledge of medicines can only attain a very limited one,— imperfect as regards individual remedial agents. If, perchance, one or another property of a drug appeared peculiarly prominent, then the others would be but seldom or never attended to; as, for example, in the case of *Acon.*, which certainly is frequently of use in inflammations, but much oftener in cases where no inflammation exists; or *Bell.*, which is frequently employed where it does not answer at all, and where *Hyos.*, *Ars.*, *Bry.*, or some other remedy should have been used. Imperfect, in fine, as regards our whole materia medica, as by this method the knowledge of it cannot but be always very deficient, a small number of favorite remedies only will be retained, — merely such ones as are known, or thought to be known, to possess some general determinate properties, which render their selection easy. In the greater number of cases that come under daily observation, these favorite remedies will very frequently be given where they are not of the slightest use; a number of remedies will be employed for merely single symptoms; a still larger number will never be prescribed at all. In cases of a more serious, rarer description, where the most careful research is employed, it is often all in vain; for sometimes many remedies seem to be equally indicated, so that it is difficult to make a selection from among them; at other times, no single remedy seems applicable.

"The more intimate our acquaintance with the medicines, the more seldom will such cases occur, and the nearer is the physician to the attainment of complete mastery of his subject. Tyros, who have merely glanced at the remedies, imagine that it is not possible to become acquainted with a single remedy having such a vast number of symptoms, just as a country clown, on coming to town, is at a loss to conceive how the people know which way to go among such a number of houses; and yet in the course of time, he himself finds no difficulty in doing this. Let us observe how this happens; it may help us a little in studying the materia medica. It is well known that a person who has been in many large towns, can much sooner find his way than other strangers who have not, and this without there being much resemblance between the towns. He must unconsciously have invented some method by which he becomes quickly at home in every new town. In like manner, many homœopathists have unconsciously adopted a method of studying the materia medica. Our present object is to make this

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method known. Learning the materia medica "off by heart," would be a highly absurd plan, and not only impossible on account of the extent of the undertaking, but, even if possible, utterly useless. In order to acquire a foreign language, what good would it do to learn the dictionary from beginning to end? One who could repeat the list of symptoms of a remedy in their regular order, would not thereby possess a knowledge of the combination of symptoms; and this it is which we stand in need of. In practice, we never make use of the whole range of symptoms, but always of only particular combinations of a small portion of them.

"To the general symptoms of every form of disease, corresponding ones may be found in a large number of remedies; and every remedy contains the indications of a vast variety of diseases. That every medicine has its peculiar characteristic traits, which must occur in each of the above-mentioned groups, is a fact about which there cannot be the least doubt, but which only shows from afar the goal which we may reach by a careful study of the materia medica. Hitherto, only a few fragments of such characteristic traits have been discovered. Any one may soon learn these by heart; but this can never be called studying the medicines. Properly speaking, the study of the medicines is rather the road to fresh discoveries of such traits, which, during practice, are continually presenting themselves to us; and, at the same time, it will show the fallacy of many well-known dicta proceeding from some who, through the indolence of others, have attained the reputation of great authorities. The homœopathic physician who knows little more than the characteristics of a few polychrest medicines, with the addition, perhaps, of a few other scraps of knowledge which he himself has picked up, — one-legged stools, on which we may turn ourselves hither and thither, but which fall to the ground, if not sat on by one with two legs, — the homœopathic physician, who knows no more than this, is like a bad chess-player, who only knows one or two methods of giving check-mate, which he has learned from studying the fag-ends of games played by celebrated players, together with a few other modes he has himself discovered. The master of the game commands all the pieces in every situation; he shows his skill, even when check-mated, and, properly speaking, he never loses.

"Although the physician at the bedside of the patient have ever so carefully compared a medicine with the case before him, yet this can tend but little to advance his knowledge of it, and cannot be termed a study of the medicine, as it is only viewed in connection with the case thus before him. To study a remedial agent, is to observe attentively its symptoms and curative powers, without any

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reference to particular cases or particular diseases; to consider all its effects as connected one with another, — all its individual symptoms, as separate parts of a whole. The many changes produced in the sensations by its action, which have been separately observed and collected together, are to be regarded as symptoms of one and the same artificial disease, — as belonging to one morbid picture.

"The proper mode of studying the whole materia medica consists in making one's self completely master of a few medicines, and afterwards of those most nearly connected with them; and so on, always comparing the new ones with the first studies. On this account, I call this the diagnostic method. One or more families of nearly-related substances having thus been worked out, the others follow much more easily. After pursuing the study in this manner with unremitting diligence for several years, any new medicine may be afterwards made available after only one perusal; by carefully reading it over only once, so much remains impressed on the memory by the unconsciously-acquired habit of comparison that, in case of disease in which it is indicated, it is easily recalled to mind. He who can do this will not complain of the number of imperfectly-proved medicines, or of the fewness of their recorded symptoms, while at the same time he finds fault with the large number of symptoms presented by other medicines; be the symptoms as numerous as they may, he can make himself master of them; be they ever so small in number, he understands how to avail himself of them. He who has not the requisite foundation, finds all additions to the materia medica a disagreeable burden; he shows, by his discontent, that he has not yet made himself master of the old matter. Methinks, most of those who complain of our materia medica are either totally ignorant of, or have but a scanty acquaintance with, our medicines. Before we proceed to give particular directions, we shall, 1st, endeavor to defend the method we have proposed; 2d, we shall show how a single medicine is to be studied; and, 3d, how the others are to be connected to this one.

"I. The assertion that one remedy must first be perfectly known, and that then the rest will be acquired with less difficulty, and still more easily the farther we advance, is founded on the principles and practice of mnemonics. This diagnostic method, indeed, appears to me to be the only practical plan of studying the materia medica; or at any rate, the shortest and most direct way of attaining the end proposed. There are certainly two other possible methods: one is, to learn what are called the principal symptoms of each medicine; the other, to study each substance by itself, and thus all of them unconnectedly. A fourth and last method would be, not to study the materia medica at all. *Exempla sunt odiosa!* To learn off the

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so-called principal symptoms, *e. g.*, to extract from an epitome like Jahr's Manual, the most prominently-marked sentences, and to get these off by heart, is the shortest way to practice, but, at the same time, the surest way to permanent mediocrity. Let him who is forced to make a trade of his profession, adopt this method,—it will bring him soonest into the centre of the woods; but let him not forget to secure at the same time a permanent possession. If not, he will resemble the squatters in the Far West, who establish themselves without troubling their heads about their right to the soil; and when turned off by him who buys the land, they remove to a distance, out of one wretched wooden hut into another, barely supporting existence by the scanty profits arising from ill-cultivated ground and the uncertainties of the chase; this superficial, unmeaning sort of life, has charms for them; and their labors, together with those of the destructive wood-louse, lighten the task of the future settler.

"Those which we at present term the principal symptoms of the medicines, are, for the most part, unsatisfactory,—nay, prove an obstacle in the way of accurate individualization, and lead to carelessness. It is much more convenient to administer to patients a dozen of homœopathic remedies according to this principle, than any plan of the old school; and one may, by such practice, be pretty sure that, by the end of the year, a number of patients will have recovered. These principal symptoms are moreover, in many instances, incomplete, and in many others, perfectly false, and can only be known with certainty, and have their due value assigned them, by a careful study of the various medicines, having especial regard to their relations one with another. A mere acquaintance with these principal symptoms cannot be called studying the remedies. If we were in possession of a scientific arrangement of the materia medica, we might make it the basis of our study of the medicines; but at present we cannot expect to construct anything satisfactory on such an uncertain and incomplete basis. He who seeks to study the medicines according to their symptoms, but each medicine separately, and without instituting a comparison between them, will, with the very best memory, not advance far before forgetting what he had previously learned. The memory is incapable of retaining anything but what is presented to it in connection with something else; an idea is easily brought to the recollection, only when in connection with others.

"We would remind him who has had no experience of the comparative method, either in himself or others, that acquiring a knowledge of the symptoms of medicines, is exactly similar to the mode in which the chemist, the mineralogist, the botanist, and the

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zoölogist, acquire a knowledge of the objects connected with their respective sciences. We should, therefore, set about it in a similar manner. Let it be considered what a multitude of signs are so perfectly at the command of the zoölogist, that he can easily recall them to his recollection. Although no one is capable of giving a complete description of all animals, — a repetition of all their characteristics 'off the book,' as the saying is, — yet the zoölogist can at once tell a new animal when he sees it; can instantly determine to what class it belongs, and point out its particular characteristics. By merely looking at each animal, he already knows its characteristic peculiarities, or, at least, has no difficulty in discovering them. The homœopathic physician must do just the same with his medicines.

"Let it not be alleged that zoölogy and the other branches of natural sciences are things quite different from our science. This must be regarded and dealt with in exactly the same manner as the natural sciences. Let it not be said that those sciences are so far advanced, and the system so perfect, that everything connected with them is much easier. Suppose that our materia medica were at present as little advanced, as a natural science, as zoölogy was in the time of Aristotle; this should not deter us from regarding it as such, working it out as such, and studying it as such; by this means we should make as much progress in it as was then made in zoölogy; and that is a good deal, in comparison with knowing nothing at all, or wandering in benighted ignorance amidst a profusion of everything. I appeal to those who possess a real knowledge of our materia medica, if that has not been obtained in the way I have just pointed out; and I doubt not that some now see that they have unconsciously obtained their knowledge in the same manner. There can only be one right way; but this may have been pursued without the individual being exactly aware of it himself, as has happened to proficients in many of the arts.

"When one remedy has been accurately studied, and the art of classing others along with it according to their resemblance, and of distinguishing the differences between them has been acquired, each subsequent group which is studied in a similar manner costs far less trouble; so that he who has thus made himself master of a hundred medicines, will require for the second hundred scarcely so much time and labor as he expended on the first ten. An increase of the medicines, therefore, *ad infinitum*, will never prove too much for human capabilities. Entomologists can easily acquire a knowledge of any number of new insects; it needs small trouble on the part of the botanist to learn an endless succession of new plants. This they do by a speedy conception of the resemblances and

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differences among them; and the more practice they have, the easier it is.

"It may be urged that no such laborious mode need be adopted in the acquirement of one of the natural sciences, but that the general characters of the various classes are soon learned. In the present state of the natural sciences, all the relationship existing among the various classes and orders may be seen at a glance, and the study of them thereby greatly simplified; but, as we have not brought our materia medica to such a pitch of perfection, — and from the short time of its existence, it was impossible to advance it farther than it is at present, — we must still dispense with this simplifying glance. We must, however, on this account, follow the only path which leads to this end, laborious though it be at present. As the progress of inventions facilitates commerce and travel more and more, so the progress of science always lightens the task of learning what has been discovered; and the same will be the case as regards the materia medica. Until that time comes, we must study the remedies as we find them; the time is, we hope, not far distant, when we shall be able to talk about the objects of our science in the same manner as naturalists do of theirs; when, like them, we may be able to give complete descriptions of these objects, without touching upon the unimportant matter. The time, we hope, is at hand when we shall know what is, and what is not, important in our materia medica.

"II. How can a remedy be studied, if the symptoms be not learned off by heart? On the same principle as the whole materia medica, — by comparison. The symptoms of a medicine are to be read carefully through several times, from beginning to end, in the first years of study, with the pen always in the hand. Whilst reading, one thing or other is always to be particularly attended to. At first, attention should be directed to the *organs* in which the symptoms occur. It will be at once remarked, that many organs or tissues are particularly attacked. Those organs which show the greatest number of symptoms are to be regarded according to their physiological relationship. In this, our previous studies are a great assistance, as every physiological dogma, every hypothesis, even though it be false, is an aid to the memory. Thus, the ear is said to be the peculiar organ of the osseous system; therefore when pains or nodes in the bones occur, I would observe attentively the symptoms of the ear. And in this manner, many individual symptoms would appear more significant where connections exist, as, for instance, that between the functions of the skin and the kidneys; symptoms occurring in the one system will always call to our mind those of the other, whether these harmonize with, or

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are opposed to, one another. In our comparison, pathology will also be of use, and that whether its theories be true or false. Thus, where symptoms referrible to the liver occur, I would always compare the pains in the right shoulder, and *vice versa*. Where turbid urine, in small quantity, is passed, I would pay attention to the symptoms which point to the serous cavities; in doing this, for example, when studying *Aurum*, a number of symptoms would thereby appear more important, and consequently be more deeply impressed on my mind, and this remedy would occur to my memory, not only in cases of effusion into the pericardium, but also in hydrothorax and ascites. The important observation of Neumann, that diabetes is always preceded by a diminution in the activity of the kidneys, will be often serviceable in our consideration of the medicines. It will, for example, help to confirm the supposition, that not much is to be expected from *Argentum* in cases of diabetes, and that this disease is mentioned in our repertoriums in connection with silver, in this manner: Hahnemann, distrusting the alleged diuretic properties of nitrate of silver, rather ascribes to it powers exactly the reverse; but, as far as I know, did not adduce a single instance of its efficacy. Whilst studying the symptoms of *Phos. ac.*, we should call to mind the same observation, as also the recorded experience of its efficacy in several cases of milky urine (a kind of diabetes), and a large number of the symptoms will be seen to be pathologically connected.

"In this manner, during the first reading and comparison, the symptoms arrange themselves, as it were, into some sort of definite form, and thus is gained a collective impression of the whole, which is retained in the memory, and is recalled to mind in all cases where the remedy is suitable. During a second perusal of the medicine, attention should be directed to the character of the symptoms, for which the former perusal was but a preparation. The character of the pains in different parts should be compared; all pains or other sensations of the same, a similar, or a nearly related kind, occurring in different parts should be carefully observed. If this be done, it will be found, for example, that burning pains frequently occurring in various parts are not peculiar to *Arsenicum* and *Carbo vegetabilis* alone, but occur in *Phos. ac* and other substances; the mind will take a comprehensive view of them, and a complete picture of them will be retained. At the same time, attention must be paid to the parts where these pains principally occur; thus, whether the burning pains are more in the mucous membranes or the serous cavities, or other parts. Thus, for instance, the burning pain in the case of *Arsenicum* is most frequently internally in the blood-vessels; in the case of *Carbo veg.*, more externally, in

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the skin and joints; both cause burning in the stomach and bowels, but *Arsenicum* in a greater degree; on the other hand *Carbo veg.* causes much more in the breast; and so forth. In every substance where the same description of pain prevails, an attentive examination will show the characteristic features of each. We will soon discover that certain kinds of pains prevail in certain organs and tissues; *e. g*, tearing in the muscles, dartings in the chest, cuttings in the abdomen, pressure in the head, compression in the ears, boring in the bones, &c.; but this we shall examine more particularly in another place. This tends much, both directly and indirectly, to assist the memory; for the circumstance of an unusual pain occurring in any organ would be the more observed. A number of isolated symptoms are, moreover, more easily remembered in connection, when placed side by side; for example, *Aurum* produces determination of blood to the head, to the chest, to the eyes; toothache from a similar cause; determination of blood to the legs; and many other symptoms may be found to be connected with these. An accordance of many of the symptoms of different organs may often be observed; thus *Caust.* has sparks, flickerings, figures, an appearance of gauze before the eyes; ringing, whistling, singing, chirping in the ears; on the other hand, *Phos.* has points and spots, dark, black, and gray veils before the eyes; loud noises, buzzing, throbbing in the ears. After the moral symptoms have been arranged in groups, they may be easily impressed on the memory by comparing them with the corresponding symptoms of other organs; thus anxiety, melancholy, &c., are to be compared with the symptoms of the heart and chest; a weak, wandering or obstinate state of the mind, with the frequently analogous symptoms of the digestive organs, &c.

"At the third reading, the *conditions* under which the symptoms take place should be noted; and this must always be done, pen in hand, even although Rückert's comparative work be employed. Doing it one's self has great advantages, especially at the commencement of the study, as one is exercised thereby; and all that has been previously learned is at the same time revised. It should be observed whether the symptoms take place on the right side or the left, if this has not previously been done; at what part of the day they occur, when our pathological knowledge will be of great assistance to us; in what attitudes, positions, during what motions, etc., they occur. Care should be taken not to indulge in vague generalities, such as "aggravation in the evening," "worse on motion," and the like; this is of small use in acquiring a knowledge of the medicine, and is an obstacle in the choice of it as a remedy. What we wish to know is, what symptom is aggravated in the

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evening or on motion. When possible, this symptom should be noted along with some connecting idea. Since Hahnemann taught us to distinguish between *Bryon.* and *Rhus*, by pointing out their opposite qualities, — motion in the one case, and rest in the other, producing aggravation, — it has frequently happened that too much value has been assigned to this circumstance in the choice of *Bryon.* Many other similar remedies are distinguished by possessing the same opposite properties. *Bell.* and *Hyos.*, *Nux* and *Puls.*, *Chin.* and *Seneg.*, *Phos.* and *Nitr.*, *Sulph.* and *Con.*, *Carb. veg.* and *Dros.*, and many other substances bear the same relation to each other as *Bryon.* and *Rhus*. *Bell.* has a far larger number of symptoms that are worse on motion than *Bryon.*; yet the symptoms of both that are worse on motion are perfectly distinct; as regards *Bell.*, they occur mostly in the vascular system, while with *Bryon.*, they are chiefly to be found in the joints; the symptoms of the respiratory organs with *Bryon.* are not aggravated by motion; those produced by *Bell.*, however, are decidedly so. One should be careful of coming to a converse conclusion: I mean to say, in the case of a remedy having a number of symptoms which are aggravated by rest, it does not follow that they will be ameliorated by motion, and *vice versa*. Thus, *Dulc.* has many symptoms better on motion, but very few worse when at rest.

"The remedy may be perused yet a fourth time, particular attention being paid to the *combinations* of the symptoms, the student observing carefully what symptoms follow each other, or occur simultaneously. The attention must, however, have been previously directed to this point; when this was not the case, the student should seek to bring these combinations in connection with his former observations. Care should be taken not to adopt the notion that a remedy can cure groups of symptoms in a patient, only if they occur in the order it produces them: it is capable of curing groups which it does not produce in the same combination at all, whose component parts were observed in a number of different provers, and frequently in quite a different order.

"A special study of a medicine, in a pathological point of view, comparing it at the same time with different forms of disease, may be useful, after a thorough knowledge of the symptoms of the medicine has been acquired; experience teaches us that a number of apparently perfectly different diseases, which are far asunder in pathological works, may be cured with the same remedy. It would consequently be necessary to go over almost all diseases in connection with the remedy, which would be a great waste of time, and would not lead to a perfect knowledge of the remedy after all; for our pathological systems are very far from being complete

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enough for this. It would be well, however, to compare the description of individual forms of disease with many classes of remedies; thus, for instance, those catarrhs, indicating *Mercury*, and allied medicines, are very dissimilar to those in which *Arsenic* and medicines of its class are efficacious.

"III. After a thorough acquaintance with one or more remedies has been gained in this manner, then the student must pass on to others, and the best course will be to go on next to those most nearly allied. The study of the second remedy is already somewhat easier, partly owing to the practice which has been had in acquiring a knowledge of the symptoms, partly because deviations from the character of the last-studied medicine become more vividly impressed upon our mind. We must, consequently, have a very clear perception of these differences. They must assist us to attain a distinct idea of the peculiarities of the second medicine, as well as to stamp the knowledge of the first more forcibly on our memory. We must, therefore, search for resemblances and observe differences, as well in the more prominent symptoms, as in those which are more easily remembred, — rarer and more striking.

"I have called attention above — in the example of *Bryon.* and *Bell.*, *Caust.* and *Phos.*, *Arsen.* and *Carb. veg.* — to the fact, that medicines, otherwise presenting great similarities in their symptoms, are yet widely different in certain respects. No regard need be paid to slight differences, — to whole groups of symptoms, even, which one of the medicines has, and the other has not; or where, in the case of the one, many symptoms are known, while with the other, very few are; these may, however, demand our attention in cases where the different characters of the remedies are thereby marked, — as in the case of *Bell.* compared with *Bryon.*, with regard to the moral symptoms, the effects upon the organs of the senses, the symptoms of the throat, etc. The differences sometimes lie in the combinations of symptoms, whereby they may present resemblances to perfectly different diseases. More frequently, and much more clearly are these differences expressed in the conditions under which the symptoms occur; these are often exactly opposite: thus, the very similar headaches produced by *Bell.* and *Bryon.* occur in the former, in the evening, in the latter, in the morning; these differences are sometimes very gradual. Thus, most of the exacerbations of *Acid. nitr.* occur in the evening; those of *Acid. mur.*, before midnight; those of *Acid. sulph.*, after midnight; and those of *Acid. phos.*, towards the morning; but all the acids present nocturnal aggravations. Symptoms of an opposite character are rare, but differences in nature are very frequent, as is the case in the gastric symptoms of *Bell.* and *Bryon.*, *Bryon.* and *Ant. crud.*, *Ant. crud.* and *Ipec.*, etc.

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Symptoms in opposite situations are more frequent; thus, similar symptoms are often distinguished by occurring in one case, on the right, in another on the left side, as happens with *Arn.*, *Lach.*, and others; the catarrhal affections of *Bell.* are distinguished from those of *Dulc.*, by those of the former occurring more in the mucous membranes of the head and neck, in the region of the carotids; those of the latter, more in the chest and abdomen, in the course of the descending aorta, etc. Beginners are apt to attend too much to specialties when making these comparisons, in which case it becomes a very laborious task, and is apt to lead to a total abandonment of the study. There is, however, no better way of avoiding this error, and of learning how to make one's self quickly master of the generalities, than undauntedly to surmount the laboriousness of the commencement.

"On a second comparison, the mind is more accustomed to the work; and according to the talents and previous acquirements of the student, will it be a longer or shorter time before he comes to be able to complete the comparison of two remedies in a few days. We must caution those who pay too much attention to specialities, not to be so very minute, but above all things to seek for points of crystalization. We must point out to those who are disposed to be superficial, what important discoveries for practice may be made by a careful comparison. The comparisons may be very easily made by means of Rückert's Systematic Tables. The remedies to be compared are to be sought out in each division, their symptoms carefully read, and the result committed to writing; a separate column being assigned to each medicine. Those symptoms which both have in common should be written in the middle; when there is only similarity, the sign of similarity should be placed in the middle between them; and where opposites, or well defined differences exist, they should be distinguished by an interposed arrow, etc. It cannot be expected that any one, least of all beginners, will compare every remedy with every other. The student should select some ones for this purpose, which he considers to be analogous, and which are known to possess important properties.

"All remedies which are closely related with respect to the source whence they are derived, must also be so with respect to their symptoms; all that are chemically allied must be so medicinally. Those possessing similar odors, as *Phos.*, *Ars.*, *All. sat.*, *Asaf.*, *Bufo*, must possess resemblances in their symptoms, etc. The chemical preparations may be arranged in natural families, according to one or other system, and those nearly related are thus compared; *e. g.*, *Sulph.* and *Phos.*; *Chlor.* and *Iod.*; the *Carbons* and *Graph.*; the oxygenous acids, — *Sulph. ac.* and *Phos. ac.*

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— compared with each other and with the hydrogenous acids, — *Mur. ac., Hydrocyan., ac.;* farther, *Sil.* and *Alum.;* the carbonates of *Potash, Soda* and *Ammonia; Bar.* and *Stront.; Calc.* and *Magn.;* the muriates of *Soda* and *Am.;* of *Bar.* and *Magn.;* the acetates of *Cupr., Ferr., Plumb., Mang.;* the metals, *Aur., Plat., Stann., Arg.,* and *Zinc.* Interesting comparisons may be made between *Phos. ac.* and *Phos., Sulph. ac.* and *Sulph.;* as also *Sulph.* and *Hep., Hep.* and *Calc.* Among medicines belonging to the vegetable kingdom, which may be compared as being nearly allied, are *Anac.* and *Rhus.; Bry.* and *Coloc.; Ind.* and *Tong.; Op.* and *Chelid.; Spig.* and *Menyanth.; Viol. od.* and *Jac.; Thuj.* and *Sabina; Coff., Ipec.* and *Chin.; Colch., Verat.,* and *Subad.; Euphr., Dig.,* and *Grat.; Laur., Prun. sp., Amyg. am.; Led., Rhod.; Nux vom., Ign.* and *Oleand.; Arn., Cham., Cin.* and *Leont.; Asaf., Cic., Con., Æeth.,* and *Phell.; Bell., Caps., Hyos., Stram., Tab.* and *Verb; Acon., Clem., Hell., Puls., Staph., Ran. bulb.,* and *Ran. scel.* The cryptogamous plants, *Agar. musc., Bov.,* and *Lycop.* are too remote from each other, and yet their symptoms are much more similar than those of the more nearly related families of Solaneæ and Ranunculaceæ. *Secale* can only be judged of from the cures it has effected; the symptoms of it derived from epidemic diseases are not to be relied on. It is worthy of observation that *the differences of those substances which are allied in their origin lie principally in the conditions of the symptoms; whereas, those substances nearly connected by the similarity of their symptoms alone, agree merely in single departments of symptoms,* but in others have quite a different character and seat. Families of substances, related only in their symptoms, may be formed from such medicines as may be employed with advantage in succession, or which serve as antidotes to each other. In the present state of homœopathic literature, the formation of such families is a very hazardous experiment, but they are of much greater practical value than those found from their natural affinity. It is perfectly evident that substances which have a similar origin must produce many similar symptoms; our business should be to search for the differences in order to avoid confusion.

"When, however, minerals, plants, and animals, widely different from each other, produce similar groups of symptoms, there must be some deeper reason for this; it must indicate the similarity of the medicinal to the natural diseases. Such allied medicines are, in general, the best antidotes to each other, although among the metals, which form several families, there are — as must happen from the rules laid down above — antidotes which are never found among those nearly connected, but always among those widely separated; thus it follows that *Sel., Ars.,* and *Am.; Plat.* and *Arg.;*

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Stann., *Plumb.*, *Zinc*, and *Nicc.*; *Ferr.* and *Mang.*, do not antidote each other; but *Plumb.* and *Plat.*, *Ferr.* and *Ars.*, *Am.* and *Merc.*, do. Among plants there must be antidotes in each family, perhaps in each genus. There are, indeed, separate parts in every plant and animal, of which one seems to have a power of neutralizing the effects of another. A close connection has been pointed out by other homœopathic writers between the two naturally allied substances, *Nux* and *Ign.*, on the one hand, and the symptomatically allied *Puls.*; to which may be added *Cham.*, *Coff.*, and *Caps.*; we may, I think, reckon *Ambr.*, also among these. Another family is *Ars.*, *Verat.*, *Ipec.*, *Asar.*, to which we may add *Ferr.* and *Chin.*; perhaps also *Staph.* and *Ac. sulph.*; *Sulph.*, *Calc.*, and *Lyc.* are well known as doing well in succession, to which may be joined *Led.*, and — in another point of view — *Therid.* One of the most remarkable and beautiful families is *Hep.*, *Merc.*, *Bell.*, and *Lach.*; between these and those allied to *Ars.* may be placed *Phos. ac.*, *Carb. veg.*, and those related to them, as also *Cupr.* and — on another account — *Aur.*; as soon as Bönninghausen's work comes into my possession, I shall treat this subject more fully. Any one who has thoroughly made himself master of two or three families, and from time to time makes a comparison between two remedies which appear to him to be related, and between which he has frequently to make a most accurate choice in practice, — as for instance *Sulph.* and *Ferr*; *Phos.* and *Caust.*; *Ars.* and *Carb. veg.*; *Bell.* and *Bry.*; *Bry.* and *Rhus*; *Rhus* and *Dulc.*, etc., — gradually obtains such an extensive basis that all the rest are acquired without difficulty. If a crystal of a salt be suspended in a saturated solution of the same salt, the most beautiful crystals collect upon it; so, one who has made himself acquainted with a large number of medicines in the above manner, can thereafter compare every medicine with every other in a very short time, and without many quires of paper. This must happen before our materia medica, which ought to belong to the natural sciences, can be looked upon as one of them."

Gross' Comparative Materia Medica, by Hering, will materially assist in familiarizing us with the work, by studying the remedies therein compared.

ELECTRICITY IN THE PREPARATION OF REMEDIES.

BY CHARLES H. HAESELER, M.D., POTTSVILLE, PA.

IT is generally agreed among homœopathists that the strength of their medicines consists, not in the minute subdivision of any given

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drug matter, *as matter;* but rather that there is developed from every distinct drug, by process of trituration, or dynamization, an inherent specific element of a peculiar nature, which is not essentially material, and yet constitutes the life-germ, magnetism, electricity, or *spirit* of the matter which embodies it. In my own opinion, what we develop is the electricity or electro-magnetism, of which every substance in nature has its own specific kind. So that when we give the tenth, or thirtieth or ten thousandth potency of *Mercurius*, we do not give any traceable *material* mercury, but the *electricity* peculiar to that substance, and which is just as different from the electricity of *Iron* or *Sulphur*, or of any other primitive organic or inorganic matter as these substances appear different to us in their bodily forms. If such is in reality the nature of the medicinal virtue upon which we depend in the treatment of disease, the question then follows: *Is our present mode of potentizing medicines the very best that we could adopt, for the purpose of developing the electricity within them?* If not, what better method could be suggested?

In magnetism, or electricity, like poles repel, and unlike attract each other. Thus a medicine, given in accordance with the homœopathic law, to be of any value, must be positive to the disease, — or to the morbid element in the blood or nerve-fluid which constitutes the disease, — in order to repel or neutralize it. That this antagonism may be exerted to the fullest, it does not appear that *quantity* is essential, to any considerable degree; but rather that the antagonistic remedy be thoroughly charged with electro-magnetic power. Now, it is but reasonable to presume that a given remedy, from the primitive, crude condition, through all the successive potencies thereafter, may have its specific power of this nature developed much more thoroughly — possibly with more certainty and accuracy — by means of an electro-magnetic apparatus, than by the usual method hitherto adopted by Hahnemann and his successors Besides this, medicines thus prepared with an electric apparatus, would much more readily excite confidence in the minds of those who have been sceptical of the curative properties of remedies prepared as heretofore.

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Thus far the results obtained from the direct application of magnetism and electricity, as therapeutic agents — that is to say, their immediate application to the human body, or any suffering locality thereof — have not realized to the profession those expectations which it seemed but reasonable to entertain of such otherwise wonderful and peculiar powers. May not some of the yet "undiscovered developments," which so many prophetic writers bequeath, under the name of electricity, to future generations, consist in the better knowledge of its management, and, possibly, through the thousandfold interposition of elementary substances as media?

Thus far, intermediate substances, in relation to electricity, have been distinguished chiefly by their degree of conductibility. But there are good reasons for believing that a medium through which the force passes modifies essentially its character for construction or destruction, for repair or decay, and it modifies as well the degree of intensity or power. In other words, although electricity may appear all alike to us, — and is, in fact, as far as power is concerned, — whether it passes into our bodies through electrodes of tin, of copper, of sponge, or of any other substance; yet there is no evidence that there is not really a vital difference in its action upon the nerve-matter, dependent upon the nature of the substance in contact with our bodies at the time that the electric fluid passes into them.

Indeed, recent investigations in this direction have carried a strong conviction to my own mind that such a difference does exist; — that, in its therapeutical application, at least, electricity may vary in kind and character, according as we vary the medium through which it is applied.

For example: *Experiment* 1. During last summer, one evening at 9 o'clock, I dropped into a wineglassful of water five drops of the mother tincture of *Nux vomica;* into this I inserted both poles, terminating in wire points, of one of Mr. Kidder's electro-magnetic machines which I kept in motion without interruption for two hours. Then, after disconnecting the battery from the contents of the glass, I drank the liquid at a draught, and shortly afterwards retired to bed.

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In taking up the glass to drink, I felt a scarcely perceptible shock imparted to the fingers. To the taste, there was at first nothing remarkable about the dose, except a slight degree of bitterness imparted to it by the *Nux vomica;* but in a few minutes there followed a decided warmth and tingling sensation to the tongue, similar to that which is experienced upon placing two slips of different metals above and below the tongue and approximating their edges in front. This still continued in a modified degree when I fell asleep, about an hour later.

Before this happened, however, almost immediately after getting into bed, and while lying on my back, I was suddenly aroused from the state of quiet revery into which my mind had gradually subsided, by an unmistakable and continued feeling — not at all disagreeable — of throbbing along the entire length of the spine. It seemed as though the spinal chord was pulsating like an artery; whilst ever and anon occurred a sensation as if a gush of fluid, deep-seated in the back, darted down its entire course with lightning speed. Presently there followed an occasional twitch in all the extremities by turns, as well as in various other parts of the body, as distinct as, and similar to, what may be noticed in a mild case of chorea. With all this there was a decided feeling of exhilaration, — not like that arising from wine or spirits, nor yet from any narcotic drug, neither from the fumes of chloroform or nitrous oxide; it was indescribable. I could with difficulty restrain myself from laughter. I arose and walked the room during at least five minutes, light and airy as a feather, or rather as a bird; for I felt as though I could fly.

At length, however, and in the midst of this happy condition, I fell asleep; slept soundly all night, undisturbed by dreams, and awoke in the morning unusually refreshed, and with unwonted buoyancy of mind and body. Greatly impressed with this experience, I determined on the following night upon taking five drops of the tincture of *Nux vomica* not electrified. I did this; but discovered no appreciable effects whatever from it. I repeated the same on the night after, again without any effects. The third night I took again the electrified dose, — always out of the same vial of

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Nux vomica, — and the result was, as nearly as possible, similar to that which followed the taking of the first dose.

Experiment 2. My little son Herman, aged seven years, has all his life enjoyed excellent health. The pulsations of his heart average about seventy-eight per minute. I reclined him upon a sofa; stripped his chest bare, applied the negative electrode of aforementioned battery to his back, over the interscapular space, and covered the region of his heart with a pledget of linen soaked with an aqueous solution containing twenty drops of tincture of *Digitalis;* over which I applied the positive electrode, and allowed a gentle current to pass through his chest. Before the experiment was begun, his pulse was eighty per minute. During about one minute after setting the current in motion, his pulse increased in hardness and frequency, till it reached ninety; after which it quieted down, and decreased in frequency to seventy; whereupon the electrodes were removed, — three minutes having elapsed from the time of their application. But the pulsation still continued to decrease in frequency, until, after the lapse of five more minutes, there were only sixty-four beats per minute; upon which it gradually increased; but did not arrive at its normal condition until after the expiration of two hours and a half, the most rapid change having taken place in the last half-hour.

The child is quite fond of being "tickled with electricity," as he calls it, and bears quite a strong current remarkably well; which fact leaves no room to suspect any emotional condition of the mind, either one way or the other, to have influenced the action of his heart. At a subsequent time I repeated this experiment in every way as before, except that no digitalis was used; and the result was a steady and continued acceleration of the pulse.

Experiment 3. I had a case of obstinate rheumatism affecting the right knee, and had administered a number of remedies, all apparently of no avail; among them *Æsculus hippocastanum*, a remedy from which I have latterly experienced very excellent results in a number of rheumatic affections. At length, with an unconquerable feeling that this last remedy was the proper one, most nearly indicated by the symptoms (a detailed account of which, however, would be foreign to the present subject), after I

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had given various potencies of it, from the thirtieth down to the third, I determined upon a little empiric practice, and ordered a warm fomentation around the affected knee, consisting of a folded napkin, soaked in a decoction of the *Æsculus hippocastanum.* But after twenty-four hours' trial, this also appeared ineffectual. Before discarding it, however, I thought of the result of electricity with *Digitalis* upon my child, and concluded to try it in the present case. I did so, by applying the negative electrode to the spine of my patient, and the positive to the horse-chestnut fomentation around his knee. This was followed by almost immediate relief. I continued the electricity thus during ten minutes; and ordered it to be applied twice more within twenty-four hours, again on the following day, and once on the day after, at which time the patient was effectually cured. Now, the query would present itself whether the electricity alone, or passed through a fomentation of simple water, would not have been equally effectual. But this question is negatived by the fact that my patient had tried electricity in the usual way before he came into my hands, and found it valueless.

After these results, I determined upon preparing a remedy by means of electricity. There is probably none with the powers of which we are more familiar than *Aconite* in acute febrile conditions. I have for years been in the habit of employing the sixth attenuation. I now took a wide-mouthed one-ounce vial, filled it with *Aconite* of the mother tincture; corked it, and pierced the terminating wires of both poles of a battery through the cork, about a third of an inch from each other, far enough down to immerse the wires in the contents of the vial. I then set the battery in action, allowing the current to pass constantly through, or discharge itself into the *Aconite* during the period of half an hour. I then emptied the vial of this electrified mother-tincture, with the exception of about ten drops, and filled it again with homœopathic alcohol, and electrified as before, making the first attenuation. After the current had passed through this another half hour, the vial was again emptied to within ten drops, and again filled with alcohol, as before, making the second attenuation, and electrified for the space of half an hour. This process was continued until the sixth

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potency was obtained, every successive one being duly electrified, as above-mentioned. About a week subsequently I carried this same preparation up to the thirtieth potency, in the same manner. I have now employed this remedy in practice, wherever *Aconite* is indicated, for about six months, and my experience is decidedly in favor of this mode of preparation. I feel satisfied that the charging of a remedy thus, is better than the old manner of succussion or trituration; that the peculiar medicinal virtues are thereby greatly intensified, and more assuredly developed. My success with the *Aconite*, moreover, induced me to prepare in a similar manner, up to the fifteenth potency, the following ten polychrests: *Arsen.*, *Bell.*, *Bryonia*, *Calc. carb.*, *Hep. s.*, *Ipec.*. *Nux vom.*, *Pulsat.*, *Sulph.*, and *Veratr. alb.* The employment of all these have more and more confirmed my previous convictions; and I shall not rest content, until all the remedies I employ shall be similary prepared, occupying myself with this work during all the time at my disposal. After which, it is my purpose to carry them as rapidly as time shall allow, to the thirtieth attenuation. For I confidently believe that the higher a remedy is thus attenuated, the more distinctly and intensely will its specific healing properties be developed.

CONTAGION AND INFECTION.

BY J. C. NEILSON, M.D., CHARLESTOWN.

From experiments recently made, and now making, the old theory of fermentation as the cause of disease bids fair to be confirmed, but in a way of which its authors little dreamed. It has long been known that water, when exposed to air, soon became peopled with myriads of living beings; and the most natural solution of the question whence they came, was to ascribe their origin to spontaneous generation. But recent experiments tend to show that not only water, but the air we breathe, is filled with living organisms. This renders it probable that nearly all, if not all, diseases owe their origin to "organic molecules" floating in the air around us. The experiments of Dr. Blood, of Birmingham, show that the air of that city — and probably the same is true of all

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cities — is filled with living organisms, and that these germs are most numerous at a height of five or six feet from the ground, and are therefore inhaled by millions! Think of it; at every breath we draw in, with the air, particles of iron, stone, wool, cotton, as also sporules of plants, and other living organisms. The spectroscope — that wonder of the nineteenth century, which has done more to unravel the mysteries of nature than almost any other invention of man; which has not only opened up new truths as to the composition of our own earth and its envelope, but is solving mysteries of sun, moon, planets, and even of the fixed stars and nebulæ, and showing them to be composed of like material with our own humble planet — has also shown us that the air of our houses, shops, stores, and factories is charged to its full capacity with organic substances and germs.

And here we have, I think, a clew, if not to the origin of disease, at least to the spread of contagion. To explain my meaning clearly, I shall refer to Prof. Huxley's address to the "British Association," September 14th, 1870, on the origin of living matter. Starting from the hypothesis "that living matter always arises by the agency of pre-existing living matter," he calls this, to save circumlocution, the hypothesis of biogenesis, while he terms the contrary doctrine — "that living matter may be produced by not living matter" — the hypothesis of abiogenesis. Reminding his audience that the proposition, that life may and does proceed from that which has no life, had been held alike by philosophers and poets, and by people of the most enlightened nations eighteen hundred years ago, and that it remained the accepted doctrine of learned and unlearned Europe, through the Middle Ages, down even to the seventeenth century, he proceeds to show how the venerable doctrine was first called in question by a distinguished Italian naturalist, Francesco Redi. How that philosopher came to entertain a different view from the popular one, will be seen from the following account of Redi's experiments and their results.

The first distinct enunciation of the hypothesis, "that all living matter sprung from pre-existing living matter," came from Italy. And it was a student, trained in the Italian schools, Francesco Redi, — a man of the widest knowledge and most versatile abilities,

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distinguished alike as physician, poet, and naturalist, — who, just two hundred years ago, gave to the world the idea.

Redi did not trouble himself much with speculative considerations, but attacked particular cases of what was supposed to be "spontaneous generation," experimentally. Here are dead animals, or pieces of meat, says he; I expose them to the air in hot weather, and in a few days they are covered with maggots. You tell me these are generated in the dead flesh; but if I put similar bodies, while quite fresh, into a jar, and tie some fine gauze over the top of the jar, not a maggot makes its appearance, while the dead substances, nevertheless, putrefy just in the same way as before. It is obvious, therefore, that the maggots are not generated by the putrefaction of the meat; and that the cause of their generation must be something which is kept away by the gauze. But gauze will not keep away aeriform bodies or fluids. This something must, therefore, exist in the form of bodies too large to pass through the gauze. Nor is one left long in doubt what these solid particles are; for the blow-flies, attracted by the odor of the meat, swarm round the vessel, and, urged by a powerful — but in this case, misleading — instinct, lay eggs, out of which maggots are immediately hatched on the gauze. The conclusion is therefore unavoidable; the maggots are not generated by the meat, but the eggs which give rise to them are brought through the air by the flies.

These experiments seem almost childishly simple, and one wonders how it was that no one ever thought of them before. Simple as they are, however, they are worthy of the most careful study; for every piece of experimental work since done, in regard to this study, has been shaped upon the model furnished by the Italian philosopher. However varied the nature of the materials used, Redi always obtained the same results, and the presumption naturally arose in his mind, that in all such cases as the seeming production of life from dead matter, the real explanation was the introduction, from without, of living germs into that dead matter. While Redi held biogenesis as against abiogenesis, he also thought that there were two modes of biogenesis. By the one method the living parent gives rise to offspring which passes through the same

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cycle of changes as itself, and this has been termed *homogenesis;* by the other mode, the offspring passes through a totally different cycle of changes. This ought to have been called *heterogenesis;* but that term having been unfortunately used in a different sense, Milne-Edwards has substituted for it *xenogenesis*, which means the generation of something foreign. The progress of the hypothesis of biogenesis was triumphant and unchecked for nearly a century. The microscope everywhere revealed such a profuse provision for the multiplication of the lowest forms of life, by germs of one sort or other, that the hypothesis of abiogenesis began to appear not only untrue, but absurd; and in the middle of the eighteenth century, when Needham and Buffon took up the question, it was almost universally discredited.

Led by various theoretical considerations, which looked promising enough in the lights of that day, Buffon and Needham doubted the applicability of Redi's hypothesis to infusorial animalcules, and Needham very properly endeavored to put the question to an experimental test. He said to himself, if these infusorial animalcules come from germs, those germs must exist either in the substance infused, in the water in which the infusion is made, or in the superjacent air. Now the vitality of all germs is destroyed by heat. Therefore, if I boil the infusion, cork it up carefully, cementing the cork over with mastic, and then heat the vessel by heaping hot ashes over it, I must kill whatever germs are present. Consequently, if Redi's hypothesis hold good, when the infusion is allowed to cool, no animalcules ought to be developed in it; whereas, if the animalcules are not dependent on pre-existing germs, but are generated by the infused substance, they ought, by and by, to make their appearance. Needham found that, under the circumstances in which he made his experiments, animalcules always did make their appearance after a sufficient time had elapsed.

In much of his work Needham was associated with Buffon, and the results of their experiments fitted in admirably with the great French naturalist's hypothesis of "Organic Molecules," according to which, life is the indefeasible property of certain molecules of matter, which exist in all living things, and have inherent activities,

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by which they are distinguished from non-living matter. It will be perceived that this doctrine is by no means identical with abiogenesis, with which it is often confounded. On this hypothesis, a piece of beef or handful of hay is dead only in a limited sense. The beef is dead ox, and the hay is dead grass; but the organic molecules of the beef or hay are not dead, but are ready to manifest their vitality as soon as the bovine or herbaceous shrouds in which they are imprisoned, are rent by the macerating action of water.

The experiments and conclusions of Needham were destined to be subjected to a searching criticism by another Italian, the Abbé Spallanzani, who showed conclusively, that "if, in the first place, the glass vessels in which they were contained, were hermetically sealed by fusing their necks; and if, in the second place, they were exposed to the temperature of boiling water for three-quarters of an hour, no animalcules ever made their appearance within them."

After referring to the researches of various scientific authorities on the subject, Prof. Huxley proceeded to speak of the beautiful and important experiments of Pasteur, and subsequently of Mr. Tyndall, which demonstrated the incapacity of air to give rise to life after being strained through cotton wool, — a result due to the fact that the life-germs were filtered out by the wool. He continued: —

"To sum up the effect of this long chain of evidence, it is demonstrable that a fluid eminently fit for the development of the lowest forms of life, but which contains neither germs nor any protein compound, gives rise to living things in great abundance if it is exposed to ordinary air; while no such development takes place if the air with which it is in contact is mechanically freed from the solid particles which ordinarily float in it, and which may be made visible by appropriate means. It is demonstrable that the great majority of these particles are destructible by heat, and that some of them are germs, or living particles, capable of giving rise to the same forms of life as those which appear when the fluid is exposed to unpurified air. It is demonstrable that inoculation of the experimental fluid with a drop of liquid known to contain living particles gives rise to the same phenomena as exposure to unpurified air. It is further certain that these living particles are

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so minute that the assumption of their suspension in ordinary air presents not the slightest difficulty. On the contrary, considering their lightness and the wide diffusion of the organisms which produce them, it is impossible to conceive that they should not be suspended in the air in myriads. Thus the evidence, direct and indirect, in favor of biogenesis for all known forms of life, must, I think, be admitted to be of great weight."

Prof. H. then proceeded to deal with the hypothesis that there exists not only living things giving rise to offspring which run the same cycle as themselves, but also others producing offspring of an entirely different character, as in vaccination and contagion. He continues: —

"You are familiar with what happens in vaccination. A minute cut is made in the skin, and an infinitesimal quantity of vaccine matter is inserted into the wound. Within a certain time a vesicle appears in the place of the wound, and the fluid which distends this vesicle is vaccine matter, — in quantity a hundred or a thousand fold that which was originally inserted. Now what has taken place in the course of this operation? Has the vaccine matter by its irritative property produced a mere blister, the fluid of which has the same irritative property? Or does the vaccine matter contain living particles, which have grown and multiplied where they have been planted? The observations of M. Chauveau, extended and confirmed by Dr. Sanderson himself, appear to leave doubt upon this head. Experiments, similar in principle to those of Helmholtz on fermentation and putrefaction, have proved that the active element in the vaccine lymph is non-diffusible, and consists of minute particles, not exceeding $\frac{1}{20000}$ of an inch in diameter, which are made visible in the lymph by the microscope. Similar experiments have proved that two of the most destructive of epizootic diseases, sheep-pox and glanders, are also dependent for their existence and propagation upon extremely small living particles, to which the term microzymes is applied. An animal suffering under either of these terrible diseases is a source of infection and contagion to others, in precisely the same way that a tub of fermenting beer propagates its fermentation, by 'infection' or 'contagion,' to fresh wort. In both cases it is the solid living particles which are efficient; the liquid in which they float, and at the expense of which they live, being altogether passive."

"It is at present a well-established fact, that certain diseases, both of plants and animals, which have all the characters of contagious and infectious epidemics, are caused by minute organisms. The smut of wheat is a well-known instance of such a disease, and

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it cannot be doubted that the grape-disease and potato-disease fall under the same category. Among animals, insects are wonderfully liable to contagious and infectious diseases, caused by microscopic fungi. In autumn it is not uncommon to see flies motionless upon a window-pane, with a sort of magic circle in white drawn around them. On microscopic inspection, the ring is found to consist of innumerable spores which have been thrown off in all directions by a minute fungus called Empusa muscæ, the spore-forming filaments of which stand out like pile of velvet from the fly. These spore-forming filaments are connected with others which fill the interior of the fly's body, like so much fine wool, having eaten away and destroyed the creature's viscera. This is the full-grown condition of the Empusa. If traced back to its earlier stages, in flies which are still active and to all appearance healthy, it is found to consist of minute corpuscles which float in the blood of the fly. These multiply and lengthen into filaments, at the expense of the fly's substance; and when at last they have killed the patient, they grow out of its body and give off spores.

"Healthy flies shut up with diseased ones, catch this mortal disease, and perish like the others. It has been ascertained that when one of the spores falls upon a fly's body, it begins to germinate and sends out a filament which bores its way through the fly's skin; this, having reached the viscera, gives off the minute floating corpuscles which are the earliest stages of the Empusa. The disease is 'contagious,' because a healthy fly coming in contact with a diseased one from which the spore-bearing filaments protrude, is pretty sure to carry off a spore or two. It is 'infectious' because these spores become scattered about on all sorts of matter in the neighborhood of the slain flies.

"There can be no reason then for doubting that among insects contagious and infectious diseases of great malignity are caused by minute organisms which are produced by pre-existing germs, or by homogenesis; and there is no reason that I know of for believing that what happens in insects may not take place in the highest animals. Indeed, there is already strong evidence that some diseases to which man is subject, of an extremely malignant and fatal character, are as much the work of minute organisms as is the Pebrine in silkworms. I refer for this evidence to the very striking statement made by Professor Lister in his various well-known publications on the antiseptic method of treatment. It seems to me impossible to rise from the perusal of those publications, without the strong conviction that the lamentable mortality that so frequently dogs the footsteps of the most skilful operator or practitioner, and those deadly consequences of wounds and

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injuries, which seem to haunt the very walls of great hospitals, and are, even now, destroying more men than die of bullet or bayonet, are due to the importation of minute organisms into wounds, and their increase and multiplication; and that the practitioner who is to save most lives, will be he who best works out the practical consequences of the hypothesis of Redi. As to the equivalent of Redi's thought in life, how can we overestimate the value of that knowledge of the nature of epidemic and epizootic diseases, and consequently of the means of eradicating or checking them, the dawn of which has certainly commenced? Looking back no further than ten years, it is possible to select three (1863, 1864, and 1869) in which the total number of deaths from scarlet fever alone amounted to ninety thousand (in England). That is the returned of killed, — the maimed and disabled being left out of sight! The facts that I have placed before you must leave the least sanguine without a doubt that the nature and causes of this scourge will one day be as well understood as those of the Pebrine are now; and that the long-suffered massacre of our innocents will come to an end; and thus mankind will have one more admonition 'that the people perish for lack of knowledge,' and that the alleviation of miseries and the promotion of the welfare of men must be sought, by those who will not lose their pains, in that diligent, patient, loving study of all the multitudinous aspects of nature, the results of which constitute exact knowledge or science."

I have found in the excretions of cholera infantum these minute organisms, sometimes in large numbers, sometimes in less; they seem to be most numerous when the epidemic is at its height, and to decrease as the epidemic decreases. If a portion of the excretions be allowed to stand for a day or two, and then be placed under the lens, they will be found sometimes in considerable numbers, and in different forms, but mostly — as near as I can describe them — in the form of sporules or fungi. I have also found 'organisms' in the saliva, or rather in the buccal secretions around the teeth — especially where tartar is allowed to collect. In these cases they sometimes exist in great numbers.

Professor Tyndall has also demonstrated that the common air is filled with these organisms, and it would appear that it is to these, and not to the presence of carbonic acid, that the deleterious qualities of "bad air" are chiefly due. He has also shown that these organisms and other impurities may, in great measure, be prevented

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from entering the lungs by a respirator of cotton-wool, worn over the mouth and nostrils. A good plan, I would suggest, is to make a frame-work of thin wire gauze, properly shaped, and worn by a band over the ears, in the form of a hook, as in common spectacles, or tied at the back of the head. The wool should be lightly packed into the frame, and is easily renewed. This plan, I think, would do more to prevent contagion in ill-ventilated sick-rooms than all the nostrums now in use.

Milk, in one form or other, is the chief diet of infants brought up "by hand." Now it certainly behooves physicians, who have the care of the direction of feeding children, to be certain that they are not prescribing that which is deleterious instead of nutritious; but how do we find it? Pure milk, from healthy field-fed cows, is not so common in cities as many suppose. It is generally brought by rail from a distance, and consists, before it is delivered into the "milkman's" hands, of the milk of many different cows mixed together. After its delivery, it is sometimes "doctored," and in this condition forms the principal staple of food for infants. Milk, it is well known, even if pure, cannot remain for more than ten or twelve hours exposed to the air, without developing organisms, nor can these minute living bodies be destroyed by the heat generally used in preparing it for food.

Mr. C. S. Wake, in an article in the *Scientific Opinion* on "Microscopic Organisms in Milk," fully shows that these organisms exist even after the milk has been desiccated and burnt brown. He says, "I scraped off some burnt remnants of milk, and placed them in a phial half filled with distilled water. On examining this infusion in a week's time, I was surprised to find that it contained animal life in great abundance. Each particle of burnt substance was surrounded by a mass of organic matter, and had attached to it great numbers of small infusoria, which endeavored, by continual jerking movements, to free themselves."

He goes on to describe at considerable length, the form and habits of these organisms, but space will not permit me to quote more. Enough, however, has been said to show that we are surrounded on all sides with the agents of disease, and that it is in this direction we must look for the origin of contagions and infections.

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REPORT OF THE COMMITTEE ON MATERIA MEDICA.

BY C. WESSELHOEFT, M.D., CHAIRMAN.

Read before the Massachusetts Homœopathic Medical Society, Oct. 12, 1870.

A PROVING OF BENZINE, *by J. Heber Smith, M. D., Melrose.* — C. F. E., aged nineteen, light complexion, blue eyes, average muscular development, and sound constitution, after bathing his hands and arms many times daily in benzine, for a period of weeks, while working in a rubber-factory, and drinking water impregnated with it, was seized with the following symptoms: —

General prostration; severe, darting pains in the occiput, from below upward, recurring in paroxysms, aggravated by motion and especially by rising after sitting; continual aching and throbbing in the lumbar region, made worse by a full inspiration; pressing pain in the bladder; after passing a quantity of dark, offensive urine, throbbing and smarting in the neck of the bladder and in the urethra for several minutes; sediment in the urine like red sand; soreness and sensation of looseness of the upper incisors; painful, round, white ulcers in the mouth, especially on the inside of the cheeks; hot and very offensive breath; entire loss of appetite; craving for lemons and cider; extreme thirst for ice water, satisfied with a sip, but wanting it again directly.

After enduring these troubles two weeks, he took his bed, where I found him, wasted, pallid, and exhausted; pulse wiry, and averaging ninety-six per minute. There was, several times an hour, a stool of lead colored mucus mixed with bright blood, accompanied by some tenesmus, and followed by throbbing in the anus and rectum, and lancinating pains from below upwards, continuing about five minutes. These stools smelled like benzine, and followed him with diminishing severity about ten days, preserving their characteristics to the last. There was continual soreness to pressure in the abdominal walls, with heat, and grinding, wearing pains in the lower part of the bowels, worse just before stool.

Chills seized remote parts and passed toward the head, from the thumbs to the elbows and from them to the shoulders, and from the small of the back to the shoulders and vertex. There was continual soreness and aching in the clavicular regions and in the mus-

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cles of the upper arms. For seven nights, copious, general, warm sweat, toward morning, very exhausting, followed on several succeeding mornings by perspiration only on the breast, on the side not lain upon, and in the axillæ.

For three nights, before the sweating began, complete insomnia, with unpleasant thoughts crowding the mind, and wide-open eyes, before which photopsic illusions floated continually. A great white hand seemed to appear to him in the darkness, coming outspread toward his face, causing him in terror to scream for the watcher. He would converse rationally through these painful vigils, and seemed to know that the object of his dread was an illusion. During most of his sickness he was extremely irritable and fault-finding,—weeping at trifles and despairing of recovery. Every few days there was continual, hacking, dry cough, but examination of the chest revealed nothing.

He could not turn his eyes upward or to one side without severe aching and throbbing. The conjunctiva appeared somewhat congested. The irritation of the kidneys was extreme. Cold compresses came off steaming in a few minutes, smelling of benzine, and stained a deep yellow. Nothing seemed to remove this yellow stain from the linen but a long exposure to the sun. It is now eight weeks since he began to be sick, and although able to follow a light employment in the city, there remains a symptom of peculiar interest from its novelty: occasional, sudden puffing up of the left cheek and of the calf of the left leg, as though the parts were filled with air, going off in a few hours, and returning again.

The treatment was mainly hydropathic, in order not to mix symptoms of benzine with those of remedies employed. Plenty of milk and beef tea were given at regular intervals, but no stimulants. At one time he sank very low, approaching a typhoid condition; the tongue was parched and brown, sordes covered the teeth, and the thirst was terrible; he complained of a sensation of falling through the bed and floor; but the mind was perfectly rational, and he received his physician with a pleasant smile. In two days, while taking *Arsenicum*[200], this low condition improved, and the tongue cleaned entirely. I have met the abdominal symptoms of this case in other patients who had used benzine too freely

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in removing varnish from their hands and arms. For the night sweats, *Nitr. acid.*[200] was given after the third night, but it is not claimed that they were materially influenced by the remedy. *Capsicum*[200] seemed to relieve the chills in the back and limbs, which were quite distressing, in a few hours, after they had continued four days.

The attention of the profession is especially called to the characteristic throbbing pains of this drug; throbbing in the region of the kidneys, in the rectum and anus, in the bladder, the urethra, and in the eyes. Benzine promises to be useful in dysentery, cystitis, and nephritis, and seems closely related to *Arsenicum* and *Benzoic acid.* Benzine may be formed from benzoic acid by distilling one part of the crystallized acid with three parts of hydrate of lime; benzoic acid, on the other hand, can be formed from benzine. The question may naturally arise, whether *Benzine* can cause symptoms essentially differing from those produced by *Benzoic acid.* Inasmuch as the two differ somewhat chemically, we should look for a corresponding diversity in their toxic effects. Both produce vascular excitement, with throbbing of the smaller arteries, and ulceration in the mouth. The symptoms of the urinary organs, it will be seen, are very similar. It is hoped that careful provings may be instituted at once. The utility of multiplying remedies from the laboratory is an open question, to be treated as such by proving all, and holding fast the good.

PROVING OF MORPHIUM SULPHURICUM *by A. M. Cushing, M. D., Lynn, Mass.* — Having made and procured several short provings of the above remedy, I record one which I commenced, but for some reason was obliged to discontinue just as the symptoms began to be fully developed.

Dec. 8, 10 P.M. — Took one hundred drops 3d dilution.

Dec. 9. — Frequent dizzy spells with momentary loss of sight. Dose repeated at ten P.M.

Dec. 10. — Awoke with severe colic. Spells of dizziness and loss of sight all day. Ten P.M., took one drachm, 3d dilution.

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Dec 11. — Awoke with cramp in epigastrium as if clenched by a hand. Eleven P.M., took one and a half drachms.

Dec. 12. — In morning, dull frontal headache; mouth dry; colic, relieved by turning on the back; mouth dry after eating; desire for stool for two hours, then small stool with great straining; soft, loose stool at two P. M. with *horrid tenesmus, straining* and burning in the rectum, almost causing frenzy. Pain over and at side of left eye all day, with some pain in left ear.

The other provings have been mislaid, but the most prominent symptom in all of them was violent and sudden neuralgic pains, similar to *Belladonna*.

PROVING OF GENISTA TINCTORIA, *By Eugene B. Cushing, Lynn, Mass.* — Genista tinctoria, woad-waxen, Dyer's greenweed, is indigenous in Europe, spontaneous in Essex and Middlesex Counties, Mass., and in Peekskill, N. Y. Prover, a medical student, aged twenty-three, light complexion, nervo-lymphatic temperament, in perfect health. Bowels regular, stools hard and brown. The tincture was used in the proving.

July 22, 1870. — Took five drops at 9 A M.; 10 A. M., took five drops; 1 P.M, took ten drops. At 1:40 P.M., urgent desire for stool; stool tinged with blood. The fæces, though large, were expelled like the wad from a pop-gun. No more medicine nor symptoms.

July 27, 9 A.M. — Took five drops; 12 M., five drops; 4 P.M., five drops.

July 28. — Took five drops every three hours.

July 29, 9 A.M. — Desire for stool, with violent sneezing as from taking snuff; 9:10 A.M, urgent stool, soft and scanty; slight pressing pain in centre of forehead. Ten A.M., took ten drops. Severe headache, relieved by walking in woods. Eleven A.M., took ten drops, followed by urgent desire for stool, lasting only a short time. Dull heavy headache coming on after dinner; 1:30 P.M., took five drops tincture; headache increasing; vertigo on rising; relieved in half hour in open air. Six P.M., took five drops.

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Aug. 6, 7 A.M. — Took five drops; ten A.M., took five drops. Repeated sharp pain in right temple, from without inward, when walking. Steady headache, which came on while exposed to the sun. Severe frontal headache, relieved by sitting in a cool room. Frequent sharp pain in right temple. Once a sensation in left ear as though some sharp instrument was thrust into the ear. Dryness of the throat. Eyes sensitive to the touch. Two P.M., took five drops; no symptoms except slight headache when turning quickly or shaking the head; 4:30, took five drops.

Aug. 7. — Took no medicine. Headache all day, not relieved by eating.

Aug. 8. — Took no medicine; no symptoms. Bowels, previously loose, become regular.

Aug. 9. — No medicine. In the sun all day; no symptoms.

Aug. 10, 8 A.M. — Took five drops; 9 A.M., took five drops; 9:30 A.M., took five drops; 10 A.M., vertigo on rising or shaking the head. Sensation as though the brain was loose and very sensitive. 10: 30 A.M., took two drops. Immediate headache, quite sharp in the forehead, which soon subsided into dull heavy pain. 11 A.M., took two drops. Headache, relieved by eating. 1:30 P.M., took five drops. 2:30 P.M., brain feels tender (sensitive); dizziness on walking fast or turning around; dizziness, approaching faintness, lasting a short time. 3: 30 P.M., sharp, piercing pain in left temple; headache, worse on left side. 4 P.M., took five drops; slight nausea. 4:30, took ten drops. Symptoms lasted till bedtime; relieved on going to bed.

Aug. 11. — Awoke several times during the night with water-brash; no headache. 9:30 A.M., took five drops; 10:30, took twenty drops. Headache till dinner; none after eating, except on shaking the head. 6 P.M., headache came on suddenly, with vertigo on rising.

Aug. 12. — During the night, water brash. Throat dry and sensitive. On shaking head, brain feels tender. No more medicine.

Symptoms disappeared in three days. They were all aggravated by heat from stove or sun. Improved by lying down.

(*To be continued.*)

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DERANGEMENT AFTER EXCESSIVE BATHING.

BY R. W. MARTIN, M.D., ELIZABETH, N. J.

E. R., a boy of sixteen, with light complexion, brown eyes, light-brown curly hair; quite muscular.

Last summer, after swimming four hours, exposed to the direct rays of the sun, in a stream of brackish water, he was taken with a severe headache. After a few hours, delirium set in.

An allopath was called; he looked wise, shook his head, said "typhoid fever," wrote a few cabalistic characters on a piece of paper with the address of a favorite druggist printed at the top, and went away. But he came again, and again, and each time he put on the same air of a wisdom which was too profound to be very evident to a superficial observer.

There was no febrile disturbance, but a constant talking, — a wandering of the imagination. He was rowing, fishing, swimming, roaming the fields, — never alone, however. The animal functions were conducted in a regular manner.

On the fourteenth day an enormous appetite was developed, and he would stuff himself until he was as "full as a tick." All this time he was about, sitting up and lying down, as the mood led him.

He now began to go out, and would go about the town and enter the different stores, fancying that he was the proprietor, and order the clerks to do the most ridiculous things imaginable; in fact, he imagined that half the city was his by fee simple, and the other half heavily mortgaged to him.

As his appetite developed into a perfect bulimia, his skin lost its natural hue, and became pale and clear, like wax; he became weaker, but still was able to move about.

After four weeks, his medical attendant saw that he had made a mistake in his diagnosis, so he guessed again; and he advised the parents to send the patient to the asylum. This they declined to do; and wisely, as the result proved.

At the end of six weeks, he began to improve, and in a week more, his delirium was entirely gone; but the waxy appearance of

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the skin remained for some time. This, however, gradually disappeared, as his appetite resumed its normal condition.

Wednesday, August 10, 1870, I was called to see the same boy, he having been, under precisely similar circumstances, attacked in the same manner as before. I found him sitting in a chair, talking in a low voice, to invisible persons about him. One moment, he was fishing; the next, was on the point of diving; then, again, he was scouring the salt meadows, but always getting into trouble; his companions were upsetting the boat, or tripping him up as he dived, or making a noise to scare the bird he was trying to catch; his tongue was going incessantly.

Inquiry gave me the history of the case substantially as above set forth. That day he had again been bathing for three hours, exposed to the direct rays of the sun, with the thermometer at 110°. He had dived from a considerable elevation seven or eight times. When he arrived home he complained that his head felt as if it had a ball in it, at the vertex.

His pulse was regular in time, but slightly irregular in force; pupils contracted normally on the application of light; tongue wore a natural appearance; urine was natural in quantity and quality, as far as could be ascertained, but owing to his obstinate refusal to urinate in a vessel, I was unable to test it. The bowels were regular, the alvine dejections normal, the skin dry and harsh.

What was the influence that produced such a state? What share had the exposure to the sun in it? The water? The diving? The concussion when the head strikes the water, in a dive from an elevation of five or six feet, is inconsiderable. In relating the case afterwards to a professional friend, uræmia was suggested as a probable cause of the mental disturbance. I was deeply impressed with the conviction that the difficulty was entirely due to the exposure to the water for so long a time, causing, probably, a suppression of the cutaneous exhalation, intoxicating the blood, and, through that vital fluid, affecting the brain in the peculiar manner observed. Looking at the patient with a pathological eye, I beheld so many contradictory probabilities, that, in the absence of certain data, which might have been furnished by the urine, I was compelled to forego the pleasure of giving a name to the derange-

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ment. I was enabled, however, by the aid of our wonderful materia medica, to treat the patient none the less successfully on that account.

The remedies that were brought to my mind were, *Veratrum*, *Lachesis*, *Cuprum*, *Stramonium*, *Rhus*, and *Glonoine*. I finally fixed upon *Rhus* as the remedy, for the reason that there was nothing in the delirium as manifested in the patient, sufficiently characteristic of either of these remedies; while *Rhus* has been often observed to hold a true homœopathic relation to the *bad effects of getting wet, of long continued bathing*. Accordingly, the patient took *Rhus* [4], four powders, followed by *Saccharum lactis*, four powders; and these followed in turn by *Rhus* [100], four powders, with intervals of four hours between the powders. After taking the third powder, an improvement was apparent; he talked less incessantly and more coherently.

The improvement continued until, at the end of ten days, no trace of the delirium was left; but as his mind grew clear, he began to experience fainting spells of short duration. In a few days these ceased, after a very severe one.

The patient recovered without the bulimia, and without the waxy appearance of the skin being in the least apparent. This showed plainly, to me, the difference between a complete victory and a patched-up truce called a cure.

The result justified my confidence in *that* clinical indication for *Rhus;* for to-day the patient is completely restored to health, having received nothing but the one prescription, of *Rhus*. The case is only important as showing that objective symptoms can sometimes be ignored with benefit to the patient.

I frequently find this very evident in the treatment of intermittents. Formerly, I was in the habit of paying particular attention to the paroxysm, as to time, severity, duration, etc., and was not very successful in my treatment. I have learned, by experience, to care little for these points, and to learn as much as possible of the apyrexia, and especially the symptoms manifested just before and during the first part of the chill.

I treated a case this summer in a hysterical woman, five months pregnant, for which, after two weeks' trial, owing to the difficulty of

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gaining the requisite particulars from the patient, I reluctantly gave quinine. Five grains did the work, but the chills returned in two weeks, and the condition of that woman was ten times worse than before. I treated her in a strictly homœopathic manner for three weeks more, without success.

One day she said, "Isn't it strange, doctor, every time the chill is going to come on, I begin to drink? that's the way I know it's coming." I had previously asked her to be very particular in describing the thirst, and she had denied having thirst at that time. *Capsicum*^{200} was administered at once, and she had only one more chill and a slight creeping, and she was well.

It is a favorite assertion of those who cannot believe that infinitesimals are *efficient* agents in the treatment of disease that high potencies cannot cure intermittents. Now it is my experience, every week, that they can, and do, cure this disease, and not only speedily and pleasantly, but safely, — *cito, tute, et jucunde;* and this cannot be said of their favorite specific quinine.

COCCYODYNIA.

BY ERNEST A. FARRINGTON, M.D., PHILADELPHIA.

In the September number of the "American Observer," Dr. Lilienthal gives a translation of the pathology and surgical treatment of "Coccyodynia."

As common as is this affection among our ladies, we see but few reports of cures by homœopathic treatment.

Quite recently I cured an aggravated case of the kind with a few doses of *Lachesis*^{1000}. An air-cushion was used as a palliative. Walking was easy enough, but an attempt to rise from a sitting posture caused agonizing pain in the region of the coccyx. Many cases have been cured by this one remedy.

Bönninghausen gives us a list of remedies acting on the sacrum, but none acting on the coccyx. Still their juxtaposition led me to substitute for "Pain in the *sacrum* after confinement," "Pain in the *coccyx* after confinement, and thereby relieve with *Phosph.* a case of fifteen years' standing. According to the symptoms, *Hyper.*, *Arn.*, *Ruta*, and *Rhus* should often be indicated.

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Calc. phos. has, "the sacro-iliac symphysis is sore, as if broken," which may lead to its use in coccyodynia, especially in young girls or in children disposed to diseases of the bones, and who are slow in their second dentition. It does not necessarily follow that the coccygeal articulation with the sacrum will be affected by this remedy, because the sacro-iliac is; but *Calc. phos.* seems to have a particular affinity for sutures and joints, and hence, as a constitutional remedy, deserves consideration. It will be useful when *Ruta* only relieves temporarily.

Silicea causes "pain in the os coccyx, as after a long ride," and its near relative *Fluoric acid*, has a "bruised pain in the os sacrum."

Belladonna has "pain in the small of the back and *os coccyx;* he can only sit for a short time."

Even *Sepia* deserves notice, as it causes "frequent sharp pressure on the os sacrum, *and a little below;* sweat on the os coccyx"

Surely, until we have exhausted our therapy, we have no right to resort to Simpson's subcutaneous isolation, or Scanzoni's subcutaneous injections.

Gout. — Observant men are now inclined to discard the doctrine which teaches the noble origin of gout, and its necessary association with high mental development. The disease is now certainly common and plebeian, as well as aristocratic. It may have been, in the days of Sydenham, that the gouty patients of a physician were to be found amongst "*magni reges, dynastæ exercituum, classiumque duces, philosophi, aliique his similes.*" Nowadays it is no less certain that the physician, in London at least, must pay his visits and prescribe for gout amongst "the London labor," as well as among "the London poor." And his list will number "coal-heavers, bakers, brewers, draymen, house-painters, butchers, inn-keepers, publicans, butlers, coachmen, and porters in wealthy families especially."

Aitken.

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The New England Medical Gazette.

BOSTON, NOVEMBER AND DECEMBER, 1870.

With this number is completed Volume V. of the *Gazette*. When its first prospectus was issued, five years ago, it only announced a small monthly, of twenty-four pages, which was designed, chiefly, to be a means of intercommunication for the homœopathic physicians of New England. But in the short time of its publication it has already doubled its original size, more than proportionably increased its circulation, and now it includes in its list of contributors many of the most noted men of our school. No one, unless he has himself borne a similar burden, can know the care, the frequent perplexities, and the incessant work which accompany the editing of a first-class medical journal; yet the generous support which the profession have given in many ways, and the warm praise bestowed upon the *Gazette*, convince us that we have succeeded beyond our most sanguine expectations in our efforts in journalism. For the coming volume, more valuable assistance than ever before has been promised; and we shall hope still more to present a journal which, as an organ of our school, shall command its respect, confidence, and support. Firmly advocating the great law of healing, *Similia Similibus Curantur*, and always independent in its expressions and opinions, the *Gazette* will aim its heaviest blows at the opponents of homœopathy. At the same time, in a friendly manner, it will not fail to point out any faults or deficiencies in our own ranks; confident that in the growth and improvement of our school lies the true progress of medicine. In these our efforts we ask the aid of the whole profession.

The Meeting of the Board of Councillors of the Massachusetts Medical Society, referred to in our last, was held on the fifth of October. From their action, it would seem that they have no intention of making martyrs of us, "poor deluded homœopaths," whom they evidently wish to ignore entirely. They passed a series of resolutions in which, —instead of constituting Doctors Sullivan and Storer their leaders in law and ethics, they gave them both a severe drubbing for impu-

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dently doing what was none of their business; they also took the American Medical Association to task for "imposing conditions upon the rights of this Society which are ill-considered and unwarranted"; allowed an armistice of one year for said Association to properly apologize; and voted that "no Delegates from the Society be sent to the next Annual Meeting of the Association." Meanwhile the subject of homœopathic membership was left untouched; and on this occasion it would seem that no one's temper was ruffled in the least by the fact that such heretics exist. What next? Is the millennium approaching? Will the lamb permit the lion to lie down in his fold?

THE MASSACHUSETTS HOMŒOPATHIC HOSPITAL. — In the April and May numbers of the *Gazette* an account was given of the effort to establish a Homœopathic Hospital in Boston. A large board of officers was appointed from among our most prominent citizens, with some hope that so much influence would thereby be gained as to at once put the hospital into successful operation. Six months have passed away, and what we then feared has proved true. No progress, whatever, has been made in obtaining the necessary funds for this institution, although debts were accumulating. In so large a board, none of the members felt a personal responsibility, or the necessity of earnest effort on their part, and the work remained undone.

At the Annual Meeting of the Hospital Corporation the matter was fully discussed, and it was deemed best to return to the original plan of a smaller board of trustees. A president, four vice-presidents, eight trustees, a secretary, and treasurer, fifteen in all, — a number sufficiently large for practical purposes, — were elected. The board is composed of men earnestly interested in the hospital. In order to make it a permanent institution, they design to raise a fund of one hundred thousand dollars; but, feeling that an institution already in existence commands greater support than one merely projected, they intend to open this as soon as a sufficient fund shall have been raised to support it for a reasonable time. It now remains to be seen whether our physicians are in earnest in their desire for a hospital. If so, every one should contribute according to his means for its support. They should be active, earnest and immediate in their efforts to obtain funds from such of their friends and patrons as may be willing to contribute; and, if a united effort should now be made, an institution may very soon be established which will redound to the

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credit of Homœopathy, and to the benefit of the community. Who will be foremost and most energetic in this good cause?

The following circular, setting forth the different plans of contribution, has been prepared for general circulation, and may be obtained by physicians and others desiring it from the Secretary of the hospital.

MASSACHUSETTS HOMŒOPATHIC HOSPITAL.

This Hospital is chartered by the State, with power to hold property to the amount of two hundred thousand dollars.

The public have, for a long time, felt the urgent need of this Institution, and the Board of Trustees desire to make it alike a blessing to the community and a credit to its founders and to the large class who have adopted the homœopathic system of medical practice. To accomplish this will require a suitable permanent fund. Meanwhile, a building well adapted to the purposes of the Hospital has been secured, and will be used until means shall be found for the purchase or erection of a more extensive and commodious edifice. This will be opened for the reception of patients as soon as a sum sufficient to meet the expenses for one year shall have been raised. Assistance may be rendered by either of the methods indicated below; and the friends of homœopathy are earnestly called upon, not only themselves to contribute according to their means, but also to obtain from their friends and acquaintances as much as possible for this Hospital. Subscriptions may be sent, either directly to the Treasurer, F. W. Andrews, 61 State street, or to any of the Board of Officers.

Promptness, energy, and liberality will at once secure for Massachusetts what has been so long desired, a Homœopathic Hospital.

Permanent Fund. — In order to place the Hospital on an efficient and permanent basis, a fund of at least one hundred thousand dollars is required, which will be securely invested by the Board of Trustees.

Free Beds. — Any person contributing one thousand dollars, or upwards, at one time, to the permanent fund, will be entitled to the life use of a free bed, subject to the rules and regulations of the Hospital.

Membership. — Any person contributing one hundred dollars, or upwards, to the Hospital, at one time, may become a member of the Corporation, and as such, entitled to vote at all the meetings of the Corporation.

Donations. — Persons may donate, at any time, sums of any size for the general purposes of the Hospital, to be used at the discretion of the Board of Trustees.

Annual Subscriptions. — These are to be paid annually so long as the subscriber may be able and willing to do so, and are a very valuable means of giving yearly aid to the Hospital.

Officers, 1870–71.

President. — Henry S. Russell, 30 Sears' Building.

Vice-Presidents. — William Claflin, State House; Alpheus Hardy, 181 State street; Isaac Rich, 35 Commercial street; Isaac Fenno, 66 Franklin street.

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Trustees. — Royal E. Robbins, 8 Summer street; William Pope, 221 State street; David H. Blaney, 3 Winthrop Block; Henry C. Ahlborn, 76 Charles street; Henry C. Angell, 16 Beacon street; E. B. de Gersdorff, 136 Boylston street; J. H. Woodbury, 58 Temple street; Conrad Wesselhoeft, 105 Chauncy street.

Secretary. — I. T. Talbot, 31 Mt. Vernon street.

Treasurer. — Frank W. Andrews, 61 State street. (Office hours, from 11 A.M., to 1 P.M.).

REPORTS OF SOCIETIES.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting was held at Fraternity Hall, No. 554 Washington street, Boston, on Wednesday, Oct. 12, 1870.

Morning Session.

The meeting was called to order at 10.30 A.M., by the President, H. B. Clarke, M D.

The records of the annual meeting, and those of the Executive Committee, were read and approved.

The President made a few remarks.

The balloting upon the candidates for membership resulted in the election of the following gentlemen: Geo. R. Spooner, M.D.; S. B. Dickerman, M.D., Ipswich; Samuel Worcester, M.D., Concord; Edward B. Holt, M.D., Lowell; E. F. Spaulding, M.D., E. Boston. E. S. Haywood, M.D., Lynn; W. Fales Hathaway, M.D., Boston; Luke Corcoran, M.D., Springfield; Samuel Alvord, M.D., Chicopee Falls.

The Treasurer, T. S. Scales, M.D., reported that there was in the treasury at the commencement of the year the sum of four hundred and sixty-eight dollars; that he had since received four hundred and sixty-five dollars; and had paid out five hundred and twenty-eight dollars; leaving a balance on hand of four hundred and five dollars.

Library. — Dr. Jackson, from the Committee, reported that the books in the possession of the Society, with the library case, had been removed to Burroughs Place, but were there merely on sufferance. No place had been provided for them, and they are in their present location only by special favor of the Dispensary. It is hoped that at some future time a room may be obtained in which the library can be kept, and made useful. It is now rarely used.

Publication. — The Committee reported, through the Secretary, that the printing of the first volume of the Society's Publications was nearly completed. Exigencies had arisen which had delayed the issuing of the volume, beyond the first expectations, but that it

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would now probably be ready for delivery within a month. Instructions were asked as to the delivery of the volume.

Dr. S. M. CATE, of Salem, as a reply to the request of the Committee on Publication, offered the following resolution: —

Resolved, That the Secretary be directed to distribute, when published, the first volume of the Society's Publications to the subscribers to the publication fund only, and to those societies entitled to them, and to hold the balance for sale at three dollars per volume.

After some discussion, participated in by Drs. Morse, Scales, Talbot and Holt, which resulted in placing the resolution in its present form, it was unanimously adopted.

Dr. TALBOT said that it was desirable that the Publications of the Society should be issued every year, that the members might receive from these meetings all the good which accrues from them, and to which every member is fully entitled. The only difficulty was in securing the necessary funds. Our annual assessments are now but three dollars, while those of almost every other society of importance are five dollars. He therefore moved that Article xxiii of the By-laws be so changed as to read, "Every member of the Society shall be annually assessed *five* dollars," etc. Referred to a special committee, consisting of Drs. I. T. Talbot, G. M. Pease, and T. S. Scales.

MATERIA MEDICA.

Dr. C. Wesselhoeft presented an interesting report, which is to appear in full in the *Gazette*. See page 544

CLINICAL MEDICINE.

Some interesting cases were reported, though the number received were by no means in correspondence with the efforts of the Committee. Extra exertions were made, so that this most important branch of our therapeutics might yield something of permanent value.

TERTIAN INTERMITTENT.—*Lycopodium.* Case of two years standing; drawing, tearing pains in back and limbs, followed by heat and sweat, or sweat only; urine copious, light-colored, and depositing a brick-dust sediment which adhered very tenaciously to the vessel; thirst mostly during and after perspiration; fullness at pit of stomach, with rumbling in bowels, especially on the left side; great debility, and aversion to exercise. *Lycopodium*^{200}, one dose, which cured her completely. — *H. M. Hunter.*

DISORDERS OF PREGNANCY. — *Sepia.* Pregnant four months; under other treatment two months. Pain in left side of forehead, worse after midnight, and most severe in the morning, after waking; feeling as if the head would burst; nausea and vomiting; great sadness and weeping; dryness of the throat, with constant inclination to cough; obstinate constipation. *Sepia*^{200}. In three days convalescent. — *W. P. Gambell.*

SCIRRHUS OF RIGHT BREAST. — *Sepia.* Patient aged forty years, unmarried, tall, thin, of mild disposition, six months since discovered a scirrhous tumor, with tenderness to touch, and stinging pain; now about the size of a hen's egg, hard, and nodulated. *Sepia*^{200}, repeated, removed it in two months. — *W. P. Gambell.*

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CONVULSIONS. — *Phosphorus.* Patient, a sensitive lad of fourteen years, who had received a very severe nervous shock by the burning of the house in which he lived. At first he was sleepless; this was followed, in a few days, by cutting pains in the region of the heart, with severe chills, increasing till of convulsive violence, and ending by his falling to the floor apparently dead, being rigid and pulseless. He would lie there for half an hour, and, on coming to, would act like an insane person. After a time, the paroxysm changed, and he would feel, from the right ear to the top of the head, "as if everything had stopped," and would instantly fall into a sound sleep, from which he would awake completely mesmerized. During the whole of his sickness he has never awakened in the morning in his right mind. *Phosphorus*[3], twelve powders. The prescription was made without having seen the patient. After having taken two of the powders, he awoke perfectly insane; but the second morning he awoke perfectly sane, and continued steadily to gain. — *F. N. Palmer.*

DIPHTHERIA INTERCURRENT IN VARIOLOID. — A man, thirty-five years of age, was attacked with a severe diphtheria, but in a few days was entirely relieved of it. After two or three days of convalescence, he was again taken sick. In just twelve days from his first attack, he broke out with a severe varioloid, which passed through all the stages of a true variola, except the suppuration. Now, what was the relation of this case of varioloid to the diphtheritic throat? There were no variolous symptoms during the sore throat, and no sore throat during the varioloid. The time of the appearance of the eruption was normal, counting from the second attack of sickness; and so was the time of the second attack (after deducting the usual time for the incubation of diphtheria) from an exposure attendant on a case of varioloid occurring in his own house, but so slight as not to be noticed until after the recovery of this patient. Can the system entertain two distinct acute diseases at the same time? — *F. N. Palmer.*

SCROFULOUS OPHTHALMIA.—*Arsenicum.* Patient aged three years; had been under the care of several physicians for six months past; photophobia excessive. *Arsenicum*[3] cured in two weeks. — *T. Conant.*

SUPPRESSED COUGH. — *Arsenicum.* The patient was one who was always in poor health, and badly troubled with her lungs. The last medicine (allopathic) which she took, entirely suppressed her cough. I found her partially raised in bed, pulse and breathing rapid, with sharp pains through both lungs. Prognosis unfavorable. *Belladonna* and *Phosphorus* with hot compresses soon relieved her acute symptoms; but for seven weeks no great advance was made, though many remedies were given. At the end of this time her condition was as follows: position semi-recumbent; dyspnœa; frequent, short, hacking cough; severe, sharp pain in both lungs, worse in upper portion of left lung; worse at night, *and always worse on lying down;* indeed, she could not lie down; emaciated, no appetite, and weak; no respiratory murmur through any portion of left lung, and very feeble in the right; percussion intolerable. *Arsenicum*[200], one dose. The

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action was so sudden and marked that, two days after, both nurse and patient met me at the door. — *A. M. Cushing.*

Cough. — *Phosphorus* 1200. Miss H——, aged eighteen, of light complexion, blue eyes, and hectic flush, has had a cough for six months, growing worse under allopathic and homœopathic treatment, until now it is almost continuous, night and day, with slight expectoration, nervousness, and inability to sing. Her father and several members of the family have died of consumption. *Phosphorus* 190, one dose. In one week she reports no pain and no cough, and she feels very much better. — *A. M. Cushing.*

Chronic Dysentery.—*Mer. cor.*, *Ars.*, *Nux.* Mr. R., aged fifty, by occupation a porter; has had dysentery, contracted in Calcutta, for fourteen years; for the last two years he has been able to work but one week in three. Frequent discharges of mucus and blood, with great tenesmus. He took *Mercurius cor.*, and *Arsenicum.* In a week he was very much relieved, and took *Nux.* Four years have elapsed, and he never has had a return of the disease. — *L. D. Packard.*

Nephritis. — *Aconite.* A man of sixty-five years, wharfinger; has been subject to one or more attacks of nephritis yearly, for twenty years, sometimes lasting two months. The pain in the lumbar region was very severe, and the urine was suppressed. Gave *Aconite* tincture, and applied cold wet bandage. Relief in half an hour; the next day he returned to his business, and for four and a half years has not had a return of the disease. — *L. D. Packard.*

Enteralgia with Constipation. — *Nux.* A blacksmith had suffered for three years with severe pain in bowels, indigestion and constipation. Had been under the care of physicians, allopathic and homœopathic, most of the time, but for the last nine months had been able to work but little. Directed him to have his apron supported by straps from shoulder, and to take *Nux.* Completely cured in a short time. — *L. D. Packard.*

Carbuncle. — *Sulphur*, *Arsenicum.* A hale and hearty woman of seventy-six years, had been troubled by an intense itching of back of neck for ten years past. The skin is of a bluish red, forming dry, whitish scales, which readily come off. Prescribed *Sulphur.* After six weeks there evidently existed subcutaneous inflammation, with severe burning pains. Gave *Arsenicum*, which carried a dangerous carbuncle to a successful issue. — *F. F. de. Derky.*

Cerebritis. — *Helleb.*, *Zinc*, *Phos.*, *Calc. c.* After a sickness of seven weeks, diagnosed by two allopathic physicians, first as typhoid fever, and afterwards as tuberculosis of the brain, a lad three and a half years of age, presented the following symptoms: Perfect emaciation, even the dry and shrivelled skin being gone in many places; his appetite, strength, sight, and reason gone; his hard and shrunken bowels seemed closely adherent to the spine; dark, offensive diarrhœa; pulse one hundred and thirty; head thrown back; neck rigid; the sightless eyes always looking over the head; and entire paralysis of the right arm and leg. Every few moments he would scowl his face, and utter a terribly wild and piercing shriek. His stomach rejected all food, and his appearance was decidedly idiotic. The disease com-

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menced with convulsions. *Helleborus*[2], *Zinc*[2], were prescribed. At the close of the first week he could take a little nourishment, and the evacuations were lessened. He then took *Belladonna* [200] and *Calcarea* [200]. At the end of the second week the improvement had continued, and he showed signs of returning sight, but he could not control the direction of his eyes; on attempting to look at an object one would turn up, and the other down. He next took *Phosphorus* [200] and *Calcarea* [200]. At the end of nine weeks, he could, for the first time, bring both eyes down, so as to see an object on the floor. He improved steadily, and is now as well and hearty as ever. — *W. H. Lougee.*

NEURALGIA. — *Nux.* Mrs. P——, age fifty-five; shooting pains in the head till the face would become almost purple; suddenly leaving her head, it would attack her bowels, causing violent screams; at the same time darting pains in arms and legs; constant urging to urinate, but could pass but little light-colored urine; skin very dry. *Nux*[5] gave relief in five minutes, and perfect cure in a half hour. — *H. B. Clarke.*

CONSTIPATION. — *Alumina.* A nursing child of four months had been constipated from its birth. All remedies used, of no avail. *Alumina* [200], one dose, cured it, and it has remained cured, now two months. — *W. B Chamberlain.*

NEURALGIA. — *Zinc. val.* Miss R——, aged thirty-five, subject to profuse and frequent menstruation, was chilled by sitting in a cold parlor. She was taken with a severe stitch in sacrum, the pain of which increased every hour, shooting into the vagina, with hysteralgia, thence to the umbilicus, hypogastrium, right knee, left knee, and back to sacrum, repeating this course every two minutes; pulse regular, but weak; pains relieved by pressure; great soreness through the abdomen. Twenty-four hours medication gave no relief. Gave *Zinc. val.* In six hours she was asleep, and awoke perfectly relieved. — *W. B. Chamberlain.*

SURGERY.

Dr. G. M. PEASE, Chairman of the Committee on Surgery, reported that he had had the following cases in his own practice: Amputation of arm, after compound and comminuted fracture of fore-arm; Fracture of acromion; Strangulated inguinal hernia, — reduction without operation; Laceration of muscles of thigh; Fistula in ano; — nine sinuses; Fibroid tumor on forehead; Ovarian tumor, absorbed after medication; Fracture of fore-finger during early childhood (illustrated by a plaster cast); Strangulated oblique inguinal hernia.

Dr. J. W. HAYWARD reported one case of compound, comminuted fracture of the femur.

OBSTETRICS.

Dr. WM. B. CHAMBERLAIN, Chairman of the Committee, read a paper on *Ustilago maidis* by D. B. WHITTIER, M.D., which presented the following case as indicative of the use of this remedy. Menses every three weeks, with dark coagulum; profuse, with gushes

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of bright-red blood when arising from a seat, or after having been startled or frightened; two days before menses, a heavy back-ache, with sharp pain across the abdomen from hip to hip, followed by expulsive pains; the pains diminish after the flow commences, and stop with it. Between the menstrual periods there is a heavy, dragging back-ache upon exertion; pain shooting up the back from the hips to the shoulders; abdomen tender to touch; excessive bearing down; pressure in the head; sensation of contraction in the vertex, and feeling as if the head were being lifted off; vertigo; excoriating, albuminous leucorrhœa, worse before menses; ravenous appetite; excessively tired feeling; pulse eighty, and weak; mental depression. Cured in two months by the second decimal trituration, morning and evening.

Dr. Whittier relies upon the *Ustilago* mainly in all cases of menorrhagia, metrorrhagia, and hæmorrhages from ovarian irritation. It is contra-indicated when the flow is pale or watery.

G. W. Swazey, M. D. — A paper upon the Use of Pessaries, was read by Dr. Chamberlain. In some forms of uterine displacements, and under some circumstances, he does not think it possible to get along without the use of pessaries. Has used Harding's pessary with great success, especially in cases where other instruments had failed. Had once only seen bad effects from its use; in this case it had been left *in situ* for a year, and had become imbedded in the vaginal tissues. But the one he really prefers he prepares himself, as follows: Take a piece of gutta-percha as large as a quill, and about a foot long. By means of steam, bend it at one end into a ring an inch in diameter, and bring down the stem at right angles with it, afterwards bending it into the form of a U or ox-bow. This form is easily adjusted to the neck of the uterus at the ring end, while the other end is bent up before the pubis, and secured by an adjustable bandage around the pelvis. It is worn with perfect ease, and removed as occasion requires; this he considers a great desideratum in the use of pessaries, for by this process of alternating the support and relaxation of the organ is derived a far greater benefit, than from any "fixture," however agreeable it may be at first.

A letter from Dr. Samuel Swan of New York, was read, in which he recommends *Acid. lact.* for the following symptoms: nausea, with or without vomiting, *in the morning, or after eating*, especially if there be water-brash. Also for these symptoms, whether in pregnancy, or dyspepsia: epistaxis; hæmorrhages from lungs, stomach, and rectum; spasm of glottis with entire loss of control over the voice, and great discharge of mucus from posterior nares and larynx.

Dr. J. H. Woodbury read a paper on prolonged pregnancy, giving two cases.

[This paper is published in this number of the *Gazette*.]

C. H. Farnsworth, M.D., reported a case of extra-uterine pregnancy which appears in the report of the Boston Academy of Homœopathic medicine.

Dr. L. D. Packard, in the discussion which ensued, strongly opposed the use of pessaries. At best they afforded only temporary

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relief, and did but little toward an ultimate cure. The cure of all the diseases for which pessaries were used must be made by medicine alone. The evil effects mentioned in one of the papers read were only examples of what frequently took place.

Dr. W. B. CHAMBERLAIN thought the pessary an extremely useful instrument, and one that could not be dispensed with. He mentioned a case in this city which had for a long time been treated by medicine, and at last it was relieved only by the pessary.

Dr. T. S. SCALES had cured by medicine alone, at least a half-dozen cases which could not have been cured by the pessary.

Dr. E. P. SCALES could mention two more in which the pessary had been of no avail, but which rapidly and easily yielded to medical treatment.

Dr. J. H. WOODBURY thought that the pessary could not be always dispensed with. It was often a necessary adjuvant to other treatment. In the case mentioned, in which bad results had followed, the instrument should, before it had remained too long, have been removed and afterwards replaced.

Dr. S. M. CATE cited the case of a washerwoman, in which there was such complete procidentia that the uterus was external. The womb was replaced, and a rubber ball inserted, with complete relief.

HOSPITAL.

D. G. WOODVINE, M.D., from the Committee on Hospital, reported: That the Committee had worked together in perfect harmony, that the boards of trustees of the chartered hospital, and of the private enterprise in Burroughs Place had been consolidated, with the addition of the Committee appointed at the annual meeting of the Society, and these had become its Executive Committee; that circulars had been sent to all the physicians of the State, soliciting subscriptions; that a fair had been held in the Hospital building, netting $2,500, and that it only needed combined action, on the part of the physicians of this city and State, to make the enterprise entirely successful.

The Committee appointed to consider the subject of an Eastern Institute of Homœpathy was not ready to report, and asked further time, which was granted.

DELEGATES.

C. H. FARNSWORTH, M.D., Delegate to the Maine Homœopathic Medical Society, reported a very interesting meeting. Thirteen physicians were present, who were in earnest to make up the lack of numbers in the excellence of the session. They all seemed full of the right spirit, and the meeting with them was very pleasant.

Dr. A. M. CUSHING, Delegate to the Vermont Homœopathic Medical Society, gave quite an interesting report of the session. About thirty members were present, coming from all parts of the State. He found them mostly high dilutionists, claiming a much greater success with the higher attenuations than with the lower. He thought that many physicians would be benefited by attending such practical, earnest discussions as he heard there.

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Discussion.

The lateness of the hour precluded much discussion of the medical subjects selected for special discussion.

Dr D. G. Woodvine, however, made some very interesting remarks upon the pathology and scientific relations of Bright's diseases of the kidney.

Dr. David Hunt thought the therapeutics of the disease of far more importance than its theory of pathology, and was of much greater practical value to the society. He had used *Asclepias syr.* successfully; and Dr. Linnell had completely cured one undoubted case with *Terebinthina* and *Apis.*

Dr. Woodvine had studied the disease far enough to see the great necessity of pathological study. He would not defer to Flint, or any allopathic authority; homœopathic therapeutics, however, demand their study. Clinical evidence is of far greater scientific and practical value when based on thorough pathological knowledge.

Dr. Hunt would not deny the great value of pathology in this, or any other disease, but deemed that the discussions held by this Society, as a body, should be of the most practical nature.

Dr. Talbot thought that the scientific discussions which may be brought up in this body cannot be otherwise than of great value; yet it is true that the cure of disease is what we need, and should be the end to which all our discussions and studies should tend. Would it not be well if the members of this Society should all be requested to furnish their experience in this disease, at a future meeting?

Dr. N. R. Morse introduced the subject of the Consumptives' Home. Various members expressed their hearty interest in its welfare, but it was thought best that no action should be taken by the Society, as a body, in relation to it.

Adjourned.

E. U. JONES,
Recording Secretary.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

Reported by A. F. Squier, M.D., Secretary.

Oct. 10, 1870. Dr. Farnsworth reported the following case of extra-uterine fœtation: Mrs. ——, aged thirty-six, the mother of three children. About the middle of July last, she took a cold bath, while heated, soon after menstruation had begun. The flow was immediately stopped, and she had considerable pain and malaise. From this time until September she had no special symptoms, except that the menses did not reappear. On September 13, Dr. Farnsworth was summoned in great haste to see her. He found her in a state of collapse, but still able to converse. She then stated that she had risen from the bed for the purpose of using the vessel, and while sitting upon it had been suddenly taken with intense pain in the region of

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the left ovary, accompanied by faintness, and had been barely able to get back to the bed again. She was suffering great pain in the left side of the abdomen, and the symptoms of collapse were so strongly marked that he did not hesitate to diagnose a rupture of some internal organ with hæmorrhage into the abdomen. The patient died eight days after the occurrence of these symptoms, meanwhile suffering great pain in the left ovarian region.

At the autopsy the abdomen was found to contain a large amount of clotted blood, and a ruptured sac on the left fallopian tube indicated its source. In the abdomen was found a fœtus of about the eighth or tenth week of pregnancy, enclosed in its membranes. The uterus was developed to a degree corresponding with the above term of pregnancy, and contained a well developed decidua uteri. Near its extremity, the left fallopian tube was dilated into an irregular sac about the size of a goose-egg; its inner surface was ragged and villous, and contained small masses of vascular tissue, all of which must have served in the capacity of placenta to the ovum so recently thrown off The sac, on its posterior aspect, presented an irregular rent nearly three inches in length, through which the ovum had escaped. Upon the wall of the sac nearest the uterus, a small, oval, flattened body was found, about an inch long and a quarter of an inch thick, which, upon section, presented appearances very much like ovarian tissue. The ovary and fallopian tube of the right side were normal. The chorion of the fœtus had adhering to it small masses of vascular tissue like that found in the ruptured sac.

Dr. Talbot related a case of what at first had been considered extra-uterine fœtation. Menstruation had ceased, and the abdomen had enlarged until it had attained the size and shape of that at full term. A careful examination, however, discovered the uterus in an unimpregnated state pushed in close above the pubes. Palpation of the abdomen detected an irregular tumor arching across from the left to the right iliac regions, and extending above the umbilicus. This tumor corresponded so exactly in its various irregularities with the shape of an infant that it seemed quite easy to distinguish the various members of the body. The patient died, and at the autopsy there was found an irregularly lobulated tumor which had its origin in the left ovary and had extended so as to present the above appearances. In structure it was partly fibrous and partly colloid.

Dr. Woodvine related a case where, twenty years after a supposed pregnancy, hair, bones, and nails were found in an ovarian cyst.

Oct. 24, 1870.—The subject of spontaneous gangrene was discussed. Dr. Woodvine reported a case of this disease, occurring in a woman aged about thirty-five. She was a straw-worker and the fingers alone were affected. For several months they had presented the appearance of marble; ulceration had occurred, followed by gangrene. He had administered *Secale*, but was finally obliged to amputate the index finger, and had since learned that she had suffered the loss of two more.

Dr. Squier reported a case of spontaneous gangrene of the fingers of one hand, occurring in a woman aged about thirty-five. The dis-

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ease had run five days before he saw the case. All the fingers up to the second joints, and the last phalanx of the thumb, were dark-blue or purple, shrivelled, numb and cold. There was intense pain in them, running up to the axilla. *Ars.* $^{3dec.}$ was given every hour. The next day all the fingers but one were less blue and less cold. The same medicine was continued with further improvement, but on the following day the case passed from his charge, and he had been unable to learn its termination.

Nov. 14, 1870.—Dr. Woodbury reported a case of gangrene of the lower extremity, occurring as the result of calcification of the arteries. The patient, a man aged fifty-five, was an habitual drinker, but had always enjoyed good health. About the middle of last March he suffered an abrasion of the left foot, from wearing a tight boot. A vesicle appeared on the inside of the foot, just behind the great toe, and another on the outer side of the foot, just behind the little toe. These were much irritated by his being on duty at the late State muster, at Worcester, and were treated by the regimental surgeon, with applications of carbolic acid. He subsequently came under the charge of a homœopathist, who continued the applications in connection with his other treatment. He steadily grew worse, until, when Dr. Woodbury first saw him, the vesicles had become ulcers, — the largest an inch and a half in diameter, — each having a black base and surrounded by high callous margins, about half an inch thick. Upon removing these margins, well-marked gangrenous ulcers were revealed, surrounded by areolæ of inflamed skin, about an inch in width. The degenerative process extended each day, until soon the great toe became involved and was amputated; while at the same time the other ulcer was entirely cleaned of diseased tissue. The flaps became gangrenous in a day or two, and in a short time the process had extended to nearly the whole foot. The leg remaining healthy, it was resolved to amputate, in order to endeavor to arrest the disorganization. The operation was accordingly performed at the middle of the leg, when all the arteries were found to be the seat of calcareous deposits. It was necessary to ligate fourteen arteries; torsion and compression proved of no avail to arrest the profuse hæmorrhage which followed the operation. The tourniquet had been ineffectual in arresting the circulation in the limb, and the services of two assistants were called into requisition to aid in compressing the femoral artery. In two days the flaps became gangrenous, and in three days the whole limb, up to the body, had undergone the same process. On the fourth day after the operation the patient died.

No autopsy was permitted, but Dr. W. was allowed to cut down upon the femoral artery, and found it quite incompressible from calcareous deposits. The case had lasted six weeks; during that time he had suffered but little pain, complaining somewhat of a burning sensation in the affected part. His appetite remained good up to the second day before his death; heart-sounds had been sought without result. Dr. Woodbury had given *Ars.*, *Secale*, *Lach.*, and *Crotalus*, without hope, however; as, when the nature of the case became evi-

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dent, he felt convinced that it would be impossible to save the patient by whatever means.

Dr. Squier referred to the case of spontaneous gangrene of the fingers which he had reported at the last meeting which appeared to have been benefited by *Ars.* He had since learned that the patient had lost one or more of her fingers. He asked Dr. Woodbury's opinion as to the nature of this case,— since he regarded treatment of no avail in cases of gangrene from calcification of the arteries.

Dr. Woodbury said that he regarded as deceptive all appearances of improvement in cases such as he had reported. In the case just reported, on several occasions he had noticed that there was a slight return of warmth, and a fading of the black color in the foot, but these signs of improvement were fallacious. There never appeared any line of demarcation.

Dr. Talbot reported a case of fæcal fistula occurring in an unmarried lady of fifty-two. She had always been in delicate health, and, in May last, had had an inflammatory swelling in the right iliac region. This had been opened, and discharged a large amount of pus. Soon after the operation, fæces were also discharged by the same opening. The orifice, which was situated about two inches to the left and one inch above the anterior superior spinous process of the ilium, assumed the appearances usual in this affection, having the edges everted, puckered and covered with mucous tissue; it continued to discharge fæcal matter, there being also evacuations per anum every three or four days. He saw the patient about the middle of last October, and found her in an extremely emaciated and nervous state. The finger upon being inserted deeply into the fistula could then by an abrupt turn be passed upwards into the cœcum through a constriction which, before dilatation, was about one-fifth of an inch in caliber. Exploration in a downward direction discovered a canal situated close to, and adherent to, the abdominal parietes, two or three inches in length, passing inwards to finally open into the ileum. The two passages were, therefore, at about right angles to each other; and, situated between them, was an irregular mass of very dense fibrous material. After the examination, which had considerably dilated the constrictions, the patient passed much more fæces by the anus and a correspondingly less amount from the fistula, which was kept closed by a conical plug of rubber. At the earnest solicitation of the patient and her friends, the necessary steps for the operative treatment of the case were taken. A steel clamp similar to that used by Dr. Beebe, of Chicago, in his case of umbilical hernia, was procured and applied to the indurated mass lying in the angle of the passages opening into the colon and ileum. This was gradually tightened; but on the fourth day after its application it was removed in consequence of the sudden sinking of the patient, after having caused sloughing of the mass embraced by its blades. Stimulants being given, she rallied, and subsequently, fæces passed freely by the anus. But two days afterward she died from exhaustion. Dr. Talbot considered that if the patient had possessed even ordinary vitality, the operation would have proved successful.

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At the autopsy, the cœcum was found firmly united to the pelvic wall by strong fibrous adhesions, and there were almost no signs of inflammation in the vicinity of the slough. The morbid specimen — consisting of the integuments forming the external opening and the portions of cœcum, appendix, and small intestine involved — was exhibited. The appendix was in a normal condition; the opening made by the removal of the slough was fully an inch in diameter and demonstrated the probable success of the operation had the patient's condition been in the least degree favorable. From the time the tumor first appeared until it was opened, there were free discharges of a diarrhœic character from the anus.

BRITISH HOMŒOPATHIC CONGRESS.

We are indebted to Mr. A. C. Pope, of London, for advanced sheets of the *Monthly Homœopathic Review*, from which the following is compiled.

This important meeting was held in Birmingham, Sept. 28, 1870. Dr. Drysdale of Liverpool presided, opening the meeting with an admirable address.

President's Address. — The address showed that the injustice manifested by the bulk of the profession towards homœopathy had tended to impede the progress of medicine as a science. Because the German journals were closed to Hahnemann, he was compelled to appeal from them to a party of his own adherents; thus they, not he, made the schism in the profession. In England there had been a combination against homœopathy, not unlike those of the trades-unions, — a respectable and honorable minority protesting. All are homœopathists who study the effect of medicine on the healthy body, and apply the knowledge they thus acquire according to the homœopathic law wherever it has place; in other cases we use the ordinary remedies. We blindly follow no sectarian dogma, and accept no conclusion not based on experiment. By allopathic exclusiveness we lose the benefits of an enlarged and enlightened criticism. Further advance must be made in semiotics before we can ascertain the true place of homœopathy in medicine. While so many students of medicine ignore it, this question must remain unsettled. Allopathy is now at a stand still. All its late advance is an increased knowledge of antiseptics, the discovery of new anodynes and palliatives, and the fashionable Bromide of potassium. The use of specifics has been extended, provings on the healthy body recommended, and, in Dr. Harley's "Old Vegetable Narcotics," partly carried out on Hahnemannian principles, but with no hint at homœopathy.

The report of the Hahnemannian Publishing Society was read.

Dr. Sharp read a paper on the Action of Drugs. It was occupied with the last of three questions. First: In what way is the action of drugs to be discovered? Second, what that action is? And third, *how is the action of each drug to be distinguished from that of all others?*

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He showed first, that an affinity exists between different parts of the body, and different drugs or doses of drugs; this affinity produces more or less characteristic actions in each; second, that the same drugs, while acting on the same organ or part, have a different manner of acting in each instance; third, while the primary action of the several drugs may be in the same part, the secondary action is, in each, in different organs. The action of ordinary causes of disease is very similar to that of drugs. The direction of the action taken by drugs, when used in sickness, is parallel to that they follow in health. The following subsidiary questions require settlement: The dose in which the various actions of a drug are produced; The limits within which the curative action of each drug is confined; and The mode in which different drugs should be applied.

Dr. Sharp reviewed the several theories advanced to explain the primary action of drugs. First, there are the vitalistic views of Hahnemann and others. Next is the theory of molecular movements; our knowledge of them is small; we cannot at present penetrate thus far into the action of drugs. Others try to trace the drug-action to the blood, and to the nerves; their success gives encouragement to further investigation, but it is inadequate to any practical use at present. We must still look to the pathology of our cases, and try to discover the organs morbidly affected, and the kind of affection; we must learn first the organs (solid and liquid) of the body upon which each drug acts primarily; second, the parts of the organs in which action occurs; third, the kind of action, or the results produced; fourth, the organs which are affected secondarily; fifth, the quantities or doses required; and sixth, the limits of therapeutic action.

Dr. Sharp then passed in review the points of antagonism between the two schools into which the profession is now divided. The old school says: Avoid the diseased organs; act upon the healthy parts. The new school says: Act upon the diseased organs. The old school now not unfrequently says: You may act upon the diseased organs, — but antipathically. The new school says: Act upon the diseased part homœopathically. And, finally, it is now said in effect: Prescribe homœopathically, but give large doses, and invent a pathological explanation. This looks like unwilling testimony to those who dare the odium visited upon homœopathy. Homœopathy can directly control the morbid processes in pneumonia, pleurisy and pericarditis; the other treatment confesses to failure in this; and the means on which it once relied are now abandoned.

Dr. R. Hughes, of Brighton, referred to what Dr. Sharp called the *secondary* action of drugs. The word was employed to mean subordinate; as when *Belladonna* is said to have its chief action on the brain and an inferior action on the throat; but a true secondary action is a result of a previous one. Thus cerebral symptoms resembling uræmia result from poisoning with phosphorus, only when it has exerted its peculiar action on the liver. Hence *Phosphorus* cannot be homœopathically given for such symptoms in disease, unless they are also secondary to disease of the liver. The eye-symptoms of *Belladonna* sometimes go on to actual inflammation; so it is not secondary

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to hyperæmia of the brain, but is a primary effect. Again, a drug may act on an organ sometimes primarily, and sometimes secondarily. *Phosphorus*, which so often acts on the nervous centres through the liver, occasionally acts on them directly, causing symptoms homœopathic to those of primary nervous disease, and it has curative applications accordingly.

Dr. HALE, of London, feared lest Dr. Sharp's captivating and attractive paper might lead us too exclusively to localize disease. In many instances disease cannot be localized; few medicines confine their action to any particular organ. He did not deny that we should study pathology; but too much deference to this study might lead us to lose sight of the general action of disease. We must not forget "THE TOTALITY OF THE SYMPTOMS." Dr. Sharp's attractive chart may lead us too exclusively to practise upon this system of organopathy. Very few have been so successful in indoctrinating the outer world in homœopathy as Dr. Sharp; but I fear his force of intellect and unwearied exertions in a groove of thought may lead us astray. I hope he will admit that we should not be mere localizers of disease, ignoring the general effects which many of our remedies produce on the system at large.

Dr. HOLLAND, of Bath, could not help thinking that Dr. Hale had misunderstood Dr. Sharp. I understand his facts as an example of the way in which medicines act. There is a positive affinity between certain organs and certain medicinal agents.

Dr EDWARD BLAKE, of Taunton, considered Dr. Sharp's researches remarkably interesting, but there are limits to the usefulness of the plan which he proposes. It demands an exhaustive acquaintance with pathological science, which does not exist. Again, in three-fourths of the cases it is impossible to establish any distinctive pathology. Thirdly, should a group of medicines be suggested by anatomical considerations, symptomatology alone could point out the right one. And, lastly, Dr. Sharp seems scarcely to attach sufficient importance to the "order of sequence," which is at least as important as the order in place.

Dr. HUTCHINSON, of Manchester, felt that pathology affords the only sure ground on which we can go in treating disease. If he could not get to the root of the disease, he endeavored to get as close to it as he could. Symptoms, to be of any value, must be brought back to a pathological basis.

Dr. SHARP replied. He quite understands Dr. Hughes' "secondary," and would ask him to recommend a better word in the sense where he thought it misapplied.

Dr. HUGHES: Subordinate.

Dr. SHARP: Very good. It is quite clear I was rightly understood.

Dr. HUGHES: The action of a drug may be both subordinate and primary, but not primary and secondary.

Dr. SHARP: Certainly not. As to Dr. Hale's fear of our being led too exclusively to localize disease, I think we ought to work it out as we can, and stop when we can get no farther. But we are not at the end yet. Dr. Blake is right as to the importance of the order

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of sequence. I omitted it from fear of complicating my paper. I think the criticisms which have been made tend to show the imperfections of my system, rather than to pull it to pieces. They need to be carried out, and I think the meeting is agreed that they can be carried out.

Dr. Madden read his paper on the study of the Materia Medica. He criticised Dr. C. Hering's plan, — of the complete study of one medicine, — and Dr. V. Meyer's plan, — of discovering the starting-point at which originate all the morbid phenomena produced by a drug. He would prefer that the materia medica be studied directly in relation to pathological states. The knowledge of the entire action of any remedy should be left as the ultimate result of a completed study of pathological phenomena. The first requisite is a list of what may be termed physiological equivalents, for the purpose of enabling us to interpret symptoms and their conditions; and to determine their physiological import. Secondly, take an organ or tissue, define the morbid conditions to which it is liable, and detail the symtoms arising from them. Next, examine the records of our provings, and ascertain what remedies show similar symptoms. The seat of the symptoms, the kind of action elicited by the drugs, and the conditions and concomitants of these changes are to be noted. The interdependence of symptoms must not be overlooked. Many symptoms can find no place in the best-constructed physiological scheme. The indications for which no interpretation can be given, can only be used symptomatically whenever a suitable opportunity offers.

The President observed that Dr. Madden's paper is an exact complement to Dr. Sharp's. It aimed to reduce the action of medicines to their seat; this may be considered the root and trunk of the tree. Dr. Madden has supplemented it with the branches and leaves. Both are essential to the fruit.

Dr. Dudgeon approved Dr. Madden's theory. He hoped an English work on the plan of Suckow's *Semiotik*, now antiquated, would be undertaken.

Dr. Murray Moore, of Liverpool, thought the enormous mass of our symptomatology operated as a discouragement to allopaths. He would like a list of medicines made out according to the time of day at which the aggravation of the disease takes place. He regretted that there was no clinical school for homœopathic students.

Dr. E. Blake would advise the study of the materia medica clinically. Let the student begin with the cause of disease, study it physiologically, and write down a number of remedies suited to it. A number of steps are necessary before a student can take advantage of Dr. Madden's paper.

Dr. Hamilton, of London, affirmed that symptoms alone will constantly be our safest guide in difficult and obscure diseases.

Dr. Hayward, of Liverpool, urged the Hahnemann Publishing Society to continue Hahnemann's Materia Medica.

Dr. Moore, of Liverpool, recommends the practitioner to search at once for the organ primarily diseased. He regretted the ignorance of pathology among the seniors of the profession.

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Dr. Bryce, of Edinburgh, had thought there were three kinds of dose in every drug: the poisonous, the physiological, and the medicinal. Begin by studying the symptoms from the large dose.

Dr. Hayle, of Rochdale, commended Dr. Madden's paper and the writings of Dr. Hirschel of Dresden.

Dr. Madden explained that in his paper, he had selected for illustration a localized disease. He has been appointed to draw up a chapter on general Disease, for the Repertory, which would make his ideas more explicit. The isolated fact that *Nux v.* causes aggravation in the early morning should not be mastered by an effort of memory. We must associate the morning aggravation with the fact of its being a period of functional increase, and then we shall expect to find the symptom of *Nux v.* to be connected with nervous excitement and irritability.

Afternoon Sitting.

Dr. Hayle read his paper on Symptomatology. In health the operations of the human organism are carried on with a marvellous unconsciousness. But when things go wrong, the consciousness soon receives — except in some few cases — intimations which we may understand, or may not. Pathology is the science that interprets these telegrams, and ascertains the tissue from which they come. Precision will help individualize disease, and give exactitude in the use of remedies. The doctrine of symptom-covering has necessitated an imperfect pathology, and becomes distrusted as pathology is more studied. Hence arises a comparative carelessness of minute correspondences, and a dependence on general resemblances, which, though consistent with great success, especially in acute cases, does not attain the full value of homœopathy. But when pathology fails we must fall back upon minute symptomatology. In chronic cases our treatment would be a sorry business without these minute symptoms.

The President: Dr. Hayle's paper furnished the flower of the tree, of which Dr. Sharp had given us the root and trunk, and Dr. Madden the branches and leaves. It takes a whole congress to make one ideal homœopathist.

Dr. Drury, of London, thought that those who followed minute homœopathy were too apt to lay hold of a single symptom, and to neglect the totality of symptoms; a course which, with brilliant hits, often results in purely negative treatment.

Dr. Hughes, of Brighton, differs from Dr. Hayle as a liberal conservative does from a conservative liberal. The one has conserving uppermost in his mind; the other, reform. His own preference was in favor of pathology. Dr. Hayle will admit his system is a provisional one; ours is the system of the future.

Dr. Simmons, of Liverpool: Success is achieved by the study of the materia medica. Reliance on a single symptom is a mistake. The time of aggravation is often an important indication.

Dr. Gibbs Blake, of Birmingham: Those who give their exclusive attention to symptomatology are very likely to be misled in diagnosis

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and in prognosis. And the public judge a physician, to a great extent, by his diagnosis and prognosis.

Dr. NANKIVELL, of Bournemouth: The course of the symptoms and the course of the pain seem to have been strangely forgotten. The "keynote" is simply a substitute for localizing a disease. It is often a matter of chance, but is sought for to prevent great labor.

Dr. HAYLE, in reply, said that he was a pathologist to the backbone. But when we cannot explain a disease pathologically, we must, for treatment, go to the symptoms. Bunyan's shepherds on the Delectable Mountains saw two pillars of stone; on the one half were written legible characters, and the other half was covered with letters illegible. They received what they understood, and had faith in the rest. Hahnemann's Materia Medica is in very much such a position.

Dr. BLACK read the concluding paper, on Acute Rheumatism. He detailed four cases. He is sure of the superiority of homœopathic treatment. It affords as great an immunity from heart-complications as any other. Rest, and warmth in bed accomplish all that we can in this direction. It is not well to fill the system with alkalies while treating with medicine. How shall we tell cures from recoveries? By the duration of the disease. Under expectant treatment the average duration of acute rheumatism is from twenty-six to thirty days; under depleting or alterative treatment, longer; in homœopathic cases, from nineteen to twenty days. He uses full doses of the lowest dilutions, and does not change on account of trifling indications. He has most confidence in *Acon.*, *Bry.*, *Colch.*, *Puls.*, and *Rhus*; in heart-complications, *Ars.*, *Bry.*, *Colch.*, *Dig.*, and *Spig.* Attention to diet and hygiene is important.

Dr. DUDGEON said that as Dr. Black had alluded to his article in the British Journal of Homœopathy advocating alkaline treatment, it was but justice for him to say that he had given it up as worthless.

Dr. MADDEN had found *Aconite* most useful till the pulse was thoroughly lowered; and then *Bry.*[12]; then *Sulphur*. He had found no good or harm in alkalies. Dr. Firestone's paper in the *Philadelphia Medical and Surgical Reporter*, Vol. 17, divides cases of rheumatism into five or six classes. We should modify the treatment according to the character of the disease. Some cases could only be met by purely symptomatic treatment.

Dr. BAYES, of London, thought it was best to reduce the pulse with *Bry.*[12] or[18].

Dr. HOLLAND, of Bath, had found lower attenuations better. He believed that lemon-juice aided the operations of medicine.

Dr. MOORE, of Liverpool, thought cases at puberty and in pregnancy peculiarly liable to complicate the heart. In the former he had seen advantage from *Kali hydr.* The two most important medicines are *Acon.* and *Bry.* The *rôle* of *Actæa* was a very circumscribed one.

Dr. HALE, of London, had seen no good in *Bry.*, when not preceded by *Acon.*

Dr. HAYWARD, of Liverpool, used *Acon.* early, and low. He wished the exact duration of the disease were better ascertained. The time

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of beginning is often given wrong. In heart-complications he applied a sinapism over the heart.

Dr. THOMAS, of Birmingham: The prevention of cardiac disease is much more important than the abbreviation of the attack. We must improve on this point.

Dr. HILBERS, of Brighton, had seen much of the disease in patients who had come down there to complete their recoveries. He had seen no advantage from alkalies, some from lemon-juice. The medicine ought be carefully selected for the individual case and persevered in. The disease can not be cured quickly.

Dr. BRYCE, of Edinburgh, keeps his patient in blankets, and alternates *Acon.* and *Bry.*, after reducing the pulse.

Dr. BLACK had found it hard to discriminate one dilution from another in these cases. Colchicum is given to prevent heart-affection. He had given *Rhus* because of the presence of erythema. He believed *Actœa* answered well for pains in the back. His cases were accurately dated. He deprecated frequent changes of the medicine.

It was unanimously voted to hold another Congress next year. Oxford was selected as the place by a large majority. Dr. Collins of Leamington was appointed Local Secretary, and Dr. Gibbs Blake of Birmingham, General Secretary. The Executive Committee—Drs. Black and Madden and Mr. Fraser — are to fix the time of meeting. Dr. Madden was elected President. Dr. Drysdale vacated the chair; Dr. Hilbers took it. Dr. Drysdale was thanked for his excellent presiding, and a copy of his address was requested for publication. And so the Congress adjourned.

The meeting was followed by a dinner at the Great Western Hotel.

REVIEWS AND NOTICES OF BOOKS.

TRANSACTIONS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1869. Vol. 7. State Senate Document, No. 88, 1869. Pp. 875; 8vo.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK, for the year 1869. State Assembly Document, No. 210. Pp. 267; 8 vo.

The first thing that strikes us is the relative size of these two volumes: the homœopathic work being considerably more than thrice the bulk of the other. It is something of a measure of the activity drawn out by the *esprit de corps* of the two bodies. It is harder to gauge the comparative value of the two works. In natural science, surgery, and hygiene, fair comparisons might be instituted; but in materia medica, — an object of special interest to the one school, and of general neglect by the other, — no agreement could be expected between persons who cannot occupy the same stand-point. In the smaller work, there can be no question of the value of the prize-essay on Acupressure, with fifteen pages of illustration; the result of Consanguineous Marriages; the chart illustrating the Effects of Impure Air, and many others.

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The larger contains many valuable communications from Honorary Members of the New York State Homœopathic Medical Society. Some, which are familiar to most of our readers, have here the added value of beautiful illustrations by colored lithographs. There are more than fifty pages of these plates. Among the articles we notice Part I. of Dr. Rodman's Materia Medica in its Scientific Relations; Dr. Hale's proving of Ptelea Trifoliata, from the Transactions of the American Institute; Dr. Woodvine on Entozoa (six pages of plates); and Dr. Beebe's Hernia case (four pages of illustrations). The homœopaths of the Empire State receive a noble recognition in the publication of this large and valuable volume as a public document; and they are fortunate in having such an indefatigable Secretary as Dr. Paine, who is willing to collect annually a mass of manuscript sufficient to make nearly nine hundred pages; to wade through it all, select the chaff from the wheat, and then to see it properly carried through the press, and distributed to members. No wonder, while even one man can be found ready to do all this work, that the cause of homœopathy should progress so rapidly in the Empire State. All that is required is earnest, hard, well-directed *work* to make our cause triumphant everywhere.

THE HOMŒOPATHIC VADE-MECUM of Modern Medicine and Surgery; for the use of junior students, clergymen, missionaries, heads of families, etc. By E. Harris Ruddock. London: Jarrold & Sons. Pp. 662, 12mo. Price, in best form, 7s. 6d. sterling.

The main body of this convenient volume consists of descriptions of one hundred and seventy-one diseases and circumstances requiring medical assistance, with the symptoms and treatment. The descriptions are very clear but concise, and the remedies are mostly taken from a restricted list of fifty. It is preceded by an introduction on hygiene, symptoms, and general principles of treatment, and followed by a concise account of nearly a hundred articles of materia medica. It is an interesting illustration of the activity of American homœopaths that more than half the vegetable medicines here described, including standard drugs, grow spontaneously in the New World.

The author wisely deprecates lay practice in serious cases, if an experienced practitioner can be called. But there must be many cases where "a little learning" is not so dangerous a thing as absolute ignorance. The volume has had an extensive sale in England, and will undoubtedly have one equally large, if not larger, in this country.

PRACTICAL ANATOMY, a Manual for Dissections. By Christopher Heath, F. R. C. S., etc., with additions by William W. Keen, M.D. Philadelphia: Henry C. Lea. Pp. 572; 12mo.

It would seem a difficult matter to say anything new concerning Practical Anatomy, or the method of dissection, but this little volume treats the whole subject in a manner quite fresh and original. The descriptions are clear and concise, and the numerous illustrations are of superior merit. No student of anatomy should think of pursuing his studies without this volume, and every physician will find in it much of interest and value.

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ITEMS AND EXTRACTS.

Remedy for Warts. — The juice of the *Sempervivum tectorum*, the common house-leek, applied directly to warts, if not an infallible cure, will often result in their disappearance.

The Cattle Plague is quite prevalent on the continent of Europe. Near Metz, they are unable even to bury the carcasses. It has broken out in Paris also.

Small-Pox. — This disease is raging at Genoa, Italy. Some fifty or sixty deaths have occurred daily from this cause. It has also recently prevailed quite extensively in Holyoke, Mass., where it has proved fatal in many cases.

Sulphate of Iron has been very successfully employed as a hospital disinfectant.

Missisquoi Spring Water has found its way to London in small quantities. The Londoners do not as yet seem astonished by the power of its medicinal qualities, but their astonishment will probably increase in proportion as it is extensively advertised. Such is usually the career of all quack remedies.

Syme Testimonial Fund — The subscriptions to this fund, the main object of which is the foundation of a Fellowship in the University of Edinburgh, now amount to nearly nine thousand dollars. More than two hundred dollars were contributed by eminent American physicians and surgeons, through the efforts of Dr. Gross, of Philadelphia.

Chloral vs. Strychnia.— Since the experiments of Liebreich, showing that chloral is an antidote to strychnia, several others have been performed which confirm this. Dr. J. H. Bennett, of England, gave to each of two rabbits a subcutaneous injection of a hundredth of a grain of strychnia (a poisonous dose). To one of them he administered in the same way fifteen grains of chloral in solution. This animal went to sleep in about fifteen minutes, awoke in an hour, had a spasm or two, and soon recovered. The other had convulsive twitchings of the legs in ten minutes, became frisky and ran about the table in thirteen minutes, and died in eighteen minutes, after having gone through two or three severe tetanic spasms.

Fistula in Ano.— An English surgeon, Mr. Cooke, operates for fistula in a new way by means of a kind of scissors. One blade being passed into the fistula, and the other into the rectum, they are connected by a movable screw, and closed by one motion, completing the operation in a second of time. The pain is said to be infinitely less than that produced by the bistoury.

Taxis for Hæmorrhoids.— Dr. Maclean informs the British Medical Association that he successfully treats bad cases of hæmorrhoids by taxis, all piles being sacs or cells with fluid contents. After clearing the bowel and fomenting the parts for a few hours to allay irritation, he takes a piece of soft, well-oiled cloth, grasps one of the

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tumors with the thumb and two fingers and presses out its contents with a kneading motion. The others undergo the same operation, and astringent lotions or ointments are applied. Internal piles are made to come down by straining, and are then treated in the same manner.

A Summons to our Female Physicians. — The *Delhi* (East India) *Gazette* says that the Maharajah of Jeypur is treated for cataract by Dr Salyer, a well-known homœopathic physician of Calcutta.

Female physicians are loudly demanded for this far-off country. Their aid is eagerly sought, as the native nobility and the wealthy class of the population, though acknowledging the superiority of foreign physicians, still deny medical aid to their female relatives, because it can be rendered by male physicians only. S. L.

Chromic Acid. — Ozanam remarked, at the meeting of the Société Hom., held at Paris, February, 1870, that *Chromic acid* produces, in its application to mucous membranes, the following effects, according to its concentration: 1. An inflammation and casting off of the epithelium; 2. Pseudo-membranous deposit, absolutely similar to that of angina faucium and croup; 3. Gangrene, when applied in its pure state.

As an example of its action, he cites the following case: About three years ago, he operated on a woman suffering from a polypus in the larynx. After laryngotomy was performed, he cauterized her with chromic acid, in order to destroy the vegetations. This procedure was twice repeated at an interval of a week, and was each time followed by an artificial croup with thick tubular pseudo-membranes.

Chromic acid produces in all mucous membranes such effects after a few hours, and he therefore considers it *the* remedy for angina diphtheritica, crouposa, and gangrænosa. S. L.

Carbolic Acid.—Dr. Isidor Neuman remarks in the *All. Med. Central-zeitung* on the physiological action of carbolic acid: That he made his experiments on small animals with subcutaneous injections, solutions, capsules, and pills. These were applied per anum, by injections into the external jugular vein, and into the heart, with the following results: —

In frogs, three drops with eighteen drops of water subcutaneously injected, produced, after one minute, paralysis of the extremities, twitching of all voluntary muscles, accelerated respiration, and hypersecretion of the cutaneous glands; these continued up to their death, with the exception of the slower circulation and respiration. Six drops, subcutaneously injected, produced the same effect in rabbits. Subcutaneous applications do not act well on dogs, but injections per anum or by the stomach act rapidly; most rapidly though through the jugular vein or the heart. He constantly found fatty granular degeneration of the liver and of the renal epithelium.

In man the intensity of the phenomena varied according to age, sex, constitution, etc. Small children become very irritable and delirious, the least noise rouses their ire; robust and hearty persons

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bear large quantities without injury. The usual phenomena are: heaviness and obtuseness of the head, debility of the extremities, so that the patient walks as if intoxicated, trembling of the extremities, copious perspiration. [Clearly an action nearly identical, physiologically and pathologically, to that of alcohol, vide *North Am. Jour. of Hom.* Nov. 1870, where Dr. Minor ascribes to alcohol in wounds the same beneficial action, which Liston and others claim for carbolic acid.]

Its application internally against psoriasis, and externally against eczema squamosum, has now been frequently verified; other applications have still to prove themselves valuable.—*Translated from Klinik Sept.* 1870, *by S. L.*

Apomorphia. — Dr. Pierce, in the *British Medical Journal*, Feb. 26, 1870, calls attention to a new drug, — *Apomorphia*, — formed by subjecting morphia to the continued action of muriatic acid, at a high temperature for several hours. It is chiefly as an emetic that he uses it, — one fifteenth of a grain or less producing vomiting in from five to twelve minutes, with very little subsequent depression. He considers it very preferable to the old emetics. Being absorbed through the skin of those who manipulate it, it produces lassitude, headache, constant nausea and occasional sudden attacks of vomiting. These symptoms might be the basis of a more thorough proving of the drug by homœopathists.

Autopsies at Hospitals. — The Governors of Guy's Hospital have placed in a conspicuous position the following notice: "*Notice to Friends and Relatives of Deceased Patients.* — The Governors reserve to themselves, in the interest of the public, and as one of the conditions of admission to the hospital, the right of causing a post-mortem examination to be made, of the body of every patient who dies within the hospital, by the pathologist or his representative, for the purpose of accurately determining the causes of death. In the event of the friends or nearest relatives being opposed to such an examination, they are to communicate their wishes to the Superintendent, who will submit their objections to the medical officer who had charge of the deceased patient, and if he is of opinion that there is no urgent need for a post-mortem examination, the Superintendent is authorized to dispense with it."

Chassepot Bullet Wounds.—"A M. B.," Lond., writing in the *Times* from Aix la Chapelle, where he has been allowed to visit the military hospitals, gives a description of the wound inflicted by the chassepot bullet. He says: "To the chassepot bullet is conceded the merit of extreme force. In a large majority of cases it goes quite through, and like other small-arm projectiles, takes a course strangely devious. Being a small bullet, it rarely breaks a bone, but travels round it. The long and tortuous channels through the flesh, which a small-arm bullet makes for itself, are something curious to see. When a man is hit while skirmishing, *ventre-a-terre*, the length of these bullet-burrows may be easily imagined. It is not at all unusual so see them extend from hip to knee, or even lower."

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According to this gentleman, the German army surgeons are all believers in the germ-theory and in the use of carbolic acid. The treatment of the long, sinuous channel made by the chassepot bullet is to flush it with permanganate solution from a long flexible tube furnished with a jet of hard material, the tube being attached to a tin can filled with the solution, which is raised to give the necessary force. When the wound is thus cleansed, charpie, soaked in ten parts of olive-oil to one of carbolic acid, is applied over the orifice, or inserted. The results are said to be excellent, as far as the absence of all effluvium or tendency to hospital gangrene is concerned. On the other hand, it seems that carbolic acid was not used in dressing the wounded after the battle of Woerth.

Torsion of Arteries. — Dr. J. D. Hill ends an article on this subject in the *Lancet* as follows: —

"In conclusion, I would state that I have already practised torsion of arteries in upwards of seventy surgical operations, and without one instance of hæmorrhage, secondary or recurrent. The process of healing for the most part has been satisfactory, — in some cases complete primary union having occurred where such would have been impossible in the case of the ligature; in others, deep-seated adhesion, with granulation of the more superficial structures; and, if I may judge from present experience, torsion seems adapted to every kind of operation whether great or small. As compared with the ligature, its application is more simple and rapid, and should failure occur, it does so on the operating table. On one occasion only, this happened to me. After twisting some atheromatous tibial arteries, one of these arteries gave way just above the twist, and the ordinary ligature was also followed by a like result. Ultimately, however, I secured the degenerated artery (on the principle of acupressure) within a collar of muscular fibres, exerting sufficient compression to arrest the current of blood without breaking the internal tunics.

Sign of Death. — M. Würtz, in behalf of M. Deboux, presents (to the Académie des Sciences) a new sign of real death.

If a few drops of a solution of atropine are instilled into the eye of a living man, we see in a short time that it produces a dilatation of the pupil, very easily recognized on comparison with the eye not submitted to the influence of the drug, the pupil of which is of course not dilated.

This action of atropine is constant, whatever may be the state of the eye and the general condition of the subject. It may be observed even in cases of complete amaurosis, of paralysis, of section of the third pair, or of section of all the ciliary nerves. According to Meuriot, it dilates the pupil of an eye which has even been extirpated from the orbit, as long as the muscular contractility lasts. We can affirm, then, that on the living subject atropine always produces a dilatation of the pupil; and therefore when this effect is not produced, we are justified in regarding muscular contractility at an end, which amounts to saying that life has entirely departed.

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We must, however, make an exception to this general proposition. It may happen that the subject to be examined in a case of apparent death, has the pupils dilated. This is not generally the case to any great extent, except in poisoning by belladonna, where the dilatation is enormous. Here it is necessary to resort to the opposite experiment and produce contraction by the Calabar bean, by which means we may easily avoid mistake. — *Translated from "Recueil des Mémoires de Médecine, de Chirurgie, et de Pharmacie Militaires," Paris, by Dr. H. C. Clapp.*

PERSONAL.

AUGUST VON GERSDORFF, Doctor of Laws, and Chief-Justice of the Assizes, died at Eisenach, Germany, Sept. 30, 1870, having just completed his seventy-eighth year.

The deceased made himself of great value to the cause of homœopathy, not only by his earnest efforts in disseminating its principles, but by his profound knowledge, which enabled him, as is well known, to prove many medicines under Hahnemann, with whom he was on intimate terms of friendship. Under the direction of this medical master he made the elaborate proving of *Sepia*, a medicine to which homœopathic physicians are indebted for many of their most brilliant cures. *Stannum*, *Zincum*, *Agaricus*, *Ambra*, and several other remedies were carefully proved by him, and have been incorporated into our standard materia medica. It was through him that Jahr, our greatest compiler, obtained a medical education. De Gersdorff found him, the son of a poor Moravian shoemaker, working at the cobbler's bench and at the same time reading a profound work upon philosophy. The learned man saw a life of greater usefulness for the boy than was presented by his father's trade. His later history, so familiar to us all, has shown the correctness of this opinion.

Gersdorff was an intimate friend of Bönninghausen, and like him was a member of the bar. They both practised homœopathy as amateurs, and their reputation for medical skill soon spread so as to interrupt their judicial duties, when government interfered. Bönninghausen abandoned law, while Gersdorff relinquished the practice of medicine. His love for, and interest in it continued, however, until his death. A son of this distinguished man, Ernst Bruno de Gersdorff, M.D., of Boston, is well known in our ranks.

S. LILIENTHAL, M.D., of New York. We are indebted to this efficient writer for some interesting translations from the German, a portion of which appear in this number.

HERBERT C. CLAPP, M.D., of Boston. Many of the items and extracts in this number have been kindly furnished by this gentleman, who has promised assistance in this department for the ensuing year. We are also under obligations to other physicians for occasional interesting items, and beg the continuance of such favors.

J. P. DINSMORE, M.D., of San Francisco, has been appointed physician to the California Rescue Mission.

REMOVAL. — C. C. SMITH, M.D., from Chicago, to 873 North Twentieth street, Philadelphia.

GONZALEZ. Spain has lost one of its brightest ornaments, in the death of Dr. Leandro Gonzalez, member of the Hahnemann Society of Madrid. He was for many years director of several military hospitals in Coruña, Vigo, and Valladolid, and the Cross of Charles III. was awarded to him for his faithful services. His great and fruitful labors during the cholera of 1854 will never be forgotten. He was an ardent enthusiast in homœopathy, a kind physician, a whole-souled man. — *N. A. J. of Hom., from El Criterio Med.*

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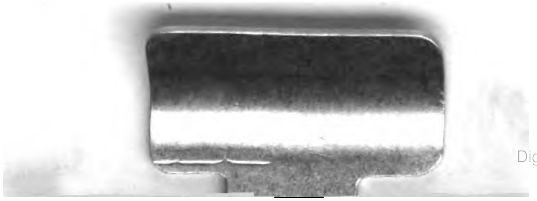

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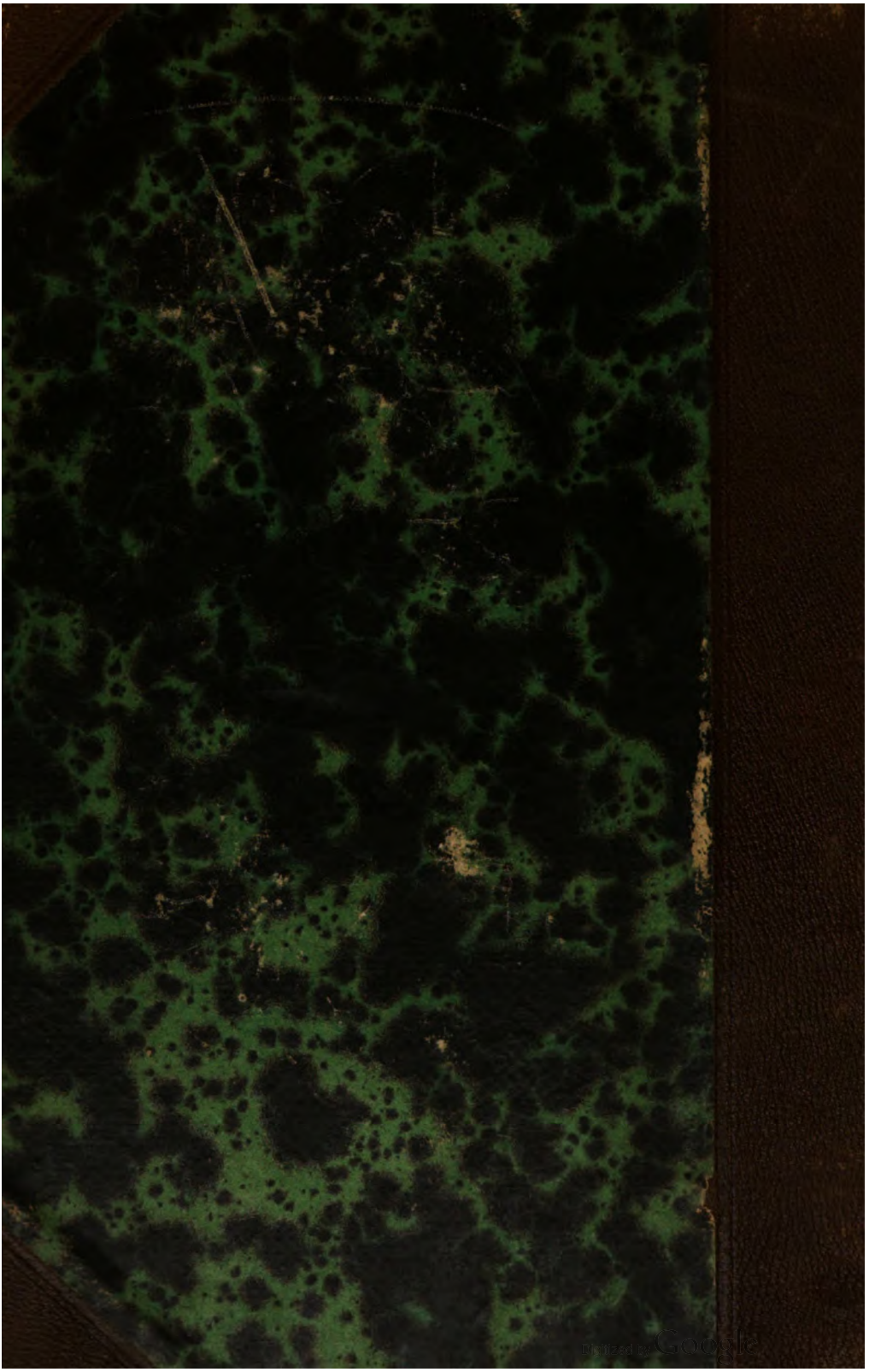
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