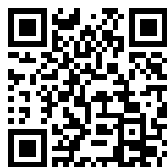
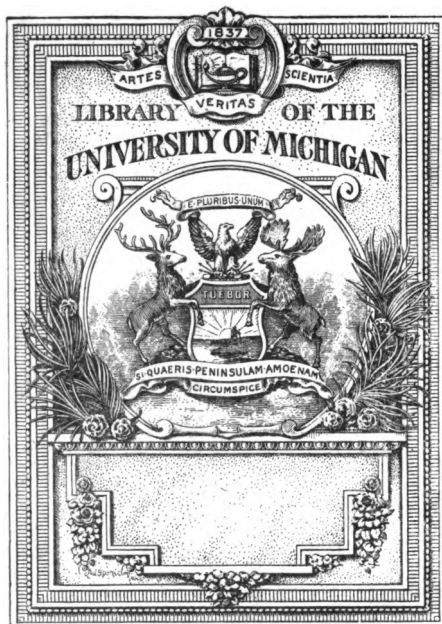

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PHILO G. VALENTINE, A. M., M. D., Editor.

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THE ST. LOUIS CLINICAL REVIEW.

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VOLUME IV.

ST. LOUIS, MARCH 15, 1881.

NUMBER 1.

CHRONIC UTERINE CATARRH, AND ENDOMETRITIS, WITH A FEW PRACTICAL REMARKS UPON THE TREATMENT OF THE SAME.

BY T. G. COMSTOCK, M. D., ST. LOUIS, MO.

Master in Obstetrics of the University of Vienna.*

In the treatment of uterine diseases, it is absolutely essential that the practitioner should know something more about the ailment than can be elicited from the subjective symptoms alone.

It would be almost as rational to treat a dislocation of the shoulder by prescribing internal remedies, applying soothing lotions, and leaving nature to "set the bone," as it is to treat prolapsus, retroversions, and inversions of the womb, by internal remedies alone, granting that the remedies have been selected strictly in accordance with the symptoms. In diseases of the uterus, we require the aid of the touch first, and subsequently of the sight; and however repulsive this may be to the patient or even to the practitioner, without these aids to diagnosis, no progressive advance can be made, or mastery gained in the practice of gynecology.

I shall not stop to argue this matter, for without wishing to

*Voluntary paper read before the Western Association of Physicians, at a meeting in the Lindell Hotel, St. Louis, May, 1879.

be dogmatic, I will here state the fact, that the necessity of such resorts has been decided by ample experience.

A patient comes to the physician with a common ailment, a leucorrhœa, complicated not only with pelvic pains, but with a deranged condition of the bladder and rectum. Independent of her rectal, vesical and pelvic pains, how are you going to know whether the leucorrhœal flow is a vaginitis, or comes from the uterus itself? Is it laceration of the cervix and its sequelæ, or a catarrhal inflammation confined to the os and cervical portion, or is it a secretion coming from the whole internal lining membrane, embracing even the fundus?

To answer these questions intelligibly, you must know as far as lies in your power the physical condition of the uterus and vagina, and to do this you must resort to first, a tactile or digital examination, and secondly, to an ocular examination, using the speculum.

In these cases you will chance to find by a digital examination that the os is abnormally patulous; perhaps you may find a lacerated cervix with inversion of its lining membrane; and having recognized any of these lesions, it is your plain duty to resort to the speculum, in order to further elucidate the condition of the womb.

This patulous condition of the os has been noticed, and especially in chronic cases of leucorrhœa, and its clinical importance expressly pointed out by experienced gynecologists; and let me say here, that as the disease improves under your treatment (should it be successful) this patency of the cervix will, *pari passu*, gradually lessen and disappear.

In this paper I will speak of endometritis, which is a catarrhal inflammation of the lining membrane of the whole interior of the womb. When we have an extension of the affection, and the whole substance (parenchyma) of the uterus is affected, we then have what is known as chronic corporeal metritis, also called by recent authorities areolar hyperplasia. This condition of hyperplasia, or diffuse interstitial hypertrophy, is very liable to co-exist with endometritis, and is a common

affection among women, often the result of sub-involution, which is an abnormal condition of the uterus—the frequent penalty of abortions, and of puerperal pelvic inflammations from any other cause. In leucorrhœa, if we have a catarrh with a secretion coming from the interior of the womb, this secretion must have an exit, and while the lower opening of the womb enlarges and becomes patulous, the whole womb itself tends to become flabby, distended, and eventually enlarged. In patients affected with chronic catarrh of the nasal cavity, it is found necessary to use local or alterative treatment, as well as internal remedies in order to affect a cure, and catarrh of the uterus requires a similar proceeding in order to treat it successfully. Injections through the nasal passages, by means of the posterior nasal syringe are found to be perfectly safe; but intra-uterine injections which were known and practiced in early days by Hippocrates himself, are employed at the present day with the most extreme caution by experienced practitioners. I need not dwell upon this, as it will suffice to say, that although they are not ignored by French and German authorities, but even pronounced safe by them, yet American gynecological authorities regard them as dangerous, and in my own practice, perhaps in one hundred patients, I do not use an intra-uterine injection once, simply from a fear of producing uterine colic; collapse, or possibly a cellulitis.

After severe and lingering labors, where from complications the puerperal patient is threatened with Septicaemia, I always use intra-uterine injections of weak solutions of carbolic acid, or Condy's fluid, and with good results. This practice I have found by no means dangerous or even risky. I wish to mention however, that intra-uterine injections of per-chloride of iron, so highly recommended by English authorities for dangerous post-partum hemorrhages, accompanied by inertia and faulty contractions of the womb, are not free from danger; and for the past six years I have abandoned solutions of iron in these cases, and have applied instead the French phenol-

sodique of Leboeuf, which is far more safe and reliable. In these cases it acts not only as a special and reliable hemostatic, but also as an antiseptic.

In gynecological practice, topical applications may be made with perfect safety to the whole interior mucous surface of the uterus, and this is effected by applying the remedial agents in the form of a solution or tincture, by means of hard rubber applications wrapped with cotton. *Solutions of phenol, carbolic acid, chromic acid, nitric acid, iodoform, pinus canadensis, etc.*, are applied to the internal surface of the womb by means of these applications or swabs, as it were, painting the medicinal tincture selected over its whole lining membrane without leaving any considerable amount or excess of the same in utero, as is the case when solutions are injected into the cavity.

Let us now suppose a lady-patient complains of an annoying leucorrhœa, and we find after making a physical examination by means of the speculum, a patulous os, a swollen cervix with an opening which will easily admit the uterine probe, and showing the canal somewhat lengthened (say three, or three and one-half inches), and upon withdrawing the sound there is a discharge of blood, or its beak shows blood upon it, we have a condition of endometritis, and very probably a complication of sub-involution. What now is our plain duty? Shall we "spend the midnight oil" and search through our *Materia Medica* for a remedy and flatter ourselves that by the use of this internal remedy *alone*, that a cure will follow? we reply emphatically, *no!*

As a preliminary to treatment, we may commence by completing the cervix and indirectly the whole uterus, by applying, locally, pure glycerine. This is done by using Barnes' vagina speculum, made of hard rubber, and specially constructed for the introduction of cotton-wool charged with glycerine, or other medicinal agents. In the absence of Barnes' instrument, which is light and handy, the ordinary uterine speculum will answer the purpose. A piece of fine cotton—jeweller's

cotton, prepared borated cotton, or what is preferable, marine-lint, is to be taken, and a strong thread or string tied around it in the center, then saturate it with the purest glycerine, and introduce it through the speculum against the cervix. The speculum is then removed and this cotton left in for 24 hours, when it may be removed, and the patient immediately take a vaginal injection of hot water (100 degrees), using a Davidson's syringe, with the central opening at the extremity of the canula plugged up.

After the injection, a fresh tampon saturated with the glycerine may be again applied, and this simple treatment be continued for some days.

Marine-lint or oakum prepared for surgical purposes has been recently recommended as superior to the cotton, and I have used it for the past two years at the recommendation of Dr. Emmet, and believe it superior to cotton because it seems to retain the glycerine better and in larger quantities, and besides, possesses the advantage of being antiseptic. If the case of leucorrhœa is slight, and the catarrh confined to the lower segment of the uterus (the cervix) you will be surprised to see the rapid improvement from this simple and harmless treatment. The glycerine acts as a depletent, empties the capillaries, and by its well known affinity for water, provokes a serous secretion, which is the serum of the blood, and seems to keep back the albumen; to use the words of Dr. Sims, glycerine sets up a "capillary osmosis."

If the leucorrhœal discharge had previously been exhausting and albuminous in character, after the application of glycerine (although the discharge will be at once increased), the patient will not feel so much debilitated, because experience proves from the osmotic action induced by the glycerine, that the albumen will be kept back, and only the watery contents of the blood discharged. Of all applications in uterine practice, glycerine is certainly one of the best and safest, and what is remarkable it is greatly neglected, because its action is not well understood. If the uterine catarrh upon examin-

ation proves to be an affection of the lining membrane above the cervix after using the glycerine and hot water injections as above directed for a few days, you may perhaps find the congested condition of the cervix improved; still the disease is not removed, and then local medication must be employed within the cavity of the womb. To effect this the patient is placed upon her back (or left side, as preferred by some high authorities), and the speculum (Sim's, Erich's or Higbee's) is introduced, and the cervix exposed. It is well now to introduce the uterine probe (although when using it, it is not *always* advisable to do it through the speculum), and measure the cavity of the uterus. This must be done with the greatest gentleness and skill, and should cause no pain. In order to introduce the sound successfully, it may be necessary to take a tenaculum and seize one lip of the uterus to steady or straighten it, and then the sound can be easily passed up to the fundus. If the womb is deviated from its normal position, you may replace it with the sound. You may now take a smaller-sized probe known as an applicator, made of hard rubber, or if metallic, it should be made of alumina, and carefully wind around its extremity, for two inches back, some fine wetted, borated, or absorbent cotton. You should have several of these applicators wound with cotton ready and within easy reach. Now introduce one as high as the fundus, and gently move it a little so as to swab out and clean the cavity; then take a fresh one and saturate it with phenol coal-tar creosote, as prepared expressly by Dr. Squibb, and introduce it as far as the fundus; now withdraw it and saturate the cotton once more with the phenol, which introduce a second time, as two applications at one sitting seem necessary; in making this little operation you will (or should) scarcely cause your patient any pain.

The phenol, although slightly caustic, is an anesthetic, and produces an alterative effect upon the mucous surface, causing it to shrink and mummify; it does not cauterize like nitrate of silver, but produces a salutary alterative action which is

not unsafe, but is followed by good results. After this operation is completed, use the glycerine as above directed.

The intra-uterine application of the phenol need not generally be repeated more frequently than twice a week, and the best time to begin is three days after the menstrual period has passed.

After a few applications (if well done and the whole lining membrane up to the fundus has been well touched), you will find an improvement, manifested by the fact that the opening through the os and cervix is materially lessened and contracted, and if a condition of sub-involution be present, this also will be greatly improved. You may chance to find the existence of abrasions, erosions and menorrhagia as not only complications but direct consequences of the sub-involution. Such cases are inclined to be stubborn and baffle your treatment, and it may be necessary to curette the whole endometrium, using Dr. Thomas dull curette or scoop. This will be specially beneficial in cases of menorrhagia. In some cases, however, the improvement may be very slow, and you may find difficulty in introducing the swab with the medicated solution as far as the fundus. To effect this you may have to dilate the canal, and this is done by rapid dilatation, using Nott's dilator, or by introducing a tent, leaving it in about nine hours, and then carefully examine it and if necessary remove it. Either the sea-tangle tent, or the tupelo tent is as a general rule preferable (being safer) than the sponge tent. If, after removing the first tent the dilatation is not sufficient, you may then introduce a larger sized, or two tupelo tents at once, and after a few hours return and remove them, when you will find the canal sufficiently dilated to introduce your probe wrapped with cotton and saturated with the phenol. I prefer the tupelo tents to the sea-tangle or sponge tents.

This operation of intra-uterine medication should be made if possible at the patient's house, and after it the patient is to be strictly enjoined to keep quiet in bed for a day or two, and with the observance of this precaution there is not the least

danger of any unpleasant consequences. It is much more convenient to treat such patients at the office of the physician, and with experts with careful management there is perhaps but little danger in such practice, except when the uterus is dilated by the introduction of tents. Such operations must always be done at the patient's residence.

No person other than an experienced practitioner should attempt the use of tents, because (when sponge tents have been used) their introduction has been followed, in not a few cases, by cellulitis, peritonitis, hematocele, tetanus, and death, and it is well to bear this fact in mind.

For some years past we have at times used other applications to the uterus, such as a solution of *chromic acid*, *nitric acid*, *Churchill's tincture of iodine*, *iodoform*, *iodized-phenol*, *balsam of Peru*, and *Kennedy's preparation of pinus canadensis*. Every practitioner of gynecology is well aware of the stubborn and tedious nature of sub-involution and enlargement of the uterus; in not a few instances sterility depends upon these complications, and when such is the case, the cure of the sub-involution will frequently be followed by pregnancy. This is another very important fact to remember.

We can call to mind scores of cases of erosions of the cervix, sometimes complicated with menorrhagia, which had given the patients great trouble, but by the application either of *phenol*, *iodized chloral-phenol*, *iodoform*, *pinus canadensis*, *balsam of Peru*, or *Churchill's tincture of iodine*, and the *glycerine* treatment with the hot water injections, the erosions were perfectly cured. Some practitioners may use *carbolic acid* instead of the *phenol* or *creasote-tar*; formerly I used a mixture of equal parts of an 80 per cent. solution of *carbolic acid* with *glycerine*, but now find the *phenol*, as prepared by Dr. Squibb, much better. The *iodized chloral-phenol* is prepared as follows: R. *Iodine resublimed*, oz. 1-2; *hydrate of chloral*, *carbolic acid* in crystals, of each 1 oz. Rub the *iodine* and *chloral* together by prolonged trituration in a mortar (not of iron) to a fine powder; after liquifying by the aid of heat the

carbolic acid, add the above quantity one ounce, to the powder in the mortar, and rub until a homogeneous liquid is formed.

Iodoform I use in the ethereal solution—fifteen grains to a fluid drachm of ether. Occasionally, when erosions were unusually persistent, I have touched them with a solution of *bromine*, gttā., xii, to *alcohol*, 1 oz. Granular erosions are frequently the result of imperfect involution (sub-involution) of the uterus, and when they exist some time they are especially liable to produce menorrhagia. In such case you almost always have profuse leucorrhoea and a corresponding debility with anæmia. Profuse menstruation is nearly always one of the first symptoms of sub-involution. In cancerous affections of the cervix, the *bromine solution* may be employed with more or less seeming benefit.

In presenting this paper, do not understand me as recommending the local and intra-uterine treatment as a "cure-all" for womb affections, but only as applicable in well-selected cases. Many cases of uterine affections may be treated by internal remedies when carefully selected; but we find in practice not a few that will not yield to internal remedies alone, but require other measures, and it is for this reason, in order to treat such cases successfully, that we have volunteered to present our views to this learned body. In this relation should not omit to mention lacerations of the cervix, a lesion of the greatest importance and one very apt to be overlooked and not easily diagnosticated, except by those experienced and who have made it an especial study. It is found to exist in 16 per cent. of women who have borne children and who have ailments necessitating the advice of a gynecologist. It is an accident, the result of an injury during labor, and therefore traumatic. The eversion and extension of the lining membrane of the cervix, which always follows the lacerations, and which shows itself as a swelling and erosion, was mistaken a few years ago by physicians for an ulcer, and which was treated as such without relief. Sometimes these lacerations,

if slight, may improve by the local applications recommended in this paper, but usually the only treatment is surgical, by freshening the edges and introducing silver sutures, and this treatment is usually followed by a complete cure.

If in order to cure uterine diseases successfully it is necessary to resort to local treatment, as progressive physicians we should take heed to the following words of a well-known authority: "When we have to do with an art whose end is the saving of human life, any neglect to make ourselves masters of it becomes a crime." The author from whom I make this quotation is Dr. Samuel Hahnemann.

FERMENTATION AS A PROCESS IN THE DISINFECTION OF ROOMS AFTER SMALL-POX.

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

One of the great objects of sanitary science being to prevent the rise and spread of contagious diseases, and as disease *contagium* may remain in bedding, clothing, carpets, furniture, and walls and wood-work of rooms, long after their use by the sick, it is important for us to note any measure successfully adopted for the destruction of the *materia pecans* thus perpetuated.

Having had some experience, which seems to me of value, in the disinfection and cleansing of apartments that have been occupied by small-pox cases, I venture to speak of its lessons here. Some years ago, having occasion to vaccinate a large number of children in a short space of time, I dissolved a crust in a half drachm of distilled water, and carried the solution in a small bottle very tightly corked. The time being midwinter, I did not fear an early change in the contents of my bottle; but, rather to my surprise, not a vaccination proved successful performed three or more days after the making of the solution. The uncorking of the bottle in warm rooms,

together with the warmth in my pocket, had occasioned fermentation sufficient to destroy the vitality of the germs.

Analogy suggested to me that the germs of variola might, in like manner, be destroyed by a due supply of heat and moisture.

Judging the unseen by the seen, the impalpable by the palpable, I felt justified in the inference that the invisible seeds of small-pox, in their menstruum of fermentable matter, as thrown off from the human body, would be disorganized, and thus completely destroyed by fermentation.

About seven years ago a good opportunity was afforded me for a test.

I had a case of small-pox, one of uncommon severity, in one of the most scrupulously kept dwellings in our city. The necessity of preventing the spread of the contagion was imperative.

I will not speak of the measures resorted to during the progress of the disease, farther than they relate to the care of the room for the protection of those without. All unnecessary articles of furniture were removed at the outset, and all persons, except those in close attendance upon the patient, were kept from the sick-room, and even from the hall leading to it.

In accordance with my view of disinfection by fermentation, I had the temperature of the room brought up and maintained at 70° F., contrary to the prevailing sentiment of the profession, which enjoined a low temperature. And I would here remark that there is no good reason for chilling a person having small-pox and making attendants uncomfortable by means of cold; on the contrary, there is positive good in warmth.

When my patient was able to leave the room, I had every article of clothing, bedding, and furniture in use left in its place. The heated air of the furnace was turned on through the open register, and the doors and windows kept tightly closed.

To secure sufficient moisture I had screens of cloth, well saturated with water, placed in front of the register, so that the heated air must necessarily pass through them.

As a result, the temperature was maintained at very near 100° F., while the moisture was abundant for more than twenty-four hours.

After becoming dry and cool all articles of little value were taken out and burned.

The furniture and wood-work of the room were properly washed; but the carpet, a heavy Brussels, was left upon the floor. I should also mention that, during the progress of desquamation, every particle of crust thrown off large enough to be visible, was picked up and put in sand kept wet with a solution of Carbolic acid, the sand being emptied every day into the furnace. Not a person employed about the house, nor in houses closely adjoining, nor in that quarter of the city at that time, nor at any time after, took small-pox. Not even a case of varioloid occurred, except in the father of the patient (who, though in immediate attendance, declined re-vaccination), whose case, however, was very mild, exhibiting not over a dozen pustules.

The following year I had another case, also in a populous, quarter of the city a—severe case in the person of a strong man.

The sick-room was warmed by a stove, by the heat of which a proper temperature was maintained during the progress of the disease, and for disinfecting purposes afterward. I instituted substantially the same measures as in the case already mentioned, with entire success.

Not a person contracted small-pox or varioloid from the person or premises of my patient. I should remark that, in both cases, my directions were most intelligently and faithfully carried out.

I may not be warranted in the conclusion, from these results, that heat and moisture associated so as to favor fermentation will always destroy the remaining germs of small-pox; nor,

even, that they did so in the cases mentioned. The presence of lightning-rods on high buildings exposed to thunderstorms may not, in the event of the escape of those structures from lightning-stroke, be assumed as the sole means of safety. The *post hoc* may not always be the *propter hoc*.

The sanitary as well as the medical world has had abundant examples of important errors as to cause and effect, and in the line of grand conclusions from very insufficient premises.

But in the present case let us look at concurrent proofs.

It is well known:

1. That the vitality and power of reproduction in all seeds is best preserved in a dry, cool atmosphere; and,
2. That their vitality and power of reproduction (in the absence of soil for growth), is soonest destroyed or exhausted in a moist warm atmosphere.

It may be objected that warmth and moisture favor the germination of seeds, rendering them all the more active.

Granted; but of what consequence are the germination and activity when the field for their growth and fruitage is not present?

I am well aware that the nature and habits of all disease-germs are not the same; that while some are morbidically more potent and active when first thrown off from the human body, others are not at all active at first, seeming to depend upon a *nidus* and a peculiar state of the atmosphere without, to occasion their sporulation and effectiveness. Manifestly there is a difference in states of being, as well as modes of action, between the seeds of small-pox and those of yellow fever. The former exist longer in a cold atmosphere, and act directly without regard to time or place; while the latter exist longer in a warm atmosphere, and act indirectly, or only when the influences of season and locality favor.

And yet I think it is not too much to say that the vast quantities of yellow fever germs perish by fermentation; and that the progress of epidemics of that dreaded disease is greatly checked, perhaps effectually subdued in tropical

regions by its disinfecting powers. But we must not wander.

It is well known, again:

1. That the spread of small-pox, other things being equal, is greatest in cold, dry weather.

2. That it seldom prevails extensively in warm weather, especially in localities having a humid atmosphere.

I claim that these facts can be properly accounted for upon no hypothesis except that the virus is impaired, its germs destroyed by the natural processes of fermentative decay.

It will be observed that I have based my measures of disinfection upon no special or peculiar theories of fermentation.

It matters not whence come or what may be the nature of the essential factors of the work we call fermentation, so long as we know the results and are able to govern them through exciting and retarding causes.

The kind of fermentation of which I have been speaking is, doubtless, that known as putrefactive, although the lines are not yet distinctly drawn between that and other kinds of fermentation.

For my present purpose the term fermentation is sufficient.

In view of the fact that disinfection, in the case of variola, at least, cannot be effected by a reduction of temperature, and very indifferently by means of powerful chemical re-agents, I would urge the trial of this ready process of nature in the restoration of clothing, bedding, furniture, and rooms, after their use by the sick.

Such has been the prevailing dread among medical men and sanitarians of zymotic influences and zymotic affections,—of ferments without and within the human body,—it may not be easy to induce them to surrender the varied and powerful means so long used to *subdue and prevent fermentation*.

It may take yet more experience, more failures, to stay the hand of useless art where the simple processes of nature, undisturbed or gently aided, should prove all-sufficient.—*Hahnemannian*, Jan., 1881.

APIS MELLIFICA.

BY DR. MARTINY.

Translated from the "Rev. Hom. Belge," by ROSWELL D. VALENTINE,
M. D., Canton, Ill.

Homœopathists, and all those who are interested in the development of our doctrine, will not read without interest the following account, which we find in the "Union Médicale" of July 13, 1880:

Report to the prefect of police upon the apiaries at different points in the city of Paris, by Dr. M. A. Delpech.

"At the meeting of the 20th of last April Dr. Delpech submitted to his colleagues of the Academy of Medicine the report with the preceding title. On account of numerous claims for injuries caused by depots of bees in different parts of the city of Paris, the prefect of police submitted, for the examination of the Council of Public Hygiene and Health, the question whether these damages were not of a nature to justify the classing of these apiaries amongst the number of injurious, unhealthy and dangerous establishments.

"Charged by the Council with making the necessary inquiry for the solution of this question, Dr. Delpech has placed the results in a report, which, signed by the President, P. Schutzenberger, and the Secretary, F. Bezançon, has been sent to the prefect of police, in the name of the Council, and which now constitutes an official document.

"Amongst the claims which have justified the inquiry, we will cite only the principal ones.

"M. C. Say, member of the Chamber of Commerce, refiner of sugar, *Boulevard de la Gare*, 93, values at 20 or 25 thousand francs a year the damage which the bees cause him, coming and eating enormous quantities of sugar in his refinery. A report of a captain of municipal police states that, in the neighborhood of the complainant, there are five depots, comprising from four to fifty-two hives.

"Messrs. Prevost & Jeanti, refiners of sugar, *Rue de Tan-*

ger, 33, say that their manufactory is seriously injured by the bees. In summer the number of them is so considerable that the court-yard is swarming with them. They are caught by *beetolitres* in sacks. They are placed under a steam pan, and there are extracted from them large quantities of saccharine matter. They are obliged to smear boiling oil on the outside of the window panes of the workshops. One man is constantly employed in this work. Notwithstanding all the precautions taken, the insects penetrate into the shops where the men are at work, almost naked, in a very high temperature. They alight on these men, almost more or less covered with sugar, and sting them. When they wish to pick up tools or patterns, they often press the hand upon a bee occupied in plundering, and are stung.

"Last year a young man of sixteen, stung by several bees, was the cause of considerable anxiety. His head swelled enormously. The stings are, besides, so frequent that one man constantly traversed the workshops with a vial of *ammonia* to look after the men who are in the manufactory to the number of four hundred.

"Messrs. Gallet, Gibon & Co., manufacturers of glucose and refiners of molasses, 37 *Rue de l'Argonne, a la Villette*, state, among others, an interesting fact. The house receives very large quantities of molasses in hogsheads. They sometimes have several thousands of them. This molasses comes from two sources—the beet and the sugar-cane. The bees absolutely disdain the first kind, and throw themselves with avidity upon the cane molasses. The least fissure which allows it to escape from the hogsheads is covered with these insects. But they apply themselves by preference to the refined products, and take the crude molasses only in the absence of the latter.

"M. Fabre, director of the school of the *Rue de Tanger* writes : 'The number of hives established last year on ground near the school would reach the number of 350. Most of the children have been stung, but the scholar population of the

Rue de Tanger is eleven or twelve hundred children. I have prepared a list of one hundred and four boys seriously stung; some of them have been three or four times. At the school for girls the number attacked has been still more considerable. The accidents have been more or less serious. Among the boys the swelling has been considerable, either on the neck, the face or hands. In the last case the work of writing had to be stopped, and one pupil even was obliged to remain at home two days. At the girls' school one named Meyert, aged 8 years, was stung in the month of September on the right hand. A spot like a carbuncle appeared, and it was only after six weeks of treatment by Dr. Pivion that the child was able to return to her class. At this time a conspicuous cicatrix exists upon her hand. Another little girl Audree Cottet, has been stung at *two* different times, and at each time the swelling was communicated from the hand to the arm. It was only after 8 days of nursing that the child returned to school.'

"Mme. Carpentier, directress of the Asylum No. 41, *Rue de Tanger*, writes: 'Last summer I have had an average daily number of twelve children stung by bees. With those who were stung on the back of the hand or on the face, the swelling took on proportions serious enough to oblige them to remain absent two or three days. In consequence of a change of weather, cases have occurred when the too great quantity of bees has obliged me to shut up in covered yards children whom I wished to take the air.'"

The report of Dr. Delpech closes with the following conclusions:

"Bee establishments in the interior of cities constitute for the neighborhood—

"1st. A material injury in abstracting from manufacturers, and in particular from refiners, important quantities of saccharine matter; in causing for self-defense, for these manufactories, quite heavy expense, workmen employed to oil the windows, to attend to and empty the bee traps, and to care

for those who are stung; in causing the abandonment, by the workmen, the shops which the bees invade in great numbers; in driving away from houses for rent in the vicinity renters whose gardens or lodgings are infested by them.

"2d. An evil very troublesome, by reason of the continued disquiet in which are kept the workmen and neighbors, perhaps for themselves or for their children, by the incessant swarm of bees, by their buzzing, by the fear of their stings, by the necessity of closing up, to avoid their approach, certain places which they prefer.

"3d. A very serious danger, since these insects may, by their stings, cause very painful accidents, ordinarily mild, it is true, as to their termination, but which may bring long incapacity for work, disturbing symptoms, and even in some cases, happily more rare, death. Moreover, in case of apiaries, established in cities, the bees are forced to live at the expense of the neighbors."

"These depots ought, then, to be registered amongst the unhealthy, dangerous or injurious establishments which ought to be removed to a distance from certain habitations."—(*Dioret, du 15 Octobre, 1810.*)

In order to justify these conclusions, which were adopted by the Council of Public Hygiene and Health for the Department of the Seine, M. Delpech has collected, in an affidavit, seventeen observations in relation to bee stings. He has classed the accidents following these stings in three series, according as these accidents were trivial, serious or mortal. These last are more frequent than one would believe, and have been known amongst robust adults, and even amongst horses. The puncturing apparatus of bees and the mode of action of their venom are, according to Dr. Delpech, an object of considerations of the most lively interest. M. L.

We do not doubt in the least that if our brethren, the Allopathists, continuing the researches made by Dr. Delpech, would study well with all the details which this subject allows, the action of the venom upon the healthy man, they would find,

one by one, all the symptoms which have been described by Dr. Hering, the author of the pathogenesis of *Apis Mellifica*.

Every time that we have spoken of this powerful remedy to our Allopathic brethren they have regarded us, some of them, with big eyes, others with a smile of incredulity on their lips. Thanks to our dilutions, this remedy, which enters to-day into the daily practice of Homœopaths, renders the greatest services without exposing patients to any danger.

LIST OF QUESTIONS, WITH ANSWERS THERETO BY TWO
APPLICANTS FOR GRADUATION, IN PROF. J. C. CUMMINGS'
EXAMINATION IN CLINICAL MEDICINE—CLASS OF 1880-81.

QUESTIONS.

- 1.—What is the specific gravity of normal urine ?
- 2.—What of diabetes ?
- 3.—What is a dangerous temperature in pneumonia and rheumatism ?
- 4.—Mention symptoms of tubercular diathesis in children.
- 5.—What are the symptoms and sequelæ of diphtheria ?
- 6.—Mention the varieties and symptoms of bronchitis.
- 7.—Indications for bryonia in acute bronchitis.
- 8.—Indications for kali-bich in chronic bronchitis.
- 9.—Give some of the principal remedies for pneumonia and their indications.
- 10.—Give differential diagnosis between pericarditis and pleurisy.
- 11.—Give symptoms of phthisis pulmonalis.
- 12.—Give indications for nat. mur. in malarial fevers.
- 13.—Ipecac. “ “
- 14.—Nux vom. “ “
- 15.—Puls. “ “
- 16.—Arsenicum. “ “

ANSWERS.

- 1.—The normal specific gravity is 10.15 to 10.25.

2—Diabetes is a condition in which there is an excessive quantity of urine secreted; generally brain symptoms very marked, as the occipital headache; great thirst; restlessness; sugar in urine; ravenous appetite; specific gravity, 1030 to 1050; emaciation; color of skin a little peculiar.

3—A dangerous temperature is 103° in pneumonia; in rheumatism 105° ; (104° in both). J. C.

4—Child fractful, cross, peevish; generally large head; head perspires a great deal; vomiting in erect position; knees give way easily, especially left first; stumbles on floor from the slightest wrinkle of carpet; sick stomach; fair skin; blue eyes. From two to three years deposits begin in brain; four to five years in hips and knees; marasmus; generally first in omentum, then brain, then in hips and knees, and at last in Lungs. *Remedies calc carb.—sulph.*

5—Symptoms are first rigors, then heat. On ocular inspection we find first a redness which after a short time becomes changed. Patches like spider-web on tonsils, which are ashy gray in color; they start on tonsils and travel down (reverse of croup). In this (diphtheria) we have a fetid odor from mouth. Bad cases of diphtheria often end fatally in forty-eight hours.

As Sequelæ—chronic tonsilitis, chorea, paralysis, strabismus.

6—There are acute, chronic and capillary. In acute we have tightness across chest; generally ushered in by rigors; a sensation of heat under sternum, usually at the bifurcation of the trachea; cough expectoration is yellow and frothy.

In chronic, the symptoms are milder, and generally no fever. There may be some cough; sounds are generally resonant.

In capillary bronchitis, which usually affects children, we can hear the rattling without auscultating; sometimes can hear it across the whole room; I think it is the worst form of the three varieties. We also have capillary bronchitis in aged persons.

7—Indications for *bryonia* in acute bronchitis are dryness

and scantiness of secretion; if one side only is affected, they desire to lie quiet; motion aggravates; sometimes accompanied with severe headache.

8—If expectoration is tough, yellow, stringy, ropy; can be pulled out a yard long.

Remedies for pneumonia are *aconite*, *bryonia*, *lycopodium*, *phosphorus*, *sulphur*, *tartar emetic*, *kali hydriodicum*.

Aconite, in first stages, before any change has taken place, especially for the high fever, great anxiety, restlessness, thirst, full bounding pulse.

Tartar emetic, in the third stage, when gone on to gray hepatization..

Lycopodium, when cough becomes looser, when patient shows signs of sinking, generally when right lung is affected, fan-like motions of *alae nasi*.

Kali hydriodicum, when brain symptoms set in, lung becomes solidified, no movement of lung, blood flows very slowly, lung becomes hard as a brick-bat, the blood is dammed, dullness on percussion, auscultation reveals nothing because the lung is solidified.

Bryonia, when pleura becomes implicated, we have sharp stitches, lie on affected side, desires to lie quiet, cough dry, has with it splitting headache, motion aggravates, if any perspiration it becomes cold.

Sulphur, comes in when the patient has been drugged a great deal, or when hepatization or even abscesses have formed, which shows itself in hectic fever, prostration, etc.

10—In both affections we have friction sounds. The best way to tell is to have the patient hold his breath; if friction still continues it is pericarditis; if right side of pleura only is affected, it can be told with ease on account of pericardium not generally lying there.

11—Symptoms are a general emaciation. Towards the last we have features pointed, eyes sunken, profuse night sweats of a debilitating nature. It begins under clavicles, and especially left lung is first affected; when in pneumonia it begins at

bottom of lung; it may be confounded with malarial fever, but the history of the case will decide it. In phthisis pulmonalis it is generally hereditary; they are always hopeful in consumption; cough of a teasing character, great emaciation, appetite impaired, cannot eat fat food; the expiratory *murmur* is longer than the inspiratory; generally complications of heart.

12—Chill at 10 or 11 A. M.; it begins below and travels up; great thirst in all stages; during chill great headache, which is still severe during fever; headache passes off with sweat.

13—Nausea and vomiting before chill. During apyrexia, great nervousness.

14—The night before chill there is sleeplessness; during chill coldness of whole body; blue hands and blueness of skin; no thirst; pain in sacrum; great heat, whole body burning hot, although the least uncovering or moving under bed-clothes makes him feel chilly; during apyrexia prominent gastric and bilious symptoms.

15—When it occurs in the evening, no thirst during chilly stage; during fever often great thirst; sweat abundant early in the morning, and mucous diarrhoea in apyrexia.

16—The paroxysms are generally violent and well marked; sometimes one or the other stage is absent or is very mild. The cold stage is generally absent and the fever so much more violent; the sweat may break out some hours after and may be very profuse; burning and insatiable thirst; the paroxysm is marked by great prostration and restlessness; wants to go from place to place (which distinguishes it from *rhus. tox.*)

H. G. ARMBRUSTER,

March 3d, 1881.

Collinsville, Ills.

1—From 10.15 to 10.25; average about 10.20.

2—From 10.30 to 10.50—The heaviest found in any disease.

3—104°, in rheumatism, if it continues, as a bad symptom; 104° to 107° in pneumonia is also unfavorable, indicating a fatal termination of the disease.

4—Light complexioned, fair-haired children are prone to

tuberculosis. They are slow in learning to walk; trip and fall easily, even when there is nothing in the way; they flush easily; generally have pale, sallow complexions; are subject to diarrhoeas or constipation; have large heads; capricious or voracious appetites; subject to local sweats, more especially of the head; sometimes have bone affections—curvatures etc.; slow in cutting teeth; also show a tendency to brain affections, and glandular enlargements. There is generally a scrofulous taint about them, and the deposit of tubercle is found first in the brain, next in the omentum and lastly in the lungs. These children are as a rule bright and intelligent and many have an appearance of health. The abdomen is large, and body emaciated, with sometimes cold damp feet and cold hands.

5—Diphtheria is a blood disease; affecting the mucous membrane, of throat, larynx, and sometimes spreading to the nose; involving the whole buccal cavity, and even extending through the mucous membrane of the intestines. It is slow and insidious in its approach, is generally ushered in with chill and fever, but violent symptoms may not appear for some days. The disease is characterized by a grayish deposit, appearing first on the tonsils, and if not checked; spreads rapidly. The secretion is tough and tenacious, forming a membrane, and when the disease is at its height; there is much constitutional disturbance. The fauces are much swollen; deglutition is often painful; the child may lose all appetite, have nausea and vomiting, and there is generally much prostration. The odor from the mouth fetid and disagreeable, and the deposit may become so extensive as to threaten suffocation. The throat looks dark and livid, in bad cases; the sequelae likely to follow are chronic otitis, sore eyes, paralysis, chronic tonsillitis, chronic diarrhoea, etc.

6—Chronic and acute forms. The acute is characterized by fever and chill, by noisy wheezing respiration, loose rattling cough and much expectoration of a mucous character. The chronic has the same cough and respiration, but lacks the

fever; both have some dullness,* in the latter form from hypertrophy of the lining membrane of the bronchial tubes. The dullness may be found on either side the spinal column. The symptoms are worse in damp weather, and there is usually hoarseness, the mucous surfaces are in the beginning of an attack dry.

7.—The aggravation by moving, the dryness of the mucous surfaces, hoarseness, cough, worse morning and evening, which may be sometimes so severe as to cause retching and vomiting, constipation or pappescent diarrhoea and pressing pain in the head, or violent headache, with desire to lie perfectly quiet on account of the pain.

8.—The tough, stringy, yellow, tenacious expectoration worse in the morning, a bluish lumpy expectoration, with dullness on either side of spine.

9.—*Aconite*, in beginning, hot dry skin, full hard pulse, the pleura also involved, and left lung affected. The cough hard and dry, but suppressed on account of the pain, and but little expectoration. *Bry.* follows well, after the fever is subdued by *aconite*, and the perspiration no longer hot, and right lung and pleura involved. The patient wants to lie perfectly quiet, lying on the affected side with oppression of chest and anxiety on account of hepatization going on. The sputa is thick and yellow or of a soft brick shade. *Kali hyd.* in early stage will stop the disease. Later, when hepatization has become so extreme as to threaten congestion to the brain, or serous infiltration. The face is dark red, pupils dilated, urine suppressed, and one side paralyzed. The lungs are as hard as a brick-bat and blood is dammed up in liver, lungs and brain. Like *bell.*, but *bell.* has only the brain symptom. *Phos.* has more expectoration than *ac.* or *bry.*, but the cough is not so hard, and the sputa is something like *bry.*, but looks dirtier, more like pus, and when it falls, spatters. *Sulphur*, in cases

*DaCosta says there is no dullness on percussion in bronchitis, except it may be temporarily produced in capillary bronchitis by collapse of the pulmonary tissue.

which have been badly treated by drugs, and hepatization or an abscess has formed; there is much emaciation, cold, pale damp skin, hectic fever, swelling of the extremities, purulent expectoration and quick, weak *pulse*. *Ipecac* sometimes follows *bry.*, when there is much rattling in the chest, and each paroxysm of coughing ends in nausea, with copious, vomiting of mucus. There is dyspnoea, exhaustion and sweat.

10—Pleurisy and pericarditis; both have friction sounds and stitching pains, but the latter disease can be diagnosed by having the patient hold his breath, and then if by auscultation the friction sound continues, there is pericarditis.

11—Hectic fever, emaciation, yellow or sallow skin, night sweats, dry, hacking cough or purulent, bloody expectoration, hemorrhages of bright blood, louder, longer expirations than inspiration, rise of temperature, which increases with each fresh deposit of tubercle, loss of appetite, hopefulness. In small cavities the cavernous murmur is heard, in large one, the amphoric.

12—*Nat. Mur.*—Chill begins at 10 or 11 A. M. in the feet, and passes up. Great thirst in all the stages; during the chill severe headache, which is more severe during the fever. The sweat following the fever is profuse, relieving the headache; also have fever blisters around the mouth. The greater the headache during the fever, and the more it is relieved by the sweat, the more *nat. mur.* is indicated.

13—If in uncertain cases with no marked symptoms, nausea, and bilious vomiting.

14—The night before the chill have sleeplessness. During the chill coldness and blueness of the whole body; the chill is relieved by external warmth, aching in the sacral region during the chill, and during the fever the skin is burning hot; but patient has this peculiarity, that he cannot uncover or move under the bedclothes, as the least movement makes him chilly. During the apyrexia gastric and bilious symptoms predominate.

15—Chilliness is characteristic of *puls.* and may come in the morning after a meal, but usually in the evening; if there is both subjective and objective heat, then there is great thirst, but if only subjective, then no thirst. So *puls.* is indicated in intermittent fever, when the chill comes on in the evening with no thirst, followed by fever with great thirst, and profuse sweat coming in the morning, with watery mucous diarrhoea in the apyrexia.

16—The paroxysms are general, violent and of long duration; all the stages well marked, and of the same length; or as is most common, one or more stages are absent, usually the cold stage. If this is absent, the fever is all the more marked, being violent and marked by burning and insatiable thirst. The sweat may be absent, or come on some hours after, last for a long time, and be very profuse. The paroxysms are marked by great anguish and distress, and followed by great prostration.

JULIA F. HAYWOOD,
PANA, ILL.

Class of 1880-81.

VALEDICTORY ADDRESS.

BY EUGENE A. GUILBERT, M. D., IOWA.

Delivered at the First Annual Commencement of the St. Louis College of Homœopathic Physicians and Surgeons.

Mr. Dean and Members of the Faculty:

I am commissioned by my associates of this, the first graduating class of The St. Louis College of Homœopathic Physicians and Surgeons, to say a few grateful and appreciative words of farewell to you, our faithful instructors in the *ars medica*, ere the curtain shall be rung down on the delightful drama of college life, and

“ With hopes elate and hearts that spurn
All thoughts of fearing wind or waves,
We eagerly from hither turn
To check the fill of human graves.”

It is, Sirs, with "many deep, sad thoughts and hopes which are almost misgivings," that we assume upon life's kaleidoscopic stage our rank as alumni of this benign mother.

As never before we feel the pressure of the great responsibilities which are peculiar to the Healer's mission, and which to us are soon to become accomplished facts instead of dim anticipations. We have earnestly longed for the coming of the fateful hour which should lift us from the position of your subordinates to that of your equals on the platform of medical endeavor. But now that the hour has come, and the seal of your approbation has been set upon each and all of us, we are thrilled with the pain of approaching separation, and our college life seemed never so pleasant and so full of possibilities as now, when we are about to leave it and take our allotted places in the Republic of Medicine.

Standing now upon the threshold of professional life, delegated by you to go forth and manfully hold "full high advanced" the glorious gonfalon of the new Dispensation in Medicine, and, faithful to your teachings, to do battle, to the best of our ability, with the Demon of Disease, we feel oppressed but not disheartened by the magnitude of the duties which confront us.

You have armed us for the conflict, and have given us the accolade, as did the sponsors of the Knights of old. True to his high office, each one of our godfathers in our medical baptism has done his best in thus preparing us to enter upon our career. But *here* and *now* our paths diverge. Farther you cannot go with us. Each one must walk alone the chosen, untried but yet not unknown ways of the most arduous of all the professions.

Conscious of that which is before us; knowing full well that we have until now been only gathering pebbles on the shores of the illimitable ocean of medical learning, and have yet, aided by time and experience, to round and complete and carry out to its logical deduction, that information which you have given us.

Mindful of your hints as to right living; your injunctions as to earnestness in self-improvement; your exhortations that we should labor to the end that we may benefit humanity and honor the cause to which our best endeavors should be evermore dedicated, we pledge ourselves anew, honored teachers, that so far as within us lies, we will be faithful to your admonitions, and true to our obligations as reverent followers of the Master Hahnemann, that we will loyally bear aloft that "banner with the strange device"—*Similia Similibus Curantur*, which has now become a symbol as full of healing power as was the Brazen Serpent set up in the wilderness; that we will avoid and discountenance the lamentable faction fights which have injured the cause and greatly retarded its advancement; that we will aim to become enlightened conservatives and try to avoid the Scylla of *mongrelism* on the one hand, and the Charybdes of *transcendentalism* on the other, content to extract the good from all teachings, leaving the bad for their authors; remaining ever firm exponents of the doctrine contained in the motto of the master: "In certain things, *unity*; in doubtful things, *liberty*; in all things, *charity*."

If we shall succeed in thus shaping our lives and active correspondences, we shall honor and partly repay you, Professors, whose unselfish and enlightened labors on our behalf we once more heartily and thankfully acknowledge.

And now, Sirs, as we separate, believe us when we say that we shall evermore wear in our hearts pleasant and profitable memories of each of you and our *Alma Mater*. We invoke upon you and her Heaven's choicest blessings, and do most sincerely hope that the union of Faculty and College, so happily begun, may be one of unending honor and fame. And so, as we turn away from the old life and begin the new, with full hearts we speak the saddest of all words:

Farewell! a word that hath and must be,
A word that make us linger—yet Farewell!

FANATICISM AND ILLIBERALITY IN THE MEDICAL PROFESSION.

BY E. A. DE CAILHOL, M. D., ST. LOUIS, MO.

In the August number of the "Southern Clinic," of Richmond (Va.), I have read an article on "Illiberality" by a "liberal practitioner." I only regret that the said "liberal practitioner" has declined to affirm his convictions with his name.

I partake in the fullest extent of the views of that "liberal practitioner," and, as an old French physician, I will say that his anecdotes concerning Drs. Chomel, Tessier and Andral, of Paris, are perfectly true; but there are a great many other facts that are probably unknown, either to him or to that class of self-dignified physicians to whom he alludes, which facts it would be well to publish for the benefit of those blinded by fanaticism, pride and selfishness that honestly believe in the infallibility of their schools.

I am now nearly sixty years old, and have studied medicine since the age of sixteen. I graduated at several schools, both in Europe and in the United States. During a period of over forty years I have not let a single day pass without having read some medical matter; and in spite of so many years of study and labor, and after having traveled over a great part of this world for my medical instruction, in order to study the different systems of medicine of all countries; in spite of this, when, unfortunately, I lose a patient, I accuse my ignorance and reproach myself with my great lack of knowledge.

After eight years of severe study in the schools and hospitals of my native country, I remember that when the Dean of the Faculty where I graduated first delivered to me and my comrades the definitive "sheep skin," for which, at that time, I had the most profound respect, on that occasion the venerable Dean thought proper to say to us some appropriate words. My impression at first was that these words would

be encouraging; they were not; and even after so many years these words resound again in my ears. "Young men," said he, "beware of *pride*; be charitable towards every one, but especially toward your brother practitioners; do not suppose *that you know it all*; you *know very little yet*; a good physician *never knows enough*; he ought to study *all his life-time*; and when he is at the end of his career, if he has remained *modest as he ought*, he dies persuaded that he is far *from knowing all that is to be known in medical matters*."

How these words then impressed me! However, I commenced practice, but I soon found that in that profession, in spite of its celebrated (?) Code of Ethics, there was no charity, no fraternity, not much good breeding, no faith; empiricism everywhere, pride, selfishness and an immense amount of jealousy. Where is the physician arrived at my age, and with my experience, that will deny this?

In the beginning of my practice I had to treat a patient affected with pneumonia. According to the principles I had received, and impressed with the high respect I owed to my professor, Broussais, I bled that poor unfortunate patient to death. Broussais recommending in his lectures, to bleed and bleed, *coup sur coup*. My conscience was troubled, my faith shaken at once; I could not admit the possibility of losing a man in the prime of life, and in such a short time. By intuition, it seemed to me that such a patient would be better treated by some other way, and particularly without bleeding. I went to see my professor in order to submit to him my conscientious scruples. I shall remember all my life his contemptuous look upon my remarks. What! to doubt Broussais' precepts, to doubt the science of that *grand Seigneur** (great bleeder). Think of it, me a poor devil yet! I hurried to excuse myself and apologize; but, honestly, I was not convinced.

Who dares now to bleed for pneumonia? Perhaps only Dr

* A pun of *Grand Seigneur* (Grand Lord).

G. M. Dewey, of Keytesville, Mo. (See. "St. Louis Clinical Record," October, 1880). Broussais, like a great many in our day, was nothing but a proud and stubborn person, infatuated with his system that he supposed infallible.

Now, an example of charity among practitioners' colleagues. In my young days, a certain evening, in a row a man was stabbed in the abdomen. I was called in haste to attend him. I examined the wound; the knife had penetrated the abdominal cavity, but had not injured the intestines, although the peritoneum was penetrated. I dressed the injury, prescribed, and recommended rest. The next day a lawyer wished that I should give a certificate stating that such a wound was without danger. I quickly objected to this. A few hours after I was summoned to be present at a consultation, which was to be held in the patient's house, with a prominent surgeon. When in the presence of one another, my colleague, who had arrived first, was sitting in an easy chair. I bowed respectfully to him; he, without rising from his seat and returning my salute, roughly asked: What was the matter? I explained the case. "You mean to say," said he, "that the peritoneum is injured and not the intestine?" "Yes, sir," said I. "This is quite strange," said he. But, said he, "this is a *delusion* on your part; I do not think that such a wound, after all, will be the least dangerous." "Why do you object to give a certificate to that effect?" "Because," said I, "that would be against my convictions." At these words he smiled and added: "Don't you know that *you are quite young* in the profession, and, consequently, *you have not yet had any great experience?*" These malicious words settled the matter. The alarmed family discharged me immediately without paying my fee. The prominent surgeon, of course, took the case in hand and received big fees; but after all lost the patient from peritonitis twelve to fifteen days after.

Is any system of medicine perfect, infallible? I do not believe it can be. Like every other human invention, it cannot be. Progress and science are always advancing; yet humanity is still far from perfection.

Let us see, now, what the princes of medical science have written or spoken about it.

I have read in Boerhaave ("Med. Instit.," page 401) :

"If one comes to weigh without passion the good done by a handful of true sons of Æsculapius, and the evils that the immense number of physicians have occasioned to the human race since the origin of that science until our present day, without doubt one would think that it would be more profitable that there had never been a physician in this world."

Stahl estimated at seventy per cent. the number of patients dying from the fault of physicians. Speaking a little further about the allopathic therapeutics, he says :

"I would wish that a bold hand would undertake to clean out that Augean stable. Very courageous is he who dares to study that science so much crowded with errors, where the language is just as much defensive as the thought, and where every thing is to be done over again, the principles just as well as the materials."

Gritanner pretends: "that the darkness surrounding the practice of medicine is so thick that it is impossible for a ray of sunlight to penetrate into it, in order to enable anybody to direct his course. Alas! says he, who will be able to discover the few good grains lost in the immense amount of chaff that physicians have accumulated during 4000 years."

Dr. Borden cries: "Thirty years have I *guessed*, and I am tired of guessing."

Dr. Gilibert has given as a rule, that the most learned physicians are the most dangerous, and that these are those that kill the greatest number of patients, *because they doubt nothing.*"

Dr. Barthez, no less celebrated than Dr. Borden, emphatically declared that he did not believe in medical skill.

"We are, says he, blind men hitting with a stick at the disease, or at the patient; so much the better for the patient, if we strike the disease."

Dr. Bichat, the anatomist, one of the medical glories of my native country, has said:

"Materia Medica is, of all sciences, the one where is to be found the finest illustration of the oddities of the human mind; which I say, is not a science, it is nothing else but an informal compound of incorrect ideas, of trifling observations, of illusory means, of fantastical formulas. They say that the practice of medicine is repulsive, I say more, it is not, under certain relations, the practice of a man with a sound mind, when we study its principles in most of our *materia medicas*."

Dr. Rostan says, in his lectures on clinical medicine, page 85: "Each denomination of the classes of medicine, even each formula is an error." /

Dr. Broussais, the celebrated bleeder, already quoted, speaking about medical practice, confesses that "It is only the art of indulging the patients' vain hopes."

The learned physician Trappart, pupil of Broussais, in one of his lectures on animal magnetism, says:

"Medicine, poor science! physicians, poor savants; patients poor victims!" * * * and a little further on, "at least every twenty years the same school changes its system. Sometimes there are two or three systems in the same school, in fact, among physicians from the same school, and having the same system, there are not four of them able to agree before a patient's bed. Medical science is in a complete anarchy, that profession is in its decline, and on the edge of an abyss; you have no medical body, you live isolated in the enmity and contempt of one another, the disfavor overruns yourselves from every part, you are without resistance, as well as without power, and the least shock, long and boldly repeated, will finish to ruin you; consequently I have the most profound disgust for the practice of medicine and for the physicians."

Professor Marchal (de Calsic) an official physician of the faculty of Paris, has not been afraid in one of his lectures to declare:

[Continued in next Number.]

Surgical Bureau.

In Charge of S. B. PARSONS, M. D., Surgeon.

TREATMENT OF HYDROCELE IN CHILDREN.

In the "Courier Medical" Dr. Ange gives a method of treatment which he has applied a great many times to children aged from two to eight years, and *never* had recourse to tapping to effect a cure. His method is sufficient to cause absorption of the fluid. It consists in applying daily, or every other day, *elastic collodion* to the sac, or along the cord if it be a hydrocele of the cord. The same means tried upon a young man aged eighteen, and upon several adults, failed in each case. From this it appears to be only applicable to children.

CASE OF VILLOUS GROWTH OF THE BLADDER—REMOVAL BY PERINEAL INCISION.

At a meeting of the Clinical Society of London, Mr. Davies-Colley reported a case of villous growth of the bladder, and its successful removal by perineal incision. The patient, a young man aged thirty-two years, had suffered from hæmaturia for eight years. When admitted into Guy's Hospital he was fairly nourished but anæmic. His family history was good. There was a continual desire to micturate, and a feeling as if something always remained behind in the bladder. Blood was passed, sometimes at the beginning, sometimes at the end of micturition. No stone could be detected, and all efforts to find villous masses in the urine failed. No tumor could be felt per rectum. The

operation for lateral lithotomy was then performed, and, upon examination, a slight projection was discovered on the left side of the fundus, and a cord-like process running from it; to this was attached a soft, pinkish white tuft of villi, which was removed with the forceps. No other growth could be felt. There was but little hemorrhage during the operation. The patient made a rapid recovery, and in two weeks the urine ceased to flow from the perineum. Two months after the operation there had been no return of the hemorrhage; the irritability of the bladder had ceased, and he was in the enjoyment of perfect health. The tumor grew from the posterior wall of the bladder, at a point about three inches from its neck, and one inch to the left of the middle line. It consisted of a fibrous stalk one-sixth of an inch thick and two inches long, terminating by branching filaments from half an inch to three-quarters of an inch long. These filaments contained capillary loops, invested by many layers of epithelium of a cylindrical type.—*Med. Press and Circular*, December 15, 1880.

REMOVAL OF GALL STONES FROM THE GALL BLADDER
THROUGH THE ABDOMINAL WALLS.

Dr. Chas. W. Calhoun relates, in the "Medical Record," the history of a case from which he removed three gall stones through the abdominal walls, after nature had prepared the way by first forming adhesions between the gall duct and the abdominal walls, and then establishing a number of openings to expel the calculi through. They were detected by means of a probe. By dilating the sinuses until the finger could be easily introduced to fully explore the cavity, the indurated tissues and constricting bands were divided by a hernia knife, and the stones removed with the dressing forceps. They were found in the sinus on their way to the surface, and not in the gall bladder.

The dressings were a one in twenty solution of *carbolic acid*. Four months afterwards the openings were healed. It required two years and nine months for nature to accomplish the conditions observed at the time of operation.

The interesting features in the case were entire absence of any icterus, no clayey stools, no discoloration of urine, and no pus during any portion of the progress of the case.

We can take a hint from the manner in which nature worked to expel the irritating bodies in this case, and apply it in such cases of impacted gall stones as may demand surgical interference, by first establishing adhesion between the gall bladder or duct and the parietal peritoneum and superficial abdominal walls, by pushing through them acupressure pins or needles, and fastening them in until an inflammation has been excited, or by cutting down to the peritoneum and plugging the wound with a tent to prevent too rapid union of the external opening, and afterward opening into the gall cyst under the antiseptic spray.

Ed.

Book Notices.

MEDICAL GAZETTE, a Weekly from New York, \$1.00 per year.

THE ILLUSTRATED SCIENTIFIC NEWS, New York Mar. 1881. Vol. 1, No. 3.

THERAPEUTIC FORCE, or proofs of Medicinal power beyond the limit of Drug attenuation as furnished by analogy from natural Philosophy and Physical science. By C. H. Lawton, M. D., Wilmington, Del. Reprint from N. A. Jour. of H.

A very plausible and well written answer to Dr. J. P. Dake's "rattling question" at Milwaukee last June, of "What becomes of the disembodied spirit of sugar of milk, when the sugar of milk is taken possession of by the spirit of an active drug like *Belladonna* or *Nux vomica*?"

TWENTY-NINTH ANNUAL REPORT, 1880, of The New York Ophthalmic Hospital, 3rd Ave., Cor. 23rd. str. Geo. S. Norton M. D., Secy. of Faculty. This is in reality an Ophthalmic College, from which many of our specialists have graduated.

HOYNE'S ANNUAL DIRECTORY of Homœopathic Physicians in the State of Illinois, for 1881. It contains also, those of Indiana, Missouri, Kansas and Wisconsin. Circulation 5,000, price 50 cents. It comes as regular as the tides of March and always reliable and up to date.

ECCE MEDICUS, or Hahnemann as a man, and as a Physician, and the lessons of his life. Being the First Hahnemannian lecture, in London School of Homœopathy. By J. Compton Burnett, M. D., London, 1881, with the author's respectful compliments. A 12-mo., 164 pages, bound in a beautiful red cloth cover, and printed on tinted paper, by the London Homœopathic Publishing Company. A splendid lecture, and should be widely circulated.

HEMIOPIA, mechanism of its causation in the theory of *total* decussation of the optic nerve fibres, in the optic tract at the optic commissure. By Wm. Dickinson, St. Louis. Reprint from *The Alienist and Neurologist*, Jan. 1881, with compliments of the author. Dr. Dickinson claims that *all* the fibres *do decussate* in the commissure, and desires to prove that the doctrine of semi-decussation as taught in the Text Books is erroneous. The gentleman seems to be familiar with the anatomy of the points in question.

Editor's Drawer.

THE FIRST GRADUATING CLASS OF THE ST. LOUIS COLLEGE OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.—The graduates of the St. Louis College of Homœopathic Physicians and Surgeons were awarded diplomas on the 10th inst., at the Pickwick Theater. The ceremony was of more than usual interest, owing to the graduation of five lady students who ranked the same as their masculine companions. The graduates formed the first graduating class of the St. Louis College of Homœopathic Physicians and Surgeons, the reconstructed title of the old Homœopathic Medical College of Mo., and with the same Faculty. On the stage were seated the following gentlemen, composing the faculty: Dr. G. S. Walker, Dean; Dr. Philo G. Valentine, Dr. S. B. Parsons, Dr. Adolphe Uhlemeyer, Dr. C. W. Spalding, Dr. C. H. Goodman, Dr. James A. Campbell, Dr. J. C. Cummings, Dr. W. A. Edmonds, Dr. J. Martine Kershaw and Prof. I. D. Foulon. Also Robert E. Carr, President, and Rev. John Snyder, Secretary Pro-tem of the college, and Col. D. P. Dyer, A. B. Howard, Dr. Chas. Gundelach, Dr. Wm. Collisson, and Dr. T. G. Comstock, of the Board of Trustees.

After the overture, by Spiering's orchestra, Rev. John Snyder inaugurated the exercises by prayer, which was succeeded by operatic selections by the orchestra.

The valedictory of the class was delivered by Eugene A. Guilbert, of Dubuque Iowa, who paid a complimentary tribute to the faculty and his associates in study. Then followed the conferring, of degrees by Robert E. Carr, President of the Board of Trustees, who presented diplomas to each of the following: Rebecca L. Ady, Iuka, Ill.; Charles F. Adams, St. Louis; H. G. Armbruester, Collinsville, Ill.; Elizabeth B. Bean, Marionville, Mo.; Julia A. Brady, Columbia, Ill.; Wm. B. Chambers, Sullivan, Ind.; Edmond Doty, Alton, Ill.; Eugene A. Guilbert, Dubuque, Io.; G. M. Haywood, Pana, Ill.; Mrs. Julia F. Haywood, Pana, Ill.; Geo. W. Hodgens, Clarinda, Io.; U. M. Griffin, Fort Scott, Kan.; Elizabeth L. Lytle, Nashville, Tenn.; E. K. Shirley, Whitehall, Ill.; H. J. W. Taft, St. Louis, and C. T. Pepper, M. D. Clarksville, Mo. In presenting the diplomas the President congratulated the students on their advancement and alluded to the promising field of homœopathy which was only partially explored, as awaiting their efforts to unfold new riches for the benefit of mankind. Numerous floral bequests of great beauty were showered upon the graduates as they descended from the stage.

Prizes were presented to those mentioned below for superiority in the study of materia medica: First prize, Eckel gold medal, Edmond Doty; second, gold prize, Eugene A. Guilbert; third, silver prize, Julia F. Haywood; fourth, Bockstruck prize, case of medicines, Geo. M. Haywood; fifth, book, Jessen's *Materia Medica*, H. J. Armbruester.

A special premium, called the Kershaw silver medal, was awarded to Geo. M. Haywood, for proficiency in Neurology. The presentations were made by Prof. I. D. Foulon, who accompanied their distribution with a few appropriate expressions of a humorous nature that elicited hearty appreciation and applause.

At the conclusion of the awards, the Valedictory on the part of the faculty was given by Dr. C. H. Goodman. It proved a very able disquisition on the art of healing from a homœopathic stand-point, and discussed the topic of modern house-building in conjunction with sanitary science in a masterly style. The proceedings of the evening were varied at intervals by selections from *Carmen* and *Pirates of Penzance*, which were rendered in a highly creditable manner.

Among the graduates were husband and wife, George and Julia Haywood, who became acquainted at college and married while they were students. On the stage were also seated two distinguished visitors from Iowa, Dr. H. B. Button of Iowa City, and Edward A. Guilbert, M. D. LL. D., of Dubuque, both ex-Presidents of the Iowa State Hom. Med. Society. The latter, Dr. Guilbert, Sr., came down to witness the graduation of his son, Eugene A. Guilbert, who besides being the *unanimous choice* of his class as Valedictorian, something unknown in college life before, had also carried off Prof. Uhlemeyer's gold medal, which was the second prize medal in *Materia Medica*.

It is proper to state in this connection that Dr. Guilbert, Sr., was one of the founders and first Professors of the Old Homœopathic College of Mo., in 1859—of which this is the *legitimate successor*—and to day he is one of the few learned and influential representatives of our school in the West, who is ever ready with voice and pen to champion our cause and to lift it even higher in our colleges and universities than the Older and Commoner School.

Col. D. P. Dyer, of the Board of Trustees, made a brief address, in which he stated that through the liberality of several wealthy, public-spirited and influential citizens of St. Louis, the Trustees will be enabled to erect a suitable college building by the ending of the next session, which would be a credit to the city, and of which Homœopathy might well be proud.

The following Doctors, mostly holding diplomas from the old Medical College of Mo., were granted the *ad eundem* degree of this college:

M. B. Pearman.....	St. Louis.	N. V. Wright.....	Okmulgee, I. T.
Clara Sauter.....	St. Louis.	John H. Mosely.....	Olathe, Kans.
Stephen E. Miles.....	Boonville, Mo.	S. C. Hobson.....	Sterling, Kans.
Chas. Kelly.....	St. Louis.	Levi Henderson.....	Salem, Oregon.
W. A. Forster.....	Ft. Scott, Kans.	Stephen M. Sanders.....	Mattoon, Ill.
W. D. Foster.....	Hannibal, Mo.	Samuel O. L. Potter.....	Milwaukee.
A. C. Potter.....	Clifton, Kans.	O. D. Noe.....	Hammond, Ill.
Luther Orear.....	Marshall, Mo.	Jane H. Miller.....	Moline, Ill.
Chas. L. Carriere.....	St. Louis.	T. M. Triplett.....	Mazon, Ill.
I. W. Tulleys.....	Red Cloud, Neb.	H. C. McFall.....	Carrollton, Ill.
R. O. Chambers.....	Prairie City, Mo.	H. B. Shirley.....	Whitehall, Ill.
Fred. W. Schellhase, Tell City, Ind.		W. H. Steel.....	Boonville, Mo.
Wm. M. Medcalf, Fort Branch, Ind.		Jas. W. Routh.....	St. Paul, Minn.
W. R. Owen.....	Pueblo, Colo.	E. D. Olmsted.....	Plymouth, Ill.
John Elder.....	High Grove, Mo.	H. P. De Vol.....	Lafayette, Ind.
H. L. Porter.....	Seneca, Mo.	F. L. Bartlett.....	Aurora, Ill.
Lawrence E. Whitney, Carthage, Mo.		E. E. Curtiss.....	St. Louis.
John Deetrick.....	Franklin, Mo.	Sam'l A. Newhall.....	Newton, Kans.
C. W. Taylor.....	St. Louis.	W. B. May.....	St. Louis.
Jas. R. Huffaker.....	Brookfield, Mo.	S. R. Bebout.....	Osceola, Iowa.
J. Harts Miller.....	Abingdon, Ills.	Chas. Schott.....	Troy, Ills.
Mortimer Ayers.....	Rushville, Ills.	Chas. B. Jordan.....	Duluth, Minn.
W. Bancroft.....	Keokuk, Iowa.	Dr. John P. Frohne.....	St. Louis.
Wm. Collisson.....	St. Louis.	Electa A. Scott.....	St. Louis.
Wm. Storey.....	Alton, Ills.		

THE ORGANON is "gathered to its fathers." It had several, two on each hemisphere—Lippe and Swan on this—Berridge and Skinner on that; too ethereal for an earthly home. It spent too much time in the "upper air and solar walk," and abused everybody soundly not thought to be *en rapport* with its immaculate self. Its very name was an *outrage* upon the memory of Hahnemann, and it perished, denied even the solace of "lying down to pleasant dreams."

DR. PARSONS will take two private students for one or two years.

RETURNED FROM LONDON; DR. W. JOHN HARRIS has arrived safely home, in our city, after a year's absence in the London Hospitals. We give him a hearty welcome, and if we were to forecast his future, we should say it would be bright and successful.

FOURTH VOLUME.—With a lengthened and widened page, a clear type and a new cover, the CLINICAL REVIEW greets its host of readers with that cordial pride and pleasure that springs from journalistic success. Its literary reputation is established, the best talent support it, the profession subscribe for it, and its income financially is hundreds of dollars above cost of publication; besides, the books and exchanges which an Editor receives in the course of a year amount to a handsome library of the latest and choicest publications. *Debutants*, you will succeed if worthy.

THE MISSOURI INSTITUTE OF HOMŒOPATHY—at the Annual Meeting of this Institute, held in Hannibal, Mo., on the 2nd and 3rd days of June, 1880, the following Members were appointed on the Bureau of Clinical Medicine: Philo G. Valentine, 1306 Chouteau Av., St. Louis, Chairman; N. V. Wright, Okmulgee, Indian Ter.; Wm. Collisson, 3045 Easton Av.; John Hausam, Smithton; R. C. Runner, Mexico; L. E. Whitney, Carthage; J. C. Cummings, 709 Leffingwell Av. St. Louis. Members of the Bureau are requested to communicate with the Chairman in regard to matters under consideration.

Wm. D. Foster, M. D., General Secretary.

A CARD TO THE SUBSCRIBERS OF HEMPEL AND ARNDT'S MATERIA MEDICA AND THERAPEUTICS.—Mr. W. A. Chatterton desires to state to the profession, and especially to the advance subscribers of Hempel and Arndt's Materia Medica, that the delayed appearance of Volume II. of the above work is due to a number of causes utterly beyond the control of the publisher and of the surviving author. He would make particular mention of the following:

It has been necessary to rewrite entirely the second volume for the purpose of condensation. This very large amount of unexpected labor involved would have proved a less formidable item had not Dr. Arndt suffered much from indisposition and had not much of his time been occupied by severe sickness in his family.

Mr. Chatterton has suffered much from ill-health during the summer and fall of 1880. He is now recovering from a very severe and tedious illness, which has confined him to his bed for nearly six weeks.

The work is, however, well advanced toward completion. Mr. Chatterton hopes soon to be able to give his personal and close attention to his business, and it will then only require a few weeks to finish a work which he is exceedingly anxiously to place into the hands of the profession.

Chicago, March 7, 1881.

THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME IV.

ST. LOUIS, APRIL 15, 1881.

NUMBER 2.

FANATICISM AND ILLIBERALITY IN THE MEDICAL PROFESSION.

BY E. A. DE CAILHOL, M. D., ST. LOUIS, MO.

[CONTINUED FROM LAST MONTH.]

"The most sensible existing doctrine is the homœopathic doctrine. It is strange and painful to acknowledge it; it is a shame for the medical profession, but it is the truth!"

Professor Bouchardat says: "Medical science is not done, it is to be done over again."

Professor Malgaigne, in 1856, from his faculty chair, in Paris, thundered thus:

"In the practice of medicine there are complete absence of scientific doctrine, absence of principles in the application of art, empiricism everywhere. Here is what is the present condition of the practice of medicine."

The chief physician of one of the oldest hospitals of Paris, Walleix, with a sad expression, declared one day before me in one of his clinics:

"How many regrets one feels, seeing so much study, genius, sitting up, foolishly spent for such trifling results; how many blunders for so few truths!"

It will be really too long to enumerate all that I have heard and read in my career, either from prominent and very cele-

brated French and foreign physicians, that have shaken my faith in the infallibility of the practice of medicine, and justified me in search for some better system. As a support to that last reflection, I would not like to close that nomenclator (?) without mentioning the fact that, when the great bleeder, Broussais felt himself sick, at the end of his career, he summoned who? his colleague, Petroz, then a prominent homœopath, to prescribe for him!! Why did he do that? Broussais was afraid of the so-called princes of science, his colleagues of the regular school.

A careful observer, and cool by nature, after having condensed in my mind all that I had heard and read, I thought the allopathic system of medicine in which I was trained was not exactly perfect or infallible. In order to quiet my conscience, I concluded to investigate a little the "irregular." Under the despotism of my native country, then a monarchy, whose despotism had spread in the schools of medicine, this was an impossibility. I then turned my eyes wide open on this glorious continent—the land of freedom—the land of liberty. Here, either north, south, east or west, I saw that everything was free, at least it appeared to me to be such, as in fact I saw allopathic, eclectic, homœopathic, hydropathic, and electropathic schools in most all the largest cities. Modestly, I went back to school and registered myself as a man who knew nothing, hoping that I would have a fine chance to compare systems, and try to find out which was the best, or at least to enlarge my medical knowledge; but in my calculation I did not think of the nonsense and wickedness of human nature. Here, in a free country (think of the contradiction) I have found the most enraged fanaticism and illiberality, complicated often with a great lack of courtesy on the part of certain physicians, of which I am the peer after all, to say the least, having no regard either for my age, my foreign extraction, etc., etc. I could not help, sometimes, looking with pity on some of them, when regarding me with contempt they accuse me of being a chameleon.

Why do they call me a chameleon?

Because I practice medicine under the rules of no special school. Why have I none? Because, after so many studies, I have arrived at the conclusion that in every system there are bad and very good things. But I am now satisfied that perfection does not exist in any of them. It is to the wise, cool physician, happy enough to possess such a variety of knowledge to judiciously prescribe at the patient's bed, according to circumstances and symptoms, choosing from the *materia medica* of the different systems, the medicine best suited to relieve him, and that by the quickest and safest way.

I have to acknowledge that I have seen and heard in this happy land very curious things. One day, a prominent professor of an allopathic school, at the end of the session, calling the attention of his pupils, said: "Do not mix too many medicines in your prescriptions, and do not give too heavy doses; bear in mind, also, that our brethren of the homœopathic school are not so far from the truth as it is generally believed."

I was indeed very much surprised next year to see that professor occupying the same position, as I thought that with so much illiberality and fanaticism which exists as a rule among the so-called regulars, his colleagues, he would be turned out.

About the mistakes and nonsense of each school, in which school I have seen the most I really do not know. I think they are about even. Here are a few illustrations of what I have seen, as a result of pride or lack of instruction:

One prominent professor of an allopathic school, really a very competent scholar, was one day lecturing on "constipation." "Ah!" says he, emphatically, "gentlemen, in regard to this very bothersome trouble, on account of my *long and personal* experience, I can talk 'ex-cathedra,'" and then, after having described the different symptoms of that affection, he ended his lecture by giving the recipe of a certain infallible or specific pills, to effect its cure, which, after all, was nothing

else but a compound of anodyne and laxative drugs; in fact an aperient pill. But what was the finest of all, was the peroration of his lecture. "Gentlemen," says he, "you may depend upon what I am going to tell you. It is now *thirty years* that I have been constipated; well, taking of one of these pills at bed time, I have always kept my bowels in good running order and I am not incommoded at all with headache, irascibility," etc., etc.

Now, where is the physician of any school able to persuade me that the cure of constipation always and invariably depends upon the same treatment, when any moderately educated physician knows, that so many different causes can produce that trouble.

How many in my life-time have I met among such self-confident and proud physicians that boldly advance their theories "ex-cathedra." One of my professors of surgery, the zealous Velpeau, was one of them. When the great and modest Marion Sims, one of the glories of medicine in America, and I can add of the world, announced to the profession at large his success in the performance of the operation for vesico-vaginal fistula, I went to Paris and offered Velpeau to demonstrate it and to perform such an operation in his hospital. "*Impossible*," says he, "*impossible! that is a Yankee trick*." "Please, Professor," says I. "I have seen it and it is a sure thing." "*Yankee trick*," thundered he, "*Yankee trick, I tell you!*" Of course he had not invented it.

Human pride is so great that such a thing has always been the case and always will be. Don't we see it in our day with the Lister's antiseptic process, Tanner's fast, etc., etc. In that late experiment, how many prominent physicians predicted the result? The denouement directly opposite to what they expected.

In one instance I have witnessed a homœopathic physician, a professor, also, making a fine mistake. An unfortunate woman, after a miscarriage, was profusely bleeding. The

doctor stubbornly prescribed *ipæcac* the 200th attenuation, and persisted in that treatment until the patient became comatose, when I was called to see her in consultation with him. I found her nearly *ex-sanguis*. "Have you seen the embryo?" I inquired. "Yes," said the physician. "How about the placenta?" "I do not know," was the reply. At these words I introduced my finger into the vagina and found the little placenta protruding from the uterine canal. Of course, after that discovery, the treatment was easy.

An electrician once was treating before me a case of ovarian tumor for a tympanites, and he was administering electric baths and galvanic currents to effect a cure.

Another, an eclectic physician, had a patient with an inward dislocation of the femur, for which I saw him prescribe *salicylic acid* and *fl. ext. of cimicifuga*, mistaking the dislocation for rheumatism.

I have also seen a case of hepatization of the lung in its last stage treated with *cool douches*, etc., etc. What does all that prove? Does that prove that all these different systems are worthless? Not at all. It only proves a lack of knowledge or men subject to hobbies, as I have met many in my life. One sees in all cases *inflammation*, another *partial cyanosis*, another *catarrh*, another has the rage of auscultation or percussion, or he can do nothing without a thermometer, spirometer, or some other instrument, etc., etc.

I will repeat it for the benefit of young practitioners: in every system there are *excellent things*, and very valuable to be known; but, unfortunately, as soon as a physician has obtained his degree, he thinks his sheep's skin gives him all the knowledge; he wraps himself up in his dignity, and, infatuated with pride, he thinks that he knows enough, because he has faithfully followed his two or three courses of lectures of only *six months each* in any college that he has fancied. Poor unfortunate! he will soon find out how much he was mistaken, and that the sheep skin does not make the practi-

tioner at all, but that it is only the zeal and the variety of knowledge that makes the good physician.

There is a great talk in this country about *quacks*, but quacks sometimes bring also their mite to science. For example, Jenner, that English quack, did he not discover some thing tolerably valuable, and even appreciated in our day of progress?

I am a subscriber to a great many medical publications from all schools. I do not believe that any physician in this country invests more money than I do for that purpose. Why? Because I am a lover of science, and, in spite of my age, I am very anxious to learn yet, and I do not care from what source, because I hate failure more than anything. But what makes me smile is, when I read in certain *orthodox* medical papers articles from some of these so learned members of the regular school asking from their brother practitioners for the best treatment of *sore legs*, *piles*, *pneumonia*, *typhoid fever*, etc., etc. How is it that in the many Homœopathic or Eclectic pamphlets, that I read also, I never read such a demand? Is it because the followers of these irregular schools are fools enough to always treat diseases according to their invariable rule of similarity of symptoms?

Actually I am reading a great deal on medical education in all the medical publications; do the writers really mean it? I hope so, but I doubt it. When I see that medical colleges are established, and even for speculation, which is a very bad basis, money being a great temptation to do wrong, particularly when I see, for instance, some colleges just starting, and ostentatiously publishing in all the daily papers the list of their graduates after only a year's existence, that really makes me laugh.

The medical fraternity is now down on Dr. Buchanan for having sold bogus Diplomas. What is Dr. Buchanan, after all? an eclectic, I believe. Does that mean that all eclectic physicians are dishonest men? I have seen homœopathic, as

well as allopathic schools granting diplomas to parties entirely incompetent, and this, all for the sake of money; but that does not mean that all men are dishonest, and their systems worthless. I know that in each of those schools there are a great many who are learned, and very honest practitioners; but I cannot bear the illiberals and fanatics, either in religion or in medicine. Not long ago, I had occasion to meet in consultation with a young physician, who impudently asked me whether I was or not the same physician who attended the last grand meeting of the American eclectic school. On my affirmative answer, he suddenly left the room. Another very prominent physician, for whom I have the highest consideration, in return for my kind offer of financial help, took advantage of the circumstance and without any other provocation on my part, reproached me for my foolishness in having become a member of the Western Academy of Homœopathy.

In conclusion, I will say that I wish that everybody would respect each other's convictions and faith, because, since mine have been shaken, both in religion and medicine, and since I have tried to enlighten my convictions, I have been called a renegade, both behind me, and to my face. Such a thing I cannot endure, and never will, for the reason that I believe that a great portion of these critics, indulging in such censures, are either ignoramuses, frauds, proud, selfish, hypocrites, unprofessional men, or enemies of progress and science, and because, as every learned man knows full well, science needs no restrictions, no obstacles, but needs, on the contrary, the largest freedom.

MEDICAL SOCIETY PROCEEDINGS.

ST. LOUIS, DECEMBER 27, 1880.

Peritonitis being the subject for the evening, a paper from Dr. Comstock upon the "Symptoms and Course," was read, as follows :

ACUTE PERITONITIS—SYMPTOMS AND COURSE.

BY DR. T. G. COMSTOCK.

Symptoms: More or less diffused pain and tenderness in the abdomen, increased by the slightest movements, in taking a long breath, or extending the limbs in bed; patient ordinarily lies with his lower limbs drawn up. This position relaxes the muscles and he feels relieved thereby.

Fever. In the acute form there is more or less fever, and in most cases you may say there is a marked fever. When you press upon the abdomen, there is intense pain, because from the locality of the inflammation the muscles are generally rigid; as the disease progresses the abdomen becomes tympanitic, or if it declines the tympanism becomes less.

Bowels. The bowels are usually constipated, and nausea and vomiting are frequent accompaniments.

Respiration. The respiration is increased in frequency, and this is directly caused by the diminished contractile movements of the diaphragm, it being so inflamed as to be intensely painful and thereby this muscle naturally seeks to be at rest. The explanation of this is, that the under or concave surface of this diaphragm is covered with peritoneum, so that in peritonitis we also have a diaphragmitis.

Breathing Movements. In peritonitis the breathing movements are costal, (pulmonary disease is of course understood as excluded), and the inter-costal muscles do the work partially of the diaphragm.

Hiccough. In the later stages of the disease (say the sixth day), hiccough may set in, which may be regarded as a very grave and unfavorable symptom.

Expression of Patient. The expression of the patient is peculiar; his face is haggard, indicating more or less distress.

Position of the Patient. Patient usually lies on his back (decubitus), with knees drawn up as already mentioned. This

is to relax the muscles and keep the weight of the bedclothes off from the abdomen.

Bladder and Urine. Retention of urine is not uncommon, so that it must be drawn off.

Pulse. The pulse is frequent; ranges from 112 to 126—even higher.

Temperature. The thermometer shows a temperature, ranging from 101° to 105°, but there is no uniform rule.

Priapism. In a case of peritonitis I have seen priapism repeatedly with an intense sexual desire. This symptom is confirmed by Dr. Flint and other authorities. I might, moreover remark that this symptom is not peculiar to peritonitis alone, but is an accompaniment in other diseases, e. g. phthisis pulmonalis, etc.

Manner of death. When peritonitis is fatal, death is typical of asthenia.

Collapse. Patient goes into a state of collapse, in which the surface is cold, and a clammy perspiration sets in.

Condition of the Intellect. The mind of the patient generally remains clear until just before death, when he is liable to fall into a state of profound coma.

Sufferings of the Patient. In peritonitis the patient suffers the most intense pains, but not infrequently, just before a loss of consciousness, the intensity of his sufferings will probably abate, and in such cases the patient can not be made to realize that he is near his end, and in just these cases the inexperienced physician may not be sufficiently versed in diagnosis and the course of the disease to appreciate the gravity of the symptoms in question.

Latency of Peritonitis. Sometimes acute peritonitis is remarkably latent, and the physician may be taken off his guard, as the most prominent symptoms of the disease may be more or less marked but after a short illness the circulation may give way and collapse suddenly set in, even without much abdominal pain, tenderness or tympanites having been

manifest. Here the diagnosis is only made after the *post-mortem*.

Differentiation. There are two other special diseases that might be taken for peritonitis. viz.: Enteralgia, and dermalgia, (from derma, skin, and algos pain), or hyperæsthesia of the cutaneous surface, especially of the abdominal integument.

Enteralgia. Acute enteralgia really lacks the intensity and peculiar character of the pain in peritonitis; there is less tenderness upon pressure over the abdominal walls, less rigidity of the muscles, no tympanites, less disturbance of the circulation. Indeed, as a rule, the symptoms of enteralgia show the observant physician that he has an affection of much less gravity than when he has peritonitis to deal with.

Dermalgia, or Cutaneous Hyperæsthesia. In hyperæsthesia of the abdomen, or dermalgia, the cutaneous surface is very sensitive, and palpation or slight percussion causes great pain; but now give a firm and deep pressure with the ends of the fingers, directly down upon the abdomen, and the patient will not mind it at all; and furthermore, hyperæsthesia is not confined to the abdomen, but extends over the chest, and sometimes down the lower limbs.

This diagnostic difference between peritonitis and dermalgia is of no slight importance and should not be forgotten.

Dermalgia attacks females rather oftener than males, but it is not so very rare to find it in males.

Acute peritonitis may terminate in from thirty hours to nine days; if it should occur from perforation of the intestinal canal, it is always fatal.

Chronic Peritonitis. Chronic peritonitis is due to some serious cause, such as tuberculosis, effusion into the abdominal cavity, carcinoma, or Bright's disease, and when such is the case it is of course incurable. Chronic peritonitis may run its course some months before a fatal issue results.*

*NOTE.—In considering the symptoms of peritonitis, I have not specially spoken of puerperal peritonitis, septicæmia, and pelvic cellulitis. These

DR. KERSHAW then presented a paper upon the "Diagnosis," after which Dr. Valentine read an essay upon the "Pathology."

DIFFERENTIAL DIAGNOSIS.

BY DR. J. MARTINE KERSHAW.

Some features of the following complaints bear a strong resemblance to peritonitis; I shall endeavor, therefore, to point out as clearly as possible, the distinctive symptoms of each difficulty, that a satisfactory comparison may be made:

GASTRITIS.

Pain on deep pressure.
Nausea distressing.
Generally an acute trouble.
True gastritis not common.
Frequently due to acrid poisons.

PERITONITIS.

Pain on slight pressure usually.
Nausea aggravated by the pain and by motion.
May be acute or chronic.
Not an uncommon disease.
Cold, injury, and an extension of inflammation from other parts common causes.

ENTERITIS.

Vomiting urgent.
Gangrene sometimes follows.
Pulse fuller and stronger than peritonitis.
Pain of a sore character—not so sharp as that of peritonitis.
Pain deep-seated.
Motion not so acutely painful.
No characteristic change of feature.

PERITONITIS.

Not so much so.
Gangrene rarely follows this trouble
Pulse quick, hard, wiry—120 to 130° per minute.
Extreme pain—sharp and excruciating.
Pain superficial.
Motion inordinately painful—a marked feature.
Features pinched and drawn—the *facies Hippocratica*.

COLIC.

Commonly due to flatulence.
Pressure generally relieves.
Circulation little affected.
No symptomatic fever.
Motion can be tolerated and generally relieves.

PERITONITIS.

Due to inflammation.
Pressure generally aggravates.
Great disturbance of circulation.
Fever a marked feature.
Marked aggravation from motion.

forms of peritonitis require a special consideration, although the general rules of diagnosis applicable to acute peritonitis, are the same as in the puerperal forms.

LEAD POISONING.**Extreme constipation.****Violent paroxysmal pains.****Leadens lines on gum.****Paralysis of forearm.****Drop wrist.****Rheumatic pains apt to be general.****Affects workers in lead or paint, or those subject to the action of lead.****RHEUMATISM.****History of rheumatism.****Circulation—of inflammatory—full and strong.****No nausea or vomiting.****No marked facial change.****Pains worse, at origin and insertion of muscles.****Rheumatic pains apt to be present in other parts of the body.****NEURALGIA.****Sense of tight band about body, and pains follow course of nerves or their branches.****Tenderness of spinous processes.****Pains paroxysmal.****Periodical attacks of pain.****No necessary tympanites.****Pressure relieves.****Pulse regular.****Features natural except during attacks of pain.****HYSTERIA.****Sometimes more or less apparent.****Features do not indicate severe acute disease.****Tongue clean.****PERITONITIS.****Not so marked or so constant a symptom.****Pains generally diffused, and not as marked by paroxysmal as those of colic.****Nothing of the kind observed.****No necessary paralysis.****Never associated with this disease.****Pains confined to peritoneum.****Affects all classes of people alike, irrespective of trade or profession.****PERITONITIS.****Usually develops suddenly—no necessary history of previous disease.****Pulse hard, wiry, and quick.****Nausea and vomiting both present.****Drawn, pinched features a prominent feature.****Pains affect general peritoneal coat.****Pains confined, generally, to peritoneum, and they do not, fly from place to place as in rheumatism.****PERITONITIS.****Pains felt over entire abdominal wall.****Not usually observed.****Not so marked.****Periods of aggravation, but not strictly periodical.****Tympanites is never absent.****Pressure aggravates—even weight of bed-clothes.****Pulse irregular.****Features changed and remain so throughout the course of the disease.****PERITONITIS.****Awfully real from the beginning.****Features markedly changed from the first.****Covered with a creamy mucus—sometimes dry.**

Pulse regular.
Legs can be extended.
Breathing natural.
Passes large quantities of clear urine.
Some spinal or uterine trouble, usually in the form of irritation.

Quick, tense, hard and irregular.
Legs usually drawn up.
Breathing thoracic and labored.
Urine scanty and high colored.
Uterine or pelvic trouble common, but of an inflammatory nature.

OBSTRUCTION OF GALL-DUCT

Paroxysmal pains.

Subsides suddenly on the passage of the foreign body.
No abdominal distension.
No general abdominal tenderness.
Pain beneath the right false ribs.

Dark porter-like urine.
Light colored stools.
Yellow appearance of sclerotic coat.
Bilious symptoms prominent.

PERITONITIS.

May be paroxysmal, but usually constant, with periods of aggravation.
Sudden cessation of pain with hic-cough, a fatal symptom.
Abdominal distension usually present.
Abdominal tenderness usually marked.
Pain generally diffused over abdomen.
Scanty light-colored urine.
Constipation—dark hard stools.
Only so if liver is implicated.
Not necessarily so.

RENAL CALCULUS.

Pain radiates from back to abdomen.
Pain develops suddenly.
Pain follows course of ureter.
Retraction of testicle of same side.
Bloody urine.

PERITONITIS.

Pain radiates from abdomen to extremities.
Pain usually develops gradually, comparatively speaking.
Pain generally diffused.
Light colored urine, but not bloody.

CAUSES OF PERITONITIS.

Cold, damp feet, sudden changes of temperature, suppression of perspiration. It may be caused by imagination, strangulated hernia, or follow surgical operations such as ovariectomy or paracentesis abdominis. It may be metastatic of fever, erysipelas or rheumatism. Suppression of a cutaneous eruption, habitual discharge, or the sudden stoppage of the lochia or catamenia has caused the difficulty. Tumors and malignant gastritis have induced the trouble under consideration by pressure or general irritation. Inflammation extending from adjacent parts—liver, spleen, kidney, stomach, uterus,

or bladder, has developed peritonitis. The bursting of an abscess into the peritoneal sac, has caused inflammation of the peritoneum, as have also falls, injuries, and other wounds of the abdominal serous covering. It not unfrequently follows intermittent fever in this country.

PATHOLOGY.

BY DR. PHILO G. VALENTINE.

To have any adequate conception of the variety and extent of the pathological changes, directly or remotely, resulting from peritonitis, acute or chronic, or both, requires a recalling to our memories a few facts touching the anatomical relations existing between the peritoneum itself and the abdominal and pelvic organs which it invests and protects.

This most extensive of all the serous membranes throws its soft silken toga of protection over and around all the noble organs of the trunk that reside under the high arched dome of the diaphragm and above the lower pelvic plane. All the great organs then, of the body, excluding the heart, lungs and brain are under its tender care. It supplies them all with an outer garment, as it were, transparent and glossy, molded to the contour of the part, and fastened by folds and loops and bands of the same shining material. By its many folds and bands it holds them in their appointed places, binds them back to the spinal column, attaches them to the front and sides of the abdominal and pelvic walls, ties them to the under surface of the diaphragm, and lashes them together in a common brotherhood (or life insurance association). It furnishes a moist unctuous fluid upon its free surface everywhere for lubrication, so that all the organs may freely glide over and upon each other without friction or jarring, during the natural motions occasioned by digestion or from those movements caused by external forces or locomotion.

It covers the liver above and below, and by its duplications

forms four of its five ligaments. It invests the stomach before and behind, and by two layers, binds its lesser curvature to the liver by what is called the *lesser omentum*. From its greater curvature two folds descend in front of the small intestines as low down as the pelvis, then turning upon themselves, ascend to the transverse colon when they separate and enclose it. These four layers constitute the *great omentum* which extends laterally from the spleen on the left to the duodenum on the right. The *great omentum* always contains some adipose tissue.

The folds that bind the intestines to the back-bone are properly called *mesentery*, but subdivided into meso-cæcum, meso-colon and meso-rectum for convenience of description. The word *mesentery*, however, alone, always applies to the two layers belonging to the small bowel, between which are found the mesenteric arteries and veins, the lacteal vessels, the lymphatics and the lymphatic glands.

The peritoneum now descends from the front of the spine, and enters the pelvis and surrounds the upper part of the rectum.

In the male, there is a fold dipping down between the rectum and the bladder, and mounting the back surface of the bladder to its summit.

In the female, after descending in front of the rectum, it returns over a portion of the posterior wall of the vagina and all of the body and fundus of the uterus before and behind. From the sides of the uterus it is reflected upon the side-walls of the pelvis, forming the broad ligaments of the uterus and embracing the ovaries. From the anterior surface of the uterus the peritoneum rises over the back part of the bladder to its summit, as in the male, from which point in both sexes it ascends on the inner and front wall of the abdomen to the diaphragm and then bends back upon the liver, the place of starting. It also covers the aorta, vena cava, gall-bladder and spleen. Now, even from this cursory survey of the many

winding paths, this membrane follows, it is plain to see that when in a state of inflammation, its pathology is likely to range into a very wild field, and at times, perhaps, resulting in affections quite as serious as peritonitis itself.

It is also obvious that the tissue changes will be controlled in a great degree by the character, cause and origin of each particular case of peritoneal inflammation under investigation.

This membrane manifests a very great readiness to take on inflammation, a condition always to be dreaded, yet, many recoveries do occur from acute peritonitis, the tenderness heat, vascular excitement and exudation, all disappearing without leaving a trace behind, while others leave behind firm adhesions binding the visceral to the parietal layers, to the extent of the part inflamed; and still others, in which are found patches or islands, of exudation membrane, outlining the part affected, and lying upon its reddened and softened surface.

If the cause be traumatic, whether from accident or from a surgical operation, the attempt at adhesive inflammation by the exudation of plastic material at the point of injury is always made, though often prevented by the great extent of the wound, or by the suddenness or gravity of the nervous shock, from completing the healing process, and the patient sinks from innervation or septicæmia, or may be from mortification, taking its origin in the wounded parts.

When the disease is confined to the pelvic lining, the pathology will of course depend upon the sex of the patient, though in either sex there may be sub-peritoneal cellulitis, involving the rectum and bladder, and sometimes a psoas abscess pointing in the groin or perineum. Cystitis, urethritis, rectitis, (dysentery) and hemorrhoids may thus be properly classed as belonging to the natural pathology of pelvic peritonitis.

In the female, there may follow in addition, vaginitis,

metritis and ovaritis of a mild, or grave, or chronic character, according to circumstances, resulting in loss of sexual desire, general debility and sterility. Displacements may also follow by reason of the relaxation or shortening and contracting of ligaments and tissues, which are either in whole or in part formed of, or covered by the peritoneum. I believe further, that ovarian tumors, as well as omental and other abdominal tumors may originate in pelvic peritonitis.

In a secondary way, the kidneys might take on diseased action by an inflammation which had been carried to the bladder through its peritoneal covering, ultimately continuing along and up the ureters to the kidneys, as the kidney and supra-renal capsules are so deeply imbedded in adipose tissue as to escape a peritoneal covering.

The pancreas also escapes, except as it may be affected through a duodenitis, which, in common with gastritis, splenitis, hepatitis, colitis, typhlitis, enteritis, diaphragmitis, arteritis, phlebitis and inflammation of the mesentery and its lymphatic glands, can many times be traced to abdominal peritonitis as their immediate or remote cause. Any of these inflammations may terminate in abscesses, or ulcerations, or perforations, or hypertrophy, or atrophy of the particular organ secondarily involved, and thus greatly complicate and increase the severity of the primary peritonitis.

The hepatitis might produce icterus, the gastritis terminate in long-lasting dyspepsia and the colitis and enteritis end in dysentery or diarrhoea. Splenitis would be likely to seek resolution in an abscess, while diaphragmitis has destroyed life through the unspeakable torture of long continued hiccoughs. Should the abdominal aorta or the ascending vena cava become inflamed from the portion of the peritoneum that covers them, there can be no reason why the inflammation may not extend to the heart, and once there, produce at least, endocarditis, and if endocarditis, valvular lesions would naturally follow. In this way, we may perhaps account for the short,

quick pulse, the precordial heat and oppression and the dyspnoea which occasion so much suffering in extensive peritonitis. The accumulation of gas within the peritoneal sac, producing tympanites or meteorismus is evidently due to chemico-pathological changes set to work by the inflammation.

I think it is fair also to claim, that such wasting diseases as marasmus or tabes mesenterica may be directly attributable to attacks of peritonitis. In such cases the inflammation having extended to and involved the mesenteries, which are but layers of the peritoneum enclosing the lacteals and mesenteric glands, has so completely destroyed their function that the little patients die simply and solely of inanition.

I have yet another pathological condition to mention in connection with peritonitis, which, with its terrific sequences, is no less fatal than any above mentioned. I allude to the accumulation of serum in the abdomen or abdominal dropsy, and when once the water is present in great quantities, its mechanical pressure upon all the organs, interferes with their natural actions, besides, the blood losing its serum, is impoverished to that extent, so that the brain, heart, lungs and muscular tissues become enfeebled from want of proper nourishment. From ascites will follow anasarca of the lower limbs, by reason of the pressure on the iliac veins, preventing the return of the blood from below, and finally, hydrops-articuli, and varicose veins and chronic cutaneous ulcerations present themselves, to make the remainder of life miserable.

This subject, under careful study, develops into an amazingly interesting theme, and makes it clear that there is a large catalogue of grave complaints belonging to the pathological history of peritonitis, which have heretofore almost entirely escaped the notice of the general practitioner.

Then discussion occurred as follows :

DR. CUMMINGS : In inflammation above the diaphragm the pulse is strong and full, below small and wiry. *Acon.*, *bell.*, *bry.*, *verat.*, *vir.*, and *alb.*, are the main remedies. Hot ap-

plications are valuable, and they should be as hot as can be borne. In the puerperal form hot injections should be used in the vagina. Concerning the effect of cold applications I have no knowledge. *Veratrum vir.*, should not be pushed to far, for fear of producing a cumulative effect. *Acon.*, is generally indicated in the beginning, though some cases call for *bell.*; later, *bry.*, is the chief remedy, but *ars.*, or *secale* is required if gangrene threatens.

DR. SCOTT: I would like to ask the opinion of the members concerning the use of water bags. There is much danger of the patient taking cold from wet applications.

DR. CARRIERE: I prefer flaxseed poultices, because they keep hot longer.

DR. GUNDELACH: The weight is a great objection to such applications. They are more applicable to other painful female complaints, cases of well marked peritonitis not admitting them at all. I have frequently used a few layers of thin cloth wet with cold water and covered with oil silk. This does not need frequent changing. Pieces of ice swallowed sometimes stop vomiting and give general relief. Sometimes elevation of one end of the bed, so as to relieve pressure from the most affected part, eases the pain. Acute cases need at first antiphlogistic remedies; after exudation, those that promote absorption, as *bry.*, *sulph.*, *kali iod.*, etc.

DR. VALENTINE: *Bell.*, is the chief remedy with hot applications locally, covered with oil silk. In the treatment of individual cases, however, we must consider the causes. The other day I called Dr. Parsons in consultation on a case of strangulated femoral hernia. Peritonitis followed the reduction which was effected by a surgical operation, and I gave *arnica*; the bladder became involved and I gave *canth.*, and *apis*. With these remedies and a milk diet the patient recovered.

Apis has not been mentioned to night, but I think it is one of the chief remedies in peritonitis. In cases resulting from

perforation of the abdominal wall, *arnica* or *calendula* may be indicated. Water on the surface seems to cause absorption of gas, which is a great cause of pain in this affection. Flexing the thighs relieves pain, probably by relaxing the psoas and iliacus muscles. In post partum peritonitis, I think *arn.*, should generally be given first and *ars.*, afterward. I believe that in every ovulation there is a limited peritonitis which may be the origin of ovarian tumors. The possibly traumatic nature of this mode of origin might be an indication for *arnica*, in menstrual pain.

DR. GUNDELACH: *Turpentine* 3^x is an excellent remedy in peritonitis and so is *rhus*.

DR. VALENTINE: I gave a lady *turpentine* for suppression of urine after labor. It produced a copious flow and perfect relief, though a physician well known to you all, told me I might as well rub it on the bed-post. This might have been true, as the lady would then have gotten it by olfaction.

DR. GUNDELACH: Some people have a notion that *arnica* is a panacea for all traumatic affections. I think it is a great mistake; it benefits some cases, but not all by any means.

There having been no papers presented upon the causes or treatment, the subject was continued to next meeting.

JANUARY 10th 1881.

DR. CARRIERE: In enumerating the "causes" of peritonitis, mentioned traumatism, escape of contents from an intestine, cold and wet, extension of inflammation from other parts, suppression of menses and puerperal poison.

DR. MORGAN: Enumerated the varieties, naming acute and chronic, circumscribed and diffuse, and stating that further division can only be made with reference to the causes or location, and may be carried to an almost indefinite extent. Only a few of the varieties can for any good reason receive technical names, as puerperal, traumatic and tubercular, the other names used being descriptive of individual cases rather than distinct classes.

DR. COLLISSON: Then read the following paper on the treatment:

TREATMENT OF PERITONITIS.

BY DR. WM. COLLISSON.

In its simple form, from cold or exposure, *aconite*, and *bryonia*, are all important remedies; *aconite*, if febrile symptoms predominate. If burning and stinging, accompany the fever, increased by the least movement of the body, the bowels constipated, and a general restless condition, then, *bryonia* will do better than *aconite*, or they may be given in alternation every fifteen or thirty minutes until severity of symptoms are abated, then the interval may be lengthened to two or three hours. I have had good success, giving *bryonia* every three hours and three or four doses of *aconite* between, omitting the *aconite* as the febrile symptoms seem to abate.

Again the disease may take such a form as to require *belladonna*, or *mercurious cor.* Disturbances of the brain, with headache, flushed face, throbbing, and delirium; *belladonna* may take the place of the *aconite*. And if later, as the disease advances, there should be sallow skin, yellow coated tongue, or when tympanites and abscesses occur, *mercurious cor.*

ACCESSARY MEANS.

Such as hot fomentations to the abdomen to relieve pain; frequent sips of cold water; pieces of ice, sucked in the mouth or swallowed. Perfect quiet must be insisted upon in all cases. The use of cold compresses will sometimes do more good than hot fomentations, but unless they are properly applied they will do more harm than good.

If the disease is caused by mechanical violence such as falls, blows, or kicks, operations ect., then *arnica* should hold a very important place in our treatment (both local and in-

ternal,) and still the above mentioned remedies as the disease advances may be invaluable.

PUERPERAL PERITONITIS.

This being a different affair from the former, in that it is more subtle, and there is blood poisoning from the start or before you are aware of the presence of the disease, the treatment must be prompt and decisive or the patient will soon be beyond hope of recovery. (Injections and local applications must not be neglected.) Dr. M. D. Espine says, after a thorough investigation of post-partum inflammations, that blood poisoning comes from fetid lochia and is the origin of puerperal peritonitis. Milk fever and other inflammations are liable to occur after confinement.

Here again, *aconite*, *bryonia*, *belladonna*, may be important remedies. And, carefully selected, may do good service. But I believe *arsenicum* or *veratrum viride*, are the prominent remedies. The last has a wonderful power to control and equalize the circulation, and prevent local congestions. *Arsenicum* may be better if the case has gone too far (for *veratrum viride*), and there should be rapid sinking of the strength, and loss of consciousness with low muttering delirium and fetid discharge from the vagina.

Injections should be given per vaginam of weak carbolized *calendula* and warm water every three or four hours. Hot applications consisting of bran or hop poultices, made like a pillow and spread over the abdomen changing them as often as required, are excellent.

Aconite if given when the first symptoms of pelvic peritoneal congestions show themselves, may be of great advantage to restore the milk and lochia where it has been suddenly suppressed. It quiets the nervousness and relieves the tenesmus, whether vesical or rectal and prevents many of the above complications, by aborting the disease. A dose of the 3rd dilution may be given every fifteen or thirty minutes.

DISCUSSION.

DR. PEARMAN: I have used *bell.*, more than any other remedy. Locally I have used a thick poultice of hot hops and *bell.*, tinct. I have so treated a case from acute enteritis and another from cold.

DR. COLLISSE: It has been my custom to put an oil-cloth under a quilt, beneath the patient, and after putting on my hot application, bring both quilt and oil-cloth up around the patient on each side, so shutting in the steam and heat. This, at the same time, prevents wetting the other parts of the bed. Where I do not follow this practice I use dry heat.

DR. PEARMAN: I make it a point to see that the poultices do not drip and follow their use with dry heat.

DR. CAMPBELL: In some cases the abdomen is too tender to bear any weight.

DR. CUMMINGS: If the case is puerperal, hot vaginal injections will be best.

DR. CAMPBELL: Dr. Valentine, do you think the hops act medicinally? or is the benefit due to the heat and moisture?

DR. VALENTINE: Yes, I think the *lupulin* is absorbed and acts medicinally. How do you explain the benefit from heat?

DR. CAMPBELL: Heat expands the vessels, and probably, thus relieves the congestion which causes the pain by pressure on the nerves. Cold sometimes relieves pain by contracting the vessels and forcing away the blood, instead of dilating them, so that the blood may pass on from the force of the circulation.

DR. COLLISSE: I remember being called to a case that had been wrapped in a cold sheet. She died in a few hours, I treated five or six cases in the same town successfully, while quite a number died in other hands. I think exclusion of the air from the abdomen is a benefit.

W. B. MORGAN, *Secretary.*

CLINICAL REMARKS ON THE SUBJECT OF AFFECTIONS OF THE HEART.

BY DR. MARTINY.

Translated from the "Rev. Hom. Belge" by R. D. Valentine, M. D., Canton, Ill.

In the month of September of the year 1879, I was called to treat a curate in the country, who, his physician said, was in a very precarious condition. He was, they said, attacked with a very serious disease of the heart. Ten months previously he had felt a sensation of weight on a level with the superior part of the sternum; then had supervened violent palpitation of the heart accompanied with anguish and a certain oppression. Under the influence of allopathic remedies administered (probably a preparation of *digitalis*) there had been a certain degree of mitigation, but soon the drugs seemed to lose their effect, and the symptoms grew worse. The precordial anguish became such that the patient could scarcely make any movement; it was impossible for him to write a line; when he ate, his distress increased; besides he ate little else than milk and eggs; his pulse, said the doctors, was very much agitated; still there was not yet any infiltration, properly so called, neither cough nor expectoration. The curate, aged 58 years, had never been ill before. There had been applied some time before, at his home, a blister over the precordial region; he was considered beyond recovery; this was why a resort was made to Homœopathy.

The person who came to relate this history to me, begged me to visit the patient at the earliest moment possible. Unfortunately the village was a considerable distance from a railroad station, the communications difficult, and I was at this moment very busy with other patients; with great regret, I could not accede to his desire. On the other hand, it seemed to me, that from the stand-point of Homœopathy, even, it was

not very fair to undertake the treatment in such unhappy conditions, but he redoubled his entreaties, saying that my refusal would do the greatest wrong to the patient, to whom I had been strongly recommended. Such situations frequently present themselves to the Homœopathic physician. Our doctrine not being taught publicly, the number of homœopathic physicians, although already considerable, notwithstanding the persecutions and vexations to which we are exposed, is far from being sufficient, particularly in the country. It happens to us sometimes, thus to be obliged to treat patients without having seen them, and to treat them by correspondence; sometimes, I am happy to say, our allopathic brethren in the country, lighten the duty by their serving as assistants, and often, some of these confreres, in presence of our success, have undertaken the study of Homœopathy, and have become our partisans. In the present case I had not this resource, and I possessed only a very few facts; there was a heart affection; it had been diagnosticated by three physicians, amongst whom was a professor of the university of Louvain; there was oppression, a pre-sternal pain, palpitations and a feeling of exhaustion, such that the least movement, was impossible; no œdema; the patient digested well enough the milk and eggs which had been prescribed for him. The curate had never suffered from rheumatism; but he had for a long time, worked too hard. A precise diagnosis was impossible, but these data were sufficient for administering certain remedies with some hope of benefit; *aconite* and *kalmia latifolia* for the palpitations and the frequency of the pulse, *cactus grand*, for the pre-sternal pain which was very severe; I resolved then to commence the treatment, and decided to go soon and carefully examine the patient. I prescribed three powders, containing, the first one, one drop of *aconite* 6th, the second, one drop of *cactus grandiflora* 6th, and the third, one drop of *kalmia latifolia* 6th; to dissolve the package No. 1, in six spoonfuls of water and take three spoonfuls a day; to begin

package No. 2, as soon as No. 1, should be exhausted. To continue the regimen previously ordered; milk and eggs. Six days afterwards, I was told that improvement was manifested. The curate was more calm, the palpitations of the heart were less violent, the oppression was less. The same prescription continued. Each time that I received news from him, the improvement was progressing; soon the patient was able to write me a few lines, then a whole letter; he began also to walk a little and to be able to hold a conversation somewhat continued, which had been previously impossible. In short, he soon was so much better that my visit was useless, and towards the end of February he was able without much fatigue, to come to my study.

Improvement had immediately followed the administration of the first powders, and had continued without delay, and increased more and more, so that I thought I had treated only nervous palpitations; I doubted a little the reality of the diagnosis which had been made by my confreres. I was then very curious to auscultate the patient. The heart I found was larger than ordinarily, the apex reaching to the 7th intercostal space; rough bellows sound, the first time with maximum intensity on a level with the apex, and towards the nipple; the second sound replaced by a metallic, musical blowing; beats rapid, about 90 per minute. The curate then told me that he had been taken with this disease rather suddenly; he had been feeling fatigued for some time, when one day in going up stairs, he felt himself suddenly ill and without strength; he had then felt this pre-sternal pain which had tormented him so much, and which sometimes radiated to the left hand. Since that day he has been obliged to keep his room, and remained ten months in this condition, the assiduous attentions of his physicians not having been able to restore him. He attributes his malady to excess of fatigue, his sermons especially had exhausted him; finally, "he took it all too much to heart." This, then, was indeed an endocarditis,

with some degree of hypertrophy and lesion of the mitral and semilunar valves. Improvement was manifest at once on administration of my remedies; it was to them alone to which it ought to be attributed, since I had changed neither the regimen nor the manner of living of the patient. What was the nature of this endocarditis? There was not in the previous history any symptom of a diathesis; such as gout, rheumatism, herpes, etc. The curate recollected only that some ten years before, he had, in consequence of an effort in speaking, experienced analogous sensations, but much less violent, and which had given way to a little repose. It was, without doubt, a first attack of endocarditis, of which there had remained traces which, at length, had caused hypertrophy and cardiac dilatation. Fatigue and recent emotions had caused a new and more serious attack; it was at the moment when the consequences of this were about to throw the patient into the cardiac cachexia, that my remedies, *aconite*, *cactus* and *kalmia*, have produced their quasi marvellous effects. It is useless to say that I ordered the continuation of the same medicament, and the patient took them in a regular manner, and without interruption. In the month of June he came to see me again. His mien was excellent; from his appearance, one would not believe him any longer ill; but all effort somewhat prolonged is still impossible for him; the stethoscopic sounds are nearly the same, although the diastolic sound has become almost normal; the cardiac impulse is much less violent; there is no pre-sternal pain. Same remedies continued. A new visit in the month of October and great improvement. Walking no longer fatigues, conversation the most animated, does not exhaust, as heretofore, and, finally, the systolic sound is almost natural, and the diastolic clicking seems to me normal. The impulse of the heart is no longer too violent, but the beats are still too rapid. This symptom caused me to order for some time longer the continuation of the treatment which the patient thought useless, because he felt so well.

Kalmia latifolia, which we gave in alternation with *aconite* and *cactus*, is a medicine whose pathogenesis has been made by the lamented Dr. Hering, of Philadelphia.*

According to him, there does not exist in the *materia medica* a remedy having such a power for governing the frequency of the pulse and the force of the beats of the heart. It is a medicine which, till now has been little employed, says Dr. Hughes. (†) In our opinion, he is wrong, it has frequently rendered us great service.

CASES FROM PRACTICE.

BY O. J. LYON, HARRISON, IND.

Read at the Indiana Institute of Homœopathy, May, 1880.

In the spring of 1878, on the 8th of March, in the evening, our town was thrown into a fever of excitement by the sad occurrence of the gas explosion in the Town Hall. I was called to see one of the victims, who was one of the councilmen, a German. I found him in his home; a man of some fifty odd years, badly burned on face and hands; cuticle peeling off and falling on the floor. After some preliminaries, (for he was a strong advocate of the *regular* school, and his family M. D. came into the room while I was there, too late, though, to begin)" I had patient placed comfortably on a lounge, when I applied strips of old muslin over the entire face and neck, saturating them with *canth. tinct.*, and gave internally *aconite* 30th in solution, dose every two hours, and stayed with him all night. By morning reaction had begun. I now *painted* the face and hands with "*carron oil*" (*lime water and sweet oil aa*). I found, however, the *cantharis* symptoms present

*Amerikanischer Arzneiprũfungen, p 787.

(†) *Actions des medicaments homœopathiques*, p. 330.

in the diuretic system, a condition of dysuria, for which I gave one dose of *nux vom.* 3^r. I continued *this* treatment until the suppurative stage arrived, when I stopped painting and applied cataplasms of *ulmus* and *flaxseed pulv.*, aa., to the face and hands. Public curiosity was at high tide, for "Homœopathy was a do-nothing system," and "that young doctor will let his patient die, as his face and hands are as black as a coal." I bided my time. The back-bone of heroic imposition must be broken, and now is the time to strike the blow. Friends of the patient flocked to see him from various and distant points. The *faculty*! of learned (?) predominant medicine, called on him and with hippocratic (hypocritic) face, tried to investigate the treatment. Eclectics came, with their peculiar air of *blarney*, to suggest that Dr. Lyon use a *mixture*, and to inquire "what Dr. Lyon is giving him?" To all of this annoyance I ordered the "door-keeper" to charge a fee of \$10 to any physician who called to see him who held no ticket of admission from *me*, and that those physicians who wished to learn *my* treatment, could do so on payment of \$5 to *me*. This had the desired effect, and I was rid of the host of intruders and the annoyance created by them. Still I had incurred the hatred of the M. D's., who had taken the liberty to ridicule, when occasion presented. I attended faithfully; removed the poultices twice per day, washing the parts with *castile soap*, until finding some fetor and the suppuration excessive, I added *carbolic acid*, 2 drops, to *sweet oil* 18 parts, and applied *that first* to the parts, then placed the cataplasms on and gave *hepar. sul.* 30^r every three hours, and a glass of *ale* four times a day, with good nutritious food. I continued *this* treatment for some weeks, finding improvement setting in by the third or fourth week. Fearing the palpebræ might become adhered in the canthi, or possibly a cicatrix form, I *pencilled* the parts with a mild solution of *argentum nitricum*. In the course of eighteen or twenty days I found a new cuticle formed over the face as fine and as fair as a lady's. I had previously removed

the cuticle entire, taking the whiskers out in small bunches (i. e., by the roots), and on the 4th of May I discharged the man, with good functional ability of hands, fingers and EYES. I used passive motion of fingers and hands at *each* dressing after the middle of the third week. I conquered and received a handsome fee, with the congratulations of his numerous German friends, "that homœopathic doctor did succeed at last." But I had scarce rested a little till I was called to see

CASE No. 2. I found a girl, æt. fourteen, whose arm was one mass of ulcerated surface, from elbow down. She had been under *regular* scientific! treatment for four consecutive weeks and her doctor had arrived in *his* treatment at the period for amputation. He had *doctored* the arm until amputation was the only hope in *his* profound judgment, and had declared that "*no* treatment but amputation could save the child's life, and fifty dollars must be paid before he would operate." At this *encouraging* (?) state of affairs I was called. The arm *was* in a sorry plight, covered with oils and cloths, which had not been removed during the treatment, together with the collected pus from the extensive surface of ulceration. These combined produced their feter in a *loud* stench. I gave it as my opinion that amputation could be deferred with safety to the girl and her friends' purse. Upon request, I then began treatment of one of the most stubborn cases I ever had. I found a very scrofulous system, and a combination of a large per cent. of "plumbi carbonas" along with the scrofula to contend with. My prescription was *nux. vom.* 30, one dose, followed in eight hours with *hepar. sul.* 30^x, repeated every six hours, and dressing of *vaseline*, charged with *carbolic acid*. I found no improvement in three weeks and sought advice, but none could improve the condition, and after three long weeks more of harrassing treatment, I returned to my own favorite prescription: painted the arm with "*carron oil*," and gave *hepar. sul.* 30. Slight improvement in few days, but no advancement. I dressed arm twice per day. I finally, after

some months of steady treatment, thought of *calc. carb.* This I gave alone in the 200^x, one dose per day, for some time. I then gave *blanks* for three weeks, then one dose of *sul.* 200^x. and in three weeks returned to *calc. carb.* 200^x again. These remedies, with the *vaseline* dressings, restored an arm to a girl who was being pampered for the *knife*, (the glory of heroic practice), and who has good functional utility of the limb. I conquered again. The dominant school was now broken in the "*back-bone*." The young lady in question is as plump and blushing a girl as any in the town. From the wasted, reed-like limbs, the *calc. carb.* produced such a change that assimilation was restored, nutrition re-established, and, judging from roundness of face, fullness of hands, etc, etc., she certainly must be well furnished with adipose tissue. A small cicatrix is left on outer posterior aspect of arm, extending from near styloid process of ulna up to near the prominence of the external condyle of the humerus, which may become absorbed in the course of years. Both cases can be seen in our town, and they stand specimens of the result of Homœopathy over the tyrannical punishment of the Hippocratic (Hypercritic) school. Some of their cases, who happen to live through, stand in bitter rebuke to their physician, who left them with stiffened, distorted hands and painfully contracted features—hands with fingers ankylosed and hopelessly injured and permanently ruined. Still, there are those "who will believe a lie that they may be damned," and who are so chained to their idols that nothing but death can separate them, and who stand by the "*old doctor*," if death is the result.

One more case and I am done. Lady, æt. 30, has dark hazel eye, auburn hair. Main symptoms are neuralgia, cough, angina, but more pronounced than all, was the condition of dysmenorrhœa; "pains come and go quickly," "sensitive to light and noise," "sense of constriction in throat." My prescription was *bell.* 3^x, two doses per day, intermit one

week, then *bell.* 200^z, one dose in three days. Cured in six weeks. This lady was one of the *old Dr's.* patients, who got *no better fast* under his treatment of some months, when her husband called me. I now have the *family*.

I beg you to pardon my off hand expressions, trusting in time to learn from superiors.

EDITORIAL.

[*From the London Lancet, March, 1881.*]

"BOGUS DEGREES AT HOME."

"A correspondent puts to us a very proper question. It will appear simply incredible to most people that a Medical Authority within the meaning of the Medical Act, and among the bodies privileged to be included in Schedule A, of that Act, virtually sells its highest qualification. It is very natural, therefore, that we should be asked if such is really the case. The press of this country has been for some years loud and unanimous in its denunciations of some obscure colleges in the United States—where colleges rise up as mushrooms, or as Jonah's gourd, but alas! do not disappear so quickly,—which have carried on a thriving trade in Degrees in all Faculties, selling them to persons who had a few pounds to give in exchange for title which they were not likely to acquire in the ordinary way. Our own notice of this subject was slightly less loud because of our knowledge that some of our own medical corporations *do virtually sell their highest qualification*. It is now some years since one of them made, it is said, £10,000 *in one year by the virtual sale of its lowest qualification*. But the question put to us to-day by a correspondent has reference to the sale of another and much more serious qualification—that of the Fellowship of the Royal College of Surgeons of Edinburgh. In answer

to his question, we have simply to say that *the Edinburgh College does virtually sell its Fellowship*. That is to say, if any person already possessed of a license in surgery from any Licensing Body in the United Kingdom applies to the Edinburgh College for a Fellowship, and can accompany his petition with testimonials showing that he has not broken any of the lesser commandments, the constitution and custom of the college are such that he will receive its Fellowship on the payment of a certain sum. There is no doubt or mystery about this. It was frankly admitted by Dr. Andrew Wood before the Select Committee of the House of Commons. But it is a very discreditable state of the law, and should bring the Scottish corporations into the very front of the army of medical reformers, instead of being, as alleged, in the ranks of the principal opponents. In the medical world a Fellowship of a College of Surgeons implies merit. It implies in the English College on extended education, and the passing of a very severe examination. It implies probably a pecuniary outlay of nearly £400, over and above the cost of an ordinary medical education. The possession of a Fellowship is a condition of obtaining office in metropolitan hospitals, if not in provincial ones. Can there be anything out of the region of sacred things more serious than to preserve the point of such a distinction? *But here is a Royal College of great respectability and renown actually selling it!* So that two men may be competing for an appointment of great responsibility, for fitness for which a Fellowship of a College of Surgeons is thought the best security, and yet in the one case the Fellowship is a real thing, in the other it is entirely unreal; in the one case it has been worked for and won, and *in the other it has been—bought!* Can there be a greater unfairness, than for a Royal College to send a man into a community, to work among other men, with such a piece of tinsel to his name? *We regret to say that the Fellowship of the Royal College of physicians of Edinburgh, and of the*

Faculty of Physicians and Surgeons of Glasgow are to be had on the same easy and pecunious terms, without examination, and in absentia, as in the case of the Edinburgh College of Surgeons!

"The working of this monstrous system has just received a startling illustration in the report of the sub-committee on Medical Education appointed by the committee of council of the British Medical Association. 'We may mention the case of a student who presented himself at the Royal College of Surgeons, London, and was rejected. He immediately started for Edinburgh, where he was again rejected. Upon this, he went to Glasgow, and passed. He registered as a qualified practitioner, forwarded certain sums of money to Edinburgh, and as a qualified practitioner, was made a Fellow, without further tests, by the very College which had, not long before, rejected him as unfit, by examination, for the license!' Nothing can exceed the significance of this simple narrative, and it is to be hoped that the Edinburgh College itself—the college of many illustrious men—will take advantage of impending legislation to relieve itself from a position so discreditable and anomalous."

NOTE.—The italics in the above are ours. We commend the perusal of the foregoing editorial from the London *Lancet* of recent date, to those would-be medical reformers who hope, by legislation, to cure all professional evils, and to weed the medical profession of its parasites. The medical laws of England are notoriously stringent since the passage of the Medical Act of 1857, and are faithfully enforced, as laws generally are in that country. But even with all their forcible elevation of medical standards, it is found to be impossible to prevent wrongs of the kind complained of. Another feature of the matter which may interest the American profession is that it is no longer in order for "qualified practitioners" in England to sneer at "American Degrees." The latter will, 'ere long, be honored wherever England's canting hypocrisy regarding her own institutions is known.—[ED. CLINICAL REVIEW.]

Surgical Bureau.

In Charge of S. B. PARSONS, M. D., Surgeon.

A phlegmasia alba dolens setting in in the course of an obscure gastric disorder, foretells a cancer, as between chronic gastritis, a simple ulcer, and a cancer of the stomach.

ON NERVE SUTURE, WITH THE HISTORY OF A CASE OF SECONDARY SUTURE OF THE RADIAL NERVE.

BY B. V. LANGENBECK.

[Berlin. klin. Wochenschr. Centralb. f. d. med. Wissen. No. 8, 1881.]

A laborer, aged 31, received several injuries by the fall of a ceiling, and, among his other bruises, was one, considerably ecchymosed, on the outside of the right forearm, directly below the middle; there was also paralysis of the extensors of the arm and hand. There was some sloughing of the integument at the point in question, and an abscess formed, which was opened. After cicatrization of the wound the paralysis continued, proving beyond a doubt that a separation of the nerve in its continuity had occurred. Two and one-half months after the injury, v. L. performed the operation of nerve-suture. The ends of the nerve, separated from each other about two ctm., were exposed and brought into contact by means of a catgut suture passing through the middle of each; to accomplish this, considerable strength was required. The excised cicatricial tissue contained no nerve elements. Recovery ensued without ulceration, and nineteen days later

reaction of the extensors could be discovered on the application of the interrupted current, and six weeks after the operation quite remarkable extension movements were possible.

Gluck, in particular, has experimented on animals for the purpose of studying minutely the healing process in divided nerves. According to his investigations there is first formed an intermediate substance of granulation tissue containing spindle cells with large nuclei (gangliform cells), which develop into solid fibres. These results are as yet uncertain in man, where they have concerned the sensitive nerves mainly; the motor nerves offer a much better field for study. Aside from the case just related, the radial nerve has itself been united by suture; once by Letievant (no recovery), and once by Esmarch (recovery). v. Langenbeck's case offers some interesting peculiarities.

Editor's Drawer.

DOCTOR wanted at Lincoln, Mo. Good paying country practice. Write to Dr. L. E. Whitney, Carthage, Mo.

DR. S. LILIENTHAL will remove May 1st, from 230 West Twenty-fifth street to 228 West Thirty-fourth street, New York.

REMOVED.—Dr. R. L. Hill, from Dubuque, Iowa, to Oakland, Cal We commend him to the Californians as a gentleman and excellent physician.

LOCATED.—Dr. Chas. W. Kelly, of St. Louis, of the class of '79-'80, at Paola, Kansas.

Dr. U. M. Griffin, of Fort Scott, Kan., at Girard, Kan., and Dr. H. W. Taft, St. Louis, Mo., at Nevada, Mo. The two latter of the class of 1880-1881.

DR. GEO. M. HAYWOOD and wife, DR. JULIA F. HAYWOOD, have located in St. Joseph, Mo. We welcome them from Illinois to Missouri. They were both prize medal students and graduates of our last class. We cordially commend them to the public at the thriving city of St. Joe.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO will hold its Seventeenth Annual Session in Toledo, May 10th and 11th. Physicians from neighboring States will be in attendance, and a large gathering is expected. Dr. H. E. Beebe, of Sidney, is a live Secretary, and guarantees a cordial welcome to all.

THE AMERICAN PÆDOLOGICAL SOCIETY will meet in New York City, June 13, the day before the meeting of the Institute. Further particulars will be given later. A grand time is anticipated, and we hope to show the world that Homœopaths are *the* physicians for children.

T. C. DUNCAN, Pres. Wm. OWENS, Vice-Pres. E. CRANCH, Sec.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK—Selden H. Talcott, M. D., President, Middletown. VICE-PRESIDENTS—J. J. Mitchell, M. D., Newburgh; A. S. Frantz, M. D., Geneva; G. W. Peer, M. D., Rochester. A. P. Hollett, M. D., Recording Secretary, Havana; E. E. Jones, M. D., Corresponding Secretary, Albany; E. S. Coburn, M. D., Treasurer, Troy.

OLATHE, KAS., April 2, 1881.—Dear Doctor: Please announce the following in the next number of the REVIEW, and oblige: The Thirteenth Annual Meeting of the Kansas State Homœopathic Medical Society will be held at Topeka, Kas., May 4th and 5th, 1881. In addition to a good, live meeting, a grand banquet is to be given by the physicians of Topeka. Commutation rates will be given by the Kansas Pacific and the Atchison, Topeka and Santa Fe railroads. A cordial invitation is extended to the fraternity in sister States to be present with us. JNO. H. MOSELEY, M. D., Secretary.

DR. G. S. WALKER has been lying very ill for three weeks and we regret to say that at this writing (April 14th) his recovery is still in doubt. Should he be well by the 4th of May, he will, by solicitation of the Kansas profession, deliver an oration on that day at Topeka, at which city the State Homœopathic Medical Society holds its annual session. Prior to his illness he had secured subscriptions to a large amount for the erection of a new College building during the present year. His arduous intellectual work and the physical labors attendant upon an immense practice were the immediate causes of his present prostration, and attack of gastric and cerebral irritation. He was intending and preparing to go to London with his wife in July, to attend the International Homœopathic Convention, and to read a learned paper on some topic connected with Western homœopathy.

THE INTERNATIONAL HOMŒOPATHIC CONVENTION.—Dr. Edward Hamilton, of London, has resigned the Presidency of the Convention to assem-

ble in London on July 11, 1881, and Dr. Richard Hughes has been appointed in his place. The many American physicians who met Dr. Hughes at the Philadelphia Convention in 1876, will be glad to see him occupy this position. The Convention promises to be one of unusual interest and importance, and it will be a favorable time for our American brethren to visit London. The American Institute on the vasty deep! Won't it be jolly! The banks of the Mississippi greet the banks of the Thames! Round trip tickets from New York, \$110. Berths can be secured in St. Louis from J. P. White & Co., corner of Sixth and Pine.

HOMEOPATHIC COLLEGE FREE DISPENSARY REPORT FOR FEBRUARY
AND MARCH.

Cases—Surgical.....	282
“ Gynecological.....	103
“ Eye and Ear.....	98
“ Neurological.....	65
“ General.....	1127
Total.....	1665
Grand Total at last Report.....	9451
Grand Total to April, 1881.....	11,116

Dr. Parsons, Surgeon; Dr. Collisson, Gynæcologist; Dr. Campbell, Oculist and Aurist; Dr. Kershaw, Neurologist; Dr. H. J. Dionysius, physician in charge of General Clinic. All the special cases were shown to the class, and a large number of the General Clinic. A better rendezvous for practical therapeutical lessons cannot be found.

THE following named graduates of the old Homœopathic Medical College of Missouri also received the *ad eundem* degree of the St. Louis College of Homœopathic Physicians and Surgeons, in addition to those mentioned in the March REVIEW. The publication of their names was accidentally omitted. The prolonged sickness of the Dean has prevented the diplomas from being forwarded:

Edmund A. Murphy.....	New Orleans.	N. Zilliken.....	Chester, Ill.
A. S. Everett.....	Denver, Col.	E. L. Hillis.....	Edwardsville, Ill.
J. M. Walker.....	Denver, Col.	A. H. Schott.....	Alton, Ill.
W. A. Smith.....	Evans, Ills.	Josie Johnson.....	St. Louis.
W. D. Gentry.....	Wyandotte, Kan.	Philip Ewald.....	St. Louis.
G. H. T. Johnson.....	Atchison, Kan.	Frank Runner.....	Mexico, Mo.
Chas. Lougeay.....	Columbia, Mo.	W. L. Hedges.....	Warrensburg, Mo.
Ed. W. DeWees.....	St. Louis.	W. Jno. Harris.....	St. Louis.
W. B. Morgan.....	St. Louis.	E. A. DeCaillhol.....	St. Louis.
F. B. Hoermann.....	St. Paul, Ill.	H. J. Dionysius.....	St. Louis.
Roswell D. Valentine.....	Canton, Ill.	T. K. Goodman.....	Pineville, Ark.

ST. LOUIS, March 18th, 1881.

BUREAU OF PÆDOLOGY, AMERICAN INSTITUTE, Session 1881.—Subject for discussion: Infantile Syphilis; mode of communication; symptoms; treatment.

Members promising papers: T. C. Duncan, M. D., Chicago; A. S. Everett, M. D., Denver, Col.; A. K. Hills, M. D., New York; J. C. Morgan, M. D., Philadelphia; S. P. Hedges, M. D., Chicago; W. H. Jenney, M. D., Kansas City.

W. A. EDMONDS, M. D., St Louis,
Chairman.

ST. LOUIS, March 18th, 1881.

BUREAU OF PÆDOLOGY, MISSOURI INSTITUTE OF HOMŒOPATHY, Session 1881.—Subject for discussion: Hydrocephaloid; symptoms; pathology; treatment.

Members: Jno. P. Frohne, M. D., St. Louis; Chas. Gundelach, M. D., St. Louis; Josie Johnson, M. D., St. Louis; Peter Baker, M. D., Kansas City, Mo.; G. W. Barker, M. D., Sedalia, Mo.

W. A. EDMONDS, M. D., St. Louis,
Chairman.

SWEET SPRINGS, MO.—This has become a famous summer resort for Missourians in search of health or recreation. They are situated on the Missouri Pacific railroad, not far from Lexington. Round-trip tickets from St. Louis, \$10; board per day at hotel, \$2; easy of access from all parts of the State by rail. It is here that the MISSOURI INSTITUTE OF HOMŒOPATHY holds its session this year, and the largest and liveliest meeting in its history is anticipated, from the fact that our system is taking a new impetus amongst us, and the State is rapidly filling in with eastern people, who will have none of the old Common Schoolmen in their families. So, let us stir up our Bureaus, sharpen up our quills and our wits, prepare our papers, write up our cases, and throw off the lethargy that has already tarnished our fair name and turned people away from us; and then forward *all along the line*. Be sure and go: If you can't write, you can talk, you can advise; your very presence induces enthusiasm. There is power in numbers, and all are enriched. Haven't got time? Can't afford it? Why, it is the best time and money you can possibly spend. It is the best investment a doctor ever made. One never loses a patron or a friend by such an absence; on the contrary, he stands higher in the community because he has been away consulting his confreres for their good. Our Secretary, Dr. W. D. Foster, of Hannibal, will at an early day forward to you, circulars giving time of meeting and all other particulars. Medical societies and medical education must not be allowed to languish, nor must "the gathering of ourselves together" be

forsaken or forgotten, or the time will surely come when there will be mourning in the land because *we are not*.

TO OUR ADVERTISERS.—We cannot help admiring successful business men. They always use printers' ink without stint, and thereby prosper. We rather plume ourselves upon having the best advertising patronage of any medical journal of our school.

Our advertisers know where to invest their money to reach the most and best purchasers of their goods, and hence select THE ST. LOUIS CLINICAL REVIEW, whose readers, friends and admirers are legion, and dwell up and down our broad land, from ocean to ocean. Mensman's Peptonized Beef Tonic, Trommer's Extract of Malt, Reed & Carnrick's Maltine, with its many combinations—Lactopeptine and Bromidia; Marsh's Pocket Spirometer, Horsford's Acid Phosphate, Johnston's Fluid Beef, D. P. Kane's Artificial Limbs, Livingston's Abdominal Support, and Mermod, Jaccard & Co.'s Spectacles, Watches and Diamonds, are first-class, reliable, honest goods, and are used extensively and with great success by our doctors in large numbers.

The Saddle Bags and Surgical instruments manufactured and sold by A. M. Leslie & Co. and A. A. Mellier have a very extensively deserved sale; white Aloe & Hernstein are extensive importers of all kinds of Physicians' Supplies and Agents for Tieinan & Co.'s Celebrated Surgical Instruments.

Duncan Bros.' Publishing House is a grand success, and Leslie's Elastic Stockings surpass anything in the market.

The three Pharmacies that are advertising with us are prospering, and the eight medical colleges are flourishing beyond any previous year, viz: The Boston University, Michigan University, Iowa University, the New York College, the Cleveland College, the Philadelphia Hahnemann, the Chicago Hahnemann and the St. Louis College.

Gentlemen: We thank you for your patronage—are proud of you—and we believe that we have contributed to your prosperity, and it turns out that we are all prospering together. We send you kind words of greeting, and trust the present year may be "a happy one."

FELONS—AMMONIA.—J. P. Siddall, M. D., Indianapolis, Ind., says: I have been using for the last twenty-five years a remedy which I have never known to fail to abort the disease and process. It consists of strong *aqua ammonia* and *water*, equal parts. Apply a bandage and keep it wet with the above mixture, and in a few hours, usually, improvement will have set in. I do not, of course, use this mixture after the felon has broken or been opened.—*Therap. Gaz.*

THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME IV.

ST. LOUIS, MAY 15, 1881.

NUMBER 3.

MENINGITIS CEREBRO-SPINALIS-EPIDEMICA.

BY W. JOHN HARRIS, M. D.

*Read before the St. Louis Society of Homœopathic Physicians and Surgeons,
Monday, April 25th, 1881.*

GENTLEMEN :—It is not intended in this paper to set before you an elaborate article on the disease in question, but simply to present some ideas and facts that may serve as a starting point for discussion, whereby I hope we may learn something to our mutual benefit.

MENINGITIS CEREBRO-SPINALIS

Consists of an inflammation of the pia mater of the brain and spinal cord—resulting in an exudation of serum and sometimes of purulent matter. This exudation is found mostly at the base of the brain, and around the pons and medulla oblongata ; and in the spinal cord generally takes place chiefly in the dorsal and lumbar regions.

Some writers have described this disease as pernicious, ship and jail fevers—spotted fever and malignant typhus, probably these different names having seemed the most applicable during different epidemics, where one set of symptoms pre-

"The pathology is not very clear. The first step is evidently hyperæmia from slow venous circulation; this, by its pressure, produces the stupor or somnia manifest in the early stage. The next step is evidently irritation and inflammation, chiefly of the pia mater and visceral layer of the arachnoid. The pressure of the lateral, occipital and straight sinuses upon the upper and outer portion of the cerebellum (the portion that the fibres connect directly with the cord) seems to account for the rolling of the head and opisthotonus, while the congestion of the venæ Galeni and choroid plexus would, if Brown-Sequard's experiments on the corpora striata and quadragemina are true, account for the intestinal complication, such as diarrhœa, vomiting, constipation, and even intussusception, noticed. The next stage is that of effusion of serum, sometimes plastic lymph, into the arachnoid spaces and layers of the brain and into the ventricles. This fluid gravitates about the medulla and cerebellum, and by its mechanical pressure produces debility, ecchymoses and death, but it may, however, be absorbed and the patient recover. A serious complication in this stage is suffering of the meninges. We have seen the tentorium softened to perforation and the occipital bone denuded of the dura mater. The nerve structure is also sometimes affected.

"In the treatment of this disease the value of early equalizing the circulation by inducing free perspiration, should be borne in mind and impressed upon the people. The physician rarely sees the case until irritation has set in. In the first stage *aconite*, or where the stupor is profound, *arnica* seems to have yielded the best results. *Opium* seems of little or no benefit. For the next stage, or positive inflammation, *aconite* followed by *belladonna*, *arnica* or *apis*, *hyoscyamus*, *cicuta*, *nux*, or other remedies as may be indicated.

"As the stage of effusion is so often blended with that of inflammation, and it is difficult to make the dividing line, and still more unsatisfactory to depend upon this pathological condition for the selection of the remedy, symptoms are the

safest guides. But here a dryness of the mucous membranes, with suffusion of the eyes seem to indicate that the stage of effusion is reached. In addition to the above remedies, we should not forget *zinc*, *lachesis*, *rhus tox* or *glabra*, *gelseminum*, *bryonia*, *lycopodium*, *cimicifuga*, etc. When the relaxation is most marked, and disorganization, ecchymosis, and dissolution is imminent, such far-reaching remedies as *arnica*, *lachesis*, *crotalis*, *arsenicum*, *china*, *bryonia*, etc., should be consulted."

During the past month, the remedy that I have seen well-marked improvement from, is *verat alb*, especially where it has been given from the onset or beginning of the case. Its action is strikingly shown in the following case :

April 9th, 5:30 p. m., was called to see a young man, aged twenty-two—strong and muscular man, about five feet, eight inches high.

For two days previous had been unable to work. On the 7th he got wet and had a very heavy chill at 12 o'clock, followed by fever lasting till next day, when a slight aggravation took place, followed by vomiting of green streaked mucus, which persisted all day and night and until the next afternoon, when he rapidly got worse and I was called to see him at 5:30 p. m. When I saw him at 6 o'clock I found him completely unconscious, lying in bed with eyes fixed on the ceiling; the mouth on the left side was being twitched up towards the eye. He could not speak or even move the tongue. It was impossible to get him to swallow, and only with very great difficulty could the mouth be forced open. Muscles of neck rigid, and the back slightly arched as he lay on his back, but not much rigidity about the arms or legs.

Verat alb 1^x ten drops in half a glass of water. Every ten minutes a little was to be put between the lips, and if possible, force some between the shut teeth. Saw him at 9 p. m. and found him conscious, but he could not speak. He had swallowed eight or nine doses of his medicine and had been writing down all answers to questions asked him, and in this

way also asking for what he wanted. There was more contraction of the muscles of the back now. Pulse more regular and full. Now ordered *verat alb* every hour, and lotion of *rhys tox* fluid extract ℥ii ; *glycerine* ℥i ; *aqua* ℥ii ; to be rubbed in over spine, and then bags of hot salt applied every three hours to the occiput and to the lumbar region.

April 10th, at 9 a. m. Found patient much more comfortable. He understands better, and has spoken some few words, but he still has to answer all questions by writing. He wants to drink water very often. There is no difficulty in swallowing now, and he can partially raise up to take a drink. I asked him where he had pain and he wrote down: "Sometimes I cannot breathe; it catches on the left side and goes to the other side. Pain on the top of head, and in the neck." He got up to urinate.

The nervous twitching about the mouth is not entirely gone, but is very much less. The back is more arched and very much more painful. Pulse 90, and stronger than last night. Continued *verat alb* $1^{\times}$ every hour, and gave *bryonia alb* $2^{\times}$ two-drop doses every three hours in addition.

April 10th, at 9 p. m. Found patient a little better and so continued the remedies.

April 11th, 8:30 a. m. Patient much better. He can talk quite plainly. Wanted something to eat. Had less thirst, and pulse and temperature were normal. Says that most of his pains are gone, and he would like to get up and walk around, as he feels well. Bowels not moved. Continued remedies and ordered an injection. Gave strict injunction that only broth or soup were to be given and no solid food.

April 12th, 9 a. m. Patient so much better that it is with great difficulty he can be kept from eating a good substantial meal. All contraction and rigidity of muscles has passed away. Says he had a good movement of the bowels this morning, and that he feels almost well. Tongue is clean and pulse regular—60. *Verat* continued—two hours.

April 13th. Patient discharged. Since this time he has been well and had no relapse.

Dr. Collisson has some cases to report also, showing the value of *verat alb*, and I would like to hear from him. So far as I have been able to observe, I fail to see any good result from *sulphate quinine* in these cases. The pains seem to be relieved from warmth, and here I think some gentlemen in the city are on the wrong track when they pack their patients in ice.

A good generous diet in the way of beef tea and broths is necessary to the recovery of the patient. Where the bowels move freely at the beginning of the attack, I believe the patient recovers better.

CASES OF CEREBRO-SPINAL MENINGITIS.

BY WM. COLLISSON, M. D.

Was called to see Mr. C., aged 23, on the 8th of April, 1881. He had had a severe chill the evening previous, followed by fever and vomiting of green matter. The next morning he took two two-grain doses *quinine*, and as he gradually grew worse during the day, I was sent for at 2 p. m., and found patient in the following condition: Partially delirious, constantly muttering and saying he wanted to go down town to business. The eyes were suffused with tears, and the pupils were much dilated; there was a distressed look upon the whole features. Head slightly drawn backwards, with severe pain in the occiput and running down to the lumbar region; cramps in the legs, arms would be occasionally thrown out and held up perpendicularly, and so rigid that the attendant could not bend them, but in a few minutes they would fall heavily by the side, only for the contractions to be repeated again. He frequently wants to get out of bed, and can only be kept from doing so by constant watching of the attendants. The tongue is coated with a sticky brown saliva. Bowels have been regular every day. Pulse 110.

R *Verat. alb.* 1^x 10 drops in one-half glass of water; two teaspoonsful every hour, and for nourishment, warm oatmeal gruel. At 9 p. m. found the delirium had passed into a comatose state, much more rigid and stiff, and the jaw so hard and firmly set that it was quite difficult to open the mouth to administer the medicine. He was continually moaning and screaming. The only thing he could say plainly was to cry out, "Oh! the pain in the back of my head." R *Gels.* 1^x twenty drops in half a glass of water. Tablespoonful every half hour for six doses, when *verat. alb.* was to be repeated as before. The brother reported at 2 a. m. that the raving was incessant, and it was impossible to control him. Sent four medicated powders, *bell.* 3^x and ordered one every hour, when the veratrum was to be resumed.

April 9th, 8 a. m., visited case with Dr. Harris, when we found patient more quiet, and after carefully examining the case we decided to repeat the same remedies.

At 9 p. m. we found patient partially conscious at intervals. Has asked for a drink; can swallow a little better, and has taken a little gruel. He passed his urine several times. Temperature 102. *Verat. alb.* continued, and four powders *bell.* left in case of restlessness.

April 10th. At both the morning and evening visit we found but little change, the temperature being the same, but if anything, the patient was more rational. We made no change in the medicine at either visit, and ordered the gruel to be continued as diet.

April 11th, 8:30 a. m. There is not much improvement this morning. Patient had a restless night. Complained of pain in head and back. The tongue is coated brown, and the breath is very offensive. Temperature 103; pulse 110 and very nervous. Bowels have not moved for forty-eight hours. We now gave three powders, two grains each, 1^x *trit. podoph.* and *merce. dulc.*, to be taken at intervals of three hours, and repeated the *verat. alb.*

8:30 p. m. Patient is more comfortable. Pulse 85; temp-

erature 102½. Bowels have moved three times, and the tongue is not coated quite so much. There is increasing pain in the back and neck. The eyes are very sensitive to light, and the light seems to produce more pain about the head; the appetite is much better; he can take beef tea and gruel. He wants to drink very often.

April 12th, 8:30 a. m. Very good improvement this morning. He passed a good night, having slept for two hours at a time. The tongue looks cleaner, head feels better, and the pulse is now only 85; temperature 102. There is now an increased development of the reflex nervous system. The face appears to be governed by a series of conflicting emotions, not really nervous twitching, but a condition very nearly approaching that. The face has a look of bloatedness as he lies asleep, but this disappears somewhat on awakening.

When holding the hand the same nervous tremors or partial twitching can be felt that is mentioned above as affecting the face. Continued *verat. alb.* every hour, and two five-drop doses of 1st *dil. baptisia*, to be given at once.

April 12th, 9 p. m. Found patient somewhat more restless. Complains of more pain on motion, and of headache over the eyes. Pulse 85; temperature 102. Had a very good day, with several hours spent in good sleep. Has taken two bowls of gruel in addition to beef tea. The tongue looks a little cleaner, though there is still a very dirty looking coating in the middle. Continued the *verat. alb.*, and the *baptisia* to be taken when restless.

April 13th, 9 a. m. The temperature is 102 1-5, a little higher than last night. Pulse 85. Altogether there seems to be some improvement, and more especially in the nervous, jerky condition, both of the hands and face; this is certainly much better. Complains this morning very much of the pain in back of neck, being made worse on the slightest movement.

April 13th, 9 p. m. Pulse 85; temperature 102½; tongue cleaning off; thirst not so much and appetite good. Head-

ache and pains in the neck continue. Has slept a good deal to-day. Cannot turn over without very great pain; all the pains are worse on motion. Noise also aggravates the pains.

Continued *verat. alb.* 1^x every hour, and *bryonia alb.* 2^x two drops every three hours for four doses.

April 14th, 9 a. m. Patient had a very comfortable night; slept for over three hours at a time. This morning he still complains a great deal of pains in the back of head and neck, and great soreness in all the limbs. Temperature 100; pulse 80, and much stronger and more regular. Appetite is good; says they do not give him enough to eat. The eyes begin now to have a more natural expression; heretofore there has been a restless, uncertain look. Continued the *verat. alb.* and *bryonia*. The diet still being restricted to nourishing broths and beef tea.

April 15th. Great improvement, and from this time patient steadily gained until the 21st, when he was discharged.

The treatment in this case was a continued use of *verat. alb.* 1^x from the first, and an occasional dose of *baptisia*, and afterwards of *bryonia*.

From the first we had a lotion made of fluid extract *rhus. tox.*, 3iij.; *glycerine*, 3ij.; *aqua*, 3j., rubbed into the spine every three hours, and then bags of hot salt applied, and afterwards hops instead of the salt. Although there was an improvement from the beginning of the treatment, it was more marked and steady after the bowels had been moved thoroughly.

On March 20th, at 6 p. m., was called to see Elizabeth Glogauer, aged 18, married. Has child ten weeks old. She had been brought to the hospital in a comatose state, after a very severe chill. Was unable to speak, and could give no account of herself. Pulse 120, weak; pupils very much dilated, with a wild staring look from the eyes. There was spasmodic oozing of green slime from the mouth every few minutes. She was unable to swallow; indeed, it was an impossibility to open the mouth. Hands and feet cold; res-

piration hardly perceptible. Prescribed *aconite* 1^x twenty drops in half a glass of water; teaspoonful every half hour, but as it was impossible to administer it at this time, and no amount of manipulation could afford an opportunity for giving the remedy, so as a *dernier resort* an injection of one ounce *beef tea*, containing two grains *quinine*, was ordered every three hours, per rectum.

April 21st. Bowels moved freely after injection of beef tea. Great improvement, and can swallow small drinks; has taken several doses of *aconite*. Pulse 85. The child having been taken away from the breast, and the mammary glands being distended, we ordered the milk drawn off three times a day. *Aconite* continued every half hour, and *quinine* three times a day.

22d. Patient is conscious and can talk. Bowels moved freely after injections of beef tea had been given.

She complains of pain in the back of head and down the spine to the lumbar region. Great soreness all over the head. Pulse 100. *Rhus. tox.* 2^x twelve drops in one-half glass of water; dose every hour. Hot water had been applied to the feet from the first night, and now was ordered to the back of the neck and spine.

23d. No better. *Belladonna* given in place of *rhus. tox.*

25th. Pains no better.

26th. Patient appears greatly reduced in many respects, but the terrible pain and soreness in the back and all over the head causes great restlessness and moaning. Almost impossible to keep her in bed. *Belladonna* continued, and *quinine*, two-grain pills every three hours.

27th. Had a severe chill at 9 p. m. last night, and also at 2 p. m. to-day, followed by more fever and great thirst. Pulse 100, nervous and weak. Tongue coated white; bowels not moved for thirty-six hours. Ordered an injection of *warm water*.

28th. Pulse 96, and stronger. Had a light chill at 9 p. m. last night, and then fever till 5 this morning. *Aconite* 1^x every hour, and *quinine* at 12 m., 3 and 6 p. m.

March 29th. Patient somewhat improved. Medicine continued.

30th. Pulse 90; nervous. Tongue still coated very white, with a red streak in centre. Constant passing of flatulence, with pain in the bowels. *Belladonna* instead of *aconite* every hour.

31st. Patient much better. Omit *quinine* and continue the *belladonna*.

April 1st. Pulse 100. Had fever this morning, and very restless. *Gels.* 1^x ten drops in half a glass of *water*. Tablespoonful every two hours.

April 2d. Medicine continued.

3d. Pain in back of head more severe. *Cicuta virosa.* 1^x ten drops in half a glass of *water*; dose, every two hours.

April 4th. Much worse. No relief from the pain. Fever resumed with a constant anxiety and grief. *Aconite* and *ignatia* in alternation.

April 5th. Remedies continued.

April 6th. Head still growing more painful *Belladonna* every hour, and *quinine* two grains every three hours.

April 7th. Pain in the head better. Feels very faint and exhausted; has great thirst for small drinks. Extremities cold, and bottoms of feet very sensitive to touch. *Arsen. alb.* 3^x every three hours.

8th and 9th. Very little change, yet the patient looks better. Medicine continued.

10th. Fever increased. *Verat. alb.* 1^x twenty drops in half a glass of *water*. Tablespoonful every hour.

15th. Has had no fever since the 10th. Medicine continued.

16th. Tongue very red, and on putting it out it is drawn to the right side. *Bryonia alb.* 30^x every two hours.

17th. At 1 p. m., had a slight chill, followed by violent fever, with delirium, and great rigidity of muscles of spine and neck. At this time it was noticed that these aggravations always come when there is any sudden change of weather from warm to cold. *Hyoscyamus* 3^x every half hour for six doses, then every hour.

18th. Patient again very much prostrated. *Hyos.* continued, with a powder of *arsen. alb.* every three hours.

19th. Patient improving.

20th. Patient improving.

21st. Complains of nausea of stomach. *Ipecac* 3^{ss} every two hours.

22d and 23d. Improving.

24th. Much better.

May 19th. Patient died to-day.

UTERINE DISPLACEMENTS.

BY NATH. V. WRIGHT, M. D., OKMULGEE, IND. TY.

“The practice of applying pessaries or uterine supporters of any kind is rapidly becoming obsolete. A few years more and all these barbarous appliances, as useless and degrading as they are disgusting to the female sex, will be finally laid upon the same mouldy and musty shelves with the cup and blister, the leeches, the lancet and the actual canterly.”

These were the words of Guernsey, and such have been the words of other venerated Homœopaths.

But “the wish was father to the thought.” Reform does not move rapidly. Instrumental support of the uterus is as general as ever, and, judging from our journals and society reports, it has many adherents within our own school. That it gives temporary relief no person, who has used it, will deny. A woman has severe back-ache, bearing down in the lower portion of the abdomen, sensation as if the vagina was about to project, inability to walk, etc. The physician manipulates or uses an elevator, then adjusts the support, and the relief is immediate. On his next visit, he is told that the back-ache is better, the dragging or bearing down has disappeared, and that there is a general feeling of comfort such as has not been before experienced. For the cause of this we have not far to seek. During the healthy state, the womb

was held in its proper place by the ligaments and a double fold of the peritoneum. Now, the ligaments and peritoneum have lost their normal state from pressure about the waist, weakness of abdominal muscles, etc. The capillaries have, to a certain extent, lost their elasticity, congestion has followed and in its turn brought about that hyper-sensitiveness of the nerves, which not only makes the displacement painful, but makes the natural oscillating motion of the contents of the abdomen and pelvis extremely unpleasant. The pessary and bandage remove the muscular strain, relax the ligaments and peritoneum, and by holding the organs securely *in situ*(?), prevent the natural oscillating motions. Instrumental support has succeeded the natural, and the vital power is "laid on the shelf."

But the natural supporters of the generative organs offer no exception to the rule, that any muscle, or set of muscles, if permitted to fall into disuetude, will deteriorate, so that if the patient continues to wear the support, she will soon find herself entirely dependent upon it. The bladder becomes irritable, the bowels inactive, and the walls of the abdomen thin and flaccid. If the cup of the pessary fails to fit snugly, its purpose is not fulfilled. If it does fit snugly, the continual presence of the foreign body, of whatever material, brings about proliferation of cell growth, of the mucous membrane, with the lamentable train of results. Before the instrument was worn, there was a pressure from above. There is now added pressure from below, and without great care, permanent incurvation takes place. The mind becomes disordered, and the lovely bride is changed to a sickly, nervous, disagreeable fault-finder—a burden to herself and to her family.

It may be that instrumental support ought, in certain rare cases, to be temporarily used, but its use is so intimately connected with the abuse, and its use is so apt to be an abuse; that—may we not with propriety, seek means by which it may be entirely dispensed with? It may be said, that in many cases where artificial support is used, the patients are

afflicted with diseases which require exercise, or that their financial circumstances are such that they cannot afford to lie abed until relaxed muscles, etc., are strengthened; and that in such cases a replacement would be useless, unless it is followed by artificial support, as the first physical exertion would be immediately followed by re-displacement. But is not this the fault of a defective method of replacement? If, by manipulation, we simply push the organ into position, without taking advantage of gravitation, and of the contractile power of the woman's muscles, ought we not expect that it will "slip back" as soon as she "gets up?"

If any physician will take the trouble to examine a patient whose womb is displaced, he will find that *all* the contents of the abdominal and thoracic cavities are in sympathy with and are affected by the displacement. If the uterine displacement is very great, and of long standing, the mal-position of the other organs is very perceptible.

Such being the case, is it reasonable to suppose that a simple replacement of the uterus will accomplish the end sought? Is it reasonable to suppose that the physician can accomplish his purpose except by use of the woman's muscles? With the aid of gravitation, the woman's muscles will accomplish the object in a comparatively easy manner. The following method has been used by the writer during the last three years with entire success in every instance. Though it has great advantages, it is imperfect, and doubtless will be improved by the profession.

The patient lies on a level plane, at full length, with face downward. This position gives to the front wall of the abdomen a position lower than that of the pelvis. She stretches her arms as far beyond the head as possible, parallel with the body, with elbows downward. This action is made to elevate the thorax, increase the space between the ribs, elevate the diaphragm, etc., and thus make traction on the abdomen. If the patient is extremely weak, she should lie in this position a minute or two before proceeding further with the operation.

The ankles are then strongly flexed, the toes and elbows resting firmly on the couch, and she makes a *slow* strong effort to raise herself on the elbows and toes. She sustains this position as the strength will allow, and then slowly permits the body to descend. This action puts the muscles of the abdomen on the stretch, and *draws* the uterus into its proper place. Sometimes, however, it is necessary for her to repeat the motion three or four times, and sometimes it is necessary for the physician to aid her by slowly pressing the open hands against the abdomen, allowing them to glide from the region of the pelvis toward the diaphragm. If he thinks the effort made is raising the abdomen too high, he can materially aid the traction by pressing downward upon the small of the back. The effort required may be diminished by approximating the elbows and toes. If the patient is too much debilitated, to go through the operation unaided, the physician may help her by placing his hands beneath the hips (and beneath the abdomen). After the patient has been taught the operation, she can repeat it as often as necessary, without the physicians assistance. It not only replaces the organs, but materially strengthens the muscles, so as to make displacement less liable in the future. Sometimes, however, the operation will have to be followed by the administration of *rhvs. tox.* 6 before the other appropriate remedies can be used. Following this operation, and as adjuvants to the medicinal treatment, the patient should be made to take such exercise as will strengthen the walls of the abdomen. Mere walking will not do. In fact, walking, without other proper exercise, is hurtful to the female. The full blood uncivilized Indian woman nearly always rides on horse-back, and yet, though the half-breed, or white woman, who nearly always walks, is, after child-birth, confined to the bed from eight to sixteen days, the uncivilized full-blood goes out into the bushes, gives birth to the child, washes it, slings it over her back, and, with it, goes on her way, as if nothing peculiar had happened. Why is this? It is because she has developed *all* the muscles of the abdomen, and sides, while

the half-breed and white woman has developed the few at the expense of the many. The legs of the full-blood are in many cases not so well developed as those of her civilized sisters. But while her dress is so made as to allow the utmost freedom to the various twisting motion of the body, and her exercises are such as call these motions into existence; her civilized sisters are so dressed, that the waist and sides are confined, and her exercises, such as walking, running the sewing machine, ascending and descending stairs, are such as leave the sides of the body undeveloped.

This being the case, how are we to remedy the evil so as to prevent future displacements? Certainly not by the administration of remedies. Our remedies will do where a lesion has taken place, but where we wish to develop a muscle, they can, at best, be no more than adjuvants.

Here is where we make good Holcomb's declaration, that "The Homœopath is an eclectic in the broadest sense of the term."

The following exercise will be found very useful: The patient stands in walking position, with a long distance between the feet, both feet flat on the ground, corset removed, and waist unconfined. One arm is stretched as high above the head as possible, the other arm in wing position, the hand grasping the hip. The trunk is then made to *slowly* twist upon its axis, the side, on which is the stretched arm, moving forward and the opposite side moving backward; a return is then slowly made to the original position. The position of the hands is then removed, etc. This exercise may be repeated several times without fatigue. An exercise very similar to this was advised by Liny, the advocate of Swedish movements. Of course it is not given as the specific exercise. The physician who makes each case a separate study, and who studies his cases scientifically, is the best judge as to what is the proper exercise for each patient.

SYMPTOMS AND TERMINATIONS OF ABSCESS OF THE LIVER.

Read before the St. Louis Medical Society.

The symptoms of abscess of the liver are deranged digestion, irritation or atony of the stomach, pain in the right shoulder and back, headache, yellow coated tongue and sallowness of the skin.

There is evidence of arrest of function in the torpid bowels, clay colored stools, (when obtained) high colored urine and a thick oily perspiration.

The deep-seated, dull pain in the right hypochondrium is the characteristic symptom. As the disease runs on to suppuration, there is very marked prostration, hectic fever and night sweats. The abscess may discharge externally or into the bowels, or perforate through the diaphragm and discharge through the lungs by expectoration. Perforation into the pleural sac causes pleuritis, through the stomach, the pus is thrown up. In some rare cases the pericardial sac has been perforated, causing death.

I treated a case of abscess of the liver, which I will repeat as briefly as possible.

The patient, Mrs. H., had been treated by several physicians before I was called. The abscess bulged out under the ribs, pus could be detected by palpation. Dr. Forster saw the case with me in consultation, and the aspirator was used, drawing off several ounces of pus daily until the abscess, discharging freely, made it unnecessary to use the instrument. I injected *calendula* and *hydrastis* tincture, largely diluted with warm water, every day until the pus ceased to flow, giving *hepar* solution internally. During one period of the treatment, the patient was very restless, tossing from side to side of the bed in almost constant motion, unable to sleep, and drinking water often and but little at a time. I gave *arsenicum* 1^x with no benefit. I then gave a dose of *podophylin*, enough to cause action from the bowels, and all the restlessness, sleeplessness

and desire for water ceased. The patient's recovery was very rapid, and she is to-day a healthy, strong woman.

JOSIE JOHNSON, M. D.

1616 Park Avenue.

THE CAUSES AND DIAGNOSIS OF HEPATIC ABSCESS.

Read before the St. Louis Medical Society by C. H. GOODMAN, M. D.

As the accumulation of pus in a cavity necessarily pre-mises a pre-existing inflammation, the causes of hepatic abscess may, in general, be set down as any, which directly or indirectly occasion the inflammatory process; for hepatic abscess is clearly a symptomatic, not an idiopathic, expression of deranged tissue. Amongst the most active causes, I would first mention *external violence* of any kind, such as extreme pressure, a fall or a blow. Traumatic hepatitis, however, is by no means a disease of common occurrence, since the liver has no immediate tendency to traumatic inflammation, and is most liable to occur only where the ribs prove an insufficient safeguard. Of sixty-two cases reported by Budd, but two could be traced to violence.

Frerich gives, in his treatise on hepatic diseases, METASTATIC PYEMIC INFLAMMATION OF THE LIVER as a cause more than traumatism. In this category comes the inflammation resulting from phlebitis of the portal vein, and Dance met with four cases resulting from surgical operations, to-wit, cauterization of rectal cancer, operation for fistula in ano, and in two cases an operation for strangulated hernia, an irreducible part of the omentum suppurating. The violent replacement of a prolapsed rectum has induced this inflammation. These apparently remote causes become more easily comprehended when we recall that the "pelvic veins of the hæmorrhoidal plexus communicate with the portal system through the inferior mesenteric vein." It is most likely that the structu-

ral elements of the blood, pieces of coagulation, plugs of pus, etc., after circulation through the capillary plexas of the lungs, become arrested in those of the liver, hence induce a phlebitis. Any phlebitis may be the agent for producing hepatic abscess, even uterine phlebitis.

A morbid condition of the gastro intestinal canal from inflammatory and ulcerative processes has been cited as a debatable cause of hepatic abscess. On this point there seems to be a division of opinion. Broussais favors this view as well as Audral. They account for the abscess by explaining a transmission of irritation from the mucous membrane of the intestine along the bile ducts to the parenchyma of the liver. "*Ribes*" favors the view of extension of the inflammation to the liver through the veins. Budd accounts it due to a phlebitis of the roots of the portal vein, believing that all inflammatory products, fetid gases and fluids absorbed into the veins from a diseased intestine give rise to larger or smaller abscesses. This general cause, however, does not seem to be sufficiently well established, as we have many cases of dysentery minus the hepatitis, and *vice versa*.

"*Annesley*" holds a view different from any stated. He regards the diseased condition of the intestines, coexisting with a hepatitis, as a result of changes in the character of the bile attributing the dysentery to the longer delay of the bile in the colon and the greater tendency of that portion to the exudation process.

Inflammation and ulceration of the bile ducts, from whatever source, has been set down as a cause of hepatic abscess. Amongst these sources are concretions, gall stones, or the presence of worms of the lumbricoidal variety, both or all of which have been found to be productive of the inflammatory process.

Again, exposure to cold, malarial cachexia and excessive use of alcoholic liquors may be classed amongst the abscess-producing agents. And if I might be permitted to add, the use of mercurials or cathartics to excess, patent pills, "et id

omne genus," if not existing are predisposing causes to this almost always fatal disease. One case on my hands, which terminated fatally, I could account for in no other way than the extravagant use of aperient pills.

DIAGNOSIS.—The diagnosis of hepatic abscess is not always easily made. Its symptoms are in the beginning obscure. In pyœmia pus may, in some instances, collect without any preliminary declaration of disease of the liver. At other times the formation of pus would give rise to those symptoms common to such a process, as chills, night sweats, etc. If the abscess be deep, fluctuation cannot be distinguished, nor is tenderness on pressure a constant sign. We frequently find the characteristic pain in the right shoulder, which Annesley says indicates the convex part of right lobe to be affected. Tension of the rectus abdominis on palpitation is regarded as pathognomonic of deep-seated abscess.

It may be confounded with a pleuritic effusion on the right side. But the history of the case and physical signs would differentiate the two affections. Perforation of the pleura by hepatic abscess would give us signs of effusion subsequent to the hepatitis. When the abscess opens externally, the careful use of a probe will be serviceable as indicating the depth and direction of the pus source.

Diseases of the gall bladder may be mistaken for abscess. A distension from closure of the common or cystic duct is most likely to mislead, but here again physical signs come to our relief. The absence of hardness, no local œdema or redness, the natural appearance of the abdominal walls, the precedence of severe pains in the passage of gall stones, little or no jaundice or hectic fever precluding hepatitis.

Cancer of the liver presents the well known nodular conditions and absence of fluctuation. Hydatids of the liver may mislead, especially when a cyst becomes a suppurative point; otherwise, the pain or disturbed nutrition point to the abscess.

Serous cysts or echenococci may be mistaken for abscess,

but their tardy development, absence of pain, and no disturbance in nutrition, will serve to distinguish; so that, in diagnosing the existence of an abscess, we have no fixed symptoms which unmistakably declare the disease, and the surest method will, in the majority of cases, be the aspirator used at the proper time and season.

NOTES ON LONDON HOSPITALS.

To the Editor CLINICAL REVIEW:

DEAR DOCTOR:—Since my return home I have received a number of inquiries as to what hospitals it is best to visit during a short stay in England, and more especially in the metropolis of the world—London.

To avoid writing so many lengthy letters, I have decided to ask you to publish the following, which will, I believe, prove of material service to all those who may visit London at any future time, and will be of especial benefit to all who attend the World's Convention in July next. Of course all who go will visit the Homœopathic Hospital, located in Great Ormond street, and there I hope they will be fortunate enough to visit the redoubtable Dr. Dudgeon, the scholarly Hughes, and all the other notables of our school.

Then none should fail to visit Guy's Hospital, in St. Thomas street, Southeast, just one block south of London Bridge. Here they will find a general hospital with some of the best teachers in the world. Do not fail to be in the operating theatre on Tuesdays or Fridays, 2 to 4 p. m., and see Prof. Bryant and the other able surgeons of the hospital, operate.

Next in importance, as a general hospital, comes the London Hospital, located in Whitechapel, east of Aldgate church. Here you will find a thousand beds, and can see more accidents brought in than in any other hospital in London.

King's College Hospital is one of the most important. It is situated in Carey street, Lincoln's Inn. The nearest way is

to go in from Fleet street by way of Chancery Lane, as this saves you traversing the "fields. The great reason why all should visit this hospital is because here the genius of Prof. Joseph Leslie presides, and here, as in no other place, can you see the great antiseptic treatment successfully and thoroughly carried out. In the surgical wards some young surgeons will find a perfect and wonderful revelation. Prof. Lister operates here on Fridays, at 2 p. m.

There are many hospitals to visit for special practice, and first I will mention St. Peter's, in Berner's street, near Oxford street. Here you can see plenty of cases of "stone" and lithotomy and lithotrity successfully carried out by Prof. Tevan and others. From seventy-five to one hundred out patients—venereal cases—can be seen here between seven and nine in the evening. Leave your name and address with the secretary of the hospital, and he will send you notice when a special operation is to be performed. Then none should omit going to the Throat Hospital, in Golden square, and see the treatment of Dr. Morrill McKenzie. This is running daily from 2 to 4½ p. m., and on Mondays Dr. McKenzie is here himself, and his kindness to all visitors will well repay you for the trouble of going. There is the hospital for women in Soho square, near Oxford street, and the Royal Hospital for diseases of the ear, adjoining the last named; these should not be forgotten.

To all those who are anxious to improve in the treatment of diseases of the eye, the hospital in Moorfields, at the end of Liverpool street, will be of special attraction. You can see hundreds of cases daily from 9 to 1 p. m. To specialists for nervous diseases, the National Hospital, for paralyzed and epileptics, will be of great interest. This is located in Queen's square, Bloomsbury, and will well repay for the trouble of a visit later to the general practitioner.

Should you have time to spare, go out to Brompton, and pay a visit to the Cancer Hospital for consumptives; both of these will repay you many times over for the time spent in going out there.

None should fail to see the Samaritan Hospital, in Lower Seymour street. This is essentially Mr. Spencer Hill's camping ground, and although he does not operate there now in public, his pupil and successor, Mr. Thornton, will give you the best ideas of what an ovarian operation should be, of any seen by the writer. Young practitioners will find him especially kind and entertaining. The true antiseptic treatment can be seen here, since Mr. Thompson was, I believe, a pupil of Prof. Lister while he was in Edinburgh. What other places you are compelled to miss, do not fail to visit this place. Operations are made here on Wednesdays and Saturdays, at 2:30 p. m. Let me call attention to one fact in connection with this hospital. All visitors are required to sign their names under the following statement before passing into the operating room: "We have not attended any case of contagious disease, nor visited any dissecting room or post mortem case for seven days previous to this date." Herein is something that some of our physicians might do well to copy. Let it not be understood that I am giving anything like a complete list of the London hospitals; that can be seen in the directory, but I have simply aimed to give your readers some definite idea that will enable them to form a good plan for visiting during the first week or so, until they are used to the city and have become somewhat familiar with the different institutions.

Something like the following plan might be followed out for the first week, by which you would lose no time, and if you remain after the time the programme might be varied to suit convenience or necessity :

MONDAY, A. M.—Visit Middlesex Hospital, Berner's street, in the forenoon. P. M.—Hospitals for Diseases of Throat, Golden square, under direction of Dr. McKenzie, at 2:30 p. m.

TUESDAY.—Visit Guy's Hospital in the forenoon and look through the museum, &c., and then return after dinner for operations in the theatre at 2 p. m.

WEDNESDAY, A. M.—Go to Hospital for Women in Soho

square, at 10 a. m., to see treatment of Gynæcological cases, and then cross over Oxford street to the Samaritan Free Hospital, in Lower Seymour street, to see some ovariectomy performed at 2:30 p. m., sharp, by Mr. Thornton.

THURSDAY.—Cancer Hospital, Brompton road, at 11 a. m., and then, in the p. m., go to the Hospital for Consumptives, which is close by, and see the patients under Drs. Tatum and Powell. 3 to 5 is the hour here.

FRIDAY.—From 9 a. m. to 1 p. m. go to the Moorfields Eye Hospital, and from there go to King's College Hospital to see Prof. Lister operate at 2 p. m.

SATURDAY.—In the forenoon visit National Hospital for paralyzed and epileptic, and then, after dinner, go down east to the Whitechapel road and visit the great London Hospital at 2 p. m., and after such a week's work I promise you, you will feel content to rest on Sunday, but of course will find time to attend service at one of the great churches.

This will give you some idea how to commence seeing what is worth going to, without any waste of time; but there is much else, and to those who have time let me remind them of the Hospital for Diseases of the Chest, at Victoria Park. The proper way to reach this place is to go by the Great Eastern R. R. from Liverpool street to Cambridge Heath Station, and then you will have to walk only a few blocks. I should trespass too much on your patience to give any definite or extensive idea of all that is to be seen in London alone; but I earnestly recommend all visitors to buy one of Dicken's dictionaries for a shilling, which not only tells all there is to see, but gives distances, means of reaching any given place, prices, cab fares, &c. You will find a list of hospitals there also.

In the *Lancet* you will find a list of operations for the coming week. This should be consulted, as it may influence you in making up your list.

With these few suggestions, and the assistance rendered by the reception committee of the World's Homœopathic Con-

vention, I believe all our western friends, as well as the wise men of the east, will not only enjoy themselves, but will also profit by their visit to the great city of London.

Many hospitals in the larger cities of England are well worth visiting, and I hope some of our friends will take time to see them. Should any of our friends desire a letter of introduction to some of the London practitioners I shall be pleased to write one for them.

Wishing all who may go, bon voyage, I am,

Yours fraternally,

W. JOHN HARRIS,
3045 Easton Avenue.

St. Louis, May 6, 1881.

A QUEER TÆNIFUGE.

BY E. A. DE CAILHOL, M. D. ST. LOUIS MO.

About two months ago, having some private business in the Southern States, I went there, and remained a few weeks. A young woman, aged 25 years, whom I had known as a child years ago, asked me for a consultation, as she remembered me well, as the former physician of her parents.

She told me that she was four months pregnant with the first child, and during all this time she was affected with uncontrollable vomiting. She looked very emaciated, yellow color, etc. I first prescribed for her the internal medicines, indicated for vomiting of pregnancy, but seeing no improvement, I concluded to examine the os uteri, did so, and found it normal. I was now at a loss, not knowing anything more likely to improve her condition. She then told me that she had forgotten to mention that she was affected with a tape-worm, for which she had been already treated. She added that she was sure of it, because for years, she had passed at times more or less portions of it, but the head was never removed.

I was making up my mind how I could get rid of the intruder, when she told me that she would not like to take any strong medicines, because she feared it would make her miscarry, knowing already too well, how disagreeable were the medicines in such a case.

At that moment, I remembered a popular remedy that I had learned some years ago, from the natives of Cuba. To remove the tape-worm, they eat every morning, fasting, the pulp of a fresh cocoanut, and drink the milk contained in the nut, until the worm is expelled. Inside of from five to ten days the result is obtained. I think this may act as a prophylactic also, as tape-worms are scarce there, because every body eats cocoa more or less. But there, the fruit is fresh, is easy to obtain, and it is very pleasant. The watery part tastes like milk, the pulp is soft and tastes like cream, they eat it with a spoon.

Is it on account of all that, that this fruit is so efficacious? I cannot tell. However, I concluded to try its value in this case, and I asked my patient how she would like to eat a cocoanut every day before her breakfast and during several days; first to drink the water, *if not rancid* or sour, as it is often the case in this country where we cannot get the fruit very fresh; and *second* to eat the pulp, either as it is, or in a pie or other kind of confectionery. She smiled at the treatment, but promised to try it. It was also agreed, that after each four days, she would take a bottle of *citrate of magnesia*, in order to have the bowels well emptied.

My patient reported two days after the commencement of treatment; said she was better, no more vomiting, relishing everything she ate.

Two days after, when the *citrate of magnesia* was operating, she passed from fifteen to twenty feet of her tape-worm.

Upon examination of the worm, I found that it belonged to the genus *Bothriocephalus*. She kept on with the treatment five days after, then took the other bottle of *citrate of magnesia*. The first movement of the bowels brought out the other large portion of the worm, head and all.

I thought to give publication to this fact. I should be glad to know the result of others, because I have often had trouble in my professional life with children afflicted with tænia, on account, either of the previous fasting, or the unpleasant, nauseating taste of the usual remedies, and also because, I suppose that, perhaps, some of my colleagues are not aware of the nature of the cocoanut as a tænifuge.

DR. HAWKES' ERRORS IN ÆTIOLOGY, PATHOLOGY AND THERAPEUTICS.

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

Having already occupied considerable space in the *New England Medical Gazette*, in the discussion of another subject concerning which Dr. Hawkes and I hold different opinions, I desire, now, to tax the pages of the CLINICAL REVIEW with some remarks upon the subject stated above.

In concluding my notice of Dr. Hawkes' strange effort to expose a "mare's nest" in what I said in the December *Gazette*, about Drug Specifics, I used the following language: "In the production of the doctor, I notice several grave blunders in ætiology, pathology and therapeutics, which are so palpable as to call for no comment from me. The class of persons who read the *Gazette* will not be misled by them."

Referring to the "grave blunders" in question, in his April article, Dr. Hawkes says, "but which he does not point out. It is a pity he did not do so. There are many besides myself who hold such erroneous views."

The incredulity thus expressed, as to the reality of the blunders, or of my ability to point them out, has induced me to call attention to them as I now do.

1. The first blunder is in therapeutics. Speaking of Homœopathy the sweeping assertion is made, "It does not include in its especial field antidotes for poisons."

Were it asserted that, the homœopathic principle does not apply where means are to be employed to secure the *mechanical* ejection, or *chemical* decomposition of poisonous matters in the human body, Dr. Hawkes would be in accord with the liberal and progressive men of our school. But when he goes so far as to say that, in therapeutics, where the influence of poisons, animal and vegetable, including the whole range of pathogenetic and morbid agents, is never to be combated by homœopathic remedies, he is going entirely too far, against the reasonable and well established claims of Homœopathy.

Did Hahnemann and Stapf, and Boenninghausen, and Jahr, among the old, and Hering and Hempel and others among later, writers on *Materia Medica*, justly claim the *antidotal* action of the *similar agent*?

Were they all mistaken?

Stated in this manner it might seem that I misrepresent the teaching of Dr. Hawkes, that he could not possibly hold to such a view. But let us pass on, a line or two, where his sentiment is fully exemplified. He says: "But syphilis is an animal poison, and a patient suffering from it must be treated as should be a patient suffering from poisoning by any other animal virus. The proper treatment, then, should be common-sense applied to chemistry and mechanics, with a view to antidoting or removing the cause. Remove the cause and clear the system of poison, and the 'science of therapeutics' will find the proper field for its power in correcting any remaining derangement of function"!

If syphilis is an "animal poison," what is small-pox, and scarlet-fever, and measles, and diphtheria, and whooping-cough, and mumps, and gonorrhœa, and other self-propagating affections, communicated from one person to another?

I believe Dr. Hawkes is a teacher of clinical medicine. The question must arise if, in his specimen practice, where a case of any one of these diseases comes before the class, he follows "common-sense applied to chemistry and mechanics" to "antidote and remove" the *animal poison*, leaving his "science of

therapeutics " his homœopathic remedies to correct only the remaining derangement of function"?

I have, sometimes, been accused of narrowing the domain of *similia*; but I have never thought of excluding so large a portion of the human ailments, daily presented to the medical practitioner.

2. The second blunder which I note is ætiology.

Dr. Hawkes says: "Perfectly healthy individuals do not have intermittent fever." If, by this expression, he means simply to say that, *well* people are not *sick*, or that he whose *limbs are perfect has no broken leg*, I will not characterize the statement as a blunder; nor, if he would claim a personal *susceptibility* in the individual who contracts a certain form of disease. But if he would teach that, all persons are sick from other causes before they can take in the essential cause of intermittent fever, he goes wide of the mark.

A limited observation of what transpires in a malarious district, or a slight acquaintance, even, with the literature of intermittent fever, must teach any one that, the healthiest persons, (with none of the abnormal modification known as "acclimatization"), are the readiest to contract chills and fever.

Dr. Hawkes should, by this time, have learned that, there is just as specific and sufficient a cause, (a poison), for a case of intermittent fever, as there is for a case of syphilis, and just as much need of his "common-sense applied to chemistry and mechanics" for its removal.

3. The next blunder is in therapeutics. The doctor says: "It is not marsh miasm, nor is it the intermittent fever, that curative medicines act upon. It is upon the individual unhealthy condition of each patient, his disease tendency, so to speak, which affords congenial soil in which the miasmatic influence may take root, and whose presence and peculiarities are thereby made manifest. Remove these by the indicated remedy, the specific for that patient, and the intermittent fever will disappear."

While no Homœopaths, so far as I am informed, pretend to

address their remedies directly against "marsh miasm," nor so as to "act upon the intermittent fever independently of the organism of the patient, I think it would be difficult to find any one beside Dr. Hawkes, who would be content to aim all his remedial measures against the disease tendency," the assumed "individual unhealthy condition of each patient," existing before exposure to the chill influence. To attribute the symptoms displayed in cases of intermittent fever, to some intangible, undeveloped, "disease tendency," and not to the influence of a special cause, usually termed "marsh miasm" or "chill poison," and, more especially, to single out and take as guiding symptoms or such as indicate the needed remedy, a portion of those discovered in the patient, is to ignore the plainest facts in *ætiology* and the most positive requirements of Homœopathic therapeutics.

Taking the figure of the soil and the seed, brought forward by Dr. Hawkes, let me ask, if the wise husbandman attributes the presence of the noxious weeds in his field to some pre-existing element in the soil, favorable to the growth of weeds, or, rather, to the seeds sown by the autumnal winds.

What would be thought of his sanity should he endeavor to remove the evil by rigidly ignoring the weeds and working by might and main to eliminate from the soil the elements *supposed* to favor the growth of weeds?

In the light of much personal observation, as well as reading of history, I assert that the human being who takes nourishment most readily, digests and assimilates it most thoroughly, and has the keenest appreciation of every pleasing influence, other things being equal, is the first to take and feel the influence of malaria.

When in an *abnormal* state, especially by reason of a drug prophylactic, such as *quinine*, or some other product of the bark, the organism hardly feels the presence of the chill poison.

4. The fourth blunder is one in pathogenesis. Dr. Hawkes says: "The common symptoms produced by a drug or a dis-

ease, in every person experimented upon or attacked, are of but little value as guides in selecting the remedy."

This is a blunder not altogether peculiar to the doctor; it has been common among "Homœopathicians," especially such as prate everlastingly about their superior knowledge of the *Organon* and the Homœopathic Materia Medica.

During the proving of a drug, those symptoms which are common to all provers, which appear in the record of *every experimenter*, are most highly characteristic of the drug, and therefore the most valuable.

They are truly diagnostic of the drug disease. But the doctor pronounces them "of but little value as guides in selecting the remedy"!

This one error has led to the careful hoarding of thousands of symptoms which never come from drug influence at all, and to their constant repetition in repertories and works on practice. It has given preference to all sorts of singular and queer symptoms, instead of the uniform, repeated and unmistakable effects of drugs in the human organism. Symptoms reported by only one prover are of little worth, because they may arise from his "individuality," or the peculiarities of his environment, and not at all from the drug he is proving.

5. The fifth, and last blunder of which I speak is one in pathology and diagnosis. The doctor says: "The valuable symptoms are those which are peculiar to the drug or the patient; and those in the patient depend upon his individuality. They are not, strictly speaking, symptoms of the disease; they are evidences of previous ill-health, and are developed by the disease. And remedies aimed at and hitting these will the most effectually remove the disease or keep it under control."

In presenting a case of scarlet fever at his clinic, following the sentiment above announced, the doctor must say, Here you observe a peculiar exanthem, inflamed throat, rapid pulse, etc. But do not suppose that these are "symptoms of the disease; they are evidences of previous ill-health, and are developed by the disease."

What of the pathological condition? Was it the same before the exposure of the patient to the contagion of scarlet fever?

Is there simply a "development" of the "previous ill-health" without a change in the pathological state?

And what about diagnosis?

Are all the evidences of scarlet fever to pass for nothing? Are there no lines of comparison, of defferential diagnosis, whereby the student may distinguish scarlet fever from measles or small-pox?

If all the symptoms presented are only "evidences of previous ill-health," upon what is the classification of human affections based? Where does he find an intelligable nosology?

As one put forward to exemplify therapeutic principles, especially to illustrate good diagnosis, sound philosophy and enlightened practice, before medical students, Dr. Hawkes should be more careful in his studies and teachings. Blunders like those I have noticed are not creditable to him nor to the college he endeavors to serve. And just such teachings and practice have led to wonderful misaprehensions of Homœopathy, and brought upon its advocates much contempt and abuse from men of learning and character.

It is high time our colleges were thoroughly purged of such nonsense.

If errors *must be*, let them come from other sources, not likely to compromise our entire school.

RESECTION OF THE STOMACH.

Billroth's name is again frequently noticed—even in many secular papers—as having again attained a great success. In a letter, dated Feb. 4th, to the Wiener Med. Wochenschr. (No. 6, 1881), he describes the operation of *resection of the stomach* which he performed on January 29th for carcinoma of the pylorus.

This operation must not be considered a daring experiment on mankind, but one perfectly proper, both physiologically and technically. It has been performed once before (by Pean in 1879), but the patient died on the fourth day; the selection of the method of operating, and especially of the material used for sutures (cat-gut), was not a fortunate one.

B., after looking for a long time, only recently met with a case in which the operation would be appropriate. A woman aged 43, became suddenly ill during the month of October, 1880, presenting symptoms of cancer, the most prominent being persistent vomiting. During the six weeks preceding the operation sour milk was the only article of food she could retain, for any length of time at least, upon the stomach, and she felt that her end was approaching. The operation was proposed to her, and she consented to it.

The preparation consisted in getting her accustomed to peptone enemata, and the operation of washing out the stomach.

Operation: A transverse incision about 8 ctm. in length was made through the thin abdominal wall over the tumor, which, on account of its size, was difficult of removal; it proved to be a nodular, partially infiltrated carcinoma involving the pylorus and more than the lower third of the stomach. The adhesions with the greater and lesser omentum and transverse colon were carefully detached by dissection, and all the blood-vessels were ligated before they were divided: loss of blood was extraordinarily small. The tumor was completely exposed upon the abdomen and an incision made in the stomach, 1 ctm. from the infiltrated portion, first backward, then through to the duodenum. An attempt to coapt the edges of the wound showed the possibility of a perfect union, and six sutures were introduced; these threads were not then tied, but were only made use of to retain the margins of the wound *in situ*. Another incision was then made obliquely from above and within, downward and outward, alongside of, but always 1 ctm. from the infiltrated portion of the stomach-

wall. The next step was that of uniting the oblique wound of the stomach from below upward until the opening was of such a size that it could be fitted to the duodenum. After this the tumor was completely separated from the duodenum by an incision running parallel to the stomach-incision, 1 ctm. from the infiltrated portion, and the duodenum was perfectly fitted to the opening left in the stomach.

In all, some fifty or more sutures of Czerny's carbolized silk were employed, and the wound was cleansed with a 2 per cent carbol-solution. The sutures were then carefully examined, and supporting sutures applied at points which appeared weak. The stomach was then replaced in the abdominal cavity, the abdominal wound closed and dressings applied. The duration of the operation, including narcosis, was one and one-quarter hours.

After-treatment: For the first twenty-four hours ice only was allowed by the mouth, after that time sour milk by table-spoonsful until about one litre was taken per day (the patient did not like beef tea). The peptone and pancreas enemata caused flatulence and were omitted; injections of wine were, however, more pleasant in their effects.

During the six days, at the end of which time Billroth's letter was written, there was not the slightest reaction except moderate fever. On the twelfth day the abdominal wound was completely healed, and all the sutures had been removed. The patient was taking milk and wine, and her only complaint was from a slight constipation.

Billroth promises a detailed description of this case later.

The entire portion excised measured at the large curvature (*horrible dictu!*) 14 ctm.; a goose-quill could only with difficulty be passed through the pyloric orifice.

(Our readers may expect a complete translation of the detailed report promised by Prof. Billroth, when the journal containing it reaches us.—Eds.)

LACERATIONS OF THE CERVIX, CAUSING METRITIS AND ENDOMETRITIS.

EDITOR MEDICAL BRIEF: In the "Brief" of December 1880, and February, 1881, are communications from Dr. Packard regarding metritis and endometritis. In his case, patient had a miscarriage, and subsequently pelvic pains with streaking pains in the hypogastric regions. She had leucorrhœa, and uterine discharges streaked with blood, os uteri tender, presenting a granular appearance, cervix elongated, and last, but not least, the uterine canal measured three and three-fourths inches. In this case in question, the first thing necessary is to make a careful diagnosis, and the pathology of the case must be well understood, otherwise no rational treatment can be instituted. Dr. P. has not told us whether or not there is any irregularity in the shape and contour of the os and cervix; whether any nicks at the os or lacerations of cervix exist; and if so, consequently there must be an eversion or extrusion of the lining membrane of the cervix. From Dr. Packard's description, we are disposed to think such is the case. It is astonishing how often these lacerations are overlooked. Dr. Goodell says, in speaking of lacerations of the cervix: "There exists, indeed, no visible or tangible lesion of the body in which errors of diagnosis are so frequently made as in this."

If Dr. Packard will expose the cervix by using the duck bill speculum, Sims', or better, Erich's, and a depressor, and then if the contour of the os is abnormal, and especially patulous, let him take two tenacula, one in each hand, hooking one carefully upon the anterior lips and the other upon the posterior lip, and then draw them down towards the vulva, and if he finds the os to look natural and the spread-out look gone, he may diagnosticate a laceration of the cervix.

This traumatic lesion is found in about 16 per. cent. of child-bearing married women, who are ailing after labors, and who seek relief from the gynæcologist. If Dr. P. finds such

to be the case, he has probably, in addition to the laceration, a case of sub-involution of the uterus with endometritis, and probably corporeal metritis—these complications being all the results of the laceration which occurred at the period of one of her labors. I may add that chronic metritis and endometritis almost always coexist; the lengthened uterine canal at once gives a hint to the diagnosis, because we cannot conceive what could produce this elongation except it be a sub-involution or the existence of a fibroid tumor.

If the diagnosis of laceration is made, the writer of this will be most happy to continue this topic in a future number of the "Brief." Laceration of the cervix has existed as the result of rapid labors in the second stage from all time, but only within the last fifteen years has the discovery been made known, and its existence has upset all the old theories of Bennet, Meigs, Hodge and others, and its treatment bids fair to be more satisfactory than any other class of uterine complaints.

T. G. COMSTOCK, M. D.

507 N. Fourteenth street, St. Louis.

Editor's Drawer.

HO FOR THE VANDALIA!—This is the fashionable, fast, and famous route to the East. All other routes are common, tame, flat, and unprofitable compared to the grandeur that greets the traveller's eye from the windows of the Vandalla's princely day coaches, and reclining chairs. And then the soft cushions of the Pullman sleepers rock you into restful repose.

After passing over the rich and picturesque central States of Illinois, Indiana, and Ohio, it crosses the Ohio river and begins to climb the Alleghenies, and one soon sees nature in her loftiest moods, as the Pennsylvania mountains pile themselves against the sky in all their sublime majesty.

No route like this "Pennsylvania Route" to the tourist, or lover of nature, in search of rest or recreation! This is our route to the American Institute, and we recommend it to all doctors and friends, as the pleasantest way to reach New York from St. Louis. We have tried them all, and this is as superior to the others, as a Hyperion to a Satyr.

DR. A. S. EVERETT, OF DENVER, holds the appointment of Surgeon in charge of Denver and Arapahoe County Hospital, Colorado.

DR. W. R. OWEN, OF PUEBLO, AND DR. WHEELER, OF DENVER, Homœopaths, have been appointed by the governor, members of the State Board of Medical Examiners of Colorado. Number of board nine.

PROF. S. B. PARSONS has taken a river steamer for the northern lakes again to regain his health, which is somewhat impaired by over work. He has a summer residence at Ingleside, on Lake Minnetonka, and his address is Excelsior, Minnesota.

HOW TO JOIN THE INSTITUTE.—It costs ten dollars to join the American Institute—five for initiation fees, and five for the first years' dues, and five dollars for each year thereafter. Applications made by letter to Dr. F. R. McManus, Baltimore, Md., President of the Board of Censors, or in person at the session of the Institute. Applications to be recommended by three members of the Institute in good standing and accompanied by a ten dollar bill.

THE THIRD ANNUAL MEETING OF THE SANITARY COUNCIL OF THE MISSISSIPPI VALLEY was held in Evansville, Indiana, April 20th. We have a full account of the proceedings in the *Evansville Journal*, sent us by Dr. M. T. Runnels, the greatest sanitarian in the West, who was present as a delegate, sent by the governor of Indiana. Wish we had more space to enlarge on this most important of all subjects—sanitary science in the Mississippi valley.

REMOVALS.—Dr. W. D. Foster, from Hannibal to Kansis City, Mo.

Dr. F. A. Bishop, of New York, to Hannibal, Mo.

Dr. Bishop succeeded to Dr. Foster's practice.

Dr. H. B. Shirley, of Whitehall, Illinois, to North Loup, Valley County, Nebraska. His brother, E. K. Shirley, one of our new granuates, takes his practice.

Dr. S. N. Sanders, from Mattoon, Illinois, to Arcola, Illinois.

A. M. Leslie & Co., surgical instrument makers, have removed from 319 north Fifth street, to 204, same street, opposite side.

DEAN WALKER CONVALESCENT.—We take great pleasure in announcing that Dr. Walker is recovering from his long serious illness, during which his life was dispaired of for nearly two months. The rose tints of health are now mantling his cheek, and the returning tide of health is lifting him back to us, and his host of friends who, with bated breath, had long asked, "What's the news from Walker?" Never has a community been so anxious about the life of a single individual. His great eulogium on the great Hering showed that he was as great, if not greater, than he. We began to think, should he go too, there would be no Marc Antony to pronounce his funeral oration.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.—The thirty-fourth session of this great national medical organization will be held at Brighton Beach near the city of New York, June 14th to 17th, inclusive.

Of the attractions of this now popular sea-side resort it would be superfluous to speak. It is only necessary to say, that by the efforts of president Dowling and treasurer Kellogg, arrangements have been made with James Breslin, Esq., proprietor of Hotel Brighton, to entertain the members of the institute and their friends, who may attend the meeting, in princely style and at reduced rates. The hotel is said to be one of the grandest in the world. To the pleasure seeker and sight-seer alone the beauties of Brighton Beach will well repay the tourist a trip across the continent, not to mention the attractions of New York city—its Central Park, Egyptian Obelisk, Hell-gate channel, Elevated Railroads, Brooklyn Bridge, etc.

From present indications the approaching meeting will be one of the largest and most important ever held by the institute. We are promised full and carefully prepared papers and reports from the various bureaus and committees, while the new feature of holding sectional meetings will afford opportunity for a full discussion of the subjects presented. These discussions will be reported *verbatim* by expert short-hand writers, and will appear in full in the transactions as an appendix to the papers of each bureau, thus adding largely to the practical value of the work.

Since the last meeting of the Institute (June, 1880), the committee of publication has printed, (including two vols. of 1872) over *three thousand five hundred* octavo pages, or four volumes, averaging about *eight hundred and seventy-five pages*; the matter methodically arranged, neatly printed, carefully indexed, and *three* volumes substantially bound in cloth and delivered to members, *not in arrears*, to the treasurer, without individual expense.

The institute has a record of which not only its members, but the profession as a whole, may well be proud. Its membership is composed of many of the most influential and progressive physicians of our school; while its papers and discussions compare favorably with those of any other medical society in the world.

It must be apparent to any one conversant with the history of Homœopathy in this country that the concentration of medical thought and the scientific investigation of therapeutic agents, as expressed by the Institute, are such as to exercise an influence that it would be impossible to exert without associated action.

In conclusion, we most earnestly appeal to every eligible homœopathic physician in the United States, to join in earnest practical work in the interests of medical science by becoming a member of the Institute at its approaching session. While it is desirable, it is not obligatory upon you to attend the meetings; and should either circumstances or choice prevent you from mingling with our deliberations in person, you may still

become a member of the Institute, and in return receive the transactions, which will yield you *two-fold* the value of your investment.

J. C. BURGHER, General Secretary.

SOCIETY MEETINGS.

Michigan	Ann Arbor	May 17-18.
Minnesota	St. Paul	" 17.
Illinois	Galesburg	" 18.
Iowa	Ottumwa	" 19-20.
Indiana	Indianapolis	" 25-26.
Wisconsin	Fon du Lac	June 1- 2.
Western Academy	Chicago	" 8-10.
American Institute	Brighton Beach	" 14-17.
International Homœopathic Convention, London		July 11.

Kansas has held at Topeka her annual session. Officers elected for ensuing year are as follows:

President, Henry W. Roby	Topeka.
Vice-President, W. D. Gentry	Wyandotte.
Secretary, John H. Mosely	Olathe.
Corresponding Secretary, T. J. Patchen	Topeka.
Treasurer, G. H. T. Johnson	Atchison.
Place of meeting next year	Wyandotte.

Western Academy invited to meet with them. Many thanks to Dr. W. D. Gentry for file of Topeka papers, giving a full account of the enthusiastic meeting, and the grand banquet and hop at the Gordon House and Guards' Hall. Dr. Gentry was appointed to read Dr. Walker's address, he being absent on account of illness.

DENVER, COL., MAY 9, 1881.

EDITOR CLINICAL REVIEW: I herewith transmit you a copy of the Report of Arapahoe County Hospital for the month of April. This is for the first month of Homœopathy in this institution:

Patients remaining from last month	82
Admitted during April	43
Discharged during April	55
Born	0
Died	2
Out-door patients treated	7
Treated at jail	1
Average daily attendance at Hospital	74.8
Patients remaining April 30	68
Total treated	193
Death rate	3.684

Yours truly,

A. S. EVERETT, M. D.,
Surgeon in charge.

THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

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NUMBER 4.

CERVICAL ENDOMETRITIS.

BY M. B. PEARMAN, M. D.

Read at Minneapolis, June, 1880, before Western Academy of Homœopathy.

The time allowed for the reading of an Essay precludes very long descriptions, so I shall give but a brief resumé of the most prominent points.

[illegible]

It may permeate its entire structure, - - - - -

{ mucous lining,
 peritoneal covering
 and parenchymatous tissue.

Our article is upon inflammation of the mucous lining of the cervix.

Dr. Bennett, and other eminent physicians, have objected to the term "inflammation" for diseases of the uterus—insisting that it is only applicable "Where perverted alterations of the vascular tissues produce the exudation of the liquor, sanguinis."

In *this* light, the word would certainly be out of place, applied to the uterus.

According to many authorities, "inflammation" is an abnormal condition, usually characterized by increased redness

and swelling, and always accompanied by perversion of nutrition and secretions.

Using the term, "inflammation," when speaking of the uterus, we mean simply a perversion of nutritive action and the resulting changes of congestion, sensitiveness and hypertrophy.

Inflammation of the uterus is a disease which demands the most earnest study. It so changes the form, size and condition of that body, that (through its connection with the nerves) it may materially affect the whole individual.

The study of this disease is no easy task, for, though we speak of the uterus as a single organ, it is made up of parts that differ in structure, function and tendency to disease.

Then, also, distant organs of the body are often affected, through sympathy, and present phenomena that may be mistaken for the exciting cause.

Sympathetic phenomena are of the highest scientific importance. Among them are disturbance of the stomach, derangement of the bowels, affections of the liver, eyes and nervous system.

Pathological anatomy is not here a sure guide, for we are liable to mistake deceptive appearances for serious alterations, or we may exaggerate the importance of real structural changes.

CERVICAL ENDOMETRITIS—ACUTE FORM.

Acute inflammation of the lining membrane may be confined to the cervix alone, or it may affect the whole uterus.

The most *common* is that of the cervix—an inflammation of the mucous membrane that lines it and covers its vaginal portion.

By far the greater number of cases that come under the physician's care, are cases of inflammation of the membrane around the os and inside the cavity of the cervix.

CAUSES.

Among the direct causes:

1. Disorders of menstruation, { cold at the period,
suppression.

2. Cold, wet feet, damp clothing.
3. Violent exercise, such as long continued { riding,
walking or
standing.
4. Injections—too { hot or
cold.
5. Direct injury from the use of { sound,
pessary,
tents or
irritants.

INDIRECT CAUSES.

Frequent child bearing.
 Labor or abortion.
 Biliary diseases.
 Lactation—too long continued.
 Insufficient nourishment.
 Habitual mental strain.

SYMPTOMS.

In the non-puerperal uterus, inflammation comes on without any *violent* symptoms.

The office of the unimpregnated uterus is so humble, its functions so few, there must be a great sameness in the symptoms which attend its disorders.

In other cases, the symptoms may vary greatly in intensity—at times hardly perceptible, or they may be so severe as to affect the nervous system and the stomach.

The patient generally complains of some of the following troubles: Slight fever, heaviness and pain in the pelvis, burning in the vagina, tenesmus, aching back, and *local pains*—showing the parts affected. Sometimes this last pain radiates in several directions. It is generally a dull pain, although occasionally it may assume a sharp character. The cervix is swollen and tender and the os dilated. Proper treatment may prevent the attack from becoming chronic. The horizontal posture is one of the first things to be ordered.

REMEDIES.

Among the best and most efficacious remedies are: *Bell., gel., aconite*, and *acetate of morphia*—1st trit.

The last named not only quiets the nervous symptoms and pain, but helps to allay the inflammation. Direct applications of pure *glycerine* will cause a free discharge from the *engorged capillaries* and remove a cause that was in itself perpetuating the disease.

Removing this barrier to circulation Ludlam compares to extracting a splinter from the flesh and thus allaying the irritation.

Glycerine and fluid extract of *bell.* give great relief.

Where the pain is intense, place over the abdomen a soft, warm poultice of powdered *linseed* (containing a little *vase-line*), covered by oiled silk—or cloths wrung out of hot water.

In about a week or more the symptoms slowly disappear, leaving the parts in a healthy condition, or the disease merges into the chronic form.

Be careful to regulate the diet and manner of living of the patient.

Try to secure for her rest of mind and body.

Frequently use hip baths and warm vaginal injections.

CHRONIC INFLAMMATION OF THE LINING MEMBRANE OF THE CERVIX.

This is a *very* frequent disease—not dangerous in itself—but may lead to diseases of a worse form.

It may exist for a long time without exciting the serious consideration of the patient.

The cervix, though not longer than $1\frac{1}{2}$ inches, has a membrane that presents considerable surface, as its folds are very numerous.

Between these folds are an immense number of glands.

It is the exaggeration of the secretory action of these glands that causes leucorrhœa.

In the normal condition, the lining of the cervix is pink, smooth and merely moistened; inflammation changes the color to a deep red and increases the secretion.

The discharge is tenacious, ropy and transparent; later it becomes muco-purulent, though in most cases puriform.

The secretions are naturally alkaline in the cervix and acid in the vagina.

Leucorrhœa is one of the symptoms relied upon as a proof of this disease. It frequently appears after inflammation has lasted four or five days. *All* cases of this form of leucorrhœa do not proceed from cervicitis as a cause; other affections of the generative organs may operate in a reflex way, and sometimes originate and perpetuate this discharge*.

In cases of cervitis, proper remedies alone will often counteract the hyperæmia and softening of the mucous membrane, which is the cause of the increased secretion. Medicated suppositories in my hands have been of *much* benefit; even when proper remedies *are* given, the monthly exacerbations and other injurious conditions and causes may prevent a radical cure.

Relapses are frequent, because patients fail to follow the advice and precautions given.

TREATMENT.

A good plan to begin with is to pack around the cervix a tampon of marine lint, saturated with *glycerine*. If there is much congestion or pain, add a few drops of fluid extract of *bell.* to the *glycerine*.

Injections of half an ounce of *glycerine* to two quarts of water, given twice a day often gives relief.

*In chronic inflammation the secretory apparatus seems an ample source for any conceivable amount of discharge.

SYMPTOMS.—A sense of weight in the pelvis, pain in the back and loins, and menstrual disorders.

An eminent author, Thomas, names as the "Predisposing Causes:" "Natural feebleness of constitution; impoverishment of blood; prolonged mental depression; insufficient nutriment; excessive lactation; frequent parturition; subinvolution; styles of dress which depress the uterus; want of fresh air and exercise." And as the exciting causes:

"Displacements of uterus; The use of pessaries; puerperal endometritis; exposure or fatigue, affecting a subinvolted uterus efforts at abortion or prevention of conception; vaginitis; obstructive dysmenorrhœa; cervical polypi; last, but quite frequent, is laceration of the cervix."

In cases where the surface is eroded and the discharge purulent, use a glycerole of muriate of hydrastin.

Where there is an exuberant development of villi, commonly called granulations, it may be necessary to impress nutrition and circulation with a new influence. This may be done by direct alterative applications. The best of fluid applicants are Squibb's *creosote*, (*coal-tar*,) *nitric acid*, *carbolic acid*, Churchill's tinct. of *iodine*, *iodized chloral phenol*.

In very tedious cases the compression of the mucous membrane, by the introduction of the carbolized sponge-tent, often exerts a beneficial influence. Dilation would be painful and dangerous except in chronic cases, even then it should be used with the utmost caution.

The selection of remedies is of the utmost importance.

The leucorrhœal secretions may furnish some guide in this matter, but the most trust-worthy indications that should guide us in the selection of remedies, are those symptoms referable to or connected with derangements of ovulation, menstruation and the digestive and nervous systems. *These* will *best* enable us to judiciously select the appropriate remedies. To illustrate, derangements of ovulation point to such remedies as: *apis*, *bell.*, *gel.*, *ver. vir.*, *conium*, *podophyllin*, *lachesis*, *china*, *colocynth*, *caulophyllum*, etc.

For digestive complications: *nux vom.*, *chamomilla*, *arsenicum*, *mercurius*, *lycopodium*, *colocynth*, *sepia*, *carbo. veg.*, *sulphur*.

For disorders attending menstruation we must study the experience of gynecologists with: *gel.*, *bell.*, *sepia*, *sabina*, *puls.*, *ferrum*, *cal.-carb.*, *secale-cor.*, *phosphoric acid*, *helonin*.

For nervous complications we will find the following of benefit: *coffea*, *moschus*, *atropine*, *bell.*, *gel.*, *morphia*, *chamomilla*, *ignatia*, and *hyoscyamus*.

Where the chronic form is interrupted by an attack of the acute, the effect is very salutary, as the acute absorbs the

whole chronic action and takes its place. This is often the case after parturition, there being but few cases of parturition not violent enough to cause acute inflammation*.

*A case of acute inflammation may be caused by destroying the tissues to a considerable depth with caustics. They should be passed half an inch or more into the cervix, through a glass speculum. A pledget of cotton, saturated in vinegar, should have been previously inserted between the lower lip of the os-uteri and the speculum, to prevent contact with the vagina. After this treatment a pledget of cotton saturated in *glycerine*, should be placed in the vagina daily.

REPORT OF SURGICAL CASES.

BY J. A. STEELE, MINNEAPOLIS.

Before Western Academy of Homœopathy, June, 1880.

When invited by Dr. Higbee to assist him on the Bureau of Surgery, I began to cast about for something that would be interesting, and as I am a recent comer in this field, I find I am short of fresh material. I shall, therefore, have to crave your indulgence while I refer back to my former field (in Ill.) and report some old cases; but cases, however, that I believe have never been reported.

CASE I.—This is a case of dislocation of the vertebral column without fracture. This case I consider one of peculiar interest, for the reason that it has been held by some of our best surgeons that it is an impossibility to have a dislocation of any part of the vertebral column sufficient to destroy the vitality of the cord without a fracture of bone, and as far as I can learn, this is the first case of this kind that has been reported.

Mrs. B., age about 50, March 28th, 1878, was walking a dark night and fell into a hole about eight feet deep, striking on her head and shoulders. I was called to see her, and upon examination, found complete paralysis below the last dorsal

vertebra. Found the spinous processes in perfect line, but a greater space than usual between the spinous processes of the last dorsal and first lumbar vertebræ. She described her feelings as follows: That immediately after the fall she felt as though she had lost the lower half of her body—as though it had been entirely torn off. Upon a careful examination, I diagnosed the case as “broken back,” and gave an unfavorable prognosis. She being a lady of means, an abundance of counsel was called, and (as usual) quite a diversity of opinions were expressed, some taking the ground that there was a lateral dislocation; some that the body of the vertebra was crushed and a portion of the bone was pressing the cord, and others coinciding with me that the vertebræ had merely opened posteriorly sufficiently to destroy the texture of the cord and had then slipped back, or nearly so, to their normal position. We were strenuously opposed by those differing with us, on the ground that such an accident was impossible, and they did bring their authorities to substantiate their position.

What governed me in my conclusion, was the fact that the most thorough examination and manipulation gave us no crepitus. The line of the different processes and their position was quite perfect, and the almost entire lack of echymosis of the parts. It was suggested by some that she be placed under chloroform and thorough extension be made, with a view to bringing the vertebræ in position, should there be a displacement. But that was overruled. She was placed upon air-cushions and every precaution used to prevent sloughing of the nates, which is the usual result in these cases. But notwithstanding every effort made, and under the best of care, extensive sloughing took place, and she gradually ran down and died April 26th, four weeks after the injury. I secured the privilege of a “post-mortem.” Went to the house and removed a portion of the spinal column, extending above and below the point of injury; took it to my office and there made a careful dissection of the same in the presence of

the physicians that had seen her, which dissection I have the pleasure of showing you to-day. We found no fracture, nor any evidence of united fracture, of any part of the vertebræ, but found the supra spinous ligament ruptured and the spinal cord very perceptibly atrophied below the point of injury. I assume, therefore, that this case establishes the fact that a dislocation of sufficient degree to destroy the cord can take place at this point without a fracture.

CASE II.—This is a case of amputation of both legs, with recovery.

David H., age about 30, colored, was found Nov., 1877, in a hay-stack, without a rag of clothing on, and both feet showing evidence of having been badly frozen. As he was somewhat deficient in intellect, but little could be ascertained with regard to his history, but upon inquiry found the following facts: He was "tramping" through the country on his way from Wisconsin to Kentucky; was in the habit, when night overtook him, of undressing and crawling into hay-stacks. Several days prior to my seeing him, he had as usual crawled into a stack for a night's lodging, and had, through carelessness or some other reason, left his feet out, and awoke in the morning to find them badly frozen. Nothing daunted, he started on his journey and traveled as long as his feet would carry him, which was, he thought, several days. When he applied to a county supervisor for assistance, said supervisor bought him a ticket to our town and put him on the train. When he had ridden to the extent of his ticket he was put off the train and crawled several hundred feet in the night, when he found a hay-stack, and, as usual, undressed and went to bed and there remained, without food or drink, for nearly forty-eight hours before he was discovered.

He was taken to the county hospital and I was called to see him. I found him with both feet gangrenous to the ankle joint, with a high fever and very much prostrated in strength. I saw him first on Friday. I ordered him a plentiful supply

of beef tea, gave him a few doses of *aconite* and made an appointment to see him next day. Found him the next day with much less fever, but still much prostrated. Continued the beef tea and left him for another day. Saw him the next day, found him improving in strength, continued the beef tea, and made an appointment to come the next day and amputate at least one of the legs. I called to my assistance Dr. Blackman, of Dixon, Ill., then my partner, and Drs. Gordon and Eckles, of Sterling, Ill. On Monday we visited him, found him still improving in strength, and concluded to amputate at least one of the legs. By this time his feet were sloughing so that they were disarticulating at the ankle joint, and as I have omitted to mention, he had immense varicose veins on both legs. Placing him under chloroform and bandaging the worst leg firmly from below up, I amputated at the lower third, as near the line of demarcation as I could and secured good tissue for flap. After securing the vessels and dressing the limb, we found our patient so much exhausted that we deemed it expedient to postpone the amputation of the other leg until we could get a reaction from the first operation. He rallied well. Put him again on his beef tea, and saw him from day to day until Thursday, when I concluded it would do to try the other leg. Calling again my assistants, we proceeded as before and amputated as before. We knew our patient was very feeble, and although we watched him very carefully while I secured the arteries, Dr. Blackman, who had charge of the chloroform, spoke—"Hand me the ammonia, quick! the man is dead!" and sure enough, to all human appearance he was dead. The pulse and breathing had entirely stopped. Dr. Eckles at once commenced artificial respiration and the ammonia was applied, and in the course of two or three minutes, much to our relief, the heart started and our patient was alive again. I completed the dressing, placed him in bed and commenced the use of brandy and beef tea, and as soon as I dare, left him in good hands.

for the night. The next morning I visited him early, not knowing whether I should find him dead or alive. As no one was at the door, I walked into his room and saw him lying motionless. I watched him at a slight distance, but saw no signs of life. I ventured to speak: "David, how are you this morning?" You can imagine my relief when I heard the following: "Well, Doctor, thank the Lord I am quite comfortable." I found he had reacted well, and from that time he made a rapid recovery. I will here remark that I used as a dressing, throughout the entire treatment, a dilute solution of *carbolic acid*. I got rapid union by first intention in both legs, and in ten days from the first operation he went up and down stairs without assistance. And still it is asserted by our friends (?) of the old school that Homœopaths are not surgeons.

CASE III.—October, 1879, was called to see Mrs. M., age 74. She had tripped on the carpet and fallen to the floor, striking on her right hip. As she was quite feeble, in great pain and could not be handled, I gave her *chloroform* and examined her, to find an inter-capsular fracture of the neck of the femur. Taking into consideration her age and enfeebled health, I made an unfavorable prognosis, and told her that she had probably stepped on that foot for the last time, but concluded to adopt the following course of treatment. As I knew that no union could take place for at least two weeks, I decided to put on no dressing whatever, thinking that we could keep her more comfortable and in better physical condition without dressing than with. I ordered the hip bathed with dilute *arnica*. I visited her from day to day, and as she was a light woman I lifted her from one bed to another, keeping the limb in such position as was most comfortable to her; fed her well, and at the end of two weeks I applied extension by means of adhesive straps, cord and pulley, and kept the limb in position with sand-bags. At the expiration of six weeks I found I had union with less than three-quarters of an inch of short-

ening. She is now walking about with a good, strong, serviceable limb.

We all realize the improbability of union in this class of fractures, and I would ask: Is it not very probable that the chances of union in this case were much enhanced by relieving her of the confinement which would necessarily have followed had I applied the dressing, as is usually done in such cases at the beginning of the treatment?

I am very sorry that this patient is temporarily out of the city, as I would like to have her here for your inspection.

CLINICAL REMARKS ON THE SUBJECT OF AFFECTIONS OF
THE HEART.

BY DR. MARTINY.

Translated from the Rev. Hom. Belge, by R. D. VALENTINE, M. D., Canton, Illinois.

The number of patients who suffer with difficulty of breathing, arising from the heart, is much larger than the majority of physicians think; many unhappy ones, considered asthmatical, are in reality suffering with heart disease. They are so much the more to be pitied; since, on account of this false diagnosis, (asthma, passing very wrongly, in my opinion, as a warrant of long life), they are submitted to narcotics and more powerful soporifics, to quieting fumigations, etc., and so hasten the fatal termination. The error in diagnosis is easy to comprehend at the beginning, because, often the stethoscopic signs are then very little marked, and sometimes the oppression returns by paroxysms more or less distinct; this is why I cannot too strongly insist upon the importance of the problem which the physician ought to solve when consulted by a patient who is suffering with dyspnoea. Does it come from the heart or from the chest? The answer is often diffi-

cult, sometimes even impossible. Some subjects, attacked with bronchial catarrh may present abnormal heart-sounds which are only in consequence of embarrassed pulmonary circulation; at other times the positive signs in the heart are quite indistinct; it is then the duty of the physician to carefully examine the heart of every patient who complains of oppression, and to scrutinize with care all his antecedents in order to find with certainty the cause or origin of the dyspnoea, and of the catarrh which often accompanies it. Doubt becomes terrible, when recourse is had to allopathic treatment. Is it not unfortunate, for example, to see a patient, attacked with fatty oppression of the heart, treated as if he were suffering only with a bronchial catarrh; a patient, affected with a mitral lesion, or what is much more serious still, a lesion of the semilunar valves, treated for asthma or emphysema simply? Well, we must say, we have often seen these deplorable things; patients with cardiac lesions, for whom were prescribed *turpentine*, emetics, blisters, and, what not, for their supposed disease of the bronchia. Without doubt, the fatal termination is thus hastened; this is particularly true when the unfortunates are, as Molier says, "in the hands of allopaths." The remedies employed by our brethren of the old school, are nearly always prescribed in doses so large that an error in diagnosis is always very injurious, and, often fatal! You see an unfortunate one, attacked by a fatty degeneration of the heart, complicated with bronchial catarrh, submitted to a debilitating and nauseating treatment; if, during a crisis, there supervenes a mortal syncope, could one be sure that the remedy has not contributed to it?

Thanks to the small doses of homœopathy, such accidents are less to be feared in our camp. An error of diagnosis is always serious, it is true; one sometimes loses precious time, but our doses are so minute that, when the remedy is not indicated, it only slightly influences the economy. While I

insist so much upon the examination of the heart, I have often been convinced that a great many physicians make this examination slightly, and do not give themselves the trouble to auscultate well. I must say that auscultation, which is such a valuable assistance in diagnosis, requires great skill, and a certain number of precautions. We ought to use perseverance in it, and auscultate carefully every patient who complains of heart or chest symptoms. Unfortunately, these precautions are neglected; besides, I don't fear to say, many physicians do not know how to auscultate. All their stethoscopic science is confined to discovering noisy râles or very decided blowing sounds; but the little details of auscultation pass unperceived by their ears. This recalls to me the history of a practicing physician, whom I often had occasion to see at the bedside of the sick at the commencement of my medical practice: When he had auscultated the patient, he invariably said, whatever might be the pulmonary lesion: "It is a regular orchestra!" One would think he was listening to the overture of William Tell. In the course of my career, I have frequently met practitioners of this kind, "they hear something," as several of them have told me, but they do not know what.

Let me exhort my young brethren never to neglect the auscultation of their patients; at length they will be well repaid for the little trouble it has given them. How many times has it happened to me in listening to the heart, to modify the diagnosis, and consequently the prognosis that others had made before me, and to see the disease take a more favorable turn when the treatment had been directed to the heart lesion instead of giving special attention to the respiratory apparatus.

CASE IX.—I was called in the absence of the attending physician, to a patient who was said to be suffering with emphysema complicated with bronchitis; there were signs of bronchitis, but no traces of emphysema; in the heart I found a light blowing sound at the second beat, the first sound was

dull and there were painful spots above the nipple. Not having had opportunity to see the attending physician, I confined myself to leaving a request for him to examine the heart which was evidently suffering. He claimed, it appeared, that this organ was intact, and that I had exaggerated. A few days afterwards the patient had an attack of angina pectoris, then supervened other accidents usual in heart diseases; finally he succumbed afterwards during the third attack.

CASE X.—A physician, aged 61, came to consult me one day for an attack of asthma which for some time had tormented him almost every night. He had already employed, without much success, the anti-asthmatics of the old school. I auscultated slightly, and easily discovered a light *bruit de souffle* near the apex of the heart; there were indeed some *râle* disseminated through the bronchia, but I did not doubt for a moment, that the cardiac lesion was the pathological cause of the dyspnoea. I gave my view of his case to the patient, who answered me that no palpitation had ever occurred, that his pulse was regular, and that in short the attacks assumed fully the classic form of catarrhal asthma, with nocturnal paroxysms. Although the patient appeared to be little of my opinion, he submitted to my treatment. I then ordered *arsenic*, 6th dilution, one drop in three spoonfuls of water the first day, and *lycopodium*, 30th, the next day, and so on in alternation; at the same time, I prescribed an appropriate regimen, forbade tobacco and alcoholic drinks, both of which have such a fatal effect upon those with heart diseases. Improvement was prompt and marked; the patient was able to pass every night in bed; before this he was obliged to remain a great part of the night in his arm chair. A short time afterwards he came to me and announced that in view of the result produced by the 6th dilution of *arsenicum*, and the 30th dilution of *lycopodium*, he proposed to study homœopathy. I pointed out the method to be followed in this study, and urged him anew to be very severe in his regimen, because his asthma was the consequence

of the condition of the heart; that moreover, his cardiac lesion was one of the mitral valve, and that nearly always such a lesion was compatible with a long life, under condition of following scrupulously appropriate regimen.

In this case I did not hesitate an instant in prescribing *arsenicum*, which is in my opinion, one of the principal remedies for cardiac asthma, particularly when it assumes the form of paroxysms; the *lycopodium* was intended to combat the concomitant bronchial catarrh; the alternation of these two remedies produce sometimes astonishing results in bronchial catarrhs, accompanied with affections of the heart; I say, alternation intentionally, because the improvement would be less prompt and less complete, if one should confine himself to administering, first one of these remedies and awaiting the exhaustion of its action before prescribing the second. Formerly I had the experience of it in several relapses. This great medicine, *lycopodium*, ought to have a powerful action upon the central organ of circulation, and upon the vessels. This is how I explain its action. We know how it is employed, and experience in this relation has confirmed the pathogenetic researches, in a great number of arthritic manifestations, (nodosities, indurations,) but gout and rheumatism are very powerful causes of the degeneration of the heart and large vessels; *lycopodium* is also recommended in aneurisms, and numbers of clinical facts can be cited in its support*.

Our confrere believed himself cured of what he called his asthma, but he paid no attention to the hygienic advice which I had given him; he even thought it necessary to tone himself up, that is to say, to subsist upon exciting aliments, (meat under done, highly seasoned, etc.,) and to drink a "good glass of wine" at his meals. During about two years this system of pretended tonics appeared to succeed, and he no longer visited me; but I learned that he had become ill

*Hughes relates the history of a lady suffering with aneurism, upon whom the 12th dilution produced a great improvement.

again and had recourse to the treatment of an allopath; he died from heart disease, with extreme dyspnœa and dropsical manifestations. In this relation I cannot too urgently recommend my brethren to use great prudence in regard to so called tonics, in diseases of the central organ of circulation. Indeed, when there is heart cachexia, when the blood is impoverished, and the mucous surfaces are pale and colorless, an alimentation lightly stimulating, a little generous wine, and the chalybeate preparations, particularly the ferruginous mineral waters, but in *very small doses*, may render great service and become powerful auxiliaries in what we call constitutional treatment; but it is necessary to make use of them only when one finds himself in the presence of a true persistent anæmia and when remedies acting directly upon the heart do not suffice to re-establish good nutrition. Just as far as *iron* and *quinine*, taken in moderate doses, and during a time, relatively short, may be useful: so far they become dangerous when given in large doses, or when the administration of them is prolonged. Listen to the following history:

CASE XI.—A lady of forty-five years, living in a provincial city, was annoyed by difficulty of breathing, which occurred upon the least movement, walking a little hurried, climbing the least little hill, or a light emotion, put her out of breath; auscultation showed that the sounds of the heart were normal; no blowing sounds, but the cardiac impulse was very powerful, even to lifting strongly the head of the physician who was listening; upon simple inspection, the walls of the precordial region, swelled out over a considerable extent. This is all I could ascertain in regard to the heart. I then carefully examined the chest, and discovered there absolutely nothing abnormal; in a word, nothing about the chest could explain this dyspnœa; it probably then proceeded from the heart. The pulse was full and bounding. Was I in the presence of an incipient heart affection, that is to say, without stethoscopic signs, properly so called? It was only upon a

second, and even a third examination of the patient, that I dared to make this diagnosis, and inform the husband of it. I ordered a proper regimen, and as remedies, *aconite*, *cactus*, and *kalmia* 6th dilution, alternated from day to day. A short time afterwards, Madame, who had come to pass the winter in Brussels, was attacked by a bronchial catarrh, for which I attended her, and during this sickness, I discovered during several relapses, intermissions in the pulse, and once, a double beat manifested in the first sound of the heart; moreover, this catarrh of the bronchia was attended by a dyspnœa too marked, and it persisted longer than usual; everything then fully confirmed my diagnosis, disease of the heart, incipient form, with cardiac dyspnœa. As there were from time to time vertigo and obscurity of vision, I did hesitate to add to my diagnosis, threatening of pulmonary congestion, and congestion of the nervous centres. In presence of a prognosis so extremely bad, the family of the patient, it is understood, asked the opinion of another physician. He, I afterwards learned, was not of my opinion. According to him, all that the patient experienced was to be attributed to anæmia, (as if anæmia were a disease.) Madame had no disease of the heart. He profited by the occasion to break a lance against homœopathy and homœopaths, who exaggerated at pleasure the gravity of diseases in order to be able to cure them more easily. In short, he prescribed an alimentation, so called tonic, and the preparations of *iron* and *quinine*. Under the influence of this treatment, there was produced a sort of alimentary and medicinal intoxication, which imposed upon the whole family, and I was amongst all physicians about the worst. A short time after this treatment, there supervened, however, a symptom which ought to have put this new physician more than ever on his guard. Madame experienced a serious dimness of vision, and the oculist consulted, declared that there was

- partial apoplexy of the retina. She continued not less the tonics and anti-anæmia alimentation.

Sometime afterwards I met the patient at the house of one of my clients. "She was much better, she told me her strength was increasing, although the difficulty of breathing persisted, but, she added, it is a slight asthma; her father was asthmatic and had lived to be very old."

I examined her heart; the same violence of the heart beats; besides, a quite marked *bruit de souffle* at the second sound. I informed the family that the condition of the patient was aggravated, and that on account of anterior accidents, (pulmonary congestion and apoplexy of the retina.) There was reason to apprehend serious phenomena, particularly if the stimulating treatment were continued. My warnings were not listened to, and about four months afterwards, Madame succumbed rather suddenly, in consequence of a cerebral congestion.

GENERAL ATONY—NEURASTHENIA.

Read before the Western Academy, at Minneapolis, Minn., by
H. B. FELLOWS, M. D., Chicago.

The following case was one which possessed much interest for us, and I trust may be of some interest to the members of the Western Academy.

But few additional words are necessary from me. Dr. C. W. Breyfogle, of San José, Cal., the father of the child, has kindly sent me the notes of the case.

When the child was seen by me the emaciation below the hips was very marked, in fact at first struck me as both arrest of development and atrophy. But in this condition, depending upon disease of the gray matter in the anterior horns of the spinal cord, some muscle or groups of muscles are apt to suffer more than others, and show more complete paralysis. We had nothing of the kind in this case, for I carefully tested the case for it. Hence the diagnosis. General atony, now

popularly called neurasthenia. The treatment was the continued use of *hypophosphate of iron* in the third trituration, to be continued as long as necessary: weeks at least, and months if any, improvement, followed, and electricity. The forms of electricity that I prefer in these cases are a general faradization of the muscles of the body and galvanization of the entire spine. This was probably the general way in which this part of the treatment was carried out. It was not, of course, under any direct personal supervision. Generally I apply the electricity from twice a week to daily.

The euuresis, which was one feature of the case, was controlled by *benz. ac.* The special indications for it being the dark colored offensive urine.

- C. E. B. was born December 21st, 1875. The mother had an accident during the third month of pregnancy, from reaching too high to turn off the gas, resulting in considerable hemorrhage, and miscarriage was with difficulty prevented. The child was born with a breech presentation, but weighed eleven pounds at birth, and was apparently healthy. When three months of age it had a very severe attack of bronchial catarrh, and its life was despaired of. Counsel was called from San Francisco, but the attack was finally and *beautifully* relieved by *caust. 30*. From that time the child improved and was apparently a fine healthy boy up to the age of thirteen months. I enclose photograph when thirteen months old. My daughter then six years of age, had a very violent attack of scarlatina. I at once gave the boy *bell.*²⁰⁰ three times per day. He, too, was attacked, the fever lasting but a few hours, the eruption but a day, and other symptoms proportionately mild. He was then beginning to climb up by a chair, and was evidently as strong as could have been expected for a child of that age. His head was large, and his intellect above average. (My daughter has been seven times
- in succession *head* of the roll of honor in a class of thirty-five at school and we consider the boy fully as naturally bright.)

I will state here that there is positively no trace of any hereditary taint in the children's ancestry to the farthest traceable generation; on the contrary, both sides show long life and numerous healthy progeny. Not a death from consumption, scrofula or cancer, with one single exception, of a case of phthisis, plainly due to neglect, has ever occurred in either family. Both parents are of an exceedingly *nervous* temperament however, and their children show the same.

Immediately upon the disappearance of the scarlatina (which received no other remedy than *bell.*, the higher potencies), the boy began to lose flesh and become decidedly anæmic. His skin, heretofore fair, with blue eyes, became very pale, the veins showing plainly. His whole body became attenuated. The abdomen enlarged, the appetite good and bowels never abnormal, but no assimilation of food. The nights sleepless, the child carried upon a pillow. We took him to the sea-coast at Monterey, where he manifestly improved in his general sleeplessness, and seemed a little stronger, but alas, but little, and his poor little body was still attenuated. What remedy did I use? Rather, what did I not use? Not a homœopathic physician visited us but prescribed, and we sought out many for advice. All spoke discouragingly. His neck was so small it could hardly sustain his large head—see *nat. mur.* So, upon homœopathic indications, were tried remedy after remedy. Then, too, *Hoff's malt extract* and like tonics—none of the *medicinal* ones. Soon abscesses appeared over the chest and neck, five being lanced at one time. *Yes!* I gave the *calcareæ*, *hepar*, *silicea*, *baryta*—*et id omne genus*. Then inguinal hernia appeared, and a truss was applied after *nux* failed to relieve, and is still worn, the hernia coming down if he is even a moment upon his feet without his truss in situ. There was no evidence of caries or necrosed bone, no enlarged glands, but still the enlarged abdomen. Oh, yes! I tried Pleasanton's blue glass cure (buying a large sheet when it was booming; will sell

cheaply now), and still the same patient little sufferer. During the eighteen months following the scarlatina there was but little change in his condition. Dr. N., of Oakland, Dr. D., of Sacramento, and others thought they detected a slight angular curvature in the lumbar region. Though I doubted it, yet I was ready to try the brace they suggested, and, with my wife and boy, visited Folker Bros., of San Francisco, and had him measured for one, to be completed in two weeks. By an oversight the order was not filled, and I wrote countermanding it, as I had a decided aversion to the brace, and had become convinced that no curvature existed, but the difficulty was a general anæmia and muscular atony. So, in August, 1878, the child nearly three years of age, we decided upon a three months' visit east, to consult others, particularly my dear friend Dr. H. B. Fellows, of Chicago, and hoping the trip would be of benefit. Up to this time his mother had been a martyr to him, and I am convinced that the care given him, and the constant medication, were all that saved his life. Still, though nearly three years old, he could not walk, could not stand alone, save for a brief time; could not raise himself from the floor, and was a very personification of emaciation. I neglected to state that stiff shoes for the ankles had been used. The boy was bright, talked well, and had become gradually more lively and merry. He had been examined so often that he was perfectly patient under examination, and seemed to take it as he did his bath—as a matter of course.

We reached Chicago August 27th, and at once consulted Dr. Fellows. The child was stripped, carefully examined, and the doctor pronounced the case one of general atony, with no abnormal condition of spine or spinal cord. He suggested a course of remedies, and the use of electricity. This was at once followed, and improvement was rapid. While in Ohio visiting, for the first time we began to feel that there was some reason in our hopes of his recovery. While at Louisville visiting my brother, he suggested that the new corset made

of paper mache, and consequently very light, might also prove of service. I had one made, and it was still more manifest that he was steadily improving. We returned home in November, and by his birthday, December 21st, three years of age, he began to walk. It was nearly nine months more, however, before he could rise to his feet without the help of some object to hold to. I was compelled to write to Dr. Fellows to prescribe for enuresis, which was promptly relieved by his prescription.

Now, at the age of four and a half years, we find our boy running about with other children, falling down more readily because still weak, but unaided by brace or stiff shoe. The corset was worn but three months; the truss is still worn. The abdomen is too large, but a trifle to what it once was. Digestion good, and appetite very good, but still *very* poor in flesh, the scapulæ protruding, each rib seeking notoriety; his limbs small, and his weight forty-three pounds. He sleeps well and is lively, bright, and, like all nervous children, and especially so long indulged, hard to control. He has taken no medicine for some time, except for cold. He is peculiarly subject to bronchial catarrh, often involving the larynx. These attacks are violent, but not long lasting, as experience has taught us how to treat them.

EXTRACTS FROM THE PROCEEDINGS OF THE ST. LOUIS
HOMŒOPATHIC MEDICAL SOCIETY, JUNE 9th, 1879.

DR. COLLISSON, essayist, read the following paper on *Cholera Infantum* :

CHOLERA INFANTUM.

BY WM. COLLISSON, M. D.

Cholera infantum is a disease often fatal, when from excessive heat and suddenness of the attack, and when the

child has been exhausted by impure and sultry weather, though at times it seems to come on as an epidemic from some poisonous or atmospheric miasm, and in this form is often very malignant.

In this worst form of diarrhœa all the symptoms seem to vie with each other in intensity, the disorder running a very rapid course.

Now, at this point, one great difficulty often besets us; there may be a lull in the disease, and it is very hard to make the poor, worn-out mother realize that the child is not out of danger, and that a careful regimen is of the utmost importance, and that both as to quality and quantity. Even if the child is nursing, the breast of the mother should be carefully looked to, and if it is very full it should be nearly emptied, and then wait half an hour or more before allowing the child to partake, so that the child does not overload the stomach.

Secondly, nearly all children that have cholera infantum inherit some hereditary taint or acquired weakness of constitution, which makes the child open to the attacks of various diseases, this being one of the worst forms. There is another predisposing cause—dentition. In the midst of summer heat exposed to an impure or poisonous atmosphere, with improper nourishment and an irritability of the system, dentition appears as a cause.

First, then, we might say that careful nourishment, given by a good, healthy nurse, is best of all foods for the child under any and all circumstances (so it is), providing the mother is healthy; but a large majority of children that are most subject to this disease have not this kind of mothers. The children may be divided into two kinds or classes for our subject.

The first is a child full, round, fat and plump.

The second is thin and scrawny, or, as Dr. Duncan would say, alkaline and acid.

The first, though looking so plump, fat and rosy, is the very

one to fall under this terrible destroyer, *cholera infantum*. In the sudden attacks in this class of patients for the first 24 or 48 hours there will be violent fever, head hot, and the baby bathed in cold, clammy perspiration.

The bowels and stomach, that have been slightly deranged for a few days, set in with profuse and frequent copious discharges, with nausea and vomiting, and the child loses strength rapidly. Now, the diet in this condition is nothing except toast or rice water. If milk is given, it should be two-thirds water, and only sufficient to quench the thirst.

Where the mother has a large supply of milk, every time she changes the child she will give it the breast, and before it has done nursing it will require changing again. This should not be *allowed*; for the very fact of continually filling the already inflamed stomach, aggravates the dangerous condition. The above is all the little patient requires, and should be strictly adhered to. After the severity of the attack has passed, a teaspoonful of milk punch may be given at intervals of two or three hours, or *alcohol* bath. Then, if the case is still progressing and the nurses are not suitable, the next best thing is boiled flour diet. This has been most successful in my hands; it has been used for many years, and is preferable to many of the prepared foods. I have seen good results from condensed milk. Being careful not to over-feed in cases of this character, my reliance has been on such remedies as *ipec.*, *ars.-alb.* and *veratrum.-alb.*, as they seem especially called for.

The second child is a different affair altogether. Whereas the first was plump and apparently healthy, this is thin and scrawny. Dr. Duncan has drawn the following picture beautifully: "It is thin, scrawny, cross, and sours all those who have to care for it, and ruins the reputation of all babydom; it nurses or would nurse, constantly cries and squirms incessantly; vomits occasionally, and its bowels are always out of order; its teeth are cut with difficulty; its intestinal irrita-

tion is interpreted as worm symptoms, and it is often the victim of vile drugging; it is a life-invalid, and (the doctor adds) every one feels it is a mercy when it is gone." But it is our duty to cure, if possible; if we can't do that, then we must do the best we can to add comfort to it and the afflicted mother, for such she is; as the very nourishment she gives is a positive injury to the child. It is, then, better she should wean it and trust to feeding. Such children, from the first, need good nourishing diet, and beef essence is the best, with milk and rice water. I give them, about as near as I can, in the following manner: Having first insisted on weaning the child, I give one teacupful of beef essence every three hours, with a small quantity of milk and rice water between, not to exceed half a teacupful at any one time. If it is thought best to still let the mother nurse her child, we must regulate her diet and administer such remedies as will relieve her nervous condition. The weather permitting, this child should be kept out of doors as much as possible.

I remember a case of this character by some notes taken at the time.

August, 1876.—Vomiting; diarrhoea, with great prostration; pulse sometimes imperceptible; convulsions, with clenching of the thumbs; eyes turning downward; profuse vomiting of the milk, which was thrown off as soon as taken, if he nursed just the least quantity—vomited it immediately. *Arsenicum* was given for two days; the mother continued to nurse the child. At 6 p. m. she came for me, saying the child was dying; but the fact was, it had terrible convulsions that so affected the mother that I refused to allow her to nurse the child again. I put the child on *veratrum alb.*³⁰⁰; *ethusa*³⁰⁰; teaspoonful every half hour. There were several convulsions through the night, and next day the child was, most of the time, in a state of coma.

28th.—Medicine continued. Tablespoonful of rice water every three hours. The child continued to improve. The food

was increased from time to time, with the addition of a little milk and sugar, as the child could bear it. It made a good recovery.

The same month I was called to another case. The child was fed with a bottle, was seven months old, and ate heartily; took a common nursing bottleful every three hours; was always bright and happy; cried very little. Dr. F. was called at 11 p. m., as I had left my office. The case was a severe one. The doctor gave 20 drops *camphor* on a lump of white sugar, dissolved in one-half glass water, a teaspoonful every fifteen minutes, which was kept up till 3 a. m., when I was called in consultation, as the child was no better, but losing strength very fast. We changed to *veratrum*³⁰, every half hour. After first few doses nourishments of various kinds were given to satisfy the friends. The child died 11 a. m. next morning.

DR. RICHARDSON: I was informed that the paper was to be on diet in cholera infantum, but the doctor has included the whole subject. In this disease we all of us have our routine treatment; I have mine, but the doctor in his essay has not hit upon it, except in regard to *camphor*. With me this is a most important remedy. If the children are irritable and nervous, and convulsions are threatened, the *mono-bromide* is preferable. If active convulsions are present, I resort to *chloral hydrate*, and I often leave it for the parents to give if necessary. It seems to be as well adapted to convulsions in children as in adults.

The alkali and acid classes of children, made by Dr. Duncan, and referred to by the essayist, I consider all bosh. There are extreme cases that may be so classed, but the great mass of children cannot. If they could be, I suppose we should simply have to treat acid children with alkalies and vice-versa, and there would be no homœopathy about it. Such theorizing does not pay.

In sub-acute and chronic cases of cholera infantum, I have used with a great deal of satisfaction a preparation of cow's milk, of which I learned in a treatise translated by Dr. Comstock. It is made by grating two or three ounces of a carrot into a half pint of milk, which is then simmered for a short time, and seasoned with a little salt, if desired. It beats all the prepared foods, and is adapted to sub-acute cases of this disease; acute cases require little or no diet, as Dr. Collisson has said. They are often very much aggravated by either milk or water. I have sometimes had gratifying results from lemonade, a teaspoonful given at a time.

Dr. Collisson speaks highly of sponging with alcohol and water. I think champagne is preferable to alcohol, but is too expensive for some families to afford.

In older children an occasional teaspoonful of champagne internally will do good, or soda-water may be used instead.

I have one other remark to make, and that is concerning a preparation with which I became acquainted from my association with the French, who have no superiors in preparing a diet for the sick, as well as for the well. It is made by simmering bread crusts browned, but not burned, in water, for from an hour and a half to three hours, and then seasoning the liquid with salt and butter, or butter and sugar. It is an excellent article. I disagree with the doctor in regard to diluting milk for children. It may be done for those less than four or five months old, but it is a mistake to do it for older ones.

DR. COMSTOCK: I think the question of diet is of great importance, quite as much so as jumping into materia-medica. A doctor may study materia-medica for six weeks and accomplish nothing, if he neglects to look after the diet of his patients. If a child is sick, everybody seems to think that it must be starving, and our restrictions as to feeding are very apt to be disregarded. Children are as often overfed as underfed. This season we have had as yet no cholera-infantum

proper, but other bowel affections are getting quite plenty. Last night I was called to see a child four months old, that had had diarrhea for a few days, and had got to vomiting. It had been raised on condensed milk, the mother being unable to nurse it. I changed, or rather stopped the diet at once, giving only a little English pearl barley prepared in water. I gave no medicine except for sake of appearance.

The vomiting and diarrhea stopped at once. Many such cases will recover without medicine, if the diet is only properly managed. Pearl barley is not always to be used. The preparation from bread crumbs is good. Carrots and milk were first recommended by Dr. Beduer about twenty years ago. Young children will not always take it, but those three or four years old, will. It is no use to give a host of remedies for this disease. At present the diarrheas of children are complicated with malarial fever, and are readily controlled by *eucalyptus*, a remedy useful for children as well as for adults, particularly if the stomach is deranged. It is good, if chills are present. I use the elixir for children ten drops three or four times a day. It is a little bitter, but children will generally take it. It is a sort of a tonic; I do not know whether it is homœopathic or not. I gave it to the wife of a medical man in this city. She was pregnant, and had been sick for some time. She had taken *cinchonidia dextro-quinine*, *calisaya* and *iron*, etc., but in spite of it all, she had a chill regularly every other day. With this remedy I stopped the chills in two days. She continued to take the remedy twice a day for a few days, and on the seventh, four times, and has perfectly recovered.

DR. RICHARDSON: Where did you get the elixir?

DR. COMSTOCK: Mine was sent to me from Philadelphia as a sample, but it can be got most anywhere, the pharmacies keep it. The convulsions Dr. Richardson spoke of as occurring in cholera infantum, I am pretty shy not to have repeated. I dare not give *hydrate of chloral* as freely as he does, nor

do I leave it for the parents to give at their discretion. I give five to nine grains at a dose, and have never seen any bad results from its use.

DR. RICHARDSON: I was just going to ask if you had ever seen any bad effects from it?

DR. COMSTOCK: No, I never have, but I seldom have occasion to use it; I have not done so for a year. Another remedy that we have got from the Germans is acorn coffee, made from acorns, ground. It certainly acts very well. It is a kind of a tonic, and may be classed with the empiric remedies. I have used it for twenty years, I think it is a remedy not to be forgotten.

There are many preparations of food; cereal cream, pearl barley, good, because children seldom refuse it; Ridges food, imperial Granum, an excellent preparation, and many others. If a child is fed on milk which is liable to become sour, I am in the habit of having a little lime water added, say one-half tablespoonful to a pint, I prescribed it to-day. The first thing the young physician needs to do in these cases is to enquire after the diet, and change it if necessary.

DR. CUMMINGS: How is the barley prepared?

DR. COMSTOCK: In water, a tablespoonful to one-half pint. Directions are on the paper.

DR. EDMONDS: The great trouble in speaking upon such a subject as this, is to begin anywhere and get anywhere in the time allowed. I have been noticing the phraseology of the members speaking on this subject. As I understand cholera infantum, there cannot be a sub-acute or chronic case, the disease runs its course, and the patients either die or get well in a short time, and we can no more have a chronic case of cholera infantum than we can a chronic case of measles. Measles have sequelaë, and cholera infantum may be followed by a long lasting diarrhoea, but the diarrhoea is not cholera infantum. Now, we are the teachers and representatives of homœopathy in this city, and we should be more accurate and careful in these matters.

In regard to remedies, I cannot go over a large list. A hobby, if well stuck to, does pretty well. If anyone has a class of remedies for this disease, and studies them well, and sticks to them, he will have success. For convulsions, there is nothing, in my estimation, so good as *veratrum viride*, high or low, according to circumstances. The remedy is especially applicable if there is fever present, which is not apt to be the case in cholera infantum, as depression comes on so quickly. It has a good effect on the cerebral irritation, caused by the disease.

In the treatment of cholera infantum, the first great point is to stop the vomiting and purging. If this is accomplished speedily, there is little else to be done, the second great point is to watch the tendency to collapse. If it appears, *arsenic* is the remedy, indeed, I consider it the great remedy for this disease. On the matter of diet, in diarrhoea of children, I must take issue with the essayist. I do not think beef tea is to be used at all. These cases do not bear animal food well. The essayist recommends beef tea once in three hours, and barley gruel midway between, making the intervals between feeding an hour and a half. No child, young or old, should be fed so often. I take issue with the essayist on the use of animal food and so frequent feeding.

DR. COMSTOCK says, and says rightly, that these patients are often overfed. There is another popular idea, and that is that there must be sugar in everything given to a child. It is given for the good taste, just as the Irishman takes his whiskey and wishes that his neck was as long as a rail that he might enjoy it longer.

DR. RICHARDSON does not want the milk diluted. In that I agree with him, but I want it skimmed. The cream contains the fat, carbonaceous, indigestible part. The nutritious elements are in the blue milk; if it is not milked from cows that are feverish and are kept in dark, filthy places. I have the cream skimmed off just as I would the oil skimmed from beef tea for a sick adult.

There is one other point I wish to refer to, and that is that the whole subject of diet is an experiment. There are none of our clients here, and as confession is good for the soul, I speak plainly. I go to visit patients with concise and settled notions about the diet, but when they are put in practice they do not work. For instance, I am a perfect Jew in regard to hog meat, but there are some cases where salt middling chopped up does well. All ladies fix up things that sometimes have good effect, however unpromising they may seem. My hobby in diet for children is oatmeal gruel well boiled and filtered. I think it comes nearer being a perfect food than any other, and is especially adapted to the sequelæ of cholera infantum.

DR. KERSHAW : I think Dr. Edmonds has raised a good point. It does not look well for our remarks to be published and sent around the country, containing misapplied terms and other errors of that kind. We should be more careful in these matters. Although so much is said about it, I don't think we very often see cases of genuine chlorea infantum. I think one of the cases Dr. Collisson has described was a case of enterocolitis. He spoke of fever being present, and we know there is no fever in cholera infantum at first. I think other diseases are often mistaken for cholera infantum.

DR. RICHARDSON : I acknowledge I was in error when I spoke of subacute and chronic cholera infantum. My impression was that we were discussing a paper covering the whole subject on the management of diarrhœa in children. Dr. Edmonds has the correct idea in regard to cholera infantum. I think I was the first one to take the position in print that cholera infantum and summer complaint were different diseases. This I did in a treatise on cholera infantum which I published some years ago.

DR. COLLISSON : I did not understand that the essay was to be confined to cholera infantum exclusively.

DR. COMSTOCK : I did not suppose so either. True cholera infantum comes later in the season. There is vomiting, purg

ing, and tendency to rapid collapse. The cases are generally sporadic, and are different from cholera. We had cholera here in 1866 and 1867, but it was different from cholera infantum.

BR. KERSHAW : I spoke as I did before, because I think the discussion should bear on the subject in hand. At the last meeting we had an essay on cholera infantum, and the subject appointed for this time was diet in cholera infantum. I think we should stick to it ; such errors look badly.

DR. COLLISSON : I did not think we were to be confined to cholera infantum, and much less to diet in cholera infantum. In these acute cases there is no diet required and nothing much to be said about it ; but in the subacute or chronic cases the diet is a matter of great importance ; and when the little patients have become weakened by the disease, I think it should be substantial, and I am sure animal food does good.

DR. VALENTINE : I think this matter may be arranged by renaming the paper. In cholera infantum no diet is required. The essay and remarks have been directed to summer complaint, and if we adopt this name we shall avoid all confusion. I agree with Dr. Edmonds that there is a great deal of doubt and uncertainty about this matter of diet. When I visit a patient I inquire what food is borne best, and endeavor to adapt the diet to each particular case. I do not condemn animal food, for it is often beneficial. The Russians were formerly in the habit of giving raw meat in these diarrhœas. It use was followed at first by lenteric stools, but it soon caused an improvement in the symptoms ; after a while it was found that they had a great many more tape-worms in Russia than in other countries, and that they were acquired from the raw meat ; as a consequence not so much was used. Cholera infantum is cholera morbus in the infant. It is characterized by vomiting, purging and rapid collapse. Summer complaint, often a sequel of cholera infantum, is always accompanied by dentition, and occurs during the first or

second summer. These cases I am never able to cure until the weather changes, by getting cooler. The children become emaciated, continue to vomit and purge; are hungry all the time; generally have enlarged abdomens, and, in fact, present a perfect picture of *calcareæ*. This remedy is said, in the old books, to soften the gums and harden the teeth. In these cases generally the father or mother is scrofulous or syphilitic.

I saved one child by feeding it on condensed milk. The milk of a healthy nurse is the best food, if it can be obtained. We get no pure cow's milk in the city. I once saved a child by following the advice of Dr. McFarland. He advised me to have a cow fed on oats and nothing else, and have her milk given to the child. I did so, and the child got well. Another thing of great importance in these cases is to take them out-door and let them get the fresh air. It is a disease of the city and not of the country. In this city there is one place where they may be taken, and where a breeze will always be found however hot and sultry the weather—that is on the bridge. In hot weather the breeze is commonly from the south; perhaps the great body of water flowing southward tends to make a vacuum, which is filled by a return flow of air. Another thing, I believe water in motion, as in streams and fountains, generates ozone, the want of which has more to do with causing the depressions than the heat, and these troubles have already begun for this year. We begin to be kept up late at nights to take care of the children that are vomiting and purging. For this, if fever is present *aconite* tincture is the best remedy. In the translation of Jahr's *Forty Years' practice*, this, the best remedy of all, was omitted. Whatever remedy is used, the children must have good air, which is taken up by the skin as well as by the lungs.

Book Notices.

FIRST ANNUAL REPORT of the St. Louis Children's Hospital, 2834 Franklin avenue, from October 29th 1879 to October 14th, 1880.

A PROSPECTUS FOR A MEDICAL DIRECTORY OF ALL PHYSICIANS OF all schools in Missouri, for 1881, by Drs. Guilbert and Doty, 209 North Fourth street, Saint Louis, Mo.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY and of the London Homœopathic Hospital, London, England, published by Treubner & Co., 57 and 59 Ludgate Hill, E. C.

DISEASES OF THE EAR.—We have learned that Dr. W. H. Winslow, of Pittsburgh, has nearly finished a work on the above subject, which will contain four hundred pages, and one hundred drawings.

PROF. W. A. EDMOND'S NEW BOOK.—We take pleasure in calling special attention to this work on *Diseases of Children*, just out and for sale at all the Pharmacies. It is different from anything published, and in many respects far better.

THE PREVENTION OF CONGENITAL MALFORMATIONS, EFFECTS AND DISEASES, by J. C. Burnett, M. D., London, editor "Homœopathic World." Edited with notes from Grauvogl on preventing hydrocephalus etc., by T. C. Duncan, M. D., Author, etc., Chicago, Illinois.

IS CONSUMPTION CONTAGIOUS? By H. C. CLAPP, M. D., Boston.

The tenor of this book is to answer the question propounded on its title page, in the affirmative. And we think the author has done so handsomely. We believe, to a certain extent, that tuberculosis is communicable, but it will be many years before this proposition will be generally accepted.

SPECTACLES AND HOW TO CHOOSE THEM.—An elementary monograph, by C. H. VAILAS, M. A., M. D., Professor of Diseases of the Eye and Ear, in the Hahnemann Medical College and Hospital, Chicago, Ills. President of the Western Academy of Homœopathy, Author of "A System of Eye and Ear Notes," "The Ophthalmoscope, its Theory and Practical Uses," etc., Chicago, Duncan Brothers, publishers. Price \$1.00.

A very nicely gotten up little book indeed, of 160 pages, illustrated with a great number of cuts of spectacles and eye glasses, with directions how to select for one's self, thus saving the expense of an oculist's examination.

SECOND VOLUME OF THE HISTORY OF HOMŒOPATHY, as compiled by the World's Homœopathic Convention in 1876.

This is a grand volume indeed, and J. C. Guernsey, M. D., is entitled to all praise for getting it out so soon after he was appointed to do it. If all of it is as reliable and correct as that of Missouri, which we wrote ourselves, the profession may rest assured that this beautiful volume is something that should be widely read and cherished.

THE MEDICINAL TREATMENT OF DISEASES OF THE VEINS: more, especially of Venosity, Varicocele, Hæmorrhoids and Varicose Veins. By J. COMPTON BURNETT, M. D., F. R. C. S., editor "Homœopathic World," "Gold as a Remedy in disease," "Curability of Cataract with Medicines," etc. London, England. 1881.

Dr. Burnett has a charming style of writing our native tongue, and has proved his position handsomely by citation of numerous cases treated and cured with remedies alone, no surgical appliances used.

SURGICAL PRINCIPLES AND MINOR SURGERY. By J. G. GILCHRIST, M. D., formerly Lecturer on Surgery in the Homœopathic Medical College of the University of Michigan, etc. Duncan Brothers, publishers, Chicago.

Bandaging, which seems to be the chief thing taught in minor surgery, is represented in this book very beautifully and plainly by white on a black back ground, which is certainly a great improvement on the old cuts in the old surgeries. Part I, on Surgical Diagnosis and Semiology is well conceived and adds much to the value of the book. His remarks on dressing of wounds—catheterism—are valuable to all beginners in practice. The binding and printing is in Duncan's best.

THE LADY'S MANUAL, or Homœopathic treatment of the various arrangements incident to her sex. By E. H. RUDDOCK, M. D., London, England, and R. LUDLAM, M. D., Chicago, Ills. Eighth edition, thirty-seven thousand; thoroughly revised and enlarged. Chicago: Halsey Brothers, publishers. 1881.

We are very glad to get this beautiful book of Ruddock's, fresh from the polishing hands of Dr. Ludlam, whose whole life is devoted to the ladies and their many ailments. We commend this book of 333 pages highly; it contains much good and sound advice useful to families. Halsey Brothers have given it a stylish finish and an attractive cover. It ought to sell well.

A GUIDE TO THE CLINICAL EXAMINATION OF PATIENTS AND THE DIAGNOSIS OF DISEASE, by RICHARD HAGAN, M. D., Privatdocent to the University of Liepsic. Translated from the second revised and enlarged edition, by G. E. GRAMM, M. D. Boericke & Tafel, New York and Philadelphia.

This is the most perfect guide in the examination of patients that we have ever seen. The author designs it only for the use of students of medicine before attending clinics, but we have looked it carefully through and do not know of 223 pages of printed matter anywhere of more importance to a physician in his daily bedside examinations. It is simply invaluable.

HOW TO SEE WITH THE MICROSCOPE, being useful hints connected with the selection and use of the instrument; also, some discussion of the claims and capacity of the modern high-angled objectives, as compared with those of medium objectives; with instructions as to the selection and use of American object-glasses of wide aperture. By J. EDWARDS SMITH, M. D., Professor of Histology and Microscopy in the Cleveland, Ohio, Homœopathic Hospital College; corresponding member of the San Francisco, the Dunkirk and Illinois State Microscopical Societies; member of the American Association for the Advancement of Science, etc. Illustrated. Chicago, Duncan Brothers. 1880. Price \$2.00.

Not having paid any attention to microscopy ourselves, we are no judge of a work of such scientific merit. We are certainly proud that our school possesses such a learned professor as Dr. Smith, and that our homœopathic press should have been brave enough to have taken the risk of its publication and sale. All honor to Duncan Brothers!

A PRIZE ESSAY ON DIPHTHERIA, by A. MCNIEL, M. D., being a treatise on Diphtheria—its history, Etiology, Varieties, Pathology, Sequelæ, Diagnosis and Homœopathic Therapeutics. Chicago, Duncan Brothers, publishers. 1881.

It seems that Duncan Brothers offered a prize of one hundred dollars for the best treatise on diphtheria not long since, with the above result. McNeil got his one hundred dollars, and the profession a splendid essay on diphtheria. The prize was awarded by three well known veteran physicians of Chicago, George E. Shipman, D. S. Smith and A. E. Small, who examined the papers of the contestants by numbers, the names being withheld. In what part of our country A. McNeil, M. D., dwells, we are not told, but the kind way in which he alludes to Lippe and Guernsey, and his being such a stickler for the "minimal dose" and "no alternations;" and in the only instance where he speaks of potencies at all, he mentions the giving of *Bry.*²⁰⁰ and *Rhus.*²⁰⁰ for rheumatism, with no benefit; when *Arnica*¹⁰⁰⁰ gave prompt and permanent relief, we judge that our prize essay author is none other than he of New Albany, Ind. It is really a good book, an excellent book. Reliance is placed entirely on the constitutional treatment. Gargles and washes and sprays are all tabooed; no local treatment permitted, except the inhalation of the vapor of lime water.

DISEASES OF THE NERVOUS SYSTEM: Being a Treatise Spasmodic, Paralytic, Neuralgic and Mental Affections, for the use of Students and Practitioners. By CHARLES PORTER HART, M. D., Honorary member of The College of Physicians and Surgeons of Michigan; author of "Repertory to The New Remedies," "Homœopathic Ophthalmic Practice," "Diseases of The Brain," etc. With ample Clinical Illustrations. Boericke & Tafel: New York and Philadelphia. 1881.

We have been watching this author for several years, because his writings always show a scholarly finish hardly to be expected from one not living in some of our great centers of education.

But while Profs. Lilienthal and Kershaw and Fellows have been lecturing on nervous diseases to college classes from year to year, our author in quiet Wyoming, O., has been delving among the authorities, and has actually written and published a work fairly glowing with research and thought, and embodying all the diseases of the nervous system, with their treatment, illustrated with two hundred and twelve clinical cases. This is the only book we have seen for a long time that really "supplies a long-felt want." There is nothing so good in the old school literature, and every practitioner will need it for constant reference.

A TREATISE ON DISEASES PECULIAR TO INFANTS AND CHILDREN. By W. A. EDMONDS, M. D., Professor of Pædology in the St. Louis College of Homœopathic Physicians and Surgeons; Member of the Western Academy of Homœopathy, and late Chairman of the Bureau of Pædology; Member of The American Institute of Homœopathy, and Chairman of the Bureau of Pædology; Member of the Missouri Institute of Homœopathy, and Chairman of the Bureau of Pædology, etc. Boericke & Tafel: New York and Philadelphia. 1881.

We have looked this book through carefully, thoughtfully and critically, which, as a conscientious journalist, we are bound to do; and we are compelled to say that, although the author is a friend, neighbor and college confrere, his work contains some blemishes; still, fairness leads us to say that they are few as compared with many another book that has a high reputation.

The author's object—stated in his introduction—is to teach "the hygienic and medical management of infants and children, and to furnish a suitable text-book for students, and a convenient reference book for practitioners." He has accomplished his object well, and given us that richness of expression and purity of language in his picture-painting of disease that constantly reminds us of those great masters of our English tongue—Sir Walter Scott and Washington Irving.

Every purchaser (and there will be a legion of them) will be pleased with Prof. Edmonds' style; for, apart from his unquestioned familiarity with every subject in hand, he has an original and unique way of clothing

even common-place ideas in language that render his writings very attractive.

We commend this book most cordially, and believe that it will stand the test of time and the severest criticism.

The publishers have done their work well by using beautiful tinted paper and a handsome muslin cover. Price, \$2.50.

Editor's Drawer.

COURT PHYSICIAN. *To the Editor of the Globe-Democrat:*—ST. LOUIS, May 14, 1881.—Your Washington City correspondent furnishes the important information for this morning's paper, that "few people feel much confidence in Mrs. Garfield's choice of physicians, one being a woman of uncertain practice, and the other a homœopathic physician."

This sample of individual opinion, prejudice or bigotry, if uttered privately, would not equal in importance the time, ink and paper consumed in the record. But when it goes to the public under the auspices and prestige of an influential and powerful daily paper, it acquires a quality of importance and weight which would otherwise not attach to it. We suppose it may be safely taken for granted that the distinguished lady selected her medical advisers "with the advice and consent of her distinguished husband, and that he is practically responsible for the choice. Thirty years ago, Gen. Garfield started from menial pursuits and position in life, and has passed successfully and steadily through all the grades of distinction and preferment to the most distinguished position in the civilized world. To say that such a man is not competent to select his family physician is, we think, decidedly thin, cheeky, impertinent. As to the "few people" alluded to by your correspondent, we have no reply; there are to-day six thousand skillful and cultured homœopathic physicians in the United States, with a clientage of five hundred thousand, each all fully indorsing the President's good sense in the selection of his family physician. We are glad your correspondent has made his ungenerous fling, as it gives us opportunity to say homœopathic physicians now occupy official positions all over the country, from the city and village health-office all the way up to membership in the National Board of Health, and that their clients, drawn from the very elite of society, fill places of honor and distinction from the Executive Mansion of our own state all the way to the Executive Mansion at Washington City, to say nothing of distinguished names in science, art and literature, who have sided with conservative and curative modes of homœopathy.

Faithfully,

W. A. EDMONDS, M. D.

HOMŒOPATHIC COLLEGE FREE DISPENSARY REPORT FOR APRIL AND
MAY, 1881:

Cases Surgical.....	122
Cases Gynæcological.....	91
Cases Eye and Ear.....	21
Cases Neurological.....	40
Cases General.....	950
Total.....	1,224
Grand total at last report.....	11,116
Grand total to June, 1881.....	12,340

Dr. Parsons, Surgeon; Dr. Collisson, Gynæcologist; Dr. Campbell, Oculist and Aurist; Dr. Kershaw, Neurologist; Dr. H. J. Dionysius, Physician in Charge of General Clinics.

HO! FOR THE VANDALIA!—This is the fashionable, fast and famous route to the East. All other routes are common, tame, flat and unprofitable compared to the grandeur that greets the traveler's eye from the windows of the Vandalia's princely day coaches and reclining chairs. And then at night, the soft cushions of the Pullman sleepers rock you into restful repose.

After passing over the rich and picturesque central States of Illinois, Indiana, and Ohio, it crosses the Ohio river and begins to climb the Alleghenies, and one soon sees nature in her loftiest moods, as the Pennsylvania mountains pile themselves against the sky in all their sublime majesty.

No route like this "Pennsylvania Route" to the tourist, or lover of nature, in search of rest or recreation! This is our route to the American Institute, and we recommend it to all doctors and friends as the pleasantest way to reach New York from St. Louis. We have tried them all, and this is as superior to the others, as a Hyperion to a Satyr.

OFF FOR THE NORTHERN LAKES.—Dr. G. S. Walker, with his interesting wife and daughter, have taken the river route to the upper Mississippi, and will spend the summer at Lake Minnetonka. Those who have seen the Rhine and the upper Mississippi, say that the scenery of the latter far exceeds in beauty and natural grandeur, any of that on the former; and as to the loveliness of the Minnesota lakes, those of Switzerland do not surpass them.

BRIGHTON BEACH.—Readers! one and all, we salute you as we leave home for our annual recreation. Many of you we shall meet at the American Institute, at Brighton Beach, on the 14th, and all of you have our kindest wishes for your welfare. We shall rusticate in our native "Berkshire Hills" of Tioga, and return to you, editorially, in all the freshness and enthusiasm of restored youth. Till then, *au revoir!*

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*SURGICAL REFLECTIONS AND ANATOMICAL OBSERVATIONS
BEARING UPON A POSSIBLE COURSE OF THE BUL-
LET THAT WOUNDED PRESIDENT GARFIELD.*

BY FANEUIL D. WEISSE, M. D., NEW YORK,
Professor of Practical and Surgical Anatomy, Medical Department of the
University of the City of New York.

On July 2, 1881, at 9:20 A. M., President Garfield received a pistol-shot wound from a British bull-dog revolver, which carried a 44 central-fire cartridge (powder twenty grains, weight of bullet two hundred grains). He was fired upon at a distance of eight feet (?). The incidents of the shooting were given (see "New York Herald," July 3d, page 8) by a reliable eye-witness (Mr. Simon Camacho, Minister from Venezuela), as follows :

"I heard the noise of quick steps. The report of a pistol followed immediately. I turned quickly, and saw a man firing a second shot into the back of President Garfield—directly in his back."

"What happened when he was hit?"

"Well, he fell—that is, he dropped or sank as it might be, and fell forward near the wall. His knees seemed to bend,

and he leaned a little toward the right as he fell downward."

"Did he speak?"

"No; not a word."

"Nor utter a word?"

"I heard none."

The "New York World," of July 3d, states that the President pressed his hand against his side when wounded there, that hæmorrhage occurred from the wound, and that as he fell he vomited.

Dr. Townshend, Health Officer of the District, is reported to have said: "I found the President, when I arrived at the Baltimore and Potomac Depot, about five minutes after the shooting occurred, in a vomiting and fainting condition. From the pulse at the wrist, I thought he was dying. I had his head lowered, and administered aromatic spirits of *ammonia* and brandy to revive him. This had the desired effect, and the President, regaining consciousness, was asked where he felt the most pain. He replied, 'In the right leg and foot.' I asked him the character of his pains, and he said that it was 'a prickling sensation.'

"He rallied considerably, and I proceeded to examine his wounds. I found that the last bullet had entered his back about two and a half inches to the right of the vertebræ. I introduced my finger into the bullet wound; some hæmorrhage followed. After examination of the wound, the President looked up and asked me what I thought of it. I answered that I did not consider it serious. He continued, 'I thank you, doctor, but I am a dead man.'"

The official bulletins from this time are here given:

EXECUTIVE MANSION, July 2, 1881.

12 M.—The President is somewhat restless, but is suffering less pain. Pulse, 112. Some nausea and vomiting have recently occurred. Considerable hæmorrhage has taken place from the wound.

D. W. BLISS.

12:35 P. M.—The reaction from the shock of the injury has been very gradual. He is suffering some pain, but it is thought best not to disturb

him by making any exploration for the ball until after the consultation at 3 P. M.

D. W. BLISS.

4 P. M.—The President's condition is somewhat less favorable, evidences of internal hæmorrhage being distinctly recognized. Pulse, 132; temperature, 96.8. That is a little below the normal. He suffers rather more pain, but his mind is perfectly clear.

D. W. BLISS.

WASHINGTON, July 2—11 P. M.

The President is resting quietly, and was cheerful. Pulse, 124; temperature, 99; respiration, 20. All the symptoms are favorable.

D. W. BLISS.

EXECUTIVE MANSION, July 3—1 A. M.

The improvement in the President's condition, which began early in the evening, has steadily continued up to this hour. His temperature and respiration are now normal, and his pulse has fallen to 120. The attending physicians regard all his symptoms as favorable, and a more hopeful feeling prevails.

D. W. BLISS.

EXECUTIVE MANSION, July 3—10 A. M.

The President has rested quietly and awakened refreshed, and his improving condition gives additional hope of his gradual recovery. Pulse, 114; respiration, 18, and temperature about normal.

D. W. BLISS.

EXECUTIVE MANSION, July 3—11 A. M.

The President's condition is greatly improved. He secures sufficient refreshing sleep, and during his waking hours is cheerful and is inclined to discuss pleasant topics. Pulse, 106, with more full and soft expression; temperature and respiration normal.

D. W. BLISS.

EXECUTIVE MANSION, July 3—6 P. M.

There is no appreciable change since the last bulletin. The President sleeps well at intervals. Pulse, 108; temperature and respiration normal.

D. W. BLISS,

J. K. BARNES,

J. J. WOODWARD.

EXECUTIVE MANSION, July 3—10:30 P. M.

The condition of the President is less favorable. Pulse, 120; temperature, 100; respiration, 20. He is more restless, and again complains of the pain in his feet.

D. W. BLISS,

J. K. BARNES,

J. J. WOODWARD,

ROBERT REYBURN.

EXECUTIVE MANSION, July 4—12:30 A. M.

The President's condition has changed very little since the last bulletin.

Pulse, 112; temperature, 99.8; respiration, 20. Some tympanites is recognized. Does not complain so much of pain in the feet.

D. W. BLISS,
J. K. BARNES,
J. J. WOODWOOD,
ROBERT REYBURN.

EXECUTIVE MANSION, July 4—8:15 A. M.

The condition of the President is not materially different from that reported in the last bulletin (12:30 A. M.) He has dozed at intervals during the night, and at times has complained of the pain in his feet. The tympanites has not sensibly increased. Pulse, 108; temperature, 99.4-10; respiration, 19.

D. W. BLISS,
J. K. BARNES,
J. J. WOODWARD,
ROBERT REYBURN,
FRANK H. HAMILTON,
D. HAYES AGNEW.

EXECUTIVE MANSION, July 4—8:15 A. M.

We held a consultation with the physicians in charge of the President's case at seven A. M. to-day, and approve in every respect of the management and of the course of treatment which has been pursued:

FRANK H. HAMILTON, of New York.
D. HAYES AGNEW, of Philadelphia.

July 5th.

8:30 A. M.—The President has passed a comfortable night, and his condition this morning is decidedly more favorable. There has been no vomiting since last evening at 8 o'clock, and he has been able to retain the liquid nourishment administered. There is less tympanites, and no abdominal tenderness, except in the wounded region. Pulse, 114; temperature, 100.5; respiration, 24.

D. W. BLISS,
J. K. BARNES,
J. J. WOODWARD,
ROBERT REYBURN.

10 A. M.—The following dispatch has been sent by the surgeons in charge to Doctors Agnew and Hamilton, the two consulting physicians:

EXECUTIVE MANSION, July 5—9:30 A. M.

After you left, the urgent symptoms continued; there was much restlessness, constant slight vomiting, and by 8 o'clock P. M. the President's condition seemed even more serious than when you saw him. Since then the symptoms have gradually become more favorable. There has been no vomiting or regurgitation of fluid from the stomach since 8 o'clock last evening.

The President has slept a good deal during the night, and this morning

expresses himself as comparatively comfortable. The spasmodic pains in the lower extremities have entirely disappeared, leaving behind, however, much muscular soreness and tenderness to the touch. There is less tympanitis, and no abdominal tenderness whatever, except in the hepatic region. Since 8 P. M. he has taken an ounce and a half of chicken broth every two hours, and has retained all. The wound was again dressed antiseptically this morning. Altogether but one-half a grain of morphia has been administered hypodermically during the last twenty-four hours, and it has been found quite sufficient. His pulse, however, still keeps up. At 8:30 A. M. it was 114; temperature, 100.5; respiration, 24. Seventy-two hours have now elapsed since the wound was received. We cannot but feel encouraged this morning, although, of course, we do not overlook any of the perils that still beset the path toward recovery. The course of treatment agreed upon will be steadily pursued.

D. W. BLISS,
J. K. BARNES,
J. J. WOODWARD,
ROBERT REYBURN.

12:30 P. M.—The favorable condition of the symptoms reported in the last bulletin continues. There has been no recurrence of the vomiting. Pulse, 110; temperature, 101; respiration, 24. The President lies at present in a natural sleep. No further bulletins will be issued till 8:30 P. M., unless in case of an unfavorable change.

D. W. BLISS,
J. K. BARNES,
J. J. WOODWARD,
ROBERT REYBURN.

Besides these official bulletins, it had been stated, prior to July 4th, that the wound was located between the tenth and eleventh ribs, four inches to the right of the median line of the back; that a finger introduced into the wound had felt that the eleventh rib was fractured; that at another exploration the finger had felt the substance of the liver; that a probe had been passed in a distance of three inches. By the two latter examinations the direction of the wound was found to be downward and forward.

On July 4th I made a careful analysis of the symptoms that had presented up to that date, with the following result:

First.—A pistol-wound was located between the tenth and eleventh ribs, four inches from the median line of the back.

Second.—Upon receipt of the wound the President fell, or rather sank down to the right, not losing consciousness.

Third.—Vomiting occurred as he fell, which had continued from time to time.

Fourth.—Within five minutes alarming failure of heart's action occurred.

Fifth.—Immediate pain of right leg and foot, of the nature of a prickling sensation.

Sixth.—Hæmorrhage from wound, though not excessive.

Seventh.—Lowering of the temperature to 96.8° during shock.

Eighth.—Equable, almost normal, standard of respiration.

Ninth.—Pulse fluctuations from slight causes.

Tenth.—Pains in legs and feet.

Eleventh.—Slight tympanites.

TABLE OF SEVENTY-FOUR HOURS FROM RECEIPT OF WOUND :

	TEMP.	PULSE.	RESP.
July 2d, 9:25 A. M.....	—	Almost pulseless.	—
“ 4 P. M.....	96.8	124	—
“ 11 P. M.....	99	124	20
July 3d, 1 A. M.....	Normal.	120	Normal.
“ 10 A. M.....	Normal.	114	18
“ 11 A. M.....	Normal.	106	Normal.
“ 6 P. M.....	Normal.	108	Normal.
“ 10:30 P. M.....	100	120	20
July 4th, 12:30 A. M.....	99.8	112	20
“ 8:15 A. M.....	99.4	108	19
July 5th, 8:30 A. M.....	100.5	114	24
“ 12:30 P. M.....	101	110	24

Negative evidence existed which seemed to exclude injury having been inflicted to either of the following parts :

First.—An artery or vein of any considerable size.

Second.—The pleura, or lung.

Third.—The diaphragm (at a point where it is covered by pleura or peritoneum).

Fourth.—The right kidney.

Fifth.—The spinal cord.

Sixth.—The ascending colon, where not covered by peritoneum.

From the President's good general condition up that time there appeared a chance that the peritoneum and the organs invested by it—liver, stomach, small intestine, large intestine and spleen—had escaped injury.

Of the symptoms developed up to July 4th, the fifth and tenth seemed to point to an injury of the right sacral plexus, as the area of distribution of the right great sciatic nerve was the first location of the pains, etc., while the pains of the left leg and foot would seem to have been developed subsequently.

The third and fourth symptoms, in the light of the localizing ones just stated, become contributive in adding weight to the possibility.

It remained to determine how a bullet, entering where the President was wounded, could escape injuring the right pleura, the right lung, the diaphragm, the peritoneum, the liver, the right kidney, the ascending colon, the small intestine, or the spinal column, and the life of the wounded person be spared, by deflection of the bullet in such a peculiar way as to reach one or more of the nerves that contribute to the sacral plexus.

It seemed to me possible that the bullet had penetrated the tissues superficial to the eleventh rib, impinged upon the rib with sufficient force to fracture it, which force was enough to turn the ball upon its axis, so as to point downward; thence it was deflected downward, forward and inward; that it had pierced a subpleural portion of the diaphragm (if at all), passed to the anterior surface of the transversalis fascia, posterior to the convex external border of the right kidney, passed through the adipose tissue behind the kidney and ascending colon, following the curve, downward and inward, of the plane of the anterior surface of the muscle-wall of the lumbar region; that it had passed into the iliac fossa, upon the iliac fascia, the posterior part of which it

traversed in a direction downward and inward, till it reached the psoas magnus muscle; that it either perforated or passed posterior to the psoas magnus muscle to reach the sacral plexus of nerves, the trunks of which, one or more, it wounded.

The bulletins of July 5th strengthened my convictions that my theory had some ground of plausibility. To the symptoms which had developed up to July 4th, there had been added : 1st, muscular soreness of the lower extremities; 2d, tenderness to the touch of the lower extremities. Of the symptoms of the 4th there had subsided : 1st, the vomiting at 8 p. m. on July 4th; 2d, the spasmodic pains of lower extremities; 3d, less tympanites.

On July 6th I determined to investigate, by actual dissection, the possible track of the wound, whether, anatomically, such a course could be taken by a bullet. I obtained a British bull-dog revolver and the No. 44 cartridges, to determine what kind of a wound of entrance the bullet would make in a human body, its penetrating power at a distance of eight feet, and how much diminution of force would be effected by impact upon the bone.

I found upon examination that, as a weapon, its inherent defects were such as to make it one which lacked precision in firing, and diminished the force of the ball. That the cartridge also presented certain peculiarities, which, when it was fired, would tend to diminish its penetrating power and cause a great expenditure of its force upon impact upon any resisting surface.

I fired into a subject several times, and determined the wound of entrance and exit as both smaller than I expected.

I would here say that no attempt was made to so fire as to repeat the wound inflicted upon the President—that would be impossible—and then track the ball, so as to determine the course it had taken; nor was the attempt made to make the ball so penetrate as to take the possible course advanced.

A few shots enabled me to obtain all the information I wanted, viz.: that a bullet from the British bull-dog revolver suffers a great expenditure of force by impact upon a bone; that at the instant of its impact it turns on its axis; that if its force is still sufficient to carry it on flatwise through the bone, it makes a large hole in it, splinters it, and carries the fragments before it into the tissues beyond; that if it simply fractures the bone, it is either deflected or stopped in its course.

At the point of wound the following conditions would favor the occurrence of deflection.

The eleventh is the most movable of all the ribs, being free at its anterior end and not steadied, as is the twelfth rib, by a muscle attached to its lower edge. The conditions favorable to deflection by impingement upon and fracture of this rib are : 1st, the mobility of the rib makes it like a hickory twig fixed at one end only, and its swaying upon impact would expend a good deal of the force of the ball. 2d. The external surface of the rib being convex tends to deflect a ball (of all bones of the body a rib probably deflects balls most often). 3d. If the eleventh rib is pushed inward from behind it rises anteriorly, and if a ball struck it with sufficient force to fracture it, it would be likely to turn the ball on its axis, and deflect it downward and inward, if already spent. 4th. The clothing of the President must also be considered as an element contributing to diminish the penetrating power of the ball before it reached the rib, but I have no data with reference to the clothing.

Had the ball been turned on its axis, and still had sufficient force for onward progression, it would have crashed through the eleventh rib, splintered it, and carried forward the fragments of bone directly into the viscera beyond. Deflected upward, it would have wounded the lung. Deflected forward along the rib, it might have passed into the abdominal parietes.

A well-developed subject, six feet high, was suspended so that the feet rested on the floor. A twelve-inch trochar, one-fourth of an inch in diameter, was made to enter the cadaver exactly at the point of the President's wound, penetrating at a right angle. The object of this was to pin the tissues and organs together so as to steady them during the progress of dissection. Skin incisions, to include the area of the injured region, were made as follows: The first from the median line to the side, at the level of the upper border of the tenth rib; the second from the median line outward, below the level of the crest of the ilium; the third along the median line of the back united the two internal extremities of the transverse incisions. The flaps of tissue were turned off to the right side of the body. The layers in the track of the trochar were found superposed upon, and were removed in the following order, down to the plane of the ribs: skin, subcutaneous tissue, latissimus dorsi muscle plane, and that of the serratus posticus inferior muscle. The external longitudinal half of the dissection region presented the exterior surface of the tenth, eleventh and twelfth ribs, and their intervening muscles; below, the twelfth rib, between it and the crest of the ilium, the exterior surface of the posterior portions of the abdominal muscles. The internal longitudinal half of the dissection region included the mass of the erector spinæ muscle (sacro-lumbalis and longissimus dorsi portions, in order, from the external limit of the muscle-mass to the spines of the vertebræ), covered by the posterior layer of the lumbar aponeurosis.

The external intercostal muscles were dissected out of the tenth and eleventh intercostal spaces, and the tenth and eleventh intercostal nerves, arteries and venæ comites were respectively seen running parallel with the lower border of the ribs; the vessels and nerve were close to the tenth rib, and about a quarter of an inch from the border of the eleventh. The costal layer of the pleura filled the tenth and eleventh

intercostal spaces, passing to the interior surfaces of the ribs.

The costal layer of the pleura was separated from the eleventh rib for about an inch, corresponding, as near as could be inferred, with the point of fracture of the President's rib; an inch of the rib was then exsected with the bone forceps. The pleural cavity was now opened, and some contained fluid escaped. The finger was introduced into the pleural cavity downward, so as to determine how low the sac of the pleura descended; a distinct pocket of pleura was found down to the level of the twelfth rib, the bottom of the cavity rising toward the spine posteriorly and springing from the tip of the twelfth rib on to the interior surface of the eleventh rib, anteriorly. The contour of the liver was now appreciable, as it obstructed the opening in the chest-wall, covered by three planes of tissue, which were dissected through. 1st. The diaphragmatic layer of the pleura. 2d. The right portion of the diaphragm. 3d. The peritoneal lining of the diaphragm. Opening the peritoneum at the side of the penetrating trochar, the thick lateral superior border of the right lobe of the liver obtruded. Dissecting the diaphragm away from the interior of the eleventh rib and below it, the superior external border of the right kidney presented, without meeting with pleura or peritoneum.

A large director was passed in the eleventh intercostal space below and on a line with the fixed trochar, so as to reach the anterior surface of the transversalis fascia without perforating the pleura, peritoneum or diaphragm (except at a point where the latter is not invested by pleura and peritoneum). As the director passed downward it followed the plane and curve of the loin forward and inward. The twelfth rib was cut through with bone forceps opposite the external limit of the erector spinæ muscle-mass, and dissected out, carrying away the attachment of the diaphragm and other muscles to it. The planes of the muscles of the abdominal wall below the twelfth rib were incised through, along the line of the

director down to the crest of the ilium. The twelfth intercostal nerve, superficial to the plane of the transversalis muscle, was seen; in the plane interior to the transversalis muscle the ilio-hypogastric and ilio-inguinal nerves were dissected out, and seen to run parallel with the crest of the ilium and around the side. The hand was now passed into the superior portion of the opening, through the abdominal wall, onto a mass of fat which lies behind and along the external convex border of the kidney, and opposite the longitudinal sulcus, where the peritoneum is reflected from the anterior surface of the kidney to the interior of the abdominal wall at the external longitudinal limit of the lumbar region.

The fingers and palm of the right hand, standing at the left of the subject as they were introduced, entered at the upper part of the incision made along the director and touched the fat at the border of the right kidney, and the sulcus where the sac of peritoneum passes from the anterior surface of the right kidney to the parietes of the abdomen, at the side wall of the abdomen. Insinuating the fingers between the lips of the incision through the parietes to the anterior surface of the transversalis fascia, the back of the fingers lay upon the transversalis fascia, and their palmar surfaces impinged upon the fat and areolar tissue behind the kidney and the ascending colon anteriorly, where the colon is not covered by peritoneum. Crowding the colon forward, the external lateral reflection of the peritoneum (external fold of ascending mesocolon) from the external side of the ascending colon to the abdominal parietes, will be appreciated, and can be readily separated from the transversalis fascia.

Just above the crest of the ilium, near the external limit of the erector spinæ and quadratus lumborum attachments to the crest of the ilium it is, that the ilio-hypogastric and ilio-inguinal nerves pass from the anterior surface of the quadratus lumborum muscle onto the transversalis muscle, between it and the transversalis fascia. From this point the fingers

slid readily into the iliac fossa over the middle of the crest of the ilium; the palmar surfaces of the fingers upon the iliac fascia, the nail surfaces crowding against the cæcum of the large intestine, where the same is not covered by peritoneum. The peritoneum is reflected from the sides of the cæcum to the wall of the iliac fossa—the meso-cæcum.

The fingers may pass on easily to the external surface of the psoas magnus muscle, where a sulcus presents between the latter muscle and the iliacus internus muscle, tearing through the fascia, which bridges from one muscle to the other across the sulcus, the fingers may be insinuated behind the psoas magnus, recognizing the anterior crural nerve, and beyond it the obturator nerve, the lumbo-sacral cord of the sacral plexus, and even the anterior surface of the sacral plexus, and pyriformis muscle may be appreciated. With the fingers thus crowded into the pelvis the internal iliac artery and its branches with their venæ comites were pushed forward toward the median line, carrying fascia before them.

A second subject was suspended and another dissection was made, from which it was intended to obtain a drawing of the contained organs, and which is given. (Figure 1.)

Figure 1 is a photo-engraving of the drawing, and the illustration is correct, with the exception that the weight of the liver has caused it to fall a little lower than normal, carrying the kidney with it, and likewise the diaphragm.

Figure 2 is a schematic key of figure 1. In it the fall of the liver has been corrected; the spot of supposed impact of the ball on the eleventh rib should, I think, be nearer the centre of the bone. The steps of this dissection were as follows :

First.—A glass headed pin about five inches long was entered in the tenth intercostal space, four inches from the line of the spinous processes of the vertebræ (the spot was confirmed by Prof. Hamilton as the point corresponding to which the bullet entered the President's body); the pin was

entered at a right angle, to fix the parts only, having no reference to the course of the ball.

Second.—A triangular flap, including all the layers from the skin to the plane of the ribs, was made, with its apex on the tenth rib above the penetrating pin; the lateral incisions of the compound flap were turned downward on to the gluteal region.

Third.—The eleventh and twelfth intercostal muscles were dissected as far as they were exposed out of the tenth and eleventh intercostal spaces.

Fourth.—The vessels and nerves of the tenth and eleventh intercostal spaces were recognized and cut away.

Fifth.—An exsection was made of an inch of the eleventh rib at its supposed point of fracture.

Sixth.—The oblique line of the reflection of the pleura from the costal wall on to the diaphragm was appreciated and then cut away.

Seventh.—Exsection of the twelfth rib outside of the erector spinæ muscle was made.

Eighth.—The posterior portion of the abdominal muscles was cut away; recognizing the twelfth intercostal vessels and nerve exterior to the transversalis.

Ninth.—The ilio-hypogastric and ilio-inguinal nerves were dissected out, and preserved in situ, in the plane between the transversalis muscles and the transversalis fascia.

Tenth.—The layers upon the superior convexity of the liver were recognized in their order, pleura, diaphragm and peritoneum.

Eleventh.—The peritoneum was opened and the thick superior portion external border of its right lobe recognized.

Twelfth.—The fat posterior to the kidney was appreciated and partly dissected away to bring the kidney into view.

Thirteenth.—The peritoneum was slit along the external border of the right lobe of the liver, and the reflection of the peritoneum from the external border convexity of the kidney

to the abdominal parietes was seen, as it comes out from the anterior surface of the kidney.

On the morning of Thursday, July 7th, I called upon Prof. Frank H. Hamilton, M. D., and stated to him my theory of the possible deflection and course of the ball, giving him my reasons therefor. I then asked him to give me a detailed statement of all the facts in the case at the time of his visit to Washington. This he kindly gave me, and, among other symptoms, stated that the President had called attention to a peculiar sensitiveness of the skin of the right side of the scrotum. An injury to the ilio-hypogastric and ilio-inguinal nerves, which lie in the supposed track of the ball, according to the theory advanced, would account for this peculiar sensation. Injury to the sacral plexus would also account for it. Encouraged by Professor Hamilton, I repeated my dissections on July 7th, and he made an appointment to be present at a demonstration of the same on the following day. On July 8th I obtained several cadavers resembling the physique of the President, and at 2 p. m., in the presence of Professor Frank H. Hamilton, M. D., Dr. George F. Shrady and other professional gentlemen, I repeated the dissections, pistol firing, etc.

The following letter explains itself :

My Dear Doctor—I have from the first sought to encourage you in your present line of study, not because I had by any means determined in my own mind the course of the bullet, but because it seemed proper to determine anatomically all the possibilities in the case. I also encouraged you to give your results to the profession through the secular press in order that they might more promptly be subjected to the criticism or approval of medical men.

Yours truly,

FRANK H. HAMILTON.

July 11th, 1881.

A special application of the above anatomical observations to the appreciation of the President's wound must take into consideration his peculiarly robust physique.

The mass of fat located on the anterior surface of the posterior portion of the transversalis muscle and the quadratus lumborum muscle is probably, in the President's body, judging from his physique as pictured and described, from one and a half to two inches thick. This fat is continued, to a certain extent, in such a well-nourished organization, into the iliac fossa as well.

Given a bullet that has, by impact upon and fracture of the right eleventh rib, been deflected downward and forward into this layer of fat behind the external border of the right kidney, it is not difficult to conceive how, with its already expended force of progression, it could continue in the direction of least resistance through the adipose tissue, taking the inclined curve downward and inward of the anterior surface of the muscle-mass of the lumbar region into the iliac fossa; perforate the fascia in the sulcus between the iliacus internus and psoas magnus muscles; or perforate the latter muscle, and so reach the lumbo-sacral cord, or one of the sacral nerves in the right half of the pelvis, and thus inflict more or less injury to one of the contributing trunks which form the sacral plexus.

Here I would state that it was repeatedly observed by myself, and verified by Prof. Hamilton and Dr. Shrady, that a finger on the sacral plexus could be felt by rectal examination.

The fact that the ilio-hypogastric and ilio-inguinal nerves, usually the latter, distribute to the scrotum, and that they cross the possible track of the bullet, presents a most important element in the anatomical solution of the case. It will also be remembered that the skin of the scrotum is supplied from the sacral plexus by the perineal branches of the pudic and inferior pudendal branch of the lesser sciatic.

A difficult anatomical point to determine presents in the case of fracture of the eleventh rib, viz.: to appreciate the oblique line of pleural reflection from the costal wall to the diaphragm from behind upward and forward.

Had it been the twelfth rib that was fractured there would

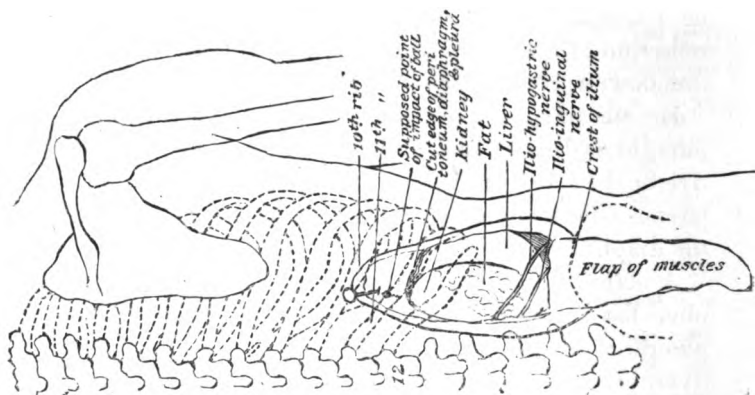
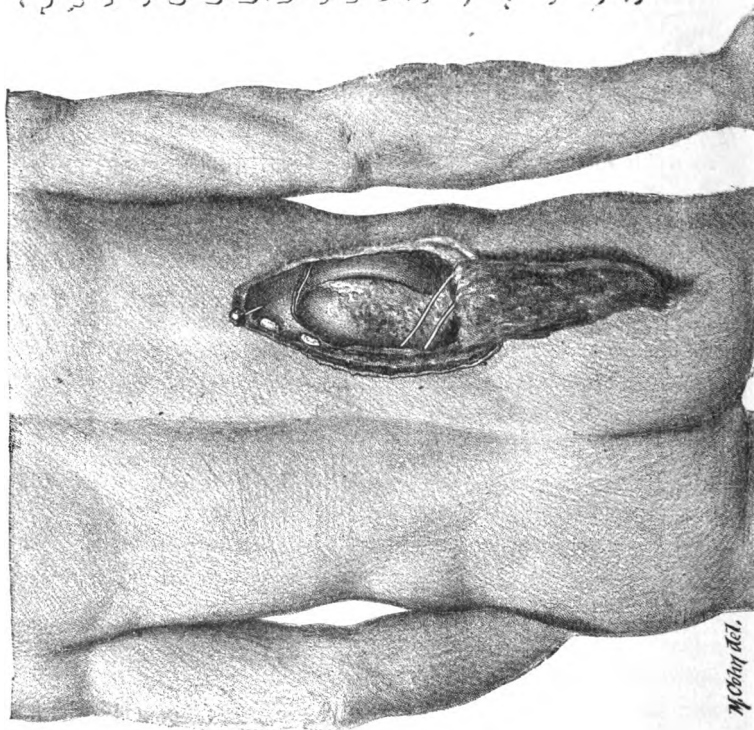
be no difficulty in eliminating the inferior limit of the reflection of the pleura from the diaphragm, in case of deflection downward and forward.

For the purposes of this case we must consider the diaphragm as divided into a pleural and sub-pleural portion, relative to the line of reflection of the pleura from the circumference of the arched thoracic base to the superior surface of the diaphragm.

A man of the robust physique and ample chest of the President has a powerful diaphragm, with a large mass of sub-pleural muscular structure posteriorly. He has a large, heavy liver. His lungs are in a constant state of distention, amounting to that of full inspiration of a less powerful physique. The upper edge of his right kidney is probably on a line with the lower border of his eleventh rib.

In walking, the weight of his liver would hang forward, away from the posterior wall, and still further tend to depress the diaphragm and increase the thickness of its sub-pleural portion.

In walking, his pleural reflection opposite the vertical line of the bullet wound would be at the eleventh rib, to the median line side of the wound of entrance.

Fig. 2**Fig. 1**

THE PROOF OF DRUG PRESENCE AND POWER IN ATTENUATIONS ABOVE THE SIXTH DECIMAL, AS FURNISHED BY THE TESTS OF CHEMISTRY.

BY WM. BREYFOGLE, M. D., LOUISVILLE, KY.

Transactions of the American Institute, Milwaukee, June, 1880.

As you are all aware, gentlemen, the *science of chemistry*, as applied to homœopathic dilutions, cannot be proof conclusive of the existence of medicinal power, but, as it is to become an important part of the proceedings of this bureau, I have endeavored to give the subject a thorough test. For this purpose I obtained, on the 29th day of last August, from a reliable homœopathic pharmacy, two ounces each of arsenicum, 3^x, 6^x, 12^x and 30^x dilutions; of nux vomica, 3^x, 6^x, 12^x, and 30^x, and of sulph. 3^x, 6^x, 12^x and 30^x. The seals were left untouched, but the labels were removed, and in their stead numbers were placed on each vial, and a corresponding entry made in a private book.

The vials were then turned over to J. P. Barnum, M. D. analytical chemist, with the understanding that each should be separately examined, using new apparatus for each test, and under the direct supervision of Prof. C. Leo Mees and myself. Nothing was made of the contents, excepting that Nos. 5, 6, 7 and 8 contained vegetable and the rest mineral substance.

TEST NO. 1.

No. 1 (representing *ars.* 3^x) was then acidulated and treated according to the usual method for determining unknown mineral substances, with no result until saturated with sulphuretted hydrogen, when a yellow precipitate was thrown down. Redissolving and applying Reinsch's tests, the copper

was coated with a metallic film, which, on being sublimated, deposited on the glass tube distinct octohedral crystals of arsenious acid, with crystals of *sulphur* and some resinous matter, the latter from the *alcohol* and the *sulphur* arising from the decomposition of the *sulphuret of arsenic*. On further examination, the liquid was found to contain no other metallic substance.

TEST NO. 2.

No. 2 (representing the 6th dil. of *ars.*) was then similarly treated. The metallic copper was slightly stained, and, on being sublimated, *sulphur*, resinous matter and a few *indistinct* octohedral crystals were shown, not sufficient in number or distinct enough in form to determine their nature. Suspecting that they did not arise from the substance under examination, perfectly pure *distilled water* was similarly treated, and similar deposits of sulphur and crystals occurred, showing that there had been a slight trace of *arsenic* in the *muratic acid* used. A solution containing $\frac{1}{100000}$ th of a grain of *arsenic* was then similarly treated, and the copper was covered with a distinct steel-colored tarnish, which, on sublimation, yielded distinct crystals.

A solution containing $\frac{1}{100000}$ th of a grain of *arsenic* was next treated. The copper was slightly tarnished and yielded minute but distinct octohedral crystals of arsenious acid.

It was then concluded that No. 2 contained only alcohol and water.

TESTS NOS. 3 AND 4.

Nos. 3 and 4 (representing the 12th and 30th dilution of *arsenic*) were then each separately examined (using a fresh supply of acid, which showed absolutely no arsenical reaction), and no traces of anything but alcohol and water discovered.

The limit to which a chemist is willing to certify, as to the presence or absence of *arsenic*, is from $\frac{1}{100000}$ th to $\frac{1}{100000}$ th part of a grain, yet a *crystal* measuring $\frac{1}{10000}$ of an inch, and weighing less than $\frac{1}{1000000000}$ th of a grain, may be distinctly recognized.

No such crystals were found in the 6^x, 12^x or 30^x dilutions, the 3^x dilution alone showing traces of *arsenic*.

As the substances contained in the series 5, 6, 7 and 8 were understood to be vegetable matter, they were carefully examine for the alkaloids.

TEST NO. 5.

No. 5 (representing *nux.vomica* 3^x dilution) was evaporated slowly to dryness, dissolved in a small quantity of water, acidulated with acetic acid, and subjected to the color-test, and the absence of any known alkaloid determined.

The reaction of more than fifty of these substances are known, and solutions containing $\frac{1}{50000}$ th grain of *strychnine* gives perfectly distinct reaction, while the $\frac{1}{100000}$ th of a grain yields a fine display of colors.

TEST NO. 6.

No. 6 (representing the 6th dilution) was slowly evaporated to dryness, redissolved in a small quantity of slightly acidulated water, and injected into the circulation of a small frog, which was not in the least affected by it, while on the injection of $\frac{1}{10000}$ th of a grain of *strychnine* the animal was thrown into convulsions within six minutes, and died immediately afterward. Considering the relative weight of the frog and the human subject, the administration of $\frac{1}{10000}$ th of a grain of *strychnine* to a frog would be about equal to the administration of four grains to a human subject weighing one hundred and forty pounds; and the injection of the active principle in the contents of vial No. 6 equals the injection into the human system of the active principle contained in $43\frac{1}{8}$ gallons of water.

TESTS NOS. 7 AND 8.

Nos. 7 and 8 (representing *nux vomica* the 12^x and 30^x dilution) were together concentrated by slow evaporation, slightly acidulated, and injected into the body of a frog weighing 25 grains, who was, to all appearances, not affected by it.

On the second day a solution containing $\frac{1}{20000}$ th of a grain

of *strychnine* was injected into the same animal, which showed symptoms of poison in a few minutes, and on agitation was thrown into a violent spasm, and died soon afterward.

From the same data, as given in test No. 6. this would have been equal to the injection into the human subject of the active principle contained in $91\frac{1}{4}$ gallons of the solution contained in vials marked 7 and 8. Or if taken into the stomach, allowing the usually accepted ratio of 3 to 1, equal to 273 gallons and 24 ounces.

From the above experiments I am satisfied that the series contained no known principle of vegetable origin except alcohol.

TEST NO. 9.

No. 9 (representing *sulphur* 3^x dilution) was tested according to the several methods for discovering unknown substances in solution, and slight traces of *sulphur* were found. The contents of the whole bottle was then evaporated to dryness, treated with boiling *nitric acid*, slightly diluted with water, and a solution of *chlorate of barium* added, a faint white precipitate of *sulphate of barium* was thrown down, barely discernible to the naked eye, but showing conclusively that *sulphur* was the substance in solution.

TESTS NOS. 10, 11 AND 12.

Nos. 10, 11 and 12 (representing the 6^x, 12^x and 30^x dilution) were then similarly treated, and gave no traces of *sulphur*, containing only *alcohol* and water.

By the above method the presence of $\frac{1}{400000}$ th part of a grain of *sulphur* can be readily detected, and acid containing $\frac{1}{2000000}$ th part of a grain of *sulphur*, will cloud the solution and show a distinct precipitate.

As before remarked, in each of the above experiments, which extended over a period of three months, new apparatus was used, and every possible precaution taken to prevent the introduction of foreign matter, and to secure accurate results.

Although the tests, as applied above, failed to discover any vegetable substances in the third dilutions, and no traces of minerals above the 3^x, I determined to push these experiments still further, and, if possible, not only to demonstrate their curative power, but to discover how much of a given substance would produce an aggravation of the symptoms.

My first case was one of continued "morning sickness," the patient being unable to take even water without vomiting. Had been under allopathic treatment for six weeks, and abortion was recommended. I tried internally *lactic acid*, *ipecac.*, *sepia* and *nux moschata* without perceptible change. Remembering that in tests Nos. 6 and 7 the injection of the active principle of two ounces of *nux vom.* 6^x into a small frog produced no effect, and that this equalled the effect of 273 gallons and 24 ounces taken into the human stomach, I felt justified in adopting a new method. Procuring a new hypodermic syringe, I carefully injected under the skin of the forearm ten drops of *ipecac.*, the 6^x. The effect was magical. In a few hours my patient was enabled to take food, and speedily recovered without even a repetition of the dose, or the slightest aggravation of the symptoms. Two eminently respectable homœopathic physicians of Louisville can *substantiate* the above statement.

Emboldened by the successful results in the above case, I next injected ten drops of the 6^x dilution of *tartar emetic*, in the case of a policeman suffering from a violent attack of asthma. The paroxysm was relieved in twenty minutes, and the patient enabled to lie down and sleep for the first time in three days. This was repeated four times, at long intervals, and the patient speedily recovered. At no one time did we discover the slightest of the symptoms following its use.

The next case was one of dysmenorrhœa, and the violent colic yielded in less than ten minutes to the hypodermic injection of ten drops of *puls.* 6^x dilution over the region of the uterus.

In more than fifty cases, where this plan of administering medicines was used, in not one single instance was there the slightest medicinal aggravation; and although the dilutions were all used crude (that is, undiluted with water), in no case did the *alcohol* produce a sore unless used in fleshy parts, and then in but very few cases.

The conclusions drawn from the above experiments have convinced me (had such been necessary) of the efficacy of the dilutions above the 6th decimal, and that, although beyond the reach of the tests of chemistry, they still contain medicine enough to cure disease.

It has also convinced me that homœopathic medicines, hypodermically administered, are often of great value.

It has strengthened my confidence in the administration of the single dose, *provided* that the dose be sufficient to at once control the conditions.

It has shaken my faith in so-called *aggravations* from homœopathic dilutions above the 6^x, and I am led to believe that this is a question but imperfectly understood; that the profession rely too much upon prejudices unsustained by facts.

It is my opinion that this *fanatical* search after *new alternations* implies a want of confidence in the material of the present. To say that the 30th *dilution* will cure when the 6th *dilution* will not, is to deny the truths discovered by Hahnemann. To say that it makes a better cure, still implies a *doubt*. To say that it is because of medicinal aggravation is to state what is not capable of verification.

Experiments with different alternations are legitimate; but as they in no wise affect the principles of homœopathy, we should, so far as possible, confine their scope within the well-established boundaries of scientific methods.

In our great work of reforming medicine we ought not to envelop the plain, simple, all-convincing truths—our powerful weapons—in a mystic psychological halo, which is, to say the

least of it, not properly understood by our own profession. It retards our own progress and causes the scientific investigator to hesitate.

*ECZEMA AND TREATMENT ILLUSTRATED BY CASES •
TREATED AT THE FREE DISPENSARY OF THE
ST. LOUIS COLLEGE OF HOMŒOPATHIC
PHYSICIANS AND SURGEONS.*

BY HENRY J. DIONYSIUS, M. D.

Eczema is the most common of all skin diseases, and a disease in which every physician is more or less interested. First, because it is very common; secondly, because it is a difficult disease to treat.

On account of it being a common disease alone makes it very important that its varieties, nature and treatment should be thoroughly understood.

Eczema may be defined as a catarrhal inflammation of the skin, running through the stages of erythema, papulation, vesiculation, pustulation, incrustation and squamation, characterized by the presence of a discharge having the quality of stiffening linen.

It may be either acute or chronic, may commence abruptly or gradually, and may run its course in a few days, or last for years.

Eczema commences with a redness of the skin, more or less intense, followed by a papular elevation upon which a vesicle appears about the size of a pin-head, which ruptures sooner or later; sometimes in a few hours, at other times they may remain for several days, the exudation following the rupture of the vesicle may be serous or seropurulent. If the exudation is serous it forms into scales; if seropurulent it forms into crusts of a yellowish brown or greenish yellow color; the disease is always accompanied by a violent itching and burning.

The crusts are generally scratched off by the patient in the attempt to relieve the violent itching, thus leaving a raw bleeding surface, which however, soon crusts over. If let alone these scales or crusts scale off, leaving a smooth surface without any cicatrix.

• The disease is liable to recur at any time if excited by the slightest provocation.

Eczema covers a large field, because it has been divided into so many divisions, viz: eczema simplex, eczema solare, eczema rubrum, eczema impetiginodes; these divisions have again been subdivided and named with regard to their locality. If on the head, it is termed *tinea capitis*; if on the face, *tinea faciei*; if on the face or head of a nursing child, it is termed *crusta lactea*; if on the inner side of the thigh, common to shoemakers and cavalrymen, it is termed *eczema marginatum*; if on the legs, it is termed *salt rheum*; if on the palmar surface of the hands, it is termed *pityriasis palmaris*; if on the plantar surface of the feet, it is termed *pityriasis plantaris*. Willan divides eczema into three varieties, viz: eczema simplex, eczema rubrum, and eczema impetiginodes. Tilbury Fox classifies them the same, and says Willan was the first to classify eczema correctly. He also says: a host of varieties have been made according to variation in particular features, but it must be evident that varieties can only be founded upon peculiarities in the total local and general phenomena of different cases.

Hence it is usual to speak of the different stages of eczema, viz: the hyperæmic, the papular, the vesicular, the exuding, the crusting and the squamous.

But unhappily, some have made varieties out of these different stages.

CAUSES.—The cause of eczema is somewhat obscure, and little is known definitely about it.

Some individuals are so constituted that their skins are ever ready on the slightest provocation to take on diseased states.

In such persons anything that tends to lower the average degree of health is apt, other things being equal, to give rise to an attack of eczema.

It may be hereditary. Improper diet and dyspepsia, through mal-nutrition, are very potent causes. An inactive skin, whereby the proper excretory functions are interfered with, frequently produce and keep up this disease.

Gouty and rheumatic patients are prone to attacks of eczema. In children, dentition plays an important part. Blacksmiths, bakers, grocers, washerwomen, workers in lime, from the irritating nature of their employment, are liable to types known as grocers', bakers', etc., itch. There are local irritants that give rise to eczema, such as too high temperature, hot baths, application of wet bandages, mercurial salves, croton oil, cantharides, mustard, potash soaps, dyes, etc. Age has little to do with eczema generally. Individuals are subject to it from extreme youth to old age.

The children that come to the dispensary seem to enjoy good health otherwise, and it often appears that the healthier the child the severer the disease; in adults, it appears in those of the poorer class, and who are in average good health.

SYMPTOMS.—I shall describe the symptoms of the three varieties of Willan in their respective order; the first variety is:

Eczema simplex, meaning, as its name suggests, simple eczema. It is the mildest form of this disease; it makes its appearance as a local disease, that is, occupying a single part, commencing with little or no fever, no constitutional disturbance, the inflammation is slight, the vesicles are distinct and closely crowded together; they dry up in a few days or a few weeks, scale off, and all is over, or it may run into the second variety:

Eczema rubrum; this variety is distinguished from *eczema simplex* by the degree of inflammation that accompanies the eruption; the cuticle between the vesicle is uniformly inflamed; the cutaneous and subcutaneous tissues are often

considerably swollen; the swelling for the most part is due to serous effusion.

There is much constitutional disturbance, considerable fever, pain, indisposition, defective excretion, accompanied by a most violent itching.

The eruption is generally wide-spread, covering large surfaces, and exceedingly obstinate in its nature. The exudation is more than usually acrid, and so free and rapid that the stage of vesiculation is often so speedily run through that it practically can be said to not have existed, but theoretically it must have done so, because the discharge is abundantly manifested.

In the chronic stage of this variety the infiltration into the dermal structure may be so great, that the diseased portions become quite thickened, and sometimes even feel leathery to the touch.

This state of the disease is often accompanied with severe cracking of the parts, which is very distressing to the patient.

I know of two cases in which this last condition was so severe, that they would cry for hours at the time; both were women, one *æt.* 40, the other *æt.* 60. Eczema rubrum may occur shortly after birth, and last off and on for years, attacking the head and face principally in children.

In middle age it occurs in those of gouty and rheumatic constitutions, attacking the flexures of joints, groins, and folds of the neck.

The third variety, eczema impetiginodes is characterized by the effusion from the inflamed surface, together with the formation and admixture of pus, resulting in the formation of thick yellow or greenish yellow crusts; the other symptoms are similar to eczema rubrum.

DIAGNOSIS.—The diagnosis is difficult only in irregular and imperfectly developed cases.

In the erythematous stage, it may be confounded with erythema, but the subsequent course of the disease soon disperses

any doubt. In the papular stage it sometimes resembles lichen.

Lichen affects principally the outside of the limbs, and is decidedly a plastic inflammation, while eczema is serous, and affects the inside in preference to the outside of the limbs. In the vesicular stage, herpes, herpes-zoster, scabies and eczema bear considerable resemblance; the points of difference are: the vesicles of herpes are larger than those of eczema, and appear mostly on the face and genitals; eczema may be irregularly dispersed over the body. Eczema is never attended by the neuralgic pain of herpes zoster, and the eruption does not follow the course of nerves. It is seldom accompanied by the intense night itching of scabies, the presence of acari and rapid disappearance of the disease under parasiticial treatment will at once decide the question.

PROGNOSIS.—The prognosis is good so far as death is concerned, but not so good as to the course of the disease and treatment.

TREATMENT.—First remove all causes that tend to produce or aggravate the disease; regulate the diet; this is an important feature in the treatment of eczema, some light nourishing, non-stimulating diet should be advised.

All stimulants, pastry, pork, and all salt food should be strictly forbidden, the rules of hygiene should be strictly enforced, a good bath once a day, clean clothing, as well as non-irritating clothing, clean bed; these should be the first steps in the way of treatment.

Then select the remedy indicated; the most frequent will be *arsen. alb. bell., baryta carb. bry., calc carb., clematis erect, dulcam., graphites, lycopod. mer. iod., mezereum, natr. mur., rhus tox., sulph.*, etc. If the itching be very severe, an ointment made of *carbolic acid*, gtt. x, *cosmoline*, 3i, should be applied locally.

CASE I.—April 10, 1880. Stella L., æt. 3, sick for two months; crusta lactea all over the entire scalp; on cheeks,

forehead, chin, scabs greenish yellow; crust on head, dark brown, hair matted together; gummy secretion ooze from cracks in crusts on head; itches violently; she took *mezereum*, 30^x until Aug. 24th; continued to improve from first dose. About Aug. 24th, the crust appeared, chalk like, about the size of a dollar on vertex, this being all that was left of the eruption. I gave her *baryta carb.*, 200^x Aug. 24th; reported well October 1st, 1880.

CASE II.—Julia R., æt. 74. Sick nine years with eruption on both arms; inner side from bend of elbows to wrists, most in bend of elbows; also scattered all over trunk; commenced as a vesicle size of pin-head, dried and scaled off; itching intense; parts much thickened and very red; itching principally in day-time, burns at times, no rest, very thirsty, poor appetite, scales look like bran. *Arsen.* 6, (August 30, 1880); Sept. 1st, no better; continued treatment. Sept. 7th, no better; continued treatment, *arsen.* 3^x; Sept. 20th, no better; always better from cold application *bry.* 200^x; October 1st, worse; *arsen.* 30^x; Oct. 16th, better; continued treatment; Nov. 1st, much better; *arsen.* 200^x, Nov. 15th, much better; one dose *arsen.* 8000, Nov. 25th; reports well; said she would come back if she ever got sick again. I have not seen her since.

CASE III.—Dec. 2, 1880. Joseph F., æt. 9. Sick five months with eruptions on head, about two inches in diameter; came first as vesicle, then scales off; itches, burns, hair falling off, thirsty all the time; has had diarrhoea for three years, light yellow thin discharge, always worse in morning; pain griping before stool. *Sulph.* 200^x, Jan. 4th, 1881, much better; continued treatment. Feb. 4th, much better; continued treatment; bowels entirely well. March 5th, much better. *Sulph.* 3,000^x, April 14th; eruption all gone; hair growing rapidly; continued treatment. Have not seen him since.

CASE IV.—Dec. 14, 1880. Chas. U., æt. 14 months. Sick three months with eruption over entire head and face, worse

in front and behind ears; commenced with redness of skin, then pimple, then vesicle; the exudation seropurulent, forms hard yellow green crust; appear as though heaped upon one another; scratches till it bleeds; itching at times appears intolerable; cries with it; a gummy secretion oozes from scabs, mostly about ears. *Graph.* 12^r, Jan. 4th, 1880, no better; *sulph.* 200^r, Jan. 14th, no better; teething, *arsen.* 200^r, Jan. 21, no better; worse eruption all over trunk and inside of ears; sleeps well, good appetite, considerable secretion oozes from crusts; mother is dissatisfied with treatment; *mezereum*, 30^r. I did not see child till March 14th. Reports entirely well. Mother thinks homœopathy is one of the best things in the world.

CASE V.—Henrietta L., æt. 18, Feb. 23d, 1881. Sick ten days; eruption in front and behind left ear; came as vesicle forms yellowish green scab, itches, burns severely, secretion from scab gummy, yellowish; has throbbing pain. *Graph.* 12. March 2d, reports well. I saw her on May 3d, and is well yet.

CASE VI.—Feb. 24, 1881. Annie R., æt. 38. Sick two weeks with eruption, commenced with pimple, followed by vesicles and pustules mixed, forms greenish yellow scabs; itches, burns, worse from scratching and anything cold; no sleep, thirsty, good appetite; all symptoms relieved by warmth; eruption on left side of scalp and face behind and in front of ear. *Arsen.* 8,000^r, March 9, left side nearly well; right now same as left was; forms scabs secreting thin gummy secretion. *Mezereum* 30^r. March 29th, reports well.

CASE VII.—Feb. 15th, 1881. Chas. F., æt. 10. Sick two months with eruption on both arms, from elbow to wrist, then spread to shoulder, both thighs inner sides, both legs in and outside; commenced with vesicles, and pustules mixed, forms, scabs brownish color; skin thickened in places, has very tough feel to touch; affected parts crack, itching almost intolerable, commenced on right side; the patches were all in circular

form, from size of silver half dollar to that of a dollar; in places these circular patches ran together, on account of circular form.

I gave him *sepia* 200^r.

Feb. 22. No better; continued treatment *sepia* 30^r.

March 5. Slight improvement; continued treatment.

March 16. About same; continued treatment.

April 4. About same; continued treatment.

April 12. About same; itches, mostly at night, scratches till it bleeds; itching relieved by scratching, but burns severely after; eruption more scaly. *Arsen.* 30^r.

April 19. Much better every way; continued treatment.

April 25. Much better; continued treatment.

May 6. Improving rapidly; continued treatment.

**FIFTH ANNUAL SESSION OF THE MISSOURI INSTITUTE OF
HOMŒOPATHY, AT SWEET SPRINGS, MO., AUGUST
3d AND 4th, 1881.**

OFFICERS :

D. T. Abell, M. D., President..... Sedalia.
J. C. Burger, Vice-President..... Boonville.
Wm. D. Foster, M. D., General Secretary.... Kansas City.
H. W. Westover, M. D., Provisional Secretary.... St. Joseph.
Philo. G. Valentine, M. D., Treasurer... .. St. Louis.

BOARD OF CENSORS.—J. M. Kershaw, M. D., Chairman, St. Louis;
H. W. Westover, M. D., St. Joseph; J. W. Primm, M. D., Hannibal.

OFFICE OF THE GENERAL SECRETARY, }
Kansas City, June 20, 1881. }

The fifth regular annual session of the Missouri Institute will be held at Sweet Springs, Mo., Wednesday and Thursday, August 3d and 4th, in Amusement Hall.

The headquarters of the President and Secretary will be at

the Sweet Springs Hotel. This hotel is only a few rods from the hall, both being upon the grounds of the Springs. Charges, for members and their families, \$2 per day; this includes meals, rooms, lights and attendance.

It is impossible to procure special rates from various parts of the state to the Springs, but excursion tickets, at reduced prices for the round trip, can be obtained at any railroad office.

Any questions in regard to the Springs, details of the meetings, etc., will be answered by the President, D. T. Abell, M. D., Sedalia.

Blank applications for membership can be obtained of the Secretary. Applications must be signed by two members of the Institute, and accompanied by an entrance fee of \$3; this entitles the applicant, if elected, to a beautifully engraved certificate of membership. Annual dues, \$2.

Papers from physicians, whether members or not, on any medical subject, will be welcome.

The Homœopathic physicians throughout the state are urged to turn out and lend their influence to make this meeting a great success, as well as to enjoy a short sojourn at the most popular resort in the West. The great and increasing influence of Homœopathy in the State can in no way be more certainly encouraged than by joining the Institute and attending the annual meetings thereof.

On behalf of the Executive Committee.

WM. D. FOSTER, M. D.,

General Secretary.

ORDER OF BUSINESS.

The Institute will be called to order by the President, at Amusement Hall, Wednesday morning, August 3d, at 8:30 o'clock.

Appointment by the President of an Auditing and Credential Committee.

Reading minutes of last meeting.

Business meeting.

Bureau Reports will occur in the following order, unless otherwise ordered by the Institute.

FIRST DAY—MORNING SESSION, 8:30 O'CLOCK.

Bureau of Climatology and Prevailing Diseases.—J. C., Cummings, M. D., Chairman, St. Louis; W. G. Hall, M. D., St. Joseph; W. L. Hedges, M. D., Warrensburg; H. P. DeVol, M. D., Lafayette, Indiana; S. G. Merrill, M. D., Moberly; D. V. Van Syckel, M. D., Canton.

Bureau of Education, Legislation and Statistics.—C. J. Burger, M. D., Chairman, Boonville; D. T. Abell, M. D., Sedalia; J. M. Kershaw, M. D., St. Louis.

Bureau of Psychological Medicine.—J. M. Kershaw, M. D., Chairman, St. Louis; P. G. Valentine, M. D., St. Louis; D. T. Abell, M. D., Sedalia; L. E. Whitney, M. D., Lincoln; Wm. D. Foster, M. D., Kansas City; C. J. Burger, M. D., Boonville; H. W. Westover, M. D., St. Joseph.

Bureau of Proving.—N. Zilliken, M. D., Chairman, Chester, Ill.; W. H. Jenney, M. D., Kansas City; H. W. Westover, M. D., St. Joseph; D. T. Abell, M. D., Sedalia; L. E. Whitney, M. D., Carthage.

Bureau of Pædology.—W. A. Edmonds, M. D., Chairman, St. Louis; Peter Frohne, M. D., St. Louis; Charles Gundelach, M. D., St. Louis; G. W. Barker, M. D., Sedalia; Josie Johnson, M. D., St. Louis; Peter Baker, M. D., Kansas City.

AFTERNOON SESSION, 2 O'CLOCK. PARTIAL REPORT OF
BOARD OF CENSORS.

Bureau of Obstetrics.—H. W. Westover, M. D., Chairman, St. Joseph; W. C. Richardson, M. D., St. Louis; W. H. Jenney, M. D., Kansas City; W. G. Hall, M. D., St. Joseph; J. W. Primm, M. D., Hannibal; F. T. Knox, M. D., St. Louis; D. D. Miles, M. D., Boonville.

Bureau of Materia Medica.—J. W. Primm, M. D., Chair-

man, Hannibal; W. L. Hedges, M. D., Warrensburg; A. Uhlemeyer, M. D., St. Louis; W. B. Morgan, M. D., St. Louis; Peter Baker, M. D., Kansas City; L. J. Ingersoll, M. D., Denver, Col.

Bureau of Ophthalmology and Otology.—Jas. A. Campbell, Chairman, St. Louis.

Bureau of Gynæcology.—M. B. Pearman, M. D., Chairman, St. Louis; Josie Johnson, M. D., St. Louis; C. J. Burger, M. D., Boonville; William Collisson, M. D., St. Louis; Wm. D. Foster, M. D., Kansas City.

EVENING SESSION.

At 8 o'clock the members of the Institute, with their friends and the invited guests, will assemble to hear the annual address of the President, D. T. Abell, M. D., of Sedalia.

SECOND DAY—MORNING SESSION.

The Institute will be called to order at 8:30 a. m., to hear the further report of the Board of Censors, after which the reports of the following Bureaus:

Bureau of Surgery.—Wm. D. Foster, M. D., Chairman, Kansas City; S. B. Parsons, M. D., St. Louis; E. C. Franklin, M. D., Ann Arbor, Mich.; A. S. Everett, M. D., Denver, Col.; R. W. Carr, M. D., Sedalia; H. W. Westover, M. D., St. Joseph; E. A. Griveaud, M. D., St. Louis.

Bureau of Clinical Medicine.—P. G. Valentine, M. D., Chairman, St. Louis; N. V. Wright, M. D., Okmulgee, I. T.; William Collisson, M. D., St. Louis; John Hausam, M. D., Smithton; R. C. Runner, M. D., Mexico; L. E. Whitney, M. D., Lincoln; J. C. Cummings, M. D., St. Louis.

AFTERNOON SESSION, 2 O'CLOCK.

Final report of Board of Censors. Unfinished business. New Business. Fixing time and place of next meeting. Election of officers. Adjournment.

**RULES FOR THE MANAGEMENT OF INFANTS DURING THE
HOT SEASON.**

BY MORTIMER AYERS, M. D., RUSHVILLE, ILL.

RULE 1.—Bathe the child once a day in tepid water. If it is feeble, sponge it all over twice a day with tepid water, or with tepid water and vinegar. The health of a child depends much upon its cleanliness.

RULE 2.—Avoid all tight bandaging. Make the clothing light and cool, and so loose that the child may have free play for its limbs. At night undress it, sponge it, and put on a slip. In the morning remove the slip, bathe the child, and dress it in clean clothes. If this cannot be afforded, thoroughly air the day-clothing by hanging it up during the night. Use clean diapers, and change them often. Never dry a soiled one in the nursery or in the sitting-room, and never use one for a second time without first washing it.

RULE 3.—The child should sleep by itself in a cot or cradle. It should be put to bed at regular hours, and be early taught to go to sleep without being nursed in the arms. Without the advice of a physician, never give it any Spirits, Cordials, Carminatives, Soothing Syrups, or Sleeping Drops. Thousands of children die every year from the use of these poisons. If the child frets and does not sleep, it is either hungry or else ill. If ill, it needs a physician. Never quiet it by candy or cake; they are the common causes of diarrhœa and of other troubles.

RULE 4.—Give the child plenty of fresh air. In the cool of the morning and evening, send it out to the shady streets. Whenever it seems to suffer from the heat, let it drink freely of ice-water. Keep it out of the room in which washing or cooking is going on. It is excessive heat that destroys the lives of young infants.

RULE 5.—Keep your house sweet and clean, cool and well aired. In very hot weather let the windows be open day and night. Do your cooking in the yard, in a shed, in a garret, or in an upper room. Whitewash the walls every spring, and see that the cellar is clear of all rubbish. Let no slops collect to poison the air. Correct all foul smells by pouring into the sinks *carbolic acid* or *quicklime*, or the *chloride of lime*, or a strong solution of *copperas*. These articles can be got from the nearest druggist, who will give the needful directions for their use. Make every effort yourself, and urge your neighbors to keep clean the gutters of your street.

RULE 6.—Breast milk is the only proper food for infants. If the supply is ample and the child thrives on it, no other kind of food should be given—while the hot weather lasts. If the mother has not enough, she must not wean the child, but give it, besides the breast, goat's or cow's milk, as prepared under **RULE 8**. Nurse the child once in two or three hours during the day, and as seldom as possible during the night. Always remove the child from the breast as soon as it has fallen asleep. Avoid giving the breast when you are over-fatigued or over-heated.

RULE 7.—If, unfortunately, the child must be brought up by hand, it should be fed on milk diet alone—that is, warm milk out of a nursing bottle, as directed under **RULE 8**. Goat's milk is the best, and, next to it, cow's milk. If the child thrives on this diet, no other kind of food whatever should be given while the hot weather lasts. At all seasons of the year, but especially in summer, there is no safe substitute for milk, if the infant has not cut its front teeth. Sago, arrow-root, potatoes, corn-flour, crackers, bread, every patented food, and every article of diet containing starch, cannot and must not be depended on as food for very young infants; Creeping or walking children must not be allowed to pick up unwholesome food.

RULE 8.—If the milk is known to be pure, it should have

one-third part of hot water added to it, until the child is three months old; after this age the proportion of water should be gradually lessened. Each half pint of this food should be sweetened, either with a heaping dessertspoonful of sugar of milk, or with a teaspoonful of crushed sugar. When the heat of the weather is great, the milk may be given quite cold. Be sure that the milk is unskimmed; have it as fresh as possible, and brought very early in the morning. Before using the pans into which it is to be poured, always scald them with boiling suds. In very hot weather, boil the milk as soon as it comes, and at once put away the vessels holding it in the coolest place in the house—upon ice if it can be afforded, or down a well. Milk, carelessly allowed to stand in a warm room, soon spoils and becomes unfit for food.

RULE 9.—If the milk should disagree, a teaspoonful of lime-water may be added to each bottleful. Should this disagree, a teaspoonful of arrow-root, of sago, or of corn-starch may be cautiously added to a pint of milk, as prepared under RULE 8. If milk in any shape cannot be digested, try for a few days, pure cream diluted with three-fourths or four-fifths of water, returning to the milk as soon as possible.

RULE 10.—The nursing-bottle must be kept perfectly clean; otherwise the milk will sour, and the child will be made ill. After each meal, it should be emptied, rinsed out, taken apart, and the nipple and bottle placed in clean water, or in water to which a little soda has been added. It is a good plan to have two nursing-bottles, and to use them by turns. The best kind is the plain bottle with a rubber nipple and no tube.

RULE 11.—Do not wean the child just before or during the hot weather; nor, as a rule, until after its second summer. If suckling disagrees with the mother, she must not wean the child, but feed it, in part, out of a nursing bottle, on such food as has been directed. However small the supply of

breast-milk, provided that it agrees with the child, the mother should carefully keep it up against sickness; it alone will often save the life of a child when everything else fails. When the child is over six months old, the mother may save her strength by giving it one or two meals a day of stale bread and milk, which should be pressed through a sieve and put into a nursing-bottle. When from eight months to a year old, it may have also one meal a day of the yolk of a fresh and rare-boiled egg, or one of beef or mutton-broth into which stale bread has been crumbed. When older than this, it can have a little meat finely minced; but even then milk should be its principal food, and not such food as grown-up people eat.

BRIEF RULES FOR CASES OF EMERGENCY.

RULE 1.—If the child is suddenly attacked with vomiting, purging and prostration, send for a doctor at once. In the mean time, put the child for a few minutes in a hot bath, then carefully wipe it dry with a warm towel, and wrap it in warm blankets. If its hands and feet are cold, bottles filled with hot water and wrapped in flannel should be laid against them.

RULE 2.—A mush poultice, or one made of flax-seed meal, to which one-quarter part of mustard flour has been added, or flannels wrung out of hot vinegar and water, should be placed over the belly.

RULE 3.—Five drops of brandy in a teaspoonful of water may be given every ten or fifteen minutes; but if the vomiting persists, give this brandy in the same quantity of milk and lime-water.

RULE 4.—If the diarrhœa has just begun, or if it is caused by improper food, a teaspoonful of castor-oil, or of the spiced syrup of rhubarb, should be given.

RULE 5.—If the child has been fed partly on the breast and partly on other food, the mother's milk alone must now be

used. If the child has been weaned, it should have its milk-food diluted with lime-water, or should have weak beef-tea, or chicken-water.

RULE 6.—The child should be allowed to drink cold water freely.

RULE 7.—The soiled diapers or the discharges should at once be removed from the room, and saved for the physician to examine at his visit.

FOR THE CONVENIENCE OF MOTHERS THE FOLLOWING RECIPES FOR SPECIAL FORMS OF DIET ARE GIVEN.

BOILED FLOUR OR FLOUR BALL.—Take one quart of good flour; tie it up in a pudding-bag so tightly as to make a firm, solid mass; put it into a pot of boiling water early in the morning, and let it boil until bed-time. Then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with a nutmeg-grater, grate down the hard dry mass into a powder. Of this from one to three teaspoonfuls may be used, by first rubbing it into a paste with a little milk, then adding it to about a pint of milk, and, finally, by bringing the whole to just the boiling point. It must be given through a nursing-bottle.

An excellent food for children who are costive may be made by using bran-meal or unbolted flour instead of the white flour, preparing it as above directed.

RICE WATER.—Wash four tablespoonfuls of rice; put it into two quarts of water, which boil down to one quart, and then add sugar and a little nutmeg. This makes a pleasant drink.

A pint or half a pint of milk added to the rice water before it is taken from the fire, gives a nourishing food suitable for cases of diarrhoea.

Sago, tapioca, barley, or cracked corn can be prepared in the same manner.

BEEF TEA.—Take one pound of juicy lean beef—say a piece

from the shoulder or the round—and mince it. Put it with its juice into an earthen vessel containing a pint of tepid water, and let the whole stand for one hour. Then slowly heat it to the boiling point, and let it boil for three minutes. Strain the liquid through a cullender, and stir in a little salt. If preferred, a little pepper or allspice may be added.

Mutton Tea may be prepared in the same way. It makes an agreeable change when the patient has become tired of Beef Tea.

RAW BEEF FOR CHILDREN.—Take half a pound of juicy beef, free from any fat; mince it very finely; then rub it into a smooth pulp either in a mortar or with an ordinary potato-masher, and press it through a fine sieve. Spread a little out upon a plate and sprinkle over it some salt, or some sugar if the child prefers it. Give it alone or spread upon a buttered slice of stale bread. It makes an excellent food for children with dysentery.

LIME-WATER.—Take a handful of quick-lime, slack it and put it into a quart-bottle full of soft water. Shake the bottle well, and then allow the undissolved portion of the lime to settle. Pour off the clear liquid when needed, replacing it with more water, and afterwards shaking the bottle briskly.

NOTES ON LONDON HOSPITALS.

To the Editor CLINICAL REVIEW:

DEAR DOCTOR:—The poor of this great metropolis have reason to congratulate themselves on the way in which their throats and lungs are “looked up” at the various hospitals and dispensaries in operation here for “Diseases of the Throat and Chest,” and chief among these are the hospitals at Brompton and Victoria Park.

Where the hospital near Victoria Park now stands was formerly occupied by the residence of Bishop Bonner, by

whose order the martyrs put to death at Smithfield were burnt. Seems rather singular that a hospital should be built both on the very spot where the martyrs were burnt (St. Bartholomew's stands there now) and another hospital on the site where the residence stood of the very man who signed the death-warrant.

The hospital was founded by Dr. Peacock in 1848, who secured the assistance of the late Prince Albert. It is one of the most perfectly arranged hospitals in London.

I am indebted to the kindness of Dr. D. A. King and Dr. Fothergill for the opportunity of examining the construction of the building, as well as watching the careful treatment pursued here. It is a three-story red brick structure, with a main portion and two wings, built to accommodate 120 patients.

During the summer months the wards are not all filled, but generally are fully occupied during the winter. One fact noticeable here, as differing from most hospitals, is the large area allowed to each patient, thereby providing them with a much greater breathing space. Wards contain from four to eight patients and one or two for as many as twelve, but for the most part four to six beds are to be found in each ward. There is a very nice dispensary and laboratory. In the grounds, too, (about four acres) stands a very pretty church—there being a Chaplain attached to the institution.

The ventilation of the building is very well arranged, better than any other hospital I have visited in London. The air passes in through a large covered chamber, situated in the middle of the grounds, from where it passes through three conduits, one going to the main building and one to each of the wings.

In each conduit is placed a chamber containing several thicknesses of crape to act as a strainer, for the purpose of excluding the soot, one of the most obnoxious constituents of London air during the winter months. After being strained in this way the air passes over hot plates, and thence is dis-

tributed to the various wards and passages, entering through registers placed in the *wall near the floor*; a much better plan, I believe, than making the registers *in the floor*, since the dust will collect there and is constantly being carried into the atmosphere of the room by the heated air that enters through the register.

Other registers are placed in the sides of the wards, near the ceiling, so as to carry away the deteriorated air, and in this way keep up a continuous change of air in the room, the warm air entering at the lower registers and escaping at the upper ones.

This plan is carried out during the winter months, and the windows are kept closed, and the soot thus kept out. During summer the registers are mostly closed and the windows opened top and bottom. The wards are very light and cheerful, and have plenty of sunshine.

Most of the phthysical cases treated here are in the incipient stage, and with bronchial and pneumonia cases, comprise the greater proportion of in-patients.

I saw two very interesting cases here of emphyæmia and empyemia arising from the breaking down of the walls of the casitils and the entrance of air and pus into the pleural sac. Both cases were treated by aspiration, followed with drainage tube carefully applied.

A large bottle was used holding two gallons of carbolic acid solution—one in forty; this stands on the floor, under patient's bed, the rubber tube being five or six feet long, the end of which is held in position in the wound by a fine cord being attached to the tube, with a small adhesive strip, and the other end of the cord being then fastened to the body in the same way. To prevent any irritation of the puncture, a small, circular piece of lint, with hole in centre for rubber tube to pass through, should be covered with *unguent zwici* and applied. This keeps down any inflammation, and also keeps out any air that might possibly find its way in.

Empyemia cases are treated with drainage tubes, generally two tubes being used, and the pleural cavity washed out with injection of either *carbolic acid* or *iodine*.

The hypophosphite treatment — *oleum jecoris* — is used a great deal here in all forms and stages of phthisis. This and plenty of good nourishment form the most approved treatment.

The Hospital for Diseases of the Chest (and especially consumptives), at Brompton, is a much larger institution than that at Victoria Park. It is intended to accommodate one hundred and sixty patients, and there is being a large addition built to hold as many more.

Ventilation is carried on as already described above.

Consumptives form the greater number of the in-patients here, and they are well taken care of by the able management of Drs. Tostum and Thos. Powell, the attending physicians. To give any lengthened description of the number and variety of cases to be seen here would be to fill page after page of your journal; but to give some idea I will merely mention three or four in one ward :

Case of initial murmur accompanying the early stage of phthisis.

Case of roughness of the pleura, with friction sound.

Case of early stage of phthisis, with crackling respiration in both apeals, but more marked in right, and also in sub-clavicular region.

Case of a hæmoptisis in a man about 30 years old. Took cold two years ago. Had cough, but not much expectoration. About five months ago began to "spit blood," and now expectoration of all arterial blood.

Have seen several cases here illustrating the favorable condition of things where the cough assumes a morning aggravation—worse from motion—and showing the advisability of not trying to "check" such a cough, because here is a direct effort of the system to through off what has accumulated through the night.

When the morning cough is very distressing, however, a favorite prescription of Dr. Powell is 1-100 gr. *hyosciamus*. How far is this removed from the law of similia?

One of the post-mortems seen here was of a girl 19 years old—death from hæmorrhage—the case being one of advanced tubercular phthisis. I mention this because it is a typical case.

A cavity had formed near a blood vessel, and as the cavity enlarged, the coats of the artery dilated until an aneurism was formed, filling the cavity. This process continued until an unusually severe attack of coughing ruptured the now distended and attenuated arterial coats, and an uncontrollable and fatal hemorrhage was the result.

The ruptured aneurism was plainly to be seen, and was about an inch in diameter.

I am inclined to the opinion that this is the most frequent cause of sudden and fatal hemorrhage in advanced phthisical cases.

Dr. Powell informed me that they had tried the *benzoade* of *soda* treatment, and had found it produced no beneficial results; it being altogether too severe.

In very many of the large hospitals it would appear that the out-patient department, especially is greatly overtaxed.

At a meeting of physicians that I had the pleasure of attending some time since, this subject was under discussion, and more especially the great abuse to which many charitable institutions in London are subject by persons receiving assistance, who could really afford to pay something, and also by those who try to get into hospitals as a means of easily passing through the winter.

Many cases were cited where physicians seeing the out patient had to get through over three hundred in about two hours. With such a large number it is of course a matter of impossibility for the patients to receive anything more than a passing notice; and this great rushing system would seem

alike of little use either to patient or physician. One instance I may mention, a gentleman present at the meeting said some years ago the dispenser at St. Bartholomew's was acting as house physician, and had to prescribe for the out-patients. He found the daily numbers so great that he could not possibly get through with them, so he adopted the novel plan of going into the waiting room and calling out "all those gentlemen who want their bowels moved please stand up," and giving each of these the same prescription, he then took another set, all "those gentlemen who have any cough, will please stand up," and so on in this way till he had cleared the room, though with what benefit to the patients I leave your readers to imagine.

I am sorry to say the difficulty still continues at Guy's hospital, and the effect on the minds of the public is certainly most injurious to the medical profession.

For the benefit of your readers let me present the main facts in the case as briefly as possible. Somewhat over a year ago a new system of nursing was inaugurated under the direction of a matron appointed by the governess without in any way consulting the physicians, so I have been informed. Since I have been here two cases have occurred that would alone show the lameness of the present condition of things.

First case was that of a woman far advanced in consumption, being put into a cold bath and kept there for some hours, for no other reason, that could be shown at the inquest, than to spite the indignation of the nurse, because the patient had given this nurse, what she considered unnecessary trouble. Patient died a few days after the bath.

Another case came in while I was there, a man knocked down by a wagon, injury to head, was brought to accident ward, and in accordance with the custom a nurse only saw the man, she assumed the wound to be nothing more than a scalp wound, and accordingly bandaged it up and sent him home. That night he became steadily worse, and in the morning was brought back to the hospital, in an unconscious condition

He remained in the ward till the afternoon, with constantly increasing spasmodic symptoms, when he was removed to operating theatre, fracture of skull discovered, trephined, pressure removed, and returned to ward, where he died the next day.

Instead of the nurses being entirely under the control of the physicians, they act independent of, and sometimes contrary to their wishes and directions. I have mentioned these cases, without going into full particulars, because I desire to point out the necessity for unity of purpose and action with medical men.

When the gentlemen at Guy's found they were not the head of the hospital, so far as the treatment and management of the patients is concerned, it seems to me the proper course would have been for every physician and surgeon connected with the institution to have notified the Governor that they should resign in two weeks unless the nurses were under their direct control.

The senior physician and senior surgeon have resigned, and had all the others done the same, the trouble would have ended at once, and the guidance of a large hospital have been placed where it should be, with the medical men, and not half of it in the hands of the matron, who does as she deems best.

I do not think that a patient should ever be moved from one bed to another without consulting the attending physician, it certainly should not rest with the capricious action of some of the hospital nurses.

The discussion of this subject may seem out of place in a letter, to some of your readers, but I have thought fit to refer to it, because it shows the necessity of the profession standing together "as one man," for what is truly their right, in their relations to hospitals, especially where their services are gratuitous.

Being made responsible before God and the world for the result of their treatment they should have supreme control of that treatment.

EXTRACTS FROM SOCIETY PROCEEDINGS, JUNE 9, 1881.

DR. PARSONS: Five or six weeks ago a young man presented himself at the Good Samaritan Hospital for treatment. All that troubled him was a swelling in his left groin. It was about $2\frac{1}{2}$ inches transversely by $1\frac{1}{2}$ inches longitudinally, and had existed about a year. He had consulted several surgeons, but none of them had ventured any opinion as to the nature of the tumor. The hospital staff held a consultation in regard to the case, and at that consultation it was discovered that there was no pulsation along the course of the femoral artery until the popliteal space was reached. Slight pulsation could be felt in the popliteal and anterior tibial arteries. A compress was tried until two weeks ago Saturday, when, at a consultation, it was decided to remove the tumor. It had enlarged until it was $3\frac{1}{2}$ by $2\frac{1}{2}$ inches, and was somewhat movable; it presented no tenderness nor redness. A week ago last Thursday we performed the operation for removal, and found, on incision, that the tumor was malignant. Previous to the operation I had not thought it so; I thought it was a fibro-plastic, or possibly a fatty tumor. It surrounded and closely embraced the femoral sheath; was attached to the rectus muscle and to the femur. In trying to separate the tumor I accidentally cut the femoral artery, and to stop the hemorrhage I ligated it with a fish line. The antiseptic spray was used during the operation, and antiseptic dressings were employed afterward, but septicæmia set in and the patient died. I here show you the portion of the femoral artery which was surrounded by the tumor, and which I secured after the patient's death. In taking it away I found that the growth extended higher up than had been supposed. There was no limit between the artery and its sheath, and there was not a sign of a femoral vein. The artery was partially obliterated, which explained the absence of pulsation in it. The

operation was performed on Thursday, and the patient lost considerable blood during it. In the evening he was weak but cheerful. Next morning the pulse was 110; in the evening the pulse was 130 and the temperature $102\frac{1}{2}$. The limb was mottled, but was warmer than in the morning. Hot bottles were continually applied, and I felt considerably encouraged. There were no positive indications of septicæmia. I thought best to give *quinine*, and gave twelve grains in three or four hours. I also gave morphine to insure quiet.

I expected secondary hemorrhage. At 12 p. m. Dr. Harris and myself visited him and found him unconscious, and with a temperature of $104\frac{1}{2}$. We also found, from the foot to the knee, the crackling on pressure, characteristic of gangrene. We gave *arsenic* every half hour, but he died at 9 a. m., with limb in a terrible gangrenous condition; the cuticle peeled off in half an hour.

It was a sad experience, but I have learned something, and I hope to profit by it.

DR. EDMONDS: What were the evidences of septicæmia? Why not say that it was a case of sphacelus, from a stoppage of the circulation?

DR. PARSONS: It is a question whether it was a case of sphacelus or not; whether the poison was absorbed from the original wound or from the gangrenous parts. I have noticed that in such cases physicians sign the burial certificates septicæmia is not a disease, but the effect of disease.

DR. EDMONDS: Would you have operated, if you had thought the tumor malignant?

DR. PARSONS, No.

DR. COMSTOCK: I thought myself, that the tumor was a fibrocystoma, and such cases are often operated upon with success in Germany. I think the operation was justifiable, the man would certainly have died eventually.

DR. VALENTINE: I think septicaemia covers sphacelus. If I should make any strictures upon the treatment of this case, it would be in regard to the time that the *arsenic* was given.

It should have been given at once, instead of after the disease was thoroughly developed. I once had a case resulting from a wound which I think I saved by *arsenic*.

DR. PARSONS: When one has jumped over a fence, and tore his coat-tails on a pointed stick, it is easy enough for him to see the stick; and it is so in these cases when we have failed by our treatment, it is easy to see our mistakes. As for myself, I dare not pretend that *arseni* will cure all cases of septicæmia. In the beginning of the treatment of this case *arsenic* was not indicated.

USE OF ELECTRICITY IN SURGICAL OPERATIONS.

Dr. George Buchanan, professor of chemical surgery in the University of Glasgow, describes in the "British Medical Journal," of a recent date, the application of Faure's secondary or storage battery to the removal of a nævoid tumor from the tongue, to which Sir W. Thomson referred in his recent letter in the "Times." He speaks of its surgical application in very high terms, observing that this contrivance, which enables one to carry stores of powerful electricity in a jar no bigger than an ordinary preserving meat tin, will render the use of electricity in surgery much more extended than heretofore. The growth was very vascular and invaded the tongue almost to the middle line. The tumor was removed by a platinum wire heated to incandescence by the use of this electrical jar without the loss of a drop of blood.

Professor Buchanan speaks also at the same time of the surgical use of Swan's electric light, of which Sir William Thomson suggested to him the application at the same time, and which he put to practical use on that day in the wards with excellent effect, employing for the purpose a Swan's electric lamp. Even in a ward of the hospital, where the bright sun could not be effectually shut out, the translucency of the stricture which it was desired to test for the purpose of diagnosis was made apparent to every student.

Editorial.

THE WOUNDED PRESIDENT.

Our illustrated article on the President's wound, which he received on the 2d of July, is well worth a careful reading. The speculations of the New York professor seem likely to become true under the further developments that have come to us from day to day since these demonstrations were made in his dissecting room.

Had the President been as wise as was Mrs. Garfield, and taken for his physician Dr. Boynton, the Cleveland homœopathic professor, we believe he would have been to-day far on toward a recovery. As it is, he has taken so many grains of *morphia* to produce sleep that we fear his nervous system and digestive powers are so impaired that his natural powers of resistance are very much lessened thereby, and his recovery uncertain. The surgical treatment may have been good, but the public has lost confidence in Dr. Bliss and his associates as good diagnosticians, and when a bulletin is put out that "the President slept several hours last night and awoke free from pain," the public are skeptical, and do not know whether the sleep was natural or produced by *morphia* narcotism. And the occasional clandestine reports that leak out from the mansion, that the President "has had nausea and has been vomiting," show the effects of this powerful quieter, and portend evil consequences. We do not believe the President has ever needed a soothing draft or a tranquilizing hypodermic. His brain should have been kept unclouded. *Morphia* dries up all the secretions of the noble organs, thus withholding the effete matters within the body, and in this way retarding,

and not encouraging suppuration and granulation, the only known process of healing a wound. Having been a surgical officer in the field and in the hospitals during the entire late war, we have probably treated as many gun-shot wounds as has Dr. Bliss, and hence are entitled to express our opinion on this historic case.

We therefore second the suggestion of the Chicago "Times," and ask for a halt and a change of physicians. Hamilton and Agnew, through professional courtesy, are evidently protecting and shielding, and covering up and excusing the egregious blunderings and incompetence of the other four who called them in consultation.

THE AMERICAN INSTITUTE RENDEZVOUS AT BRIGHTON BEACH.

The American Institute gathering on the sea-coast at Brighton Beach in the early summer time, was truly a beautiful sight, and the superb hotel had all the elegant appointments known to American watering-places. Large numbers were there, between three and four hundred, but the weather was horrid. Old ocean threw her angry spray into our faces three days out of four, and the rain-laden winds whistled weirdly all along the wave-washed shore. The chilly air and the high foaming billow-crests told us that we were too early for the bathing season, or even too early to enjoy a long stroll along the sandy beach at low tide. In the hotel, it was pleasanter, though overcoats and wraps were often in demand.

President Dowling and his good wife seemed to be everywhere, looking after the comfort and convenience of the guests—the doctors, with their wives and daughters. He also

made a splendid presiding officer, conducting the proceedings with dignity, fairness and dispatch. His address was an extra good one, in fact, the gem of the occasion. His well-timed remarks on "Who Are the Regulars Now?" since the Richmond meeting of the American Medical Association, claiming that they must be the *regulars* who practice according to nature's law, was received with round after round of hearty applause from the great audience present. But it was on Wednesday that the Institute received the full-orbed, resplendent hospitality of this munificent big-hearted New Yorker, who with a princely hand, chartered a Sound steamer, equipped it with a band of music, and furnished it with refreshments for 500 people, and took us on a gala excursion up East River, past the forts of New York Harbor, under the great Brooklyn Bridge, over Hell Gate, and up to Wards' Island Homœopathic Hospital, and return. The management of this delightful entertainment was perfect in all its details, and its enjoyment supreme. Thanks, noble Dowling!

The proceedings of the meetings from day to day were not especially eventful. The Materia Medica Bureau did not attract everybody as it did last year at Milwaukee. The sectional meetings for the bureaus seemed to dampen the ardor of every member. A conflict sprung up among the bureau chairmen, about the occupancy of certain rooms or halls to meet in, and some feeling and some disgust was manifested, which ultimated in the abolishment of the rule, and a return to the old way next year.

We met many doctors we did not know before. There was much talent present, though many were conspicuous by their absence—notably, Walker and Edmunds, of St. Louis; Sherman, of Milwaukee; Ludlam and Hale, of Chicago; Franklin and Wilson, of Ann Harbor; Lungren, of Toledo; Runnels, of Indianapolis, and Conrad Wesselhœft, of Boston.

The "Internationals" were there, but very quiet, and held a meeting in the waiting-hall opposite the office, but se

silently that but few knew or heard of it. The *questio vexata*, the potency question, cut no figure in the Institute proceedings, the writer never heard it alluded to.

There was some little stir among the twenty-five members that were to go abroad to attend the London International Congress in July, but there was no disposition to *lionize* them on this account. The West and South were well represented, though Dr. Walker's illness prevented his going. St. Paul, Chicago, Nashville, Louisville, Cincinnati, Hot Springs, Ark., and Cleveland and Pittsburg were well represented.

The banquet on the historic Thursday night passed off pleasantly, and several fine speeches were made in answer to the toast-master, Dr. S. H. Talcott, but Dr. Helmuth's poetry, in reply to "The Harmony of the Medical Profession" is the only one we publish.

Dr. Helmuth being called upon to reply to the toast, "The Harmony of the Medical Profession," responded as follows :

'Tis strange how Physicians will quarrel,
'Tis queer as the doctors do fight,
For men who profess to be moral,
And walk in the paths that are right.

I've given this subject some study,
And find as a general rule
These fights are most serious and bloody,
Where'ere there's a Medical School,

Now, look at those fellows in Boston,
How oft 'gainst each other they rub,
Not an act that one does is e'er lost on
The others who live at the hub.

In New York on the surface there floweth
A mixture of honey and oil,
But just underneath no one knoweth,
How fiercely the waters can boil.

In the city of Quakers, I know it,
There's a clique there for each other man,

They've "brotherly love" and they show it,
"Tolle causam"—that is, if you can.

In Chicago, our noble profession
Have been in continual row,
But I think they have all learn'd a lesson,
And trust they are better there now.

And lo! in Ann Arbor delightful,
(The name is suggestive of peace)
The struggles are really frightful—
The question is when will they cease.

In Cleveland its generally quiet,
But once in a while, by the way,
The Doctors get into a riot,
And then—there's the Devil to pay.

And e'en in that beautiful city,
Which is known as the "Queen of the West,"
They do—and indeed more's the pity,
Exactly the same as the rest.

But ah! me, what fond recollection
Still hangs round St. Louis so fair!
Why, my happiest themes for reflection,
Are the thoughts of the fights I had there.

And I tell you, my friends and my brothers,
I went thro' those wars with a will,
So I think I may tell unto others,
What I learn'd as I pass'd thro' the mill.

That after each little dissension
Is settled, it seems *very small*,
And we wonder why any contention
Arose from such trifles at all,

And oft when the warfare is raging,
We think it a shame and a sin,
Yet still we continue its waging
For nobody likes to "give in."

But, Members of the American Institute—

Here where the constant and mysterious tides

Forever ebb and flow upon the sands,
Here where the fulness of our strength abides,
Oh! let us firmly grasp each others' hands.

Here let us drop those lesser ills of life,
That down to earth our better natures bind,
Forget each personal and petty strife,
And rising higher with ennobled minds.

Strive for the common good of our great cause—
An ardent, earnest, and efficient band,
To spread the truth of one of Nature's laws,
Throughout the length and breadth of all the land.

Then, as the traveler up the rocky ways,
Of mountain paths doth toiling upward go,
Pauses awhile and placidly surveys
The woods, the vales, the rivulets below;

So in those hours of rest, when mem'ry steals,
Athwart our pathway with its mystic light,
Which streaming o'er life's wanderings reveals
Forgotten days in colors fair and bright;

Such scenes as this will suddenly arise,
With all the incidents which memory sends,
And rising mists will gather in our eyes
In sweet remembrance of life-long friends.

The next day, Friday, the Institute business was all completed, Richmond, Va. chosen as the next place of meeting, and Dr. W. L. Breyfogle, of Louisville, was elected President. and Bushrod W. James, of Philadelphia, Vice-President. The other officers were re-elected.

The New York County Medical Society had offered the Institute an entertainment at Delmonico's that night, so we bid adieu to Brighton Beach, and repaired to New York, and put up at the St. Cloud, where we (our wife and baby), remained till Monday morning, when we took the day boat on the Hudson to Albany, on our way to Saratoga.

The reception given at Delmonico's was a fitting close of the social features of the Institute programme.

Drs. J. Halsey White and E. Carleton, Jr., President and

Vice-President, with their ladies, received the guests on behalf of the Institute, and about half of the Institute seemed to be present. The occasion opened with vocal music, tables were set with Delmonico's best, and at a late hour the assemblage dispersed, well satisfied with this, the pleasantest hour of them all. Long may we remember the Brighton Beach meeting of 1881!

We must not forget that the Medical Journalism was on the grounds, and busy as a bee-hive, taking notes and securing the doings of the occasion. Dudley, of The Hahne-mannian took possession of a table over opposite the President, and wrote almost constantly for the four days. Clapp, of Boston, though present, we failed to see. The New England Medical Gazette improves under his editorial management. Duncan was there, too, and didn't he *have a corner* on books though, and instruments, and medical merchandise? just outside the door in the hall? And weren't his staying qualities good, too? Early and late was he ever there, with his business Scotch eye, looking out for the trade of his pharmacy and publishing house, far away on the northern lakes. And couldn't he tell you how to be plump? Or how to feed and manage your children? Or how to publish a book, and whose books to buy? And wasn't he popular with the ladies? But the palm goes to Drs. Egbert Guernsey and Alf. K. Hills, of New York, for their wonderful enterprise in publishing "The Medical Times" daily during the session, an unprecedented attempt in our periodical literature, and crowned with signal success. We found their reports correct and reliable, and have seen them copied extensively in our journals.

We took no notes on the ground, and only a few on paper, and these were the *sixteen* prescriptions, by *sixteen* different doctors, for our baby, who had the whooping-cough, and thereby attracted, with his mother, much more attention than did his father. He is well now, but did not improve until we got into the interior, among the Berkshire hills of Tioga. The prescriptions will be given in "our next."

Editor's Drawer.

COUNTRY PRACTICE TO SELL.—Address Dr. John Elder, High Grove, Missouri.

WANTED.—A Presbyterian Homœopathic Physician. Address Rev. C. Dudley, Troy, Mo.

MARRIED.—June 22d, Dr. John P. Frohne to Miss Elise Hanses, both of this city. Glad of it!

MARRIED.—May 15th, Dr. E. D. Olmsted to Miss Emma Sutton, both of Plymouth, Ills. Congratulations!

LISTERINE possesses ten times more *antiseptic* strength than *carbolic acid*. It can be used for all the purposes for which *carbolic acid* is used, and is comparatively harmless.

PROF. W. A. EDMONDS.—We are pleased to announce that Bethany College, West Va., at its recent commencement conferred the degree of A. M. upon our accomplished friend Dr. Edmonds.

A GOOD OPENING.—Longmont, Col., is a good location for an energetic Homœopath. Dr. Scott is compelled to go East on account of his wife's health. Dr. S. will stay to introduce successor, if on the ground by September 1st. Enclose a stamp for further particulars. W. D. SCOTT.

REMOVALS.—DR. A. H. SCHOTT, from Alton, Illinois, to 1511 Chouteau avenue, St. Louis. We heartily welcome this excellent draft on Illinois, where so many good men abound.

DR. P. A. TERRY, formerly of St. Louis, after looking through Arkansas and Texas, has settled in Oswego, Kansas. And from what we have heard, he is making things lively in those parts.

LACTOPEPTINE IN CHOLERA INFANTUM.—In many cases nothing else is needed. We know of a Homœopathic physician, with an immense practice, who prescribes it in *every case* of cholera infantum, and without losing a case during the summer. Our own experience is that it meets the demands of the digestive apparatus better than any other *non-medicinal* preparation in all our hot weather complaints in children.

THE JULY AND AUGUST REVIEW.—Prolonged sickness of myself and family, together with long absence from home, have made it necessary to

condense the July and August numbers into one enlarged issue, and to ask our readers to remember that the long-continued heat in the Mississippi Valley is largely responsible for this delay. When the atmosphere is hotter than human blood for weeks at a time, as it has been in June, July and August (to-day, August 12, 110°), physical endurance ceases to be a virtue, and the brain refuses to respond to the action of the will. In the hot months reading journals becomes a burden, and preparing them a great labor. Exchanges unopened lie around us by the dozen, full of good matter, no doubt, but we are waiting for a Manitoba wave, which cometh not, and perhaps has not yet left the Arctic zone, where the white bear roameth and the open-polar sea awaiteth a discoverer. Nearly all our friends are far away up the river in search of cool breezes, while we are here sweltering, having had our vacation far too soon for this climate.

HOMŒOPATHIC COLLEGE FREE DISPENSARY REPORT, COR. TENTH AND CARR STS., FOR JUNE AND JULY, 1881.

Cases Surgical.....	143
Cases Gynæcological.....	20
Cases Eye and Ear.....	36
Cases Neurological.....	31
Cases General.....	1,736
Total.....	1,966
Grand total at last report.....	12,340
Grand total to August, 1881.....	14,306

Dr. Parsons, Surgeon; Dr. Collisson, Gynæcologist; Dr. Campbell, Oculist and Aurist; Dr. Kershaw, Neurologist; Dr. H. J. Dionysius, Physician in Charge of General Clinics.

COMPARATIVE REPORT AND SUMMARY OF THE ARAPAHOE COUNTY (COL.), HOSPITAL FOR THE MONTHS OF JUNE, 1880 AND 1881:

		Allopath. Homeop.	
		1880.	1881.
No. of patients remaining from the previous month.....		48	56
“ “ admitted during the month.....		64	66
“ “ discharged “.....		57	64
“ “ born “.....		—	—
“ “ died “.....		8	3
“ “ remaining June 30.....		47	55
“ “ treated outside.....		21	3
“ “ treated in jail.....		1	3
Total number treated.....		134	128
Average daily attendance at hospital.....		485	556
Mortality rate, with the number of discharges from the hospital as a basis.....		12	4
Drugs and surgical appliances.....		\$79 40	34 00
Whisky.....		24 00	—

AMBROSE S. EVERETT, Denver, Surgeon in Charge.

WESTERN ACADEMY OF HOMŒOPATHY.—The seventh annual convention assembled in Chicago, June 9th, at the Palmer House, Dr. C. H. Vilas, president; Dr. C. H. Goodman, secretary. Dr. A. E. Small delivered an address of welcome at the evening session. Officers elected: Dr. E. M. McAfee, Clinton, Iowa, president; Dr. A. S. Everett, Denver, Colorado, first vice-president; Dr. W. J. Hawkes, Chicago, second vice-president; Dr. R. L. Hill, Oakland, California, third vice-president; Dr. C. H. Goodman, St. Louis, Missouri, secretary; Dr. G. W. Foote, Galesburg, Ill., treasurer; Drs. W. C. Barker, C. H. Vilas, J. H. Miller, T. C. Duncan and R. H. Baker, board of censors.

Editor T. C. Duncan becomes a college man, and takes the Clinical Professorship of Diseases of Children in the Chicago Homœopathic College.

Dr. J. P. Mills, an ex-editor, takes the Chair of Physiology in the same college. Thus the editorial quill leads on to fortune and to fame.

AN important error having been made by our compositor in the setting up of the Liebig Company's advertisement, we desire to say in correction, that instead of reading "12 grains *quinine* to the tablespoonful" of Cocoa Beef Tonic with *quinine*, it should be one grain and a half.

At the same time we desire to call attention to the reliability of the preparations manufactured by the Liebig Company, and to the high character of all the indorsements accorded to this justly celebrated firm by leading physicians and medical journals of all schools. Among these we might name the old and conservative "New York Medical Journal;" Professor Paul F. Munde, editor "American Journal of Obstetrics and Diseases of Children;" Professor John M. Carnochan, M. D., Surgeon-in-Chief New York State Hospital; Professor J. C. Le Hardy, President State Medical Society of Georgia; Professor Ca. Bryce, editor "Southern Clinic," and Vice-President American Medical Association; Professor R. C. Ward, Dean University of Georgia, and editor "Southern Medical Record," all of whom are leading representatives of the old school. Among the Homœopaths we find Professors E. M. Hale, A. C. Cowperthwaite, Egbert Guernsey, Tulio S. Verdi, W. C. Richardson, Wm. Tod Helmuth, T. C. Duncan, C. P. Hart, William H. Holcombe, and others equally eminent.

Not only are their Cocoa Beef Tonics deserving of the attention of progressive physicians, but we also desire to direct attention to their eminently pure and reliable (real) extracts of witch hazel. These represent *all* of the extractive medicinal matter of the plant, and in color, taste and strength are radically different from the colorless extract.

Hale, in his New Remedies, alludes to his having been supplied with a large number of samples of the newest remedies, and that his provings were made therefrom.

Book Notices.

BROWN'S PHOTOGRAPHIC MONTHLY, New York.

CATALOGUE OF ART SALE, Thonssen's Art Galleries, 708 Olive street, St. Louis.

THE ILLUSTRATED SCIENTIFIC NEWS. A record of the sciences, and their application to the arts and industries. Vol. I. No. 4.

MODERN MIRACLES, by N. A. Pennoyer, M. D., Kenosha, Wis., physician to the Kenosha Water Cure: Duncan Brothers, Publishers. Reprint from U. S. "Investigator."

A good book for explaining miraculous cures.

CONSTITUTION, BY-LAWS AND LIST OF MEMBERS, of the Boston Homœopathic Medical Society, and Fee Table for Boston Physicians, and the Code of Medical Ethics of the American Institute of Homœopathy.

A valuable little pamphlet.

EIGHTH BIENNIAL REPORT of the Trustees, Superintendent and Treasurer of Illinois Asylum for Feeble-minded Children, at Lincoln, Ill., October 1, 1880. Superintendent, C. T. Wilbur, M. D.

A most excellent report. Institution a success.

ADDRESS OF REV. B. M. PALMER, D. D., at the Commencement Exercises of the Medical Department of the University of Louisiana, New Orleans, La., March 17, 1881. This University being our *Alma mater*, we take great pleasure in reading the great Presbyterian Divine's thoughts and advice to the young medicos.

THE ETHICS OF MONGRALISM, a supplement to Vol. IV. of *The Organon*, a correspondence between Dr. Thomas Skinner, late editor of *The Organon*, and Dr. Robt. E. Dudgeon, editor of "The British Journal of Homœopathy." *Audi Alteram partem*, Liverpool, Adam Holden, printers.

This correspondence arose from an editorial on "Dilution" in the January number of the "British Journal of Homœopathy, in which Skinner's "Centesimal Fluxion Potentizer" was alluded to rather disparagingly, in that, although he (Skinner) had proved that Fincke's were not correct in

their centesimality, he had not by the same test proved his own to be correct, in their centesimality, both of which are Fluxion made potencies.

This rather railed him at Liverpool, and he wrote a sharp letter to Dr. Dudgeon, and asked him to print it in the April number of his journal. Dr. Dudgeon refusing—Dr. Skinner publishes the correspondence, attempts to prove the immaculateness of his little Potentizer, and calls Dudgeon names, one of which is "Jupiter Maximus!"

CONSUMPTION AND WASTING DISEASES successfully treated by *hydrated oil*, with cases showing the immediate increase in weight produced by it, by G. Overeul Drewrey, M. D., M. R. C. S., London, England, Lincoln's Inn Fields, Deprose, Bateman & Co.

FORMULA OF HYDRATED OIL.

Each dose of Two Tea-spoonsful, equal to 120 drops, contains,—

Pure Oil	-	-	-	-	-	-	-	80 m (drops.)
Distilled Water	-	-	-	-	-	-	-	35 "
Soluble Pancreatin	-	-	-	-	-	-	-	5 grs.
Soda	-	-	-	-	-	-	-	1-3 "
Boric Acid	-	-	-	-	-	-	-	1-4 "
Hyocholec Acid	-	-	-	-	-	-	-	1-20 "

THE DIGESTION AND ASSIMILATION OF FAT IN THE HUMAN BODY.—An epitome of laboratory notes on physiological and chemical experiments bearing on this subject, by H. Critchett Bartlett, Ph. D., F. C. S. Author etc., London, J. A. A. Churchill, New Burlington street. 1877.

PHYSIOLOGICAL MATERIA MEDICA, containing all that is known of the pathological action of our remedies, together with their characteristic indications and pharmacology. By Wm. H. Burt, M. D., author of "Characteristic Materia Medica," "Therapeutics of Tuberculosis," etc. Chicago: Gross & Delbridge. 1881.

The volume before us presents a fat and robust exterior, but why the bad taste of giving a sober, scientific work the fancy, illustrated cover of a modern rose-colored romance we cannot divine. This new departure from standard medical binding looks frivolous, and as an ornamental acquisition to a library is a dismal failure. Our distinguished author from the city by the "unsalted seas" shows his commercial surroundings by the artistic tracings displayed on this gold-embossed cover. For instance, on the lower left hand, he has a *corner* on the aconite plant, a sickly leaning shrub, looking like it had seen its best days; upper left hand a *corner* on Mexican tarantulas; upper right hand, a *corner* on Spanish flies; lower right hand, a *corner* on rattlesnakes; and in the middle, just wing room for three bees flying home with their honey to sweeten the picture.

By some, these illustrations are supposed to typify, to some extent, the

resources whence the within contents were obtained; but why neglect the Arctic musk-ox or the odorous pole-cat, the festive oyster or the inky scuttle-fish, who spend their lonesome lives secreting subtle forces for our *materia medica*? They certainly would have been more peaceful, more graceful and less repelling than the startling specimens of *insectivora* and *reptilia* made use of in the adornment of this picturesque cover.

But now open the ponderous volume and a rich field awaits you, full of the ripe fruits of a well-spent life industriously engaged in gathering and organizing and classifying in the very penetralia of our *materia medica*; not altogether in time-worn and well-trodden paths has our author labored, but in many a new-cut road, he has looked around and aloft, and and in the sublimer depths of nature he has shown us new charms and new beauties. An enthusiastic yearning for the *whys* and *wherefores* of our wondrous therapeutic law, has brought Dr. Burt to the front again, among the best book makers of our time.

The work embraces *Pharmacology*, *Pathology* and *Therapeutics*—a combination greatly to be praised. Each drug is given—first, its Latin name; then the English; then where found; part used; how prepared; its antidotes; the tissues acted upon. Then a tabulated exhibit of its whole range of action. Then follows its specific action, tissue by tissue, and closing under the heading “Therapeutic Individuality”—a happy expression for the old names of “characteristics,” and “key-notes.”

All this has required great research through medical literature, and the task has been formidable. With the author, we believe that “to endure the crucial test of science, the *materia medica* of the future must stand on a physiological basis.” But what is meant by *physiological* as applied to drug action? Simply that each drug has an election or affinity for some special tissue, to the exclusion of all other tissues. This is the knowledge Dr. Burt furnishes, so that the name of a drug suggests the tissue it acts upon, and *vice versa*. A tissue diseased points at once to a drug or a group of drugs which spend their chief power on that particular tissue in question. Thus, one remedy acts upon the bones, another upon the skin, another upon the mucous membranes, another upon muscular fiber, another upon nerve fiber, each producing an artificial pathology peculiar and characteristic to itself. The knowledge of all this opens the portal to the therapeutics of each drug. Here is philosophy and science, and many will rejoice that a new investigator will not have to travel the *old, old way*, of trying to commit to memory the early provings that were written down without any regard to tissues or organs acted upon.

In this work we have every drug named, and grouped, and classed, so that there can be no mistake in selecting what one wants in any given case.

In the first place it is claimed that all medicines have for their *starting point* the *nervous centers*. Then he forms two great groups—the Cerebro-

spinants and the Ganglionics. The first group for acute and sub-acute diseases; the second, for sub-acute and chronic diseases. Then follows classification according to tissues—cerebral group, spinal cord (motor group), spinal cord (sensory group), liver group, kidneys, bladder, uterus, lungs, heart, intestines, blood circulation, etc., etc., through all the tissues, and closing with the Disinfectants of various kinds.

Each remedy is handled in the following manner, the synopsis at the beginning giving at a *coup d'œil* the whole range of its action.

Crotalus Horridus—Rattlesnake poison. *Habitat*—America. Trituration of the poison, solution in glycerine. *Antidotes*—Alcohol, or whisky to intoxication, or bile of rattlesnake.

Through the cerebro-spinal nervous system, *Crotalus* has six special centers of action.

- I. *Brain*.—Medulla and sensory nerve-life instantly destroyed.
- II. *Pneumogastric*.—Spasms of throat; emesis; asthma.
- III. *Blood*.—Rapid septic decomposition; fibrine incoagulable.
- IV. *Circulation*.—Vaso-motor paralysis; asthenic fever.
- V. *Skin*.—Jaundice; hæmorrhages; ecchymosis; gangrene.
- VI. *Glandular System*.—All glands congested; fatty degeneration.

All these headings are expanded in the text, and therapeutics given under head, eyes, digestive organs, kidneys; female sexual organs; respiratory organs; fever and skin, finishing with Aggravation and Amelioration.

Some drugs have less *special centers* of action, some have more. Euphrasia has only one; opium, fifteen; calendula, one; bryonia, four; cinchona, eighteen; apis, five; arsenicum, ten, and each one so succinctly pointed out that the remedy one is hunting for is found with great facility. Do we commend Dr. Burt's *Physiological Materia Medica*? Nothing since the beginning of our editorial reviewing has given us more satisfaction than the possession of this volume. It is a dignified, philosophic and learned study, and an original method of showing the surpassing richness of the resources at hand in the further development of our *materia medica*. Such works make the old school respect us, and stop and wonder at our learning. Some will buy and read, and thus will good seed be sown which will be heard from after many days.

THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR,

VOLUME IV.

ST. LOUIS, SEPTEMBER 15, 1881.

NUMBER 7.

THE INTERNATIONAL HOMŒOPATHIC MEDICAL CONVENTION.

From "Homœopathic Review," London, England, August, 1881.

The meetings of this convention were opened on the evening of Monday, the 11th July, by a reception held by the President and Mrs. Hughes, at the rooms selected for the transaction of business—those of the Dilettante Club, in Argyle street. The rooms were tastefully decorated, and in addition Messrs. Leath & Ross (on whose stall was a medicine case used by Hahnemann), Gould & Son, and Keene & Ashwell, exhibited some fine pharmaceutical specimens. The visitors, among whom were the majority of homœopathic practitioners in London, a goodly number from the country, and all the American and Continental visitors to the convention, who, up to that time, had arrived in town, and also a number of ladies, were presented to the President and Mrs. Hughes by the secretaries. With conversation, inspection of microscopic objects of interest, demonstrations by Dr. Dudgeon of the powers of his sphygmograph, and some excellent vocal and instrumental music from Herr and Madame Liebe, Dr. and Madame Jagielski, and Dr. Hughes and his daughters, a

very pleasant evening was passed—one full of good auguries for the success of the meetings that were to follow.

On Monday afternoon, at half-past two, the members assembled, and the Secretary, Dr. Gibbs Blake, was actively engaged for some time in entering their names. These so far as we have been able to gather, were as follows :

Dr. Hughes, Brighton, President; Drs. Black, Dudgeon, Roth, Dunn, Jagielski, Hahnemann, Hale, Pope, Matheson, Yeldham, Tuckey, E. Blake, Neville Wood, Clarke, Epps, Cooper, Burnett, Brown, Hewan, Wyld, Carfrae, Hamilton, Ussher, Powell, Shulldham, J. G. Blackley, Goldsbotough, Eugene Cronin, Anderson, Markwick, H. Wheeler, W. H. Wheeler, Gutteridge, Morrisson ; Messrs. Cameron, Engall, D. Smith, Thorold Wood, Harris, Noble, Penfold and McGillicuddy, London ; Drs. Drysdale, Moore, Hayward, Stuart and Brothie, Liverpool ; Drs. Nicholson, E. Williams, Morgan and Fallon, Clifton ; Drs. Blake and Madden, Birmingham ; Drs. Mackintosh and Midgeley Cash, Torquay ; Dr. Kennedy, Blackheath ; Dr. C. H. Blackley, Manchester ; Drs. Ramsbotham and Clare, Leeds ; Dr. Scott, Huddersfield ; Drs. Woodgates and Massey, Reigate ; Mr. Norman, Bath ; Mr. Butcher, Reading ; Drs. Bryce and Wolston, Edinburgh ; Dr. Blythe, Dublin ; Dr. Pyburn, Hull ; Dr. Clifton, Northampton ; Dr. G. Clifton, Leicester ; Dr. Wolston, Croydon ; Mr. Rowbotham, Woolwich ; Dr. Croucher, St. Leonards ; Dr. Bodman, Devizes ; Dr. Shulldham, Putney ; Mr. Potts, Sunderland ; Dr. Galgey, Southampton ; Dr. Ker, Cheltenham. From abroad there were present, Drs. Talbot, de Gersdorff, C. Wesselhœft, W. Wesselhœft, Baker, Kennedy, Hall and Walker, Boston, U. S. A. ; Dr. Helmuth, New York ; Dr. Bushrod James, Philadelphia ; Drs. McClelland, Bingaman and Cooper, Pittsburg ; Drs. Henderson, Dobson, Foster, Mitchell and Woodward, Chicago ; Dr. Dake, Nashville ; Dr. Park Lewis, Buffalo ; Drs. Eaton and Owens, Cincinnati ; Dr. Higbee, St. Paul, Minn. ; Dr. Ordway, Hot Springs, Ark. ; Dr.

Sawyer, Monroe, Mich.; Dr. Breyfogle, Louisville; Dr. Welch, Brooklyn; Dr. McVickars, Cleveland; Dr. Rush, Salem, Ohio; Drs. Claude and Simon, *Fils*, Paris; Dr. von Dittmann, St. Petersburg; Dr. Stephens, Cannes; Dr. Meyhoffer, Nice; Dr. Casal, Mentone; Dr. Cigliano, Naples; and Mr. Martin, Melbourne.

In addition there were, we believe, about twenty others who omitted to enter their names in the secretary's book.

The meeting having been called to order, the President delivered his opening address, commencing by a touching reference to the life and character of the late Dr. Carroll Dunham, the occupant of the chair at the convention held in Philadelphia in 1876. He also noticed the departure from amongst us during the last five years of Quin, Nunez and Hering, of Hempel, Grauvogl and Jahr.

He then described the arrangements which had been made for securing papers and for facilitating discussion, and passed to the consideration of the objects aimed at in holding these meetings. These, he said, were—

First—The consideration of the best plans for propagating the method of Hahnemann. He urged that homœopathy was a method, and not a doctrine or system. Hahnemann had his theories, pathological, such as psora; physiological, such as dynamisation—but there was no such thing as homœopathic pathology, no such thing as homœopathic physiology. He then considered the leading features of homœopathy—the principle, the dose, the single medicine—describing these as, collectively, the method bequeathed to us by Hahnemann. He then vindicated the liberty of the physician who practiced homœopathy in the use of such measures as appeared to him to be best adapted to the individual case before him; arguing, at the same time, that departure from homœopathic prescribing was a grave responsibility—a responsibility that ought to be assumed only after a full conviction of its necessity.

Secondly—The convention had in view the development of homœopathy. This would, he thought, be achieved by the diligent prosecution of the means at present within our reach, and by further extension of efforts in the same directions.

Thirdly—The convention would, it was hoped, have a powerful influence in cementing in friendly union homœopathic practitioners in different parts of the world. Dr. Hughes concluded his address by dwelling on the importance of unity among colleagues.

A cordial vote of thanks to the President for his address was passed on a motion proposed by Dr. Conrad Wesselhoeft, of Boston, and seconded by Dr. Meyhoffer, of Nice.

The President then announced that an election for Vice-President had become necessary, and after a ballot it was declared that the choice of the meeting had fallen upon Dr. Pope by a large majority. On the motion of Dr. Clifton, of Northampton, seconded by Dr. C. H. Blackley, Dr. Talbot, of Boston, Dr. Breyfogle, of Louisville (President-elect of the American Institute of Homœopathy), Dr. Meyhoffer, of Nice, and Dr. Drysdale, of Liverpool, were elected Honorary Vice-Presidents.

The President then gave a brief outline of the papers which had been presented on the history of homœopathy in different parts of the world during the last five years.

The report on Belgium was presented by Dr. Martiny, of Brussels, and stated that the number of homœopaths had increased in that country in a suitable proportion. During the last five years two homœopathic medical societies had been established, a new journal ("*L'Homœopathic Militante*") had been founded, while the list of new medical works published by homœopathic practitioners was a lengthy one.

Dr. Logan, of Ottawa, described the state of homœopathy in the Province of Ontario, where from one homœopathic practitioner in 1846, there were now eighty-four. A legal status had been secured, and examiners in homœopathy had seats on the medical council of the province.

Of the Province of Quebec, Dr. Nichol, of Montreal, writes that progress during the last five years, though somewhat slow, has on the whole been steady and satisfactory. "In the city of Montreal, with a population of 120,000, the principles and methods of homœopathy have leavened not only the public mind to a degree quite satisfactory, but even the minds of physicians of the dominant school, quite a number of whom base at least a part of their practice on the law of similars."

Of the Maritime Provinces, Dr. Allan M. King, of St. John, New Brunswick, reports that homœopathy has made solid progress in the Provinces of New Brunswick, and Nova Scotia. Since the year 1876 the number of practitioners, though still far below the public demand, has increased, and the popularity of homœopathy has extended.

The report of the state of homœopathy in France was presented by M. le Dr. Claude. He detailed the circumstances which have culminated in the Government recognition of L'Hopital S. Jacques. He noticed the International Homœopathic Congress at Paris, in 1878, and described the arrangements which have been made in Paris for the public teaching of homœopathy, and referred to the lectures of Drs. Gonnard, Jousset and Fredault. Dr. Claude then described with much minuteness the various sections into which French homœopaths are divided; the two hospitals in Paris, and the third at Lyons, and the various dispensaries of the capital and the provinces; concluding by pointing out the kind of influence homœopathy is exerting upon the practice of medicine in France, and the reasons why this is not greater than it is.

Germany was to have been represented in these reports by Dr. Goullon, Jr., of Weimar, but at the last moment he was unable to fulfill the task he had undertaken, and his place was kindly supplied by Dr. Dudgeon, who, from such materials as he could find, gave a sketch of the events which had

marked the history of homœopathy in Germany of late years. The losses by death in the ranks of prominent homœopathic physicians in Germany have proved very heavy; and while one journal of old standing has ceased to exist, and two hospitals have been closed, homœopathy has made little if any progress in that country during the last five years.

The report on Great Britain and the Colonies was presented by Dr. Pope, who commenced by alluding to the extensive adoption of homœopathically acting medicines by members of the old school, and the consequent necessity of our directing attention, more than ever, to the principles which originally brought out these uses of medicines. The efforts to reunite the homœopathic and anti-homœopathic sections of the profession were shown to have proved abortive, and that the only reunion worthy of the name would take place "when the doctrine of homœopathy receives full and fair discussion in the columns of the medical journals and at the meetings of the medical societies, when ignorance, bigotry and intolerance have been replaced by knowledge, courtesy and a respect for opinions carefully formed, experimentally tested, and honestly held, but not before."

The report proceeds to show that our institutions devoted to illustrating homœopathy have, during the last five years, been well sustained, their efficiency has been increased, and they have in some measure been added to. The condition of the London Homœopathic Hospital and of the origin and present state of the London School of Homœopathy are then described. The position of the hospitals at Birmingham and Bath, the Dispensary at Liverpool, and the Convalescent Homes of Bournemouth and Southport are also set forth, the several societies and journals noticed, and the deaths of Drs. Quin, Ryan and Ruddock briefly alluded to.

The state of homœopathy at Sydney, Melbourne, Adelaide, Bathurst, Hobart Town and Brisbane (Australia), in New Zealand, and at the Cape of Good Hope is touched upon in conclusion.

Dr. Sircar, of Calcutta, in a paper of great interest and considerable length, traced the history of homœopathy in India. The first case treated homœopathically in India was that of the Maharaja Runjeet Sing, who, in 1839, was seriously ill, but appears to have been marvellously relieved by Dr. Honigberger, who reports the case in a book entitled "Thirty-Five Years in the East," published in London in 1852. The Hakkims of the court of Lahore, however, interfered, and regaining their lost ascendancy, proceeded to administer to the Maharaja an enormous electuary of which precious stones constituted the chief ingredient, and in less than a fortnight the patient was a corpse. For many years before 1852, homœopathy had been practiced in India by amateurs. In at least three instances homœopathic hospitals were established by wealthy native princes. One was also set on foot by Sir John Little in Calcutta in 1851, and placed under the direction of Dr. Tonnerre. By Mr. E. De Latour, an enthusiastic and capable layman, much good was accomplished in the treatment of cholera by homœopathy. Another layman—a native—Babu Rajender Dutt, began to practice homœopathy in 1861, during an epidemic of malarial fever of especial severity, when his success caused his house to be thronged with applicants for relief. The Babu had other successes of great importance which produced a marked effect upon the public mind. In 1864, Dr. Berigny, a graduate of the University of Paris, settled in Calcutta, and was for a time a great help to the Babu. In 1867 Dr. Sircar was induced to study homœopathy. He declared his convictions in an address before the annual meeting of the Bengal Branch of the British Medical Association, and was excommunicated accordingly. "This," he writes, "has been as nothing compared to the benefits my patients have enjoyed and the consequent consolation I have myself enjoyed of an approving conscience." In the North-west Provinces homœopathy was being advanced at the same time by Babu Loke Nath Moitra, and a homœopathic hospital and

dispensary were established and placed under his care at Benares in 1867. In the same year Dr. Saltzer, a graduate of Vienna, settled in Calcutta, and has since done good service there. In 1868 the Calcutta "Journal of Medicine" was established to advocate the cause of homœopathy. In 1869 at Allahabad a dispensary was established under the charge of Babu Preo Nath Bose, a layman of considerable skill; and in 1870, one at Agra, under another layman, Babu Gohind Chunder Roy.

With occasional exhibitions of stupidity and ignorance on the part of the allopathic sect, in which they have uniformly been opposed by the intelligent portion of the public, homœopathy has gradually advanced. In Calcutta there are seven qualified practitioners of homœopathy; in the suburbs of Calcutta, five; in Baaset, one; in Serampore, one; in Hughli, three; in Barnipore, one; in Allahabad, one. There may, Dr. Sircar adds, be others of whose presence he is not aware. The number of secret practitioners of homœopathy is, he says, already great, and threatening to be greater still, while the number of lay practitioners is considerable. In Calcutta there are eight homœopathic pharmacies.

Dr. Sircar concluded his paper with some general observations on the requirements of homœopathy, in order to its full advancement.

Italy is reported on by Dr. Bernard Arnulphy, of Nice. He tells us that the political vicissitudes through which Italy has passed have tended to arrest the development of homœopathy. This has arisen from the fact that when the Peninsula was divided into a number of independent states, there was always found, here and there, a sovereign favorable to homœopathy, and thus facilitated the propagation of our doctrines, first among the aristocracy, and then the prosperous middle class. Now, with only one sovereign, and he in the hands of allopaths, this source of influence has gone. Again, the spread of the curious notions of Count Mattei has done

much evil. There are, it appears, between one and two hundred homœopathic practitioners in Italy, but so isolated are they that they are scarcely known to each other. There are few dispensaries—one at Milan, another at Rome, another at Turin, and so on. The journals are “*Il Dinamico*,” edited by Dr. Cigliano, of Naples; “*Rivista Omiopatica*,” by Dr. Pompilii, of Rome; and the “*Clinica Omiopatica*,” of Padua, edited by Dr. Coco.

Dr. Arnulphy concludes with an earnest appeal for more homœopathic practitioners, and for more books in the Italian language on *Materia Medica* and the practice of medicine.

Dr. Bojanus, of St. Petersburg, opens his very interesting account of homœopathy in Russia with an examination of the report submitted by the military medical officers to the late emperor on the experiments made with homœopathy in the Military Hospital of Helsingfors. The number of homœopathic practitioners throughout Russia would appear to be about two hundred. The literature of homœopathy in that country is but slight.

Dr. Lloyd Tuckey compiled a report of the state of homœopathy in Spain. The chief event during the last five years has been the opening of the Homœopathic Hospital in Madrid. To this institution a corps of lecturers on the Institutes of Homœopathy, *Materia Medica*; Pathological Medicine and Surgery is attached, and students who have a university degree at the end of one annus medicus, receive the diploma of homœopathic doctor if successful in passing an examination. The hospital receives about 400 patients per annum, and nearly 10,000 out-patients are annually prescribed for in the dispensary attached to it. The Hahnemannian Society is very prosperous, and the journal “*El Criterio Medico*” has been slightly enlarged and altered.

The condition of homœopathy in the United States of America is reported on with much fullness by Dr. Talbot, the Dean of the Medical Faculty of the University of Boston.

Dr. Talbot gave the history of homœopathy in the States from its introduction by Dr. Gram in 1825 until the present time. It is now represented by 6,000 practitioners, 26 organized State societies, more than 100 local societies, 38 hospitals, 40 dispensaries, 11 medical colleges, and 17 journals. Dr. Talbot gave a clear account of these institutions, and concluded his essay with brief references to some of the leaders of homœopathic medicine who have passed away—Dr. James of Philadelphia, Dr. Hempel of Grand Rapids, Dr. W. E. Payne of Bath, Maine, Dr. Hering of Philadelphia, and Dr. Carroll Dunham of Irvington-on-the-Hudson.

After these reports had been presented a discussion ensued on the condition and prospects of homœopathy at the present time, and the best means of furthering its cause. This was opened by Dr. Talbot, who was followed by Dr. Claude, Dr. Dudgeon, Dr. De Gersdorff, Dr. Bushrod James, Dr. Pope, Dr. Leon Simon and others, when the Convention adjourned.

On the following morning (Wednesday) a number of members, who take an especial interest in sanitary science, met at half-past eleven to hear an address from Dr. Roth, on "Hygiene," the chair being occupied by Dr. Blackley, of Manchester. In it he spoke of the importance of recognizing the many removable causes of disease by which we are surrounded, and added, that though the science of hygiene has made considerable progress during the present century, its practical application has taken but slight root either among the profession or the people. He then dwelt on the importance of legislation in respect of pure air, water and food, and on the necessity of medical men studying hygiene as a part of their medical training. He supported cremation as tending to remove many sources of disease. Another matter of importance was the disinfection of the contents of sewers, and another, methods for preventing accidents in trades. The use of compressed air in tunnelling was noticed, and its effects described.

Dr. Roth then dwelt on the prevention of disease in pri-

vate families by proper attention to hygiene. He urged the supervision of all dairies, referred to preventible causes of blindness, and to the importance of disseminating information regarding them among the poorer portion of the population. He argued that, instead of establishing homes for cripples, we should prevent children becoming crippled by paying proper attention to their development during infancy. Each of these topics was illustrated by Dr. Roth with much force, by facts that had come under his observation in practice. He concluded his address, which was listened to throughout with deep interest, by urging a more general diffusion of knowledge through the various educational channels on all matters pertaining to hygiene.

The various points touched on by Dr. Roth formed the basis of a lively discussion.

In the afternoon the chair was taken by the Vice-President, Dr. Pope, when papers were presented, of which the following are abstracts.

THOUGHTS ON THE SCIENTIFIC APPLICATION OF THE PRINCIPLES
OF HOMŒOPATHY IN PRACTICE.

By Thomas Hayle, M. D., Edin., of Rochdale.

Dr. Hayle commenced his paper by dwelling upon the importance of facts as distinguished from speculations, arguing that it was rash speculations and reckless experiments that much of the evil that had resulted from the use of drugs in the past had accrued. Referring to the effect produced on Hahnemann by his reflections on the practice of medicine, and his resolution not to terminate his train of thought until he had arrived at a definite conclusion, he describes it as "a frame of mind of which it may be asserted as an everlasting truth, that those who seek shall find, and that unto them who knock it shall be opened."

Briefly noticing the circumstances which led Hahnemann to the assertion of the law of similars as the basis of drug

selection, to the researches made by him confirming its truth, and to such as have since been made, he points to them as having established Hahnemann's discovery beyond question.

Noticing Hahnemann's sole reliance upon symptoms and their most minute surroundings, with the result of setting them forth in a schema which was artificial, he proceeded to consider, from an historical point of view, the infinitesimal dose, describing it as a discovery as brilliant as any in the annals of medicine, and one to which the law was a step. Of the reception of homœopathy among its adherents, he said, the great majority materialised its teachings; their habits and instincts led them to compromise—they preferred the lower attenuations, often giving the crude material. Another branch of homœopathsists out-Hahnemanned Hahnemann—he gave thirtieths, they gave millionths. He observed positions, aspects and the weather, and they attended to the most minute particulars and circumstances. That which Hahnemann did from necessity they do from choice. The resources of pathology were not open to him, and he was therefore compelled to find his similar in a very roundabout way. Symptom covering was his only resource.

Encumbered as it has been the achievements of homœopathy have been great, but what may not be expected when science has cleared away the impediments and has revealed the essentials in their unadulterated beauty, when we shall have ascertained the nature, extent and limits of the law, and the essence and relative importance of the symptoms!

Dr. Hayle then passed to a consideration of a rational theory of medicinal action. In doing so, he said, "The peripheral extremities are always furnished with a mechanism adapted to the peculiar mode of vibration they are meant to transmit. Heat being a mode of molecular motion requires no peculiar apparatus, and has none. Touch requires an apparatus of a simple kind. As we ascend through the various senses the apparatus of reception becomes more complex.

Thus in the present state of our knowledge I think it is probable that an apparatus for sensation is constituted somewhat after this fashion—First, there is the nerve cord, a sort of telegraphic wire; then there is the special fluid, the vibrations of which cause our various sensations. Thus, the sense of heat, the impressions of touch, the sense of taste, that of smell, of hearing, and of sight are caused; the last bringing us into communication with the realms of space, and with their phenomena.

“But there are other sensations, not perceptible in health, but which come out in disease, or when the body is affected by certain noxious agents, mechanical or otherwise. Thus, for instance, in a strong cold, northeast wind, a delicate individual feels a strong sensation of cold which, through the sensory nerves, is conveyed to the brain, from which, through the vasomotor nerves, the vessels at the surface are contracted, the skin becomes pale and almost bloodless, or blue and livid. This may be the direct effect of cold. If this ends here, a little warmth sets it right again. But it may not end here. Then another set of reflex actions are set up, terminating in one or more of the internal organs—generally one or more of the serous membranes—the pleural or synovial membranes. These vessels are not strong enough to withstand the shock, and after a few alternations of diameter, some weaker portion subsides into a paralytic state. It becomes dilated, and stagnation of the circulation takes place, and what is called inflammation is set up.”

Dr. Hayle then detailed a case where fever and pleuritic stitches were the result of exposure to a northeast wind, which was completely checked by one dose of *aconite*³⁰. The next day the patient was free from pain and fever, but weak. In explaining the mode of cure in this case he says: “Medicinal action consists in a particular mode of motion, controlling and altering the mode of motion which is constantly going on in the different nerves. It does not alter the mode of

motion that is going on, if healthy, that is synchronous with its own mode of motion ; but whatever is amiss, out of gear, it restores to its normal action, and, in fact, sets all right that is wrong." A large dose or low dilution not only acts on the diseased parts, but sets up morbid movements of its own, deranging the whole nervous tracts.

Comparing Stanley's account of his successful treatment of his marsh fever in Africa by large doses of *quinine* with those recorded in Rückert's "Klinische Erfahrungen," where small doses were used, Dr. Hayle says that he believes the cures wrought by the larger doses are more violent and less rapid, and more apt to return than those by smaller doses, which are accompanied with less struggle, as only the diseased parts are touched, while the healthy parts remain unaffected. In the smaller dose the vibrations are synchronous with the healthy parts, and only those which are out of gear are touched. In the other case the whole sphere of the medicine, that is, the sphere on which it acts, is abnormally and violently acted on.

In chronic cases the vessels of the part are chronically dilated and have lost their elasticity. Speedy relapse follows restoration by a single dose. This state of things is to be met by a skilful repetition of dose, and if the part is accessible by a typical stimulant, or by large doses, we should not give a second dose until the first has exhausted its action, and we should persevere with our medicine as long as it seems to do good. Alternations impede the action of the right medicine and prevent the acquisition of experience. "The charioteer in the car of homœopathy," says Dr. Hayle, "always drives at least a pair of horses, but rarely well matched."

In another class of cases crisis is rarely admissible. When the vessels in the interior open upon mucous surfaces, then these relieve themselves partially and set up a series of actions which run a course. First, they contract and the membranes become dry, then their discharges are poured forth, and lastly they become thicker.

From the hypothesis thus set forth—that all sensations and pains come under the category of modes of motion, that the rectification of abnormal motions by the setting up of normal ones is probable, and accounts for the non-production of change, and therefore of sensation when the vibrations are synchronous—Dr. Hayle argues that change, and therefore cure is only effected when the vibrations are not synchronous and therefore diseased.

Dr. Hayle concluded by advocating the remodeling of the *Materia Medica*, by arranging the symptoms in the order of their occurrence. The doses in which the drugs have produced them should be stated, and the effects of a change of dose upon the nature and order of symptoms should be ascertained. The causes, seat and nature of the symptoms should be analyzed.

To accomplish this end Dr. Hayle proposes the formation of an experimental committee. By such work all attempts to include truth by including everything, even the unimportant and minute, would be unnecessary. Transitional and temporary aberrations would be merged in one uniform and scientific system of practice, which might admit of additions, but not of change.

GENERALIZATION AND INDIVIDUALIZATION.

By R. Hughes, L.R.C.P., Edin., of Brighton.

In opening his paper Dr. Hughes spoke of the necessity of defining the word “likes.” In doing so he described two classes of homœopathic practitioners, the one satisfied only when he can secure a drug which will produce the morbid state supposed to constitute the disease he is called upon to treat; while the other ignores disease for therapeutic purposes as a pathological state, and regards only sick persons. The totality of the symptoms is the sole guide to the similitum, and if that is not attainable reliance must be placed on the more peculiar symptoms. Dr. Hughes then proceeded to

show, by quotations from "The Organon" and Hahnemann's "Lesser Writings," that, while Hahnemann taught that for the multitudinous and diverse forms of disorder which come before the physician, arising from common causes (atmospheric and such like), and having no permanent character, selection by totality of symptoms and treatment as individual maladies formed the best mode of proceeding, yet he ever recognized that there were a certain number of diseases of fixed type, acquiring this by origination from a specific (generally miasmatic) cause. To these he appropriated one or more specific remedies as always applicable and usually indispensable. And, further, he considered it a positive gain when morbid states, hitherto regarded as individuals, could be referred to a common type and treated by remedies chosen from a definite group, instead of being made the subjects of an indiscriminate search through the *Materia Medica*.

From the evidence he adduced, showing that Hahnemann recognized certain specific forms of disease, which are always essentially the same, and always curable by the same remedy; that he divided miasmatic diseases into acute and chronic and defined another class of diseases as specific fevers, each epidemic having features of its own, but all cases of each being amenable to the same specific remedy; that he asserted the value of the same remedy for the few diseases which have a constant character; and from the importance he attached to the facility afforded in prescribing by the recognition of the psoric origin of chronic disease, as well as from the fact that he acknowledged the curative power of *spongia* over goitre; of *bark* in endemic malarial fever; of *veratrum album* in the water colic of Lauenburg; of *aurum* in suicidal melancholia; of the prophylactic power of *belladonna* over scarlatina; and of *copper* over cholera, Dr. Hughes argued that Hahnemann was no mere individualizer, and that he resorted to this method only where other guidance failed him; that for him there were morbid species and specific medicines, and that he

counted it real gain to reclaim forms of disease from the desert of symptomatology, to trace them to a common origin and connect them with certain remedies.

Having thus shown that pure individualizers were without authority, he argued that they had no foundation in reason. To obtain a group of allied remedies generic and specific characters are necessary. Generalization must precede individualization. Further, by generalization we are able to utilize the experience of the past.

There are cases, Dr. Hughes urged, such as goitre and mumps, where we must all generalize exclusively; others, such as nervous disorders, varieties of dyspepsia, and of defective nutrition, which cannot be conformed to any known type of disease, and here individualization is the only reasonable course. Between these two extreme poles there is an extensive zone of genuine morbid species, each requiring the allotment of a group of specific remedies to be differentiated in accordance with each variety and each case. Where, on the other hand, this is not possible, where the practitioner has to choose between a remedy producing symptoms similar to some of the peculiarities of the instance before him or to the type of disease of which the instance in question is a specimen, Dr. Hughes argued that it was of greater consequence to secure similarity to the pathological process itself than to use Hahnemann's own words, "to some accidental concomitant circumstances which do not alter its essential character."

A NEW SIMILIA.

By A. W. Woodward, M. D., Chicago, U. S. A.

Dr. Woodward defined disease as a combined picture of pathological lesion plus the special sympathetic disturbances attending it, necessitating a remedy, which is a similitum, not only to the local lesion, but to all the symptoms in the order of their relative importance. Our drug provings fail, he said, in giving the combination and subordination of symp-

toms peculiar to and characteristic of each drug, rendering us unable to estimate correctly the attending symptoms which govern the success of the remedy. A drug can only be radically curative when it presents a complete parallel to the totality of the disease symptoms. If it cures to-day and fails to-morrow, in the same disease, it must be owing to differences existing, not in the local lesion itself, but in the epiphenomena, which modify and present a favorable result, and to which the drug is not homœopathic. To obtain the knowledge necessary for prescribing in this manner, Dr. Woodward argued that provings must be made on the healthy by a single dose taken in sufficient quantity to produce disturbance of the entire economy. Dr. Woodward then adduced a series of provings of *arsenic*, *nux vomica*, *cinchona*, *veratrum album*, *aconite* and *belladonna*, which were brought forward to show (1st) That the same drug when taken in health, and in a single dose, will affect many persons in the same general manner, though the special symptoms will vary. (2d) That all medicines begin their action by excitement, either of the motor, the sensory, or the excretory functions; and that they divide themselves naturally into three groups or classes, according to the order in which their general functions are disturbed successfully. (3d) That each drug, while exhibiting the general method of action belonging to its class, shows its individuality by the succession in which it disturbs the special organs and functions of the body, thus presenting a combination of symptoms peculiar to that drug alone.

In the proving of *arsenic* by three persons—two male and one female—the single dose was, in one case, 3 drops of the 1st, in a second, a grain and a half of the 1st trituration; and in the third, three grains of the 2^d. An analysis of the provings showed that, while special symptoms varied, uniformity of physiological action was seen in the symptoms beginning with morbid sensations, and being followed by morbidly increased or altered secretions—with a final general disturbance

of a febrile character. These provings are held to show that *arsenic* disturbs not only special organs, but the entire economy in one specific direction, and that these disturbances are cumulative. Its use then clinically must be governed, not alone by the local symptoms of disease, for they may belong to many drugs, but by the associated sympathetic disorders that must always characterize this remedy in any disease. Thus, excluding the *locus morbi*, gastric symptoms always lead, cephalic are next in importance, and cutaneous, respiratory, spinal, renal and enteric each progressively decrease in importance except when one of them becomes the leading feature as the seat of disease.

The new similia governing the use of *arsenic* in disease is, that whatever the disease may be called, the indications for this drug are invariable, and will be limited to only two conditions. 1st. That the sufferings and morbid excretions shall exceed the fever. 2nd. That the chief sympathetic disorder must always be gastric, the second cephalic, the third cutaneous, &c. In this manner, Dr. Woodward examined the provings he had conducted of the medicines already named.

The subject of discussion which the papers introduced, was the Selection of the Remedy. It was opened by Dr. Drysdale, who was followed by several speakers. At its conclusion the next paper presented was—

ON THE ALTERNATION OF MEDICINES.

By Dr. Martiny, of Brussels, and Dr. Bernard, of Mons, Belgium.

The authors define alternation as the successive administration of two or more remedies which recur in turn in a regular order, and at intervals sufficiently approximated, so that the duration of the action of the one drug may not be quite exhausted before another succeeds it.

This methodical alternation they consider constitutes an important step in practical progress.

In taking a retrospective view of the practice of alternation,

they refer to Hahnemann, who, in the edition of the "Organon," published in 1810, admitted its necessity, because of the "insufficient number of remedies tried up to that time."

Hering, Gross, Rummel, Ægidi, Kœmpfer, Hirsch, Hartmann and Perry are cited as supporting the alternation of medicines in the early history of homœopathy, and Teste, Jousset, Mouremans, Espanet, and Van den Necker as doing so in later years.

The ideal of the practice of homœopathy, the finding of a remedy whose pathogenetic symptoms comprise the totality of the morbid symptoms, actual and antecedent, personal and hereditary, objective and subjective, is, they say, one bristling with difficulties—difficulties which have led to the alternation of drugs. They doubt whether the progress of therapeutics will ever bring us exclusively and definitively to the simplicity, so séductive, and, in appearance at least, so much more logical, of the administration of one single remedy; and consider that so long as this ideal or even unrealizable perfection of the method is not attained, it is, from a clinical point of view, advantageous in ordinary practice to habitually alternate remedies two by two, or three by three, or even four by four, when two or three drugs are not sufficient to cover all the symptoms, or do not answer to all the causes of disease both profound and occasional. For example, an acute pleurisy occurs in an emphysematous patient who has had hæmorrhoidal troubles:—*aconite* will be alternated with *bryonia* and *arsenic*; and when the acute symptoms are calmed, we believe that to obtain a prompt and durable cure, we must give *bryonia* the first day, *arsenic* the second, *nux vom.* the third, and perhaps *sulphur* the fourth.

They then illustrate this method of prescribing by reports of a series of cases, in each of which, several remedies were used, either in alternation or succession. In discussing the *modus agendi* of medicines thus prescribed, they argue:

1st. That sometimes they act as adjuvants, and instance

spongia and *hepar* in croup, and *aconite* in acute inflammation, alternated with *belladonna* or *mercurius*, etc.

2nd. They sometimes act as correctives—as in cases where special susceptibilities to the action of certain medicines exist—as when *sulphur* cannot be taken singly; but when alternated with *nux* it does good, while the *nux vom.* alone would be inefficacious.

3rd. They think that sometimes alternated remedies seem to constitute a new medicinal means endowed with new properties, illustrating this by Dr. Kafka's experience, who says that he has cured chronic catarrhs of the stomach by alternating *nux vom.* and *calcareia* after having uselessly administered these two remedies singly.

4th. That under the influence of remedies of more or less different, sometimes even antidotal action, the remedy seems to react more briskly; the vitality seems to emerge from the torpor into which it appeared plunged.

They next proceed to consider the objections made to alternation.

1st. Alternations were condemned by Hahnemann.

2nd. With alternation it becomes difficult or impossible to discuss the characteristic effects of each of the agents employed. The object of giving remedies being to cure, and not to experiment, they regard this objection as having no weight.

3rd. The alternation of medicine is nothing more or less than a disguised return to polypharmacy. This objection they assert is only a specious one. Polypharmacy means the simultaneous employment or mixture in one formula of several different substances, whilst the method advocated consists in the employment of single remedies at short intervals.

4th. The alternation of medicines, if elevated to a system, will simplify too much the practice of homœopathy; it will favor the laziness of medical men, and the usurpation of the art by outsiders.

The simplification of the practice of homœopathy, so far from being matter for regret, should, they argue, be considered as a benefit.

3th. We can admit strictly the alternation of two medicines, but that is the extreme limit of the concession we can make to the partisans of alternation.

This objection they regard as specious, as, if it is admitted that two remedies may be alternated, there can be no valid reason why a greater number should not be used in succession.

The President now resumed the chair, and a discussion on the Alternation of Remedies, opened by Dr. Clark, took place.

At its conclusion the following papers were presented:--

DRUG ATTENUATION: ITS INFLUENCE UPON DRUG MATTER AND DRUG POWER.

By J. P. Dake, M. A., M. D., Nashville, U. S. A.

Dr. Dake opened his paper by stating that the remedy to be employed in the combat with disease, upon whatever therapeutic principle or theory chosen, must be exhibited in proper form and quantity, to the end that its influence may be satisfactory. What then, he asks, is the effect of drug attenuation upon drug matter? What its effect upon drug power?

Drug attenuation is defined as the diminution of a drug mass by division and subdivision, and admixture with some neutral or non-medicinal substance as a menstruum or vehicle.

Viewing the question historically, he showed that Hahnemann adopted this method of dealing with drugs. 1st. To avoid aggravation of disease from too large a dose. 2nd. To secure a thorough diffusion of drug particles. 3rd. He claimed that through a better preparedness for absorption and an increased surface for contact, increased power was ob-

tained. 4th. A given dose of a homœopathic remedy was increased in power by the increased susceptibility to it produced by disease. 5th. In order to explain or account for the action of infinitesimals, Hahnemann broached the theory that medicine does not act atomically, but dynamically. 6th. Hahnemann conceived the idea that vigorous succussion and trituration effected a great unknown and undreamed of change by the development and liberation of the dynamic powers of the medicine.

Passing to the later history of drug attenuation, Dr. Dake described Korsakoff's "dry contact potencies," putting one dry medicated globule in a bottle full of pure sugar pellets in order to medicate the whole; Jenichen's high potencies; those of Lehrmann and Fincke—all of whom had, Dr. Dake observed, exceeded the utmost limits thought of by Hahnemann in the diminution of drug matter and development of drug power.

After noting the observations upon trituration of Segin and Mayhofer made with the microscope, those of Dr. Breyfogle made with chemical reagents, those of Professor Edwards Smith, Professor S. A. Jones, Dr. Lewis Sherman and Professor Conrad Wesselhæft with the microscope, those of Professor Wesselhæft with the spectroscope, and some of the teachings of analogy, which, Dr. Dake says, compel us to conclude that potent drug material may exist in attenuations, where every test save that of the living animal organism fails to detect its presence, he thence drew the inferences—1st. That medicinal substances differ greatly in their cohesive property and divisibility. 2nd. That some may be readily diffused in minute particles through a menstruum. 3rd. That others are comminuted with great difficulty and slowly. 4th. That in the case of some metals the comminution is much more complete by chemical than by mechanical measures. 5th. That in the decimal or centesimal scale the theoretical or mathematical rate of diminution in the size of the particles is

very different from the actual. 6th. That by chemical reagents drug matter can be recognized in no decimal attenuation above the third; by the spectroscope, in none above the seventh; and by the microscope, in none above the eleventh or twelfth. 7th. That analogy warrants the belief in drug presence when not a particle of drug matter can be discerned by direct observation, inasmuch as impalpable and invisible material agents, as morbid causes, have often demonstrated their presence by their destructive influence upon the human organism. 8th. That all efforts must fail to attenuate drug matter beyond its ultimate molecule, the division of a molecule being a reduction of the substance into its elements, or the destruction of its identity. 9th. That according to the accepted theory of molecular magnitudes the ultimate molecule must be reached in the twenty-third decimal attenuation, and that beyond that there must be a gradual diminution in the number of molecules till all are gone. 10th. That neither direct observation, nor analogy, nor anything learned of the conditions and behaviour of drug matter, can justify the inference that there is a single molecule of medicine in one grain of the thirtieth attenuation when faithfully made.

Dr. Dake then proceeded to consider the influence of attenuation upon the power of drugs.

In doing so he noticed some of the leading theories which have been advanced upon the subject; and first; the earliest theory of Hahnemann, and that still entertained by many of his disciples, that drug power may be developed but not increased by the processes of attenuation. That the *potential* medicinal force of a given drug mass is in proportion to the number of its medicinal molecules, and its *actual* medicinal force in proportion to the number of its medicinal molecules, made superficial or ready for an immediate contact with nerve tissue, or an immediate absorption and conveyance to its special field in the organism. That attenuation and trituration have for their ends simply the overcoming of cohesion in drug matter and comminution of drug particles.

2nd. In later years Hahnemann inculcated not only the development, but the great increase of drug power through attenuation. Korsakoff believed in the existence of a drug aura; Lutze believed in animal magnetism being imparted by the hand to the dose employed.

Dr. Bachmann's theory, and the recent neuranalytic experiments, and the hypotheses of Dr. Lawton were then considered.

In applying the physiological test to the question under discussion, Dr. Dake referred to Hahnemann's early provings, in which drug power was present beyond any question; to the experiments of Professor Conrad Wesselhæft, those of the Milwaukee Academy of Medicine, and to those of Dr. Sherman and Dr. Potter. From these he concluded that drugs are recognized in attenuations up to the 7th^x by their effects upon the healthy human organism, while in the 8th^x and 9th^x their recognition is less certain.

Dr. Dake concludes his paper with an examination of clinical experience on drug power.

He points out in the first place, the large variety of influence besides those pertaining to drugs which may determine recovery. Conversions to high potency views have, he shows, often resulted from a single experience in using them, and this often after a lower attenuation had been in action, though not really fruitlessly for some days. He gives his personal experience on this point, showing that he was nearly led to place confidence in their preparation, because he observed the paroxysms of an intermittent fever suddenly stop after the administration of a single dose of *arsenic* 200, when he had been exhibiting the 6th and 30th with no apparent benefit. Another case, one of pneumonia, is reported, where after giving *bryon*. 3^x with little apparent benefit, a single dose of the 200th was followed by a great change for the better. Reflection, however, convinced him that the change was really due to the preparation which had been previously administered. Dr.

Dake further argues, that not one of the cases reported in journals as cured with any high dilutions furnishes a particle of satisfactory proof that there is medicinal power in attenuations above the thirtieth decimal.

Finally, where homœopathy has gained her greatest victories, as in cholera and yellow fever, the battles have been fought almost entirely by means of the lower attenuations.

A PLEA FOR A STANDARD LIMIT OF ATTENUATED DOSES.

By C. Wesselhœft, M. D., Boston, U. S. A.

Dr. Wesselhœft, after some introductory remarks of a general character on the importance of the question of dose, gives a summary of recent researches that have been made on triturations and dilutions. These point to the fact that the limits of minuteness to which particles of hard insoluble substances can be reduced are arrived at between the $\frac{1}{374}$ th and the $\frac{1}{4537}$ th of a millimetre.

Dr. Wesselhœft, in discussing the molecular structure of matter, showed that, whereas in Hahnemann's time it was regarded as infinitely divisible, and that consequently homœopaths were on this basis right in proceeding to attenuations however high, it had now been demonstrated that there was a limit beyond which molecular divisibility did not extend. He then proceeded to estimate, from the calculations and experiments of Sir Wm. Thompson and Professor Clerk-Maxwell, that, with the eleventh centesimal dilution, the number of molecules in a drop of liquid is exhausted. By a series of further calculations he concludes that the supposition of transmission of molecular force, separated from the original medicine molecules, is untenable in the light of modern molecular science.

Dr. Wesselhœft then argued that the molecular constitution of matter demanded the omission from our statistics of all clinical results obtained with dilutions above the eleventh centesimal. With regard to the value of clinical experience

in enabling us to estimate the best standard of dose, Dr. Wesselhœft contended that it is at present but slight, owing to the inadequacy of statistical materials. What is deemed clinical experience consists, he says, of recorded cures with the entire omission of opposite or negative results, which must be presumed to be large, and a decision will therefore be impossible until "experience" includes numerous and accurate statistics of negative as well as positive of results. Dr. Wesselhœft concludes by urging the limitation of the dose to attenuations below the eleventh centesimal.

THE QUESTION OF DOSES : HAHNEMANNISM AND HOMŒOPATHY.

By Dr. Cretin, Paris, France.

Dr. Cretin opens his paper by asserting the therapeutic power of infinitesimal doses, but he demands that their degree of this power be ascertained by experiment alone.

He desires to inquire, 1st, What, for each drug, are the limits of its therapeutic action; at what stronger dose does its action commence; at what weaker dose, what attenuation does it cease? These limits being fixed, what is, in each case, the dose which shows itself the most efficacious, the strong, the weak, or even the infinitesimal?

Dr. Cretin denies that there is any evidence of Hahnemann's having been led to the use of attenuation in consequence of aggravation from larger doses; but that he proceeded to them by analogies, by indication, by anticipating generalization, and also by studies. This he endeavors to make good by analyzing Hahnemann's pathological illustrations of the law of similars in the "Organon."

In the following two chapters he examines attenuations, dynamisations and medicinal aggravations, and then the practice of Hahnemann. From this inquiry he concludes that Hahnemann has not established on any data, rational or experimental, either the necessity, the utility, or the action of the infinitesimal attenuations, and still less the aggravations,

which, according to him, should be at once the proof of the condition and the product of their action.

The clinical aspect of the infinitesimal dose shows that the admission of its power rests upon an experimental basis. The questions then arise, at what dose does medicinal action begin—at what attenuation does it cease? And again, are infinitesimal doses preferable to appreciable doses in all cases, or in what cases only? A lengthened inquiry in using all dilutions from the 30th downwards has, Dr. Cretin says, convinced him that the action of a drug is less sure as the attenuation is high. "In acute, as in chronic affection," he adds, "I have never obtained from the higher dilutions the results which have been given me in a more positive fashion by the dilution below the sixth, and above all by the unattenuated medicine."

With some remarks on the choice of the dose in individual medicines, and a comparative view of Hahnemannism and homœopathy, Dr. Cretin brings his essay to a close.

A discussion followed on the relative value of clinical and extra clinical evidence as to the efficacy of the infinitesimal dose.

On the following morning (Thursday) a sectional meeting was held of members especially interested in gynæcological studies. The chair was taken by Dr. Eaton, of Cincinnati. The papers on this subject to be brought forward in the afternoon formed the basis of discussion.

In the afternoon, at the general meeting, business commenced by the presentation of papers, of which the following are abstracts.

ON THE TREATMENT OF COMMON METRITIS, ESPECIALLY THAT
FORM KNOWN AS ENDO-CERVICITIS, WITH ULCERATION
OF THE CERVIX.

By D. Dyce Brown, M. A., M. D.

Dr. Brown commenced his paper by dwelling on the imper-

fections which exist in our provings, so far as they relate to chronic uterine inflammation. A medicine to be selected in this class of disease must show—1st, from the provings filled up by the results of clinical observation, that it has a specific relation to the genital organs by producing disordered menstruation, leucorrhœa, ovarian pains, &c.; or, 2nd, if the symptoms should be scanty in the provings, the medicine must be one which shows a specific affinity for mucous membrane in general, producing catarrh or acute inflammation, with their results in the shape of increased secretion or ulceration; or, 3d, it is of the utmost importance that it should “cover” the constitutional dyscrasia that may be present with the various symptoms referable to other organs than the uterus and ovaries. In other words it must cover the totality of the symptoms.

The greatest amount of success, Dr. Brown thought was attainable, when a remedy is selected which covers the general state of disordered health, more especially if this remedy is known to have a specific affinity for the uterine organs.

Before considering medicines, Dr. Brown drew attention to local applications. Weak solutions of astringent remedies he regarded as acting in accordance with the homœopathic law in cases of chronic inflammation. When first practicing homœopathy, he thought that such applications as *nitrate of silver* hastened the cure of disease of the cervix. Clinical observation had, however, convinced him that with specific general treatment such applications as *nitrate of silver*, *iodine*, *carbolic acid*, applied by the mop through the speculum were unnecessary. Just, however, as everyone would use water dressing or *calendula* or *hydrastis* to promote healing in ulcerated surfaces, so he employed those means in such cases. When in addition to ulceration, the cervix was hypertrophied, *glycerine* diluted with water, or with a few drops of *hydrastis* added was useful. Where vaginal catarrh is excessive, injection of *calendula* and *hydrastis*, or even in chronic

cases, of a weak solution of *zinc* or *alum*, were beneficial. In suitable cases, Dr. Brown attached great importance to the wet compress and to the tepid sitz bath.

Dr. Brown then pointed out the indications for the use of medicines. *Belladonna*, he said, was required in almost every case of chronic cervicitis, with ulceration at some period of its progress. The indications are fully and minutely given, but at too much length to allow of our transcribing them here. *Sulphur* he found often required, especially in cases of chronic inflammation of the venous type—when that sluggish state of the system exists which refuses to respond to the action of medicines. The symptomatological indications were then given. *Sepia*, he showed, was indicated in endocervicitis, where the uterus is enlarged, prolapsed, or where version has occurred. When there is a tendency to skin eruptions, &c., *Pulsatilla*, he pointed out at some length, was indicated in cervical disease by the appearance, complexion, and temperament of the patient, the scanty or irregular menstruation, the menstrual pain, the leucorrhœa, prevailing chilliness, aggravation of symptoms in the evening, but especially by the gastric or gastro-intestinal catarrh, with headache. *Actœa* corresponded to the nervous, neuralgic, hyperæsthetic patient suffering from uterine disease. The coincidence of cervical inflammation, slight or severe, with well-marked hyper-æsthesia (showing itself by the spinal tenderness, the peculiar head-aches, the palpitation and sleeplessness from mental depression, or alternation of depression with excitement, and sinking pain at the epigastrium), indicates the kind of case in which it is useful. *Ignatia* was indicated rather by the general state of nervousness that characterized some cases than by local manifestations of disease. *Calcarea carbonica* in cervical disease associated with struma, he describes as a remedy of immense value, especially if the catamenia are too frequent and profuse. *Lycopodium* is useful in cases where the pelvic organs are congested, and leucorrhœa and

endo-cervicitis are set up in consequence of the liver and portal circulation becoming congested. The condition requiring *nux vomica* resembles that in which *Lycopodium* is useful. *Mercury* is especially indicated in cases of endo-cervicitis, when the ulceration is of an unhealthy and sloughy type, and when vaginal catarrh with thick leucorrhœa is present to a marked degree; 2, when gonorrhœa has extended upwards to the uterus; 3, when syphilitic ulceration is made out, or when there is reason to expect a syphilitic taint; 4, when the collateral symptoms, those of the stomach, liver and intestines, especially call for *mercury*. Dr. Brown also noticed *Lilium*, *graphites*, *arsenic*, and *platina* as often indicated in uterine disease, and concluded by saying that, in his opinion, we quite as often require to select our remedy less on the grounds of its local action than on those of the systemic disturbance or constitutional taint which may be present in a given case, and the more carefully such selection is made the better it seemed to him were the results.

THE BRITISH HOMŒOPATHIC SOCIETY CONVERSAZIONE.

[COMMUNICATED.]

On Thursday evening, the 14th ult., the members of the International Homœopathic Convention were entertained at a Conversazione held at the rooms of the Society of British Artists in Suffolk street, and a brilliant company was invited to meet them.

The visitors, to the number of 250, were received by the President of the Society and Mrs. Pope. The stair case, entrance hall, and the chief rooms were most tastefully deco-

rated with flowers, while the unusually fine collection of pictures, which were on exhibition at the time, was a source of much interest and pleasure, and afforded a fine back-ground for the display of the ladies' dresses.

The chief feature of the evening's amusement was the music, which was of a very high order. M. Niedzielski performed twice on the violin with that degree of brilliancy for which he is now so well known in London musical circles. His second piece, entitled "Souvenir de Haydn," by Leonard, was remarkably fine, and an irresistible *encore* was the result, which M. Niedzielski obligingly gratified. Miss Meredith Brown and Miss Nellie Summers were the solo vocalists. The former, a deep contralto, sang "The Three Ravens," an old English ballad, and Madame Sainton-Dolby's song, "Out on the Rocks." The latter, a very sweet soprano, "When the Tide Comes In," and "A Summer Shower." Both were in excellent voice, and were received with much applause. In the course of the evening Mr. Burgess Perry's Glee Party enlivened the company with several excellently rendered glees and part-songs, to the great satisfaction of the visitors.

The *reunion* was much enjoyed by all present, and the feeling that it had proved a great success was very generally expressed. The President of the society and Mrs. Pope may be congratulated on having added greatly to the pleasures which those present at the Convention experienced during the week.

The only cause of inconvenience was the intense heat—it was the evening of the hottest day of the hottest week of the year. This, unfortunately, was not under the control of mine host.

THE DINNER.

To go through a week of hard work and bring the proceedings to a close without a dinner would be too un-English to

be endured. Consequently, though no part of the programme of the Convention, it was determined, chiefly at the instigation of Dr. Burnett and Dr. Roth, that our guests from America and the Continent should be entertained at a public dinner ere they left London. The idea had but to be broached to be taken up with alacrity and zeal by many homœopathic practitioners, and an adequate subscription list was filled within two or three days.

On the evening of Friday, the 15th, about one hundred British, American and Continental practitioners dined together at the "Criterion," in Piccadilly. The chair was occupied by Dr. Hughes, the President of the Convention, and the vice-chair by Dr. Pope. The dinner was excellent and well served, and the wine was good. Mr. Burgess Perry's Glee Party attended, and on the removal of the cloth, sang "Non Nobis Domine" very effectively. The Chairman then proposed "The Health of the Queen," which was drunk right heartily, and followed by "God Save the Queen," from Mr. Perry and his friends. "The Health of the Prince and Princess of Wales and all the Members of the Royal Family" was proposed by Dr. Pope and responded to very cordially. This was followed by a glee, "The Sailor's Home."

The "Memory of Hahnemann" was proposed by Dr. De Gersdorff, of Boston, who when a child had been a patient of "The Master." Dr. De Gersdorff's father, the Baron De Gersdorff, was one of Hahnemann's most zealous and self-sacrificing provers. The toast was drunk in solemn silence.

"Prosperity to Medical Education" was then proposed by Dr. Von Dittman, of St. Petersburg, and responded to by Dr. Talbot, the Dean of the Medical Faculty of Boston.

Dr. Burnett then proposed "Prosperity to American Surgery," which was responded to in a humorous speech by Dr. Helmuth, of New York, during the course of which he successfully magnified his office by reciting an original poem in honor of surgery—a production which was received with immense applause.

"Medical Literature" was proposed by Dr. Dudgeon, and responded to by Dr. Foster, of Chicago.

This was followed by an extremely effective song by Mr. Perry, entitled "The Boatswain's Story."

Dr. Bushrod James, of Philadelphia, then proposed "Success to Homœopathic Hospitals," which was responded to by Dr. McClelland, of Pittsburg, who gave a very graphic account of the duties of a hospital surgeon in the United States.

"Prosperity to Homœopathic Societies" was proposed by Dr. Meyhoffer, and responded to by Dr. Breyfogle, the President-elect of the American Institute of Homœopathy.

Then came a beautiful glee, "Haste ye soft gales." After which Dr. Drysdale proposed the "Health of our American Guests," to which Dr. Conrad Wesselhœft responded.

Our "Continental Guests" was proposed by Dr. Pope, and responded to by Dr. Claude, of Paris.

Dr. Dake, of Nashville, then proposed the "Health of the President and Vice-President," who responded.

Several impromptu toasts were afterwards proposed and drunk with much enthusiasm, among which was one by Dr. Burnett, that was especially well received—"The Health of the President of the United States," coupled with an earnest wish for his speedy recovery from the wound received from an insane assassin.

After leaving the dining-hall a considerable amount of time was spent in the hat-room in saying "good-byes," and many and most gratifying were the expressions of the pleasure our guests had enjoyed during the week.

No event of the week was productive of more enjoyment, none more thoroughly successful than this closing dinner, and Dr. Burnett on whose shoulders rested the chief burden of making arrangements for it, may well be congratulated on the success of his efforts.

Book Notices.

BOERICKE & TAFELS' QUARTERLY BULLETIN OF HOMŒOPATHIC LITERATURE.

THE MANAGEMENT OF WOUNDS.—By David Prince, M. D. Philadelphia, Pa., 1881.

ANNALS OF THE BRITISH HOMŒOPATHIC SOCIETY, AND OF THE LONDON HOMŒOPATHIC HOSPITAL.

PROSPECTUS OF THE INTERNATIONAL COTTON EXPOSITION, Atlanta, Ga., 1881. Long may our friends in the South prosper!

THE ARKANSAW DOCTOR.—A Monthly Journal of Practical Medicine. Vol. I, No. 3. Harrisburg, Ark. Terms, \$1.00 per year.

TRICHINÆ.—How to detect them and how to avoid them. By John Phin, Editor "Am. Jour. of Microscopy"—Rochester, N. Y., 1881.

CONTRIBUTION TO THE CORRECTIONS OF STRABISMUS BY THE ADVANCEMENT OF THE RECTUS.—By A. E. Prince, M. D., Jacksonville Sanitarium, Jacksonville, Ills.

THE DIGESTION AND ASSIMILATION OF FAT IN THE HUMAN BODY.—By H. Critchett Bartlett, Ph. D., F. C. S., London. J. A. Churchill, Pub., New Burlington St., 1877.

THE MICROSCOPE AND ITS RELATIONS TO MEDICINE AND PHARMACY.—An Illustrated Bi-Monthly, Edited by Chas H. Stowell, M. D., and Louisa Reed Stowell, Ann Arbor, Mich.

TUBERCULAR LARYNGITIS OR LARYNGIAL PHTHISIS.—A paper read before the Ann Arbor Medical and Surgical Society. By C. J. Lundy, M. D., Prof. of Eye and Ear and Throat Diseases, in Mich. Coll., of Medicine, Detroit.

ANNUAL DIRECTORY OF HOMŒOPATHIC PHYSICIANS' SOCIETIES AND INSTITUTIONS, in the State of New York, May 1881. Edited and published by A. P. Hollett, M. D., Rec. Sec. of the Hom. Med. Soc. of the State of New York. Havana, N. Y. Price, 50 cents.

Many thanks to Dr. Hollett. The Directory is just what we wanted.

ADDRESS OF PRESIDENT DOWLING—Delivered at the Brighton Beach meeting of the American Institute, June 4th, 1881. Five Thousand copies were ordered by the Institute for general distribution. Hope all my readers will get one.

DRUGS VS. PUBLIC HEALTH.—By M. T. Runnels, M. D., of Indianapolis, Ind.

A most excellent Brochure by a hygienist who knows what he is writing about. While honoring himself, he honors Homœopathy.

WILLIAM WOOD & CO.'S ELEGANT GILT EDGED CATALOGUE.—Bound in Green Satin. Prepared for and presented to the Delegates to the International Medical Congress, London, 1881, with compliments. It is the handsomest and handiest thing of the kind seen. It also contains 24 pages of blank paper for memoranda, etc.

THE SIXTH ANNUAL REPORT OF THE HOMŒOPATHIC HOSPITAL, Ward's Island, N. Y., for 1880. By A. P. Williamson, M. D., Chief of staff.

A good showing is here made for the managers, for the sick and for Homœopathy. Go on medicos—great shall be your reward. You are becoming historical. There were treated 3573, over half were cured, nearly half were improved, III died.

HYGIENE AND TREATMENT OF CATARRH.—Therapeutic and Operative measures for Chronic Catarrhal Inflammation of the Nose, Throat and Ears, 40 Illustrations. Part II. By Thos. F. Rumbold, M. D., St. Louis, Mo. Geo. O. Rumbold & Co., 1881.

Dr. Rumbold's main points constantly brought forward are, that every diseased part of the nasal or naso-pharyngeal cavities must be cleansed of its morbid secretion and then a medicated application must follow locally. Constitutional treatment he considers a subordinate matter. This cleansing and local medicating process is done by the use of 8 different Spray-Producers, which he has invented to reach the different parts to be treated. He does away with gargles, inhalations, the swab, the probang, the brush, and the cauteries, and depends upon his Spray-Producers entirely, and which are made of glass. The cleansing is done with a spray of *Carbolic Acid*, *Glycerine* and *warm water*, the treatment is a spray of *Vaseline* and *Pinus-Canadensis*. This plan of treatment followed for all, with the addition of a "pill containing a tonic a diuretic, and a laxative," doesn't seem to cure to an *alarming extent*, as "patients under ten years require one to two years treatment; between ten and thirty, Fall and Spring treatments from three to five years, and after thirty, Fall and Spring treatment during their life time." Is this what Specialism is bringing us to? Looking through a glass darkly, (one of these Spray-Producers) a vision appears. It is of a fat pocket-book for the doctor, and an elephantine collapsedness of the pocket book of the other fellow.

REPERTORY OF THE MORE CHARACTERISTIC SYMPTOMS OF THE MATERIA MEDICA.—Arranged by Constantine Lippe, A. M. M. D., New York, 332 pp. 8 vo. Bedill & Brother, Pub.

This book represents a vast amount of exhaustive research in our *Materia Medica*, and is the best Repertory we have in our language and should be on every Doctor's desk. Each remedy is treated of under 34 different heads and condensed to its uttermost.

DECLINE OF MANHOOD.—By A. E. Small, M. D., Chicago, Ills. 2nd Edition, Published by Duncan Brothers, Chicago, and bound in green muslin, pp. 102; 12 mo.

The author handles his subject well under 13 different headings, and gives the appropriate treatment. He gives 13 causes for *Spermatorrhœa* or the decline of manhood, none of which is advancing years. A very readable and useful book, making known much of the author's personal success in managing the cases of the "secret sinners" as he calls them.

TENTH ANNUAL REPORT OF THE STATE HOMŒOPATHIC ASYLUM FOR THE INSANE.—Middletown, N. Y. Dr. Selden H. Talcott, Superintendent.

No. treated during the year,	-	-	-	-	-	-	-	-	180
" Died	"	"	"	-	-	-	-	-	13
" Recovered	"	"	"	-	-	-	-	-	61
" Improved	"	"	"	-	-	-	-	-	24
" Unimproved	"	"	"	-	-	-	-	-	33

He discusses at length the subject of Restraint and Non-Restraint, and takes the golden medium.

THERAPEUTICS OF DIARRHŒA.—2nd Edition. By Bell & Laird, 225 pp. 12 mo. Boericke & Tafel, New York and Philadelphia.

This book which had such a great sale in its first edition, contains besides *Diarrhœa*, also *Dysentery*, *Cholera*, *Cholera Morbus*, *Cholera Infantum*, and all other loose evacuations from the bowels. 184 remedies have been drawn upon to complete the entire cycle of bowel disorders, and it is not stated whether the patient lived or died, who had taken them all during one season. It is safe to say however, that the bowels of the people are safe in the hands of Dr. Bell, though, many another poor devil of a *rusticus*? has lost his *patient* and his *patience* in cudgeling his brain through those 15½ dozen remedies, trying to settle the question of how to select one from another when the other looks so much like which.

VOL. I. TRANSACTIONS OF THE WORLD'S HOMŒOPATHIC CONVENTION held at Philadelphia, June, 1876. Minutes, Essays and Discussions. Sherman & Co., Printers, Philadelphia, 1881. Joseph C. Guernsey, M. D., Editor, appointed by the Am. Institute.

Six long years have dragged their weary months away since this meeting took place in our Centennial City. And how we have longed and

waited for these transactions! Well, "all's well that ends well" and here they are, both volumes handsomely bound and well edited. We feel too happy now in having them in our possession to find fault with the manner of their coming. Poor Dunham lost his life and McClatchey his health in the very midst of these manuscripts, and it remained for Guernsey, J. C. to shake the dust off their pages, and to retrieve them from oblivion.

HEMPEL'S MATERIA MEDICA AND THERAPEUTICS. Vol. II. By H. R. Arndt, M. D.: W. A. Chatterton, publisher, Chicago, 1880—912 pp.; 8vo.

This book makes a beautiful companion for Vol. I, issued one year ago, and completes the great revision work of Prof. Hempel, began during his blindness and before his death, and finished by Dr. Arndt, of Grand Rapids, Michigan. The same general plan adopted in Vol. I is followed in this, and the two make a full-orbed exhibition of our Materia Medica in a style exceedingly attractive. Our review in Sept. 1880, we re-echo now in all its entirety, and quote a few sentences:

"It has fallen to our lot to search through many books at various times, some with great pleasure—some with great disappointment. But this volume meets the demand with us by reason of its scholarly finish and satisfying completeness. Not all the works of Hering, Lippe or Allen have done so much as this Materia Medica of Hempel's to popularize Homœopathy and to inculcate a catholicity of spirit among the profession, never forgetting that Science is the handmaiden of Medicine, and Pathology the foundation stone of Therapeutics."

Editor's Drawer.

PROF. S. B. PARSONS, has returned from his lake-side sojournings in Minnesota, looking hale and hearty, never looked better.

PROF. C. W. SPALDING will deliver the opening address of the College Course, at the College building, Tenth and Carr Streets, on October 10th, at 11 A. M.

DR. M. M. EATON has also returned to the "Paris of America" from the Paris of France. We are going to ask him to write the REVIEW a letter and tell us all about how he went, and saw, and conquered.

OMISSION.—Our illustrated article in last number on the shooting of President Garfield should have been credited to the "N. Y. Med. Record," July 16th.

A. M. LESLIE & Co. have sent us a coil of the Whale Tendon Ligature, made by T. Ishiguro, M. D., Chief Surgeon of the Japanese Imperial Army. It is highly recommended, and we shall report after using.

DR. L. S. ORDWAY, of Hot Springs, honored our sanctum with a call on his return from Europe. He says he had a glorious trip, saw an iceberg 500 feet high, and brought President Breyfogle back with him safely o'er the perils of the deep. "With grip-sacks in our hands, we traveled foreign lands." Selah! (Quotation from Ordway.)

LISTERINE.—This is a happy name for a happy combination of drug elements—the union of which forms the most perfect and the most pleasant deodorizer ever introduced to the public. We have used it in the water-closet, and for the odors of menstruation; in the typhoid fever room and in the death-chamber, where the *smell of death* foretells impending dissolution—in all of which the air was instantly purified and changed and rendered as sweet as the breath of roses.

THE MISSOURI INSTITUTE OF HOMŒOPATHY.—The annual meeting which was postponed in August from Sweet Springs, will take place in St. Louis, October 5th and 6th, at the Lindell Hotel, Parlor 22. Now for a grand and general turnout of the Missouri Brethren of the Homœopathic persuasion! Physicians from any of the surrounding states will be welcome. St. Louis sends a cordial greeting to all. Come on Tuesday and see the procession Tuesday night, of the Veiled Prophet, St. Louis great Mardi-Gras celebration. The sessions will be at night so as not to interfere with the Fair.

THE indigestion so often accompanying phthisis has always been very troublesome to physicians, and the cod liver oil preparations, while often relieving the pulmonary troubles, act adversely on the digestive organs. A new idea in pharmacy has been brought forward by the Powell Manufacturing Company., of Baltimore, who have combined into a palatable preparation, beef, cod liver oil and pepsin, thereby giving to the profession a thorough tonic, nutritive and digestive, which is vouched for by a great many reliable practitioners as not only benefitting their patients suffering from phthisis and tuberculosis, but it has thoroughly corrected all the symptoms of indigestion, thereby doing double service. It is worthy of a trial.

THE SIXTEEN PRESCRIPTIONS GIVEN BY SIXTEEN DOCTORS AT BRIGHTON BEACH FOR THE WHOOPING COUGH OF OUR BABY:—Dr. Canfield, *castanæ vesica*; B. F. Dake, *bromide of potassium*; Dr. Cowperthwaite, *bell and tart. emet.*; Dr. Duncan, *corallium 30 and chelidonium 30*; Dr. T. L. Brown, *mercurius*; Dr. P. Dudley, *naphthaline*; Dr. Gottschalk, *cuprum met 6*; Dr. F. H. Orme, Atlanta, *bell.*; Dr. Ormes, Jamestown, N. Y., *drosera and mephitis*; Dr. Small, *cuprum acet.*; Dr. Cate, Washington, D. C., *cnicus*; Dr. Mills, *ipécac 200 and kali-bich 200*; Dr. Lillienthal, *naphthaline*; Dr. J. P. Dake, *drosera 3x and cuprum met. 3x*; Dr. C. Pearson, *cuprum met. 100,000*; Dr. Helmuth, rub his back with *goose grease and garlic*; Dr. Beckwith, S. R., *give him nothing*.

As *cuprum* was recommended by four doctors, *cuprum met. 30* was given, and *drosera*, which he had been taking for two weeks, stopped. Improvement began in two days—and the child was well in four weeks.

OUR PRESIDENT.—The following letter was sent to Washington on the date mentioned below. The day previously—Saturday—the President had been given up to die by his surgeons in charge. To-day, September 16th, the necessity for Dr. Boynton is stronger than ever. He seems to be the only truth-teller about the person of the President, and his utterances are more sought after by the press than are those of the surgeons in charge. We were glad to notice the *urgent business* (?) that called Drs. Reyburn, Woodward and Barnes back to Washington. Long Branch wasn't healthy for them; neither did the sea air agree with Mrs. Dr. Edson, and she left on the same train. These are the shorn lambs. Query—Will Congress pay their bills?

ST. LOUIS, Sunday, Aug. 28th, 1881.

DR. S. A. BOYNTON, Washington, D. C.

Dear Doctor:—Please read my editorial in the ST. LOUIS CLINICAL REVIEW I have just sent you. Our Homœopaths believe that you could have saved the President, and perhaps can yet. He is your cousin, and I do wish that Mrs. Garfield would put you in charge of her husband, as she most undoubtedly has the right to do.

If the surgeons now, so signally failing in their attempts to treat septicæmia, decline to consult with you, I would suggest, without any desire to dictate, that you call a consultation of say one prominent Homœopath from each of our large representative cities or colleges, and move forward.

From the first, the President has not been properly treated from our standpoint. No *arnica*, no *aconite*, no *colendula*, no *hepar*, no *silicea*, no *china*, no *arsenicum*.

I have telegraphed you indorsing the Cleveland move for a consultation of our best physicians and surgeons.

Kindly yours,

PHILO G. VALENTINE, M. D.

THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

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INTESTINAL INFLAMMATION.

BY ARTHUR A. CAMP, M. D., MINNEAPOLIS, MINN.

Read before the Minn. State Hom. Society, Minneapolis, June, 1880.

In studying up this subject, I have consulted such works as were at my hand, and extracted from Kane, Smith, Marcy, Hunt, Niemeyer and Guernsey, those things which in my judgment were pertinent to the subject before us.

Intestinal inflammation is one of the most common and fatal of infantile maladies. It is the great summer epidemic of the cities in this country.

Unfortunately for a correct understanding of its prevalence and mortality, it is very generally when fatal called cholera infantum, although in its symptoms and nature it is very different from that disease.

Intestinal inflammation is often a protracted disease, having ordinarily a mild commencement, while true cholera infantum begins abruptly; is characterized by violent symptoms, and rapid and extreme exhaustion.

ETIOLOGY.

The causes of the principal forms of diarrhoea may be arranged under three different heads: (1) Those which are.

connected with the organism itself; (2) those which depend upon the quantity and quality of food, and (3) those connected with atmospheric influence and changes of weather.

I. The diarrhœas which spring from interior causes are described as catarrhal, arising from excessive action of the mucous glands of the intestine. To this form of diarrhœa many children are so remarkably predisposed that the slightest change of weather or personal exposure renders them liable to it.

The extraordinary activity of the whole digestive apparatus in young babes renders the access of diarrhœa of some kind almost the inevitable result of the irritability induced by the process of *dentition*. And in addition to these it should be borne in mind that the changes taking place in all parts of the alimentary canal and of its dependencies, in order to fit them for the proper reception of the varied food upon which the infant will soon have to subsist, cannot but render these organs still more susceptible to this form of disorder. The change which takes place in the mouth during the period of lactation is exactly equaled by a corresponding change in all the organs of digestion and assimilation. Hence it happens that very few children entirely escape the attack of diarrhœa during the first dentition, while more than one-third suffer from it severely.

II. Food too abundant in quantity, or unsuitable in quality, produces intestinal indigestion, which gives rise in turn sometimes to constipation, especially during the first three months, but after that period, diarrhœas of varying severity follow.

It has been said that the very young children of American parents are allowed too great a range of diet, and are permitted to eat those things which in an ordinary adult could hardly fail to produce indigestion and diarrhœa.

III. As to the third class of diarrhœa—that dependent upon climatic or atmospheric conditions—it will be suffi-

cient to recall the immense proportion of cases of this disorder which occur in particular seasons, in order to realize how largely even young infants are subject to such influences.

West, in his "*Diseases of Children*," says : "On a comparison of the results of eight years' observation at the Children's Infirmary, in London, it was found that in the six winter months, from November to April inclusive, diarrhœa formed 38.3 per ct. of the cases of disease."

An exposure of a young infant to the night air will often occasion an attack of diarrhœa. And dysentery, or actual inflammation of the bowels, so notably depend upon certain conditions of the weather—either magnetic or atmospheric—that when they occur, especially in the autumn, this disorder prevails as an epidemic throughout the whole district.

PROGNOSIS.

In a large majority of cases, simple, non-inflammatory diarrhœa is not dangerous in itself, but when dependent upon some irritating cause, as undigested food, it is actually salutary, when it continues no longer than after the removal of the exciting cause.

The danger in non-inflammatory diarrhœa is from complications, such as spurious hydrocephalus, or from exhaustion or emaciation. There may be danger, also, of its ending in the true inflammatory diarrhœa, which is always dangerous.

If the rotundity of the figure, and the firmness of the tissues are preserved, showing that alimentation is still sufficient, and no complication arises, the diarrhœa is not, as a rule, injurious.

On the other hand, diarrhœa attended by emaciation, or softness or flabbiness of the flesh, requires immediate treatment. Many lives are lost by the neglect of such patients till they are so reduced that they can no longer derive any material benefit from remedial measures. This fatal neglect is common during dentition.

SYMPTOMS.

True intestinal inflammation in the infant usually commences with a moderate diarrhoea. In a few days, the disease continuing, the infant, whose stomach was at first retentive, begins to vomit. Dr. Smith says : This symptom I have found from observations made in 1863 and 1864, in the summer entero-colitis of infants, commences in less than a week in the majority of cases, though the time varies greatly. In consequence of the vomiting and diarrhoea the patient becomes pallid, the flesh soft and flabby, and soon there is evident emaciation. If there is fretfulness in the beginning of the sickness, it now ceases, and the patient lies quiet, having an exhausted appearance. As the disease advances the features become pinched and wrinkled. The hollowness of the cheeks and sunken state of the eyes are in striking contrast with the appearance before the inflammation commenced. So feeble is the muscular tonicity in advanced cases, that the orbicularis oris and orbicularis palpebrarum lose in great part their contractile power, and the mouth and eyes continue open during sleep.

In the beginning of the disease the tongue is moist, and covered with a light fur. At a more advanced stage it is dry; and in dangerous forms of entero-colitis, the buccal membrane is red, the gums swollen and sometimes ulcerated, and in young children thrush is apt to appear.

The vomiting is sometimes very intractable. It contains coagulated casein and undigested particles of whatever food has been given.

When the vital powers are much reduced, and the inflammation has been protracted for some weeks, or is unusually violent, spurious hydrocephalus may occur, and the vomiting may then be due to this cerebral complication.

The stools sometimes continue during the whole course of entero-colitis of nearly the same character as at the first. In other cases they vary in color, as well as in consistence.

They sometimes have a putty-like appearance from the partly digested casein; at other times they are brown and offensive. A very common appearance is that which has been likened to spinach or chopped vegetables; occasionally the stools consist largely of mucous mingled with a little blood. This occurs when the colon is the principal seat of the disease.

The evacuations are seldom so watery as in true cholera infantum.

Occasionally they are yellow when passed, but become green on exposure to the air, or from chemical reaction resulting from admixture of the urine.

PULSE. — The pulse in entero-colitis is accelerated. There is frequently increased heat of the surface in the commencement, but as the disease continues, the vital powers soon become reduced, and the surface is either of the natural temperature or cool.

SKIN. — The skin is usually dry, and the urinary secretion diminished. In severer forms of the disease, attended by frequent evacuations from the bowels, the infant does not pass its urine more than once or twice daily. The imperfect action of the skin and kidneys is a noteworthy feature of the disease.

COMPLICATIONS. — The advanced stages of the inflammation are apt to be complicated by two cutaneous affections: erythema between the thighs, probably produced by the acrid and irritating nature of the stools, and boils upon the forehead and scalp. The external irritation caused by the furuncular affection, has seemed to old school writers to be conservative, as it occurs at a time when there is danger of passive congestion of the brain and serous effusion.

BRAIN. — The state of the brain in the entero-colitis of infancy is interesting. When the disease is protracted, this organ wastes like the body and limbs. In the young infant, in whom the cranial bones are still un-united, the occipital and sometimes the frontal become depressed, in proportion

to the loss of brain substance, so that the cranium is quite uneven. In older children, with the cranial bones consolidated, serous effusion occurs according to the degree of waste, thus preserving the size of the encephalon.

The effusion is chiefly external to the brain extending on each side over the convolutions from the base to the vertex. The quantity of serum varies from two drachms to an ounce, or even more. The serous effusion is associated with a passive congestion of the cerebral vessels and cranial sinuses, and this pathological state, when sufficient to produce symptoms, is the common form of *spurious hydrocephalus*.

TREATMENT FOR THE GRAVER FORMS.

Æthusa Cyn. is applicable where the disease seems to have supervened upon long-continued indigestion, especially that form where milk does not agree with the stomach, and the child almost invariably vomits soon after taking the breast or the bottle. Great irritability, or the little patient lies stretched out in a semi-comatose condition. Pupils dilated and insensitive to light, as are the eyes to the approach of objects; features are expressive of great anguish; pulse very feeble; mouth very dry; child is very weak, and cannot hold up its head.

Apium Virus (Apis Melif.)—Hydrocephaloid, after exhausting diarrhœa or summer complaint. Heat in the head, the rest of the body being cold; ghastly paleness; sickness of the stomach and vomiting when being raised up; great emaciation and prostration; pulse filiform, while the heart beats violently against the chest; faint flushes upon one or the other cheek; absence of thirst, with dry tongue and hot skin; apathy, slight reaction to light and sound. Great restlessness at night. Child cries out or screams very sharply during sleep or when awake, especially during the latter part of the night. Urine generally scanty.

Arsenicum.—Great depression of the vital forces, mani-

fested by great prostration ; emaciation ; pallor. Face, and sometimes the whole body, has a waxy look ; drinks cold water often, but little at a time. After exhausting diarrhœa (or in consequence of morbus Brightii) deep sopor, with starting spasmodically closed eyes ; dilated pupils ; difficult hearing, speaking or swallowing ; sooty nostrils ; abdomen sunken ; stool and urine involuntarily passed ; paralysis of the extremities. Sometimes child strikes its head with its fists, as though for temporary relief.

Belladonna. — Especially useful in inflammations of the brain, and if given during the cerebral symptoms, it may cut off an attack. Great headache ; redness of the face, with sparkling eyes ; throbbing of the carotids, dilated pupils ; injection of the sclerotica. Great heat of head and surface of body, from which the heat seems to radiate. Almost constant moaning ; child lies in a drowsy or semi-comatose condition ; is constantly starting or jumping ; bores its head backward in the pillow, or tries to bend body backward.

China. — Hydrocephaloid, or any other form of cerebral disease, which has grown out of a severe drain of fluids from the body, such as diarrhœa, summer complaint, loss of blood, etc. The symptoms appear to undergo an exacerbation every other day. Offensive, painless stools, or lenteria, with much distention of the abdomen.

Cuprum Acet. — Metastasis during an attack of catarrhal or exanthematic fever ; stage of exudation ; delirium, with loud screaming precede the sopor ; convulsions begin at the periphery, and extend upwards ; great stiffness of the neck, pressure in precordial region, with sunken abdomen ; irregularity of pulse, sinking sometimes below normal, trismus ; tetanus, cramps, grinding of teeth, inability to hold head up.

Gelsemium. — Catarrhal and dental fever, with predominant nervous symptoms, vertigo and blurred vision ; cannot hold head erect ; dull, stupifying headache ; pulse full, soft and slow ; no thirst.

Helleborus. — Chiefly indicated when all reaction is past, and we deal with consequent paralysis. Diseases of the serous membrane approaching insidiously rather as a sequel to some other disease, than as the natural termination of an inflammation of the brain. Rigidity of the muscles, neck and limbs; strabismus; dilated pupils; wrinkled forehead, which is bathed in cold sweat; soporous sleep, with screaming spells; dryness of nostrils; lower jaw hangs down, or chewing motion of jaw; urine scanty and dark, coffee ground sediment; involuntary throwing about of one arm or one leg.

Ignatia. — Sudden metastasis from the bowels to the brain in children affected with cholera infantum during dentition; sudden paleness of face, with rolling, tossing motion of head; difficult swallowing. Spasms return at same time every day; single parts seem to be convulsed. Screaming and violent trembling all over.

Kali Brom. — Anemia of brain from loss of fluids; constant drowsiness; coma; pupils dilated; eyeballs sunken, and moving in every direction without taking any notice; feet and hands blue and cold; pulse imperceptible.

Phosphorus. — Hydrocephaloid disease. Child is dull, inclined to sleep all the time, there being nothing unnatural in the sleep. Vomiting of water or food as soon as it gets warm in the stomach; coldness of the feet and legs; stools green, colored or white, which are sometimes watery, and gush out like water from a hydrant.

Veratrum Alb. — Great inequality in the division of heat; skin cold and clammy; vomiting and aggravation of all symptoms when rising up; feels comparatively well when lying down; tendency to convulsions; great thirst for ice water; prostration after a stool; loss of strength in extremities.

Zincum. — Feet in constant motion. On awakening gives evidence of fear, and rolls head from side to side; cries out, starts and jumps during sleep.

The value of *Æthusa* is well illustrated by the following

CASE,

Which I am allowed to present through the kindness of Dr. Higbee, who assisted it to recovery :

Howard Day, aged about six months.

Was called to see him on July 8th, and found that he was a "bottle baby," who for the past two weeks had been suffering from inflammatory diarrhœa, and had been treated previously by gentlemen of the other school.

SYMPTOMS. — On examination, his stools were found to be green and watery, intermixed with hard curds ; vomiting, fever, thirst, restlessness, crying and constant moaning, were present. He was much emaciated, and so weak he could scarcely hold his head up. Stools averaged every five to seven minutes for the last twenty-four hours. Shooting off something like Croton tig or Gummi Gutti.

Could not find aggravations or ameliorations.

PREVIOUS DIET. — Before the change in medical attendants, his diet was *milk*, in spite of the positive indications that it did not agree with him, and was a direct irritant, passing from his bowels in hard, curdy masses.

With the stool was great *tenesmus*, prostration and perspiration following. He would sink into a stupor from which he would start with a shrill shriek, a true hydrocephaloid cry.

Sometimes he would recognize objects about him, again he could see nothing.

He had his two lower incisors, the two upper ones coming through.

His bowels were hot and very sore, wincing when they were touched. Urine nearly suppressed, the little that passed staining the diaper yellowish red. His body was covered with a cold, clammy sweat ; feet and hands cold, while head was intensely hot.

Tongue was coated a dirty white in the center, with red, dry edges ; the papillæ prominent ; great thirst. Pulse 120-150.

He was lying on a feather pillow for a bed, and the weather was very warm.

TREATMENT. — In the first place, he was ordered on a bed made from a folded quilt, and his head was to be bathed in tepid water, constantly renewing the cloths as they became heated through.

Next, the milk was stopped, and instead he was to be fed with *rice coffee* — a teaspoonful every half hour — and a drop of brandy at the same intervals. The legs and feet were well rubbed with warm, dry flannel, and his bowels were covered with several thicknesses of the same. A bottle of hot water was placed between his legs.

R. *Æthusa* 1² gtt. x. in one-half glass of water. S. Teaspoonful every twenty minutes.

Gave him an ice tit to cool his mouth with and allay his thirst ; told the parents to keep everybody out of the room except one of themselves, in order to preserve quiet, and also to allow the child pure air to breathe.

At that time he was crying and rolling his head about, vomiting about every half hour, and his stools were from five to seven minutes from each other. Prognosis very grave.

Saw him again that evening, between 8 and 9. He was no worse. Slept at one time for fifteen minutes. Had only vomited once, which rid his stomach of his last dose of milk. The rice coffee was retained. He was warmer. There was no difference in the character of the stools, but they were not quite so frequent — say once in ten minutes. Discontinue brandy. R. — *Same*.

JULY 10TH. — At 8 A. M. saw it again, when there was suddenly a change for the better. He had slept for an hour during the night. Pulse 120. Head cooled off, and there was no screaming since 3 A. M. No rolling of the head. Stools

average once every half hour. Green and watery, as at first. No vomiting of the rice coffee. Tongue moist; has not the baked appearance of yesterday, but still has a bad tongue.

R. — *Same, hourly.*

Saw the child again between 6 and 7 p. m. He was no worse; no vomiting; he slept from 2 o'clock till 5. Pulse 110; head cool; parents alarmed because he slept *so much* (?) Had two stools in the afternoon; the last one was streaked with blood. Bloating of the abdomen decreased; urine not so high color, and passes oftener; no rolling of the head; no screaming; retains nourishment.

R. — *M. Cor.*, 6^r; chart. vj. S. One every hour.

Give a tablespoon of rice coffee every hour, and oftener, if by midnight there is no aggravation. Give it lukewarm, and from a spoon.

JULY 11TH. — Had two stools during the night, and found him playing with his mother. Tongue moist, and the dirty white coating gone. Has borne the additional coffee well. being hungry for it.

R. — *Æthus 1^r*. Every two hours.

After this morning there was an uninterrupted and unbroken restoration to health. He was taken to the lake and kept there for ten days, for a change of air. His diet was rice coffee for a week, and nothing but that, till the diarrhœa was checked; then it was one part of cream to six parts coffee; then one part cream to three parts coffee; gradually bringing it to milk diluted one-third water.

This was the parents' first experience with homœopathy, and, needless to add, a very satisfactory one, too.

CLINICAL REMARKS ON AFFECTIONS OF THE HEART.

BY DR. MARTINY.

Translated by ROSWELL D. VALENTINE, M. D., Canton, Ill., from the *Rev. Hom. Belge.*

CARDIAC OPPRESSION. — CASE XII. — In the month of Oc-

tober, 1879, I received the visit of a patient, aged 63 years, coming to me in a condition of extreme dyspnœa. He told me that for about six months he had suffered with asthma, and oppression. Since that time he had passed most of the nights in an arm-chair, almost without being able to sleep. Anti-asthmatic fumigations, which formerly had somewhat relieved him, no longer produced any effect. There was little cough and little expectoration. The first symptoms of the disease had appeared about a year before. At the age of 28 he had been attacked with an acute articular rheumatism, and had been cured for three consecutive years with *sulphur*. As it is very rare that real asthma begins after 50, I was persuaded that auscultation would reveal the true cause of the dyspnœa. In the chest there was nothing abnormal, save a feeble vesicular murmur and some very diffused rales. It was not the same with the heart, where I found the sounds dull, the beatings violent, and the first sound double; the second sound lacked clearness. The patient, rather corpulent, had a prominent abdomen; the color of his face was dark purplish, and he complained sometimes of vertigo.

The asthma with which we had to deal was then cardiac asthma, and manifested itself with sufficient intensity to endanger the life of the patient. It was necessary to promptly apply the remedy. I was considerably perplexed, and I desired very much to at least relieve the patient, who had been warmly recommended to me. The first remedy of which I thought was *arsenicum*, which, as I have said above, relieves very frequently in cardiac asthma. The second was *aurum muriaticum*, because, on account of the marked corpulence of the patient, I suspected the existence of too much fat, and because the beats of the heart were violent. (I do not advise the administration of *gold* in cardiac degenerations when there is feebleness of the beats.) Besides, the oppression was so intense and so disproportionate to the ascertained lesions that the nervous element, properly so called, must have had

its share in producing the difficulty of breathing. This is why I resolved to add two more remedies to the preceding — *sambucus* and *kali carb.* The patient was ordered to take the first day one drop of *arsenicum*, 6th, in three spoonfuls of water — one spoonful in the morning, one towards noon, and one in the evening; the second day one drop of *aurum mur.*, 6th; the third day one drop of *sambucus*, 1st, and the fourth day one drop of *kali carb.*, 6th; and so on, alternating from day to day the four medicines. Alternate four medicines!!! It seems to me I can hear now the protestations of theorists. Such a mixture was never seen; it is worse than the worst polypharmacy; it is a huge load! In a purely theoretical point of view I have no objections to these claims; but, practically, I am of the opinion of the patient, who, a week after having commenced the treatment, informed me of very great improvement. He could pass every night in bed, the dyspnoea had considerably diminished, etc.

The improvement progressed regularly. I continued the same prescription. In the month of January the dyspnoea had almost entirely disappeared, the pulsations had lost their violence and frequency, but the doubling of the first sound always persisted, although less clear. I then heard for the first time a rasping *bruit de souffle* towards the base of the heart, at the second beat. This bellows sound did not exist when I examined the patient the first time. The same treatment was continued scrupulously and regularly. Little by little, the patient, who had already abdominal plethora and passive engorgement of the liver and spleen, perceived that the abdomen was diminishing in volume, without wasting away in other regions of the body. During the course of the summer the cure made rapid progress. The patient resided several months in the country, and towards the month of October he was completely restored. There was no bellows sound, no double beat, no dyspnoea.

Sambucus, which I here used, is medicine very little employed in homœopathic therapeutics; in the old school it has almost fallen into disuse, after having long enjoyed great favor, and having been used in a great number of the most various affections.

I have been surprised to see that Dr. Kafka advises *sambucus* in certain forms of *angina pectoris*.^{*} Moreover, pathogenetic experiment has demonstrated that it produces asthmatic phenomena.† I have frequently prescribed it, and I think it is a remedy too often lost sight of.

As you see, our patient, although seriously attacked with heart disease, presented only a slight *bruit de souffle*, but the first sound was clearly double. Now, every time that I have discovered this symptom well marked in a patient, I have considered it as indicating a serious condition. When do double sounds clearly supervene? It is when the two sides of the heart do not contract at the same time, a sign of profound trouble in the structure of the cardiac muscle. Then I have almost always ascertained that there was cardiac dyspnœa.

CASE XIII.—I have seen, a few days ago, a young girl whom I had treated five years ago for a bad attack of scarlatina, complicated with articular manifestations and endocarditis. Convalescence had been long and difficult. I had urgently advised the parents to bring the patient to me from time to time for my examination. They took no notice of my advice, and I lost sight of the girl for at least three years. The parents thought her radically cured, when she was taken with very frequent and profuse nose bleed, with headache and some dyspnœa while walking. She was unable, without panting, to join in the plays of young girls of her own age. A physician, who was consulted, had attributed these symptoms to anæmia—the universal anæmia!

^{*} See *Rev. Hom. Belge*, 3d year, p. 35.

† See Hughes' *Action of Medicines*.

Consequently they had begun to cram—the expression is the proper one—the little patient with *iron* and *quinine*. The bleedings from the nose and the difficulty of breathing were naturally only aggravated. The parents then remembered my former advice, and came to find me. I discovered no blowing sound, but the second sound was double, and I found a very marked *bruit de galop*. There was then something besides anæmia. I placed the patient under appropriate regimen, and prescribed *aconite*, *cactus* and *kalmia*, alternated from day to day. After a few days the nose bleed disappeared, the dyspnœa grew less, and, on auscultation, I was able to ascertain that the two diastolic sounds were gradually approaching each other. This approach became more manifest, and finally the two sounds were merged into one; but this result was obtained only at the end of eight months of treatment.

ABSTRACTS OF PAPERS READ BEFORE THE INTERNATIONAL HOMŒOPATHIC MEDICAL CONVENTION.

From "*Homœopathic Review*," London, England, August, 1881.

INDIAN DYSENTERY AND CHOLERA.

By P. W. Carter, Ph.D., L. M., &c., Sydney.

This paper opens with a minute account of the phenomena of Indian dysentery. Then follow a series of well reported cases of the disease. Dr. Carter makes the following statement of the results of his practice while in India: "The total number of cases," he says, "treated by me allopathically up to November, 1875, was 213—deaths 99. Cases treated homœopathically up to the end of 1878 (I left India in March, 1879) were 77, with 14 deaths—all in dispensary practice, when the disease, and every disease, is generally seen in an advanced stage."

With regard to cholera, Dr. Carter had seen little advantage from the use of *camphor*, even in the stage of invasion. In the first stage, he says, he did best with *aconite* 1^x or tr. This, when given early, prevented the advancement to the second stage in every instance. In the second stage *verat. lb.* 3^x, *arsen.* 3, *cup. acet.* 2 or 3, *sec. cor.* 3^x, *ant. tart.* 3^x and *croton* 3 were the chief and most reliable remedies. In the stage of collapse *arsen.* 30 was used with the happiest results. In pulmonary congestion *phos.* 3 or 5. When this had grown to blood-poisoning, with brain symptoms, *bell.*, *tram.*, *hyosc.* or *ac. hydrocy.* were used with better effects than any treatment he had obtained under old-school practice. Three out of four cases of intra-cranial effusion yielded to *digitalis*. In renal congestion, with albuminuria or suppression and uræmia, he found *terebinth* 3^x, *kali bich.* 3, *anth.* 2 or 3, and *digit.* 3^x very effective.

HOMEOPATHY IN THE TREATMENT OF DISEASES PREVALENT IN INDIA.

By Mahendra Lal Sircar, M. D.

The paper sent in by Dr. Sircar was found too lengthy for the "Transactions," and to cover more ground than had been attended. Such portions only were introduced to the Convention as bore upon the therapeutics of the special types of Indian disease.

Diarrhœa, generally traceable to bad food, but sometimes to extremes of temperature, was first noticed, and the indications given for the use of *china*, *arsen.*, *coloc.*, *puls.*, etc. Of dysentery, Dr. Sircar says, "In the majority of cases I find *ipeac.* to be quite competent to deal with the disease. Failing this I have recourse to the *merc. sol.*, and in very grave cases to *merc. cor.* Other medicines meeting special cases are *conite*, *bellad.*, *canth.*, *capsicum* and *colchicum*."

The liver is an organ very frequently disordered in India. In malarious enlargement, remedies that are suitable for the

general condition, prove corrective of it. *Acon.* and *bry.* in febrile states; *calc. c.* especially in young children; *nux. v.* when there is constipation; *lycopod.* when with constipation there is tympanitis, especially of the colon. In acute congestion no remedy equals *aconite*; sometimes *bryonia* is required subsequently. When the secretory structures are inflamed, *mercury* is wanted. In suppuration, *aconite*, and then *cinchona* or *quinine* in massive doses. In very prostrate conditions, *arsenic*, *carb. v.* and *lachesis* are useful.

In hypertrophic cirrhosis with jaundice, *lachesis* is a capital remedy. In chyluria, Dr. Sircar has seen good done by *carb. v.* and *phosph. acid.* In hydrocele and elephantiasis of the scrotum, Dr. Sircar has seen benefit derived from *silica*, *rhododendron*, and sometimes from *rhus*.

MALARIOUS FEVER IN INDIA.

By Pratat Chandon Majumba, L. M. S., etc., Calcutta.

This communication was one of inquiry rather than one presenting good therapeutic results. Dr. Majumba says that *quinine*, which is almost the only drug resorted to, does more harm than good in many cases—though useful in some. So far as his experience has gone, he has found *aconite* useless. *Bell.*, in some cases of a remittent type, has proved serviceable; so, also, has *gelseminum*, especially in children with a delicate nervous system. *Baptisia* followed by *bryonia*, *rhus*, *arsenic* and *muriatic acid*, have been of great value in cases where the fever has assumed a typhoid type. Dr. Majumba concludes by remarking on the necessity of a careful study of the *Materia Medica* in each case, etc.

ON THE DIFFERENTIAL DIAGNOSIS AND TREATMENT OF YELLOW FEVER.

By Wm. H. Holcombe, M. D., New Orleans, U. S.

After a full definition of yellow fever, Dr. Holcombe spoke of its geographical range. It is endemic in the islands and

cities of the Atlantic coast of tropical America. From this habitat it may be transported northward and southward many degrees of latitude, but very few of longitude. Yellow fever has no second week. It and the plague are the shortest of all febrile diseases, as they are also the **most fatal**. Yellow fever becomes more fatal as it advances northward. It is the hottest of all fevers. It is a hæmorrhagic fever, the hæmorrhages depending on chemical changes in the blood itself. The jaundiced or icteric condition is a peculiarity of the fever, and is entirely of blood origin. An abnormally slow pulse down to 50, 40, and even 30 pulsations is found in many cases. Yellow fever has a melancholy pre-eminence in its marked or latent features, its sudden changes and terrible surprises requiring more watchful care and vigilant nursing than any other disease, the danger being often out of proportion to the symptoms.

Dr. Holcombe then described the *post-mortem* appearances of yellow fever, and then proceeded to compare its phenomena with those of the other great fevers. In speaking of the treatment of yellow fever Dr. Holcombe laid especial stress on the importance of nursing and hygiene—a sudden noise, movement in bed, conversation, a piece of bad news, any excitement, the presence of food in the stomach at the wrong time, the omission of a stimulant at the right moment, being often enough to transform a hopeful into a hopeless case.

Of the medicinal treatment, Dr. Holcombe says that we have no specific for the first or febrile stage of yellow fever. His proper concluded as follows :

“ It is in the second stage of fevers, when we contend with local congestions, special inflammations, and the effects of blood poisonings or other morbid processes, that homœopathy asserts its specific and unquestionable power. We may not be able to break or materially shorten the continued fevers, but we can control the bronchitis of measles, the sore throat of scarlatina, the suppuration of small pox, the pneumonia of

typhus, the diarrhœa of typhoid, the jaundice and hæmorrhages of yellow fever, etc., in the most remarkable manner, thereby reducing the mortality of all those diseases to a point considerably below the acknowledged allopathic level.

“What enormous services have been rendered in these cases by those chemically isomorphous substances, *arsenic*, *phosphorus* and *tartar emetic*, applied upon the homœopathic principle! To these may be added, as special remedies for yellow fever, the snake poisons, *lachesis*, *crotalus*, *naja tripudians*, *elaps*, *corrallinus* and *vipera torva*, introduced into practice from the long-recognized resemblance between the symptoms of yellow fever and those which have followed the bite of serpents. These serpent poisons will no doubt be found valuable also in the hæmorrhages and jaundice of the plague, of typhus, relapsing fever, bilious typhoid, and malignant remittents.

The homœopathic treatment of yellow fever is still in its infancy, comparatively speaking, but the results already achieved constitute one of the strongest arguments ever offered in behalf of the practice.”

These papers having been introduced by the President, a discussion followed on Homœopathy in Hyper-acute Disease, including Hyper-pyrexia.

The subject of *Cancer* was then brought before the Convention in a paper by Dr. B. Gutteridge, of which the following is an abstract:

After some reference to the statistics of cancer, and having given a definition of the disease, Dr. Gutteridge expressed his doubts as to the value of microscopic observation and chemical analysis as means of diagnosis. Referring to the researches of Haviland on the geographical distribution of disease, he showed that districts where the mortality from cancer was high were such as are liable to somewhat long-continued floods from the overflowing of rivers. He then entered on a somewhat minute differentiation of cancer and

simple glandular enlargement. Passing to the consideration of the propriety of operation, he showed that extirpation by the knife does not cure cancer, does not always remove it, and that the liability to return is ever present, and often an absolute certainty. The results of enucleation, he says, are in no way more favorable. He concludes, therefore, that cancer patients do better when treated medicinally alone. In scirrhous he pointed out the indications for *bell.* and *conium*. *Cicuta* is also named as useful. Of all most generally useful remedies, Dr. Gutteridge speaks most favorably of *hydrastis*, and especially of Tilden's preparation *hydrastin*, intimately incorporated with an equal quantity of *hydrastis*. When this drug is given internally a lotion of the tincture or powdered root should be applied at the same time. When ulceration has taken place, Dr. Gutteridge laid great stress on the value of *hydrastis*, *hamamelis*, *comocladia*, *baptisin*, and the *iodide of arsenic*, pointing out the special indications for the use of each.

In epithelioma, Dr. Gutteridge drew attention to *ranunculus*, *arsenic*, and *hydrastis* as medicines from which the best results had accrued. In discussing the treatment of cancer of the stomach, he pointed out the indications for the use of *ranunculus*, *phosph.*, *argent. nitric*, *arsenic*, *hydrastis* and *baptisia*. With some observations on the nature of the diet best adapted to cases of cancer, Dr. Gutteridge concluded his paper.

A discussion ensued on the Possibilities of Medicine in Cancer.

Papers were then presented on gynæcological subjects, the first being by Dr. Edward Blake, On the Place of Mechanical Measures in Pelvic Disease.

After some introductory remarks on the anatomy and physiology of the uterus, Dr. Blake argued that the greater number of the disorders of the female pelvis may be included in four categories—1, Mechanical changes acting from without;

2, Mechanical changes acting from within; 3, Physiological changes acting from without; 4, Physiological changes acting from within.

"The inclination," said Dr. Blake, "of the dominant school of therapeutics, is probably whilst attaching undue importance to mechanical methods to ignore the second or vital side; whereas our own tendency as undoubtedly is to decry the former."

Dr. Blake said that during the first six years of his practice he abjured local physical examination almost entirely, and worked laboriously at subjective symptomatology, with comparatively unsatisfactory results; that during the succeeding six years he turned his attention to the use of various means of physical diagnosis, but without using any mechanical contrivances for the purpose of local treatment; while during this time he frequently witnessed through homœopathy the temporary removal of results of morbid processes without necessarily attacking the cause; he never during this time witnessed the smallest cervical excoriation healed under the influence of internal medication alone, even when such medication was carried on under the most favorable circumstances. Subjective symptoms Dr. Blake relies on to differentiate between a group of closely-allied remedies, but to lead up to that group for diagnostic and prognostic purposes he trusted solely to objective signs.

Dr. Blake concluded his paper by urging greater attention to the mechanical causes of disease.

ON THE TREATMENT OF SOME OF THE AFFECTIONS OF THE CERVIX UTERI.

By Geo. M. Carfrae, M. D.

Dr. Carfrae commenced with some remarks on the unsatisfactory character of much of the *materia medica*, and this especially as related to the action of medicines on the cervix uteri. Restricting his attention to the consideration of cer-

vical endometritis, or cervical catarrh, or uterine leucorrhœa and granular erosion, or ulceration of the cervix, he entered into a full account of the etiology, symptomatology, and pathology of the condition. Passing to the treatment he divided it into constitutional and local. In discussing the former he took Guernsey's book on *Obstetrics*, and examined the medicines named therein as applicable to this condition. He insisted that as leucorrhœa was a constant symptom of this disease, it ought to be among the phenomena produced by each medicine adapted to cure it, if the totality of the symptoms was to be our guide. Many of the medicines recommended by Guernsey have not this symptom in their provings. Of the provings of others, it must, he thought, be admitted that they were unreliable. He then proceeds to examine *seriatim* all the medicines named by Guernsey, concluding that out of seventy-two such remedies, about a dozen and a half have no leucorrhœa in the list of symptoms attributed to them; while about one-half of the whole number have been proved, Dr. Carfrae thinks, in a manner too loose to merit our confidence, reducing the number of drugs, the provings of which entitle us to look upon them as truly homœopathic to cervical leucorrhœa to scarcely a dozen; and of these, Dr. Carfrae is doubtful of at least six. Of eleven other medicines recommended by Hale the value is chiefly empirical, few of them having been thoroughly proved.

Regarding the *materia medica* as poor in relation to truly homœopathic remedies in cervical leucorrhœa and granular and follicular disease of the cervix, he asks, do we get any help from local applications, and, if so, from what? He then examines the views of Guernsey, Madden, Leadam, Ludlam, and Hale, with regard to the use and mode of action of externally-applied irritants. He concludes that we are far from having arrived at that amount of scientific precision which is desirable or attainable. This he attributes to some extent to the number of unreliable provings which are incorporated in

our text books. To some extent also is it due to the difficulty of getting good provings of drugs which have a specific relation to the uterus; while, lastly, the semeiology of these affections is often very vague, and no sure indication of their pathological condition. To admit that the combined local and constitutional treatment of cervicitis, granular, erosion, &c., gives the patient the best hope of a cure is to allow that our treatment is to a certain extent empirical. "This," he adds, "I fear must be so, until we have a reformed materia medica." As medicines, Dr. Cartrae relies chiefly on *arsenic*, *mercurius*, *nux vomica*, *phosphorus*, *pulsatilla*, *sabina*, *sepia*, and *ferrum*, while *gelseminum*, *helonias*, *hamamelis*, *lilium*, *phytolacca*, and *anthoxylum* are, he thinks, valuable additions to our armamentarium, but requiring more thorough proving. The best local applications are *chromic*, *carbolic*, and *nitric acids*, and *nitrate of silver*.

He concludes by hoping that ultimately we may treat those cases altogether without the aid of local applications. So long as these are used, we must admit that our treatment is, to a certain extent, unscientific and unsatisfactory. When we can abolish them it will be when we have attained that amount of scientific precision, which meanwhile it must be our constant endeavor to reach.

A discussion followed on the Influence of Homœopathy on Uterine Disease, at the conclusion of which the meeting adjourned.

On Friday afternoon the subjects of general, ophthalmic, and aural surgery were brought under the consideration of the Convention, and received full discussion.

The first contribution presented was from Dr. Bojanus, of Nischny-Novogod, in Russia. It was in the form of a book, entitled, *Homœopathic Therapeutics in its application to Operative Surgery*, and upon this Dr. Dudgeon prepared a report, giving a brief *resume* of its contents. It is occupied with a detailed analysis of the operations performed in the hospital to which the author is attached.

Surgical Therapeutics is the subject of Dr. J. C. Morgan's (Philadelphia) contribution to the "Transactions."

Dr. Morgan commences his paper with some remarks on the comparative value of *aconite* in wounds and other injuries. In these classes of cases, Dr. Morgan contends that *aconite* is superior to *arnica*—1, in injuries of the eyeballs; 2, in the reaction which occurs some hours after an injury; 3, in the commencement of a sprain. Dr. Morgan then adduces some illustrations of the sorbefacient effects of the internal exhibition of *hydrastis*, 30, *sepia*, 1, *arsen.*, *iod.* 3^x, and *hypericum* 2^x in mammary tumors.

Passing to tumors of the uterus and ovaries, Dr. Morgan has no records of absolute cure by drugs, but he can say that in no case has it been necessary to submit any such to a surgical procedure, except the pedunculated polypi, fibrous and mucous; these he has uniformly removed by the wire *ecraseur*. All others he has treated with drugs "in potency" for months and years, according to the various changes of symptoms, to the great satisfaction of patients, who in sheer desperation had previously courted the most formidable resources of surgery.

Dr. Morgan concludes by giving the characteristic indications for the use of a number of medicines in the treatment of tumors.

Dr. Watson, of Hammersmith, contributed a paper entitled "Surgical Operations," which consisted of some general observation on the pathology and treatment of abscess, illustrated by several cases.

A discussion then ensued on the help brought to the Surgeon by Hmœopathy, in which Dr. Dunn, Dr. McClelland, Dr. Helmuth and others took part.

A paper on the Therapeutics of Iritis, by Dr. Vilas, of Chicago, was then presented.

Dr. Vilas declined to discuss the curability of iritis by internal remedies alone, because he is of opinion that internal

medication alone will never cure all cases which might be cured were they treated with all the means at our command. The first point in the treatment, he says, consists in perfect rest of both eyes, shutting out of bright light, and protection from injurious changes of temperature. The second consists in obtaining complete rest for the iris. Of all mydriatics, *atropium*, he said, was the best, and the best preparation a carefully prepared *sulphate*. The advantages to be obtained and dangers to be avoided were fully pointed out. Various other mydriatics were noticed by Dr. Vilas. In all cases, save those in which there are no synechiæ likely to form, can, he alleged, a mydriatic be safely dispensed with. If there be exudation from the iris, and it is not drawn away from its resting place, the anterior lens capsule, synechiæ must form, and more or less firmly tie down the iris. Dr. Vilas next considered the indications for the use of internal remedies. These comprised some twenty-eight drugs, and form a useful collection of references for ophthalmic surgery. We must, however, direct our readers to the "Transactions" for their study.

The treatment of iritis, simple and syphilitic, was then made the subject of discussion, the debate being opened by Dr. Bushrod James, of Philadelphia.

This being terminated, the last paper to be presented to the Convention, that by Dr. Cooper, of London, on Aural Surgery, was introduced under the title, "Notes on some Homœopathic Remedies in Aural Diseases." After some introductory remarks on the position of the therapeutics of aural surgery, Dr. Cooper pointed out the indications for the use of the following medicines in different forms of deafness—*Gelseminum*, *hydrastis canadensis*, *picric acid*, *capsicum*, *arnica*, *rhhus*, *ignatia*, *quinine*, *amyl nitrite*, *chloroform*, *salicylic acid* and *salicylate of soda*, *apis mellifica*, *lachesis*, *elaps. cor.*, *crotalus*, *formica*, *naja* and *vespa*. In reviewing his experience, Dr. Cooper says that the conclusion is forced upon him that very long standing cases are best met by highly

dynamized preparations; these, beyond question, he says, exert a most powerful and satisfactory influence. He especially names *phosph.* and *calcareo* as remedies which, in a high dilution, have proved of most essential service.

After Dr. Cooper's paper had been introduced a discussion ensued on the plan of Homœopathic Medication in Ear Disease.

The Convention assembled at 2 o'clock on the following day for the transaction of miscellaneous business.

The report of the Committee and the President's address were brought forward, and as practical results it was determined to appoint a committee, consisting of one or more skilled pharmacutists in each country represented by the Convention, to co-operate with the editor of the "Pharmacopœia of the British Homœopathic Society" in the preparation of a pharmacopœia which shall be adopted by all nations.

It was also resolved that a permanent secretary of International Homœopathic Conventions be appointed, and to this office Dr. Richard Hughes was unanimously appointed.

After some conversation, it appeared to be the wish of the members of the Convention that the meeting of the Convention, which would, in the ordinary course of events be held in 1886, should take place at Brussels.

The statistics of the Convention were presented by the President, from which it appeared that 78 British, 31 American, 4 French, 1 Italian and 1 Russian physician had entered their names on the books of the Congress, while there is reason to believe that some 20 British practitioners had been present at the meetings, but had omitted to record the fact of their presence.

After very cordial votes of thanks to the President, Vice-President, Secretaries and Treasurer, the members separated.

**ANNUAL SESSION OF THE MISSOURI INSTITUTE OF
HOMŒOPATHY.**

ST. LOUIS, MO., Oct. 5, 1881.

The fifth annual meeting of the Missouri Institute of Homœopathy was called to order at 8 P. M., October 5th, 1881, at Parlor 17, Lindell Hotel, St. Louis, Mo., by the President, D. T. Abell, M. D., Sedalia; the Provisional Secretary, H. W. Westover, M. D., of St. Joseph, at the desk.

W. A. Edmonds, M. D., in behalf of the physicians of St. Louis, extended a cordial welcome to the Institute in a very able and entertaining address, to which the President, D. T. Abell, M. D., very appropriately responded.

The minutes of the preceding meeting were read and approved.

The Treasurer, P. G. Valentine, M. D., presented his annual report, which was referred to an auditing committee composed of S. B. Parsons, M. D.; C. J. Burger, M. D., and W. C. Richardson, M. D.

A committee on credentials was appointed, consisting of J. A. Campbell, M. D.; Wm. Collisson, M. D., and J. M. Kershaw, M. D.

On motion, all visiting physicians were invited to seats in the Institute, and to take part in its discussions. The invitation was accepted by J. J. Feld, M. D., Kansas City; W. E. Green, M. D., Little Rock, Ark.; J. H. Moseley, M. D., Olathe, Kansas.

Miss E. E. Curtiss, M. D., St. Louis; G. S. Walker, M. D., St. Louis; C. H. Goodman, M. D., St. Louis; W. B. Morgan, M. D., St. Louis, and Mrs. A. E. Scott, St. Louis, then applied for membership.

The Bureau of Ophthalmology and Otology being called, Dr. Campbell reported a case of Keratitis Specifica with a *resume* of treatment, and presented patient cured.

Discussed by several members.

Dr. W. H. Westover read a paper on "Otitis Media Suppurativa Chronica." After discussion, the Bureau was declared closed

Dr. J. M. Kershaw, in behalf of the Board of Censors, reported favorably upon the application of C. H. Goodman, M. D., of St. Louis ; Miss E. E. Curtiss, M. D., St. Louis; G. S. Walker, M. D., St. Louis; W. B. Morgan, M. D., St. Louis, and Mrs. A. E. Scott, M. D., St. Louis, as regular members, and W. E. Green, M. D. of Little Rock, as an honorary member. Dr. Green was unanimously elected an honorary member.

On motion the secretary was instructed to cast an affirmative ballot for the several applicants for membership, which being done, they were declared elected.

The Bureau of Surgery being called, Dr. S. B. Parsons, Chairman, presented three papers, as follows: "Intestinal Obstruction," by himself, which he read ; "The Inhalation of Sulphuric Ether," by W. Jno. Harris, M. D.; "Anæsthetics, and their Relative Safety," by H. W. Westover, M. D. Dr. Harris read his paper, and exhibited an improved English inhaler, illustrating his subject. After general discussion, the Bureau was declared closed.

The Bureau of Climatology and Prevailing Diseases being called, the Chairman, J. C. Cummings, M. D., read his paper on "Climatology," which was discussed by Drs. Wm. Collisson and W. Jno. Harris.

A letter was then read on the same subject from Dr. Van Sycke, of Canton, Mo.

The Bureau of Education and Legislation reported through the Chairman, C. J. Burger, M. D., a long and able paper.

An inquiry was made as to parties in St. Louis issuing fraudulent diplomas, a case being on trial in Sedalia of a man holding an alleged diploma from a homœopathic college in St. Louis, signed by F. R. Moore, Secretary, and others.

On motion, the Bureau on Education and Legislation was

instructed to investigate the report that medical diplomas are being sold by some one or more persons in the State of Missouri, and particularly in the city of St. Louis, and that they be empowered to take such steps as are necessary for the suppression of the traffic.

Moved and carried that when the meeting adjourns, it adjourns to 10 A. M., October 6th.

The Auditing Committee presented their report, which was referred back to them, and they were directed to report at next meeting.

Adjourned.

H. W. WESTOVER,
Provisional Sec'y.

LINDELL HOTEL, Oct. 6, 1881.

The Missouri Institute of Homœopathy was called to order by President D. T. Abell, M. D.

On motion, it was ordered that the various bureaus report their papers by title, and the papers be referred to a committee on publication.

Wm. Collisson, M. D.; W. B. Morgan, M. D., and E. E. Curtiss, M. D., were appointed the committee.

The Bureau of Materia Medica and Provings reported a paper on "Erythoxylon Coca," by L. E. Whitney, M. D., of Carthage.

The Bureau of Pædology reported the following papers: "Hydrocephaloid," by W. A. Edmonds, M. D., Chairman; "Symptoms of Hydrocephalus," by Josie Johnson, M. D.

The Bureau of Obstetrics reported the following papers: "Puerperal Convulsions," by D. T. Abell, M. D.; "Treatment of Adherent Placenta," by J. Feld, M. D.; "Obstetrics," Chairman, J. W. Primm, M. D.; "Uterine Hemorrhage," by J. R. Taylor, M. D.; "Cases Illustrating value of Hot Water in Post Partum Hemorrhage," by H. W. Westover; "Anæsthesia in Obstetrics, Illustrated by Inhaler," by Wm. Collisson, M. D. The use of anæsthetics in labor

elicited quite extensive discussion by **most** of the members present.

The Bureau of Psychological Medicine presented "Epilepsy in its Relation to Crime," by J. Martine Kershaw, M. D.; "Hysteria," by D. T. Abell, M. D.

The Bureau of Materia Medica supplied a paper on "Clinical Materia Medica," by J. W. Primm, M. D.

The Bureau of Gynæcology reported "Laceration of the Cervix Uteri," by Wm. Collisson, M. D.; "Dysmenorrhœa," by C. J. Burger, M. D.

The Bureau of Clinical Medicine, P. G. Valentine, M. D., Chairman, reported "Facial Neuralgia," by N. V. Wright, M. D.; "Five Cases of Crusta Lactea, cured by Graph. 6^x," by P. G. Valentine, M. D.; "Scalds and Burns, cured by Soda Bicarb. Locally," by P. G. Valentine, M. D.; "The Tongue, and its Indications," by H. W. Westover, M. D.

The Board of Censors made their final report, recommending the following applicants for membership: J. T. Kent, M. D.; J. T. Boyd, M. D., and J. M. Stevens, M. D., all of St. Louis, Mo. The report was received, and Secretary directed to cast the ballot for the applicants named, who were thereupon declared elected.

J. H. Moseley, M. D., as delegate from the Hom. Med. Society of the State of Kansas, was welcomed, and addressed the meeting, reporting upon the progress of homœopathy in Kansas. Dr. Moseley was then unanimously elected an honorary member of the Missouri Institute of Homœopathy.

The amended report of the Auditing Committee on the Treasurer's accounts was accepted, and Committee discharged.

Moved and carried that the next annual meeting be held at St. Joseph, Mo., on the second Wednesday in May, 1882.

It was voted to proceed to the election of officers, whereupon the following officers were duly elected:

C. J. Burger, M. D., of Boonville - - - President.

H. W. Westover, M. D., of St. Joseph - - Vice-President.

W. John Harris, M. D., of St. Louis	- -	Gen'l Secretary.
W. B. Morgan, M. D.,	" - -	Provisional "
D. T. Abell, M. D., of Sedalia	- - - -	Treasurer.
S. B. Parsons, M. D., St. Louis	- - -	} Censors.
J. Martine Kershaw, M. D.,	" - - -	
W. C. Richardson, M. D.,	" - - -	

The following chairmen to the different bureaus were appointed by the President :

Climatology and Prevailing Diseases, D. Van Sycke, M. D., of Canton, Chairman.

Obstetrics, W. G. Hall, M. D., of St. Joseph. Chairman.

Ophthalmology and Otology, H. W. Westover, M. D., of St. Joseph, Chairman.

Gynæcology, W. D. Foster, M. D., of Kansas City, Chairman.

Surgery, J. T. Kent, M. D., of St. Louis, Chairman.

Materia Medica, W. B. Morgan, M. D., of St. Louis, Chairman.

Education, Legislation and Statistics, D. T. Abell, M. D., of Sedalia, Chairman.

Psychological Medicine, J. Martine Kershaw, M. D., of St. Louis, Chairman.

Clinical Medicine, J. C. Cummings, M. D., of St. Louis, Chairman.

Provings, L. E. Whitney, M. D., of Carthage, Chairman.

Pædology, Josie Johnson, M. D., of St. Louis, Chairman.

The chairmen of the several bureaus were directed to appoint their associates, and to report them to the Secretary.

On motion, the meeting adjourned.

H. W. WESTOVER, M. D., Provisional Sec'y.

CORRESPONDENCE.

120 WEST SEVENTH ST., CINCINNATI, Oct. 6, 1881.

DEAR FRIEND VALENTINE :— In response to your desire to hear of our trip over the great water, I will say that we left

New York, June 22d, on steamer "Wisconsin," Union Line. We had a pleasant passage across ; arrived at Queenstown, July 1st, and reached Liverpool, July 2d. Here we found a city of interest, though we hear European travelers say little of it. I presume this is because they usually pass directly on to London by train. We stopped here two days in violation of the custom to rush on. The people living here claim a population of 800,000, which I should think was correct. Altogether, it is a neat, active, pleasant city, with good hotels and public buildings ; good hospitals, art galleries, museums, and, above all, good homœopathic physicians, who seem to be well patronized. We then visited the old, quaint walled city of Chester, saw its celebrated abbey, the Derby race course, etc., etc. We then journeyed northward, and stopped at Melrose, saw its abbey and other places of interest, and then went to Sir Walter Scott's home, "Abbottsford," thence to Edinburgh. Here we found a delightful city about as large as Liverpool, with fine streets, stores, dwellings, museums, art galleries, monuments, hospitals and colleges. We took them all in, and learned all we could from them, as well as admiring Edinburgh Castle and Holyrood Palace. From here we journeyed again northward to Sterling, and saw its castle and old battle-fields, and again went on to the Trossacks and the Highlands ; enjoyed these very much, and then ran southward to Glasgow. Here, again, we were surprised to find so large and fine a city. This place is about as large as Edinburgh, and does much more business. After spending two days here pleasantly and profitably in seeing sights, and visiting physicians and friends, we journeyed to London and arrived in time for the World's Homœopathic Convention (so-called). It was really a meeting of the British homœopathic physicians, with a few foreign visitors. We were royally entertained socially by them ; and we shall always have a warm place in our hearts for them personally. As a convention of the homœopathic physicians of the world, it was not

what we had expected it would be. The papers were strangely managed. They were printed mostly, and but about three copies distributed to those previously chosen to debate them. They were only read by abstract in convention, and those appointed to discuss them felt embarrassed to discuss papers which the members generally had never seen, or heard read (save by abstract).

The time allotted the first speaker was fifteen minutes to discuss the papers in his department, and each of those who were appointed to follow had ten minutes each ; then there was given an opportunity for volunteer remarks. When the time was about exhausted, and the authors of papers were allowed fifteen minutes each to defend them, then there was little, and sometimes no time for volunteer remarks. No short-hand reporter was employed, and consequently little will be preserved in the printed proceedings except the papers themselves. Many papers written by Americans were ruled out, because the President said there was a rule that they should have been sent in before April 1st, 1881. (We never heard of the rule till we got there.) So, also, I am informed Dr. Helmuth's paper was kept out because it referred to operative surgery. But we can all live through it. Some papers got in that had been printed in this country from two to five years. They being in print so long, could well get in before April 1st, though the authors did not know of the rule. Personally we were given every attention, and were appointed to lead the discussion in the Bureau of Gynæcology ; but we know many we wished to hear from got no chance to speak, and when we mention that bureau meetings were nearly failures, we see how little of intelligent discussion we were able to obtain. If the printed papers had been distributed to all the members, the reading of abstracts might have been dispensed with, and the whole membership could then have appreciated what was said about the papers. Extremely low attenuations seem to be most used by the

British homœopaths, so far as we learned from those we met.

The Homœopathic hospital of London is being enlarged. We visited the museum, parks, art galleries, hospitals, etc., etc., of London; took a little trip to Crystal Palace, and again another to Brighton Beach (it is not so pleasant a beach as our own Brighton); then we journeyed to Holland, landing at Rotterdam across the English Channel from Harwich; thence to "The Hague;" were delighted with the Queen's Palace there, as well as the beautiful groves, forests, drives, etc., not forgetting their magnificent Art Gallery. Then we went to Amsterdam, to keep cool. Although we hear "dam" very often in this country, the people are not profane. Here we can ride by boat to any part of the city upon the beautiful canals which everywhere abound, or we can ride by carriage or tramway almost anywhere we please. Here we find the great diamond market of the world. The city itself is nice; stores and buildings are good, and hotels excellent. Some of the streets where teams drive are so excessively narrow that we had to step into a shop doorway to let a single one pass (but this is exceptional).

Again we journeyed a little up the Rhine, then visited Brussels. Here we have a glimpse of something like Paris. Its boulevards are, I think, equal to Paris, but it is so much smaller that comparison would be odious. We then spent a little over a week in Paris and one day in Versailles. Here we have cities built of white stone, full of sculpture and art galleries, being well supplied with unused palaces, etc. All is gorgeous here; at least there is an evident attempt to make everything so. Statuary even on the abutments of bridges, over the doorways, and in every possible location, is something we see nowhere else. This statuary is, however, cut from the common stone mostly, but being white it looks quite well, much better than the attempt at sculpture seen all over England in their abbeys (excepting Westminster); their castles, statues and monuments, are largely cut from common brown stone and unpolished. We found ourselves better able to hold converse with the people in France and

Germany than we had expected to, and felt glad of the little knowledge we possessed of their languages. The hospitals of Paris are quite old-fashioned (except the Hospital Department for Women at the Luxembourg, which is modern and excellent). They are well supported from a twelve per cent. tax on the gross receipts at all places of amusement, which is collected for them by the government. Homœopathy is not flourishing much in Paris, but we have a few splendid representatives of our school there. I wish I had time to tell of the various art galleries and places of interest in Paris, and describe the Palace at Versailles, but space doth not permit.

We returned to London in August to attend the International Medical Congress. This was composed of *physicians qualified to practice in their own countries*. This rule admitted homœopaths on an equal basis; and besides, the London homœopaths were specially invited to attend by the Secretary-General of the Convention. At one meeting of the Bureau of Materia Medica there were seven speeches made by homœopaths, and but two by those of the old school. The Convention numbered 3,210 actual members in attendance. The Prince of Wales made a fine speech at the opening meeting, and by his side sat the Crown Prince of Germany. We were royally entertained; had banquets, excursions, dinners, lunches and *conversaziones* to repletion. All members the first day were given copies of the abstract of every paper to be presented. The general meetings were held in St. James' Great Hall, and the special departments (fifteen in number) were held in the various rooms of the University of London. It was very pleasant to hear and see such men as Paget, Jenner, Simpson, Duncan, Spencer Wells, and many more of world-wide renown.

To cut a long story short, we came back by way of Halifax and Boston, spent ten happy days in Massachusetts and a week delightfully at Manhattan Beach, then came home, glad to be here again.

Glonoïne 3^x pellets, wife and I found to be a relief from sea sickness, and a preventive as well. Neither of us missed a meal going or coming. Any symptoms of sea-sickness were quickly banished with ten or fifteen pellets of the *glonoïne*. I used it with equal success with others, and being surgeon of the ship *Australia* on our homeward voyage, I had good opportunity to test it. Recommend *glonoïne* with confidence.

Fraternally, M. M. EATON.

Editor's Drawer.

PROF. G. S. WALKER, who has been camping in Minnesota for the past four months is back again, looking better than for years, and is filling his lecture hour regularly at the College.

THE MEDICAL COUNSELOR is now appearing as a Weekly. We are delighted to see such enterprise, and hope that such truly Chicagoan pluck may be rewarded in a substantial manner.

PROF. S. B. PARSONS having returned from his summer residence on Lake Minnetonka perfectly restored to health, will resume editorial control of the Surgical Department of this journal. He will be glad to receive contributions from any reliable source.

SOUTHERN CLINIC for January, 1881, under editorial notices, says of POWELL'S COMBINED BEEF, COD LIVER OIL AND PEPsin: "It is a preparation worthy of the attention of the medical profession. We have here a combination that is palatable, nutritious and digestible."

OUR COLLEGE OPENING was something to be proud of. Prof. Spalding's eloquent address upon "The Study of Physiology in a Medical Education" was a production of great power and beauty. The Lecture-room was crowded, and the occasion, under the circumstances, will become memorable in our college history.

REMOVALS.—DR. SAM'L H. ANDERSON, of Lawrence, Kansas, has moved to Kansas City, Mo. We are glad to welcome him in Missouri, where there is room for many more of such sterling worth as he.

DR. J. F. HEINZ, from Boody, Ill., to St. Joseph, Mo.

DR. F. B. HOERMANN from St. Paul, Ill., to Watertown, Wis. Illinois loses and Wisconsin gains a good physician and surgeon.

DR. JULIA A. BRADY from Bluffdale, Texas, to Fort Worth, in the same State. A lady of fine attainments and worthy of extensive patronage.

DR. EUGENE A. GUILBERT from Dubuque, Iowa, to McGregor, Iowa. A materia medica prize-medal man from our St. Louis College in March of this year.

ANOTHER ST. LOUIS COLLEGE, ashamed of its own name, and which had been claiming and advertising itself, by Announcements and otherwise, for a year and a half as *The Homœopathic Medical College of Missouri*, has been forced by legal process, since our last issue, to abandon its illegal transactions and to acknowledge *its own true* title and name, which is simply "The Alumni Association" of said college. "Only this and

nothing more!" Could it be permitted to longer fly our old and honorable colors? "Quoth the raven—nevermore!" Later. Since the above was written the Alumni Association College has disbanded; leaving but one Homœopathic College in St. Louis, viz: The St. Louis College of Homœopathic Physicians and Surgeons,—as per Advertisement on 4th page of our cover. For further College news see clipping from one of our daily papers in this issue.

MORNING SICKNESS.—We would call the attention of the medical profession to another property of the acid phosphate of Prof. Horsford, viz., that of allaying the sympathetic trouble incident to the early stages of pregnancy. For morning sickness or nausea it has been used with good results. It seems to relieve the burning sensation which is sometimes felt before rising. Dr. D. F. Nelson, of Chicago, says: "I find Horsford's Acid Phosphate a pleasant and valuable remedy in indigestion, particularly in pregnant women." Dr. W. R. Atlee, of Philadelphia, says: "Having used Horsford's Acid Phosphate very extensively in my practice, which consists mostly of uterine diseases and disorders incident thereto, it is with pleasure I attest my appreciation of its usefulness." Let the patient put eight or ten drops of acid phosphate into half a glass of water (cold) and take a sip of it, say five minutes before rising, or whenever the sickness or nausea is coming on. It is equally effective, and to some it may be more palatable, to take it in hot water or tea without milk or sugar. In such cases use the same dilution as above. Some constitutions may need a stronger dilution, which fact experience alone can decide.

IN DISREPUTE.

THAT IS THE BOARD OF HEALTH'S VERDICT OF DR. RICHARDSON'S COLLEGE—IT CAN'T HAVE ANY MORE HOSPITAL CORPSES FOR DISSECTION.—
DR. PARSONS REINSTATED AS LECTURER IN CITY HOSPITAL.

[From the St. Louis Republican, October 21, 1881.]

Yesterday was the day set by the Board of Health for investigating the charges of diploma selling made by Dr. Richardson's homœopathic college against the homœopathic college on Tenth and Carr streets. A large number of homœopathic doctors in St. Louis were present yesterday afternoon when the charges were called up.

Mr. Bacon, attorney for Dr. Richardson's college, said that he represented the one who made the charges. The charges were seven, and they were against the Homœopathic College of Missouri, and not against the St. Louis College of Homœopathic Physicians and Surgeons. They had no charges to make against this college, and inasmuch as the Homœopathic College of Missouri had graduated a large number of young men who

were honorable and who were now good physicians, and inasmuch as the investigation of these charges would, while injuring their college also injure them, he had advised his clients to withdraw them and have nothing to do with the proposed investigation.

Mr. Mayor: Who were the charges against?

Mr. Bacon: Against members of the faculty of the Homœopathic Medical College of Missouri.

The charges were read by Dr. Luedeking. *The Republican* has already published them in substance, and it is enough here to state that the document claims that the college on Tenth and Carr streets is sailing under a false name and is being operated under a charter that was stolen, and that it has

SOLD MEDICAL DIPLOMAS.

The Mayor said that the Board required Dr. Richardson's college to prove the charges.

Mr. Bacon declared that Dr. Boyd was individually and personally responsible for the charges, and that they were neither authorized nor approved by the college.

Mr. Foulon, attorney for the defendants, said that he had two requests to make, but desired first to give a brief history of the troubles between the homœopathic colleges.

Mayor Ewing didn't think the Board cared to hear all that.

The Health Commissioner said that the whole story had been published in the papers.

The Mayor: These gentlemen have made serious charges and I suppose you desire an investigation?

Mr. Foulon said yes, that he wanted an investigation and demanded one. He had all of his witnesses present and ready to be examined.

Mr. Bacon again took the floor. The college he represented had made no charges. As to what an individual member of the faculty of that college had done the college itself had nothing whatever to do.

The Mayor thought the Board should dismiss the charges if they had been made by an irresponsible person. He would like to know who this Dr. Boyd was, anyway.

Mr. Francis said that the circulars of the college showed him to be the registrar of the college and also a member of the faculty and a professor in the college.

Secretary Luedeking explained that the registrar of a college was the secretary of a college.

The Mayor thought that that was evidence that the charges had been preferred by the college. When could the Board know that something claimed by the secretary of the college to have been done by the college was not the action of the college, but of the secretary as a private individual?

Mr. Bacon said that Dr. Boyd had told one of the gentlemen present that he had not even written the charges, but had only signed his name to them.

Mr. Parker said that the signature and the charges were all in the

SAME HANDWRITING.

Mr. Bacon said that Dr. Boyd was only the registrar of the Alumni Association of the Homœopathic Medical College of Missouri, and reiterated that the charges he made were not authorized by the college.

Mr. Francis related the history of the charges after their presentation to him. Said he: "Either these men are infernal liars and ought to be shown up to the community, or the charges are true and the other side ought to be shown up."

The Mayor thought that if the gentlemen who made the charges admitted that they were not true, and offered an apology to the defendants, the charges should then be dismissed.

Mr. Foulon said that Mr. Bacon wrote as attorney for his college to the Board of Health and asked that the charges be withdrawn. That looked like the charges had come from his college. The Board's action in taking up the charges gave them the only semblance of respectability they ever had.

Mr. Parker didn't see how the Board could make the investigation without assistance from the prosecution.

Dr. Conery said that Dr. Richardson's college had done all the injury it started out to do to the other college, and now wanted to be released of the responsibility of sustaining their action.

Dr. Spiegelhalter thought the prosecution should be required to proceed.

Mr. Bacon said the defendants' remedy was to sue Dr. Boyd.

Mr. Foulon said that he had examined the assessor's books and found that it would be useless for his college to sue Dr. Boyd.

The Health Commissioner suggested that the students of the prosecuting college be not admitted to the City Hospital if the college

BACKED OUT OF THIS PROSECUTION.

Mr. Bacon reiterated that the college had nothing to do with the charges. It was Dr. Boyd's individual action.

Mr. Francis said that the dean of the college, Dr. Richardson, had visited him, in company with Dr. Boyd, in reference to these charges, and that both said they were ready to prove the charges. That showed that they were the charges of the college.

Mr. Bacon didn't care if all the members of the faculty of the college did all this, as long as the college itself didn't do it, the college couldn't be held responsible.

Mr. Parker thought the Board should hold the college in *disrepute* until it came forward and tried to prove the charges.

Mr. Francis thought also that its students should not be admitted to the City Hospital, and the college not be given any bodies for dissection. He had intended to refuse the college bodies on the ground that the members of its faculty were not all registered physicians. Two doctors published in the college's circular as being members of the college faculty were not registered physicians.

Mr. Bacon explained that these gentlemen lived in Dubuque, and that although they intended lecturing in the college they had been unable to do so on account of professional duties at home.

The Mayor intimated that the charges, whether true or false, were brought through spite. It was another case in which the public departments were used to further some private end. There were too many people that did that.

A motion to consider Dr. Richardson's college

IN DISREPUTE

Until the college comes forward to prove its charges against the Faculty of the St. Louis College of Homœopathic Physicians and Surgeons was adopted, all the members present voting for it, and all were present except Mr. Maxon, who has attended but two meetings of the Board since he has been a member of it.

Mr. Bacon said that in refusing to prosecute these charges, his college had acted on his advice. If the Board declared the college to be in *disrepute*, there was a legal remedy by mandamus, and he could easily show the courts that the college did not authorize the presentation of those charges. He would not say that Dr. Boyd acted solely on his own responsibility, but chiefly so, and that his action was hasty. The college asked to withdraw the charges, and that was the most it could do.

There was something said about suing Dr. Boyd for slander, and the Mayor said that he wasn't worth anything.

Mr. Bacon: "Well, they could get a judgment, and that was vindication."

The Mayor said that he would want something more substantial than a judgment.

Mr. Bacon said that he did not believe that it could be shown that Dr. Boyd was not a reputable citizen. He had made mistakes, but this was all. Dr. Boyd could not carry out the prosecution if he wanted to, for he had no means of forcing the attendance of witnesses.

The Board refused to reconsider its action in declaring Dr. Richardson's college in disrepute, and until this action is reconsidered or the college makes an endeavor to prove the charges, it will not be recognized by the Board and its students not admitted to the City Hospital clinics, nor bodies furnished it for dissection. Dr. Parsons was reinstated as Lecturer in the City Hospital.

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ANÆSTHETICS AND THEIR RELATIVE SAFETY.

BY H. W. WESTOVER, M. D., ST. JOSEPH, MO.

Prepared for the Missouri Institute of Homœopathy, June 5, 1881.

Anæsthesia is one of the greatest boons vouchsafed to suffering humanity; still, like all things enjoyed on this earth, it is not unmingled with peril and danger.

It is not the province of this paper to consider the methods of administering these lethal drugs, but to try to arrive at some conclusions in reference to their relative safety, for we all know that anæsthesia trenches on the border land of death, and we cannot fail to be solicitous for the safety of those who intrust their lives to our keeping, knowing that we will take them to death's door, and that an error on our part may send them to try the dread issues of eternity.

The leading anæsthetic agents are: *nitrous oxide gas*, *chloroform*, *sulphuric ether*, *bromide of ether*, *bichloride of methylene*, *dichloride of ethylene*. Unquestionably, the *nitrous oxide gas* is the safest anæsthetic we possess; but its action is so evanescent that it is ill suited to surgical operations, unless of a trivial nature which can be performed in a moment or two, it being almost impossible to maintain its

effects for a lengthened time, and the asphyxia it produces is so great that surgeons hesitate to use it save for these quickly performed operations. In dental practice, it is the anæsthetic par excellence. At the Colton Dental Association, it was administered in 7,500 consecutive cases without a death.

It is used daily all over the enlightened world, and but three deaths, so far as I can learn, have ever been reported in all lands. Although there are so many known anæsthetics, the great leading rivals for surgical purposes are *chloroform* and *sulphuric ether*; the one of English, and the other of American origin. *Chloroform* acts more quickly, and with less preliminary excitement, and it is less liable to produce nausea and vomiting.

It is generally admitted that *chloroform* is more dangerous than *ether*, the *chloroform* arresting the heart's action, for which there is little or no relief.

The accidents, as a rule, are more sudden from *chloroform* and less amenable to relief than the ill effect of *ether*; although generally causing heart-failure, there are no uniform warnings of danger, and no constant post mortem appearances save the dark fluid blood. *Chloroform* depresses the heart, and lessens the blood-pressure, as we learn from sphygmographic tracings and experiments on animals. On the other hand, as a rule, the dangers from *ether* are progressive, attacking the respiration, and the cyanotic hue of the patient warning the administrator, while the heart's action remains strong and the blood-pressure is not lowered. At times, however, death comes swift and unexpected.

The chief objections to *ether* are its liability to produce emesis, the time required to produce insensibility, the uncertainty of its anæsthetic power, and its great inflammability. When properly administered, these objections mostly fail, and even if they did not, they are unjustifiable, for safety to the patient is of far greater importance than the few minutes of time lost to the operator.

The danger from *chloroform* is not always past upon its withdrawal, for alarming and even fatal accidents have been developed after complete cessation of its inhalation.

When a patient is partially under the influence of this drug, the time of greatest danger seems to be at the time of addition of more *chloroform*; therefore, extreme care and watchfulness should be used when replenishing the napkin or inhaler. As regards the frequency of dangerous symptoms, I have no data, except that they occurred to Anstie once in 145 administrations.

As regards the frequency of fatal accidents, Dr. E. Andrews computes one death to 2,723 cases; Dr. Coles 1 to 2,873, and Dr. Richardson 1 to 2,500.

Figures compiled from the records of English Hospitals show one death to 3,196 administrations. Many contend death results from an overdose, but nearly 50 per cent. of the deaths occur before anæsthesia is attained.

The nausea of *ether* is urged against it; but if the patient has fasted for four or five hours it is not liable to occur, and the administration of *brandy* prior to etherization is often an efficient prophylactic.

We also find severe nausea often follows the inhalation of *chloroform*.

If *ether* is given freely, and but little air admitted after the first few inhalations, it is certain and very nearly as speedy as *chloroform*. Never but once in an extended experience with *ether* did I fail to produce anæsthesia; and in that case the patient only succumbed with great difficulty to *chloroform* after having been strongly dosed with *brandy*.

A drink of *brandy* a few minutes prior to giving an anæsthetic makes its action more certain, and tends to diminish the liability to shock.

English surgeons still remain the champions of *chloroform*, and about twelve deaths are reported among them every year, and they come largely from the hospitals where it is given under the supervision of the most eminent talent of the day,

with every means of restoration at hand. How many barely escape death we cannot know.

Some surgeons prefer what is called *mixed narcosis*—produced by *morphia* followed by the anæsthetic—producing anæsthesia without always producing total unconsciousness.

This may be accomplished by the hypodermic administration of one-fourth of a grain of *sulphate of morphia* about fifteen or twenty minutes before giving the *chloroform*.

Morphia lessens the bronchial irritation induced by the vapor, diminishes the tendency to vomit, and the danger from shock. It seems to have a beneficial effect when *chloroform* is used; but if the anæsthetic be *ether*, it is better not to use the *morphia*, as the results are not as favorable as when it is omitted.

As regards the relative safety of *chloroform* and *ether*, we learn from Dr. Edmund Andrews, who made extended researches, that *ether* is about eight times safer than *chloroform*. According to Dr. Newman's report, while *chloroform* stops the pulmonary circulation in 75 seconds, and requires 600 cubic centimeters of air and 720 seconds to restore it, it requires *ten times* as much *ether* and 270 seconds to produce the same effect, which is removed by 200 cubic centimeters of air in 180 seconds.

According to the *British Medical Journal*, "The number of deaths from the use of anæsthetics in Great Britain for the decade ending 1880 was as follows : *Chloroform*, 101 ; *ether*, 11 ; *chloroform* and *ether*, 7 ; *methylene*, 10. This is certainly a startling mortality."

In this connection, certain investigations recently made by Prof. Paul Bert are interesting and instructive:

He made a great number of experiments on dogs, mice, and sparrows, with the following anæsthetics : *ether*, *chloroform*, *amylene*, *bromide of ethel*, and *bichloride of methylene*. His principal object was to determine the differences which separate anæsthetic doses from fatal doses ; that is, the proportions in which the anæsthetic agent becomes mingled with the

blood in order that it may induce anæsthesia only, or cause the death of the animal. The number of grammes of the anæsthetic to 100 liters of air necessary to produce these effects is as follows :

	DOG.		MOUSE.		SPARROW.	
	Anæsthesia.	Death.	Anæsthesia.	Death.	Anæsthesia.	Death.
Ether,	37	74	12	25	18	40
Chloroform,	15	30	6	12	9	18
Amylene,	30	55	15	30	30	60
Bromide of ethel,	22	45	75	15	15	30
Bic'de of methylene,	21	42	12	20	12	24

It is seen from these figures that the quantities which cause death are exactly double those that are necessary for the production of anæsthesia.

Now, in practice, when *chloroform* is, for instance, poured upon a napkin, it constantly happens that a patient is made to inhale more of the agent than is necessary to produce anæsthesia ; in other words, the risk is run of getting what might prove a fatal dose. All who have occasion to administer these valuable but dangerous agents should bear this fact constantly in mind.

From the foregoing observation we learn that the risk from *chloroform* is too great to admit its being considered a rival of *sulphuric ether*. In attempting to secure the safety of *ether* with the advantages of *chloroform*, many are in the habit of mixing the two.

The anæsthetic mixture used in the Vienna General Hospital have a good record, and is composed of—*alcohol*, 90 parts; *ether*, 90 parts, and *chloroform*, 300 parts. It, however, is not perfectly safe; and I here insert an account of a death from its use to illustrate the manner of death and post mortem appearances:

“The patient, a weakly boy of fifteen years, was suffering from dislocation of the hip-joint. The anæsthetic was administered in the usual way. After a few minutes of unsuccessful effort at reducing the dislocation, attention was called to the condition of the patient.

"There was great pallor of the face and lips, the pulse was very small, and respiration had ceased; the head of the patient was lowered, and Marshall Hall's method of respiration was practiced for ten minutes without success; tracheotomy was next performed, and one assistant blew air through the tube into the lungs, while another compressed the patient's chest to drive it out. This was practiced for some time without success, as the patient continued pale and pulseless."

At the autopsy, twenty-four hours later, the following condition was found:

Body pale; pupils dilated; dura mater pale; vessels empty; vessels of inner meninges moderately full; brain substance pale and œdematous; lungs healthy, and vessels containing a moderate amount of blood; parenchyma somewhat œdematous, but everywhere containing air; pericardium contained five grammes of clear serum; heart of normal size, and somewhat contracted; contained a small quantity of fluid blood. No odor of the anæsthetic was anywhere noticed. "Thus the autopsy eliminated any possible morbid condition as the cause of sudden death. At the same time, the condition of the pupil's heart and lungs point to a quick, coming paralysis of the different branches of the sympathetic nerve. This is probably what takes place in anæsthetic poisoning.

In justice to the above anæsthetic mixture, it should be stated that this is the first death that has occurred from its use for nine years in Prof. Billroth's clinic.

Previous to that, two deaths occurred in quick succession from the use of pure *chloroform*.

A comparatively new, and for a time a very promising claimant for professional favor, is *bromide of ethel* or *hydrobromide ether*.

It was first prominently introduced to professional use by Dr. Turnbull, of Philadelphia. At one time, it seemed about to advance to the front rank as an anæsthetic, but so much conflicting testimony has been educed that surgeons are loth to try it extensively. It produces its effect rapidly, and seems

to be recovered from with facility, but a number of deaths are already reported. The friends of the drug charge this to the use of an impure article, which seems difficult to procure. Some claim that it deteriorates with age, or exposure to light; but Dr. Levis, the great champion of *ethel*, claims the opposite. From what I can learn of it, it is not apt to cause vomiting unless given in large quantities to extreme muscular relaxation. When given to simple anæsthesia, it is not apt to cause emesis. Anæsthesia is secured before muscular relaxation is effected.

When vomiting occurs, it is apt to be persistent, the nausea lasting for hours; however, we find all sorts of reports *pro* and *con*.

Drs. Turnbull and Levis, of Philadelphia, speak in high terms of its use, claiming the best of results in a large number of cases. Dr. Levis reports having used it in over two hundred cases with only the most gratifying results; and his experience is corroborated by different surgeons of Philadelphia, who have used it in several hundred cases, and speak highly of it. The pulse increased in force and volume, respiration not much over the normal, pupils at times slightly dilated, free action of the skin, and vomiting rare.

Many men, in different parts of the country, have been induced to experiment with it; and from them come a great number of diverse reports, but the preponderance of testimony does not seem favorable to this agent: they report alarming symptoms and some deaths, the patients become cyanosed, apparently asphyxiated, pupils widely dilated, pulse undulating and bad, and during the operation blood very dark, as from asphyxia.

From notes of fifteen cases, by Dr. Gowers, the following effects are announced:

“Moderate acceleration of pulse and respiration; slight excitement or talking; seldom any struggling; flushing of face; dilation sometimes preceded by contraction of pupils; profuse diaphoresis; complete anæsthesia in two or three minutes;

recovery of consciousness in one or two minutes after withdrawing the anæsthetic ; no vomiting."

The quantity used in these fifteen cases varied from two to eleven drachms. In the latter cases, an amputation of the thigh lasted forty minutes. The advantages claimed are :

- 1st. Safety as far as any anæsthetic is safe.
- 2d. Promptness of action.
- 3d. Smallness of quantity required, two drachms being sufficient to produce anæsthesia in two or three minutes.
- 4th. Slightness of action on circulation and respiration.
- 5th. Rapidity with which consciousness returns.
- 6th. Absence of depression or tendency to emesis after its use.
- 7th. Agreeableness of odor.
- 8th. Non-inflammability.

A French writer gives the following as the result of his use of *bromide of ethel*, which I have abridged from his report:

He pours five to six grammes of the liquid upon a large compress which he spreads over the face of his patient. There is no irritation of the throat, or respiratory troubles; anæsthesia is complete at the end of a minute; muscular relaxation follows in from two to four minutes.

The period of excitement appears to be wanting; instead of the clonic convulsions of *chloroform*, there is a form of tetanic rigor. The face, neck, and upper part of the body are violently congested and covered with a more or less profuse sweat. The pulse is accelerated in proportion to the amount of the anæsthetic used; respiration regular; no alterations in pupils. When anæsthesia is continued, the sweating and congestion of face continue, but not to an alarming degree. The respiration, which was easy and calm, becomes stertorous in consequence of the quantity of mucous which accumulates in the pharynx and impedes respiration. This provokes movements of regurgitation, which should not be confounded with efforts at vomiting; nor should the frequent clearing out of the back part of the throat with a sponge be neglected. During

this second stage, the agent should be administered at short intervals, and not continuously. As soon as administration is suspended, recovery is very rapid, and without the least stupefaction, forty or fifty seconds often sufficing. Vomitings are occasionally observed. Sometimes they continue four or five hours. Vomiting never occurs if we maintain simple anæsthesia without muscular relaxation.

He believes the *ethel* superior to *chloroform*; the mucous secretions are profuse, but the accidents are progressive, and we need not fear the sudden and alarming accidents of *chloroform*.

However, the experiments of other writers contradict the above in many points.

Dr. Wilkinson arrived at the following conclusions:

1st. Dangerous symptoms may manifest themselves at any time during the inhalation of *bromide of ethel*.

2d. Cardiac debility, and alarming cerebral anæmia can follow its use.

3d. Unless it is "crowded," a state of semi-anæsthesia must be expected.

4th. If it is crowded, like all anæsthetics, dangerous symptoms may instantly appear.

Therefore, for the present, we cannot arrive at any very positive conclusions in reference to this drug, but can only use it with solicitude while closely watching its action.

A committee of the British Medical Association, in seeking for a better and safer anæsthetic than any in use, has brought to light two other substances, which have given very satisfactory results—namely, the *chloride of isobutyl* and the *dichloride of ethidene*, each of which produces anæsthesia as quickly as *chloroform*, and appears to lack its baneful influence on the heart.

The *ethidene* seems to be the most promising. It has been tried quite extensively in England; and Mr. Clover has reported a series of nearly 1,900 cases.

In the experiments by this committee, the hearts of dogs were exposed so that their action could be distinctly observed.

In experimenting with *ethidene*, when the anæsthesia was pushed so as to intentionally paralyze the lungs, artificial respiration being maintained, no action of the anæsthetic could be observed on the heart; when *chloroform* was substituted for *ethidene*, the right side of the heart began to distend, get dark, and its action rapidly failed.

They administered *ethidene* to patients with the most satisfactory results.

1st. The respiration was not disturbed, although the anæsthesia was complete.

2d. The pulse diminished in frequency and increased in amplitude. When anæsthesia is complete, the pulse is regular, full and compressible.

3d. No paleness of the face, no blueness of the lips.

From their published tables, we learn that the action of the new anæsthetic is a little more rapid than *chloroform*; the average time required to produce insensibility of *chloroform* being 5.4 minutes, and by the *ethidene* 4.3 minutes.

From the report of this committee, we learn that *chloroform* not only has a depressing influence upon the heart, but occasionally acts directly upon the respiration, and that sudden failures of the heart may occur after withdrawing the *chloroform*. On the other hand, *ether* has no depressing action upon the heart.

They arrived at the following conclusions:

1st. It is not only necessary to watch the effect of the anæsthetic upon the pulse, but it is also requisite to have regard to the respiration. We must not only take into account the danger of sudden stoppage of respiration, but must also remember that in the event of abnormal increase of respiratory movements, it may become essential, for the safety of the patient, to temporarily discontinue the administration.

2d. Owing to the tendency of *chloroform* and *ethidene*—particularly *chloroform*—to reduce the blood-pressure suddenly, not only during the administration of these agents, but also after they had been stopped for some little time, it is

necessary for the person who has charge of the administration of the drug to be on the look-out for symptoms of this occurrence, both during the time the agent is being given, and for some time after the patient has recovered from its more evident effects.

3d. As regards comparative danger, the three anæsthetics may be arranged in the following order : *Chloroform*, *ethidene*, *ether* ; and the ease with which the vital functions can be restored may be conversely stated, thus : the circulation is more easily re-established when its cessation is due to *ether* than *ethidene*, and when the result of *ethidene* than when *chloroform* has been used. The advantages which *chloroform* possesses over *ether*, in being more agreeable to the patient, and more rapid in its action, in the complete insensibility produced by it, and the absence of excitement, are more than counterbalanced by its dangers.

4th. The dangers are: (a) a sudden stoppage of the heart; (b) reduction of blood-pressure; (c) alteration of the pulse respiration ratio, and (d) sudden cessation of respiration.

The danger from *ether* approaches from the pulmonary rather than from the cardiac side, so that by establishing artificial respiration we have a means of warding off death.

Its disadvantages are, to a great extent, obviated by *ethidene*, whilst the dangers of *chloroform* are reduced to a minimum.

To the unwary, it might appear from the foregoing extract *ethidene* was as potent as *chloroform* and as safe as *ether*; but in reality *ethidene* has the same depressing action on the heart as *chloroform*, but in a less degree, and certainly cannot rival the safety of *ether*. To quote Mr. Clover, who has a greater experience with *ethidene* than any other man: "It must never be forgotten that *ethidene* cannot be used with the same freedom as *ether*."

The only anæsthetic of any prominence remaining for us to consider is the *bichloride of methylene*, but it can scarcely be said to be in the field as a candidate for surgical favor. It

is not kept upon the market, and there is but little experience recorded of its use.

It is the anæsthetic used by the celebrated ovariologist, Spencer Wells, and has been used by him in about 400 major operations, 280 of them being ovariectomies. These are too few cases for us to arrive at any reliable conclusions in reference to it, and so many accidents have been reported by other operators that it seems to be more dangerous than *chloroform*.

In conclusion, I would say that from all that I can learn on this subject, and after a somewhat extended experience with *chloroform* and *ether*, it seems to me a well-established fact that *sulphuric ether* is the safest anæsthetic we possess that is suited to surgical practice.

While the search for a better anæsthetic is commendable, and indeed the duty of the profession, we will probably never find one that is pleasant and absolutely safe; and without doubt all anæsthetics of the *chlorine* and *bromine* series will ever combine strong elements of danger from the inherent deadly properties of these elements.

IRITIS.

By P. Nelson, M. D., Minneapolis, Minn.

Prepared for the Western Academy of Homœopathy, 1880.

First, let us examine some anatomical points in health so that we can more fully understand the various diseased conditions the Iris is subject to. The Iris is a membraneous curtain, or diaphragm, suspended in the anterior chamber or aqueous humor, with an opening centrally, *i. e.*, the pupil a little towards the nasal side. The Iris divides the anterior chamber into two apartments. The posterior space when viewed vertically is in a triangular shape, and runs around the globe in a circle. The Iris in its natural state, when

it is contracted, rests upon the anterior surface of the crystalline lens. The Iris bulges forward, which gives to the anterior portion a convex surface. When the Iris is dilated, it floats in the fluid of the anterior chamber. The body, or middle layer of the Iris is of a beautiful, loose, wavy, striated, cellular tissue, the fibres of which run partly in a radiating and partly in a circular direction, and receives in its meshes the blood-vessels. The stroma stands in direct relation to the choroid coat and the ciliary muscle, and receives in its meshes a number of fusiform or stellate cells. This layer is the principal layer or the body of the Iris. It is highly vascular; the blood-vessels pass through the central meshes in pairs, and form numerous anastomosing branches. These blood-vessels have a special course when the Iris is dilated, but have a radiating course when it is contracted. They anastomose and unite with each other, and also give out a number of branches at right angles, and again anastomosing with each other form a superficial vascular circle. The arteries of the Iris are received from the two long posterior, and some branches from the anterior ciliary, arteries. The veins lie posterior to the arteries, but have a parallel course. They mostly pass into and unite with the veins of the ciliary processes, which are a continuation of the venæ vorticosæ of the choroid. Some branches unite with the anterior ciliary veins. The anterior layer of the Iris is made up of a thin layer of irregular, small, granular cells, which pass over the *ligamentum pectinatum* and blends with the *epithelium* of the posterior layer of the cornea, or the membrane of Descemet. The ciliary ligament, situated at the periphery of the Iris, is denser, and its fiber more compact than the stroma of the Iris, and extends from the attachment of the sclerotic and choroid coats. Its fibers are white, and some of the fibers pass nearly to the center of the Iris, and are lost in the stroma of the Iris, and form the anterior boundary layer. The peripheral fibers branch out in the shape of a fan, bend forward, and have their attachments to the cornea. The cells of the posterior,

or pigmentary layer, are filled with pigment of black, yellow or brown color. This pigment exists also between the layers, and in the meshes, in a loose state. In some it is wanting, or nearly so, as in Albinos. This layer is continuous with the pigment layer of the choroid coat of the eye.

Around the pupil posterior to the middle layer, imbedded between the membrane, are small muscular fibers, which form a circle around the pupil, and compose the sphincter of the Iris. Their width are one-thirtieth of an inch, and are involuntary. The dilator, or radiator, muscle of the Iris extends in a radiating manner from the pupillary margin to the peripheral border of the Iris. They ramify and unite in an acute angle, and pass into and unite with fibers of the sphincter pupillary. The muscular layer, as it is a separate layer, is situated between the posterior or pigmentary layer and the anterior middle layer of the Iris. When the radiating fibers contract they dilate the Iris or enlarge the pupil. The nerves of the Iris are received from the (5), or trifacial (3), or ocular motor, and the sympathetic.

Inflammation of the Iris is of a frequent occurrence; but when we remember the close relation it stands to the ciliary body, choroid and the cornea, we can understand why the Iris is so frequently affected; for any disease of the eye may affect serious inflammation of the Iris, not only irritation and inflammatory condition of the cornea, but also the same condition of the deeper tissue will create hyperæmia and congestion of the Iris. One of frequent occurrence is exposure to cold wind, and also local application of nitrate of silver and sulphate of copper heroically used. Straining the eye at fine work will also produce Iritis. The first point in treating Iritis is to remove the exciting cause. If a foreign body is imbedded in the conjunctiva or cornea, it should be removed. If, from excessive study or straining the eye at fine objects, the patient should be forbidden to use the eyes to read or to work on fine objects, and if possible to be placed at perfect rest. Light and wholesome diet should be taken. The Iris

should be kept dilated by atropia, so that it can be at perfect rest, and also to dilate sufficiently to draw it from the lens, so it will not unite with the capsule of the lens, and form complications and set up inflammation of the lens. Diseases of the Iris, like other diseases of the body, are either acute or chronic. It would take up too much time to describe all diseases of the Iris, and their treatment, so I have taken up acute Iritis. The disease will generally cause an indistinct vision for which the patient will seek relief. The pupil will become sluggish from the inflammatory product; the stroma of the Iris become swollen. Diagnosis is generally easy except when there is only an hyperæmic condition. Examining for Iritis both eyes should be observed and tested separately, to see if there is any variation in color or movability of the Iris under stimulation to light. In Iritis, the observer will notice a bright rose-colored ring around the cornea, caused by a sub-conjunctival vascularity. This rose-colored ring is composed of small arterial twigs, and lay parallel with each other around the cornea. The conjunctiva may become ecchymosed, the lid become swollen, the Iris become discolored, and a neoplastic formation will take place, which will glue the Iris to the capsule of the lens, which will give the pupil an irregular appearance. In many cases, it may be overlooked, and can only be detected by oblique illumination, or dilating the pupil by atropia, when small strings or points of attachment can be seen binding the Iris to the lens.

Pains vary in Iritis; in some cases, very little or no pain. There may be only an uneasiness, or itching; in others, some ciliary neuralgia, and sharp, darting pains in or about the eye. Iritis may occur at all ages of life, from childhood to old age. But persons from twenty to fifty are more liable, or more frequently affected. Iritis may become complicated, as by spreading to the ciliary body, in which case it is called Iridocyclitis, and to the choroid coat or cornea. The reverse is often the case. The Iritis becomes involved from disease of other parts. Iritis is favorable to treatment. A great many

cases will get well. I will give only a few hints for remedies. Local application, *arnica* and *calendula*, if from injury, such as operation for artificial pupil or cataract. In one case I gave *rhux-tox*, locally and internally, with success, after performing an operation for artificial pupil. Where Iritis becomes quite prominent, *rhux-tox* is also serviceable, especially where there has been exposure to damp and cold wind, and where the patient is of a rheumatic tendency. *Spigelia*, in cases where there are sharp, neuralgic pains radiating from the eye, also darting through the eyeball, and worse by moving the eye. *Mercurius* is one of the remedies most used in Iritis, especially in syphilitic inflammation, where there is a constitutional taint. I have had good results in few cases of inflammation of the Iris from *cle. matis*. For further treatment, I will refer to Allen & Norton "On the Eye," Angel "On the Eye," "Hering's Condensed Materia Medica and the Guiding Symptoms under Eye Symptoms," and various other Homœopathic works, and Prof. Vilas Cards "On the Eye."

LACERATION OF THE CERVIX.

By Wm. Collisson, M. D., St. Louis.

Prepared for Missouri Institute of Homœopathy, Oct. 5th, 1881.

I desire, in the two following cases, to show where it is possible, and where not, to cure these cases without operative interference. The first case is that of a woman, aged twenty-two years, mother of two children—the last six weeks old.

About two weeks after confinement, she took a severe cold, resulting in suppression of the lochial discharge. In a few days, the flow came on again with great pain, and was very profuse.

The pain was especially severe in the lower hypogastric region, going through to the back, with burning and stinging like needles inside the uterus.

She now complains of burning and scalding during micturition. The urine contains a dark, bloody sediment.

Bowels constipated ; there is no appetite; the tongue coated white, with a sticky, slimy taste in the mouth.

Patient looks pale, and is weak and trembling.

Examination per vaginam reveals a very high state of inflammation, the parts having almost an erysipelatous redness, especially the os uteri. There was a bilateral laceration, and, in addition, a deep tear in the anterior lip, the whole being covered with an offensive, bloody mucous.

The parts were carefully cleaned with a weak solution of *sulphate of zinc*, 5 grains to a pint of water. A tampon, thoroughly saturated with *glycerine* (1 ounce), and *hydrastis* (1 drachm), was then applied around the os uteri, and patient instructed to remove it in twenty-four hours, and then to use an injection of two or three quarts of hot water. Internally, *arsen alb.* 3 *trit.*—3 *hours*. Patient ordered to report in three days.

On April 2d, patient presented herself, showing marked improvement. Treatment and medicine were continued.

April 9th—Reported still improving, and examination showed that the lacerations were healing very nicely.

13th—Patient reported herself menstruating ; so the local application was suspended. *R. ipecac* 30^x.

April 16th—She is still menstruating ; casting off dark, offensive clots ; complains of pains in the right side, especially in the hepatic region ; tongue coated dark brown, and breath offensive ; has violent pressure in lower bowels and rectum ; numbness of the legs when sitting. *R. puls.* 3^x.

On April 20th, reported menses stopped, and she was feeling better. The pressure in the small of the back remains, and she complains of being very weak. The examination shows the parts to be still very much inflamed. *Bell.* 3^x.

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April 23d—She still complains of weak back, but looks much better. Former local treatment continued, and *Bell.* 3rd, every three hours.

7th—Has a great deal more pain, though the inflammatory condition is much better, and the lacerations are healing up. Local treatment continued, and *Bell.* 2nd given.

April 30—Is much better.

May 4th—Says she feels well; os uteri is healing nicely, still looks red; says she is going to work on sewing-machine soon.

After several weeks, she reported that she had menstruated with very little pain, although she had been running the sewing-machine steadily and nursing baby.

Examination showed that the lacerations were entirely healed.

CASE No. 2, is that of a married woman, age 40, mother of five children. It is one year and seven months since her last confinement. She says she was treated for "womb disease" previous to her marriage, and that she has worn a pessary for many years. Menstruation is generally regular; but she has a great deal of pain before; at present, complains of pains through back and abdomen, constant nausea, with variable anorexia, burning in the stomach, and bruised, aching feeling over.

On examination, we found very extensive uni-lateral laceration of the cervix, extending back to the vaginal junction, accompanied with a great deal of inflammation.

This patient was placed under similar remedies to the first case; was treated carefully with local applications of *glycerine* and *hydrastis*, or *belladonna*, from the beginning of July to the middle of September. There was a marked improvement in her general condition, but no great change in the extent of the laceration. This I can only attribute to the time that had elapsed, since her confinement, before she applied for treatment. It is, then, a case for operative procedure, and she hopes soon to be ready for us to remedy her troubles in this way.

In recent cases of laceration, I feel convinced, from my experience in these and other cases, that they can be cured by proper and careful local applications; but when months or years have elapsed since the time of rupture, and the time when treatment is applied, then I believe nothing but an operation will make a speedy and permanent cure.

Surgical Department.

THE CASE OF PRESIDENT GARFIELD.

Relative Positions of the President and the Assassin—Point of Entrance of Ball—Course of the Ball—Location of the Ball—Symptoms immediately following the Shooting—Supposed Course of the Ball—Symptoms Pointing to Right Iliac Fossa as the Location of the Ball—Formation of Pouch of Pus in, and Obstruction of Main Channel—Incision below Twelfth Rib—Irritability of Stomach—Parotitis—Bronchitis and Broncho-Pneumonia—Atmospheric Influences—Removal to Long Branch—Death—Official Report of Autopsy—Additional Facts in Relation to Autopsy—The impracticability of determining the Course of and Extracting the Ball—General Principles established in Gun-shot Wounds of Belly—Application of Lister's Dressings to the President's Wounds—The Impropriety of Making a Counter-Opening in the Long Sinus.

BY FRANK H. HAMILTON, A. M., M. D., LL.D.

In answer to our inquiries, Dr. Hamilton dictated as follows:

So far as I am informed, the testimony is conflicting as to the relative positions of the President and the assassin when the pistol was fired. It is now rendered probable that the assassin stood well to the right and slightly in the rear of the President. The ball entered about four inches to the right of the spine, penetrating and comminuting the eleventh rib, entering the intervertebral substance between the last dorsal and first lumbar vertebræ, and passing obliquely forwards, emerged at a point near the center of the first lumbar vertebra in front; and was found some distance to the left of the vertebra at the lower margin of the pancreas—being situated nearer its posterior than its anterior surface—wholly without the peritoneal cavity. It is unnecessary to say that the course of the ball, after penetrating the rib, was not determined until after death. I saw the patient on the morning of July 4th, in consultation. We were then informed of the manner of

the accident, and that on the receipt of the injury the President had fallen to the floor, sinking down to the right side; that, being interrogated, he complained of pain in his right ankle, and subsequently, in the course of the day, of a similar pain in his left ankle; which pains had been promptly relieved by the hypodermic injection of *morphine*. He vomited immediately after the receipt of the injury, and in the course of the day his urine had to be drawn once by the catheter. There was not when first seen by myself, nor has there been at any time subsequently, any apparent loss of power in his lower extremities, or diminution of the natural sensibility at any point. The pains in his ankles, however, were accompanied with hyperæsthesia of the integument; and a few days later, it was observed that there was hyperæsthesia of the integument of the right side of the scrotum. All of these symptoms—the pain and the hyperæsthesia—disappeared wholly in the course of the first week or two, and never returned. On the morning of the fourth of July, the patient being partially under the influence of the *morphine*, was not suffering pain, the bowels were tympanitic, and the pulse was feeble. At the first consultation, the question having arisen as to the probable course of the ball, it was stated that Surgeon-General Wales, of the Navy, had on the day of the receipt of the injury introduced his finger to its full extent, and that he had declared that it penetrated the substance of the liver, the structure of which he recognized by its granular feel; and Dr. Bliss stated that he had introduced a probe about three inches, which seemed to have passed in the same direction. This testimony was regarded sufficient to determine that the ball was at least beyond our reach, and beyond the reach of safe exploration. Dr. Woodward had introduced his finger sufficiently deep into the wound to determine that the rib was broken. Finding upon personal examination and inspection that the track of the wound was completely closed by a firm clot, I refused to make any further exploration. From this time forward great uncertainty existed in the minds of the medical attendants, as

to the actual course and present situation of the ball. On the 24th of July, and after the complete subsidence of the tympanites, a circumscribed point of induration was discovered in the right iliac fossa, which at once led to a suspicion that the ball had been deflected, coursing along the anterior surface of the lumbar muscles, and that this induration indicated its present seat. This suspicion was sustained by the hyperæsthesia of the right side of the scrotum, which, as Prof. Weisse had already shown in his anatomical observations, would be the natural result of an injury of the ileo-inguinal or ileo-hypogastric nerves, which lie in the course of the then supposed track of the ball. Still further confirmation was added when, on the 27th of July, we found that a flexible catheter could be carried downwards in the direction of the supposed situation of the ball to a distance of 7 inches. The point of induration in the right iliac fossa gradually moved downwards and became more hard and defined, conveying the impression that it was the ball, and that it was encysted. At the autopsy, it having been determined that this was not the ball, further examination of the channel in this direction was not prosecuted. Indeed, this induration had entirely disappeared after death; and it is now presumed that it only indicated the lower end of the long sinus already described.

About this period, a small pouch of pus was formed in connection with the main channel, extending underneath the integuments of the back, causing rigors which were at once relieved by a free incision; and a little later rigors followed in consequence of the temporary obstruction of the channel caused by the floating of a small fragment of the rib into the orifice, which were relieved on the removal of the fragment.

On the 8th of August, great difficulty having been experienced in the introduction of the drainage-tube into this long suppurating canal, an incision was made below the twelfth rib, the patient being under the influence of *ether*. About a week later, the stomach of the President became exceedingly irritable, and it was found necessary to suspend alimentation

the mouth; and for three or four days, he was nourished by enemata. On the fourth day after the suspension of alimentation by the mouth, the right parotid gland began to enlarge (August 17th), and on August 24th suppurated, and was incised, the first incision giving exit only to a few drops of pus. Subsequently, it opened into the mouth, and meatus auditorius externus; and three or four incisions were made at different points on the surface for the exit of matter. At the time of death, the suppuration and swelling of the parotid gland had almost entirely disappeared.

Following the parotitis, there was a gradual development of bronchitis in the right lung; and, finally, a broncho-pneumonia of the lower portion of the right lung, indicated by well-defined dullness and a total absence of the respiratory murmur in that region. From this time until the period of his removal from Washington, there are no events of striking interest worthy of being related in this brief summary, except the alarming weakness and great somnolency of the patient, which occurred on the 24th, 25th, and 26th of August, and which led to an apprehension that a fatal issue was at hand. The patient was evidently suffering from atmospheric influences, the heat being intense and oppressive, and most of the time the air being motionless, so that a leaf could not be seen stir upon the trees surrounding the White House. There was no evidence, however, at any time, that the patient suffered from malaria having its source in the house-drainage or the marshes in the vicinity, and which latter, at a later time of the season, had always been regarded as pestiferous. His removal to Long Branch occurred on the 6th of September, and was effected without injury or discomfort to the patient, with only a slight amount of fatigue, manifested after his arrival, and from which on the following morning he had completely recovered. There was no day while he lay in the cottage at Long Branch that he did not express himself as eased, and even delighted, with the change; nor was he ever oppressed by the heat, although one of the days, the first after

his arrival, was the hottest day of the season. At two o'clock in the afternoon of this day, when the heat was greatest, in reply to my inquiry, he said he experienced no discomfort. From this time until the period of his death, which was sudden and unexpected, although in no sense unanticipated, there is no incident worthy of special note—except that there was a gradual change in the last two or three days for the worse. The manner of his death, and the result of the subsequent autopsy, are sufficiently explained in the official bulletin.

[We here insert the official bulletin.—ED.]

“A post mortem examination of the body of President Garfield was made, eighteen hours after death, in the presence, and with the assistance, of Drs. Hamilton, Agnew, Bliss, Barnes, Woodward, Reyburn, Andrew H. Smith, of Elberon, and Acting Assistant-Surgeon D. S. Lamb, of the Army Medical Museum, Washington. The operation was performed by Dr. Lamb. It was found that the ball, after fracturing the right eleventh rib, had passed through the spinal column in front of the spinal canal, fracturing the body of the first lumbar vertebra, driving a number of small fragments of bone into the adjacent soft parts, and lodging below the pancreas, about two inches and-a-half to the left of the spine, and behind the peritoneum, where it had become completely encysted. The immediate cause of death was secondary hemorrhage, from one of the mesenteric arteries adjoining the track of the ball, the blood rupturing the peritoneum, and nearly a pint escaping into the abdominal cavity. This hemorrhage is believed to have been the cause of the severe pain in the lower part of the chest complained of just before death. An abscess cavity, six inches by four in dimension, was found in the vicinity of the gall bladder, between the liver and the transverse colon, which were strongly adherent. It did not involve the substance of the liver, and no communication was found between it and the wound. A long suppurating channel extended from the external wound, between the loin muscles and the right kidney, almost to the right groin. This channel, now

known to be due to the burrowing of pus from the wound, was supposed during life to have been the track of the ball. On an examination of the organs of the chest, evidences of severe bronchitis were found on both sides, with bronchopneumonia of the lower portions of the right lung, and, though to a much less extent, of the left. The lungs contained no abscesses, and the heart no clots. The liver was enlarged and fatty, but free from abscesses. Nor were any found in any other organ except the left kidney, which contained, near its surface, a small abscess, about one-third of an inch in diameter. In reviewing the history of the case in connection with the autopsy, it is quite evident that the different suppurating surfaces, and especially the fractured, spongy tissues of the vertebra, furnish a sufficient explanation of the septic condition which existed.

"D. W. BLISS,

"J. K. BARNES,

"J. J. WOODWARD,

"ROBERT REYBURN,

"FRANK H. HAMILTON,

"D. HAYES AGNEW,

"ANDREW H. SMITH,

"D. B. LAMB."

It may be necessary, however, to repeat, inasmuch as contrary statements have been made, that the lungs contained not even the most minute abscess, and that there was no metastatic abscess found in any of the structures examined, except one less than a half-inch in diameter, near the surface of the left kidney. There were three small serous cysts under the peritoneal covering, on the convex edge of the right kidney, each about the size of a vertical section of a large pea. The abscess found between the transverse colon and the liver was evidently not metastatic, but probably was caused by the original injury. There was no cicatrix or wound of the liver, nor anything to indicate that it had suffered injury in the slightest degree.

Since it has been thought by some that it was the duty of the surgeons to have ascertained positively the course and

location of the ball, it is proper to consider whether either the one or the other were practicable.

As to determining the course of the ball by a probe, every anatomist will see that it was impossible, if he will consider the very tortuous course which the ball must have taken to reach its final destination; that it passed through the solid structure of the vertebra, and that no metallic instrument sufficiently firm to give indications of the course and direction which it took within the body could ever have reached the ball; nor would any surgeon of experience, familiar with gun-shot wounds of the belly, in the absence of any satisfactory or conclusive evidence as to what course the ball had taken, venture to introduce a probe into the abdominal cavity for the purpose of exploring the supposed tract; nor, indeed, if he had evidence as to the course and situation of the ball, could he have been justified in such an exploration. No point is better settled in surgery than that interference of this sort in gun-shot wounds of the belly, is meddlesome, useless, and dangerous; and had it been done, and a fatal peritonitis, in consequence, been set up, the surgeon doing it would have been justly held responsible for the fatal result.

As to the possibility of the extraction of the ball safely, it would have required a large tegumentary and muscular incision as a means of approach to the spinal column; the actual removal of the whole of the twelfth lumber vertebra in order to furnish a sufficient channel through which the bold surgeon should advance with his instrument for extraction; and, after emerging from the cavity thus made in the spinal column, he would have to penetrate or grope his way cautiously between the ganglionic system of nerves, and arteries, veins, lymphatics, including the thoracic duct, all of which are vital structures almost inextricably joined to each other on the front and sides of the spinal column, and the lesion of any one of which must have proved inevitably fatal.

Throughout the whole course of the treatment, contrary to what has been publicly said repeatedly, so far as it was possi-

ble to apply the system of antiseptic surgery advocated by Mr. Lister to a wound of this character, it was rigorously employed.

I am reminded now to say, in reply to some suggestions made from time to time, that we ought to have made a counter opening in the lower portion of the long sinus which terminated in the right iliac fossa; that there was no period of time during the progress of the case in which we felt absolutely certain that what we recognized in the fossa as a point of induration was the ball; nor were we entirely certain at any time where the lower end of the sinus was actually situated; nothing but a very flexible instrument could ever be introduced, and, inasmuch as when introduced, its presence in the track could not be recognized by the sense of touch, we were left without any means of determining, with a sufficient degree of accuracy to justify an operation, where the lower end of the channel was. Indeed, it is possible that the flexible catheter employed never reached the lower end of the channel, but doubled upon itself near the crest of the ileum. To have cut through, or between, the great mass of muscles in the lower portion of the lumbar region, for the purpose of making a counter incision into a small channel, the course of which we did not, and could not know, even approximately, would have been, under any circumstances, an unjustifiable procedure; and especially so in the case of the President, whose life depended upon life during all this long period seemed to depend upon a thread.—*Medical Gazette*, October 1.

THE AUTOPSY OF GARFIELD'S BODY.

At the late meeting of the Tri-State Medical Society, Dr. Geo. F. Center read the following paper on "The Autopsy of Garfield's Body :"

Possibly no surgical inquiry ever created so great a furore among the profession and the laity as did the gun-shot wound

of the late President Garfield. "The bulletins were purposely made false, because the President would have them read to him;" and probably Dr. Bliss wished to make a favorable impression upon the President and the people. With the above facts in regard to the bulletins, the autopsy and the current history, as portrayed by Dr. Bliss in the *Medical Record* of October 8, is the first true account which we have of the case. Dr. Bliss says, "When reaction had taken place, the President complained of a sense of weight and numbness, and subsequently of a tingling sensation and pain in the lower extremities." This fact stated, should have led to the afterwards patent facts, that both extremities could not have been equally affected had not the ball gone to some central part of the body, where alone like sensations could have been generated and transmitted. This should have caused an investigation of the central spinal nerves, or their contiguous parts, particularly when he complained of a sensation like as if his back was broken. Dr. Bliss says, "I introduced a Nelaton probe into the wound three and a half inches in a line four inches to the right of the umbilicus. I then passed my little finger, and after withdrawing my finger, I made an exploration with a long, flexible, silver probe, and passed it downward and forward, and downward and backwards, in several directions." This murderous probing was done on July the 2d, 1881. On July the 4th, when Drs. Agnew and Hamilton came, Dr. Bliss says, "I gave them a detailed account of the exploration, and they individually examined the wound, in different directions, with probes and flexible bougies." This unnecessary probing fully accounts for the formation of sinuses and pus-tracks reaching "near the anterior superior spinous process of the ilium." By the 19th of August, "the flexible catheter was readily passed downwards a distance of twelve inches."

The following quotation from the "autopsy" shows that the probes and catheters were forcibly introduced; the dire effect of which the "autopsy" sadly reveals: "A well-oiled,

flexible catheter, fourteen inches long, was then passed into this wound, as had been done to wash it out during life. More resistance was at first encountered than had usually been the case." The wound was "three and a half inches to the right of the vertebral spines." "The bullet fractured the right eleventh rib, going obliquely forward and to the left, passing through the body of the first lumbar vertebra and lodged in adipose tissue, about two and a half inches to the left of the spinal column, behind the peritoneum, where it was completely encysted." Had the President been left alone after Dr. Townsend had relieved him of shock, by giving brandy and ammonia, we think this wound would have healed kindly, and we think no surgeon would pronounce the above wound necessarily mortal.

Dr. George F. Shrady, one of the blissfully chosen white-washers, says, "It is well to consider at the start that the bullet, as such, had no immediate influence upon the progress of the case, and that the real causes of trouble were connected with the conditions of the track, viz.: the broken rib, the lesion of the spinal column and the existence of the aneurismal sac." We will let the autopsy say what is the effect of each of these.

First—The broken rib. Dr. Shrady says, "It was stated to me that the shattered eleventh rib had firmly united." Hence, the rib, unlike the one lost by Adam, produced no trouble.

Second—The lesion of the spinal column. "The spinal canal was not involved in the injury." The only injury was a ball passing through the upper part of the body of the first lumbar vertebra. This could not, from the known tendency to repair, and the history of the case given at the autopsy, produce a fatal result; besides, repair was going on, for the track through the vertebra was less than when the ball passed through, and the track beyond was almost entirely closed and the ball encysted "in a most favorable locality."

Third—The neurismal sac on the splenic artery. The autopsy reads : “The fatal hemorrhage proceeded from a rent nearly four-tenths of an inch long, in the main trunk of the splenic artery, two and a half inches to the left of the cœlic axis. * * This rent must have occurred at least several days before death, since the everted edges in the slit in the vessel were united by firm adhesions to the surrounding connective tissue”!!! Is this an aneurism ?

Bryant says, “An aneurism is a saculated tumor communicating with the canal of an artery and formed from its walls.”

Then the autopsy says, “Besides the mass of coagulated blood just described” (*id est*, the so-called aneurism of the splenic artery), “another about the size of a walnut was found in the greater omentum, near the splenic extremity of the stomach, and the communication, if any, between this and the larger hemorrhagic mass could not be made out.” Here was another so-called aneurism, so remote that even the distinguished physicians could not account for its traumatic existence. Dr. Bliss says, “On raising the omentum, it was found that this bloody mass extended through the left lumbar and ilias regions, and dipped down into the pelvis, in which there was some clotted blood, and rather more than a pint of bloody fluid.” A foot-note in the *Medical Record* accounts for most of these blood-clotted aneurisms. It reads thus : “A large part of this fluid had probably transuded from the injecting material of the embalmer.” And we would further add, that we believe the rupture in the splenic artery never existed until after the pressure of the embalming fluid caused a rupture of the fatty degenerated artery. In other words, we make the rupture after death, and not before.

The following from the autopsy renders that view probable : “On the surface of the mitral valve there were several spots of fatty degeneration. The muscular tissue of the heart was soft and tore easily, and a few spots of fatty degeneration existed in the lining membrane of the aorta.” We might ask,

what caused this fatty degeneration of the arteries? We think the local treatment of "the sinuses and pus-tracks" fully accounts for the fatty degeneration; in other words, carbolic acid. In speaking of the local treatment of these sinuses, Dr. Bliss says, "This channel was kept free from accumulations by passing into it carbolic or permanganate water." All surgeons, who have read the history of this most remarkable case, have been troubled to account for its peculiar phenomena. Septicæmia, pyæmia, and other combined or modified influences, have been sought to account for the peculiar rigors, malia, and what not. Yet they always showed something wanting to agree with the known phenomena which accompany those well-known conditions.

Dr. Shrady, in his labored article in the *Medical Record*, tries to arrange the peculiar symptoms into what he calls 'metastatic septicæmia.' He gives a learned disquisition on pyæmia, septicæmia, and then to cover the case makes it metastatic.

From our observations of the effects of carbolic acid, when absorbed into the system, it produces a metastatic effect very like that in which this case was emerged. That fatty degeneration is produced by the continued administration of carbolic acid is only too well known. In Wood's Therapeutics, we find: "Dr. Neumann states, 'That fatty degenerations was found in a number of autopsies, and that it is a constant phenomena where carbolic acid is used continuously.' Prof. Buckmuller, in Neumann's investigation of the toxic effects of carbolic acid, found the cells of the liver kidneys in a state of fatty degeneration." In Lemaixe's investigation of the effects of carbolic acid poisoning there are many points which are found in the autopsy, which the following quotation too plainly indicates, viz.: "A pseudo membranous and purulent inflammation of the bronchial tubes, with a disseminated lobular pneumonia, or else congestion of the lungs and of the nerve centers."

To make a long story short and to the point, we think the so-called pus sinuses were formed by passing fingers and probes into the abdominal cavity at the right border of the psoas muscle. At this point the ball almost penetrated the abdominal cavity, but could not have done so from the fact that the point of entrance was only three and a half inches from the center of the vertebral spines, the patient large and fleshy, and to pass the direction taken through the psoas muscle and lumbar vertebra, the bullet could not have made an opening into the abdominal cavity, although the track was so near that the long, flexible probes used by the distinguished physicians would readily make an opening in a contrary direction to that taken by the ball. It is more than probable that the probe formed sinuses, and prolonged use of carbolic acid fully accounts for what otherwise would not have rendered Guiteau's bullet fatal.

My friend, Dr. Compton, appended the following note :

CONCLUSIONS IN BRIEF.

The assassin's bullet did not make an opening into the abdominal cavity.

The surgeon's probe did.

The wound did not cause the septicæmia.

The false passage did.

The bullet did not wound the arteries to cause the aneurismal sacs.

The carbolic acid poisoning did.

The blood-pressure did not rupture the back.

The embalmer's force-pump did.

Dr. Center exhibited a drawing to illustrate what he said, and explained very carefully his views in reference to the course of the ball and where it lodged. He read statements of Dr. Bliss to support what he said in reference to the probing and the insertion of the catheter, and criticised the treatment which the President received.

Dr. Hodgen, of St. Louis, thought that Dr. Center made a mistake in saying that the catheter was inserted fourteen inches ; but the latter claimed he was right, and read from the record of the post mortem, as published in the *Medical Record*, ample proof for his assertions.

Several other delegates expressed their views, one or two differing from Dr. Center ; and Dr. Booth wanted Dr. Hodgen or some other St. Louis surgeon, to say whether or not a physician was justifiable in such a wound. No one responded however.

*NO ONE SHOULD BE LOCKED UP IN AN INSENSIBLE
CONDITION.*

• A regular meeting of the St. Louis Society of Homœopathic Physicians and Surgeons was held last evening, the president, Dr. Kershaw, in the chair. There were present Drs. Patterson, Walker, Scott, Cummings, Pearman, Sauter, Campbell and Valentine.

Dr. S. B. Parsons presented a paper, entitled "Unconsciousness : the Different Symptoms Caused by Alcohol, Opium, Apoplexy," etc. In this article the author stated that it was not uncommon for individuals to be found at various times and places in an insensible condition. He held that those found by the police in an unconscious condition should be taken to some proper place at once and a careful examination of the case made by a competent physician. Insensibility may be caused by alcohol, opium, chloroform, apoplexy, injuries of the brain, or utæmia. No one, the doctor said, could decide as to the cause of a particular case of unconsciousness except a physician. He said it was almost criminal to place an unconscious person in a cell to remain there until the cause of the insensibility was ascertained. Several cases were cited where the subjects were thrown into cells under the supposition that they were drunk. Three of the cases noted died ; one was an epileptic, another had an apoplectic attack, and the last was suffering from a fracture of the skull.

DR. BRISTOWE and Mr. Hutchinson are receiving sound castigation from some bigots of the "old school" for their audacity in daring to refer to homœopathy in a public address to medical men, at a recent meeting of the British Association.

It certainly will be a sad state of affairs when medical men shall not dare to express their honest convictions, and we look anxiously for the course these two gentlemen will take in the matter of being whipped into the traces by these professional snappers.

Thus we see that liberty of opinion and action are as much in danger in the "old" as in the "new" school, but the advance guard of progressive thinkers will be able to protect it, we trust, against the attacks of superannuated fossils who cannot appreciate that the world really does move.

Book Notices.

MY REVIEWERS REVIEWED.

* * * "I'll publish, right or wrong.
Fools are my theme, let satire be my song."

"A man must serve his time to every trade,
Save censure—critics are already made."

Literary criticism, so eagerly attempted by every scribbler who can gain access to a journal, or newspaper, is beset by two obvious difficulties: a tendency to indiscriminate praise, or wholesale censure. Nothing short of culture, experience, rare discernment and impartiality will serve as a barrier against these two forms of mistakes, so opposite in their spirit and purposes. Excessive praise we cheerfully excuse as an amiable weakness, and because it touches so comfortably our vanity. Undeserved and wholesale censure we are apt to despise, because prompted by malice, envy, or jealousy.

To my friends who have reviewed my recent work on "Disease of Children," in the spirit of fairness and candor, I am profoundly grateful, whether they have given me words of praise and commendation, or

animadversion and censure. I have not the vanity to suppose that I have written a faultless book. Nor do I believe I have performed a task in behalf of a special department of medical practice entitled to unqualified condemnation, as some of my reviewers seem anxious to indicate.

It is a notable fact, that with a single exception, every notice of my book of an unfair, uncourteous and indecent character, has emanated from parties in therapeutic affinity with very high attenuations of bitches' milk and the filthy "nosodes." Whether such associations and affinities necessarily result in bad manners and worse morals, or whether abnormalities in morals and manners naturally lead to such affinities and associations, I shall not now attempt to determine, but merely announce the fact of such intimate relationship.

The exceptional case alluded to above, is to be found in the *Investigator*, wherein Dr. Duncan publishes an extract from a letter of inquiry as to the merits of my book; and in reply, indulges in strong disparagement of mine and much praise of his own. We think it passing strange that the good doctor's Scotch sagacity did not teach him that most persons will suspect that the said letter was written in the *Investigator* office, or procured from abroad for a specific purpose. We most respectfully suggest that such a mode of advertisement and competition is in much better keeping with that adopted by "Old Doctor Jacob Townsend," "St. Jacob's Oil," or "The Only Great Moral Show," than that which should characterize dignified literary competition in matters of authorship.

In the *North American Journal of Homœopathy*, the venerable literary dodo who wastes much valuable time in hissing and squalling at his professional brethren for their supposed disregard of "the Master's teaching," and to keep them within the fold of homœopathic orthodoxy, treats his readers to the conclusion that my book is not intended for the profession, because of the dedication. Now, suppose I had seen fit to name "S. L." in the dedication, would any sane or fair-minded individual conclude that the book was intended only for his use and delectation? Who ever heard before that the dedication of a book necessarily has anything to do with the aims and purposes of the author? A sneer is indulged at "mature experience." That my book is neither a compilation nor a plagiarism, I am sincerely glad. Had I chosen to fill up my pages by drawing largely on such sources of supply as "S. L.'s" translated lucubrations, possibly I might have deserved the approbation of himself and his small coterie of admirers. But would the game be worth the trouble? I am also told that my views as to *Posorium* will disqualify me for the "Legion of Honor." Judging of this Order by certain qualities of cheek and bigoted intolerance known to attach to its recognized mem-

bership, I shall safely promise myself the loss of neither sleep nor appetite by such threatened exclusion.

The *Homœopathic Physician* has an article crammed with stereotyped stupidity, and bristling with falsehood all the way through, winding up with the owlish conclusion that "such books are an injury to Homœopathy." We are half tempted to retaliate in the interest of common sense and common honesty, in regard to all such editors and reviewers. To my statement that the list of remedies in the treatment of cholera infantum is small, the reply is tendered that this will be news to those who use Dr. Bell's book with its clear indications for 140 remedies. Now, in the first place, no man with sense enough to be trusted outside of an insane asylum, ever saw, or supposed he saw, clear indications for the use of 140 remedies in any one form of disease. In the second place, Bell never made a fool of himself by naming 140 remedies for cholera infantum. His list of remedies was intended for the treatment of various and diverse forms of disease. Or, does this sage wiseacre make no distinction between diarrhœa, dysentery and cholera infantum? Does he consider them identical? In the last edition of Dr. Bell's work he has increased the list to about 180 remedies. Now, I undertake to doubt whether the largest and most successful practitioners, in the range of a whole professional lifetime, and in the treatment of all the various forms of disease, ever so much as touch 180 different remedies. This mania for a great array in the number of remedies, is an intolerable nuisance. It does well as a display of learning, and as a means of giving size to a book, but at the bedside renders "confusion worse confounded." I did not write to give my book size, or display my learning by a great array of useless remedies, but to give help to students and young practitioners in arriving quickly and readily at a knowledge of such things as might be useful in an emergency.

I reaffirm here what I have published before, that a list of fifty remedies, well understood, will give a physician far better therapeutic resource than an imperfect, confused knowledge of 500 to 1,000 now to be found in the books. Of course every remedy of known or probable efficacy should find a place in books on *materia medica*; but to transfer the mass of crude material to a work on medical practice would be folly in the extreme.

I am sneered at by this same critic, for advising the use of a sinapism as a palliative for the nausea in cholera infantum. The physician who has not manhood enough to use whatever offers the prospect of advantage in the treatment of disease, lest his orthodoxy might be called in question, ought to get out of harm's way into a monastery, or some other safe place of retreat and protection, as soon as possible.

In the *Homœopathic Journal of Obstetrics*, is to be found a notice of my book, remarkable for stupidity, injustice and rudeness. This notice is the more remarkable from the fact of my support and friendship for this journal from its inception. This gross offense receives some palliation in the fact of the editor's assurance that he is not the author of the offensive article in question. Still it has gone to the world with the prestige of his name and influence, all the same. He certainly owes it to both himself and myself to make some public disclaimer on the subject. The reviewer in this article starts out with the announcement that the word "assurance" might be made to epitomize a certain portion of the book if placed in large capitals. The same word might well apply to the reviewer, if placed in very small letters with the omission of all after the first three letters. He states that I style dentition a disease, to which the very first sentence in the chapter on "difficult dentition," gives the fullest contradiction. He says I discuss no disease of the chest or lungs except broncho-pneumonia. The barest glance at the table of contents will show the discussion of some six or eight forms of disease, directly or indirectly connected with the respiratory apparatus. He charges me with prescribing large and frequent doses of quinine, tartar emetic and mercurials. Quinine is only mentioned as a remedy in two places in the book; and tartar emetic and mercurials are never prescribed at a lower attenuation than the 2^x trituration. This reviewer concludes with certain expressions of praise and commendation, which if taken with grains of allowance, which should be applied to his words of censure, would barely amount to any trustworthy endorsement of the book.

St. Louis, Mo.

W. A. EDMONDS, M. D.

THE CITY OF MOBILE, and its contiguous country about the Gulf coast, as a winter resort for health and pleasure of invalids and others from the North and North-West. By Wm. H. Anderson, M. D., Prof. Ala. Med. Col. 1881.

SPECIAL PATHOLOGY AND DIAGNOSTICS, WITH THERAPEUTIC HINTS. By C. J. Raue, M. D., Philadelphia. Second edition—re-written and enlarged. Boericke & Tafel: New York and Philadelphia.

The first edition of this well-known book has been before the world for many years, and has always had a fine reputation, and has always sold well. Its author, in order to keep abreast of the pathology of the present day, has thought best to re-write all the pathological part and to re-cast the therapeutic hints, and to make additions thereto in conformance with our developing materia medica and clinical literature. He now gives us a grand volume of 1,072 8vo pages, and which may properly be classed among the American classics of homœopathy.

The sticklers for pathology will find here enough to satisfy their wishes, while the advocates of "no pathology required for homœopathic success"

will find plenty of symptomology and therapeutics to gratify them. Thus in the great central sea of homœopathic thought, he has gathered much truth where many might not have seen it, and told it in such a way as to meet the approval of every lover of scientific methods.

He has treated of 1,360 different diseases and ailments, in clear and explicit language, which cannot fail to please the tyro or the scholar. We would have preferred that English-speaking authorities had been referred to and drawn upon oftener in the text; but the German mind sees through German eye-glasses, and no French, English, or American thought, or progress, will ever appear to its possessor as equal to the science, or learning, or philosophy of the Fatherland. It is with pleasure, however, that we note in the introduction such names as Hughes, Latham, Hale, Wells, Dunham, Norton and Houghton, associated with Ziemssen, Virchow, Kafka, Skoda, Hering, Hasse and Hahnemann.

The appearance of learned works like this makes us solid with ourselves and respectable to all inquirers from the opposition school, by whom our books are largely read now. The publishers never did a better job, but they forgot (and generally do) to tell us the price of the book—an important omission.

FAVORITE PRESCRIPTIONS OF DISTINGUISHED PRACTITIONERS, with Notes on Treatment. By B. W. Palmer, A. M., M. D. New York: Birmingham & Co., publishers.

From the publishers. The best old-school sources are here drawn upon, and we see very little change from our early days of medical study.

LIBRARY OF MEDICAL CLASSICS—Nos. 1, 2 and 3. By Birmingham & Co., publishers, New York. No. 1—A Practical Manual of the Treatment of the Diseases of the Rectum. By Henry Smith, F. R. C. S., London. No. 2—Clinical Lectures on the Diseases of Women. By J. Matthews Duncan, M. D., LL. D., F. R. S. E., etc. No. 3—A Manual of Venereal Diseases. By Berkley Hill, University College, London, and Arthur Cooper, Lock Hospital, London. Second edition.

These are nicely printed, and will compare well with William Wood & Co.'s library editions. In No. 3, *Iodoform* is the standard local application to a chancre.

TRANSACTIONS OF THE TWELFTH ANNUAL SESSION HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN. Vol. IV, No. 2.

Received from R. P. House, M. D., Secretary, Tecumseh, Mich. This pamphlet contains 145 pages, and some most excellent papers on medical and collateral subjects. We shall use some of them.

ON THE PRIVATE CARE OF THE INSANE. By Ralph L. Parsons, M. D., Greenmont-on-the-Hudson. New York: Reprint from *Alienist and Neurologist*. St. Louis, October, 1881.

TRANSACTIONS WISCONSIN STATE HOMŒOPATHIC MEDICAL SOCIETY FOR 1881.—Eugene F. Storke, Secretary.

It contains, besides a number of well-written articles, well worth copying into our medical journals, the constitution and by-laws of the society, and names of its members. W. Danforth was elected President, and E. F. Storke re elected Secretary.

THE HOMŒOPATHIC PHYSICIANS' VISITING LIST AND POCKET REPERTORY. By Robert Faulkner, M. D. Second edition. Boericke & Tafel: New York and Philadelphia.

This is probably the best known and most extensively used of all visiting lists ever introduced to our branch of the profession. We have used it for thirteen years, and have nothing but commendation for it. It is simply invaluable, and all our pharmacies sell it. Price, \$2.00.

Editor's Drawer.

It will be gratifying to his many friends to learn that there is a decided improvement in the condition of Dr. J. P. Dake, who has been exceedingly ill with typho-malarial fever for two weeks past. At a consultation of physicians, at which Dr. Breyfogle, of Louisville, was present, assurances were given of speedy recovery.

SUCCESSFUL TREATMENT.—Some of our most prominent physicians, among which we may name Dr. John Morris, of Baltimore, Md., Dr. W. H. Caldwell, W. Va., Dr. Thomas J. Owen, Virginia, and Dr. George E. Matthews, North Carolina, write they have successfully treated *Phthisis and Bronchitis*, when accompanied by indigestion, with POWELL'S BEEF, COD LIVER OIL AND PEPSIN, which is a highly palatable combination, that is unquestionably nutritious, alterative, and digestive.—*Clinic*.

HOMŒOPATHIC DISPENSARY, Indianapolis, Ind., No. 4, West Ohio street, William Lee, M. D., Dispensary Physician. Consulting Staff: C. T. Corliss, M. D., diseases of brain, spine and nervous system; D. Haggart, M. D., affections of genito-urinary organs, skin and venereal diseases; J. A. Compton, M. D., surgery and obstetrics; S. D. Jones, M. D., diseases of children; Moses T. Runnels, M. D., diseases of eye and ear; B. F. French, M. D., nasal catarrh and diseases of chest; O. S. Runnels, M. D., medical and surgical diseases of women.

GOOD WORK.—Report of the Homœopathic Free Dispensary of Little Rock, for the months of September and October, 1881:

Number of prescriptions given.....	307
Whole number of patients treated.....	94
Number of visits made.....	527
Number of eye cases.....	12
Number of ear cases.....	4
Number of obstetrical cases.....	2
Number of surgical operations.....	10
Number of surgical operations on the eye.....	7
Average daily attendance.....	16

DR. J. C. DAILY, Resident Physician.

AMERICAN INSTITUTE OF HOMŒOPATHY.—At a late meeting of the Institute, held at Brighton Beach, N. Y., June 14th to 17th, 1881, on motion of A. C. Cowperthwaite, M. D., the following resolution was adopted:

“Resolved, That hereafter the sectional meetings of bureaus be abolished, and that it shall be the duty of the members of bureaus to have their papers in the hands of the respective chairmen of the same at least two months prior to the meeting of the Institute. It shall then be the duty of the chairman of each bureau to prepare, or cause to be prepared, synopses of these papers to be read before the Institute for discussion, the original papers to be referred to the Publication Committee.”

J. C. BURGER, General Secretary.

Pittsburgh, June 25th, 1881.

INDIANAPOLIS, IND., Oct. 25, 1881.

Dear Doctor:

The annual meeting of the American Public Health Association will be held at Savannah, Ga., commencing Nov. 29, 1881, and continuing four days. Full information regarding this meeting can be obtained by addressing the Secretary, Dr. Azel Ames, Jr., P. O. box 1,198, Boston, Mass. It is very important that there should be at this meeting a large attendance of homœopathsists. This Association brings together the leading sanitarians of the United States, and affords rare opportunities of gaining information regarding matters pertaining to the public health. Homœopathic physicians who are making a special study of sanitary science should be members of this Association.

It is especially desired that you should attend this meeting and present a paper on some subject relating to the public health. Inform the Secretary immediately what the title of your paper will be, and state how much of the time of the Association you would like to occupy. Notify Mr. Geo. C. Freeman, Chairman Local Committee, Savannah, Ga., that you propose to attend the meeting, and he will obtain for you, through the Transportation Committee, the most advantageous rates from the

railroads and transportation companies for passage to and from Savannah. He desires to know at once whether or not you will attend the meeting. If you conclude to go, do not fail to give him your most direct route to Savannah.

You will oblige me by considering this circular letter a special appeal to you for help to make homœopathic influence felt in the American Public Health Association—an organization composed largely of allopathic sanitarians, who entertain the most bitter feelings against their fellow homœopathic members of the Association, and have not hesitated to embarrass them in every possible way. But truth is mighty, and will prevail; and the time will come when we shall have all the rights in the Association that we deserve. Will you not lend your influence to hasten that time? Please let me know immediately whether you can attend the meeting.

Fraternally,

MOSES T. RUNNELS, M. D.

547 BRAMHALL AVE., JERSEY CITY, NOV. 1, 1881.

My Dear Doctor:

Section 1, of Art. VII, of our By-Laws provides that a Bureau of Clinical Medicine shall be appointed annually, whose duty it is to report on "Diagnosis and General and Special Therapeutics." The papers constituting the report of this bureau are thus restricted to those subjects, and cannot include others that are assigned to other bureaus of the Institute; and as under our law of cure and system of practice diagnosis relates to remedies as well as to pathological states, the symptomatic phenomena, both of disease and of drugs in their relations to each other, constitute our therapeutics. The results, therefore, of our observation and experience in the adaptation of drug symptoms, objective and subjective, to those of disease, comprehend the legitimate sphere of action of this bureau, as its title plainly indicates.

In the selection of its members, I have sought to embrace the largest field of observation possible in the use of the proved drugs of our materia medica, both in their single and concurrent use, and in all attenuations, with the reasons for the selection both of the drug and of the attenuation, and the results of their action, that our report may be both comprehensive and complete.

You will please, therefore, select the subject of your paper accordingly, and at the earliest possible date report the same to me, to the end that all such adjustments of subjects, as may be requisite, may be made without unnecessary delay, and in order to prevent confusion and needless repetition.

Fraternally and cordially yours,

T. F. POMEROY, M. D.,

Ch'n Bur. Clin. Med. Am. Inst. Hom.

THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

VOLUME IV. ST. LOUIS, DECEMBER 15, 1881. NUMBER 10.

POST-PARTUM HEMORRHAGE—ITS PREVENTION AND TREATMENT.

BY H. W. WESTOVER, M. D., ST. JOSEPH, MO.

Read before the Missouri Institute of Homœopathy, at St Louis, October 6th, 1881.

Post-partum hemorrhage is one of the most trying and startling accidents that attend the lying-in chamber; one that fills the friends with dismay and causes the accoucheur much solicitude, inasmuch as it is formidable in its appearance and dangerous in its onset.

It calls for the prompt and skillful treatment of the obstetrician, who must remain collected and cool during this grave condition. It is an ever-threatening danger which seems more prevalent among women of the upper walks of life, and every obstetrical case should be treated as though this "demoniac blood" was expected. In fact the very best treatment is preventive treatment; and thanks to the appliances and knowledge of science, when prevention is carefully attended to, the hemorrhage does not often occur.

It is not only the immediate danger that should put us on our guard, but also the evils that are liable to follow in its train, for the profuse loss of blood makes the convalescence more protracted, and it may take months to repair the damage

done in a few minutes. This, however, is not always the case, for the anæmia and ill effects of flooding are often recovered from with amazing rapidity.

As regards the frequency of post-partum hemorrhage, I cannot arrive at any satisfactory conclusions—different authors placing the ratio all the way from one to fourteen per cent. of all cases of labor. According to English vital statistics there were 3,524 deaths in five years from post-partum hemorrhage in England alone. When labor pains are sharp, quick, and cease suddenly, do not gradually culminate in a strong pain and then subside, if the intervals are long in proportion to the duration of the pains, and if these pains are sharp, and only forty or fifty seconds, with intervals of five or six minutes, we are almost certain to have hemorrhage.

As was indicated a moment ago, it is much better to avert the danger than to pass through it successfully. And how is this danger to be avoided?

We must remember that in rapid precipitate labors there is always danger of flooding. The contractions are usually tremendous and spasmodic, being somewhat irregular, and after the completion of labor, there is apt to be atony of the uterus, allowing hemorrhage of a grave character. Therefore, in these cases, seek to retard labor. When the head is born, place the thumb and index finger of one hand upon the shoulders of the child, and wait for a vigorous pain to complete the expulsion. By thus retarding the exit of the child, the uterus has time to contract regularly, and do away with the irregular and spasmodic contractions, and subsequent relaxation is less liable to occur. On the other hand, if labor is unduly prolonged, in just that proportion is the woman prone to hemorrhage. As her strength fails the uterus becomes exhausted; and when at last the child is expelled, or removed, the inertia of the uterus is so great that the blood pours from the vessels left exposed and patulous by the separation of the placenta. We rely on uterine contraction

to control post-partum hemorrhage. If we find the pains are light, and labor seems not to be advancing, the very measures calculated to enhance the pains will cause firmer uterine contraction afterward, and the indicated remedy here displays its power. We will not give the special indications, as they can be culled from the standard works of our school.

By gently kneading the uterine tumor we often enhance its activity. If the pains grow weaker and weaker from the exhaustion of the woman, we must be on the alert. If the carefully selected potentized drug has been a failure, the frequent administration of a little brandy in water is often all that is necessary.

If needed, give a teaspoonful of the *fluid extract of ergot*, but be *certain* the os is fully dilated, and that there is no mechanical impediment to the passage of the head.

It is, however, during the third stage of labor ; that is, from the delivery of the child to the delivery of the placenta, that our preventive measures reach their greatest prominence. For the prevention of this hemorrhage, nature has two, and but two, resources, and it is our duty to aid or bring about their utility. The first is regular and persistent uterine contraction, and the other is the formation of coagulæ in the wide, open mouths of uterine sinuses.

After the child has been handed to the nurse, the medical attendant should devote his entire attention to the mother. He should gently place his hand over the fundus, and see that it remains well contracted, and then patiently await the expulsion of the secundines. If the placenta has been expelled from the uterus with the child, he should not be satisfied until he feels the womb contracted down and lying like a cocoanut at the brim of the pelvis. Remember, first and foremost, that the placenta should be *expelled*, not extracted ; it should only feel the *vis a tergo*, never the *vis a fronte*, unless it be retained or the rare adherent placenta. We should be in no haste to deliver the placenta, but await the

rallying of the uterine forces. If the placenta remains in the uterus, and the flow of blood is too free, we must excite contraction by gently squeezing or kneading the womb, by the application of electricity, by administering the indicated drug, or by *ergot*; the hypodermic injection being speedier than the administration *per orem*.

I am well aware that some men, high in the esteem of their colleagues, advocate an implicit reliance upon a very high potency of the carefully selected *similimum*, and bitterly denounce all who may chance to give a palpable dose of the crude drug, or practice manual interference. I do not oppose high potencies, and use them every week in my practice, but in cases similar to these we are considering, we must, if possible, induce immediate and permanent uterine contraction. We have to deal more with an exhausted muscle than a pathological condition. We cannot wait for the reaction and recuperation of exhausted vitality. Nature must be aided by a stimulus, and a specific stimulus is needed, and *ergot* is universally acknowledged to be the most reliable uterine stimulus we possess. I do not say never-failing, but the most reliable; and by it we can maintain the necessary contraction, and staunch the flowing tide of life until the vital forces can recuperate sufficiently to render permanent the temporary success.

However, if the woman be already exhausted and prostrated, the *ergot* is very unreliable. In such cases the injection of cold water into the umbilical vein has been successfully practiced. The women assert they only feel a cold sensation in the uterus producing an energetic contraction. Cut the cord close to the vulva, and with a syringe having a long, thin canula inject the cold water into the umbilical vein, thus filling the placental sinuses with the cold fluid.

A few drops of cinnamon is reported to be exceedingly efficacious in arresting the flow of blood. Seek to expel the placenta and never use traction on the cord. The uterus can

often be held down, and the contraction maintained by firmly grasping it with both hands, and judiciously compressing and moulding it, thus preventing its relaxation.

If there be a spasmodic contraction of the os, or regular contraction, and we know by the flow of blood that the placenta is partially detached, it may become necessary to introduce the hand and carefully remove it; because the bleeding cannot be controlled with the uterus thus distended.

By persistent pressure the fingers can be introduced while the uterus is steadied externally by the other hand.

The mere presence of the hand within the womb will often excite it to contraction. If we have an actually adherent placenta, we cannot avoid feeling solicitous about our patient, because its removal, no matter how carefully accomplished, will expose her to the risk of injury of the uterine walls and the probability of leaving behind some portion of the after-birth, which may tend to hemorrhage and the production of septicæmia. While we steady the uterus with one hand externally, the fingers of the other hand must be carefully insinuated between the uterus and placenta, beginning at that portion partially detached. It is always difficult to remove, and we must carefully peel and pick off as much as possible, carefully distinguishing uterus from placenta.

If, after the birth of the child, the uterus fails to contract, we often find the placenta has left the womb and is lying in the vagina. Then it should be removed by traction on the cord and twisting the placenta as it comes away, so as to form any shreds of membrane into a twisted strand, whereby they are less liable to be left imprisoned in the os. As the placenta is removed the uterus will generally contract, expelling any clots and fluid-blood it may contain. If this, however, does not occur, we may place a lump of ice in the vagina, or even in the uterus itself, or resort to the intra-uterine injection of cold water. However, the injection of cold water causes shock, and is chilling to the legs, which are apt to be already

cold, and the general sense of the profession seems to be gradually becoming adverse to cold water. I very much prefer the injection of hot water, as it seems less liable to produce unpleasant effects. The water should be thrown in as hot as the hand can bear it, or at a temperature of 112 or 120 deg. F. The patient will only complain that it burns as it flows out over the posterior commissure. It should be continued until good strong contractions are secured, and the stream returns clear of blood. The cold first constricts and tonic contraction of tissues and blood-vessels ensues, as we see in the case of wounds; but when reaction sets in, there is an increased afflux of blood to the parts and relaxation ensues, favoring a return of hemorrhage. The contrary is the case with hot water. From "The American Homœopath" I copy the following synopsis :

"1st. In cases of sudden and violent hemorrhage in a strong plethoric woman it is better to use cold.

"2d. Where, from the prolonged or injudicious use of cold water, the patient is found shivering and depressed, the beneficial effect of the hot water injection is rapid and remarkable.

"3d. In nervous, depressed and anæmic women, hot water may at once be injected without previously using cold.

"4th. In cases of abortion, where, from uterine inertia, the ovum, though separated from the uterine wall, is wholly or in part retained, the injection of hot water is generally followed by satisfactory results.

"5th. Where the injection of perchloride of iron is considered necessary, previous injection of hot water clears the uterus of clots, etc., permitting the iron solution to come directly in contact with the bleeding surface, lessening the chance of septic absorption."

If the hot water does not control the hemorrhage, the perchloride of iron may be added and thrown directly into the cavity of the uterus to form coagulæ, and thus seal up the gaping blood-vessels. This is generally efficacious, but should

only be resorted to when strictly necessary, as sudden deaths have been reported to have followed this procedure.

The injection of tincture of *iodine* is also highly spoken of in these cases. The iodine should first be used diluted with equal parts of water; and if this does not control the hemorrhage, it may be thrown in undiluted. I have never seen any unfavorable results reported from its use, and it seems to be preferable to the solutions of the per-salts of iron, as it tends more to producing contraction than to the formation of strong coagulæ. This being the case, we avoid the danger of leaving in the uterus a mass of hard clots to become decomposed, and expose the patient to the danger of blood-poisoning. We should always remember that it is far better to control the hemorrhage by contraction than by thrombi in the uterine sinuses, it being a dernier resort.

Do not forget that in cases of hemorrhage from complete uterine inertia the inhalation of *nitrite of amyl* is one of the very best of remedies, and when the woman seems collapsed and dying from intercurrent anæmia of the brain, it causes an afflux of blood to the head, and a rallying of the vital forces, gratifying alike to physician and friends; at the same time stimulating the uterus to a firm and permanent contraction. If we find our patient blanched and sinking, we should stimulate strongly; put *cayenne pepper* in brandy and give a full dose. I have known it to save an almost lifeless woman. The nurse can administer the stimulant while we attend to the other measures. If all seems unavailing, we must not forget that numerous cases are reported where compression of the aorta has saved the patient. In the relaxed condition present, by deeply imbedding the fingers in the abdomen at the umbilicus, the aorta may be felt pulsating, and there compressed against the spinal column.

The value of this procedure is not only in arresting the flooding until we can succeed by other means in securing uterine contraction, but also in preventing anæmia of the

brain and medulla. Endeavor, therefore, to avoid compressing the vena cava, and keep the head lower than the pelvis.

When death occurs a few hours after the cessation of the hemorrhage, this anæmia is probably the cause of it. To counteract this, keep dry, hot applications to the head, which should be lower than the pelvis; bags of hot bran, hops, etc., may be used. You will find them soothing to the patient and a valuable adjuvant to medicines. It may be necessary, if there is any tendency to relaxation, to apply the child to the breast, as that stimulates the uterus.

However, if we have to deal with a hemorrhage dependent upon œdema of the uterine tissue, as is sometimes seen in connection with albuminuria, the prognosis is grave, as it may prove fatal despite all our remedial measures.

After the flooding has been controlled, keep the patient very quiet and free from excitement, so as not to disturb any coagulæ that may have formed, so as not to divert any energy from an exhausted uterus; thus allowing nature to rally as rapidly as possible.

Administer the indicated drug, which is generally *china*, and allow a liberal, nutritious and easily assimilated diet.

SYNOPSIS. — PREVENTIVE TREATMENT.

1. Carefully attend to details, and strictly follow obstetric regulations in all cases of labor.
2. If hemorrhage is expected, follow the fundus firmly with the hand.
3. Express the placenta, and maintain a firm grasp upon the fundus.

TREATMENT OF HEMORRHAGE.

1. External manipulation of uterus, and firm pressure.
2. Simultaneously give a full dose of *ergot*.
3. Introduce the hand within the vagina, and if need be, into the uterus; clear away clots, etc.
4. Thorough intra-uterine injection of hot water.

5. Inhalation of *amyl nitrite*.
6. Intra-uterine use of iron solution.
7. Compression of abdominal aorta.

AFTER TREATMENT.

1. If hemorrhage has been severe, stimulants, dry heat to the head, kept low, quiet.
2. Remedies to counteract effects of anæmia.
3. Nourishing, easily digestible diet.

While I have said but little about the homœopathic remedy, I do not wish to be understood as ignoring such treatment, for I think it advantageous, and doubt not if the similimum be selected it will control most cases, but it is often difficult to thus succeed, and we must have other measures at our command to staunch the flowing tide of life; and to indicate these has been the aim of this paper.

RAPID BREATHING.—AS AN ANÆSTHETIC IN LABOR.

BY ADDINELL HEWSON, M. D.

My pursuit of Bonwill's method of producing "*insensibility to pain*," ever since he first directed my attention to the subject, some ten years ago, has afforded me a collection of very curious as well as interesting experience, from which I now propose to communicate those of most practical value to the profession.

The process itself consists essentially of rapid — excessively rapid — respirations, kept up continuously for some minutes, say from three to five or seven, to induce the desired state, while the patient's face is covered by a handkerchief or towel hanging from the forehead, so that there may be no diversion of attention by what may be in the room, or going on there. This breathing must be kept up at as high a speed as possible; this is often easiest accomplished by directing the patient to

blow out his breath as fast as he can. The effect of this is soon manifest by the patient's manner, his seeming weary, and his needing urging on more constantly. A pinch in the flesh now, say on the hand, arm, neck, or elsewhere most accessible, will provoke a sigh, a lament, or a positive exclamation, either of which will have its definite signification, easily recognized; the last showing perfect *sensibility to pain*; the first, the loss of it; the second, only its impairment. These different states may also be determined by directly asking the patient, not "whether he feels it" (the pinch), for he never loses his *sense of touch*, and will, therefore, always say "yes" to that question, but "whether it hurts him," and if he says "yes," he is not yet "insensible to pain;" if, on the contrary, he says "no," then the state of "*insensibility to pain*" has been brought about, and needs only the continuance of the "rapid breathing" to keep it on the patient as long as you need it for the purpose of your resorting to it.

In communications which I have before made to the profession on this subject I have had occasion to refer to the advantages of this mode of provoking "*insensibility to pain*," in certain instances, over those of *ether* or *chloroform*—where true anæsthesia is induced but not necessary. My communications now will also be relative to the same; and I will proceed, without further preliminary remark, to make that for to-day in a sketch of a single case, that of Mr. —, who had been a fine-looking and a vigorous man in his day. I found him on one occasion, in my front office, waiting his turn, a picture of decrepitude and woe, his tall figure doubled up in a heap on a sofa — his head, with its thin covering of perfectly white hair, projecting forward, with agony marked in his countenance, and his hands shaking violently.

I had seen him often in the last ten years — when I was attending some of his family at his home, and had there acquired the impression that he suffered with senile cystic trouble. This time he was before me, evidently the victim

of severe cramp, and as soon as I could get him into my back office — for I had to help him there — he walked around it all doubled up, wringing his hands, and saying he was suffering with too great pain in his bladder to talk to me.

I immediately made him sit down on a chair, threw a napkin over his face, and directed him to blow out his breath as fast as he could. This he did without hesitation, and — by my watch — in four minutes' time he said, "Oh! (with a deep inspiration) it is gone now; let me go to your water-closet." There he emptied his bladder promptly, and returning to my room expressing himself perfectly delighted, said, "My God! what a blessing that rapid breathing is."

I saw him frequently after this, and he always gave vent to the same sentiment, saying also, that he never failed to resort to this breathing as soon as he felt the cramps coming on, and so succeeded in checking the pain.

"Rapid Breathing" has been shown, also, by the discoverer of its effect on pain, to leave the will and consciousness untrammelled; so that one under it knows what is going on around, and can be induced to co-operate in the matter of changing position, and other muscular exertions that may be desirable in many instances, and the want of which co-operation is often seriously felt by the surgeon with his patient under the influence of *ether* or *chloroform*. Thus, in the use of the catheter — male or female — in the examinations of the rectum, or vagina, either *per digitum*, or *per speculum*, and even in actual cutting operations of those parts, as for stricture, fistula, or the like — in the latter, the knowledge of the fact that a vast majority of fatal results from chloroform have occurred from its use in them — gives a surgeon extreme satisfaction from security against such with the "Rapid Breathing."

So, in labor itself, one has not only the advantages cited above as belonging to rapid breathing, but is secured against the after-effects even of *ether* in it, and which have been shown

to increase the mortality of normal labors. Here I will introduce my "clinical fact" for this communication.

Mrs. —, aged thirty-four, had been, in girl and early womanhood, a wild and independent creature in the country, riding bareback and the like. Her menses came on at about thirteen, with great suffering, and recurred regularly in the same manner, but growing worse until the reflex irritations and hysteria were attended with convulsion and even extreme opisthotonos during the immediate antecedents of the flux — then they came on more or less constantly, until at the end of about six years from the beginning of this extreme state, when they were positively constant. I then saw her for the first time, promptly recognized the source of her trouble in the womb, and succeeded, after some persuasion, in getting her and her parents' consent to my examining her there. An elongated neck and contracted os, with displacement, great hyperæsthesia, and the examination provoking one of her most violent spasms of the erector spinæ mass, confirmed me in my notion, and I was not very long in bringing about a cure of those troubles, and that, too, chiefly by local treatment. This cure was a permanent one; and three years after it was effected the lady married, promptly became pregnant, and was delivered by me, exactly nine calendar months and twenty-one days from the date of her marriage, of a fine, healthy, ten-pound boy. This delivery was by means of *ether* and the forceps, just three hours after the first pain was felt. I began the use of the *ether* as soon as I got to the house, which was but half an hour after the labor began. The patient, her husband and her mother, all unacquainted with *ether*, opposed very much my resorting to it so early. They were afraid of some bad effects; none, however, followed, save the ordinary sequences of headache, nausea, etc., extending through the next day. Great care was taken in her getting up. Her milk came without any trouble, and she nursed her baby for over eight months, when his failing condition led to the recogni-

tion of the pregnant state in the mother. Conception had taken place without any preceding menstrual show. About the time of its occurrence, as was determined afterward, the mother showed some disposition to nervousness, which she had never done before during the whole time of her lactation. She went through this second pregnancy to its full term without any nervous spells or any annoyance whatever; and when I was called to her, on the setting-in of the labor, I was asked to try some other means than *ether*, so that she might escape its after annoyances as experienced before.

Her folks speaking of having heard that *chloroform* was not followed by such, I promised to use something better than even *chloroform* in that respect. I at once determined, by digital exploration of the os, that the labor had actively begun, desired my patient to remain on her left side, and covering her face with a towel, directed her to breathe, or blow out, as rapidly as she could. Then, turning to an attendant, I asked for a pitcher of warm water, and in it I placed a pair of long forceps. This act on my part was noticed by the patient, and yet, notwithstanding this circumstance, in eight minutes' time from my doing this act of putting the forceps in the pitcher, as was shown by a large clock on the mantel, I had my patient not only insensible to pain, and her os fully dilatable, but the instrument applied in the upper strait, the baby born, and the after-birth away, so that there was then no longer any need for the rapid breathing; and I left the room, forbidding all talking or explanation about what had taken place. At my next visit she was enthusiastic about *rapid breathing*, but was not prepared to believe she had been delivered by instruments, and that, too, in so short a time.

She was even more fortunate with this child than with the first. She got him through two summers without having to wean him, and did not have her next (her third) conception until two years and three months after the second one's birth.

This was also carried to full term, and when the labor for it was set in, I was, as usual, summoned early, and went armed with instruments. When I got into her chamber I found the patient hard at work, as she said, "blowing away all suffering from the pains." I said, "go on!" and made my digital examination of the os at once, before the paroxysm then on was over, and so determined the head with vertex to the right, merely held up by the anterior lip of the os. When this paroxysm ceased, my patient exclaimed, "Oh! what a luxury this breathing is." I said, "You must not talk now, but go on with the breathing;" and as soon as she became insensible to the pain again I found the head readily disengaged and expelled from the uterus. I then let the labor go, without further interference, simply urging the patient constantly on with the rapid breathing; and in twenty minutes, by the same clock, it was all over, and we had another well-developed boy.

As soon as the mother was told to take a good deep breath, that it was all over, and had done so, she exclaimed, "My! how much more sensible it is for you to use the instruments at once without any waiting!" I said, "What? I did not use the instruments this time!" "Oh yes!" she said, "I felt them just as plain this time as before; however, they never gave me pain, this or any other time."—*The College and Clinical Record.*

TYPHO-MALARIAL FEVER—THE WAY IT IS PRODUCED.*

There is no disease that should properly be called typho-malarial fever; the fever that is so called is a *remittent* with impairment of the blood, and the low grade of symptoms that we know as typhoid. We may have this depravation of the blood in any form of acute disease—thus, "typhoid pneumonia," "typhoid dysentery," etc. This wrong is associated

* Jno. M. Scudder, M. D., in "Ecl. Med. Journal," Dec., 1881.

with marked impairment of life, and thus this group of diseases has more than ordinary fatality.

In addition to the debility, the "typhoid symptoms" are generally shown by exudations from the blood, and by wrongs of innervation. The condition of the blood is usually determined by the secretions of the mouth or the exudations upon or the appearance of the tongue. Thus, we say that any change of color in the coatings of the tongue towards brown or black indicates a typhoid condition; or any appearance of "dirt"—the dirty tongue, the pallid, dirty tongue—has the same indication.

We obtain the same indications from the urine and feces, brown or black in color, typhoid—"dirty," typhoid—foul or cadaveric odor, typhoid.

To a certain extent, we obtain the evidence from color: dusky red color of tongue, typhoid; bluish red, slick tongue, like spoiled beef, typhoid; dusky red, or bluish red color of skin, typhoid.

The indications from the nervous system are those of impairment, or unconscious cerebration, or spinal innervation. These are markedly distinct in typhoid fever, and the nervous stage of typhus, as is seen in the dreamy delirium, with mental hebetude, and the unconscious movements of parts and single muscles. When noticed in malarial fever, or other diseases, these symptoms are typhoid.

No one will mistake typhoid symptoms for typhoid fever. The last is a continued fever, running twenty-one days, with disease of Peyer's patches, and diarrhœa as a symptom. It is not only a continued fever, but a *specific* fever, produced by a specific contagion, and is never grown from other diseases. It is well to get clear ideas upon this point, as there has been much erroneous teaching, and a very great amount of erroneous belief.

A typho-malarial fever, then, is a remittent fever of low type, a remittent fever that has been badly treated, or a remittent fever allowed to run on without proper treatment.

It is true, we have remittent fevers of low type from the commencement. The patient is much prostrated, the nervous centers oppressed, and symptoms of blood-poisoning are observed the first day. They are not comfortable cases to manage, but they can be managed if the physician is wide awake to the condition from the first.

A large number of cases of typho-malarial are grown from ordinary remittent fevers, by bad treatment or by a want of proper treatment. The doctor has been in the habit of treating all cases alike—running in a rut—and his favorite prescriptions do not fit these cases.

If there is anything we know well, it is that *quinine* is the remedy for *periodicity*, if it can be put into the blood and has a fair opportunity to act. But we know just as well that if it does not antidote the malarial poison—*periodicity*—it will do harm. Here is a case with an irritable or atonic stomach, and the *quinine* is absorbed slowly—it is a topical irritant to stomach, solar plexus of nerves behind it, and eventually by slow absorption to the entire nervous system. In another case the stomach is full of nastiness, or it wants a salt, or it wants an acid, and again the *quinine* in place of doing good does harm. Taking these cases with the administration of fifteen to twenty grains of *quinine* a day, and we find the tongue growing dry and brown, secretions and excretions arrested, the nerve centers irritated, and the blood-degeneration that we know as typhoid rapidly produced. It is due to bad medication, the mal-administration of *quinine*.

We see the importance of the rule which requires a right condition for *quinine*, even when it is the essential remedy. Then we say, to have the kindly action of *quinine* we want “a soft and open pulse, a soft skin, a moist and cleaning tongue, and a nervous system free from irritation.” We may not require that all these shall be as marked as if the temperature had fallen to 99 degrees, but we must see the tendency in this direction.

The abuse of cathartic medicines is a very common cause of typhoid symptoms. They exhaust the strength, prevent the taking of food, and irritate the vegetative system of nerves. If there are the slightest indications of typho-malarial, let cathartics alone.

The same may be said of all nauseous and disgusting combinations, whatever they may be called, or whatever it is proposed to do with them. It is sometimes a nauseant expectorant, a nauseant diaphoretic, or a jumble of diaphoretic, diuretic, laxative, tonic and stimulant, but always a nastiness. We want none of them.

The "right remedy in the right place" is the thing we want in all of these cases. We will do the patient no wrong, but we also want to do the things needed, the right.

We want to see clearly the patient who wants to commence his treatment with an emetic, the heavily-coated tongue at base, bad taste in the mouth, disgust and nausea, sense of fullness in stomach. The patient who wants to commence his treatment with *podophyllin*, full tongue coated, full face, full abdomen, and especially full veins. We want to know the one who wants an alkali, pallid mucous membranes. The one who wants an acid, deep-red mucous membranes. The one who wants *sulphite of soda*, the broad, pallid tongue *dirty*. The one who wants *sulphurous acid*, the moderately red tongue with fecal nastiness down its center. The one who wants *baptisia*, the full face, purplish red, like one who had been exposed to a severe cold, same appearance of mucous membranes, etc.

I have only called attention to a part of the treatment, leaving the reader to supply the remainder. He will see the place of *aconite*, *veratrum*, *gelseminum*, *belladonna*, *rhus*, *phytolacca*, and a score of other remedies, as he will see the necessity of baths, of cleanliness, of food, of rest. These are matters for consideration in any case; we want the right remedies and good nursing.

Finally, in speaking of the causes of typho-malarial fever, I have omitted one quite common one, and the most damnable one of the lot—*morphia* or *opium*. *Mercury* has slain its thousands; *opium*, its ten thousands. It is the veritable jaw-bone of the medical ass, with which he slays his ten thousand. Remove the cause, and you remove the pain and suffering, for pain is but a symptom. Use *morphine* to relieve the pain, and you obtund the brain, arrest secretion, and wrong the blood.

*JABORANDI AND PILOCARPIN IN THE NAUSEA, VOMITING
AND SALIVATION OF PREGNANCY, ETC.*

BY EDWIN M. HALE, M. D., CHICAGO, ILL.

The new drug, *jaborandi*, of which we now have a full and excellent pathogenesis, causes a peculiar and specific condition of irritation of the nerves which preside over the functions of perspiration and glandular secretion. According to recent authorities, it irritates the recently discovered "sweat nerves," probably acting on their origin in the medulla. It acts in the same manner on similar nerves which govern the flow of the natural secretions of the glands. It has been observed that the nausea and vomiting caused by this drug does not occur until the salivary secretion is increased.

The nausea, vomiting and salivation of pregnancy is the result of a reflex irritation, starting from the gravid uterus, and thence transmitted through the sympathetic system to the medulla, and thence to the stomach and nerves, which supply the salivary glands. It is not, however, necessary that the uterus shall be gravid to cause all these symptoms. Any irritation of the uterine nerve may cause all the phenomena which are usually associated with pregnancy. They may be caused by intense erotism, coition, uterine congestion, displacement of the uterus, endo-cervicitis, and other pathological conditions of that organ.

Jaborandi and its alkaloid, *pilocarpin*, act on the nerve-centers in a similar manner to uterine irritation. It acts specifically, whether taken into the stomach or injected into the blood. It is even possible that it may act wholly through the medium of the nerves, and not by direct contact with the nerve-centers through the blood. Indeed, a recent experimenter found that in whatever manner *pilocarpin* was introduced into the body it failed to cause perspiration after section of the sweat-nerves. *Jaborandi* stands alone in its method of causing salivation or perspiration. It is the only *similimum* we possess, for the *salivation with* nausea or vomiting of pregnancy. *Mercury* acts on glands, not through the nerves, but by direct irritating contact of its molecules with the gland-structure, and never was, or can be, successful in the vomiting, nausea or *salivation* from reflex or specific nerve-irritation.

I propose to give the following cases as illustrative of the curative power of *jaborandi*:

CASE I.—A primipara, two months advanced in pregnancy, applied to me for relief of *profuse and constant salivation*. The saliva was clear, and water filling the mouth, and constant spitting by day, and depriving her of sleep at night, from the profuse secretion running down her throat. The tongue was coated white, no appetite, loathed food, but had some thirst, nausea constant, occasional vomiting of food. These symptoms had lasted two weeks. Prescribed *jaborandi* 2^x dil., 10 drops every two hours. After twenty-four hours decided amelioration, which continued a week, when all but slight morning nausea had disappeared.

CASE II.—A multipara, the mother of three children, pregnant with her fourth six weeks. Her previous pregnancies had not been marked by distressing nausea, and salivating to an exhausting degree. Her usual dreaded symptoms had already appeared, and she looked forward gloomily to months of suffering. Prescribed *pilocarpin* 3^x trituration, a grain

every three hours. Its effect was immediate. In a few hours improvement set in, and the next day only slight unusual secretion of saliva. The remedy was suspended a few days, when the salivation came back, but a few doses arrested it, and it also stopped the nausea, and restored the appetite.

CASE III.—In this case the distressing salivation had lasted several months, when I saw her, causing weakness, nervousness, *night sweats*, etc. *Pilocarpin* 2^x, one grain every four hours, restored the normal functions in a week, and she improved so rapidly in appetite and strength, that she called it “the best tonic” she had ever taken.

In my hands, *pilocarpin* 2^x has cured *night sweats*, when arising from nervous prostration. It has also cured the opposite condition of the salivary glands, namely, *persistent dryness of the mouth*. It did not cure this condition *anti-pathically*, but by virtue of its secondary homœopathic curative power. Some experimenters have recorded that an overdose has caused sudden and complete suspension of the salivary secretion. A frequent secondary effect of the drug is to cause dryness of the mouth and fauces after the salivation has passed off. Now, it follows that a suspension of the salivary secretion and perspiration is as much a specific effect of *jaborandi* as its primary increase of secretion. It also follows that it is as homœopathic to the former as to the later, provided the arrest of secretion is secondary phenomenon of the disease. As an illustration of this, I will cite one case out of several : A pregnant woman who, during the first months, had suffered with salivation, later on had *dryness* of the mouth; “spit cotton;” could hardly swallow; had great thirst, *red* tongue and parched lips. *Pilocarpin* 2^x, 5 grains every 3 hours, restored the normal secretions in a few days. Improvement set in after the first dose.

Jaborandi or *pilocarpin* is very useful in the arrest of the secretion of milk. I have many times brought back the secretion after it had been absent several days. It is useful during

tedious labor, after the normal secretion from the vagina has dried up, and the passage is hot and dry, the os unyielding, and the pains decreasing in force. In two cases in which I used this drug the secretion and pains soon returned. In one case I gave 5 drops *tint. jaborandi* every half hour; in the other 5 grains 1^x trit. of *pilocarpin* in one-half glass of water, a spoonful every 15 minutes. In the latter case a slight salivation appeared coincident with the return of the vaginal secretion.

I believe this remedy will be found useful in many of the diseases of women, presenting anomalies of secretion.—*Hom. Jour. Obstetrics.*

HOMŒOPATHIC CONSULTATIONS.

TO THE EDITOR OF THE MEDICAL RECORD :

Sir—I am sorry Dr. Stair declines to define, for publication, the expressions, “homœopath” and “regular physician,” and to indicate what he understands to be the “doctrines” of the former and of the latter. I think if any reader of this will take pencil and paper and thoughtfully endeavor to answer the questions for himself, he will not find the task an easy one; and if the answers of a dozen different gentlemen were compared, I feel confident that striking differences would appear. Until, however, I know just the meaning attached by Dr. S. to the expressions in question, I, of course, cannot discuss with him the issues involved. I am satisfied, nevertheless, that there is a great deal of misapprehension concerning this matter, and I crave the indulgence of a little space to present what appears to me to be the truth concerning it. The fact is that, for the last thirty-five years, physicians who are members of the American Medical Association, or of societies entitled to representation therein, have not been in the habit of consulting with physicians commonly known as “homœopaths.” This is due partly to the fact that many,

perhaps most, of the former have not wished to consult with the latter, and partly to the fact that it is generally supposed that the "Code of Ethics" expressly forbids such consultations; and the following clause from the Code is brought forward as evidence of the prohibition. The clause reads: "But no one can be considered as a regular practitioner or a fit associate in consultation whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by physiology, pathology, and organic chemistry."

Does this apply to the "homœopaths?" Do they practice according to an "exclusive dogma," and also reject the aids above referred to? If so, what is this "exclusive dogma"? I do not care to be told that it is the phrase "*similia similibus curantur*" (similars are treated by similars), which we often hear mistranslated into "like cures like," for this correctly understood is not a *dogma*, but simply a *proposition*, and one that excludes nothing. The Latin verb, *curare*, does not mean to *cure* in the ordinary English sense of that term, but to *treat* or *take care of*, and is the equivalent of the French *soigner* and the German *behandeln*. The word to cure; that is, to restore to health, would in Latin be expressed by the verb *sanare*, in French by *guérir*, and in German by *heilen*. I assume, therefore, that, so far as homœopaths are concerned, the question of exclusive dogma falls; but even if it held, it would be necessary to show that, in addition, they reject the "aids," etc., above mentioned before applying to them the rule of the Code. What is there, then, to prevent consultation with a homœopath? Nothing, so far as I can see, except the matter of personal inclination. Every regular may, if he chooses, consult with the average homœopath, without fear of the Code, and if it is desirable to forbid such consultations, a new rule on the subject must be formulated, and one that will accurately cover the ground without loophole or way of escape. But is it desirable that such a rule or

amendment to the Code be adopted? This is a question well worthy of consideration at the present time. Its discussion, however, should be preceded by a clear statement of the objections to homœopaths and to consulting with them. It is only by having a clear understanding of these points that we can arrive at a judicious settlement of the question as to the desirability of consulting, or of amending the Code so as to effectually prevent such consultations.

Respectfully yours,

Med. Record, Nov. 26, 1881.

ETHICS.

THE SUBJECT OF WOUND TREATMENT AT THE INTERNATIONAL MEDICAL CONGRESS.

The most important and best sustained of all the discussions took place on Monday morning "on the causes of failure in obtaining primary union in operation wounds, and on the methods best calculated to secure it." Mr. Savory opened it in a very eloquent and philosophic speech, pointing out that primary union was most likely to occur when fresh surfaces are brought together in their natural state, and maintained so without disturbance. The chief cause of failure he believed to be "meddlesome surgery," and essential principles were rest, cleanliness, and asepsis, which admit of almost endless variation in detail. He asked, when a wound was septic or aseptic, was fever, or pus, or only a smell to be the criterion? Defending his Cork statistics, he claimed that they had not been surpassed, though equally good results were obtained by many different plans of treatment, the actual process of healing being primarily independent of them all. Mr. S. Gamgee followed, and showed the antiseptic absorbent cotton pads he has used with success. As one proof of their antiseptic power, he showed a piece of meat

which had been lying between two of them, but exposed to the air for fifteen seconds every day, and was perfectly sweet at the end of twelve days. The principles he laid stress upon were perfect dryness of the wound, thus removing one of the conditions of putrefaction, rest and infrequent change of dressing, circular compression, and suitable position, with the use of antiseptics, as an important adjunct. Dr. Humphry spoke of the importance of a clean-cut wound in healthy tissues, very accurate apposition of the edges and surfaces with very careful closure of all bleeding vessels. The air acting injuriously both as a direct depressant of the vitality of the tissues, and through agents floating in it, it was only wise to use some form of antiseptic to purify the air. For Professor Verneuil, the disposition of the wound and of the patient are *the* great factors in the healing process. Professor Esmarch's statistics of his own practice are so remarkable, that they must be given in full. In 398 great operations (six deaths), 85 per cent. of the cases cured healed by first intention with one dressing; in 15 per cent. the dressing was renewed; and this ratio had improved of late. There were 146 excisions of large tumors, 40 excisions of mamma and axillary glands, 14 castrations, with one death from pericarditis and old syphilis, one from apoplexy, one from fatty heart. Of 51 major amputations (thigh 18, leg 27, arm 5, forearm 1), one died from shock and hemorrhage, and one from delirium tremens. There were 61 resections; 11 exarticulations; 26 necrotomies; 13 nerve-stretchings, one for tetanus, which was fatal; 8 hernias; 21 large cold abscesses; 42 large wounds; 49 compound fractures. The cases were all dressed with pads soaked in iodoform, and absolute alcohol (10 per cent.), fastened on by an iodoform bandage, over that a large pillow of jute and gauze, a moist bandage, and over all an elastic bandage. Professor Volkmann thought that all suppuration is septic, and that personal peculiarity in the main had nothing to do with the healing of

a wound. Other evidence was offered and opinions given which only corroborated the above, and supported various ways of carrying out a dry dressing, with rest and compression combined with antiseptics, as advocated by Mr. Gamgee, whose labors in this direction have perhaps not been sufficiently recognized. Professor Lister wound up the discussion. In reference to Dr. Keith's experience, he stated that he had dissuaded him from using antiseptics in the first instance; in such an operation there is abundant room for effusion and means of absorption, while carbolic acid both increases the one and lessens the other; but on the whole he thought antiseptic ovariotomy had been successful. Referring to the experiments detailed at Cambridge, which showed that diluted septic poison may be added without effect to blood serum, though not to diluted blood serum, he further recited more recent experiments, which showed that blood-clot in the body is still less favorable to the development of organisms. He expressed his belief that it is "solid bits of dirt" that are the deleterious agents, and that possibly too much attention has been paid to the finest particles floating in the air. His own results, however, were so good that he shrank from giving up any one of the details of the treatment by which he obtained them, although he quite admitted that he too might at some future time be able to say "*fort mit dem spray*"; at present, he could not accept irrigation as a substitute for the spray. He denied that there was any ground for the charge that he disregarded the general condition of the patient or his hygienic surroundings. Were this true, his results being so good as admitted by all, what a strong argument it afforded to the efficacy of his merely local treatment! There was no time for Professor Lister to touch upon the many points raised by previous speakers. If we were to attempt to give in a few words the general impression produced by the debate, we should say that the value of antiseptics was clearly recognized by all;

that it was made evident that Professor Lister's aim may be attained by means other and simpler than his; that in particular the value of the spray is considered very doubtful; but more than all, that antiseptic treatment only answers one of the requirements of wound treatment, and that he only is a scientific surgeon who enlarges his views and practice to embrace all.—*The Lancet.*

THE TREATMENT OF SINUSES BY TENTS.

The knife in modern surgery seems to be regarded as the panacea for every ill. It was otherwise among the ancients, who, though behind us in knowledge, often showed themselves before us in common sense. They always viewed the cutting instrument in its true light, as the surgeon's last and worst resort. The popular method of treating sinuses is a good illustration of this backward progress of surgery. We hardly hear nowadays of any way of treating a sinus except by laying it open. This leads me to speak of a simpler method which I have tried successfully a number of times — the use of tents. I speak only of simple sinuses, such as are usually treated by cutting. Take a narrow strip of sticking-plaster and fold it or roll it lengthwise between the fingers, as one rolls a slip of paper to light a lamp or cigar. Push it to the bottom of the sinus, and leave it three or four days, till it excites a healthy suppuration. Then remove the tent, bring the walls of the sinus together if necessary by a bandage or adhesive strips, and let it heal from the bottom like a fresh wound. This acts on exactly the same principle as the knife or caustic, namely, by exciting an active and reparative inflammation in the place of a chronic and stationary one. I do not say that it will take the place of the knife in all cases, but it certainly will in many. It is an old plan, but one that ought not to be dropped altogether out of mind. It is beyond doubt that *fistulae*

in ano have often been cured by this method, or by the seton, which acts in the same way, and that this is the real secret of the success obtained by certain empirics in the treatment of that disease.

Two special applications which I have made of the same essential principle I would like particularly to notice.

The first is the application of a *bougie a demeure* as a substitute for cauterizing or curretting the uterus in chronic endometritis. Pass in a common urethral bougie and let it remain a short time in the womb. I have never ventured to exceed five or ten minutes, but have seen it followed by a decided relief of symptoms.

The second is the same thing applied to the urethra (male) in cases of gleet and seminal emissions. Both these conditions, as it seems to me, are most frequently kept up by a kind of chronic prostatic urethritis, with probably a granular condition of the mucous membrane. The prostatic portion is supersensitive, and sometimes bleeds a little on the passage of an instrument. The *sonda a demeure* is admirably adapted for these cases, and though perhaps less effective in a bad case than cauterization, has neither the risk nor the painfulness of that method. The principle, in all cases, is exactly the same, the substitution of an acute inflammation, with a tendency to heal, for a chronic one with a tendency to persist.—*Boston Med. and Surg. Jour.*

THE POST-MORTEM EXAMINATION OF PRESIDENT GARFIELD.

TO THE EDITOR OF THE MEDICAL RECORD :

Sir—In the “North American Review” for December, 1881, the “surgical treatment of President Garfield” is discussed by four distinguished men, Wm. A. Hammond, John Ashhurst, Jr., J. Marion Sims, and John T. Hodgen.

The matter is, of course, very ably handled as to most of

the points. As to one of them, however, two of the writers make such singular statements, one in an unqualified way, and the other not so clearly, about the effects of injections thrown into the arteries after death, that I think some notice should be taken of them.

Thus, Dr. Hammond, page 586 : "That the rupture of the splenic artery was either due to mal-nutrition of the coats, the result of pyæmia, or was post mortem, being caused by the injection of a solution of *chloride of zinc* into the vessels several hours before the autopsy. If the latter was the case, the *blood* found in the peritoneal cavity *was pushed out* by this fluid, which of course filled all the vessels, and which, it is admitted in the report of the post-mortem examination, was extravasated into the abdominal cavity with the blood."

Then, Dr. Sims, page 598 : "The everted edges of the slit in the splenic artery were united by firm adhesions to the adjacent connective tissue. Therefore, the rupture of the artery may have happened during the act of embalment."

This certainly also conveys the idea that the blood in the abdominal cavity escaped post mortem.

Have these gentlemen forgotten the very elementary principles and facts of their training as to the blood-vessels ? Were they not taught that the very name "artery" is a misnomer, and arose from the fact that the ancients found the arteries empty after death, and that the knowledge of their true uses was not fully made out until the time of Harvey ?

Those who have spent years in the sculleries of dissecting-rooms, and in the rooms themselves, know practically that nothing is pushed out from *arteries* by injections, for a very plain reason—that there is nothing to push out.

Given a normal condition of the vessels, the last actions of the heart gorge the venous system with blood, and often also the right heart itself.

Preservative water injections into the vessel, after death, pass on so freely that they rarely, if ever, interfere with the

plaster or tallow, or whatever may be thrown in, to aid the student in his studies.

Sometimes these latter injections break the vessels, and masses of the substance are found in the cavities, but never with clots of blood pushed before them.

When a demonstrator in the dissecting-room comes across a large clot of blood in the brain, thorax, or abdomen, he says, "This man died of a hemorrhage!" Very rarely does he find *post-mortem* masses of blood, and when he does find them they have come from veins.

Thus, during the *post-mortem* examination of the President, blood might have poured out from cut or torn veins of the portal system, but this would have been seen and fully noted.

How did the watery solution go in the President's case? It filled the arterial system, and escaped where? Just where blood had escaped *before death*, it escaped *after death*. The injection was a good thing, instead of something to be deplored, as is mostly the case in discussions about it, for it helped to prove the existence of an arterial rent or rupture before a knife was put in the body.

The following opinion of a great practical anatomist reinforces these statements :

"According to my experience and observation, the views of the author of the above in regard to the escape of blood from the arteries is correct. In relation with the matter I may tell a story : Many years ago a vigorous male subject had been provided for my lectures on the muscles. It was injected with an antiseptic liquid. After dissection of the muscles on the fore part of the body, this was turned over to prepare those of the back. On removing the skin, an extravasation of blood was noticed in the fascia, for several inches over the tendon of the trapezius, at the root of the neck. I remarked to my assistant that the extravasation was due to a hemorrhage preceding death. Later, when the adjacent vertebræ were exposed, a lower cervical was found to be fractured, and

partially displaced. We expressed the opinion that the man had died of a broken neck, probably from a fall."—*Joseph Leidy, Professor of Anatomy in the University of Pennsylvania.*

WILLIAM HUNT,

Senior Surgeon to the Pennsylvania Hospital, formerly
Demonstrator of Anatomy in the University of Pa.

LISTERISM AT THE INTERNATIONAL CONGRESS, LONDON.

Spencer Wells read a paper. He took strong Listerian ground, and said that now he had given up drainage altogether, so great was his faith in antiseptic surgery. Several others, Volkman especially, followed in a similar strain. Then Marion Sims arose, and while he declared for Listerism, he advocated drainage, and reminded Mr. Wells of a case (ovariotomy) in which he assisted him in a bad operation—bad on account of adhesions—and the patient *almost* died; but at last nature opened the abdominal wound and discharged a large amount of fetid fluid, and immediately she recovered. Finally came Mr. Keith to close the discussion. Never in the history of surgery did a few modest words make such a recoil in the "current of expectant thought" as his.

It has been said, and was repeated by Volkman and Kuget, in this discussion, that intraperitoneal surgery was the "touchstone of Listerism." Professor Keith has been quoted the world over, again and again, as not only a warm disciple of Lister, but as illustrating in his remarkable success in ovariotomy, *more than any other surgeon*, the value of antiseptic, or rather, the Listerian method. No one can deny this.

So slowly were his few words uttered that I can almost repeat every one *verbatim*.

You can imagine the effect much better than I can describe it, when he said that for several months past he had "abandoned the antiseptic treatment altogether." "True," he said, "I had eighty successive recoveries under Lister's method,

and *stopping there* it would be a wonderful showing. *But out of the next twenty-five, I lost seven.* One died of acute septicæmia, in spite of the most thorough antiseptic precautions ; three of unquestionable carbolic acid poisoning ; one of renal hemorrhage." He went on to say that out of the eighty consecutive cases (or rather he said it first), many came too near dying ; that a large number got a high temperature—105, 106, 107 degs. Fah.—the evening following the operation ; but, he said, "they happened to pull through." He then said that since he had for four months past abandoned the antiseptic method, and relied upon perfect cleanliness, care in controlling hemorrhage, and thorough drainage, his cases were giving him much less trouble, and he was getting more satisfactory results.

He now stopped for a few moments, hesitating, as he must have realized the importance of his words, knowing that the whole world—surgical—was lending a "listening ear" to his utterances. The silence was "audible." Then he raised his head, and looking his audience squarely in the face, he said, "Gentlemen, I have felt it my duty to make these statements, for *they are true*," and he took his seat. I shall not attempt to describe the applause, nor the effects of his statements. Professor Keith, by the way, told me privately that he almost died himself from using the carbolic acid so much. He got renal hemorrhage and debility to an alarming degree. He said, moreover, that he never had great faith in it, and should not have continued its use so long—I mean the "Lister" method—but for the fact that so many eminent men were carried away with it ; and if, after his remarkable series of cases, he had changed, and lost seven out of twenty-five, as he did, without Listerism, all the world—he himself—would have attributed the result to the change.

One thing is certain : Mr. Keith's statements, in connection with those of others, and *his own experience*, put Mr. Lister in a very unpleasant position ; for he was put down

on the programme to close the discussion on the treatment of wounds to secure union by first intention, which took place on Monday, 8th inst. Although four days had elapsed, he had no answer. To show how deeply he was impressed by all that had been said, he began his remarks, which were extemporaneous instead of written, as was expected, by saying that he had never admitted that abdominal surgery was the "touchstone of Listerism," and to the surprise and dismay of his followers, went on to argue that, with the rapidity with which wounds of the peritoneum heal and the remarkable absorbing power of that membrane, and therefore its ability to take care of its exudates, "he doubted very much," whether in the hands of a skillful, careful operator, it was not better to dispense with the antiseptic plan. I realize how important are the statements I am making, and lest some of your readers may think that they are open to criticism as to accuracy, I will say that I sat near enough to hear every syllable uttered; and I pledge my honor as a man and surgeon for the absolute accuracy of every statement, though I took few notes.

Then, seeming to realize the danger of admitting such wonderful absorbent qualities to the peritoneum, he went on to say that he had recently made some experiments that surprised him very much, which proved that serum, or bloody serum, was "a very poor soil for the development of germs from contact with air-dust, and that blood-clots are still more sterile. Indeed, it was very difficult to make them grow or develop at all, unless diluted with water." By-the-way, he declared he had witnessed free-cell development in a blood-clot.

"And these remarkable facts," said he, "at once call in question the necessity of the spray."

He then went on to say that he was not yet ready to give up the spray, but if simple irrigation or lavation should prove as good, he would say, "*Fort mit dem spray*;" and he further said, "I am not certain but I shall give it up. I am not at all sure but that before the next meeting, two years hence, I

shall have abandoned the spray altogether." (His recent house-surgeon says that he has lost all confidence in its utility.)

As to carbolic acid, he said, "I am forced to admit its unfortunate character." That was all; not a word about oil of eucalyptus, or any other substitute. He kept referring, again and again, to abdominal surgery; but his manner showed to everybody that he was upset.

He gave no statistics, no large comparisons, as was expected by his disciples. He referred to the excellent results in two cases of recent operation, saying that, "I should hardly believe I should have got such results without the antiseptic plan; I did not before I used it."

And this is the fault that the best of surgeons here find with him. They are all glad to give him or any other man credit for all he has really done, and they all admit that Mr. Lister has done much to improve surgery, especially German surgery. I need not explain. But they very properly say. "With his unprecedented opportunities, both in his own practice and that of his host of followers, why don't he give us large and complete statistics? Instead, he only gives either isolated cases or a small group of successful ones, such as may be found under almost any plan." I quote one of London's most eminent and fair-minded men.

It was curious to watch the effect of the thing. I have alluded to the impression produced by Keith's remarks. As Lister was speaking, one of his ardent admirers—I mean an admirer of his mode of dressing; I am not discussing the man, who is an earnest, hard-working, accomplished gentleman—turned to me and said, "My God! I would never have believed Professor Lister would have admitted that." Another said, "Well, if Lister abandons the spray and carbolic acid, giving us no substitute, where is 'Listerism?' We had drainage, we have had animal ligatures, we had air-proof dressing before." And so on. Every little group of surgeons was discussing the matter; those who had never accepted the

Listerian method being quite as much surprised as its warmest adherents.

"Mein Gott!" said a German whom I did not know, "Listerism ish todt. Fort mit dem spray? Fort mit dem acid carbolique?—Was giebts zu bleiben!"

And so the pendulum swings.—*Boston Journal.*

Editor's Drawer.

DIED.—Of Laryngeal Phthisis, Dr. E. M. Miller, of Lincoln, Illinois. He was a graduate of the Homœopathic Medical College of Missouri, class 1876 and 1877.

DR. H. W. TAFT has settled in Arlington, Mo., and is doing well.

DR. W. A. FORSTER has settled in Nevada, Mo. He is also doing well.

NERVE-STRETCHING has been abandoned by Billroth after a fair trial. It does not seem to be making a favorable impression in Vienna.

DR. I. T. TALBOT is lampooning the Water Department of Boston in a lively way, on account of the impurity of the water furnished that city through its eel-clogged hydrants.

DR. J. H. SHERMAN, of Boston, considers obesity a disease. He reduced his own weight forty-three pounds in ten months by the Banting system of diet. Pray, Doctor, tell us what that system is!

DR. N. ZILLIKEN has just been appointed a member of the Board of Health of Chester, Ills. Score another for Homœopathy and the St. Louis graduates! They all prosper. The above gentlemen are reflecting honor upon their *alma mater*, the St. Louis Homœopathic College.

TREATMENT OF MALARIAL CHILL, THREE WAYS.—At the Bellevue Hospital the following means are, among others, employed to prevent malarial chill:

1. The hypodermic injection of pilocarpine, gr. 1-6.
2. The inhalation of gtt. v. of amyl nitrite every twenty or thirty minutes.
3. The administration of chloroform and whisky of each a half ounce.

T. C. DUNCAN AGAIN.—Duncan, the much abused, is out again with his annual winter prognostications of "Cholera next Summer." He sniffs the danger from afar—from Mecca and from the weather. He is deceived by the odors and diarrhœas that surround his urban home. He forgets that he dwells in the only city in the world where the largest sewer is kept open the year round, and constantly disturbed by the plying of steam tugs and all kinds of water craft. The average Chicagoan does not seem to realize the danger that lurks in every basement dining-room, climbs every water-pipe and boils in every tea-kettle.

DR. M. T. RUNNELS, of Indianapolis, read a paper before the American Public Health Association of Savannah, Ga., in November, on "Impure Water and its Dangers."

DR. T. C. DUNCAN, of Chicago, read one on "The Atmospheric Element in Local Epidemics."

WE record such proofs of our gaining ground among the Sanitarians, with pride and pleasure. The next annual meeting will take place in Indianapolis.

THE gifted astronomer of the Indianapolis "Journal" gravely asserts that "our solar system, the sun with all his family of planets, their moons and satellites, is moving in the direction of the planet Hercules." It is very comforting at last to be informed that we are drifting towards the greatest sanitarian of ancient times, who had such signal success with the Augean stables. Our planet can stand a great many lessons in hygiene from his herculean majesty.

THE "Cincinnati Lancet and Clinic," one of the most reliable and widely known of our medical journals, in the number for March, 1879, thus notices editorially POWELL'S BEEF, COD LIVER OIL AND PEPSIN, a superior food tonic, alterative and digestive: "It has obtained popularity as a nutrient in a remarkably short time. The combination is a good one, and the manufacturers have an enviable reputation as a reliable and honorable firm."

PAPERS FOR THE BUREAU of Ophthalmology and Otology are earnestly solicited for the next meeting of The Missouri Institute of Homœopathy, to be held in St. Joseph on the 10th and 11th of May next. All who will contribute papers should notify Dr. H. W. Westover, of St. Joseph, at an early day, as it is desirable to know who can be depended upon for contributions.

DR. D. HAGGART, of Indianapolis, is opposed to vaccination, and in an interview published in the "Sentinel" of that city, gives his views at some length. He thinks the procuring of pure virus a matter of great uncertainty—even the bovine. We can always get the pure here from Dr. R. M. Higgins, Manchester, Mo.

A MEDICAL SONG.—From the "Medical Times," N. Y.:

A New York medical man,
A very much-advertised man,
A pills-in-variety, a talk-in-society,
Each-for-himself young man.

A Philadelphia man,
An *Index Medicus* man,
A think-it-all-gammon, this talk of Buchanan,
A medical-center young man.

A Boston medical man,
A hyper-historical man,
An ultra-persimmon toward medical women,
A Harvard-or-nothing young man.

A Chicago medical man,
A wide-awake, ethical man,
A good-as-the-rest-of-you, more-than-abreast-of-you,
Down-on-the-East young man.

To which we add—

A St Louis medical man,
A traveled, agreeable man;
Prepared for everything, equal to anything,
A down-on-Chicago young man.

A NOVEL PLAN OF CUTTING TEETH.—A most remarkable story comes from Middletown, Orange county. A maiden lady at that place, on the 5th of January, 1869, swallowed a new set of false teeth which became separated from the rubber mould in which they had been set, while masticating her food. Before she could eject the food from her mouth the teeth had gone down into her stomach. The family physician was summoned, but all his efforts were unavailing. The teeth caused her no discomfort, and in a short time the matter was entirely forgotten. A few days ago, Miss Cole, the lady in question, felt a sharp pain near her left shoulder, and, upon examining the spot, found what appeared like a wen under the skin. With the aid of a pen-knife she extracted a hard substance, which proved to be a tooth. She was at a loss to know how the tooth came to be in such an unusual spot until she suddenly recollected that she had, twelve years ago, swallowed her teeth. During the past few days the lady has been cutting teeth all over her body, and had, at last accounts, recovered twelve of the fourteen teeth that had formerly constituted her full set. She is anxiously awaiting the arrival of the other two. She has placed the teeth in a glass case, and will keep them as mementoes.

TO HOMŒOPATHIC PHYSICIANS OF THE SOUTH.—*Brethren:* From interviews that I have had during the past few months with physicians of our school in the South, it has seemed advisable that we should have an organization similar in character to the Western Academy of Homœopathy, to bring together those of our school in this section. So far as my knowledge extends, there are but one or two homœopathic societies of any kind south of Mason and Dixon's Line, and it is high time that we were more thoroughly organized. In this way our beloved science can be more effectively placed before the public, and we can be brought together for mutual improvement and encouragement. There are many homœopaths who are completely isolated, and who do not have an opportunity to meet one of their own school from one year's end to the other, and to them especially such an organization would be of the greatest value. The meetings of this association could be held yearly in the cities that would be most central to all, and May or June would probably be the best months to hold them. The American Institute holds its next meeting in Richmond, for the purpose of giving more prominence to Homœopathy in the South; and the meeting for the organization of this proposed association might be held at such time and place that those who wished could continue on to the Institute, or the organization might take place in Richmond at the same time as the meeting of the Institute. I have made bold to act as Secretary *pro tem.*, to bring this matter before you; and I would respectfully urge upon every Homœopathic physician in the South to send me his name to attach to a call, and also any suggestions as to time and place of meeting, etc. I will see that this call is issued at the proper time, and will do all in my power to perfect arrangements for the meeting.

Fraternally yours,

H. R. STOUT, M. D.,
Jacksonville, Florida.

MEMBERS OF BUREAU OF CLINICAL MEDICINE OF AMERICAN INSTITUTE OF HOMŒOPATHY FOR THE YEAR 1882.—David Thayer, M. D., Boston; N. F. Cooke, M. D., Chicago; J. C. Morgan, M. D., Philadelphia; P. G. Valentine, M. D., St. Louis; S. Lillenthal, M. D., New York; William M. Cate, M. D., Washington; Edward Rushman, M. D., Plainfield, New Jersey; John W. Dowling, M. D., New York; Adolph Lippe, M. D., Philadelphia; J. S. Mitchell, M. D., Chicago; N. R. Morse, M. D., Salem, Massachusetts; E. A. Farrington, M. D., Philadelphia; A. R. Barrett, M. D. Richmond, Virginia; T. F. Pomeroy, M. D., Jersey City, New Jersey, Chairman.

A copy of the circular published in the November number of the CLINICAL REVIEW, p. 344, was sent to each member of the Bureau on the first of November.

SURGEON LISTER refused to set a dislocated arm for our Dr. Dudgeon, of London, because Dudgeon was a *bloody Homœopath*. In St. Louis, when we can't find Dr. Parsons, the old-line surgeons never refuse to co-operate *with us*, or to operate *for us*. In fact, they are ever polite and gentlemanly.

A REMARKABLE CASE.—A MAN WHO WAS FED SEVEN MONTHS THROUGH A HOLE IN HIS STOMACH.—One of the most remarkable surgical operations ever performed in America is described in a paper written by Dr. Frank Lutz, surgeon of the Alexian Brothers' Hospital. St. Louis.

The subject, E. Huneke a German tailor, 58 years old, who resided on South Tenth street, commenced in July, 1880, to experience considerable difficulty in swallowing his food, which grew so serious finally that he fainted several times from the pain. On October 28, he consulted Dr. Lutz, who after examination found an incipient stricture of the lower part of the œsophagus, probably malignant. He advised the patient, who was very intelligent and of a philosophic turn of mind, of the nature of his disease, and of its inevitable issue—death by starvation. It was explained to him that his life could be prolonged and made comfortable, but that his disease was not curable; and after the different methods by which he could be fed were explained, he pronounced in favor of a "gastric fistula," which, being interpreted, means nothing more nor less than a hole cut into his stomach, through which the food he could not swallow could be introduced. The operation was performed by Dr. Lutz, assisted by Drs. Wesseler, Hickman and Fuhrman. A two-inch incision was made into the stomach and stopped with a plug of carbolyzed gauze. After eight days the wound had healed by granulation, and food was introduced through the opening three times a day. After food, whether solid or liquid, had been thoroughly masticated and insalivated by the patient, he spat it into a rubber tube through which it was conveyed into the opening. Dr. Lutz observed that as soon as the patient began to masticate his food the gastric juice flowed freely through the fistulous opening. He was kept alive for seven months, long after the ulcer of the œsophagus had made it impossible for him to swallow anything. He died finally of exhaustion, complaining of a violent thirst which nothing could quench.

With a single exception, life was sustained longer in this instance than in any of the kind on record.

THE AMERICAN HOMŒOPATHIC DIRECTORY AND YEAR BOOK.—In accordance with an understanding had with Dr. Pettet, publisher of the "North American Homœopathic Directory," 1877-78, the undersigned will issue early in the coming year, a work, to be entitled "The American Homœ

opathic Directory and Year Book." It will include: First, *A Directory of the homeopathic physicians of North America*. Second, *Homeopathic Societies*—national, state, and local, with times and places of meetings for 1882, etc. Third, *Public Institutions*—colleges, hospitals, public dispensaries, asylums, "homes," etc., in which homœopathy is taught or practiced. Fourth, *Literature*—titles of books, journals, pamphlets, etc., issued during the past year, with names of authors, editors and publishers, and the size, style and price. Fifth, *Public Medical Service*—homœopathic physicians acting as members of health boards, pension examiners, surgeons in the army, navy, national guard or militia, physicians in government hospitals, prisons, alms-houses, etc. Sixth, *Legislation*, enacted in 1881, especially affecting the rights and privileges of homœopathic physicians.

The completeness and accuracy of such a publication must depend almost entirely upon the aid, voluntarily furnished by physicians in all parts of the country. Without an abundance of this practical sort of encouragement, I shall make but sorry work of it. I therefore appeal most earnestly, that each reader of this notice will *immediately* send me by postal card with his or her full name, State, county, post-office, and, if residing in a large city, the street and number. Especially should this be done by those who have commenced homœopathic practice, or changed their residences since 1877—the date of publication of Dr. Pettet's Directory. It is also requested that officers of societies and public institutions will forward, at once, such information as is above indicated, and that publishers will likewise transmit complete lists of their publications of 1881, for insertion in the Directory.

A copy of the work, in paper cover, will be sent to each physician who takes the trouble to forward his name and address, or who in any other way aids in its publication. A few copies will be neatly bound in cloth, for sale at one dollar each. Application for these, with remittance, must be sent not later than January 1st, 1882. Address,

PEMBERTON DUDLEY, M. D.,
S. W. cor. Fifteenth and Master sts., Philadelphia.

Book Notices.

THE USE OF HOT WATER IN THE LOCAL TREATMENT OF THE DISEASES OF THE EYE.—By Laetus Conner, A. M., M. D., of Detroit Mich.

REGISTER OF THE HOMŒOPATHIC PHYSICIANS OF NEW JERSEY.—From Isaac Cooper, M. D.

This contains not only their residences, but their *alma maters*.

THE GALVANIC ACCUMULATOR for Storing Dynamical Electricity for Cutlery and Illuminating Purposes. By Louis Elsberg, A. M., M. D., New York.

INTRODUCTORY LECTURE Delivered before the Class September 30, 1881. By Wm. Owens, M. D., Prof. Mat. Med. and Therap. Pulte Med. College, Cincinnati, Ohio. From the author "with compliments."

ADDRESS.—Delivered before the Homœopathic Medical Society of Pennsylvania, at West Chester, Sept. 1881. By the President, Dr. J. H. McClelland, Pittsburg.

An unusually excellent address.

PROCEEDINGS OF THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO.—Seventeenth Annual Session held at Toledo, May 10th and 11th, 1881, with compliments of H. E. Beebe, M. D., Sidney, Secretary.

The irrepressible Ohioans are annually heard from, and this is one of their best efforts—a fat volume of 178 pages.

ESSAYS ON THE VALUE OF RAW FOOD EXTRACTS.—Read before the American Medical Association, at Richmond, Va., May 4th, 1881. By Geo. R. Shepherd, M. D., of Hartford, Conn. Presented by Boericke & Tafel: New York, Philadelphia, Baltimore, Chicago, New Orleans and San Francisco.

LECTURES ON INSANITY.—By Dr. Samuel Worcester, of Salem, Massachusetts. Published by Boericke & Tafel.

Will be reviewed by Dr. J. Martine Kershaw next month.

We have twelve works from William Wood & Co., New York, which will receive our attention in January.

TRANSACTIONS OF THE AMERICAN HOMŒOPATHIC O. AND O. SOCIETY.—Fifth annual meeting at Brighton Beach, N. Y., January 15th to 19th, 1881. Price 50 cents; to be had of Dr. F. Park Lewis, 221 Seventh st., Buffalo, N. Y.; 79 pages.

It contains an excellent set of special papers, interesting to a non-specialist.

THE CHILD OF PROMISE, or the Isaac of Medicine and Ishmael—The Half-Brother. Being a comprehensive glance at the instincts and predilections of the Rival Schools of Medicine. By William Mellen Cate, M. D., Washington, D. C. H. B. Burnham & Co., publishers.

A most extraordinary but happy name for a book solely upon the history of medicine, from the highest antiquity. More anon.

TRANSACTIONS OF THE BRIGHTON BEACH SESSION OF 1881, OF THE AMERICAN INSTITUTE.

Another beautiful volume, and out on time, thanks to our accomplished and industrious Pittsburg Secretary. We are so delighted with this new binding that we wonder how we ever submitted for thirty-two years to the old binding. Those went on to our back shelves, a little out of sight. These go into our libraries for daily consultation. We are proud of them.

THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

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ST. LOUIS, JANUARY 15, 1882.

NUMBER 11.

CLINICAL REMARKS ON AFFECTIONS OF THE HEART.

BY DR. MARTINY.

Translated by Roswell D. Valentine, M. D., Canton, Ill., from the *Revue Hom. Belge*.

At the time of the first examination of the patient, who was the subject of case xii, we had not discovered the *bruit de souffle* which was afterwards made out. On several occasions similar facts have been presented to our observation, a bellows sound which did not exist at the beginning of the treatment, may appear and increase as the patient improves. This peculiarity is met with particularly when the heart affection is accompanied by a certain degree of hypertrophy with tumultuous palpitations. Let there be a little calm and the effects of the hypertrophy moderate a little, and there will appear pathological sound not at first perceptible. This is, however, what different authors have already remarked in relation to the action of digitalis in large doses. When it is administered to certain patients, it is not rare that under its influence, when it diminishes or moderates the cardiac energy, there supervene pathological sounds which did not exist before. However, generally speaking, the physician cannot express himself in a proper manner in relation to a great

number of heart diseases at their commencement, only after several examinations made at intervals more or less distant. When one of these patients comes to consult a physician for the first time, it is always under the influence of a certain emotion inseparable from a first interview; often also it is in the middle of the day, almost always during the process of digestion, or even after having attended to his daily occupation; all these circumstances over excite the heart of the patient and may deceive the physician. Here is for example a fact which I have often observed : A patient comes into my office saying, "Doctor, my heart stops beating from time to time." I listen for some time and the pulsations do not present the least irregularity ; the patient himself is surprised at it ; often, after having conversed a few minutes, I feel the pulse and the intermissions have returned because the patient is calm. At other times it is only at a second or third interview that the physician can discover them; sometimes even in order to make a diagnosis it is necessary to see the patient in the morning in bed, when he is not yet under the influence of the usual excitements of the day.

A fact worthy of remark and which recalls me to the idea in relation to that which precedes, is that some patients do not feel the intermissions of the heart, while others are positively conscious of them. They feel that "the heart stops;" it is a sort of indefinable sensation which seizes one, sometimes in the head, sometimes in the chest, sometimes in both regions at the same time. It seems to them that life is momentarily suspended ; they are "as it were astonished." Without losing consciousness it seems to them that intellectual action ceases, they have a kind of "absent mindedness." With some the intermission is followed by a more violent beat of the heart, which they perceive perfectly ; with others there is at the moment of the intermission, a pain variable in form and acuteness, on a level with the precordial regions ; others still have a moment of obscuration of sight, etc., etc.

Why these differences ? When and how are produced these different appearances of the same symptom ? Such questions pathology will perhaps resolve some day ; there always are a certain number of patients who "feel their intermissions" or rather with whom the intermissions is accompanied with a special and variable sensation, while a large number experience absolutely nothing similar. Practically, it is incontestable, that in a prognostic point of view the intermission accompanied with any trouble whatever is always more serious. The greater number of patients feel absolutely nothing of their intermissions but do not doubt that they have stoppages in the movements of their hearts. With some subjects the intermission is produced in a regular manner ; after five or six pulsations, an arrest supervenes, and so on regularly. We have also remarked that when a seeming regularity exists, the prognosis is more grave.

CASE XIV.—We have known for a long time a person, now aged 74 years and who presents this peculiarity. Regularly, there is an intermission after five or six pulsations, then mitral bellows sound towards the apex of the heart. He has never presented any heart symptoms other than those of auscultation ; no palpitations, no pain, no panting, and we have never prescribed for him special treatment for his cardiac lesion which ought to be of a rheumatic nature, for he has had several attacks of sciatica. This person was even attacked three years ago, with an intense laryngo-bronchitis, which followed a regular course, as if the heart were not suffering. This is particularly remarkable in view of the advanced age of the subject, but we remarked that under the influence of the febrile excitement, which accompanied the laryngo-bronchitis, the heart beats became regular. As soon as the fever had fallen, this kind of regularity in the intermissions reappeared and the convalescence was complete and rapid.

This patient is a very remarkable example of COMPENSATION IN HEART DISEASES. We have scrupulously questioned him,

and the beginning of his affection dates back a score of years. During the eight years that we have observed him, we have discovered no new modification in his condition ; he presents a mitral *bruit de souffle*, a considerable hypertrophy, and intermissions returning at regular intervals ; but he continues in good health ; he has not the least dyspnœa, even in going up stairs, although 74 years of age ! But we ought to say that for a long time he has applied to homœopathy when he is indisposed ; he has renounced purgatives, sedatives, refrigerants and all other remedies in large doses. This demands some explanation. We are firmly convinced that most affections of the heart have a general and almost fatal tendency to reach a perfect compensation ; that is to say, the modifications which are produced in the heart under the influence of vulvular lesions, approach little by little a degree suitable for resisting the effects of those lesions ; there is thus produced a sort of perfect artificial equilibrium. We do not wish for other proof of it than the great number of subjects attacked with evident heart affections which we meet, and who are not suffering from them. Naturally, these beneficial modifications are produced only after some time, and are always accompanied with functional troubles, such as palpitations, panting, etc., which often force the patient to seek the care of a physician. Unhappy then, the poor patient, if he applies to a partisan of energetic remedies and of strong doses. Very often a disturbing or narcotizing medicine will arrest in its development the beneficent compensation of nature and hasten the fatal denouement. One may calm the palpitations by narcotizing or hypnotizing the patient ; he will be the origin of them (?), the patient will believe himself better because he will no longer have power to feel his disease, but it will make rapid progress.

In these days the sedatives and hypnotics, which the allopathic art employs every day are numerous and powerful, or more properly speaking, frightful. We have examined

number of allopathic works upon the subject in question, and we have been amazed to see with what a terrible arsenal our brethren of the old school are provided. It is not merely digitalis and digitaline, which, administered by an unskilful hand, may bring death by "syncope," but there is chloral, which, it is said, is a "double-edged weapon, being able to cause true collapse." * There is bromide of potassium in the dose of 4 grammes a day, and more, administered thus for months. Then veratrin: "When veratrin or *veratrum viride*, says Germain Lee, begins to produce muscular contractions, quiverings of the face, and for a good reason, convulsions, it is necessary to stop; it is the same if there supervene cyanosis, coldness of the extremities, collapse." It is necessary to stop: we should think so, indeed, but is it always in time? Then there is iodide of potassium, injections of morphia, arsenic, (all these in massive doses, of course).

I pass on to others still. The more I advance in the medical practice, the more I see the hardihood with which our allopathic brethren administer these so energetic remedies, the more I come to believe that patients with heart diseases do not die altogether of the natural progress of their disease.

EUCALYPTOL IN DIPHTHERIA.

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

The records of the treatment of diphtheria in our school are singularly unreliable. Perhaps not more so than in the old school. The trouble is that many writers of both schools err in their diagnosis.

What shall we think of such reports as we frequently see in

* Germain Lee—"Maladies des Cœur," p. 375.

the transactions of our State and County Societies, in which the physician states that he has "cured hundreds of cases in a single season," or "he has treated seventy cases with but two deaths." Contrast these vain and lying boastings with the calm and careful statements of Helmuth and Mitchell, or Jacobi and others of the old school, who assert that cases of true diphtheria very rarely recover. I am sorry to say that very many physicians who ought to know better, call all cases of aphthous tonsillitis, and ulcerated sore throat, *diphtheria*. This fatal error has misled and disappointed many of our school, and led them to give favorable prognoses to trusting parents, when if reporters had told the truth, much disappointment and mortification could have been saved. The fact is, that true diphtheria is a very rare disease, and not only rare, but very fatal. My experience is that not one case in ten recovers,—perhaps not one in one hundred. The object of this paper is to claim for the *distilled oil of eucalyptus*, greater efficacy in my hands, than any other remedy I have ever used. It is now known that the poison of diphtheria is propagated by a microscopic fungi, which externally manifests itself in a *membrane*, or exudation, which may appear on any mucous membrane, or the skin; and internally, attacks the white blood corpuscles, destroys their vitality and thence results the peculiar septic poisoning which paralyzes the nervous system, (see late experiments of Prof. H. C. Wood.) It is also now known that eucalyptol has greater antiseptic power than any other known drug, without being a poison, or a corrosive like carbolic acid, and allied drugs.

Without going further in this direction, I will narrate three cases, in which I used eucalyptol with the happiest results.

CASE I.—A boy ten years of age, was taken with headache, pain, and light soreness of the throat. Aconite and Belladonna was given in the evening I was called. The throat was simply *red*. The next morning two *oblong*, pearly patches appeared on the tonsils. This *elongated* appearance

and an unmistakable *projection* from the surface is pathognomonic of diphtheria. During the day a watery, acrid flow from the nostrils, and inspection showed that both anterior nares were closed by the exudation. I have great confidence in *Merc. cyan* in diphtheria, but it has failed to cure many cases when it seemed indicated. I prescribed it however, a few grains of the 3x in a glass of water, a spoonful every two hours. I have tried *bromine*, *potash*, *chlor.* and *permanganate*, *kali. bich.*, *tartaric acid*, *etc.*, *etc.*, as topical applications, but none of them have in my hands prevented the extension of the exudation. In this case I resolved to test the value of *Sander's eucalyptol*, made from the *leaves*, (this is the only preparation of any value. The oil usually sold, is a distillation from the wood and bark, and is more like turpentine burning and blistering the mucous membrane, and the skin, even when largely diluted). I ordered the following prescription: *R.—Sander's eucalyptol*, 3 i; *glycerine*, 3 i; *alcohol*, 3 iv; *aqua*, 3 iii. To be used in an atomizer. The throat and nostrils to be sponged every two hours.

In twenty-four hours the patches assumed a less firm appearance; they looked shreddy, and had grown but little. This treatment was assiduously kept up day and night for five days, (after the third day the intervals between the medicines was lengthened to four hours). By this time the exudation had disappeared from the throat; the nostrils were freer, and the child made a good recovery with no sequelæ.

CASE II.—A boy six years of age. The nostrils were not affected. Same appearance in the throat. The same treatment was adopted. Cure in six days.

CASE III.—A girl four years of age. The tonsils and uvula had each a large elongated exudate. In this case *merc. cyan.* 6th was prescribed. The spray could not be used. Instead, a teaspoonful of the *eucalyptol* mixture was given every two or three hours, in such a way that the child

"strangled," whereby a portion was brought in contact with the throat, as a "gargle," and a little was swallowed. This case, notwithstanding its age and the bad appearance of the throat, made a good recovery in a week. I have to record that the successful issue of these three successive cases have given me new hope, and encouraged me to take hold of such cases without the usual fear and trembling. If the *eucalyptol* fails in a fourth, or future cases, I shall certainly report them. So far, however, it has done what no other agent has, in my practice of nearly thirty years.

TWO CASES OF VARIOLA.

BY WM. COLLISSON, M. D.

Read before the St. Louis Society of Homœopathic Physicians and Surgeons.

The following are selected from twenty-eight cases of small-pox, five of which died, all of which were treated during the epidemic at Hannibal, 1874 :

CASE I.—Was called January 19, 1874, to see C. W., aged 16. Had previously enjoyed good health. Has been feeling unwell and complaining of chilliness for the last two or three days. Was attacked last night with very violent vomiting, after which high fever and delirium set in. Tongue coated brown in center, with red tip. Pulse, 120; irregular.

R.—*Belladonna*, 6^x; 20 pellets in one-half tumbler of water. Tablespoonful every hour.

SECOND DAY.—Patient no better; lies in a comatose state, and is unconscious of all surroundings. Spasmodic twitching of facial muscles. Mouth dry and hot. Pulse, 130.

R.—Repeat *belladonna* in alternation with *stibium* 3^x every ee hours.

Told patient to prepare for small-pox; very severe case.

On inquiry, found that patient was vaccinated eight years ago, still showing three large cicatrices on left arm.

THIRD DAY.—The fever higher than ever; pulse, 130, but somewhat more regular. Vomited about midnight, and called for water, which he immediately vomited up again. Great trouble to get him awake to take his medicine, being in a state of stupor.

Continued *bella*. and *stibium*.

FOURTH DAY.—The first time I have been able to get a word out of him; has asked for water two or three times this morning; drinks very little at a time, and then falls into a state of stupor. The papules can be distinctly felt under the skin.

R.—Repeat medicine till 6 p. m. Then *thuja* 3^x every three hours.

FIFTH DAY.—Patient more quiet, although still talking when asleep. Father, who has been with him says, "he became more quiet after taking the second dose of medicine;" and noticed at 1 a. m. "that the rash was coming out very fast; it looked so red that he thought it was scarlet fever."

The month and tongue are dark brown, and full of a frothy mucus. Pulse, 110.

R.—*Idem*, and two powders *stibium*, one at 11 a. m., and one at 9 p. m.

SIXTH DAY.—Head and face are literally covered with pustules, which are filling very fast, with very little swelling.

Hands and face very hot and red; pulse, 110. Complains very much of stoppage of throat and nose; can hardly breathe through them. Has taken no nourishment for four or five days.

R.—*Thuja* 3^x, *bella*. 6^x, in alternation every two hours. Mouth and throat to be washed with borax water.

SEVENTH DAY.—One mass of pustules; quite blind; features

hardly distinguishable; mouth, lips and tongue immensely swollen; has no control over muscles of mouth. Cannot open mouth but by the aid of a spoon; can discover tongue, which is covered with a thick, bloody slime, that oozes out. Mouth must be opened thus, even when giving a spoonful of water or medicine. Pulse very quick and irregular.

Ordered a few spoonfuls of chicken broth every three hours.

Continued *bella.* and *thuja.*

EIGHTH DAY.—But slight change. Patient has taken small quantity of chicken broth. Bowels moved freely. Urine dark-red.

Continued *bella.* and *thuja.*

NINTH DAY.—Pustules filling on the extremities; very large and confluent; so much so on hands and wrists that the pulse cannot be distinguished.

Continued *bella.* and *thuja* every three hours.

TENTH DAY.—Patient about the same. Case looks gloomy in the extreme.

R.—Continued medicine.

ELEVENTH DAY.—Pustules are changing color on the forehead. Patient can distinguish the light. Mouth and throat full of corruption. Smell terrible.

R.—*Merc. sol.* 30^x every four hours.

TWELFTH DAY, 10 A. M.—Better; mouth and throat greatly improved. Pustules still becoming more confluent and larger on extremities. The whole surface feels very dry and hard to the touch.

R.—Repeat *merc. sol.*, and anoint with olive oil.

THIRTEENTH DAY, 11 A. M.—Pustules changing; look almost black on forehead and face. Mouth and throat better. Wants something to eat. Ordered chicken broth thickened with flour, not more than half a teacupful at a time.

R.—*Thuja* 3^x every three hours.

FOURTEENTH DAY.—Patient had a restless night, suppuration being so great that he cannot bear to be touched or disturbed.

R.—*Arsen.* 3^x, 6 drops in spoonful of water every three hours, in alternation with 4 pellets *belladonna* 6^x.

FIFTEENTH DAY, 8 A. M.—Decidedly better; nose, mouth and throat are clean and open; can breath through the nostrils and can talk; says, “I’m hungry all the time, and they won’t give me anything to eat.”

Ordered some mutton broth, and occasionally a little cracker and tea.

R.—*Arsen.* 3^x, 3 drops; *bella.*, 6 pellets; in alternation every three hours.

To-day the other children, five in number, were taken down. All these are crowded into one room, 9x14 feet!!

SIXTEENTH DAY.—Sitting up in bed, says he feels well. Pustules drying and scaling off.

Arsen. continued.

SEVENTEENTH DAY.—Still convalescing; mouth and lips very sore.

R.—*Mercurius sol.* 30^x, 6 powders, three daily.

CASE II.—January 18, 1874, at 4 P. M., was called to see C. P., aged 16. Has generally been healthy. Was never vaccinated. Has been treated by Mrs Dr. Smith the last five days for typhoid fever, during which time I learn the following symptoms were present: chilliness, vomiting, slight cough, headache and some delirium.

Remedies given, *acon.* and *belladonna*.

Present symptoms: a fine purple rash can be seen and felt on the wrists and body, but not the slightest trace on the head or face. Pulse 120, full and hard. Tongue coated dark brown. Bowels move every day.

Diagnosed variola.

R.—*Thuja* 3^x every three hours.

SECOND DAY.—No eruption yet on the face, but is more apparent on the body and upper extremities. Other symptoms same. Pulse 120.

R.—*Thuja* 3^x, *bella.* 3^x, every two hours in alternation

THIRD DAY, 11 A. M.—Has been very restless all night. The face is more covered with shot-like pimples. Had four dark stools. Urine very red; complains of scalding. Pulse very feeble and quick. Slight thirst; drinks small quantity of cold water. Refuses warm drinks.

Continued medicine.

FOURTH DAY.—Tongue, mouth and throat very sore. Face and hands much swollen. Rash comes up slowly. Bowels moved three times; complains of tenderness.

R.—*Merc. cor.* 12^x, *bella.* 6^x; every two hours in alternation.

FIFTH DAY, 11 A. M.—Has rested better. The pustules are becoming very large and confluent; are more forward on the body, arms and hands than on the face. Bowels have not moved since last visit. Mouth, throat and tongue are covered with small eruptions. Constantly wants cold drinks. Gave him toast water.

R.—Repeat *merc. cor.* and *bella.*

SIXTH DAY, 11 A. M.—Mouth and throat are full of frothy mucus. Pustules still growing larger. Very little fever. Pulse 95. Takes sufficient nourishment.

R.—*Thuja* 3^x every three hours.

SEVENTH DAY.—Very little change since yesterday.

Continued medicine.

NINTH DAY, 10 A. M.—Have not seen the patient for two days. The pustules are larger and more confluent, covering large patches in some places, almost girding the limbs in a spiral form, fully six inches wide. Fever present, with slight delirium at night. Pulse 100, Very little thirst. Bowels normal.

R.—*Merc. sol.* 12^x, every three hours. Cleaned the mouth with solution of borax.

TENTH DAY.—No change since yesterday.

TWELFTH DAY.—Suppuration has commenced—very late, this being the seventeenth day since first taken. Where the

pustules are large, the discharge and stench are horrible. High fever. Restless; complains of burning soreness all over. Wants nurse to oil him constantly.

R.—*Arsen.* 3rd, *bella.* 6^x; in alternation every three hours.

FOURTEENTH DAY, 11 A. M.—Pustules are drying and scaling off. Constant fever; worse at night, accompanied with delirium. Appetite good.

Repeated the medicine.

SIXTEENTH DAY.—Appears to be convalescing slowly. Symptoms better, except mouth and throat, which are in a putrid state.

R.—*Merc. sol.* 30^x, *bella.* 6^x, every two hours.

SEVENTEENTH DAY, 8 A. M.—Was sent for—friends thought patient to be dying. Became cold all over, then high fever, pupils dilated, moaning and tossing about. Extremities weak, swollen and very painful. Stench very bad. Has passed no urine for twenty-four hours.

R.—One powder *canthar.*; then *apis* 2^x every hour.

6 P. M.—Better; has passed water twice.

Apis every three hours.

EIGHTEENTH DAY, 11 A. M.—Very much better. He slept well, and has taken nourishment. Pulse 90.

R.—Continued the same medicine.

NINETEENTH DAY, 11 A. M.—Still better. Scabs are nearly all off. Complains of throat, which seems swollen. Cannot breathe through the nostrils. Nurse to swab the throat with solution of borax, and, if possible, get the passages free and open.

R.—*Merc. sol.*

TWENTIETH DAY.—Mouth and throat no better; otherwise improving. Sitting up in bed.

6 P. M.—Messenger reported patient better; has been playing with his sister, and is quite cheerful. After this, patient slept till 8 P. M., and on waking drank water two or three times; had slight cough. Fifteen minutes after he suddenly

commenced bleeding from the mouth and nose, and died in thirty minutes.

I would call attention to the difference in duration of all the stages of these two cases—one was vaccinated, the other not.

Was it due to the vaccination, both being healthy boys, and both confluent cases?

St. Louis, December 26th, 1881.

A STUDY OF CHILDREN'S TEETH.

For two or three years Dr. Samuel Sexton has been engaged in an investigation of the teeth of school children, with special reference to the influence of decayed teeth upon the sight and hearing of children so afflicted. The investigation was suggested by the almost constant occurrence of defective teeth in cases of inflammatory diseases of the eye and ear.

In the course of his work, the *Times* states, Dr. Sexton has taken some hundreds of accurate casts in plaster of the interior of the mouth in cases that have come under his notice, and has collected a cabinet that is invaluable as a contribution to science. His method has been, first, to take a complete cast of the internal cavity, and then from it to mould each jaw separately, and unite the two posteriorly with a neat brass hinge, so that the state of the teeth, their arrangement, and all their peculiarities can be observed at a glance. He has found a pretty constant association between myopia, impaired hearing, and defective teeth, the cause of which he believes to lie in the distribution of the fifth pair of nerves, which is at once a sensory, motor, and trophic pair, supplying the teeth, the tissues of the nose, those of the eye and ear, the integuments of the frontal and temporal region, and so on. Irritation of the whole region is consequently produced by a defective tooth; and, in point of fact, some of the severest cases of

neuralgia, temporal, facial and ophthalmic, arise from impaired teeth; often in cases where the teeth themselves give no trouble whatever, and none save the acutest medical intelligence can trace any relation between the fierce attacks in the eye, ear, or temple, perhaps, and the caried tooth that gives no local trouble whatever. In a few cases progressive dementia has been arrested by immediate repair of a tooth that produced no apparent disturbance, but was responsible for deep-seated cerebral trouble; but these cases have been too few to lay stress upon them as factors in the investigation. On the other hand, troubles with the eye and ear are often traceable to defective teeth, and Dr. Sexton regards irritation of the maxillary limbs of the fifth pair as among the principal causes of the progressive near-sightedness of school children, as observed by Drs. Agnew, Loring, Parke Lewis, Kohn, and other ophthalmologists.—*Scientific American*.

ON THE CAUSE OF DEATH UNDER CHLOROFORM.

BY G. P. HACHENBERG, AUSTIN, TEXAS.

The subject of this paper was forcibly brought to my mind in connection with my researches on the malignancy of epidemic diseases, as cholera, yellow fever, etc. The similarity of action of anæsthetics and some of the chemical and epidemic poisons on the system, led me to think that there was a common cause in their disastrous results. Take into consideration almost any active chemical poison, as *arsenic*, *morphia*, etc. A few grains may be sufficient to destroy life. But let a person take small medicinal doses of the same daily, and gradually increase them, he may finally be able to take ten times the quantity with impunity that would have proved fatal at the first dose. Here is a physiological principle involved that should solve the difficulty of our question. Let the nervous centers be *suddenly* overwhelmed with any poison, bad results

will follow. An epidemic poison that is gradually admitted into the system will invariably produce a mild type of disease, where, on the other hand, if the absorbents take it up suddenly, it is sure to endanger life.

The cause of death under *chloroform* is not usually owing to any organic defect in the system, as it is usually supposed, but to the condition of the absorbents. If the functions of these are in a measure suspended, *chloroform*, if administered in the ordinary way, would hardly ever prove fatal. But let them be in a ravenous condition, with a corresponding clogged elimination, when *chloroform* is administered like any other poison, it is apt to prove fatal. As to the mode of dying under the influence of *chloroform*, that is entirely a secondary matter, and comes within the range of some constitutional defect that may exist at the time. This explains the want of pathological harmony of the fatal cases. I do not agree with Richardson, that "no human skill in applying *chloroform* can divest it of its danger." I believe there are two ways of accomplishing this :

- 1st. By administering *chloroform* daily, sparingly, every day for several days before its final administration.

- 2d. By counteracting the activity of the absorbents.

There are circumstances when the latter is enforced by the process of nature alone, as in certain forms of injuries and in all cases of parturition. Consequently, cases under this peculiar condition are not likely to prove fatal. In my army experience I have noticed that a healthy, vigorous subject, in a fast with great fatigue, cannot take *chloroform* with safety, and for obvious reasons.

The question might be asked, if *chloroform* is not usually received into the system by the absorbents, how is it received ? Precisely as the oxygen of the air is admitted—by a limited pulmonic endosmosis, virtually a mechanical process. Instantaneously as the anæsthesia makes its impress on the brain, insensibility ensues. Should this process of endosmosis into

the pulmonic capillary arteries be associated with an active absorption by the veins, the venous portion of the heart would become paralyzed, thus causing death.

There is another idea connected with this matter that deserves serious attention. A self-generating poison in the system, as in smallpox, scarlatina, etc., is governed by the same law as any extraneous poison that may be received in the body.—*Pac. Med. & Surg. Jour.*

INFANTILE SYPHILIS—MODE OF COMMUNICATION.

BY W. A. EDMONDS, M. D., ST. LOUIS.*

Few subjects in the whole domain of human pathology have elicited so much interest, discussion and controversy as syphilis. Various theories as to etiology, diagnosis and treatment have been promulgated from time to time, which have been unable to stand the test of subsequent investigation and experience. The outlying bounds of certainty to-day upon the main question, as well as its subdivisions, it must be confessed are still somewhat undetermined. The interest which attaches to the subject does not depend altogether upon the difficulties and uncertainty in the investigation and treatment, but is greatly intensified by the recognized violence and obstinacy of the symptoms, as well as the grave social and domestic bearings in the matter.

We do not propose to enter the list in the present paper as a controversialist in regard to mooted points, but to state succinctly that which seems to be well determined as to how the disease is ordinarily communicated to the infant during uterine life. The most probable time of such communication is at the moment of conception. Either of the parties to conception, being diseased at the time, may impart the taint to

*From Trans. Am. Inst. of Hom., June, 1881.

the fœtus. The probabilities seem greater that a diseased father will convey the poison than that the mother will do so. Both parents being diseased at the time of conception so greatly enhances the probabilities of the child's taint as to render the infection almost a certainty.

Parents in apparent health at the time of conception may procreate a syphilized progeny on account of a previous affliction from syphilis. It is a question of grave social and domestic import to determine at what period of remoteness after an attack parties may with reasonable safety perform the office of procreants without risk to the procreation. We do not think any exact rule can be affirmed under this head without the risk of adverse exceptions. Probably the safest rule would be to advise parties contemplating marriage to postpone any undertaking of the kind for at least one year after the last disappearance of the disease. Some persons become so thoroughly impressed and imbued with the poison as to render parentage unsafe for all after life.

Should a mother contract primary disease subsequently to the date of her impregnation, and suffer constitutional taint, she will most likely contaminate her child.

It is a curious fact that a syphilized mother is much less likely to communicate the taint to the child in utero after the sixth month than if she contract the disease at an earlier period of gestation.

Whether this greater susceptibility to the toxic influence in the earlier months of uterine life depends upon the relatively weaker power of the *vis conservatrix* than in the later months, is of course mere matter of plausible conjecture.

Whether a child born of a pure, healthy parentage may subsequently contract a constitutional taint by drawing its lacteal supply from a syphilized nurse, is a matter *sub-judice*. The greatly diminished probability that the child in utero will contract the taint during the latter months of uterine life would seem to be a fact adverse to the probabilities of conta-

gion from such a source, though we might esteem it the part of prudent precaution to avoid any such probable source of risk to our little client in the selection of a wet nurse, or in not allowing it to nurse its own mother in case of her syphilization.

Infants rarely have the disease in a primary form, though the mother may have primary disease in the vulva at the time of the child's birth. Whether this exemption from primary disease on the part of the infant depends upon the preventive power of a previous contamination from the mother in a constitutional form may be a plausible conjecture, but is a question open to further inquiry and future settlement.

Surgical Department.

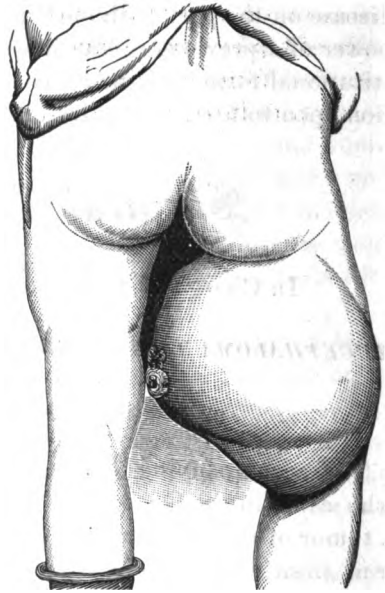
In Charge of S. B. PARSONS, M. D., Surgeon.

EUCEPHALOMA OF THE THIGH—AMPUTATION—RECOVERY.

BY S. B. PARSONS, M. D., ST. LOUIS, MO.

The accompanying cut represents a laborer, German, 53, who came to the Good Samaritan Hospital for treatment for a tumor of the thigh, which was so large as to almost prevent him from walking, and from which he suffered not a little pain. Its place of origin was in the upper portion of the right popliteal space, where it appeared nine years ago as a small, firm swelling, somewhat movable, not tender, nor interfering with any function of the part. For eight years its rate of growth was very slow, not greater than is usually observed in all innocent tumors, nor did he suffer from it in any manner, save in its bulk and heaviness. At this period, or one year ago, it was about the size of a large cocoa nut, somewhat soft, not tender to the touch, but occasionally there would be a

sharp darting pain run through, momentary only in existence. Six months ago he had a sharp attack of malarial fever, which, when subdued, left the tumor in a highly aggravated state, and gave it an impetus of growth that rapidly increased its area. When he came under observation the tumor extended from the popliteal space to the guteo-femoral fold; the circumference of the leg over the greatest diameter of the tumor was 35 inches. The mass could be swung from side to side, but its base was immovably fixed to the periosteum, or deep structures of the leg. The pain attending it was of a sharp, burning, lancinating character; that drove the patient almost wild at night, preventing sleep, and was only a few degrees less severe during the day. The color of the growth was bluish in some spots, whitish or pearly in others, and pinkish or red in still other places. Its form was cone-shaped, with the apex pointing toward the opposite leg, and surmounted by



an ulcerated patch from which exuded a thin, sanious, bloody, discharge, and through which, also, protruded a heavy mass of large-sized granulations—the probable beginning of fungus hæmatodes. There was no sign of pulsation to be discovered, and oscultation revealed a soft blowing intermitting sound, synchronous with the pulse.. To the touch it was everywhere soft and elastic, and at its lowest point there was a sensation given to the fingers on palpation so nearly like fluctuation that had there not been other definite signs of a

rapidly-developing malignant disease, it might have been taken for an abscess. His general health was suffering considerably; the face wearing a sunken, cachectic look; night sweats; pulse, 110; temperature, 101; no appetite; and diarrhœa of greenish-brown, foul smelling stools, six to ten per day.

The outlook for the poor man was indeed a desperate one, as whatever mode of treatment was adopted the strong probabilities of ill results rose so fiercely before us as to overshadow any possibility of his perfect recovery. But one of two things was to be done --the one to let him alone and quietly and speedily die; the other, to attempt relief by amputation. Removing the tumor only was certainly out of the question. To my mind a stronger hope lie in removal of the limb than in the former plan, as there is no form of malignant disease so amenable to the knife as this, even after the second and third operations.

Having determined to adopt this measure, I amputated the leg, in the presence of the students, assisted by Drs. Comstock, Edmonds, Gundelach, Harris, Collisson, Wilcox, and others, one and one-half inches below the trochanters. The tumor extended so high up the thigh that it was with no little difficulty and close cutting that sufficient material was obtained for flaps. These were semi-circular in shape, composed of skin and connective tissue only, taken from the front and back of the thigh, and partly forming the covering of the upper part of the growth. After they were dissected up and retracted, the deeper structures were divided by a circular incision with the long catlin knife, the upper end of the tumor being closely shaved by it in its passage.

The femur was now sawed through, and, upon examination, a considerable degree of hyperæmia of the medullary membrane and medulla was observed, though no signs of developing encephaloid disease within the bone were anywhere visible. Three ligatures were required to control the hemorrhage.

After all oozing had ceased, the flaps were brought together and secured by eleven silk sutures. Dry absorbent cotton and reverse bandage were the only dressing applied, which was not removed for five days, as there was no demand for an earlier reapplication—no bleeding, no discharge, no foul odor, no painful swelling, etc. The day following the operation, the temperature stood at $101\frac{1}{2}$; pulse, 110. The second day, temperature $102\frac{1}{2}$; pulse, 130; but from this time there was a very gradual lowering of both temperature and pulse, until the former reached its normal state, and the latter remained at 78. On the eleventh and thirteenth days the ligatures came away, the suppuration which first became manifest on the fifth day, and increased in quantity and foul smelling to the ninth, slowly lessened under *calendula lotion* injections and *silicia* 30°. From this date his improvement was continuous, notwithstanding he at one time had a sharp attack of diarrhoea, which yielded to *ars. iod.* 2^x, and *cham.* 3^x, and night sweats, cold and clammy, controlled by *vert. alb.* 3^x, then bronchitis, cured by *tart. emet.*

A most remarkable and curious feature in the case was the manner in which the stump healed, and, to me, is an omen that augers ill to the patient—an almost certainty of return of the disease. At no time was there the reddish appearance of the edges of the flaps we always find in cases that unite by first or second intention, their temperature being below normal, even actually cold, insensible, and maintaining a pallid somewhat shrivelled look, until the granulations that slowly filled up the space underneath, and covered the end of the bone, united them by cicatricial tissue. Another notable peculiarity was the long period of time the tumor existed before it showed any positive signs of malignancy, and afterwards the great rapidity toward degenerative changes that marked its progress. And yet both of these conditions are not uncommon to this class of malignant growths, for none may take a longer time to develop, twenty or thirty years, and then destroy the pa-

tient, and again none may kill so quickly, requiring but a few weeks only to lay the victim in the grave. Its weight was 35 pounds. The patient is now walking about with no signs of the disease returning.

FATTY TUMOR OF THE NECK.

BY S. B. PARSONS, M. D., ST. LOUIS, MO.

The subject of this sketch, German, aged 30, first noticed a small soft, movable tumor on the back of his neck, at about the outer border of the left trapezius muscle, eleven years ago. There was no pain nor tenderness attending it, and its growth was so slow as to be discernable only by comparing its size every six months. Its form for two or three years was round or slightly lobulated, smooth, skin over it of a natural color, quite movable, but as it increased in weight and height, it assumed a pedunculated shape, as represented in the cut. After it had reached the size of a large orange, its growth was more perceptible, yet not rapid, painless throughout, never showing any fixedness to the skin, the latter always sliding readily over it. Gradually the superficial veins coursing in the cutaneous structures covering the tumor became



enlarged and discernable; there was a constant feeling of heaviness and dragging in the neck when in the upright position, and a serious inconvenience was found in the difficulty the patient had in buttoning his shirt. At the time he came under our care the tumor measured nine inches in length, thirteen inches in its largest circumference, and attached to the neck by a pedicle three inches in diameter. The skin at its base had a florid blush, otherwise its color was white, the dark blue veins beautifully intersecting divided it into hexagonal and polygonal-shaped spaces. It was devoid of tenderness, rather lobulated, everywhere semi-elastic, freely movable, no enlargement of cervical glands, and no constitutional involvement. To differentiate between it and tumors bearing any likeness to it. It was not fibroid, as this form of growth is hard, or rather resistant, slightly elastic, smooth and rounded, rarely lobulated, never pedunculated except when growing from internal cavities, more firmly attached to surrounding parts, and yet not immovably fixed to them; not often seen in the cervical region, while fatty tumors frequently appear there. It was not fibro-cystic, because its elasticity was everywhere the same; while in the latter there are portions of the tumor that are hard or very firm, and others very elastic, and others fluctuating. It was not a hydrocele, because there was no sense of fluctuation, nor transmission of rays of light through the tumor, as may be seen in a darkened room when examined by the aid of a candle or lamp. It was not an encephaloma, because the growth of this form of tumor is rapid, seldom growing slowly, and very rarely lasting nine years; is always accompanied by sharp darting pain after reaching the size of an orange, if not sooner; early becomes adherent to the skin; is not movable; has a bluish, dark red or brownish color; the neighboring glands eventually become involved, and a cachectic condition induced. It was not scirrhus, because the latter grows rapidly, and is very hard to the touch; unyielding; has hot, sharp pains; never seen on the back of the neck;

appears after the fiftieth year mostly, and early shows the general dyscrasia peculiar to cancerous affections. The nearest lymphatic glands soon manifest a diseased state, and become equally as hard as the primary tumor. It was not local hypertrophy of the skin, because this structure moved readily over a morbid mass beneath it, and was not thickened, nor rough, nor cracked and scaly, nor discolored, nor hard and immovable, as it is when suffering hypertrophy of its texture.

The inconvenience suffered from it was the sole reason the patient sought to get rid of it, and we effected its removal in the following manner: Anæsthesia having been induced, a flap composed of skin and subcutaneous tissue, only, was taken from one side of the pedicle, of the size, or rather somewhat larger than the diameter of the pedicle, that is, three and one-half inches; the incision being crescentic in shape, the lowest points of which divided the pedicle into two equal parts. The tumor was then carefully dissected out from the deep structures of the neck, each bleeding artery was closed by torsion, not one ligature being required; the flap was brought over the opening thus made and stitched to the border of the wound by carbolised silk sutures. Lint saturated with calendula and water, and a light cravat, constituted the dressing. Union by primary healing followed, and the patient went to his home one week afterwards.

DESQUAMATIVE SYPHILIS OF THE TONGUE.

M. Parrot has recently drawn attention (*Le Progres Medical*, No. 11), in a clinical lecture with the above title, to an important and somewhat novel form in which hereditary syphilis sometimes manifests itself.

At the tip of the tongue, or along its edges, a small patch, from one to half a millimetre in diameter, shows itself; it is white, rounded in form, and on the surface of it the epithelium is somewhat thicker and whiter than normal. Very shortly,

within twenty-four or twenty-six hours, in the place of this milk-like disk there appears a whitish ring circumscribing a red surface — the center of the patch — where the epithelium is shed, and the papillæ are visible. From this time the affection spreads with remarkable rapidity, either towards the posterior parts of the tongue or towards its center. The circles transform themselves into crescents or irregularly curved lines, the concavity of which is almost uniformly forward. This modification in the form of the disease is due sometimes to its attacking the borders of the tongue, where its eccentric course is arrested (for it rarely attacks the under surface), and sometimes to the coalescence of several crescents. In the latter case the surfaces which have most recently desquamated are limited by a kind of festoon. Each patch presents certain characteristics which deserve mention. At the periphery and along it there is to be seen a zone of a dead-white color, which distinctly demarcates both by its color and elevation between the portions of the tongue which have and those which have not been attacked. As regards the desquamated surface, this is found to vary in different parts; close to the epithelial zone, where the disease is most recent, the tongue is smooth and of a vivid red color; while farther away this condition, though present in some degree, becomes less and less manifest until it shades off into the healthy appearance.

However rapid or active this affection may be, it is very rare for the entire tongue to be desquamated by one of these patches; there nearly always remain, either behind or in the center, some points which are not affected. Nevertheless, before one patch has completed its course, another one shows itself, and takes the same direction. In this way sometimes no less than three desquamating zones may be observed gradually spreading from the tip to the posterior region of the organ, not unlike the concentric successive undulations which may be seen on the surface of water after repeated shock of any kind.

The duration of the disease, considered in its *ensemble*, or in any of its stages, is very difficult to determine. The latter rarely lasts five or six days. The disease may remain dormant for several months, perhaps years, only to break out afresh during some period of activity, or under influences which up to the present time M. Parrot has not been able to formulate.

The diagnosis is simplified by this consideration — that the disease belongs essentially to childhood, though it is impossible to say that it may not also affect adults. The appearances are so peculiar and so typical, at whatever period observed, that it is impossible to mistake the affection after having once or twice attentively watched it. The scarlet fever tongue, in contradistinction, is despoiled of its epithelium very rapidly and over its whole surface. It is of such an intense red that one might think it would bleed if touched. Thrush also gives rise to desquamation, but very irregularly and not at all after the manner, in zones, just described. Besides, a microscopic examination, however rapidly made, would at once discover the spores and scolices of the parasite. Aphthæ cause not only simple desquamation, but also veritable ulcers sometimes, which, however, rarely extend beyond their first limits.

And as regards other affections of the tongue, such as pityriasis, lichen, psoriasis, or opaline syphilitic *plaques*, on which authors are at present far from agreed, and the signs of which are but badly defined, they may be left out of the question, as they are never found among young children. The pathological anatomy of the disease has yet to be determined. M. Renaut, of Lyons, on examining the scrapings of a tongue affected in this way, found a large quantity of epithelial cells, sporules, coagulated mucin, and embryonic cells in abundance. Such an examination, however, could not of course determine either the seat or the nature of the lesion. M. Martin, chief assistant in M. Parrot's laboratory, has examined microscopic sections of three tongues. From these it was found that the epithelium was tumefied and thickened. The cells of the corneous layer were increased in volume, as

well as those of the Malpighian layer, which latter is further in a state of active cell-proliferation. There is also a large number of lymphoid corpuscles in the papillæ and adjacent portions of the derma, either scattered or in groups. M. Parrot thinks from these appearances that the derma is the principal and primitive seat of the affection, and that the superficial manifestations — the only ones visible during life — are secondary and consecutive.

As to the nature of the affection, M. Parrot thinks that it is certainly not parasitic, nor due simply to mal-assimilation, but that it is a manifestation of congenital syphilis; for of thirty-one cases, in no less than twenty-eight were the signs of this disease incontestable. Of these thirty-one cases, not less than twenty-two occurred in children of two years and under, while at from two years to six there were only nine. This is exactly the period when congenital syphilis is most active. The disease has manifested analogies with skin syphilis, which occurs in patches, with more or less concentric edges, which desquamates, and not infrequently occurs in successive crops, and which microscopically resembles closely the appearances above described in the tongue.

Why, of the whole buccal cavity, should the tongue alone be attacked? M. Parrot thinks because of its richness in nerves and blood-vessels, and of its great activity — conditions which favor diathetic manifestations. He thinks this affection is not contagious by contact, for there is neither erosion nor secretion, and the majority of the subjects attacked have passed the age when the disease is contagious.

The prognosis and treatment do not call for any special remarks, the indications being general rather than special. — *Med. Times and Gazette*, April 23, 1881.

WASHING-OUT THE STOMACH.

A tube of very flexible India-rubber, about five feet long and half an inch in diameter, is adapted to a glass funnel

capable of containing sixteen or eighteen ounces. The funnel is held with the left hand, whilst the free end of the tube, coated with glycerine, is introduced into the pharynx with the right hand. It is gently pushed down till it has penetrated to the extent of twenty inches whilst the patient performs the act of swallowing. At this moment the funnel is raised above the patient's head, the liquid intended for the washing-out is poured into it, consisting of some water with fifteen or thirty grains of bicarbonate of soda, to the litre of water previously boiled in it, or Vals water (Vivaraise No. 1) previously heated to the temperature of 98 degrees Fahr. The tube having been filled up to the socket of the funnel, the apparatus is left in this position for one instant, then the funnel is lowered below the stomach. The India-rubber tube then acts like a syphon, and gives passage to a liquid charged with mucosities and residuæ of digestion. If the washing-out be repeated several times, a nearly clear liquid is obtained.

The patient should be fasting at the time of operation. The washing-out may be repeated daily for some time.

In cases of acid dyspepsia and gastralgia, slightly alkalized water should be used.

If the pharynx be too sensitive, efforts should be made to subdue this sensibility by means of a gargle of bromide of potassium.

TREATMENT OF GONORRHŒA BY INJECTIONS OF SULPHUROUS ACID DILUTED WITH WATER.

For some time I have treated all cases of gonorrhœa with injections of sulphurous acid diluted with water, and as the results in my hands have been very satisfactory, I write in the hope that others may be induced to give this method a trial.

I do not offer any theory on the subject, I simply state the fact that I have now treated sixteen cases of gonorrhœa, using

no other medicine, and they all returned to duty in an average of six days. I have not observed a relapse or any bad effect. The majority of the cases were second attacks; but those suffering from primary attacks of the disease recovered equally fast.

When I commenced this method of treatment I used much stronger injections than I do at present. I find sulphurous acid one part to fifteen of water quite strong enough for most cases. The rules of treatment I recommend are: place the patient on low diet, and administer injections of sulphurous acid diluted in water one to fifteen, three times a day, no other treatment being necessary. I find it is necessary for the attendant to give the injections, for if it is done by the patient it is never well done, most of the fluid escaping back outside the nozzle of the syringe. The injection should be kept in the urethra from three to five minutes. If the patient complains of much pain, or if there is a tendency to chordee, it will then be sufficient to administer the injection once or twice in twenty-four hours.

If these instructions are strictly followed, the purulent discharge will become scanty at the end of the first day; and on the third it will be replaced by a thin, gleetty discharge, which also disappears in a couple of days. While this watery discharge lasts I usually administer only one injection daily. I find that the first injection frequently causes pain, which is not so much complained of afterwards. I, therefore, in a few cases give the first injection very much diluted — one in twenty, afterwards using one in fifteen. It is necessary to see that the sulphurous acid is fresh and good before it is diluted to the required strength.—*London Lancet.*

TO REMOVE grains of powder from the face, or skin elsewhere, after they have become completely buried in the tissues, cut out very small pieces of the integument, one, two or three at a time, including the particles of powder.

Editor's Drawer.

THE NATIONAL BOARD OF HEALTH has declared small-pox epidemic in the United States since the 20th of January.

THE SIXTH ANNUAL SESSION of the Missouri Institute of Homœopathy will be held at St. Joseph, Mo., on the second Wednesday in May, 1882.

PROF. I. A. YOUNG, of Hopkinsville, Ky., is delivering a course of lectures at the Homœopathic College on Skin Diseases, and is making a good impression.

THE HERING MEDICAL COLLEGE has been organized in North St. Louis, with Dr. J. T. Kent as Dean, and Dr. W. B. Morgan as Registrar. The Dean claims for it a bright future, and says they have come to stay.

FACULTY VALEDICTORIAN.—Professor I. D. Foulon, LL.D. Class Valedictorian, John M. Cresswell, Pineville, Ark. Commencement, March 2d, at Pickwick Hall. Alumni supper after the exercises. All graduates are invited.

I HAVE found *Listerine* to be an efficient and agreeable antiseptic dressing. In offensive uterine and vaginal discharges it has proved a complete deodorizer, surpassing in this particular any other article I have used.—Edward W. Jenks, M. D., LL. D., Professor Medical and Surgical Diseases of Women and Clinical Surgery, Chicago Medical College.

CAUSES OF NASAL CATARRH.—Electrical states, atmospheric vicissitudes in temperature, exhalations from the earth, malaria, metallic dust, vegetable dust, vegetable germs, animal dust, animal germs, animal effluvia. Fresh water moisture; repelled chronic eruptions, or retrocessed acute exanthems; secondary and tertiary syphilis; drug poisonings, as, *arsenic*, *mercury* and *potash*.

VACCINATION.— During the month of December 10,874 persons were vaccinated at the City Dispensary in St. Louis. The small-pox scare, prevailing all over the West, has very properly caused a majority of the people to be vaccinated, and so the vaccine virus propagators are at last reaping their long-delayed harvest. One doctor in our city has had a fresh calf in his office every day, from which he vaccinates all applicants. Shades of Jenner! See the asses run after the calves!

DR. AMBROSE S. EVERETT, of Denver, our whilom *confrere* College Pro-

fessor, is doing yeoman service at the foot of the Rockies. He has made a ringing report of his stewardship as county physician, and has been re-elected for another year. He has saved during the year for the city \$1,-\$93.67. His mortality rate has been 8 per cent. for the year 1881. For the year previous, 1880, under O. S. management, it was 14 per cent. The O. S. stalwarts have tried to dislodge him, but the ex-professor of anatomy makes their *dry bones rattle*, and holds the fort. His scalpel has not lost its lustre, and Colorado's capital continues to honor and trust him.

HOW TO SLEEP IN A SLEEPING CAR.—1. Get a berth in the fore part of the car. This is because the pure air comes in at the front end and windows, and goes out at the rear end and windows. I always take the front upper berth. My reason for taking the front upper berth is, because it is freely ventilated and away from the hot pipes. 2. Have your berth made up head toward the engine. This will keep all draughts of air from your head and prevent taking cold. If the car is very tight, put a lead pencil under the window at your feet, in case of lower berth; or, in case of upper berth, open the hind sky window at your feet. 3. Fix your pillow in one corner of the berth and your feet in the other. By lying diagonally you will not roll in your berth.

COMPLIMENTS OF THE SEASON.—We forgot to send them out last month, and now it is too late. As to ourself, we have to confess to the shedding of an *editorial tear*, that one hundred and forty-nine of you have failed to liquidate your arrearages for 1881. We wept not for ourself; but are lachrymose for the Dr. whose true inward cussedness leads him to pay his tobacco bill, his coal oil bill, and his laundry bill, and, with the same regularity, does *not pay* his Journal bill.

Something like the following has a musical cadence in every word:

DEAR PROFESSOR—Enclosed please find two dollars for the CLINICAL REVIEW for current volume. The REVIEW is like its editor, gets better every year.

Yours fraternally,

W. A. SMITH, M. D.

EVANS, ILLS.

PROFESSOR TICE, the distinguished meteorologist and weather prophet of St. Louis has issued his "Annual National Weather Forecasts for 1882," in which, besides foretelling the weather for every day in the year, and clearly explaining the theory on which his predictions are based, he gives much other information concerning atmospheric phenomenon—the whole designed not only to give the *facts* as to the weather, but to *teach* the masses the facts determining weather changes. Other matter concerning the farm, garden and household of special interest is added, the whole

serving to make it the most complete and practical of his long series of annual issues. Its value to every one, and especially the farmer, is apparent. For sample copy, and terms to the trade and to agents, send 20 cents to Thompson, Tice & Lillingston, of St. Louis, Mo.

DR. TALCOTT, S. H.—Our handsome friend from Middletown, N. Y., besides being invited to give a course of lectures in the Hahn. College of Philadelphia, has also been called in as an expert in the Guiteau trial. We learn that after seeing the prisoner he changed his opinion, and thought him sane.

WORCESTER SAM—Of the Boston University School of Medicine, was also summoned as an expert (his work on Insanity reviewed in this number), in the same case. He is also reported as changing his mind in the same way, after witnessing the conduct of the accused on trial. They showed themselves as learned in their specialties as any of the Old School experts. Men of learning will always command respect and recognition from high places. The brotherhood of science is above the controversial sophisms of the schoolmen. Excelsior!

AMERICAN INSTITUTE OF HOMŒOPATHY OFFICIALLY REMOVED, FROM RICHMOND, VA., TO INDIANAPOLIS, IND.—Time of meeting, June 13, 1882. —We, the Executive Committee of the American Institute of Homœopathy, do hereby officially announce that the next session of the Institute will be held at Indianapolis, Ind., beginning on the 13th day (second Tuesday) of June, 1882, and do appoint as Chairman of the Local Committee of Arrangements in that city, O. S. Runnels, M. D., the Executive Committee of 1881 concurring.

WM. L. BBEEFOGLE, M. D., BUSHROD W. JAMES, M. D., E. M. KELLOGG, M. D., J. C. GUERNSEY, M. D., J. C. BURGER, M. D.,

Executive Committee.

Headquarters Executive Committee of the American Institute of Homœopathy, Louisville, Ky., January 2, 1882.

MUSIC AS MEDICINE.—Much has been said upon the power of music to effect most beneficial results upon the afflicted, both in mind and body; and there can be little doubt that a very great deal still remains to be done when the subject shall have been more thoroughly investigated by the medical profession, and certain rules laid down for the treatment of such cases as would be likely to yield to its influences. We have recently heard of a doctor who, finding his patient in a state of confirmed *melancolia*, managed to induce her to try over some of the music for which she had an especial fondness in former years, and thus not only restored her temporarily to comparative cheerfulness, but by prescribing a repetition of

this medicine, and seeing that she obeyed his directions, at each of his visits, managed, in an almost incredibly short time, to effect a permanent cure. Of course, in this case, and in all others of which we have hitherto heard, the remedy acts indirectly upon the nervous system, and almost unconsciously the patient is relieved. But we now find that the curative process is more directly applied. M. Vigouroux, a French surgeon, it is said, has obtained the mitigation of pain by administering a recurrent series of sound-waves, by means of a tuning fork and sounding board to the affected part. Upon this method M. Bondet has devised an important improvement. A tuning-fork is kept in constant vibrations by means of an electro-magnet, and the undulations are communicated to the skin by means of a rod. Neuralgia is thus removed in a few minutes, and anæsthetic effects are produced by a longer action. We are glad to find that this important matter has now assumed so practical a form, and look forward with much interest to the records of its future development.—*London Musical Times*.

SMALL-POX.—Dr. Luedeking, of the Board of Health, furnished this interesting statement concerning the percentage of deaths from small-pox among unvaccinated and vaccinated persons: "Our experience at the Small-pox Hospital during the past year has been as follows: Of 31 deaths that occurred, 22 were persons that were never vaccinated; 6 occurred in persons not vaccinated in the last fifteen years, and 3 were persons vaccinated since that time, but not in the last five years.

The following table, on the authority of Mr. Marson, of the London Small-pox Hospital, the result of observation in 6,000 cases of post-vaccinal small-pox, is interesting:

Cases classed according to vaccine marks.		Per cent. of deaths.
Unvaccinated.....	85½	
Stated to have been vaccinated but having no marks.....	21½	
Having one mark.....	7½	
Having two vaccine marks.....	4½	
Having three vaccine marks.....	1½	
Having four or more vaccine marks.....	3	

MORPHIOMANIA—THE NEW HORROR BORN INTO THE WORLD WITH THE HYPODERMIC SYRINGE.—When physicians discovered that pain could be subdued by inserting under the skin a small pointed instrument provided with a tube containing morphia, they little thought that they were paving the way for a new vice. Yet so it was. There are, in our merry England, beings who are as wholly under the domination of morphia as ever was Chinese under that of opium. Women have yielded by degrees to its fatal

fascination, until at last they prick the skin a dozen times a day with the tiny syringe that has such terrible results. The operation is almost painless; the immediate effects pleasant. A delicious languor supervenes. Happy thoughts and bright imaginations fill the mind. Some see beautiful visions; others feel only a pervading sensation of comfort and well-being. On a few the effect of morphia is to excite to some intellectual effort, if effort that can be called which is pure delight, a glorious feeling of untrammelled power, of uncrippled exercise of the highest faculties. It is as though the mind had suddenly developed wings. But at the very height of the enchantment the influence of morphia begins to subside. The glory fades. The wings trail, and the feet, that are their sorry substitute, become weighted as with lead. As with the workers, so with the dreamers. The visions are obscured. The sensation of comfort gives place to one of discomfort, irritation, even pain. The mental vision which had just now looked through a rosy mist sees all things as through a crape veil or a November fog. Can it be wondered at that the dose is renewed, that the poison is absorbed again and again, that the intervals become shorter and shorter between the reign of the potent drug?

And the end? The punishment is terrible, indeed. By degrees the mind becomes darkened. Hideous hallucinations seize upon it. Self-control is lost. Imbecility overtakes the weak. Madness threatens the strong.

These are the personal consequences. There are others to be bequeathed to sons and daughters, and to later generations. These can be guessed at. The new vice has not reigned sufficiently long for the world to have seen them exemplified, but a dark array of possibilities suggests itself but too readily. The heritage of insanity, of inebriety, of imbecility, will in future be traced back to those tiny tubes which hold but a drop or two, and to which men once looked as to a blessed means of relieving pain, forgetting that blessings and curses go hand in hand in a crooked world. Dipsomania has now a powerful rival, speedier in its results than its own revolting process, and eventually as degrading. The name of the later born sister fiend is morphiomania.—*London Truth*.

MEDICAL EXPERT TESTIMONY.—In Guiteau's case it is all on the side of the prosecution. Query: Is it because the silver lining is all in that side? Expert testimony never was known to agree before. Guiteau is no fool, and says many level-headed things, among which is that "money could buy expert opinions by the bushel."

SPREAD THE NEWS.—We kindly ask every subscriber to send us items of news so that none shall surpass us in gathering and disseminating information for the million. In this way we all prosper together, and

know what is going on in the outside professionally busy world. We also want short, practical papers from anybody competent to write good English.

HOMOEOPATHIC COLLEGE FREE DISPENSARY REPORT, for August, September, October, November and December, 1881:

Grand total at last report.....	14,316
Cases surgical.....	436
“ Gynecological.....	187
“ Eye and Ear.....	175
“ Neurological.....	87
“ General.....	2,723
“ Total to December 31, 1881.....	17,924

Dr. Parsons, surgeon; Dr. Collisson, Gynecologist; Dr. Campbell, Oculist and Aurist; Dr. Kershaw, Neurologist; Dr. H. J. Dionysius, Physician in charge of General Clinics.

Book Notices.

A TREATISE ON DISEASES OF THE JOINTS.—By Richard Barwell, F. R. C. S. Wood's Medical Library.

The revised and enlarged second edition of this work, whose previous issue greatly commended itself to the profession, appears with emendations and additions, which largely enhance its practical value. The too prevalent fashion of rushing second editions of a work into the market has here evidently found no favor. Just twenty years ago the first edition was presented to the profession, and now the author again favors us with a work embodying his rich and vast experience, his successes and failures, besides all new developments in the pathology and treatment of joint diseases, since that time. There is no work on the subject printed in the English language that is so replete with useful information as the one before us. Every phase bearing upon articular affections, from their physiological and pathological histology to the crudest symptoms and conditions, are expressed with a clearness and terseness of style that pleasantly impresses the reader. In the outset the memory is refreshed in the anatomy of articulations in general, the peculiarities of their vascular and nervous supply displayed, which very materially aids one to a thorough appreciation of the subsequent chapters. The variation in local temperature in

synovitis, dry synovitis, the particular points of tenderness in synovitis, the position of the limb in the treatment, in which he differs from nearly all surgeons, in that he claims it should be kept in nearly a straight position, or with but a slight flexure, are discussed plainly and fully. That the nearly straight position may serve well in cases to which it is adapted there can be no doubt, but we cannot believe it should be made an inflexible rule and applied to all cases of whatsoever variety or degree. Whether it is the proper position or not will depend largely upon the particular point of the joint inflamed. Should the inflamed spot be in or about the centre of the "pressure point," a greater flexion would be the most comfortable and least painful position to the patient the limb could be placed in. He objects, and we think rightly, to the immovable dressing in the treatment of synovitis, "as it gets loose over the joint after the tumefaction present in the first stage, if the case proceed favorably, subsides, and still exercising pressure above the joint, favors blood-stasis in and around the synovial membrane." He believes that tension is often one of the chief obstacles, and perhaps the only one, to a cure in synovitis, and that if it be relieved by evacuating the fluid, the obstinacy and difficulty will be removed. For the stiffness so frequently remaining after an attack of synovitis no treatment he recommends has proved in our experience equal to that by immersion of the parts in hot water, three or four times a day, for fifteen to thirty minutes at a time, then wiped dry and rubbed well with sweet oil, and covered with flannel. Another successful treatment for chronic stiffness, or recent cases as well, is frequent, large-sized poultices of marsh mallow leaves, applied hot. Suppurative, pyæmic, strumous, and rheumatic synovitis are fully described, and various plans of treatment advised. Aspiration, and even full opening of the joint for purposes of thorough drainage, under strictly antiseptic precautions, and the cavity syringed with a two or three per cent. solution of carbolic acid and water, frequently, are the main local remedies in early and advanced stages. In the treatment of acute articular osteitis with accompanying osteo-myelitis, whether as cause or effect, the "early and wide incision down to the bone" plan is very justly not recommended. Nor does he advise it at all: but in those periosteal inflammations that threaten the integrity of a joint by extension through continuity of structures, an early and free incision down to the bone is often absolutely demanded, even before pus or effusion have appeared, to check the march of the disease and save the joint. Especial attention is directed to an early recognition of that intractable disease, arthritis deformans, as it is only in this stage that it seems amenable to treatment. The chapters on the restoration of mobility and conformity to crippled joints, and on the removal of diseased joints, contain valuable suggestions in pathology and treatment. He says false ankylosis is the rule, and true ankylosis the exception. He also gives a very concise table of conditions favorable, and

conditions unfavorable to excision of a joint. There are other articular diseases presented in this volume that well repay perusal, and no library should be without it.

S. B. PARSONS.

INSANITY AND ITS TREATMENT. By S. Worcester, M. D.

In this work Dr. Worcester has furnished the Homœopathic School with an excellent history of insanity and its treatment. The chapter on the subject of apparatus for the treatment of the insane, as also that on artificial feeding, are especially to be recommended. Dr. Wm. M. Batlet's indications for the use of fourteen remedies in the treatment of insanity are given. They are: aconite, arsenicum, belladonna, calcaria carbonica, digitalis, hyoscyamus, lachesis, lillum tigrinum, nux vomica, platina, sepia, stramonium, sulphur and veratrum album. A careful study of these remedies and their indications will repay the conscientious practitioner. The chapter on puerperal insanity is good, but not as extensive as it might have been; but that on epileptic insanity could scarcely be better. It is well written; and in the collection of cases is comprised about all the phases and varieties of this peculiar form of insanity.

J. MARTINE KERSHAW.

ARTIFICIAL ANÆSTHESIA AND ANÆSTHETICS.—By Henry M. Lyman, A.M., M. D. Wood's Medical Library.

No one can read this work without feeling that the author has expended a large amount of labor in its preparation. Although it is a book of compilation with no original matter whatever, yet the material is so well put together, and in practical detail so plain, as to commend it to the profession. The history, phenomena, and physiology, of anæsthesia, all the anæsthetics from chloroform to rapid respiration, the composition of each, the preparation of the patient before administering the anæsthetic, the dangers, and in fact a little of everything that is known on the subject and is of value to the profession, is included in its contents. If the author had omitted some of the unimportant matter which the book contains, and which is better suited to the student of chemistry, or the laboratory, and embodied instead more of the experience of surgeons in the use of the various anæsthetics, or the ones in more common use, as *bichloride of mythelene*, *nitrous oxide*, etc., it would have increased the value of the work.

We do not agree with him that "the condition of the pulse is the best guide to an interpretation of the respiratory symptoms." For in very many cases the respiration becomes short and jerky, the chest heaves quickly and to a slight extent only, caused by the tongue falling over the glottis and obstructing inspiration, whilst the pulse shows no change whatever. This condition we have observed repeatedly in anæsthetic narcosis, oftener under chloroform.

Under *bichloride of mythelene* he gives one dram as the necessary quantity

to produce anæsthesia. In the case of a young lady on whom we were to operate for an ovarian tumor, four drams were given with no other effect at the time than a flushing of the cheeks, and at the suggestion of Dr. Comstock, *sulph. ether* was substituted. But an hour or two after the operation was finished, vomiting set in, increasing to a violent retching, and remained uncontrollable for three days. The breath was strongly pregnant with the odor of *mythelene* and *phosphorous* which had been prepared from *phosphorus*, and the vomiting was also characteristic of that drug—vomiting of liquids as soon as they became warm in the stomach. The patient sank extremely low, but finally recovered. As a book of reference it is worthy a place in any library. And as a production of the press it is not unlike the other volumes of the Library, issued by Wm. Wood & Co., all of which are of a high grade of workmanship.

S. B. PARSONS.

MATERIA MEDICA AND THERAPEUTICS OF THE SKIN. By Henry G. Piffard, A. M., M. D., Professor of Dermatology, University of New York.

This is the February number of Wood's Library of Standard Medical Authors for 1882. It is of great value to Homeopaths, by reason of the honesty and liberality of its distinguished author. He shows plainly that he has read our authorities extensively, and has adopted in many places our well-known treatment of skin diseases. Though not bold enough to proclaim the sources of this knowledge, it is very evident that he does not scorn to appropriate anything seeming good in his sight that he may find in our literature. He uses our mercurial triturations, graphites and *hepar. sulph.* (called by him sulphide of calcium), under the same indications that we do. He is also in favor of *proving drugs* on the healthy man, and to give the guinea pigs, rabbits and dogs a rest. Verily, there is a *drifting*.

A MEDICAL FORMULARY—Based on the United States and British Pharmacopœas. With numerous French, German and unofficial preparations. By Laurence Johnson, A. M., M. D., Lecturer on Botany, University of New York.

There are upward of four hundred 8vo pages of the latest and best, as well as the old and well-tried preparations used daily by the majority school. To us, who never *mix our drinks*, they are chiefly interesting, as containing a standard compilation of what they are swallowing on the other side.

A TREATISE ON ALBUMINURIA. By W. Howship Dickinson, M. D. Second edition. William Wood & Co.: New York.

This is the January number of this grand series for the year 1882. They all appear in an elegant and tasteful binding, and are handsome books,

adorning any library. Too much cannot be said in praise of the enterprising publishing company, 27 Great Jones street, New York.

The subject of albuminuria is here handled in a learned manner, tabulating its causes, results and mortuary statistics. The book is illustrated quite extensively with wood cuts, and has several *colored plates* representing the pathological changes in the kidney, due to this condition.

Among the causes given are cold, scarlatina, alcohol, arsenic and climate; nephritis, granular degeneration, lardaceous disease, and the attendant ophthalmic, heart and arterial changes are described and shown with a masterly hand. It is a timely publication on a subject of great interest to the medical investigator.

ANÆSTHETICS, AND HOW TO ADMINISTER THEM. By W. Jno. Harris, M. D., St. Louis. Price, 25 cents.

The greatest compliment we can pay to this beautiful triple-folded red card-board presentation of rules for the giving and for the restoring from the dangers resulting from its deleterious effects, is that every physician should buy it.

MATERIA MEDICA AS A SCIENCE. A Discussion at the World's Homœopathic Convention, under the auspices of the American Institute of Homœopathy, Philadelphia, June, 1876. By J. P. Dake, A. M., M. D. Nashville, Tenn. Reprint from Transactions.

A very able expose of the subject, in which the learned author claims that our materia medica, though not yet a science, may become so by intelligent provings and reprovings.

DRUG ATTENUATION: Its Influence upon Drug Matter and Drug Power.

A paper presented at the International Homœopathic Convention, London, England, July, 1881. By the same author. Reprint from Transactions.

SOME PRACTICAL POINTS IN DIGESTION. By J. Milner Fothergill, Senior Assistant Physician to Victoria Park Chest Hospital. Reprint from the "Practitioner."

A well digested paper.

INDIGESTION AND BILIOUSNESS. By the same English author. Birmingham & Co., Publishers.

One of their Library of Medical Classics.

VISITING LIST. By Otis Clapp & Sons, Boston and Providence.

This is one of the best prescription records we have seen.

COW POX VIRUS.—*Five whole quills*, sufficient for *ten* vaccinations, \$1.00. Address all orders, *with cash*, to R. M. Higgins, M. D., Missouri Vaccine Farm, Manchester, St. Louis County, Mo. Telegraph orders to Meramec, Mo.

THE ST. LOUIS CLINICAL REVIEW.

PHILO G. VALENTINE, A. M., M. D., EDITOR.

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NOTES OF ONE HUNDRED AND THIRTEEN CASES OF OPERATION FOR LACERATION OF THE CERVIX.

BY WM. GOODELL, M. D., PHILADELPHIA, PA.

I have had one hundred and thirteen cases of operation for laceration of the cervix, and without a death. Of these, ninety-nine were bilateral lacerations. Three were on the right side alone; eight were on the left, and three were markedly stellate, involving three sides or more. The reason why these operations show such a preponderance of bilateral laceration is simply this: In my experience, when one side alone is torn, the sound side acts so like a splint that the lips of the fissure are not liable to spread apart and cause ectropion to a pathological degree. They, therefore, as a rule, do not need an operation. Of these cases union wholly failed in two. In four, the union was partial; but in two of these, a suspicious-looking cervical growth had been previously removed. It, however, was not malignant, for in each a subsequent operation proved perfectly successful.

The number of cases in which the forceps were used I have not noted; but I have generally found that when the tear was an unusually bad one, the perineum was also torn, and that the labors had been instrumental. In six of these cases, both perineum and cervix had to be operated on. In three of these, both lesions were operated on at one sitting. All were successful.

Of my one hundred and thirteen cases, thirty-five were performed in the amphitheatre or the operating rooms of the Hospital of the University of Pennsylvania—which is a general hospital. Of these, two had serious attacks of perimetritis and of parametritis, and two had lighter attacks; all due to hospitalism. They recovered, but in one the convalescence was delayed by the formation of two abscesses in the leg. In this case, the patient next to her broke out with erysipelas on the day of the operation. In the other bad case, an explosion of erysipelas took place on her face and trunk. Strange as it may seem, the union in all these cases was perfect. I attribute this success to the fact that the stitches were not removed on the outbreak of the pelvic inflammation, but were allowed to remain a much longer time than usual. As the carbolated spray obscures vision in such operations, it was not resorted to in any of these cases. The only antiseptic means employed being a 2.5 per cent. solution of *carbolic acid* for the sponges, and vaginal injections of the same solution, repeated twice a day until the stitches were removed. The same means were used in my seventy-eight private cases, and of those I had but two with any symptoms of inflammation. The attack was in each case mild and manageable, giving me no anxiety whatever.

Of all my cases I had but one of secondary hemorrhage—my forty-first case. It was checked by a vaginal injection of a saturated solution of *alum*. This immunity I attribute to my rule of passing in the stitches very deeply. Hemorrhage during the operation has often been free and troublesome, but I have never ventured to check it by astringents. The plan which I have long adopted is to pass a wire under the bleeding vessels, and make traction on the ends, while the denudation is carried on. This wire is afterwards utilized as a suture.

Many of my cases of bilateral laceration, but not all, had become sterile after the receipt of the injury; but the exact

number has not been accurately recorded in my notes. Of those whose track I could keep after the restoration of the cervix, four very shortly afterwards became pregnant. In three of these the laceration was not reproduced; in one a tear occurred on the left side, but not of sufficient extent to warrant an operation.

In my opinion the cervix should always be restored whenever ectropion of the mucosa takes place, and whenever the glands of Naboth become enlarged. Indeed, the visible presence of these glands around the os externum is a very good proof of cervical laceration. But it is not an infallible one, for I have met with them in virgins and in multiparæ with hemorrhagic tendencies from fungous vegetations. These glands often honeycomb the line of denudation, and I make it a rule, whenever it is feasible, to dissect them out. In one of my patients, whose mind hovered over that ill-defined border-land between hysteria and insanity, the cervix was literally riddled with these glands. They lay so close together and were so much enlarged as to look like the seeds in a pomegranate. I could not dissect them all out, because too much tissue would have been removed; and yet the union of the parts was excellent. The operation cured her of an obstinate irritability of the bladder, but her brain was not much improved.

Another indication for the operation is a hereditary tendency to malignant disease. There is no question in my mind that a cancer of the cervix starts from the constantly fretted and chafed raw surface of a laceration. One would infer this from *a priori* reasoning; but it is further substantiated by the fact that this disease very rarely indeed attacks a virgin or a sterile woman. On the other hand, the more children a woman has given birth to the greater her liability to cancer. Then again, the fissure of an old rent is very often found in a cervix attacked by malignant disease. Acting upon this belief, I have operated upon torn cervices without local or

constitutional symptoms, for no other reason than that there was a history of cancer in the family.

A third indication for the repair of the cervix is the existence of stubborn and sub-acute periuterine inflammations. I make this statement with some degree of diffidence, for it is contrary to the teachings of our very best gynæcologists, and especially so to those of Dr. Emmet, to whom we owe the largest measure of thanks for devising this ingenious and most valuable operation. Everyone of us has seen cases of bad cervical laceration, complicated with tender and thickened broad-ligaments, or with more or less fixation of the womb—cases which refuse to yield to treatment. Usually each menstrual period rekindles the dying embers of the inflammation, and these monthly exacerbations undo the good gained by the intermenstrual treatment. In these cases there is plainly a relation of cause and effect between the lower lesion of the cervix and the upper pelvic lesions. The cervical wound produced in the first place the phlegmon of the broad-ligament, and the monthly over-engorgement of the womb, caused by the afflux of blood to the cervical sore, brings about a pathological turgescence of the vascular appendages of the womb. Hence the persistence of the ovaritis or of the periuterine inflammations. Cure now the chafed and angry cervical sore — *fons et origo mali*—and you lessen the monthly afflux of blood, and consequently the monthly exacerbations of the upper pelvic lesions. Acting upon this idea, I have on several occasions and under such circumstances performed the operation, and thus far I have had every reason to congratulate myself for taking this responsible step. For instance, fifty-six hours ago I repaired a torn cervix under the following circumstances: The lady had been operated upon six months ago by one of our best gynæcologists. On the next day furious pelvic inflammation set in, which kept her bed-fast for three months. Eighteen days elapsed before it was deemed safe to remove the sutures. During that time she

was deemed ill enough to have a consulting physician, and, indeed, her life was despaired of. Not only did not union take place, but a great amount of gristly cicatricial tissue had been produced by the failure. The lady was in wretched health, for the left broad-ligament was thickened, the womb somewhat fixed, the vaginal roof sore to the touch, and every movement of the bowels accompanied with pain. For the last three months she had been under the best of care, but with no improvement. Feeling sure that nothing but the radical treatment would cure her, I operated, as I stated, fifty-six hours ago. I took good care to stimulate her with *opium* and *quinine*, and to keep up the saturation. This afternoon her temperature is 99.1 degrees, her pulse 76, and I now have but little fear of inflammation in her case.

Another occasional indication for the operation is the presence of dense cicatricial tissue in the angles of the fissure, always provided that various pelvic neuralgiæ and distant nerve perturbations can be satisfactorily traced to the cervical injury. Sometimes this can be proved by the tenderness of the cicatrix—coitus or the pressure of the sound on some point eliciting radiating pains. Oftener the relation must be inferred, either from the monthly exacerbations or from the exclusion of other causes. The diagnosis is not always easy, and I am sure that I have here made mistakes—that is, I have removed wedges of cicatricial tissue, without restoring by that means my patient to health. From my observations I am disposed, indeed, to believe that the painful influence on the system, of hard and gristly cicatricial tissue left after some cervical tears, has been over-rated. I am willing to concede that sterility is sometimes owing to it, as it clearly was in one of my patients who became pregnant immediately after the operation. I am also ready to grant that reflex pains and visceral disorders many come from it. But I am inclined to look upon these results as exceptional, and that a tear of the cervix is too often made the scape-goat of headaches and nape

aches, of spine aches and back aches, and of various other nervous explosions which are due to nervous exhaustion or to nutritive changes in nerve-centres, rather than to traumatic injury of their extremities. In other words, the constitutional phenomena are dependent usually on fine central lesions, and not on the reflex influence of coarse peripheral injuries. My experience would lead me to say, further, that while a woman is suckling her infant, and menstruation is thus kept away, she may not appreciate the evil effects of even a bad laceration. But as soon as she gives up suckling, and the monthly congestions begin, new exacting local and constitutional symptoms soon set in.

Of the beneficial results of the operation of trachelorrhaphy, I must candidly admit that I am not now so sanguine as at first. Cases have disappointed me, but then, on the other hand, I have undoubtedly operated on some cases unnecessarily. The broad rule may be laid down that, where marked ectropion exists, associated with enlarged Nabothian glands, with leucorrhœa and menorrhagia, the issue of the operation will be a happy one. In such cases I have had capital results. The most costly present ever received by me from a patient came from a lady who had been an invalid for eleven years, but who was restored by this operation to health and to society. Dr. E. L. Duer aided me on the occasion, and will be able to corroborate my statement. When, however, I have operated on a tear without ectropion, or merely on account of cicatricial tissue in the angles of the fissure, I have met with some bitter disappointments. But I now know better when to operate, and this fact I have learned: that nervous exhaustion and spinal irritation will evoke symptoms which others as well as myself have referred to slight cervical tears, but which were in no wise dependent on these lesions.

My mode of operating is first to coaptate the parts by two tenacula, and to determine with the sound the proper site for the new os externum. At the very centre of this site the two lips of the fissure are transfixed by a powerful needle armed

with a stout silver wire about two feet long. The ends of this wire being twisted together form a long loop which puts the womb under perfect control. By it the womb is gently drawn down and put within operative reach. By hooking up with a tenaculum that portion of the wire running across the fissure, viz., its middle, the loop is doubled at the expense of its length, and by separating the two loops the lips of the fissure are drawn apart. The denudation I now prefer to make with a knife, trying always to remove all the cicatricial tissue, and in one piece if possible. After the denudation, the wire is again converted into a single loop, by releasing its middle portion and drawing it back. This brings the lips together with mathematical precision, and shows whether any further trimming is needed. I always shot my sutures, and very generally shot also the guiding or piloting suture. To facilitate the drawing down of the cervix and the removal of the stitches, I leave uncut the ends of this wire and those of the highest suture on either side. I try, of course, to operate at a time when the catamenia will not be reproduced or be accelerated. But in spite of this caution I have often had the menstrual flow to occur a very few days after the operation; yet in not a single instance has such a misadventure interfered with the prompt and perfect union of the parts. On several occasions I have, at the same operation, curetted the womb for those vegetations which are so likely to be found on the endometrium in cases of old cervical tears. But while this is a great saving of pain and of time to the woman, and has thus far not been followed by bad results, I deem it too unsafe a practice to be generally resorted to.—*Med. Gazette*, Feb., '82.

THE TREATMENT OF SEA-SICKNESS.

Dr. Milan Soule, surgeon on the steamship City of Sidney, has written an account of his experience with the *bromide*

treatment for sea-sickness, as laid down by Dr. G. M. Beard. His testimony to its efficacy is very emphatic and convincing. He says :

"About three years ago I began to use the *bromides* in the treatment of sea-sickness, following, as nearly as possible, the direction given in Dr. Beard's valuable monograph on that subject. I had then been in the service of the Pacific Mail Steamship Company nearly four years, and as my field for experiment was large, I had tried nearly every drug, or combination of drugs, that had ever been proposed for the cure or alleviation of this disagreeable malady. Repeated failures and humiliating disappointments had so shaken my faith in the power of drugs over this disease, that I began to use the *bromides* with a good deal of doubt and hesitation. Greatly to my surprise and gratification, however, I found that I was able to entirely prevent or greatly to alleviate the disease, and have not one single failure to record. The following is the combination I most frequently employed, viz.:

R.— <i>Sodii bromidi</i> ,	-	-	-	-	ʒiv.
<i>Ammonii bromidi</i> .	-	-	-	-	ʒij.
<i>Aquæ menthæ piperitæ</i> ,	-	-	-	-	ʒiij.

M. S.—A teaspoonful before meals and at bedtime; begin treatment three days before going on board.

"When preparatory treatment had been neglected and the disease fully established, I put a teaspoonful of the above in a half-tumbler of water, add a drop of *ext. ipecac. fluid.*, and give a teaspoonful every five minutes; it generally relieves the patient in less than an hour. I have received several letters (guinea enclosed) from passengers, asking me to send them the above formula. Next to the *bromides*, I have found *hyoscyamia* the most successful remedy, *Atropia* will frequently afford relief, but is not altogether safe, as I have noticed a few cases of retention of urine to follow its use. I gave *nitrite of amyl* a fair trial, but it proved a complete failure. I have notes of several cases where the *bromides* en-

tirely prevented sea-sickness during voyages of from twenty to thirty days, although these patients were always sick on previous voyages."

OBSERVATIONS IN CLINICAL THERMOMETRY.

BY SAMUEL C. HELMICK, M. D., COMMERCIAL POINT, OHIO.

The discovery of clinical thermometry by William Wallace Currie has proved an invaluable acquisition to medical science, and its founder deserves and merits eulogy of the highest character, for the unbounded riches he has contributed to the profession. That an instrument of such diagnostic precision should fall into disuse, and be shelved with its valuable clinical history in some medical archive, and there remain in a condition of obsolescence, is to be lamented by those of the profession whose highest ambition is the alleviation of the ills to which human flesh is heir. But thanks be to Wunderlich, the pre-eminent explorer of science and art in his department, who visited the medical archives of records, and found memoirs from the pen of William Wallace Currie that invited investigation that eventuated in the practical application of the thermometer as a means of precision in diagnosis.

In order that we may have a thorough appreciation of the value of the thermometer as a means of influencing diagnosis, prognosis and treatment of disease, let us consider the temperature of the body in health and disease.

If we were residents of the frigid zone, or inhabiting the torrid zone, the temperature of our bodies would be about the same. There may be slight difference, but it is only to be measured by tenths of a degree Fahrenheit, or a little more. To a certain degree this result is due to clothes; and without warm clothing, by which the temperature or body-

heat may be conserved, man could not maintain a temperature compatible with life among the icebergs. By admitting that clothes are an indispensable auxiliary, this body temperature is maintained in the one case, and regulated in the other by most important processes going on within the organism. Combustion and oxidation of the material consumed as food produces all our body-heat. At one time it was thought this combustion was carried on in the lungs solely—that they were the furnaces of our bodies. Oxidation goes on in all the minute capillaries of the body. But combustion is much more active in some than others.

Principally combustion goes on in the muscular system. The actual combustion is said to consist chiefly of the oxidation of lactic acid in union with soda. The hydro-carbons are stored up, for the time being, in the liver as glycogen, which, when liberated, becomes sugar, and is then split up into lactic acid, and as such is oxidized; the muscles have each a little store of glycogen, but the principal store-house is the liver. The more permanent storage is in the form of fat, and on these stores of fuel the body lives when deprived of food. As the reserves of glycogen become exhausted, the fat is realized to sustain the body temperature. This temperature is almost entirely maintained by the union of oxygen with the carbon and hydrogen of our food. To a small extent nitrogenized matters are oxidizable, and so furnish a small quota of heat.

In ordinary muscular action a certain amount of what would otherwise be heat goes to produce mechanical results; and there are good grounds for holding "that the products of muscular contraction, *i. e.*, the heat and mechanical results, are conjointly the expression or equivalent of the mechanical action which goes on in the muscle." (Wunderlich.)

Heat is also produced by mental exertion—very active mental exertion, a rise of temperature of from $\frac{1}{2}$ to 1 degree Fahrenheit.

A large supply of good food also produces a rise of temperature of a temporary character, caused by active digestion and assimilation.

Heat is chiefly lost by the skin; and to a less extent by the respiratory tract. The blood circulating through the skin is cooled by heat-loss, by the radiation away of the heat in the surrounding cooler air.

The larger the amount of blood circulating through the cutaneous vessels the greater the heat-loss; consequently, in cold weather, the skin is cold and marbled; it is also white and anæmic, the vessels are contracted and the heat-loss reduced to a minimum. On the contrary, when there is an excessive production, the vessels of the skin dilate; the skin is highly colored and glowing; it is in a highly vascular condition.

We have seen that a free blood supply leads to functional activity; and if the heat production be maintained, we get the sudoriferous glands thrown into activity, and perspiration ensues.

The consequence is that the cooling effects of evaporation are called into play, and still further heat-loss is occasioned.

By such means the temperature is kept at or near normal.

In tetanus and in rheumatic fever there is free perspiration often found along with high temperature; but all that this proves is that the evaporation and heat-loss are unequal to neutralizing the excessive heat production. (The body temperature often rises after death, and continues high for some hours.)

(This is due to the fact that the heat-production is no longer met by heat-loss, by radiation of heat by a blood current through the skin.) The production of heat and its loss is not only interesting, but is of the highest practical importance, in the diagnosis, prognosis and treatment of disease. We have slightly considered body-heat physiologically. Let us consider it as it appears pathologically.

An increase of the body-heat forms the condition known as

fever. A pyretic condition may extend from a mere condition of feverishness, with a temperature of $99\frac{1}{2}$ deg. Fahr. to $101\frac{1}{2}$ deg. Fahr. (states often to be found in children without any sinister meaning whatever), up to a high febrile state of from 107 deg. to 108 deg. Fahr., beyond which existence is possible for only a brief period, and recovery impossible; though there are some isolated cases to the contrary, this statement of Wunderlich is almost universally true.

A temperature of 113 deg. Fahr. has been found ere actual death; while a short rise of temperature is a common precursor of death in febrile states. A prolonged high temperature, no matter how produced, will occasion that state known as "the typhoid condition."

We see it produced by hectic in the consumptive; by surgical fever and pyæmia in other cases.

Whenever met, it forms a characteristic and a terrible condition; and this consequence of a persistent high temperature is the chief danger of all fevers.

At the ordinary temperature of the body the nitrogenized tissues wear away but slowly and their oxidation is a trivial affair. But as soon as the body temperature rises the nitrogenized tissues begin to melt down by oxidation; and there is found a corresponding excess of histolytic products in the blood.

The higher the temperature the greater the waste of the nitrogenized tissues, especially the muscles.

After a fever, the fat of the body is left comparatively untouched, but the muscles are sunken and wasted. A microscopic examination of the muscles after death from fever demonstrates that they are the subjects of extensive structural changes. Zeuker has pointed out these changes, and his observations have been corroborated by others.

The causes of these structure changes in the muscle are produced by continued high temperature.

Murchison says: "There is found too, on the whole, a

direct relation between the temperature and the amount of urea. According to Brattler, there is a close correspondence between the amount of urea and the temperature. The greater the amount of urea the greater the temperature."

The normal excretion of urea per diem is about 400 grains, but as far as 1065 and even 1235 grains have been excreted in one day in fever.

Nannyn found, by experiment, that an increased rise of temperature was produced by the simplest of all methods of raising it, viz.: by confinement in a heated atmosphere saturated with moisture; and along with this rise there was found an increase in the amount of urea.

These experiments corroborate the views of Traube, Vogle and others, that the excess of urea is the measure of high temperature without relation to its cause.

Let us glance at the causation of fever again. A rise of temperature is generally associated with a lowering of the blood pressure, a dilation of the peripheral arterioles, and a rapid action of the heart. The consequence of this rise is that there is a free flow of blood through the capillaries, and an increased number of respirations per minute, with possibly some action upon the tissues themselves, about which we can only as yet speculate; all of which combined bring about an increase of oxidation, and keep up the high body-temperature. In addition to this, Cullen held there was spasm of the arterioles of the skin, and so lessened heat-loss.

In continuation of the high claims the thermometer has upon us for its use, as a means of influencing diagnosis, prognosis and treatment, I will report the temperature taken from a case of typhoid fever that came under my observation lately. Exempting the clinical history it is as follows :

1879, Aug. 3d, 7 o'clock a. m.,	Temp. 105, Pulse 80, Resp. 11
" " " 7 " p. m.,	" 105½ " 71, " 10
" " 4th, 7½ " a. m.,	" 105 " 81, " 12
" " " 7 " p. m.,	" 105½ " 70, " 13
" " 5th, 7 " a. m.,	" 105 " 68, " 12

1879, Aug. 5th, 7 o'clock p. m.,	Temp.	104 $\frac{1}{4}$	Pulse	74,	Resp.	13
" " 6th, 7 " a. m.,	"	104	"	78,	"	12
" " " 7 " p. m.,	"	103 $\frac{1}{4}$	"	85,	"	14
" " 7th, 7 " a. m.,	"	103	"	93,	"	14
" " " 7 " p. m.,	"	102 $\frac{1}{4}$	"	101,	"	15
" " 8th, 7 " a. m.,	"	101	"	115,	"	15
" " " 7 " p. m.,	"	101 $\frac{1}{4}$	"	110,	"	15
" " 9th, 7 " a. m.,	"	100 $\frac{1}{4}$	"	119,	"	14
" " " 7 " p. m.,	"	100	"	122,	"	16
" " 10th, 7 " a. m.,	"	99	"	116,	"	15

I have given a correct record of temperature, pulse and respirations, as taken by the husband of the patient, who is a very intelligent man. She was attacked July 20 and the disease terminated Sept. 12. There were variations of temperature before and after the record I have just given, but not of sufficient importance to report. A son was prostrated with the disease and it ran a similar course. Now if we will observe the register of the thermometer morning and evening, the pulse rate and respirations, the most casual will observe the paramount value the thermometer has been to us in the administration of our treatment. The two prominent factors in this case, a high temperature and slow pulse, and quick pulse and low temperature, could not have been successfully operated upon had it not been for this valuable instrument, the thermometer. Such a thermometrical range of temperature and pulse rate it has never been my privilege to observe before, and this is what has caused the preparation of this paper, hopeful that it may be instrumental in inviting some who are skeptical of its value to a careful investigation of the merits claimed for it.

An abstract of observations has been this, which does not differ in any wise from others perhaps:

1. The heat of the body in health is maintained at 98 $\frac{1}{2}$ Fahr.
2. Any continued deviation from this indicates disease.
3. Returning to and continuing at 98 $\frac{1}{4}$ Fahr. ends the disease.

4. A single elevation of temperature is of importance.
5. Changes from these typical ranges of temperature in disease are important, as indicating a disturbing cause.
6. A regular high range of temperature is more to be desired than an irregular course.
7. In connection with the temperature, the daily study of the pulse and respirations is of great benefit.
8. If the general symptoms and temperature agree, and the pulse disagree, the two former are to be relied on.
9. If the pulse and temperature agree, and the general symptoms are not in harmony with the former, the pulse and temperature are to be accepted as indicating the condition of your patient.—*Med. Gazette*, Feb., '82.

THE SIXTEEN COMMANDMENTS OF THE PARIS ACADEMY
OF MEDICINE.

The Academy of Medicine in Paris has condensed into the following sixteen propositions the most important hygienic rules for the care and management of infants. We reproduce them here with the sincere hope that all mothers and nurses will commit them to memory and observe them as faithfully as the ten commandments of Holy Writ :

I. During the *first year* the only suitable nourishment for an infant is its own mother's milk, or that of a healthy wet nurse. Suckling should be repeated every *two* hours—*less* frequently at night.

II. When it is impossible to give breast milk, either from the mother or a suitable nurse, cow's or goat's milk, given tepid, reduced at first one-half by the addition of water slightly sweetened, and after a few weeks one-fourth only, is the next best substitute.

III. In giving milk to an infant use glass or earthen-ware vessels, not metallic ones, and always observe the most scru-

pulous cleanliness in their management, rinsing whenever used. Always avoid the use of teats of cloth or sponge so frequently employed to appease hunger or quiet crying.

IV. Avoid carefully all those nostrums and compounds so liberally advertised as superior to natural food.

V. Never forget that artificial nourishment, whether by *nursing bottle or spoon* (without the breast), increases to an alarming degree the chances of producing sickness and death.

VI. It is always dangerous to give an infant, especially during the first two months of its life, solid food of any kind—such as bread, cakes, meats, vegetables or fruit.

VII. Only after the *seventh* month, and when the mother's milk is not sufficient to nourish the child, should broths be allowed. After the first year is ended, then it is appropriate to give light broths of paps, made with milk and bread, dried flour, rice, and the farinaceous articles, to prepare for weaning. A child ought not to be weaned until it has cut its first 12 or 13 *teeth*, and then only when it is in perfect health.

VIII. A child should be washed and dressed every morning, before being nursed or fed. In bathing a child, temper the water to the weather, carefully cleanse the body, and especially the genital organs, which require great cleanliness and care; and the head should be carefully freed from all scabs and crusts which may form. Where the belly-band is used, it should be kept up at least one month.

IX. An infant's clothing should always be so arranged as to leave the limbs freedom of motion, and not to compress any part of the body.

X. An infant's clothing should be studiously adapted to the weather; avoiding at all times exposure to the injurious effects of sudden changes in the temperature without proper covering; but nurseries and sleeping apartments should invariably be well ventilated.

XI. An infant should not be taken into the open air before the fifteenth day after birth, and then only in mild, fair weather.

XII. It is objectionable to have an infant sleep in the same bed either with its mother or nurse.

XIII. No mother should be in too great a hurry to have a child walk; let it crawl and accustom itself to rising on its feet by climbing on articles of furniture, or assisted by the arms of a careful attendant. Great care should be taken in the too early use of baby-wagons, etc.

XIV. No trifling ailments in children, such as colics, frequent vomiting, diarrhœa, coughs, etc., should be neglected—a physician's advice should at once be obtained.

XV. In cases of suspected pregnancy, either of mother or nurse, the child should be weaned at once.

XVI. A child ought to be vaccinated after the fifth month, or earlier should small-pox be prevalent.—*Translation.*

THE VACCINE FARM.—DETAILED ACCOUNT SHOWING HOW VIRUS IS PRODUCED IN ST. LOUIS COUNTY, AND AN INTERESTING STATEMENT BY DR. HIGGINS, OWNER OF THE FARM.

In the year 1796, Dr. Jenner, an Englishman, discovered accidentally that cow-pox was a preventive for the small-pox. He noticed that milk-maids and dairymen who milked cows were exempt from small-pox or else contracted a mild form. He discovered the disease on the cows' udders and found that those who milked cows thus affected had similar scabs on their hands and that when exposed to small-pox did not take it. This led him to experiment with the cow-pox virus, and from the knowledge he derived from his experiments vaccination was given to the world, and it is safe to say that no discovery ever made has done more to alleviate human woe. It has been proven by Dr. Marson, a celebrated English physician, from reliable statistics set forth in his hand-book on vaccination, that one person in three would die of small-pox

without vaccination, while in the cases of well-vaccinated persons only one in 200 will die. His experiments were made in the London small-pox hospital.

Formerly a great many of the best physicians in the United States were opposed to the cow-pox because of the severity of its action, but within the last ten or twelve years they have changed their opinion and now a majority will vaccinate with nothing else. During the war a great deal of bad virus was used, and the evil resulting from it had caused people to be more careful. Few if any of the physicians about St. Louis now use humanized virus.

The small-pox scourge is now ravaging the country, and this fact led a REVIEW reporter to visit the Missouri vaccine farm in order to give the public the *modus operandi* by which the virus is obtained for the purpose of vaccination. The farm alluded to is kept by Dr. Richard M. Higgins, at Manchester, Mo., eighteen miles west from St. Louis. There are but nine noted vaccine farms in the United States, this being one of the nine.

The reporter found Dr. Higgins at home, and was kindly and cordially received by him, and was shown over the place, through the various stables, sheds and pens where the calves are kept. Some questions the doctor very frankly told the reporter he did not care to answer, as he intended to make a report to the medical profession and he did not think the general public would be interested.

The doctor has the reputation of being one of the best informed men on the subject of vaccination in the United States, having given the matter the closest attention for many years. He established his farm in 1875, but received very little encouragement for several years, from the fact that the St. Louis physicians preferred the humanized crusts. In June, 1877, he went to Europe and visited the vaccine institution at Paris and witnessed the operation on the animal. Dr. Higgins says that there has been more trouble from bad human-

ized virus in Paris than any other place on the globe. He then went to Brussels in Belgium, and visited the state vaccination institution at that place and saw the same operations.

In Paris all the public institutions use cow-pox virus, and the poor are also vaccinated with the same virus. The information the doctor obtained in Europe he has used to great advantage here.

The animals used are from both sexes of the bovine kind, and of any size, those under one year old being preferable from the fact that they are not too large to handle. The animal is caught and laid upon its back upon a frame about five feet long, with upright bars, to which the calf's feet are securely tied to prevent it from either getting up or kicking. Then the hair is shaven from the milk glands—say on an average of one foot square. In many cases more surface is exposed. Then the calf is, with virus fresh from another animal using a lancet to scarify, vaccinated. From ten to twenty vaccinations are made, and these produce what are called vaccine vesicles, and the number of good vesicles produced depends upon circumstances, and vary from one to twenty. The udder of the heifer calf is used as well as the body surrounding it. The calf is then released and taken into a warm stable, where it is tied in a stall and is given plenty of good feed and a good bed. The virus is not so good unless kept warm and clean.

The doctor said: "From six to ten days ought to produce a sore similar to that on a child's arm. As a rule the calf will fall off in flesh. It will have fever the same as a child has about the seventh day, and will quit eating. From the time of putting on until taking off requires from six to ten days. I make vaccine quills and also vaccine crusts, but not from the same sore. The crust comes off in about three weeks after the vesicle is made. I do not make many crusts, but run everything into quills, because the physicians prefer quills. My calves are furnished by Overstreet, Ferris & Co.,

of the Union Stock Yards, who have furnished me with about twenty per week since the first of September. I have on hand from fifteen to twenty-five calves all the time. When the vaccine vesicle is in the right condition the calf is again taken into the house where the frame is kept and thrown upon its back and tied as before, when the vesicle or sore is pinched with a pair of pincers and the quills receive the vaccine matter on about one-fourth of an inch of the square end. The quill is previously prepared by being scraped so as to make it clear. I use nothing but quills, mostly goose quills, and get my quills from Europe. The quill after being scraped so that the virus will show is cut in two and thus makes two quills, each of which when cut lengthways makes two quill points. The quills as I get them have been clarified especially for the purpose and come in packages of one hundred. I have one man always, and sometimes three, who do nothing else but prepare the quills for the virus. I never use ivory points, because they are of white material and the virus does not show on them unless they are stained with blood; and no vaccine virus should be used from the heifer mixed with blood, pus or deleterious substances. Sometimes this is done and a red horny excrescence will be produced on the arm which can be readily distinguished, not protective, and the person should be re-vaccinated with good virus.

"The attendant who puts the virus on the quills then places them on a quill-holder. They are not thrown on a table, and are handled very carefully. When dry they are packed in air-tight packages, five in each bundle, and are made air-tight by rolling them in cotton and covering with rubber, and sold at the rate of five whole quills, sufficient for ten vaccinations, for \$1.00.

"The crusts are packed in air-tight packages in the same way. These packages are sent by mail all over the country. My principal customers outside of St. Louis are in Brooklyn, New York City, China, Canada, Mexico, Galveston, and all

parts of the United States. I get the largest number of orders from Kansas and Illinois recently, showing the small-pox is worse there than in any other part of the country.

"In previous years there have been vaccine panics in St. Louis and other large cities, but there is no trouble now. I can furnish from 1,000 to 10,000 quills per day if necessary. I now furnish the St. Louis Board of Health, and other boards of health through the West and South, with a large number of quills daily, and send them in by rail.

"After the calves are released the second time they are turned out into sheds, where they are kept and fed well until they entirely recover, and they are then sold to the butchers. No animal is used more than once. I pay from \$12 to \$17 per head for my calves, and \$5 a trip for a man to bring out a drove, which he does every week, on Friday or Saturday. I employ eight assistants, either boys or men. A great deal of the work can be done by a boy better than by a man, such as putting the quills into bundles, &c. I have been experimenting for seven years, and I write down my results, and I intend some day in the future, not far distant, giving a report to the medical fraternity.

I started the business because, in 1872, I saw the vaccine panic in St. Louis when it was almost impossible to get virus, the city having to depend on humanized virus. It is not necessary that the calves should be fat to produce good virus, a fat calf sometimes not producing any better virus than one in ordinary condition; and sometimes a very fine looking calf will fail altogether to produce virus."

Dr. Higgins receives a bag full of letters every day. He has made a success of the business, and the harvest he is now reaping must be gratifying to him. His place is kept in first-class condition, there being an abundance of straw for bedding and good clover hay for feed. Many of the animals appear to be very sore from the vesicles and require some time to recover. It is the busiest place in the country, and it seems

strange that the worst affected place in the country with the small-pox should be the vicinity of Manchester, but from the thorough vaccination that has been done with the fresh virus the disease has nothing more to work on and has subsided."

*A REGULAR MEETING OF THE ST. LOUIS SOCIETY OF
HOMŒOPATHIC PHYSICIANS AND SURGEONS*

Was held Monday evening, January 23, President Kershaw in the chair. Dr. Parsons presented the paper of the evening on
"CEREBRAL CONGESTION."

Dr. Young, of Hopkinsville, Ky., being present, was, upon motion, invited to take part in the discussion of the meeting.

Dr. Valentine.—This is a dark subject, and it has been darkly spread out to-night. The essayist has mentioned no symptoms, not a single one, that cannot be referred to anæmia of the brain. Late post-mortem examinations have shown that the skull is always full, and that there can be no such thing as filling any fuller, as congestion or an increase of blood within its cavity. It used to be supposed that pain resulted from pressure upon the nerves, but it has been shown that it may result from a deficient blood supply. The essayist speaks of an hypertrophy of the brain. I never before heard of such a thing. It is an absurdity. He says that prolonged congestion may produce hydrocephalus. How can the brain be enlarged? enclosed as it is in an unyielding bony environment. Watery accumulations within the skull result from anæmia. From the nature of their surroundings the capillaries cannot be dilated. He gave the causes of cerebral hyperæmia well, but apoplexy results from an atheromatous degeneration of the vessels, which give way, and not from congestion of blood. Faintness, nausea, headache, ringing in the ears, unconsciousness, fever, and pain, all can be caused by cerebral anæmia. The gentleman ought to go to school and learn his lesson over again.

Dr. Cummings.—I don't think Dr. Valentine believes what he has been saying. There is no doubt of the occurrence of congestion of the brain. When I was in the hospital at New Orleans, it was the practice there to give the *quinia haustus* for most all sorts of fever. A dose contained 20 gr. of *quinine* and 2 gr. of *opium*. Some cases were benefitted, and some were killed in a few hours. There are two varieties of cerebral congestion, though, for which I regard *quinine* as a specific. They are the congestive chill and sunstroke. I have cured several cases with it and whiskey, using cold water, also, in the sunstroke cases. But the *quinine* will do harm if used in cases to which it is not adapted, and should be used periodically.

Dr. Young.—I do not wish to express any views upon the pathology of the disease under consideration; but I live in a section where I see constantly cases which I call cerebral congestion. Some of them are acute, and some chronic. Of the latter, I see more in the insane asylum in my neighborhood. The patients have flushed faces, wild eyes, and other symptoms that are regarded as being due to cerebral congestion. Many of the acute cases are due to malarial impression, and I treat them with ice to the head and *veratrum viride* internally during the paroxysm, with *quinine* afterward to prevent recurrence.

Dr. Morgan.—I happened to read this afternoon in Raue's Pathology and Therapeutics the article upon cerebral hyperæmia. The first cause of the condition that he mentions is an over-activity of the serous membranes within the skull. He regards them as suction pumps, and thinks that if they pump too hard there will be cerebral hyperæmia. I was as much amazed and astonished at the appearance of such a doctrine in a text-book as I have been by some of the pathology set forth here to-night, especially by the first speaker following the essayist.

Dr. Walker.—Cerebral congestion may be either active or

passive, the former being due to an unusual rush of blood, and the latter to stagnation. In some cases of *post-mortem* examination, the sinuses are found to contain large quantities of blood, while in others they are found empty, though the *ante-mortem* symptoms in the two classes of cases may have been almost identical. In cases of chronic congestion dilatation of vessels occurs. Dr. Valentine asks, Is it possible for the amount of blood in the cranial cavity to be increased? I say, yes, most certainly. The theory that he has advocated has been exploded. The blood is not the only fluid within the skull, and its quantity may be increased by displacement of that other, or cerebro-spinal fluid. Blood pressure may cause its absorption and removal or prevent its formation. It is possible that an excess of a thimbleful of blood may cause grave disturbance. This view of the subject is the one taken by Dr. Flint in his latest book. Sometimes there is more cerebro-spinal fluid and less blood, due to anæmia. Again, there may be an excess of both fluids, with diminution of brain substance, or an hypertrophy of brain tissue with diminution in quantity of one or both fluids. I think the serous membranes have some influence upon the circulation, though I cannot say what. Hypertrophy of the heart may be a cause of cerebral hyperæmia. So may obstructions to the circulation in other parts of the body, especially obstruction of the venous blood in the neck. At one time congestion of the brain was spoken of very frequently as a primary affection; but now it is often found to be secondary to some other disturbance. I wish to emphasize, particularly, the excellence of homœopathic remedies in this complaint. They will relieve 99 cases where those of the allopathic practice will one. Drugs as used by the allopaths for cerebral congestion kill more than they cure. As for the indications for homœopathic remedies, a flushed face, throbbing carotids, stertorous breathing, and dilated pupils call for *belladonna*, which is the leading remedy. Often there are many symptoms calling for *bry-*

onia, a remedy which I rank next to *belladonna*. Teste uses them in alternation in active cases. *Glonoine* is more adapted to passive congestion as may occur from sunstroke. *Aconite* may be called for if there is restlessness and anxiety, or some special causation requiring it.

Dr. Kershaw.—Dr. Walker speaks of cerebral congestion as being active and passive. It is further classified as epileptic, apoplectic and maniacal, any of these varieties being active or passive. I agree with Dr. Walker that there may be an excess of watery fluid within the skull. An irritation of the vessels causes a transudation of fluid, which, by its pressure, produces atrophy of the brain-substance. Flint and Bauduy are of this opinion, the latter making some poetic observations, to the effect that the blood throttles its own progeny. Again, there may be vaso-motor paralysis with dilatation. Excessive mental labor, worry and anxiety, loss of sleep, abuse of stimulants, are common causes of this paralysis. Passive congestion may result from obstruction in the heart, lungs, kidneys, or descending vena cava. The passive variety is more apt to become chronic, its causes being more likely to be permanent. Dr. Parsons mentions sunstroke as a cause of cerebral congestion. Dr. Bauduy thinks that there is no cerebral congestion in sunstroke, and that the condition is one of nervous prostration, due to the over-heating of the whole body. Dr. Hughes believes it is due to a paralysis of the sweat glands. The pupil is a good guide to diagnosis between congestion and anæmia, it being generally contracted in the former, and dilated in the latter. Insomnia is a marked symptom of congestion, though anæmic patients are sometimes sleepless, probably because the brain gets more blood than usual (to them) when the body is in the recumbent position. and thus acts as an irritant, as in congestion. But in congestion the patient is more restless and subject to hallucinations, etc., while the anæmic patient is quiet, though sleepless. Patients with congestion are generally full-blooded, but anæmic

patients may be fat and have an appearance somewhat deceptive.

I have tried all of the drugs recommended by the allopaths, but think the homœopathic much better. *Belladonna* is the main remedy in acute cases, and *bryonia* is well adapted to those in which some effusion has occurred. *Apis* comes in here, also, especially if there is tendency to meningitis. *Glo-noine* is beneficial in those slight cases of congestion where cold water affords relief. *Pulsatilla* is called for in cases due to suppression of usual discharges. Often cerebral congestion is due to alcoholic excitement, or some other removable cause. Of course the cause should be removed, if possible. Many cases occur among school girls, whose minds are over-taxed, at about the age of puberty.

Dr. Young.—You have omitted to speak of a class of cases that I have looked upon as being one of cerebral and cerebro-spinal congestion. The patients go home complaining of headache and a general feeling of illness; in a few hours they are icy cold and in a convulsion; and in a short time they become stupid and unconscious, with flushed face and other signs of cerebral congestion. I believe them to be of malarial origin. Is my diagnosis correct? And what would be your treatment?

Dr. Kershaw.—I regard those as cases of cerebral congestion, and especially so if convulsions were present. There are cases in which the congestion proceeds only so far as to produce stupidity. Convulsions would occur if the pressure became great enough. That the cases referred to are malarial we judge from their periodicity. Homœopathic remedies will cure, if they can be determined.

Dr. Valentine.—Do not these cases occur in the fall?

Dr. Young.—More frequently they do.

Dr. Walker.—All this talk proves to me that the pathology of the matter is of little consequence. Do any of you select your remedies with reference to the pathological conditions

you merely suppose to be present? If you do, I can cure three cases to your one, by collecting the symptoms and applying the homœopathic remedy. There are doctors who get business because they are able to tell people just exactly what is the matter with them. A very eminent physician of this city is one of that kind; he excels everybody in diagnosis, but the death register shows him to be one of the poorest of doctors. Dr. Dunglison was another of that kind. In his clinic his mind was all upon the class, and he certainly made fine diagnoses, but many of his patients died. Dr. Mitchell was of another kind. His mind was upon his patients, and he cured three to Dunglison's one. As a rule the best diagnostician is the poorest doctor. I have cured many serious cases before I knew what was the matter. I used to lose a dozen cases of pneumonia when practicing allopathy, where I now lose two or three. Fewer of my patients have pneumonia since I have practised homœopathy. *Quinine* must be homœopathic to Dr. Young's cases, or it would not have cured them. I know of no exceptions to the homœopathic law, though I can't prove the homœopathicity of *quinine*. I do not call suppression a cure.

Dr. Young.—I take the position that the use of *quinine* demonstrates the homœopathic law. Its failure to cure some cases is a further evidence to me that it is homœopathic to those it does cure. It would not be homœopathic if it cured all cases, irrespective of the varying symptoms. Of five malarial cases as they occur in my practice it will cure about two and mask two, and have no effect upon the fifth, though it may be given in unlimited quantities. It is the remedy in the majority of malarial complaints, but I often see critical cases in which I pass it by and depend with confidence upon other remedies.

Dr. Walker.—*Quinine* stops a great many of the malarial fevers, but if it does not stop them it is apt to kill the patients. Children are often given 20 to 30 gr., and I think many die

because of it in this city. I hope you homœopaths have not been killing any of them.

Dr. Kershaw.—Dr. Walker says he attaches little importance to pathology. That is not always the best plan. For illustration: I was lately called to see a lady suffering great pain in the abdomen. I did not ferret out the symptoms and endeavor to cover them by some homœopathic drug, but I examined her, replaced a prolapsed uterus, made hot applications, and inserted a ring pessary. The case was relieved at once. I think I followed about the right method of treatment. Another: A railroad conductor had a violent attack of dysentery. I had him take injections of hot water, and dislodged the hardened fæces which caused the inflammation. Relief was immediate and complete.

Dr. Walker.—In my use of the term pathology I referred to dynamic disorders. Dr. Kershaw speaks of mechanical derangements calling for mechanical measures of relief.

Dr. Campbell.—In cerebral congestion, injection of the retina occurs, and I have seen in this way proof of congestion of blood within the skull. In a case which I helped to trephine with Dr. Everett, the brain was seen to well up through the opening made, which was a sign of hypertrophy. Again, I have seen brains so much enlarged that it was very difficult to get them out of the skull. Others have been smaller with seemingly more space occupied by the sinuses. Contraction or dilatation of the pupil depends upon the location of the cause rather than upon its character. The third cerebral and the sympathetic nerves control the iris, and the same cause may produce contraction or dilatation according as it affects one or the other of these nerves, destroying the balance between them. I have recently treated a lady with eye trouble, attended by dilatation of the pupil, two weeks on *gelseminum* and other expedients, and finally concluded the paralysis of the third nerve depended upon pressure from morbid growth, which I guessed might be syphilitic. I gave *mercurius*, and

cured the case. I cured another case by *mercurius*, afterwards found to be syphilitic, in which there was dropping of the lid and double sight. In both of these cases the pathology would have been worth more to me than any number of symptoms.

Dr. Walker.—I treated that last case two years ago for syphilis, and could have told you the pathology, but I sent her to you to see if you would call the eye trouble syphilis.

Dr. Valentine.—Is the fact that *mercurius* cured the cases evidence that they were syphilitic?

Dr. Campbell.—No, but that suggested it to me, and the history of the cases has confirmed my view.

Dr. Kershaw.—Did Dr. Walker give the patient *mercurius* on the symptoms, or because she had syphilis?

Dr. Walker.—Both.

Dr. Valentine.—I wish to say that Dr. Kershaw in his reply to Dr. Walker said nothing about pathology. He merely mentioned replacing a uterus, and the injection of hot water in a case of dysentery.

Dr. Campbell.—Are symptoms anything but signs of the pathology? They cannot be separated. Adjourned.

Surgical Department.

In Charge of S. B. PARSONS, M. D., Surgeon.

GENU-VALGUM—OPERATION BY OGSTON'S METHOD—
RECOVERY.

BY S. B. PARSONS, M. D.

J. E. S., American, farmer's boy, aged 29, was kicked by a horse on the inner side of the knee when at the age of 16, from which he was compelled to remain in bed for nearly

three weeks on account of the inflammation that followed the injury. He locates the primary injury as being on the inner aspect of the internal femoral condyle, where the parts are covered only by cutaneous structures and their sub-lying connective tissues. At the time the parts about the joint were very much swollen, the joint cavity itself becoming largely distended by increase of its natural secretion, motion entirely destroyed for a month, and for two months he could not bear the weight of the body upon the injured leg. Upon the subsidence of the active inflammatory process the swelling slowly disappeared, but left the soft structures considerably thickened and rigid, limiting flexion to an angle of about 35 degrees. By persistent and passive treatment in exercise, rubbings, bathings, etc., a fair movement in the joint was eventually



obtained, and when he was enabled to walk the knee seemed to bend inward, and "give way" under him. This increased and became more evident from month to month, until the condition, as represented in the cut, resulted. Upon examination I found the knee enlarged in both soft and hard structures, the internal condyle increased in thickness and length, the growth extending rather downward, so that its lower border was considerably below the normal line, as related to the external condyle. The internal lateral ligament was relaxed and stretched, so much so as to permit the bending of the leg and thigh to an acute angle, with the salient point inwards. The leg could not be fully extended at the knee on account of the abnormal development of the internal condyle, but full flexion could be made without meeting any resistance. The leg had a peculiar twist outwardly at and below the knee, which brought the inner head of the tibia prominently forwards, and seemed to me to be due to the action of the biceps muscle, and increasing the deformity as well as the unsteadiness of the limb.

The serious inconvenience to locomotion, and difficulty in performing the labors of farm life, compelled him to seek relief, for which purpose he consulted me. After a careful consideration of all the pathological elements the case presented, I decided to operate by Ogston's method, as it offered, in my opinion, the best chances of success. If Barwell's or Macewen's mode was adopted there would still remain the cause of the deformity, viz., disproportionate growth of the internal condyle; and although the leg might have been straightened, the knee would continue unreliable as a support for the weight of the body, and in the process of time genu-valgum would again appear by reason of the abnormal bearings of the femoral condyles upon the tibia, just as it caused the condition originally. Notwithstanding the case was apparently and best suited to this plan of procedure, I felt reluctant to employ it, as it must, of necessity, involve a greater or lesser direct injury to

the joint, which might terminate in a partial or complete ankylosis, thus substituting one evil for another equally as bad, and possibly worse. To make the limb of good shape as well as useful, it was evident that the articular surface of the internal condyle must be made to assume a different relation to the transverse articular line, so that the "pressure points" should fall more within the cups of the tibial head, and this could be done only as suggested by Ogston. Accordingly, after anæsthetizing the patient, the contracted tendon of the biceps was subcutaneously divided just above the head of the fibula, by entering the knife on the outer side of the limb and in front of the tendon. The puncture was made at this point, as it would be less influenced by stretching when the leg was straightened than if made on the posterior side of the tendon or in the popliteal space. An incision one-half inch long down to the bone was then made over the base of the internal condyle, and while the knife was in the wound a chisel was passed down beside it until the bone was reached, when the knife was withdrawn. Turning the instrument outwards and downwards so as to make it look toward the intra-condyloid notch, a few strokes of the mallet drove it nearly through the bone, or to within a quarter of an inch of the articular cavity. It was then withdrawn from the wound in the bone, but not from the external wound, and placed at a point lower or more posteriorly, and again driven to nearly the articulation, and thus it continued until the whole condyle was separated from the diaphysis except a thin layer at the articular surface. The chisel being withdrawn and the wound in the skin closed, the knee was held firmly while the leg was forcibly adducted until the condyle was completely detached and lay in a plane nearly on a level with the external condyle. Full extension completed the operation, and the limb was placed on a back splint extending from the tuber. ischia. to above the ankle, and retained by a roller, leaving the front of the knee exposed. No further dressing was required for three weeks, when an

Iodine solution was daily painted over the joint to remove the abnormal amount of water contained therein, although passive motion was instituted on the tenth day, and continued every other day for ten days, and afterwards every day. Two months passed before he was permitted to bear any weight upon the limb, yet it was swung backwards and forwards each day until flexion was nearly normal. At this time the knee was not much larger than the opposite one, not tender, and five months after the operation the patient was using the limb which appeared as represented in the cut, flexion and extension being free and easy.

EXCISION OF THE TARSAI ARCH.

Excision of the tarsal arch has been now so often performed for obstinate cases of club-foot, that some material for forming a just appreciation of its value exists. The questions that arise are these: Are there cases of club-foot in which the usual treatment by manipulation fails? If so, is excision of the tarsal arch the best means of dealing with them? Can this operation be wisely substituted for the milder treatment in other simpler cases? As Mr. Hayward insisted at the Clinical Society, there are very few, if any, cases in *children* in which tenotomy and judicious and long-continued after-treatment will not accomplish cure; and we hope to see this operation reserved entirely for adults, in whom the deformity of the bones and other changes have rendered other methods of treatment useless. In patients of the poorer classes, however, there is another consideration to be weighed—that is, time. A successful excision of the arch effects a cure in a few months, while an obstinate case in a child, ten years of age, say, may require as many years of skillful treatment by other means; and when the effect of the treatment is such that a cripple becomes able to compete successfully with his fellows in almost all kinds of labor, the question of time

is of serious moment. But in suitable cases it is open to doubt whether the results of this operation are superior to those of Chopart's amputation, which is its alternative, while it would seem that its dangers are greater. Mr. Davy has lost by death one out of seventeen operations, and König has lost one out of three, both patients dying from septicæmia. The danger, then, of excision of the tarsal arch ought effectually to prevent its being substituted for the more general treatment of club-foot in simple cases, even although it cures in a shorter time; and it certainly has not yet been demonstrated that its results are superior to those of amputation, which is safer. It is eminently a case in which a judicial investigation might be expected to do good.—*Lancet*.

Book Notices.

NECROSIS AND ELIMINATION OF ALMOST THE WHOLE BONY APPARATUS OF HEARING IN ALMOST COMPLETE FORM. By Dr. S. Pollak, St. Louis. Reprint from the "Archives of Otology."

THE HEALING FOUNTAIN: Historical, Descriptive and Illustrative. By L. J. Kalikosch, Eureka Springs, Ark.

A well-written pamphlet, showing up in an attractive style the healing waters of Eureka Springs.

DIRECTORY OF HOMŒOPATHIC PHYSICIANS in the State of Pennsylvania for 1882. Compiled and published by Dr. L. J. Knerr, of Philadelphia. 5000 circulation.

Thanks! We are glad to get Directories.

NOTES on the value of carbo-hydrates as food, and the physiology of starch digestion. Sent by the Extract of Malt Co., Fremont, O.

A 16-page compilation from the most approved authorities on the subject, and very forcibly and convincingly expressed.

MUNSON & Co.'s WESTERN HOMŒOPATHIC PHARMACY. Established in 1868. Illustrated Catalogue and Price Current. 1882.

It is a royal quarto of 16 pages, bound in blue, presenting a dashing business book, indicative of prosperity, such as always attends industry and brains.

THE OPHTHALMOSCOPE: Its Theory and Practical Uses, by C. H. Vilas, M. D., Chicago, Ills., Duncan Brothers, Publishers. 1882.

This is a little volume of 150 pages, divided in 14 chapters. The scien-

tific aspects of reflection, refraction and the formation of images are discussed, and the theory of the ophthalmoscope explained. The relative values of the direct and indirect methods of examination are given. There are a number of illustrations which give the book a handsome appearance, and will no doubt be appreciated by the oculist.

OPHTHALMIC THERAPEUTICS, 2d Edition. By Geo. S. Norton, M. D., Professor of Ophthalmology, etc., etc. Boericke & Tafel. New York and Philadelphia: 1882. 342 pages; 8vo; price, \$2.50.

We unhesitatingly pronounce this work as well adapted to the wants of the general practitioner, and the first book we have ever seen on the eye that did not smack too much of specialism. Part I contains the indications of all the remedies, from *acetic acid* to *zincum*. Part II contains the diseases of the orbit, lachrymal apparatus, lids, conjunctiva, cornea, sclera, iris, ciliary body, choroid, optic nerve and retina, lens, vitreous humour refraction and accomodation, muscles and nerves.

From our personal and friendly acquaintance with the accomplished author we are compelled to accept his *ipse dixit*, and shall at least go one eye on him the very next time we meet. The publishers have our modest bow.

HOME AND CLIMATIC TREATMENT OF CONSUMPTION ON THE BASIS OF MODERN DOCTRINES. By J. Hilgard Tyndale, M. D. New York: Bermingham & Co., Publishers, Broadway. 1882. 174 pages. Price, 50 cents.

We heartily agree with this author that "Resorting to banishment from home," with the avowed object of seeking health by the consumptive, is very unsatisfactory, and usually very unwise and disastrous. Under the headings of Climatic Treatment, Meteorologieal Factors and Terrestrial Factors there is much valuable information in the detail and management of this fell disease at the health resorts, whether at the seashore or on sea voyage, or in the mountains. The book "condemns indiscriminate camping-out and ranch life. Theoretically, it is beautiful and romantic; but, practically, it is the climax of generalizing nonsense." The author believes in "Health Spots," and that on no continent are there more or better than on ours. At the same time "attention to the *general condition* is the great *sine qua non* in pulmonary phthisis."

Editor's Drawer.

END OF VOLUME IV.—Our editorial enterprise has been both profitable and pleasant; and as we hear no complaint about our management, we have a right to infer that our readers approve of our course and of the

kind of literature we furnish them. It is a rare thing for us to lose a subscriber, and new ones we get constantly. All opposition here has long since gone "under the daisies," and so the field is ours by right of occupation, possession and usufruct. We have ordered all of our subscribers into the "hold over," in order that we may secure you for the next volume, which begins in March, and shall continue to do you good and to divide with you as long as you have got a cent. By that time you will all have Wilde sunflowers and lilies in your button-holes and be able to appreciate high art—even that represented in the æsthetic illustrations adorning our Surgical Department!!

MARRIED—Dr. W. A. Forster of Nevada, Mo., to Miss Lillie Marr of Fort Scott, Kan., Feb. 7th. Our congratulations!

HOMŒOPATHS IN OFFICE.—Drs. Barnett, Mackenzie & Mackenzie, Weatherford, Texas, are County Physicians. Dr. J. R. Mackenzie, of the above firm, is City Health Officer and Prison Physician.

Dr. Geo. Wigg, ex-member of the Board of Health, has been elected County Coroner for the County of Clay, Kansas, to serve till the first Monday in January, 1884.

CORRECTION.—DR. EVERETT of Denver was not re-elected County Physician as stated in January REVIEW. The election has not yet taken place. He "holds the fort" against an attempted dislodgement by the old school.

In December he was made Post Surgeon of A. Lincoln Post, Department of the Mountains of the Grand Army of the Republic, and in January he received the appointment of Medical Director of the same Department. These are handsome and well-deserved honors.

DRIFTING TOWARDS THE TROPICS.—The present "exceptional winter" baffles the meteorologists. Practically, it has transferred St. Louis to the semi-tropics, and given us the weather of Savannah and New Orleans, and brought Bismarck and Deadwood down to the latitude of St. Louis. The headwaters of the Missouri had come to be regarded as the cold-weather cradle for half the continent, and winter up there to mean anything from zero to 40 degrees below from November to March; but by some sort of elemental hocus-pocus the far Northwest has transferred its attribute to Central New York and New England. Day by day the weather reports from Dakota have marked a spring temperature, and one day, at Bismarck, the mercury actually stood at 71 in the shade—which reminded the fur-clad inhabitants of that far-off region of plowing and gardening. The only real touch of winter reported in the country has been in a limited region in the East. Two weeks ago there were several snowfalls in rapid succession, which left a depth of two to three feet in portions of New England and

New York, and at a few points the mercury fell to 25 to 37 degrees below zero. In the larger portion of Missouri the grass has been green all winter, and at this moment the maples are blooming in the vicinity of St. Louis.

POISON WORKING IN THE MEDICAL PROFESSION.—THE THREE BUSY B's—BOYNTON, BLISS AND BAXTER.—*New York, Dec. 8.*—I saw last night a photograph copy of a letter procured by the indefatigable Dr. Baxter, of Washington, from Dr. Boynton, the homœopathic doctor around the late President. It said in effect:

"On the 8th of August, while in the President's bed chamber, in the presence of his wife, he said to me that he had never at any time made a request that Dr. Bliss be his attending physician, that position having been occupied by Dr. Baxter for several years, and that he had no recollection during his present illness to having sent for Dr. Bliss, and did not know how he happened to be in the case."

This letter is countersigned on the back October 24, or since the President's death, in the handwriting of Mrs. Garfield, saying:

"I have read this letter, and it is true to my distinct recollection.

"**LCRETIA GARFIELD.**"

As Dr. Bliss swore the other day that the President had called him into the case, he is met by this flat denial, though it may be said that the President was in no condition in August to remember just what orders he had given in the midst of the commotion of early July, when he was ready to grasp at a straw for his life. The public take a faint interest in the quarrels of the doctors, though it may be admitted that this letter puts Dr. Bliss in the position of a man who had crowded himself into the case, and had crowded the President's regular doctor out, without being able to accomplish any good, and finally to the ridicule of medical science.

TO OUR ADVERTISERS.—We cannot help admiring successful business men. They always use printers' ink without stint, and thereby prosper. We rather plume ourselves upon having the best advertising patronage of any medical journal of our school.

Our advertisers know where to invest their money to reach the most and best purchasers of their goods, and hence select **THE ST. LOUIS CLINICAL REVIEW**, whose readers, friends and admirers are legion, and dwell up and down our broad land, from ocean to ocean. Liebig Co's Cocoa Beef Tonic and Extract of Witch-Hazel, Mensman's Peptonized Beef Tonic, Trommer's Extract of Malt, Reed & Carnrick's Maltine, with its many combinations—Lactopeptine and Bromidia; Marsh's Pocket Spirometer, Horsford's Acid Phosphate, Listerine, D. P. Kane's Artificial Limbs, Fellows' Hypo-phosphites, and Mermod, Jaccard & Co.'s Spectacles, Watches and Diamonds are first-class, reliable, honest goods, and

are used extensively and with great success by our doctors in large numbers.

The Saddle Bags, Surgical Instruments and Elastic Stockings, manufactured and sold by A. M. Leslie & Co., have a very extensively deserved sale; while, Aloe & Hernstein are extensive importers of all kinds of Physicians' Supplies, and Agents for Tieman & Co.'s Celebrated Surgical Instruments.

The two Pharmacies that are advertising with us are prospering, and the eight medical colleges are flourishing beyond any previous year, viz: The Boston University, Michigan University, Iowa University, the New York College, the Cleveland College, the Philadelphia Hahnemann, the Chicago Hahnemann and the St. Louis College of Hom. Physicians and Surgeons.

Gentlemen: We thank you for your patronage—are proud of you—and we believe that we have contributed to your prosperity, and it turns out that we are all prospering together. We send you kind words of greeting, and trust the present year may be “a happy one.”

OFFICE CHAIRMAN OF COMMITTEE ON LEGISLATION, AMERICAN INSTITUTE OF HOMŒOPATHY, 1706 GREEN STREET, PHILADELPHIA, June 25, 1881.—*Dear Doctor*: At the late meeting of the American Institute of Homœopathy at Brighton Beach, N. Y., the following members were appointed as a Committee on Legislation. This Committee at once held a meeting for consultation, and agreed on the programme of their work for the ensuing year. They believe it to be an exceedingly important matter that their report be a full one; and trust that all members of the Institute, as well as of local and State societies, and the profession at large, will contribute all the information, aid and co-operation in their power as to any division of the same, and at as early a moment as possible. The facts to be obtained should be in possession of the Committee soon after New Year's Day, and its members, in accordance with the vote of the Institute, should make their final return or report to the Chairman “two months prior to the meeting of the Institute,” next summer—that is, by April 5th, 1882, at farthest.

I. The programme adopted requires, under each head, 1st, a historical statement, in concise form, of past legislation on medical matters, both favorable and unfavorable to Homœopathy; 2d, a similar concise account of contemplated legislation, favorable and unfavorable—the steps to be taken in favor of our school and the prospects of success; 3d, suggestions as to ways and means whereby the American Institute may officially aid in the local and national struggles of our profession everywhere, at home and abroad.

II. The programme is as follows:

1. *National.* a. Incorporation of the American Institute of Homœo-

pathy, as to its feasibility, methods, duties incurred and privileges secured.

b. Admission of Homœopaths to the Army and Navy Medical Corps.
c. Admission of Homœopaths to the Medical Civil Service, viz.: Boards of Health, Marine Hospitals, Pension Examinations.

2. *State.* a. Boards of Health.

b. Port and Quarantine Physicians.

c. Hospitals, General and Insane.

d. National Guard and Militia, Surgeons-General, Brigade, Regimental and other Surgeons.

e. Restraint of Allopathic medical societies from libeling or censuring their own members in punishment for professional association with Homœopaths.

f. Incorporation of Colleges, Societies, etc.

g. Money appropriations to Hospitals, Dispensaries, etc.

3. *Municipal.* a. Physicians to the Poor.

b. Vaccine Physicians.

c. Hospitals.

d. Boards of Health.

e. Coroners and Coroners' Physicians.

f. Police-District Physicians.

4. *International.* As to all the above points in foreign countries and any others peculiar to them, particularly as to the question of corporate or diplomatic aid or interference through the American Institute of Homœopathy (for instance, see Transactions of the Session of 1881; Resolution proposing a new order of membership, Hahn. Monthly, July, 1881).

5. *Miscellaneous.* Subjects not included in the above will be in order also.

The members of the Committee will gladly receive communications on the above subjects from all quarters. Friends, be earnest and be prompt.

JOHN C. MORGAN, M. D.,
Ch'n, 1706 Green st., Phila.;

A. I. SAWYER, M. D.,
Monroe, Mich.;

A. E. SMALLL, M. D.,
Chicago, Ill.;

M. J. SAFFORD, M. D.,
Boston, Mass.;

PHILO G. VALENTINE, M. D.,
St. Louis, Mo.;

J. P. DAKE, M. D.,
Nashville, Tenn.;

T. S. VERDI, M. D.,
Washington, D. C.;

J. H. MCCLELLAND, M. D.,
Pittsburg, Pa.;

E. D. JONES, M. D.,
Albany, N. Y.;

G. F. ROBERTS, M. D.,
Waterloo, Iowa.

TO THE HONORABLE BOARD OF COMMISSIONERS OF ARAPAHOE COUNTY,
COLORADO—*Gentlemen:* I hereby submit to your honorable body the reg-

ular monthly report of "Arapahoe County Poor House" for the month ending January 31st, 1882:

SUMMARY.		1881.	1882.
Number remaining from previous month.....		77	100
" admitted.....		60	97
" born.....		1	2
" died.....		5	10
" discharged.....		41	92
" outside.....		19	24
" jail.....		2	18
total.....		159	241
" remaining January 31st, 1882.....		92	97
Average daily attendance.....		82.6	105.3
Death rate.....		10.8	9.8
Drugs, surgical supplies, &c.....	\$146.59	\$79.70	
Druggists' salaries.....	50.00		
Cost of drugs and surgical supplies for outside patients	30.03		
Cost per patient.....	1.42	.33	

I desire to call the attention of your honorable board to the reduction in the cost of medical and surgical supplies during the month, when compared with the cost of the same for the corresponding month of 1881.

In January, 1881, there was expended for drugs, surgical supplies and druggists' salaries \$226.62, while in 1882 there was only expended \$79.70, making a reduction of \$146.92.

If there had been in 1881 241 patients, as there was in 1882, the cost would have been \$342.22. The real saving to the county therefore is \$262.52, an item certainly sufficiently large to merit your consideration.

During the present month there were double the number of deaths at the hospital that there was in January 1881, and yet the death rate has not been increased, but, upon the other hand, has been decreased one per cent.

This is owing to the increased number of patients. Of the 10 deaths during the present month, 6 occurred in patients suffering from incurable diseases and who had been transported to hospital to await dissolution.

Of the remaining four, one was of typhoid pneumonia in a man 53 years of age, whose vital powers had been broken by the vicissitudes and exposures incident to army and frontier life. One of typhoid fever, one of cerebro-spinal meningitis, and one of meningitis.

I have the honor, gentlemen, to remain yours respectfully,

AMBROSE S. EVERETT, M. D.,
County Physician.



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