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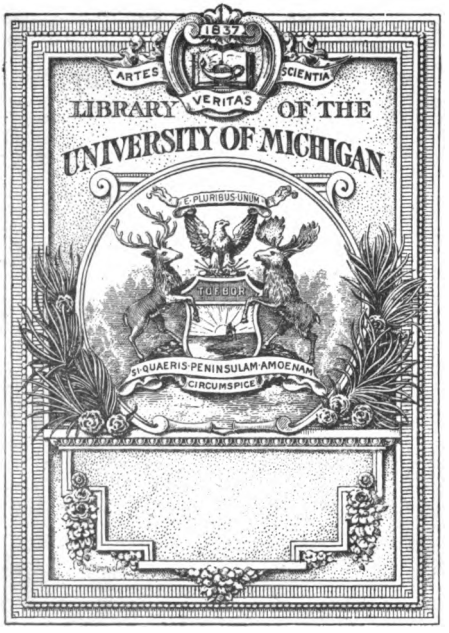

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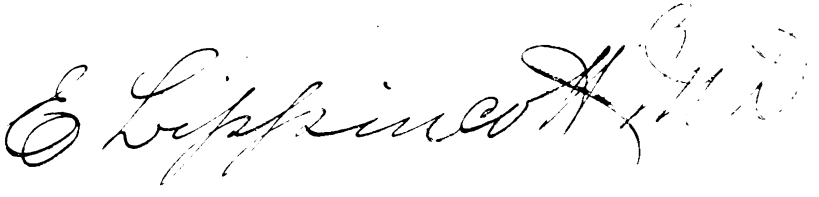

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THE ST. LOUIS

PERISCOPE

—AND—

CLINICAL REVIEW.

A MONTHLY JOURNAL OF

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EDITED BY

PROF. W. A. EDMONDS, A. M., M D, PROF. S. B. PARSONS, M. D.

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THE ST. LOUIS
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VOL. VIII. ST. LOUIS, MO., JANUARY, 1885. No. 1.

Original Communications.

THERAPEUTICS OF CEREBRO SPINAL MENINGITIS.

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

It is not that I expect the older members of the profession to change their faithful (?) remedies that I offer the present paper on the Therapeutics of Cerebro Spinal-Meningitis, but that the younger members may have a few remedies upon which to rely in the sick room when this dreaded disease prevails. There are but a few remedies that correspond to the disease as it has appeared in this city. The favorite remedies may not be found, but the ones needed to cure our patient are here. I also desire to say that blisters, and applications of hot and cold water are of very little value compared to the appropriate remedy. The selection of the remedy is all-important, and the remedy when found will cure the patient who has wholesome environments, regardless of what any body says, if taken in the first hours of the disease. While many recover under treatment having no relation to homœopathy—relaxants—I do not longer desire such results. A perfect recovery is the

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exception, and convalescence is generally slow; and with the most skilled relaxant treatment, as I have observed it very often, is followed by a lingering illness resulting in death after many months of emaciating.

Opium.—Violent dilirium with glistening eyes, and rolling and tossing, talks of all sorts of strange things. He sees ghosts and black forms; confusion of mind, and visions which he attempts to relate. Every noise startles him, fear of death, moaning in his half wakeful state. He passes into a state of complete stupor, with insensibility and stertorous breathing, with the eyes partly open. The tongue is as dry as leather, and the coating is brown and harsh to the touch of the finger. The common pathognomonic symptoms of cerebro spinal meningitis are present, vomiting, scanty urine, paralysis of the sphincter vesicæ, and of the bladder which is distended with urine. The head is violently drawn back and the countenance is pale and sunken.

The remedies that cure promptly have in their pathogeneses the common picture of the disease. Drawing back the head, pain in the back of neck and head and down the spine, twitching of muscles, of extremities, face and eyes. Coldness of the extremities and some increase of temperature, with quick pulse, more or less irregular, cerebral symptoms of a congestive type. These symptoms are characteristic of the disease but of no remedy in particular. Any man who cures a case with a remedy directed toward such symptoms may call himself a lucky prescriber. If these symptoms were placed within a circle they could be made to bunch up and fit a large number of remedies, but as we have to individualize we must observe the symptoms, not characteristic of every case of the disease, but peculiar and rather uncommon. If one would add to the above symptoms marked aggravation, from warmth of the covering of the bed and warmth from the

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fire, *Apis.* and Opium must be compared as both have all the above symptoms. If Opium is not similar enough to abort the disease in the first twenty-four hours, Apis. would be the most suitable medicine to cope with the cerebral effusion.

Apis.—The patient has gone on two or three days and the pupils are dilated, extremities and surface cold, rolling and tossing, and screaming, crying out with a piercing shriek, no thirst for water but craves milk which agrees, scanty urine with frequent desire to micturate, tongue dry, red, cracked, the slightest touch aggravates him. A little later in the disease he will be hard to arouse, but still he cries out with the characteristic shriek. Even a profound stupor. Opium is of little service when the symptoms point to the effusion, but Apis. is just as appropriate then as in the primary symptoms of the disease. If Apis. is resorted to in the beginning, when it is the appropriate remedy, the effusion will always be prevented. The routinist is brought to a stand when he attempts to apply his hot bath or pack to an Apis. case. The patient will go into convulsions and be seriously injured by any kind of heat although he his cold. A hot bath is a dangerous resort when there is effusion within the cerabral membranes, and the routinest will learn this to his sorrow if he continue this manner of treatment without special indication.

Opium has stupor from the marked congestion, and Apis. from effusion. The constant motion of one arm and the opposite leg is a marked feature of the Apis. picture. Squinting, grinding the teeth, and boring the head into the pillow, are commonly found in this picture. The temperature generally runs low.

Natrum Sulph.—When the disease begins by vomiting bile, and the pain in the back of the neck is like the gnawing of a dog, or the cutting of knives, screaming with pain in the back of the head and neck, tearing pains in the limbs, and

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there are not the characteristics of another remedy, Natrum Sulph. is a very satisfactory medicine.

The hot, red face with throbbing, pulsating pains running down the back and to the forehead, worse from lying down, and the extremities are cold, rolling the head, pupils dilated, moaning with the characteristic symptoms of the disease, and Belladonna should be administered and nothing else. The pain is relieved by the cold hand, bending the head backwards, and is made worse when going to bed.

The convulsive movements of face and eyes, grinding the teeth, retention of urine, are common to the disease and therefore not so guiding.

Gelsemium.—If in the beginning the patient seems almost unable to move from the great exhaustion, feeble pulse, determination of blood to the head and face, coldness of the extremities, thirstlessness, falling of the upper lids, dry tongue, too tired to talk, *Gelsemium* must be the remedy.

Rhus. tox.—After the first stage of the disease has subsided, or having come out of the stupor or delirium, he becomes irritable, screaming and crying out with sharp pains in the forehead. The restlessness is a very troublesome part of the picture. The head is drawn back and there is wakefulness. While he is moving and for a few minutes after he has quited, he is free from pain and perhaps sleeps a little but soon he is tossing again. This remedy will arrest the disease in a few days. Even this remedy cures when the emaciation has begun; the wrinkled forehead and restless anguish are marked. The pulse and temperature slightly elevated.

Finally we reach a different state of things. The patient is too stupid to be aroused; he is staring and totally unconscious. He screams out frequently (Apis.) although he seems to have no intelligence. The neck is rigid and the head is held far back; pupils dilated and often insensible to the light.

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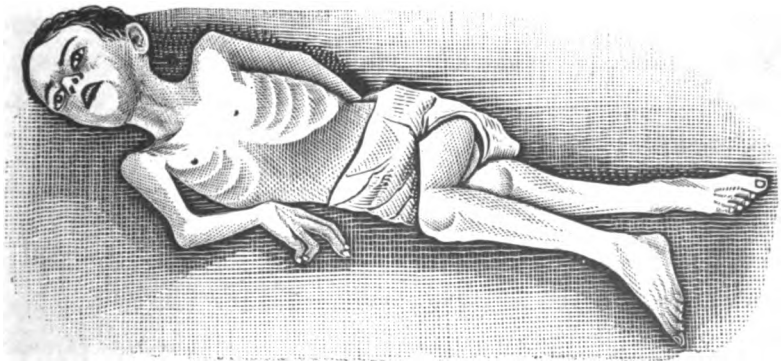
Vacant countenance and eyes wide open. The forehead is wrinkled, and the patient is rapidly losing flesh. Grinding the teeth constantly. Retention of urine. He moves one arm and one leg unconsciously, and he is greatly prostrated. The remedy for effusion like Apis. This great remedy is *Hellibore*.

After this last named remedy has aroused the patient and established a convalescence there comes a lack of reaction. He does not do well, his stomach is weak, and he vomits everything, even a spoonful of water, then the remedy must be *Zinc*. Again, when this prostration and unconsciousness is not reached by *Hellibore*, he goes on in the profound stupor; it seems nothing can arose him. He has been in this state beyond the state of impressibility or irritation. No action from bowels, passes his urine unconsciously, deaf, dumb, and not even a motion is made with the limbs; indeed he is in every way passive and a living skeleton. It is in this state that Zinc. may surprise him who has not used it properly.



The cut represents the five year old lad of Wm. King, the fireman, of this city. The boy had been many weeks under allopathic treatment. I was unable to arouse him or attract his attention by the greatest noise. He seemed to live but made no motions, except with his mouth and tongue. He was constantly chewing, and grinding his teeth. For several

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weeks his allopathic attendant had been coming to see if he was not dead, not thinking it worth while to give any medicine. He had given up the case as hopeless. When I visited the case I also thought so; but it was plain to be seen that he had been in the Zincum state for many weeks. He was unable to disengage himself from any position in which he was placed will be seen by the position in the cut. This patient got one dose of Zincum, high, dry on the tongue. In six hours he began to vomit and purge—a profuse sweat set in and it seemed that he would die, but reaction came and he began to make motions. For six weeks he improved without medicine; at the end of which time he began to settle into the same passive state, and the Zincum was repeated and the same vomiting, purging, and sweating came, lasting the same length of time, and reaction came, and again he improved, this time for three months, when he was taken every where in his baby carriage. He was trying to walk, but too week in lower extremities. He made great effort to talk but could not speak but in signs; his words seem to have gone from him, and he was like an infant beginning to make primative sounds. After eight months he walked clumsily and feebly a few steps. The slowness with which he learned to speak pointed to Nat-m. which he took in a single dose. He was at this time as plump and fat as ever, but flabby and infantile, slowly gaining firmness of muscle and strength. All this time he has been perfectly regular in bowels and urine, and has a good appetite. After watching him eleven months with extraordinary interest, he was exposed to cold air, and a violent attack of œdema glottidis caused his death in a few hours. He was extremely tender to the winter weather and succumbed to the first attack that came along. I regretted very much his loss as I had been cultivating him as the gardner cultivates a costly flower. I was watching the development of his language. Many most interesting points

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arose that make me regret that I was unable to obtain a post-mortem. I realize that such a case may never come to me again. The cut is very perfect, as potographed during the first weeks of my attendance, I was about to have him photographed again when he died.

THE OLD AND NEW IN MEDICINE.*

BY PROF. W. A. EDMONDS, A. M., M. D., ST. LOUIS.

Ladies and Gentlemen of the Literary Circle:

If we estimate the magnitude of the subject assigned me by your committee, with reference to time, work and results, it will be found wholly out of proportion to the time and space usually alloted to one of our society papers. If we go back to civilized ages of Grecian and Roman history, where we have been taught to find the origin and paternity of modern medicine at the hands of such celebrities as Galen and Hyppocrates, and attempt to come forward with something like a connected account of the various theories with their attendant modes of practice which have arisen and prevailed for a time, and then given place to their successors, we should require hundreds of pages and many hours of time to do justice to the undertaking. We shall at present only have time to glance at a few of the most prominent features of the topic, and have decided to give preference to those of practical and popular importance.

No subject in the whole domain of human activity is of so much temporal importance as a correct, rational system of medical practice; whether as a means of curing or preventing disease. Wealth, fame, power and social position are but grim mockeries to the possessor who is not blessed with a sound mind in a healthy body.

* Read before the Literary Circle of the First Christian Church, St. Louis.

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Likewise, is there no subject in the same domain so difficult to grasp and so difficult to reduce to successful practice, as the qualifications and duties of the medical practitioner.

I am not in ignorance of the popular idea that a superior order of both native and acquired ability is needed to make a poet, artist, architect or engineer, general, statesman or lawyer, to that required to make a doctor.

It is a grave and fatal mistake allowing me, if you please, to italicise and emphasize the two words *grave* and *fatal*. Of course it is a very easy matter to mill an individual, with no native special ability for the calling and with but a limited stock of acquirements through the college curiculum. Finesse, maneuver and money will accomplish this elementary beginning. But, shades of departed humanity! or rather, shades of the grave yard! Such doctors! such work. I undertake to say no physician should be trusted to handle the issues of health, life, disease and death, with less than ten years preparation under a systematic, didactic course, in connection with abundant practical experience in hospitals, or under the directions of a senior practitioner.

Then you say, we would have fewer doctors than now. That is precisely what we need; fewer doctors and better quality. There is to-night in the city of St. Louis, in the neighborhood of 600 doctors. Of this number, probably 200 have fair qualifications for professional work. Of the remainder, many have not ability, either native or acquired, to make respectable shoe-makers, carpenters, or blacksmiths. Many of them as a class, are leeches upon the community in unearned charges; inexcusable loss of life; and shameful, corrupt practices, the bare mention of which could not be tolerated by this refined presence.

Beneath this somewhat gloomy, unsatisfactory view of the profession, there is a gleam of hope and promise which must

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ere long grow into the full-orbed splendor of open daylight. State and National Boards of health, State and National Legislation are all looking in the direction of a longer and broader course of training, both didactic and practical. These changes are necessarily slow and gradual; but let us hope, will in the end reach the very beau ideal of humanity's best interest.

That the highest order of professional qualification is often underrated, and that fraud, pretense and stupidity are so often at a premium, is largely the fault of those whose duty it is to make choice of a physician. Probably the great body of mankind show so little wisdom and discernment in the performance of any other task as in that of selecting a doctor. One doctor is preferred because of his fine clothes, and horses and carriage; another for his genial social qualities; another for his social position; and still another for his low rate of professional charges; grace and qualities which if all combined in the same individual might still leave him without essential elements of wisdom, tact, discernment and promptness in determining the true nature of disease, and the suitable remedy for relief.

An excuse or justification on the part of the people for their fickleness and want of faith in the profession is its seeming want of exactness and certainty; that it is not an exact science.

Has it ever occurred to you, my auditors, how much of uncertainty there is in human experience and activity? How little of what is known as mathematical exactness attaches to life's ends and aims? Let us look a little for illustration's sake into some of the every day avocations and relations of life around us. Take for instance, mercantile experience. Statistics go to show that not more than three to five per cent. of merchants have anything like a uniform success and finally retire upon enough to provide for old age. In agricultural

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pursuits the entire year round is an experience of incessant anxiety and uncertainty as to the various sources and probabilities of success and failure, with which forecast and discernment as to the future can have but little to do.

Two parties full of hope, romance and enthusiasm for their domestic future, make a matrimonial venture, with the result of wishing inside of six months they had done almost anything else than that of marrying each other.

Parents to whom a child is born think it the beau ideal of personal grace and intellectual promise; in a few short months or weeks, follow it to an untimely grave; or what may be far worse, after a few brief years go in quest of the prodigal, to find him in disgrace and the clutches of the law for high crime or misdemeanor.

In the legal profession, right here in St. Louis, where we have a probable membership of 600 or 800, it is a hard, eager scramble with two-thirds of them for bread and butter, with incessant anxiety that the before-mentioned bread and butter may fail of supply at any time,

In politics we see the gifted and brilliant Blaine after a long life-time devoted to a single aim, defeated when almost touching the goal of his ambition, by a rival comparatively unknown until very recently.

In theology the champions and leaders of the various christian sects engage vigorously in the work of belaboring and worrying each other with logic, rhetoric or metaphor, where we should certainly expect to find better agreement among parties with a common Bible, teaching "One Lord, One Faith, One Baptism," as a means of universal brotherhood.

If we take a cursory glance into the halls of justice we find ample material in the line of uncertainty, delay and injustice to vindicate or justify Dickens' grim caricature of judicial tedium and uncertainty, under the title of "Jayrudice and Jayrudice."

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Even in what is known as pure mathematics, we believe there are some points not quite eliminated from the border land of uncertainty.

If uncertainty then be the rule rather than the exception in the multifarious affairs of every day life, we should not be unjust nor ungenerous in our estimate of the results and progress in medical practice, where the factors in habits of life, hereditary predisposition, age, sex, temperament, toxic agents, latitude, electrical conditions, calorific extremes and variations, hygrometric conditions, are so constantly, singly or in varied complications in their actions as to the progress and results of the sick condition.

Probably I cannot better state the case in behalf of my profession than by telling you that the physician in largest business rarely or never sees two cases of sickness precisely alike. Each case in suceession is a new one as compared with the ones last or previously seen, precisely as no two individual human beings are precisely or identically alike; each case to be diagnosed and treated in a somewhat extempore manner, upon the spur and emergency of the moment as not exactly like anything ever seen before. Then learn to be somewhat lenient and forbearing towards a profession so self-denying, so kindly, so diligent in its efiorts, both to prevent diseased visitations, and to relieve you of suffering and pain and prolong life when you shall have been overtaken by the sick conditions which are in most cases the results of your own excess, indiscretion, and the otherwise preventable causes of disease.

But, let us come at once to the special theme named in the programme—*The Old and New in Medicine.* I shall not suppose that the committee expected me to go away back to the early dawn of civilization and come down to our own times, as to change from the old to the new. I take it that my auditors will feel more interest as to changes, whether for better or worse, that have transpired within the present century.

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One of the most comfortable and noteworthy changes in medical practice within a period of forty years, is the greatly diminished doses and corresponding diminution in the whole quantity of drug consumption. Within my personal recollection from 40 to 60 grains of Calomel at a time, to be repeated several times in the 24 hours, was an every-day affair. If the patients recovered the treatment was supposed to be eminently scientific and satisfactory. If a bad case of salivation happened now and then, and half a dozen or so of white, beautiful teeth were lost, especially by a fine young lady, who might be disfigured for life, it was accepted and defended as one of the unavoidable accidents incident to a necessary course in a curative conflict with disease. If death occurred under this heroical, scientific mode, the result was set down to the violent, unmanageable nature of the disease. It does not seem to have occurred to any one for a long time, that death in many instances came from the joint co-operation of the disease and treatment; that helpful dame Nature could have weathered the storm of disease alone or the treatment alone; but the treatment and disease combined were altogether too much for the recuperative and and reparatory efforts of nature. For a long time the professional rivals of the celebrated Dr. John Esten Cooke, kept on exhibition in the College Museum at Lexington, Ky., one pound and a quarter of Calomel, as a sample of the quantity he had given a patient in the twenty-four hours. All other drugs were given in corresponding quantities, to the great bodily torture, hurt and death of humanity. Whilst the inner man was being thus vigorously plied with heroical quantities, the outer one did not escape. The lancet, scarificator, blister, plaster, and various violent irritants made things lively on the surface, without stint or limit. Little tiny, tender babes lost scalp and patches of skin from the scarificator and blister plaster, in a way that would do credit to the most approved scalp-hunter or cannibal.

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The change from the heroical destructive modes and quantities, to a more conservative and rational plan, has been the joint result of a determination on the part of the people to trust the efforts of nature (rather than die of physic), in connection with the benign influence of Homœopathy, a medical practice in which small doses and the avoidance of harsh means generally, are prominent characteristics.

About thirty years ago, a New England dentist discovered the power of Sulphuric Ether and Chloroform, when taken by inhalation to temporarily allay all sensibility and produce a state of sleep and unconsciousness, during which state the most painful and bloody operations known to surgery were performed without the slightest pain or consciousness on the part of the patient. Probably no discovery in the whole history of medicine has been fraught with so much comfort and help to both patient and surgeon.

A few hundred years ago, medical practice was mainly in the hands of the priests, and surgery was chiefly performed by barbers, and probably a very barbarous affair was the surgery of those remote and benighted times.

In olden times, an aching tooth was dislodged and removed by a nail and a hammer, or drawn out by modes and proceedures little less harsh and artistic; after which the patient was allowed to "gum it" without teeth, as best he might.

Now the dental branch of the profession has attained such skill that teeth are rarely extracted, and when drawn are replaced by artificial ones of great beauty and perfection both as to usefulness and appearance.

Formerly, the chief safeguard against the loathsome, violent and dangerous small-pox, was to keep beyond the range of contagion. Now, by the simple, painless process known as vaccination, the disease is ordinarily entirely prevented, or so modified as to be simple and unimportant.

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A hundred years ago, the people looked upon the thought of going to a hospital much as we now think of jails, houses of correction and pest houses. At present, the perfect appointments and ample arrangements for comfort and attendance in our city hospitals, render them more desirable as places for the sick, than most of our private residences, however palatial and perfect.

In the matter of sanitation and hygiene, we have made wonderful progress in the present century. Food is in better kind and quantity, and more rationally prepared. In the matter of sewage for carrying off the offal and debris of our large cities, progress has been wonderful, as to extent, skill and perfection. Of course much of this has been brought about by skillful engineering, but largely promoted and directed by professional influence and advice.

Formerly, a doctor was a doctor, and was expected to do everything, from pulling a tooth all the way up to operations in medicine and surgery requiring the highest order of skill and talent.

Now we have the various departments in medicine and surgery so divided into specialties, for the eye, ear, skin disease, diseases of females, etc., etc., as to have given a degree of dexterity in these various departments never before accomplished.

In the matter of professional ethics, intended to govern members of the profession in their intercourse with the community and with each other, as well as in legislation for the prevention of charlatanry and imposition, and criminal practice, we have made marked progress over old modes and manners.

Altogether, while much remains to be discovered and accomplished in my beloved profession, in order to its further

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advancement in the way of practical usefulness to the community, enough has been accomplished to entitle it to the lasting gratitude, rather than the sneers and jibes to which it is so often treated by thoughtlessness and ignorance.

Surgical Department.

SURGERY OF THE NOSE.

BY PROF. S. B. PARSONS, M. D., ST. LOUIS.

OCCLUSION OF BOTH POSTERIOR NARES BY A SOLID GROWTH OF BONE.

Annie W., æt eight months, was brought to my office for an obstruction of the nose that had existed from birth. The physicians who had treated her supposed it was only a catarrhal affection and had applied the usual remedies without effect. I found her to be a well-built and fairly nourished babe, with a complexion rather pearly in appearance, flesh soft, lips and borders of the nasal orifices reddened as if inflamed, and a constant discharge of stringy-glutinous mucus issuing from them. The mouth was constantly open; and usually the left ring finger in a strongly flexed, and hand in a pronoted position, was inserted into it to pry open and keep the jaws apart. This I found to be an act by which respiration was more easily carried on than when the finger was withdrawn. Respiration was attended by a harsh, flapping sound, which increased during sleep to a condition that appeared to border on strangulation. At times this sound became so frightful that the parents were afraid to allow her to sleep without watchers, and consequently one or the other of them was always at her bedside where she slumbered. They also dis-

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covered that by holding the lower jaw down the child's sleep and breathing would be free and quiet for hours together, but the moment they permitted it to rise again the loud obstructive sound re-appeared, and the child wakened every few moments. At other times there would be a cessation of respiration for quite a length of time, the face assuming a bluish hue, the chest convulsively rise and fall, when suddenly the breathing would be re-established accompanied by the usual sounds in an intensified degree for awhile, and then resume its usual tone. It had never been able to nurse the mother nor the bottle by reason of its inability to respire through the nasal passages, hence it was "raised on the spoon," and had been fed with oatmeal mixed with cow's milk from birth.

An examination of the anterior nares revealed no signs of abnormality other than an unusual redness of the pituitary surfaces, and narrowness of the olfactory and respiratory tracts through a closer approximation of the turbinated bones to the septum, nor was there any appearance of wrong development to be seen in the mouth, except that the faucial arches lie nearer the base of the tongue than in the natural state.

Passing a probe into the nares it entered easily for a distance of three inches when it was stopped suddenly by a solid body, nor could I by any twisting or turning, or strong pressure push it further along. The resisting body was not in the least degree elastic nor yielding. The same difficulty was met on both sides. To ascertain if there was any passage through the nose I held the lips closely together to prevent breathing through the mouth, which caused the child to struggle violently, and grow bluish in the face, but no air was inspired or expired through the nasal passages. Introducing my finger into the pharynx and turning it forward toward the posterior nares, instead of finding the usual openings with the septum separat-

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ing them, I found a complete growth of bone extending from the internal pterygoid plate on one side to the opposite one, and from the palate bones below to the body of the sphenoid above.

The hamular processes of the internal pterygoid plates, and external pterygoid plates, could be distinctly felt, but above and anterior to them was a solid wall reaching to the base of the skull. The construction and shape of the pharynx was normal, the mouth natural, with the exception of a rather high and dome-shaped vault, which did not indicate, nor was their any decrease from the usual width of the posterior nasal wall.

Here was a malformation such as I had never seen, nor heard, nor read of. Nor can I find in any book or periodical anything that presents any likeness to it. Convincing myself of its true nature and extent, the conclusion was forced upon my mind that the case was one of serious import, and required especial consideration. It was of the utmost necessity to health and life that an opening for purposes of respiration be established, for we can readily conceive how greatly endangered would life be should the child be the subject of an acute pulmonary or bronchial affection, especially so if the attack be a severe one. Again the total occlusion of these natural passages by its interference with respiration, and the proper æration of the circulatory medium, as well as upon alimentation, digestion, and nutrition, and the development of a highly nervous condition, must ultimately, inevitably, end in premature death.

In the light revealed by investigations it was evident that there was a total occlusion of both nares by an excess of bone deposit, but its thickness I was unable to determine. To remove this obstruction was a necessity which I did by first placing the patient under an anæsthetic, and then placing a bone drill into the anterior nares and carrying it backward until it

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rested against the obstructing body, then inserting a finger into the pharynx and holding it against the posterior nasal wall so as to ascertain when the drill had passed through, and to protect the soft parts, by a screwing motion of the instrument I bored a hole ⅜ of an inch in diameter. Withdrawing this I again passed into the nose a burr drill ½ inch in diameter, which was worked in a rotary manner until the opening was qnite as large as in the natural state. The opposite side was then treated in a similar way, and when all bleeding had ceased a silver tube, long enough to just reach the pharyngeal cavity, was passed into each canal, and fastened by adhesive strips to the cheeks. These were worn for two weeks before being withdrawn, though they were cleansed daily by passing a swab of absorbent cotton, wound around a small probe, the whole length of the tubes, and afterwards smeered with glycerine, as they would become clogged by mucus and force the child to again breathe through the mouth. On the 15th day the tubes were taken out and as their seemed to still be a roughened, bony surface, I reinserted and kept them in place for another week, when upon withdrawing them again I found a smooth surface of mucus membrane, probably, covering the edges of the openings. I have ordered the parents to pass two or three times a week, for a month, a No. 16 gum-elastic bougie, Englih scale, and afterward once a week for awhile, then twice a month.

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Society Proceedings.

ST. LOUIS SOCIETY HOMŒOPATHIC PHYSICIAN AND SURGEONS.

DIPHTHERIA AND ITS SEQUELÆ WITH CLINICAL CASES.

BY J. C. CUMMINGS, M. D., ST. LOUIS.

The old idea that diptheria is characterized by a false membrane, and hence its name, or that it is caused by a ferment and therefore classed among the so-called zymotic diseases, is rapidly being changed to the bacteria theory of disease, by Oertel, Klebs, and many other earnest microscopists. This department of medical science is being cultivated so thoroughly by men who only accept *facts*, that the practice of medicine must ultimately become much more scientific than is possible at present.

The treatment of maligunant forms of diphtheria, is so unsatisfactory, that all must desire a better mode to come speedily. And even mild cases are often followed by fatal sequelæ. The fact that all epidemic diseases run a characteristic course in spite of all treatment heretofore tried, is proof to my mind, that the best treatment for this class of diseases has not been discovered. But if the bacteria theory of disease prove true, then germicides will be discovered, which will destroy the conditions, and cut the disease short.

Epidemic influences are so identified with the causes of disease, that it is difficult to separate them. But seeds of disease, like those of plants must fall in soil adapted to their growth.

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Living in damp rooms,—bad food, and impoverished physical health, may be classed among the conditions that invite diphtheria. But I read of a physician fatally inocculating himself a few days since by sucking out a tracheotomy tube, to clear it of diphtheritic matter; such recklessness will not be followed by thoughtful physicians.

The very valuable life of Dr. Woodyatt, of Chicago, was a prey to Diphtheria, but in this case, the system was run down by over-work. These two cases warn us to be careful not to inhale the breath of diphtheritic patients, if we can avoid it.

I think if physicians would gargle with a weak solution of corrosive sublimate before going in the room of a diphtheritic patient, and again gargle with the same solution immediately after leaving the room—they would destroy the contagion in a great majority of cases. But Raue states, that diphtheria may localize itself, not only in the throat, larynx, trachæ, and bronchi, but in the kidneys, heart, stomach, brain, and spinal cord. He also divides it into mild, severe, and septic forms.

Patients recover from the mild forms, with simple treatment in the great majority of cases. But I think there is as much danger of sequelæ in a mild case, as from the severer forms of the disease. But it is the nasal and croupal forms of the disease that too often prove fatal. The best treatment that I know of, is to be found in McNeil's Prize Essay on Diphtheria.

Some Old School physicians are now using turpentine in diphthera, as they claim with great success. They pencil the diphtheritic spots with pure turpentine, and give an emulsion internally.

Sequelæ.—Paralysis is by far the most frequent. When the muscles of the heart are involved, the patient appears to be convalescing—may raise up quickly to take a drink, and

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fall back dead. Paralysis usually comes on slowly, but unless we watch the pulse and examine the urine for albumen, we may have this fatal heart trouble without warning. But the throat is usually the first to show signs of paralysis, by change of voice or difficult deglutition.

Our books say, that the great majority of the cases of paralysis recover. This is not my experience. I have had but *two* cases of paralysis follow Diphtheria, and both died. The first was a very mild case; I only saw it twice in my office. There was a very slight deposit on the tonsils. The child was not confined to bed, until the attack of paralysis. The second was a well defined case of diphtheria; a very obstinate deposit on the tonsils—but it was confined to the tonsils. Both were very delicate children. The second case I saw on August 7th, 1884. The kidneys did not act freely. On the 8th I alternated Merc. cor.^{6} and Apis.^{3} ; on the 9th Apis.^{3} and Nitric Acid. Looking over the treatment I find that I prescribed Apis. more frequently than any other medicine. Torpidity of the kidneys, and want of appetite, were the principle features of the case. The mother said, "the child had always been a very dainty eater."

It would not drink milk at first, because it was painful to swallow. I anticipated paralysis in this case, and cautioned the mother and told her the danger. We tried our utmost to feed the child during the entire treatment. After paralysis ensued, I gave Causticum^{6} and again gave Apis., but it slowly sank, and died on Sept. 9th.

I also treated a bad case of the nasal variety last summer. The mother told me, "long white tubes were discharged from the nose." This case was a baby 8 or 9 months old. I saw this patient, the first time, Aug. 14th. It seemed to recover perfectly from the diphtheria. I was again called Sept. 30th —the mother told me it had a spasm; there was no appearance of spasm during my visit, but I gave Ignatia^{3} .

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A few days after this, it had another attack of spasms and died. I am glad to say that this case ends my knowledge of the sequelæ of diphtheria.

Diet.—By far the most appropriate diet is plenty of milk. If the bacteria theory be true, by far the worst possible diet is beef tea—meat juices being the favorite diet of bacteria. Nitrogenous food and albumen being their pabulum, the question is, how to starve the bacteria (and I use this term to include all the species of microbes) and to feed the patient. All who have witnessed the exhausting fever of the trichina patient must see a striking resemblance to typhoid fever.

We know that diphtheria runs a much more rapid course than the diseases just named. But if we know the nature of Trichina, it enables us to infer something of the habits of the bacteria family.

If bacteria feed on muscle tissue and albumen, they must starve, after they consume the muscle tissue, unless they consume the food that we intend for our patients. Dr. Cobbold in his lecture at the International Health Exposition, says "some parasites might be starved by a milk diet." It is more readily assimilated than any other food. If pure milk disagrees with the patient—it can be diluted with hot water. The yellow of a poached egg will agree with most patients. This can be eaten with toast by children over a year old.

After all, the things most essential for us to know, are the conditions that invite diphtheria; and the best treatment of malignant cases, and the best mode of preventing and curing sequelæ.

The catarrhal condition is the most common field for diphtheria. But it is not confined to this class of patients, so we must look farther. There are epidemic influences not as yet understood. The investigator who discovers the true conditions of diphtheria, and the best manner of preventing the

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conditions that make disease possible; or failing in that, discovers the surest way of removing the conditions of disease, will prove a great benefactor to the human race.

DISCUSSION.

REPORTED BY W. B. MORGAN, M. D., ST. LOUIS.

DECEMBER 23, 1884.

Dr. Ordway.—I do not take much stock in the bacteria theory of causation, and I think that Dr. Gregg will ultimately get considerable credit for the stand he has taken in regard to the so-called bacteria being only fibrin. Indeed, some of the men who are now getting notoriety by advocating this theory, a few years ago pictured the same forms and called them fibrin. I regard the membrane as only a symptom, and dangerous, commonly only, from the obstruction to breathing that it may cause by extension to the larynx. In my opinion Phytolacca is the best remedy. It acts on the kidneys and glands generally, and, with me, has done good oftener than any other remedy.

Dr. Boyd.—I also am not a believer in the bacteria theory. I do not look upon the bacteria as the cause but one of the consequences of the disease. If a hog gets injured the flies blow him and he gets maggotty. In the same way an ulcer, or a diphtheritic membrane, in the human gives the bacteria a lodging place. Chamber's Cyclopedia has an interesting article on *Oidium albicans*, that is also found in aptha and in the down on grapes. The diphtheric deposit also contains epithelial cells and blood globules and decays more rapidly than dead flesh. I do not believe that the sanitary conditions have much to do with the development or propagation of the disease. Some of the most virulent cases I have seen, have been where the sanitary surroundings were of the best. During my recent visit to Indianapolis I attended some cases in a family where there were six cases in all, one of which was fatal. The house was isolated and in the best sanitary condition. Boiling vinegar in a room, I think, has some prophylactic power. McNeil's essay, referred to by the essayist, is,

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perhaps, a good exponent of extreme high attenuation method of treating the disease, but I think it all bosh, more likely to be valued by the theorist than the practical physician. I believe in more tangible treatment. The Iodide and Cyanuret of Mercury, Acon., Bell., Chlorate of Potash, are among my best remedies. I frequently use insufflations or gargles of the chlorate, and sometimes mix with it hydrastis powder for the insufflation. Sometimes the ulceration threatens the carotidal artery. In one such case I used a gargle of ammonia, alcohol and carbolic acid āā, in water, with good success, I think. I am a zealous advocate of topical applications. Tnere are many cases of sore throat that resemble diphtheria. Lachesis is sometimes the remedy. I used it in a case where the face was cold, and there was no fever during the process of the disease. That case recovered, but such usually prove fatal.

Dr. Richardson.—I hardly know whether I am a believer in the germ theory of disease or not. There are some arguments advanced in its favor that it seems almost impossible to get round; on the other hand Lister and some others, who have been its most prominent advocates, have lost their faith in it. At present I think it must be regarded as doubtful. Bad sanitary surroundings seem to have little effect in producing the disease. According to my observation, plumbers, who are exposed to more sewage gas and decaying organic matter than most any other class of persons, seldom have diphtheria or any other of the diseases that are commonly attributed to filth. I am aware that this exemption has been accounted for by the theory of inoculation, but my opinion is that the influence of filth in the production of disease is considerably overrated. I endorse Dr. Boyd's opinion of McNeil's essay. Fine spun theories are not generally advocated by practical men—even Pasteur is a salaried theorist and not a practical physician. Some Germans have compiled statistics from a great number of cases, and their conclusion is that chlorate of potash is the most effective remedy. A similar compilation by Australian physicians shows an advantage in favor of a weak solution of sulphuric acid. I myself have for a number of years followed a routine practice of

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giving Bichromate of Potash and Biniodide of Mercury alternately, and using a gargle of Chlorate of potash, or, in older persons, tablets of the same. The chlorate is probably the efficient element of the treatment. My success, I think, has been as good as anybody's.

Dr. Edmonds.—The pathology of this disease is interesting. Some think that the local signs are only a small part of the disease. I think they are not to be ignored and do not think there can be a case of diphtheria without them, and in my treatment I attach great value to local appearances, as I do in dysentery or puenmonia, and, by way of internal medication, I give those remedies that act specially on the throat. I have no faith in the bacteria or any other theory of disease, I think we are in midnight darkness upon the whole subject. If filth was the direct cause of diphtheria or any of the kindred diseases, we should all have them. I lived for a good many years in Memphis when there were no sewers, and when the sanitary conditions generally were about the worst possible, and I do not think that the mortality or amount of sickness from the so-called filth diseases was above the average. In so far as filth and bad hygiene debilitate the people, they pre-dispose to any disease that may be prevailing, but filth is only one of numerous agents that produce this result, and is, I think, the direct cause of but a portion of the disease commonly ascribed to it. The bacteria in the diphtheritic membrane are as apt to be a consequence as a cause of the disease, and I incline to the views of Dr. Gregg in regard to the bacteria. My treatment of diphtheria is rather routine. The mercurials, I think, are more generally applicable than any other remedy, Kali bich., or Chloride of Lime may be used, or Gels. for fever.

Dr. Wilcox.—I expect that Dr. Gregg may be esteemed more highly than Koch. My remedies are Kali bich. and Merc. Pilocarpin is good in the beginning and so is Ferrum phos.

Dr. Ordway.—I have been misunderstood if I have been supposed to think that the throat symptoms were of no consequence. Some doctors down East have undertaken to divert the local disease from the throat by taking of the skin from

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some part of the body and encouraging the growth of a membrane there. For local use I prefer the Permanganate of Potash. Good food and the administration of spirits are important.

Dr. Boyd.—Formerly I used the Permanganate, but now I prefer the Chlorate, I have never given stimulants and have never had paralysis follow. I hope that homœopaths will not go back to the allopathic treatment of twenty years ago.

Dr. Gundelach.—The great number of remedies that have been recommended in diphtheria has been a wonder to me. As a general rule, when a great number of remedies are recommended, none of them do much good, and my opinion is, that such is the case in diphtheria. Good nursing is, I believe, the most important. I give remedies, however, as others do, and, I suppose, with about as good results. They are generally acids or animal poisons. I use broths, milk, and eggnog. Brandy, I think, is better than whisky as a stimulant, and I would no more think of treating diphtheria without stimulants, than I would typhus. I think I have seen more cases of paralysis after the use of chlorate of potash.

Dr. Comstock.—In diphtheria I use alcohol from beginning to end, as I often do in scarlet fever, I think Gregg's views on the bacteria question will ultimately prevail. For a space of about fifteen years I saw no paralysis following diphtheria, but I have seen considerable since. I have never lost a case of scarlet fever since I began the use of alcohol, which I now use in diphtheria and all cases of this class [here the doctor read an extract from the *Medical Age*, giving results from the use of alcohol]. I believed once in the efficiency of acids, but I have got over it.

Dr. Edmonds.—I have never been able to make anything by stuffing or stimulating the sick. I believe it injurious to force food into the stomach when there is no appetite, and I am certain that I have seen an estimable lady killed by forced feeding. I think stimulants do good only when administered a few times, if their use is kept up they do harm.

Dr. Richardson.—I must enter my protest against the use of stimulants. Alcohol has no place either as a stimulant

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or a food. In a few instances, such as snake poisoning, or sudden and great exhaustion from some other cause, its administration for a few times may bridge over the crisis, but its repeated or continued use in any condition can only be productive of harm.

Dr. Morgan.—I guess it is about time for me to contribute my mite to this discussion. Three or four years ago I had diphtheria myself with paralysis following. This paralysis persisted for some months in spite of prescriptions high, low, and otherwise, by myself and others, until I got some good wine which I administered, not once or twice, or a few times to bridge over the crisis as it were, but almost daily for six weeks by which time the paralysis was gone and I had regained my usual weight. With Dr. Gundelach I think that the utility of drugs administered internally is doubtful. And I am satisfied that the use of strong preparations, with a view of antidoting the poison in the blood, only tends to break down the vitality of the patient. My method is to use some local antiseptic and give stimulants on general principles, and then the homœopathic remedy if I can find it. As to the bacteria question I think a middle ground will finally be agreed on. A lesson concerning them may be learned from the larger parasites. The itch insect, if put upon the intact skin of a healthy person will burrow in and set up the disease. On the other hand, an animal does not become fly blown and maggoty until his skin has been broken by some other agency, but after the maggots once get in, unless they are removed or killed, they will extend their operations until the animal is destroyed. Again, the grub of the gad-fly feeds and grows in a cow's back until it transforms into a fly, when it leaves and the sore it has caused heals. So, I think, it is with bacteria. Some are able to take forcible possession of the most healthy body, others require a special pre-disposition or weakness of constitution before they can effect an establishment. Some of either of these two kinds may pass through their stage of development and leave the body after a limited time; others may leave the body only after its death and destruction. Some are the cause of disease, some the consequence, and some both consequence and the cause of continuance.

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Dr. Comstock.—No one can appreciate more than I the harm that may come from forcing food upon the stomach not prepared to digest it; but that does not alter the fact that all the good nutritious food a diphtheritic patient wishes to eat, will give him strength toward overcoming the disease. I have seen beneficial effects from stimulants in paralysis following diphtheria.

Dr. Cummings.—Some of the experiments on bacteria are conclusive proof of their agency in disease. It is scientific experiment that must establish the truth or falsity of any theory. It is undoubtedly good practice to feed as much as possible in diphtheria. The disease is limited and we should do all we can to help the patient survive until it has run its course. Phytolacca is good where there are bone pains as laid down by McNeil. Whether the bacteria are the cause of the disease or not, inoculation shows that there is some specific poison somewhere.

Selections.

Milk Diet.—The greater the advance in knowledge of the science of medicine, and of the care and treatment of the human body to preserve its health, the more importance is attached to the use of milk for food, and to its healing properties when administered in illness. Milk contains nourishment for every part of the body. Bone, muscle, brain, and flesh can be sustained in fine condition by milk diet. The human frame is healthier when fed by variety in food; yet a certain quantity of milk should be taken every day by every person. There never was an article of diet so subject to whims and ignorant prejudices as milk. Some dislike it, others it makes "sleepy," "bilious," or "headachy." It affects the bowels of many, and is constipating to others. The persons who dislike milk, or with whom it "does not agree," are invariably the ones who require it, and whom it would probably rejuvenate did they so prepare it as to make palatable and suitable to their peculiar constitutions. Milk diluted one-third with lime-water will not cause any one biliousness or headache, and if taken regularly will so strengthen the stomach as to banish these disorders. It may be taken with acid of some kind when it does not easily digest. The idea that milk must

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not be eaten with pickles is not an intelligent one, as milk curdles in the stomach almost as soon as swallowed. When milk is constipating, as it is frequently found to be by persons who drink freely of it n the country in summer time, a little salt sprinkled in each glassful will prevent the difficulty. As milk is so essential to the health of our bodies, it is as well to consider when to take it, as how. It is a mistake to drink milk between meals. After finishing each meal a goblet of pure milk may be drank, and if any one wishes to grow fleshy a bowl of bread and milk may be taken before retiring at night. In cases of fever and summer complaint, milk is now given with excellent results. The idea that milk is "feverish" has exploded, and it is now the physician's great reliance in bringing through typhoid patients, or those in too low a state to be nourished by solid food. It is a mistake to scrimp the milk-pitcher. Take more milk, and buy less meat. Look to your milkman, have large-sized, well-filled milk-pitchers on the table each meal, and you will also have sound flesh and light doctor's bills.

But one thing is of the first importance, viz., that the milk must be pure and sweet. Milk which comes from badly-fed cows, or which has been kept till it becomes stale, is worse than worthless as food. There are not many stomachs which comfortably digest milk which is twenty-four hours old Pure, new milk, warm from the cow, if taken in moderation, will not constipate nor occasion heaviness or headache. To some persons it may induce a trifling sense of fulness at first, but that will pass off in three or four days. Thousands of cases of dyspepsia, chronic, or habitual headache and gastric disturbance may be cured by the use of pure, sweet milk as the sole beverage and chief food.

But the most valuable preparation of milk, for imperfect digestion and the multitude of ills that result from dyspepsia, undoubtedly is "kumiss." The great drawback to its more general use is that a taste for it has usually to be acquired. It is not often relished at first, but one soon becomes fond of it. As a rule, "kumiss" agrees with the weakest stomach, and is the most easily digested of all foods. It is both food and medicine.—*Hall's Journal of Health.*

Significance of Hæmorrhage During the Early Months of Pregnancy.—According to Dr. Grandin (*Am. Journ. Obstretrics*, Sep.) the causes of Hæmorrhage during the early months of pregnancy are: Menstrution; erosion of the cervix; diathetic diseases, such as scurvy and hæmaphilia; partial separation of the secundines; congestion at the menstrual epoch; frequent and violent

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sexual intercourse, particularly at the time when the menses might return; cancer; fibroids; polypi; endometritis existing at the time of conception; cystic disease of the chorion; and (in the multipara) laceration of the cervix. Menstruation may recur two or three times after conception. The flow, however, must be limited in amount, else the freshly attached ovum would run great risk of being washed out in the current. Cases of menstruation, throughout the course of pregnancy, must be looked upon with suspicion. as far as the inference that the blood comes from the uterine cavity is concerned. There are other causes which will explain satisfactorily the occurrence. In case of erosion of the cervix the discharge is usually reddish-white or reddish-yellow in color, although it may assume the magnitude of an alarming hæmorrhage. The cervix exposed by the speculum, a reddish spot of varying size will be seen, from which the blood oozes. The application of nitrate of silver (ʒ j. ʒ j) here suffices for a cure. It is a function of the uterus to receive and give exit to blood every four weeks, possibly itself add to it; and, this being its habit, it is but natural for it to endeavour to keep on fulfilling the function, even though containing an impregnated ovum. Since, however, the cervix, as well as the body, becomes congested, it may fairly be presumed that the hæmorrhage comes from the cervical canal alone, particularly in cases where the gestation has advanced to nearly the fourth month. Sexual intercourse is a frequent cause of hæmorrhage during gestation, especially among the newly married. Coition attracts blood to the genitals, and brings into play a greater amount of congestion than is normally present. Sometimes the penis impinging on the cervix shocks the uterus, and leads to a partial separation of the secundines, and the consequent hæmorrhage. Epithelioma, fibroids, and polypi cause hæmorrhage the same as during the non-gravid state. If there is sufficient bleeding to endauger the mother, the indicated treatment is the same as if pregnancy did not exist. Endometritis, existing at the time of conception, gives rise to irregular discharges, varying in color from red to yellowish-red and white. These generally occur toward the end of the third month. An examination will not show the cause of the trouble. We can only diagnose the endometritis from the previous history of the patient. Cystic disease of the chorion may cause hæmorrhage. Symptomatic of this affection is a larger uterus than corresponds to the date of gestation, an increase in the early subjective accompaniments of pregnancy, and, at about the third month, at times before, the occurrence of a reddish, watery discharge, containing portions of the degenerated vili, This last point establishes the diagnosis with cer-

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tainty. When the hæmorrhage is profuse, it is probable that there is no longer a living embryo, and thus the indication for treatment is to empty the uterus. Laceration of the cervix may give rise to hæmorrhage.

ON THE PREVENTION OF LACERATION OF THE FEMALE PERINÆUM.—Mr. Alex. Duke, Obstetric Physician to Dr. Stevens' Hospital, Dublin, remarks, "The best preventive treatment of laceration that I have found (and which I dare claim as original, though I find no notice of it in the text-books on midwifery) is this:—When I find the head fairly engaged in the pelvis, and advancing with each pain, I take my seat by the patient's bedside, and having lubricated my left thumb, or the two first fingers of my right hand, I introduce either into the vagina, and at the onset of a pain, draw back the perinæum firmly, but gently, towards the coccyx, relaxing the tension gradually as the pain lessens till the next ensues, and so on till I can draw back the perinæum with very slight effort I thus tire out the muscular structure, and produce sufficient relaxation for the head to pass.

"In most cases so treated there is no danger of the perinæum, but when the pubic arch is narrow (which can easily be determined) I take the additional precaution of raising the patient's left hip, and supporting it on a hard pillow, while the shoulders are kept low. fomenting the parts, using inunction of lard or vaseline, and taking particular care to direct the head forward by pressure, with my left hand below the coccyx, or a finger in the rectum, leaving the perinæum untouched. It has always seemed anomalous to me that the perinæum should be expected to dilate on such short notice, namely, "the process of extension," while dilation of the os and cervix occupy such a considerable time, even with the additional help of nature's hydrostatic dilator, viz., the bags of waters.

"The drawing back of the perinæum produces no additional pain to the patient, as it is done during the uterine contraction, and I feel sure that if nurses and students were educated as to the proper way of preparing the perinæum previous to its distentions with the presenting part, we should see and hear less of lacerated perinæum." —*British Medical Journal.*

INGROWING NAILS.—The following practical hints from the *Journal of Cutaneous Diseases*, on the management of ingrowing nails, are well worthy the attention of such of our readers as have to deal with these troublesome ailments:

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When the nail threatens to grow into the skin, or has already injured it, the first indication is to put on a sock of moderate size and to remain quiet. Afterward the nail is to be scraped on the affected side till it is sufficiently thin; then it is to be seized with a delicate forceps, raising it in a sense inversely to its natural curvation. This having been done, a small lamina of lead of a few millimeters thickness is to be inserted beneath the nail, and after folding it over the toe, it is to be fastened there with a strip of plaster. In this manner, the granulations being no longer in contact with the margin of the nail, the pain ceases, and the sore heals more or less rapidly; during the whole of which time the apparatus should be frequently inspected, so that the lamina of lead may not become displaced. Besides this, it is necessary to scrape the nail every two or three days, so as to keep it thin and flexible until the skin returns to its natural state, and can resist the pressure of the nail, and then the lead is removed. Hebra treats ingrowing nails in the following manner: Cut some flakes of lint of the length of the lateral groove of the nail, or a little longer. The lint is to be placed on the nail, parallel to its groove; then with a flat probe introduce the lint, thread by thread, between the flesh and the nail. Thus the parts are separated, with the little cushion of lint lying between. The sulcus is then to be filled with pledgets of lint, and finally long narrow strips of adhesive plaster are to be applied, always from above the inflamed sulcus downward, in such a manner that the latter is still farther removed from the margin of the nail. With such a dressing applied with sufficient care, there is no pain whatever; and the patient can in a short time, put on his ordinary stocking and walk without trouble. After twenty-four hours the strips of adhesive plaster are to be removed, being previously softened in a bath of tepid water. This dressing is to be repeated daily, and in from two to four weeks it will be found that the toe is entirely well.

Constant Crying in an Infant, from Hunger.—It is not sufficiently recognized by physicians that though a mother may have an abundance of milk it may not be suited in quality to the nourishment of her child. Such a case recently presented itself to Dr. Parvin (*Coll. and Clin. Record*) where the child was constantly crying. When a drop of the mother's milk was placed on the finger-nail, held obliquely, and allowed to run off, it scarcely left a trace; when dropped into a tumbler of water, each drop, as it fell, caused the faintest cloudiness, and a microscopical examination showed the number of milk globules to be very small. The child was fed on cow's milk diluted with barley water, to which a little sugar was added. The crying ceased, and it grew plump and strong. To properly make barley water: Take an ounce of pearl barley and wash it in cold water, then put it in a vessel containing half a pint of water, and let it be gently heated over the fire, so that the water just simmers a few minutes; now pour off this water, replace it by a pint and a half of water, and boil down to a pint.

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Editorial.

THERAPEUTICS OF HOT WATER.

When we look to the various "crazes" that are rapidly succeeding and in some sort taking the place of each other, it appears as if we are, in a certain sense, becoming systematically crazy. The point to be sedulously guarded is, that there shall be, at least, some quality of "method" in our "madness." Just now there is a vast amount of interest being manifested, both among the laity and in the profession, as to the use of hot water in the management or treatment of disease. We can hardly adopt the florid phaseology of "Col Sellers," as to there being "millions in it," but, undoubtedly, there is very much in it that we, as physicians, should appropriate and utilize in our conflict with the abnormal conditions of humanity.

About the year 1820, Priessnitz, a German peasant, while suffering from an accidental injury, made certain applications of water for the injury, which resulted so successfully as to lead him to further experiments, a course of medical studies, and the ultimate promulgation and adoption of practice known as hydropathy. He opened his establishment, at Grafenberg, in 1826, and such was the apparant success of his mode, together with the quality of novelty, that he at once attracted attention and drew a large clientage to his establishment from the very best circles of Europe. To his water

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application he enjoined a rigid hygiene, especially in the matters of diet and out door exercise; requiring his patients to live exclusively on a vegetable diet, to take long walks daily. If we take into consideration the temperature at which he used the water (always cool or cold), together with the great number of daily baths given, ranglng from 4 to 6 in number per day, we should say his mode was decidedly heroical. Patients with strong re-active energy probably bore the treatment well, but those with less capacity, in this respect, in many instances had life placed in jeopardy. Especially must this have been true of his mode in the hands of his numorous fanatical disciples, who, in many instances, had a zeal without either the knowledge or descretion of the master. Priessnitz proposed to make his system applicable to all forms of disease, whether acute or chronic, mild or severe, and totally ignored medication in any or every form. His plan enlisted wide spread favor and enthusiasm throughout the civilized world, and markedly among the cultivated and upper walks of life. *Cures* sprang up in every direction, and were the resort in great numbers by sick people, who had become heartily disgusted with the heorical dosage and barbarous appliances then, and for a long while before, current in the orthodox system of medical practice. In these establishments the patient got the water application to his heart's content, both externally and internally, in the form of Sitz, plunge, pack, shower, sponging, and by injection and abundant drinking. In acute cases the duration of treatment was shorter, but in obstinate chronic cases it might spread out over 6 to 24 months duration.

The treatment in connection with a rigid system of hygiene, especially in the matters of diet, exercise and the avoidance of tobacco, tea, coffee, and intoxicants, undoubtedly resulted in many valuable and important recoveries and cures. But when the champions and devotees of the system set up the claim as to its applicability to the treatment of all forms of disease, under all circumstances, and under every condition, the claim was found to be preposterous, and brought on adverse re-action which has well-nigh relegated the mode to obscurity and disuse. For instance, an individual about to take an important tour, could hardly be expected

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to submit to a course of "packs," "compress," injections, and "Sitz baths" for the relief of a mild diarrhœa, when a few drops of camphor or powders of Ipecac, Calcarea, or Mercury might bring speedy relief with no hindrance to travel, business, or other activity. Then, too, it has been found that a certain amount of voluntary assent and concurrence on the part of the patient are important requisites in the successful application of the mode. For this reason much difficulty was encountered in its adoption to young, and insane or delirious patients. Besides this source of hindrance it was found to involve an amount of drudgery and detail at the hands of trained assistants, wholly beyond the reach and control of families and individuals of limited or even of moderate means.

Having thus made brief reference to a mode of water treatment, with water at a low temperature, we turn now to another and important phase of the matter under the head of what has come to be known as the "hot water" treatment. We are not aware of any history or experience going to show that this plan has for its champion or promulgator any single individual or special class of workers in the management of the disease. It would seem to have been gradually evolved from general professional experience in the last ten or fifteen years. That it has been so evolved from experience and observation by a great number of concurrent professional workers would seem to constitute a strong argument or inference in its favor, as being well founded in facts, and free from the hurtful extremes, which attached to the cold water methods. Ideas and views of an advanced, progressive and radical nature, when evolved from a single individual brain are much prone to extremes of a hurtful or visionary character, for the want of that check and balance which may profitably be found in a certain amount of antagonism. Pressnitz' advanced views were so radical, novel, and dogmatical that no one interposed, criticized, or objected, except those who, in a spirit equally peremptory and dogmatical, ignored the whole thing, and treated him as a cheat and a quack. As before intimated the hot water treatment comes to us shorn of extremes by having grown up under the concurrent observation and experience of a large number of professional workers, in both the specialties and the profession generally.

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Indeed we scarcely know of any system of new views and practice so abounding in prudence and conservatism.

As a homœopathist we should, of course, be most happy to illustrate, as well as demonstrate, its homœopathicity in the palliation or cure of disease. But when we behold its wide range of applicability to such varied and diverse abnormalities the task seems difficult. It is indeed questionable whether it is, in a technical and scientific sense, curative at all; and whether it may not be simply palliative and a sort of helpmate to the efforts of nature, or the true homœopathic remedy suitable to the case. We doubt whether any agent can be regarded as homœopathic, which does not in some way exert a toxic or disease producing tendency on the healthy organism. Can it be alleged of hot water that it has such toxic powers. We think not. The fact that a combination of warmth, or heat, and moisture, are helpful in the management of disease is no longer a matter of question or controversy. Which of the two exerts the benign influence, may be a question. We, very decidedly, incline to the speculation that calorific agent is the real source of activity, and that the water merely serves as the medium through which the elevated temperature is made applicable. For, undoubtedly, a much higher calorific condition may be made safely and comfortably to parts in a moist state than in the dry. The discomfort and peril of a fierce, dry summer heat is universally recognized; whilst moisture of the bodily surface, or dispersed in the atmosphere, makes a high degree of temperature entirely bearable. Moist heat is both safe and comfortable, while dry heat, at the same elevation, would be uncomfortable and even dangerous to the vitality and integrity of the tissues; we infer then that water or moisture is merely the vehicle, or medium, through which heat is made safely and pleasantly applicable. Be this particular view of the matter as it may; that warmth and moisture combined have the power to mitigate or palliate the prominent symptoms in fever, inflammation, and many functional disorders is beyond controversy. Probably no other class of practitioners have done so much to develop and bring into practical prominence the therapeutic uses of hot waters, the Gynæcologists. The success of this mode in controling uterine inflammation, uterine and vaginal leucorrhœa,

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uterine congestion, and uterine hemorrhage, has been marked and very decided. Its use for these purposes is by injection, in quantities varying from 8 to 32 ounces, of such elevated temperature as might be compatable with the patient's personal comfort; to be repeated two or three times in 24 hours, and continued for such duration of time as experience, in each particular case, may seem to indicate. A more recent and discriminating experience would seem to show that the larger quantities of water, repeated at rates of 2 or 3 times per day and continued for the greater lengths of time, may ultimately defeat the object sought to be obtained; may prove a source of local debility and irritation. Hence, it has been found prudent, in many cases, to use smaller quantities, less frequeutly, with an occasional break, or interval, of several days at a time in the treatment. One of the most gratifying and comfortable uses of this mode has been found in the use of small injections (vaginal) of very hot water, repeated at intervals of one-half to two three hours, in the arrest of uterine hæmorrhage. The water should be dashed with considerable force, and just as hot as the patient can bear it, against the uterine os. The mode has been found to serve equally well in excessive menstration or in uterine post partum hæmorrhage. General surgery, likewise, finds a valuable hæmostatic power in hot water, especially in those cases of secondary hæmorrhage from low vitality and defective recuperative powers. "Warm water dressings," after surgical proceedure, is now an every day affair, being tidy, comfortable, and in every way superior to the old modes, with poultices, ointments, medicated lotions, and what not. The local use of hot water, as a means of mitigation to pain, whether inflammatory, neuralgic, or from functional disturbance, is so well founded in common sense and experience as to be almost universal in practice, both by the profession and the laity.

Probably no class of cases has received such substantial benefit from the systematic use of hot water as functional derangement of the digestive orgaus, and especially those of the stomach. Here the mode is by systematic fomentations, renewed at intervals of twenty minutes and kept up for two hours at a time, on an empty stomach, between 7 and 9 p.m., daily for about 10 days. Each re-applica-

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tion of the compress should be attended by several sips of hot water. Of course this protracted and elaborate course would only be called for in chronic cases, and might be much abbreviated if seemingly called for in acute ones. My attention was happily called to this mode of treating digestive disorders about 20 years ago, while reading a work on hydropathy, by Dr. Gully, an English physician of much prominence and practical good sense. Invalids, with slight or even serious gastric disorder, are now daily realizing the greatest benefit from hot water drinking on an empty stomach. The preferable time for the practice is one to two hours before the morning meal and at bed time. It should never be attempted on a full stomach. The average quantity at a time should be a half pint, taken as hot as can be borne, and so distributed in sips as to occupy 20 to 30 minutes, the temperature of the water being kept up the meanwhile. The process is attended and followed by a sense of bodily glow aud warmth, inproved sense of taste in the mouth, increased activity of the cutaneous and renal secretion, easy stooling, and vigorous appetite for the morning meal. My friend, Dr. Walker, of this city, for whose opinions and advice I have great respect, thinks, in many or most cases, the plan is improved by drinking the water hot in the morning, and cold or cool at bedtime. Among the conspicuous results of hot water drinking are to be found increased peristalsis of the intestinal canal and augmented renal activity. So that the function of stooling becomes free and easy, and the urine, from being scant, high colored, and of rank odor, becomes dilute in quality and free in quality. In the management of nephritis, cystitis, and urethritis, we readily perceive the very great advantage to the afflicted parts from this dilute and augmented renal discharge. In cases of obstinate constipation much good may be accomplished by the simultaneous use at bed time of a half pint of hot water into the stomach, and the injection of a similar quantity into the rectum to be retained until the following morning. Such a practice persevered in for a week or ten days, in connection with suitable homœopathic medication, and rational table habits will rarely fail to relieve the most inveterate cases. Of course, the morning sips or draughts of hot water will make an important item in the process.

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In cases of "sick headache" the greatest advantage may be obtained by binding compresses out of hot water to the head, and the drinking slowly of one or two goblets of hot water. In some cases the affusion of hot water—the head *douche*—will be very effective and more acceptable to the the patient than the compress.

In our violent autumnal fevers, where thirst, nausea, heat, pain, and unrest are so distressful, the greatest advantage may be gained from sponging the body surface with warm water and the drinking of hot water. The symptoms, and especially the thirst, vanish as if by magic, the patient falling into sleep, and profuse perspiration. In gastritis, enteritis, and dysentery, the hot compress, hot draughts, and hot injections, adopting, of course, the calorific degree to the state of the symptoms, and the peculiarities of the individual, will be found to accomplish important results.

Obstetricians find much help in difficult labors from a rigid os, and an unyielding perineum, by hot water injections against the os, and hot fomentation to the perineum.

Under the old othordox medicine we shaved the head, and applied ice bags to the scalp in cases of cerebritis and meningitis. Now we retain the hair of the head in its proper place, as a compress, into which we gently affuse hot water, as both are more rational, safer and more pleasant to the patient.

For cases of acute tonsilities we have no better gargle than hot water, and nothing equal for efficacy to the external application of hot compresses.

Formerly we cupped, scarrified, leeched, and blistered the chest in pneumonia and pleurisy. Now we encircle the chest with compresses out of hot water, with far better results, both as to duration and termination of our cases.

Among the useful and ingenious devises and appliances of the sick room we now find hot water beds, hot water bags and coils, which give great facilities for regulating temperature, controlling symptoms, and promoting the personal comfort of patients.

We look with great interest upon certain advanced modes, now being introduced in our large and well appointed hospitals, for submerging the entire body, except the face, in warm water, in the

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management of violent eruptive fevers and cases of extensive cutaneous inflammation. Under this plan it is proposed to relieve the sensitive surface from severe or unequal pressure, and, at the same time, by regulating the temperature of the water, save the patient from colorific extremes, either high or low. Another end of the first importance is accomplished, by this plan of submergence, in atmospheric exclusion. In variola, scarlatina, extensive surface ulceration, severe burns, and obstinate extensive eczema and erysipelas, we can well understand that nothing could so much contribute to the comfort, cleanliness, and general well being of the patient as to have him literally floating around in a tank or vat, constantly replenished with clean, soft warm water. When we think of a patient, with confluent small pox, floating around in a tank of warm water, with a well adjusted *buoy* attached to the sides of the face and head to keep the "head above water," the spectacle has almost the quality and grace of romance, notwithstanding the loathsome and hideous nature of the disease. In the light of experience and the hopes and promises of the future, this is no mere fancy sketch, but is a result to be realized in the near future in all public institutions for the sick, though, probably, not so feasible among the poor or in any private family. In the treatment of extensive surface inflammation, surgeons and physicians have taxed ingenuity to the fullest for devices to exclude atmospheric contact in order to prevent pain, promote cure, and save disfigurement from cicatrization. We believe the warm water vat the most promising expedient yet thought of for these purposes. We confess to a feeling of enthusiasm over what we think will be accomplished in this direction in the near future. This mode must ultimately be made applicable in gout, rheumatism, typhoid fever, "bed sores," &c., &c.

Finally, hot water is already playing an important part in sanitation, and will doubtless be made to play a much wider range of agency in the future as a renovator, germicide, antiputrescent.

In the sick room nothing so cheap, convenient, and effective can be found for renovating utensils, soiled linen, and all forms of untidyness, as hot water and steam.

And, now, the extent to which we have extended these remaks

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on this whole subject, may seem to imply that nothing else may be needful in the treatment of disease but "hot water." Not so by any means. We have great faith in the true homœopathic remedy, and insist that it shall have its place in the treatment of disease, with or without the hot water. There is neither conflict nor antagonism between them; but they go hand in hand in the beneficent mission of preventing and curing disease.

THE MEDICAL SOCIETY.—(ALLOPATHIC).

INTERESTING DISCUSSION UPON THE EFFECTS OF LARGE AND SMALL DOSES.

The St. Louis Medical Society met last evening, and after discussing the cancer of the larynx, in the absence of any other business, took up, at the suggestion of Dr. Mulhall, the matter of "Large and small doses of medicine." The members were very apprehensive that they might commit themselves to the homœopathic theory, and took occasion, upon the least provocation, to explain that they intended nothing of the kind.

Dr. Mulhall commenced by stating that while a great many discussions had arisen relative to pathology, etc., but very little had been said about therapeutics. He had brought forward the discussion to hear the opinion of the members on the subject, why large doses frequently had the opposite effect from small doses. A dose of opium of one-thirtieth of a grain assisted the action of the bowels, while a large dose had the opposite effect. A large dose of castor oil was a purgative, while a small dose had been known to cure diarrhœa.

Dr. Attwood said he could confirm Dr. Mulhall's statements on the peculiar therapeutic effects of certain medicines. He knew a large dose of ipecac would produce vomiting when a small dose would check it. He once had a case of opium poisoning. The patient, a woman, had determined to die and refused to take any kind of medicine, when he injected some morphia into one of her arms, which resulted in curing her, having acted as an emetic. He had considerable faith in some of the beautifully prepared alkaloids, and considered them preferable to numerous decoctions, etc, which were being used. He, however, did not want to be considered as endorsing the silly doctrine of homœopathy.

Dr. Dean said that he was inclined to the practice of giving small doses frequently and watching the effect. He did not believe, however, that any new system of medicine would ever be introduced. An attempt of the kind had been made in Paris, but he took no stock in anything of the kind. He believed in a general treatment, based on the circumstances of the cases. He would use any remedy that would benefit the patient, whether homœopathic, eclectic or anything else.

Dr. Hurt said that he believed it good policy for a physician to confine himself to a few medicines—to watch their physiological action and under-

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stand them. The difficulty was that while new medicines were being discovered all the time their therapeutical effects were not new. A few select medicines, properly understood, were better than 500.

Dr. Scott concurred with Dr. Hurt in regard to the use of but few medicines and with Dr. Dean in the use of any remedy, it made no difference where it came from, that would benefit a patient.

Dr. Newman said that the novel doctrine did very well in hospitals, but would not in private practice, because nurses would be liable to make mistakes. He had frequently successfully used the tincture of veratum viride by increasing the dose one drop at a time until the necessary effect was produced. It would not do to leave the administration of such medicine to nurses.—*G.-D.*, Dec. 21, 1884.

The above clipping, from one of our daily papers, shows the progress made by our local allopathic physicians. The 1-30th of a grain of opium assisted the action of the bowels, while a large dose had the opposite effect. This is astounding information considering the source. But if the 1-30th grain of opium will overcome constipation, why not the 1-40th and the 1-60th and 1-100th (the 2x). Hahnemann discovered this about 90 years ago, and his faithful followers have been learning much in this time of development. One of these wise men knows that Ipecac, in large doses will cause vomiting, and that in small doses it will stop vomiting. Now, if this liberal doctor will open Hahnemann's Materia Medica, he will learn just what kind of vomiting will be caused and cured by Ipecac, and what kind of constipation will be cured by opium. It is astonishing that these men see these strange things occurring without hunting for more truth, viz., the circumstances under which these strange things occur, and they are so simple, one has but to read and think for himself, Ten years ago this society would have ruled out such a discussion. One is lead to wonder what may not occur in another decade. If these observations are followed up these doctors must accept the law of similia—No! they rather stop thinking than to think without a grove to think in. Yes, you will use any medicine that will cure the sick, but it must not be branded other than fogy*ine*. You are willing that everybody shall serve the Lord as he pleases, if he pleases to serve the Lord as you serve him. It may be possible that these doctors are not aware of other drugs than Ipecac and Opium that produce this peculiar and

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opposite action. If they would search the ten volumes of Allen's Materia Medica (Encyclopedia of Pure Materia Medica), they would discover that every drug known to man has this double action. Sidney Ringer and Bartholow have done much to cause physiological study of drugs. It would be of better grace if Ringer would explain how he obtained his knowledge of drugs. The fact is well known that he stole it from homœopathic pathogeneses. Ringer has a man in his office who studied homœopathy, by whose aid he has purloined this information, and handed it out to his simple-minded allopathic brethren, who are not acquainted with the literature in medical sciences outside of their own meagre materia medica.

The allopaths are in the habit of saying "there is little to learn in homœopathy," but a tyro in homœopathy would be able to exhibit more knowledge of drugs and their action upon the human system than has yet been observed to flow from these excellent representatives belonging to the Medical Society. We judge by their teachers, books and their literature in general. They have reasoned in a nutshell for a century.

NEW YEAR GREETING.

Our friend Engelbach, who has a Pharmacy of Homœopathic Medicine, at 154 Canal Street, New Orleans, sends us his New Year card, ornamented with a likeness of his handsome *phiz.* We reciprocate his kind greetings and heartily wish his sale of homœopathic medicine and material may be so great as to bring disgust and dispair to his allopathic competitors in the drug line.

REED & CARNRICK.

These enterprising manufacturers are displaying great skill and industry in their efforts to supply the profession with articles in their line. Among other samples, they have forwarded to our publisher a specimen of their Peptonized Cod Liver Oil and Milk, which bears evidence, in appearance, of having been prepared with the greatest care and from the very best materials. We cheerfully recommend it to the confidence and patronage of those inclined to this mode of medication.

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THE next session of the American Institute of Homœopathy will convene in St. Louis, Mo., on the first Tuesday (2nd day) of June next, at 10 o'clock, a.m.

THE FACULTY of the New York Homœopathic Medical College are happy to announce that A. R. Wright, M. D., of Buffalo, N. Y., has accepted an election to fill the newly-created chair of Hygiene. Professor Wright will deliver his first lecture at the College, on Wednesday evening, January 28th, at eight p.m. Subject: "*The Hygienic care of the skin.*" Members of the profession and their friends are invited to attend.

SUBSCRIBERS to THE PERISCOPE AND CLINICAL REVIEW, whose subscriptions are now due or overdue, will confer a favor by forwarding the amount of their indebtedness by P. O. orders, at once, as it is necessary to settle up all the old accounts. Subscriptions should tbe forwarded to this office (41 Singer Building

Book Reviews.

GENITAL REFLEXES, the Result of an Abnormal Physical Condition of the Genital Organs, known as Phmiosis, by T. Griswold Comstock, M. A., M. D., St. Louis. Reprint from the New York *Medical Times*.

There is no fact in medicine better established than that very many of the diseases which physicians and surgeons are called upon to treat, are brought into existence by reflex influences. And there is, also, no fact better established than that most practitioners do not recognize reflexes as frequent causes of disease, simply because they look upon it as being due to a special materies morbi, and, therefore, cannot, or will not, believe there is such a thing as psychical agencies so strong as to bring about such structural changes as observed in hip-joint disease, eczemas, spastic and convulsive ailments, &c. In the monogram before us there is much valuable information on the subject which no one can afford to be without if he desires to fully understand his cases, and their proper treatment. Had this subject been as fully appreciated in the past as at the present time, the number of cripples, and early deaths, and insane patients, would have been far less than the records show. The author has not only given the question a clear and comprehensive consideration in its general character, but has also gone quite extensively into its bibliographical and scriptural history. Neuroses arising from irritation of the clitoris and nymphæ in females are likewise given a place in the discussion, and the treatment of these affections in both sexes fully set forth in the concluding pages. This is a timely little *brochure* and all who read it will do so with pleasure and profit.

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ANNALS OF SURGERY; edited by L. S. Pilcher, M.D., Brooklyn, N. Y., and C. B. Keetly, F. R. C. S., London, England. Published simultaneously in the United States and Great Britain, by J. H. Chambers & Co., St. Louis, and Bailliere, Tindall & Cox, London.

The first number of volume I. of this work has just come to us as promised, and we have perused it with pleasure. It was with some curiosity mingled with pleasant anticipations that we awaited the coming of the first publication of this new-born enterprise, and we can truthfully say it is fully up to the standard of our expectations. It contains ninety-six pages of reading matter from the pens of some of the brightest surgical minds of the day, as well as the choicest parts of discussions in the surgical societies of America and Europe. If the succeeding numbers are as valuable as this one it will prove to those wishing to keep pace with the advance of surgery, the most useful and instructive journal published. It is printed on fine paper, in clear readable type, and has wide margins for annotations and comments. $5.00 per year. S. B. P.

THE FEBRUARY CENTURY.—The February ("Midwinter" number of *The Century*, the first edition of which is 180,000 copies (the largest number of *Centuries* ever published), contains—besides such notable contributions as General Grant's article on Shiloh—the beginning of a novel by Henry James, entitled "The Bostonians," which introduces the reader to a characteristic group of the "strong-minded" of both sexes. Mr. Howell's descriptive papers, entitled "A Florentine Mosaic," also begin in this number, with their accompaniment of etchings and sketches by Pennell, reproduced by wood-engravings and the "actinic" process. Perhaps the most timely illustrated feature of this number is Dr. Beer's paper on "Canada as a Winter Resort," with Sandham's graphic and spirited pictures. Mr. Howell's novel, "The Rise of Silas Lapham," is continued, and Miss Litchfield's "The Knight of the Black Forest" is concluded. The "short story" of the number, is a *long* story by Mark Twain, entitled "Royalty on the Mississippi," which, with Kemble's humorous illustrations, covers twenty-four pages of the magazine. Mr. Stedman writes about Dr. Holmes in his critical series on the American poets; with this article is printed a full-page engraving of an old daguerreotype of the "Autocrat." Mr. Stillman has a brief illustrated paper on Dutch Portraiture. Poems are given by C. W. Stoddard, Henry Tyrrell, Edgar Fawcett, and (in the "Bric-a-brac" department) by F. D. Sherman and Joel Chandler Harris (Uncle Remus). In the "Topics of the Time" are discussed some practicable political reforms, the condition of the stage, the "bloody shirt," etc. The "Open Letter" department is omitted on account of the pressure of war material. The humorous "Cartoon" this month is by Kemble, the illustrator of Mark Twain.

THE NORTH AMERICAN REVIEW.—Whether we agree with Mr. Beecher or not, few men can speak or write on any subject of public interest with so great a certainty that everybody will want to know what they say. In discussing the question as to how far ministers may properly go in politics,—which he does in the *North American Review* for February,—the great preacher shows himself to advantage perhaps all the more because it is a matter that touches him personally as well as professionally. In the same number of the *Review*, the question, "How shall the President be Elected?" is ably treated by five happily chosen writers, viz., two United States Senators, Dawes and Vance; a college president, F. A. P. Barnard, of Columbia; a New York lawyer, Roger A. Pryor; and a well-known journalist, William Purcell. The substantial agreement of four of them on the same point is significant. Another notable article in this unusually strong number is a review of "Holmes's Life of Emerson," by the veterian historian George Bancroft; and still another is an essay by Prof. C. A. Young on "Theories regarding the Sun's Corona," which he skillfully brings within popular comprehension. The Rev. Dr. W. G. T. Shedd defends the dogma "Endless Punishment," and Prof. G. Stanley Hall writes on "New Departures in Education."

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Obituary.

Dr. Philo G. Valentine, for thirteen years a Professor in the Homœopathic Medical College of Missouri, died of cerebral hemorrhage, at Middletown, N. Y., on Dec. 22nd, 1884, at the age of 52 years. Dr. Valentine was born in Berkshire, Tioga County, N. Y., and at an early age manifested a thirst for knowledge which became greater as he advanced in years. In 1852 he graduated from Cazenovia Seminary, and immediately entered Union College, at Schenectady, where he graduated in 1854, and from which he received the degree of A. M. in 1869. His medical education commenced, practically, at Ann Arbor University, from whence he received his diploma in 1856, and afterwards attended lectures in the University of Louisiana, which institution likewise conferred upon him the ad eundem degree in 1861. When the war between the North and South broke out, he entered the Southern Army as Assistant Surgeon in the Second Kentucky Regiment under General Bragg, and was promoted to the position of Surgeon not long afterwards. He married Miss Kate Ready Baird, of Murphysborough, Tenn., in 1862, with whom he lived till 1874, when she died of a malignant disease, shortly after he settled in St. Louis. For nine years he was Registrar of the Homœopathic Medical College of Missouri, and the long period of years in which he held that position attest the faithfulness with which he did his duty, and the confidence and esteem in which he was held by the Faculty.

He founded the St. Louis Clinical Review in 1878, which he continued to edit till ill-health compelled him to lighten his labors by merging it into the St. Louis Periscope. In 1879 he again married, this time to a St. Louis Lady, Miss Clara V. Hodge, with whom he had one child who lives to mourn the loss of a kind and indulgent father. For some time before he was confined to his bed it was quite noticeable that his general health was failing, but yet he continued his lectures at the College, as well as his daily professional

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work up to the moment, almost, of the sudden and violent attack that terminated with his life. His natural activity and pleasant address were features so prominent in his life, that he was often selected to fill positions of honor and trust which he did always with credit to himself and those he represented. His love for Homœopathy was as unbounded as his love for right and justice.

Our School never had a more consciencious or zealous advocate, and none more fearless in the defense of its principles. His ready wit and fine command of language made him a welcome guest in the social circle, and his easy, graceful, yet terse writings were always listened to with pleasure and profit when delivered in the Convention hall, and commented upon with marked respect when published in our monthly periodicals.

His loss will not only be felt by his family, whom he adored, but the profession, the College, the various societies of which he was a member, and the community at large, will feel a vacancy has beeu created by his death which they deplore, and will miss the genial face and kindly heart that was ever ready to help the needy and distressed. His remains were taken to Henderson, Ky., and laid to rest

Beneath the Cypress,
The only constant mourner o'er the dead;

Where all must sleep at last, and where the only greeting is "Good Night."

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Medical Items.

FOR SALE.—Practice of $8,000 per year, in a Western town of 30,000 population. For particulars address this Journal.

GOLD MEDAL AWARDS TO UNITED STATES PRODUCTS AT INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884.—Among the food products exhibited at the International Health Exhibition, London, 1884, from the United States, were *Beef Peptonoids* and *Maltine*; both of these preparations carried off the only gold medal and highest award against numerous competitors in their respective classes. All food preparations were critically analyzed at this Exhibition by a jury composed of the best chemists in the country.—*London Lancet.*

To the Homœopathic Profession.

THE HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA sends its cordial greeting to every Homœopathic Physician, far and near, North, West, East, South, and abroad, and invites them to honor with their presence the forthcoming Convention of Southern Homœopaths. This will take place in the city of New Orleans, on the 9th day of April, 1885, for the purpose of organizing a Southern Acadamy of Homœopathy and celebrating Hahnemann's Birthday.

By order of the Association,

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

PHILADELPHIA, JANUARY 12, 1885.

Editor Periscope, St. Louis.

DEAR DOCTOR: At the last regular meeting of the Society held January 8th, the following resolutions were unanimously adopted:

"*Whereas*, R. E. Caruthers, M. D., of Allegheny, a valued member of the Homœopathic Medical Profession has been removed, by death, from his field of labor, and

"*Whereas*, we the members of the 'Homœopathic Medical Society of the County of Philadelphia," appreciating the great services rendered by Dr. Caruthers as Corresponding Secretary of the 'Homœopathic Medical Society of the State of Pa.,' and recognizing the loss which Homœopathy in our State has sustained in his death, do hereby

"*Resolve*, That we extend our sympathy to the Homœopathic Medical Society of Alleghemy County in their loss and to his family in their bereavement.

"*Resolved*, That the Secretary be instructed to send a copy of these resolutions to the Allegheny County Society and to the family of the deceased, and to the Homœopathic Journals throughout the country.

Committee signed. { CLARENCE BARTLETT, M. D.
J. C. GUERNSEY, M. D.
H. NOAH MARTIN, M. D.

Very respectfully,

HORACE F. IVINS, M. D., Secretary.

THE NEW YORK HERALD is a perfect newspaper. Independent in politics, it is the most valuable chronicle of political news in the world. It has always been distinguished by the fullness of its cable despatches, and the new transatlantic telegraph cables will increase its facilities. The weekly edition, containing all the general news of the daily, $1 .00 a year. Address, *New York Herald*, Broadway and Ann Streets.

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THE ST. LOUIS
PERISCOPE
—AND—
CLINICAL REVIEW.

VOL. VIII. ST. LOUIS, MO., FEBRUARY, 1885. No. 2.

Society Proceedings.

ST. LOUIS SOCIETY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

THE PATHOLOGY AND THERAPEUTICS OF ALCOHOL.

BY J. T. BOYD, M. D., ST. LOUIS, MO.

There are some physicians who honestly and conscientiously prescribe alcoholic liquors as remedial agents.

We think that it is not necessary, excepting in rare instances, and we propose to examine the subject, and see if alcoholic liquors are necessary, and also their effect upon the human system, for every person will see the importance of correctly determining the positive necessity of their use before giving an article that begets an appetite that leads to such deplorable results.

The American Medical Association at its meeting in Philadelphia, in 1872, passed the following resolution:

"*Resolved*, That the members of this Association shall discontinue the use of alcohol as a stimulant in the practice of medicine."

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Here we have the *highest Allopathic authority* in the *U. S. against its use.*

The Medical Society of the State of New York, composed of the ablest authors, professors, and physicians of the allopathic school in the United States, passed the following resolution,

"*Resolved*, That in view of the ravages made upon the morals, health and prosperity, of the people of the State, by the use of alcoholic drinks, it is the opinion of the members of this medical society, that the moral, sanitary, and pecuniary condition of the State, would be promoted by the passage by our Legislature, of a prohibitory liquor law."

The Homœopathic Medical Society of Pennsylvania, the year subsequently took the following action in regard to the subject.

Dr. Dudley offered the following preamble and resolutions, which were adopted with but one dissenting voice:

"*Whereas*, Special efforts are being made by the enacting of local option laws to restrain the sale of intoxicating liquors; and,

Whereas, The medical profession has been greatly censured for seeming to demand their sale for medicinal purposes; therefore,

Resolved. That this society, representing the views of the vast majority of Homœopathic physicians of our State, desires the attention of the public, and particularly our law makers and judges, to the following statement of our opinions with reference to this subject:

First. That there are but three purposes for which alcoholic liquors are indispensable in dispensing medicines for the sick; 1st, to hold in solution the active principle of drugs which will not dissolve in other liquids; 2nd, to preserve substances from decomposition; and 3rd, to produce a diffusive stimulation.

Second, That the stimulating effects of alcohol are not improved by combining it with any other remedial substances, but it may be administered separately witbout impairing its efficacy.

Resolved, That we do not ask that the sale of whisky, brandy, malt liquors, etc., be allowed, even for medicinal purposes, and we recommend our fellow citizens to insist upon the enactment of laws

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which shall prohibit the sale of any alcoholic liquors whatever for such purposes, except pure alcohol.

Resolved, That we earnestly protest against being hereafter held to any greater degree of responsibility than our fellow-citizens generally, for the indiscriminate use of intoxicating liquors as "medicines," and for opening through our drug stores, a door of escape for evil-doers."

Some one has said that "the practice of medicine is like a blind man fighting with a club. He may possibly hit an enemy, but it is more probable that he will hurt his friends."

That there has been too much blundering in the use of medicines, *all* will concede. Happy is it for the patients if the medicines are of the nature of a stuffed club, so that no serious results may follow the blundering.

There probably has been no article used in the treatment of disease that has been more blundered with than alcoholic liquors. If a case becomes desperate or prolonged, at once the physician resorts to alcoholic liquors. Or if the case belongs to that annoying class for which the science of medicine has not as yet found an effectual remedy, then again the physician resorts to alcohol at *hap-hazard*, and becomes the blind man blundering with his club.

That alcohol may be an excellent remedy in disease, few scientific physicians will deny. But from the fact that it is a remedy in some diseased conditions of the system, should lead the physician to study carefully the conditions in disease for which it is applicable, and not use it hap-hazard for any and every condition, when he do n't know what else to give, and blindly administers a potent article in cases where it cannot do any good and must therefore do harm.

As alcohol is never a stuffed club, but always acts energetically for good or evil, therefore the utmost care should be used in administering a remedy that may do great harm.

Alcohol is never decomposed or enters into molecular

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combination with the elements of the body. It enters the stomach alcohol; it is received into the absorbent system alcohol; it passes through the circulation alcohol; it passes through the brain and lungs alcohol, and it is eliminated from the system alcohol; undergoing no change in all its course, but produces important changes in all the tissues through which it passes.

Is there not here a key to the action of remedies? They all produce their curative effect, not by combining with diseased products, or the materies morbi, but they act by a species of catalysis on the diseased tissue, restoring it to its normal condition.

Alcohol possesses the peculiar property of inducing changes in the tissues with which it comes in contact, without itself undergoing any change, by a sort of catalitic action.

THE PROPHYLACTIC ACTION OF ALCOHOL.

If alcohol has any prophylactic virtues we would expect it to be found in preventing cholera. Let us see what is the voice of the profession in regard to it:

Dr. Bronson, of Montreal, says, "The habitual use of ardent spirits in the smallest quantities, seldom fails to invite cholera and render it incurable when it takes place."

A Montreal Journal states that during the prevalence of cholera in 1832, "Not a drunkard who has been attacked has recovered, and almost all the victims have been drinkers."

Mr. Huber, who saw 2160 perish in 21 days in Russia, says, "It is a most remarkable circumstance, that persons given to drink have been swept away like flies." In "Tiflis, containing 20,000 inhabitants, every drunkard has fallen; *all* are dead, not *one* remaining."

In speaking of the cholera epidemics of 1849–50, the late Dr. Mussey, of Cincinnati, says, "Upon the boats on the river the increase of brandy drinking consequent upon the ap-

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proach of the cholera, has been *frightful*, and the mortality on board those vessels has been terrible, and unprecedented.

Brandy is not a prophylactic in any case; and to the temperate it is an active and exciting cause of cholera."

Dr. Carpenter, the physiologist, says, "The peculiar liability of the habitually intemperate to suffer from the cholera poison is well known. It has been observed in all climates and under all circumstances."

What has been said of cholera is equally true of other diseases; if alcohol is not a prophylactic, (and it is acknowledged by all scientific men that it is not), the question is, will it cure disease or hasten convalescence. On this subject we will quote again from some of our best authorities.

Dr. Monroe, of England, says, "In hospitals where the largest amount of alcohol is used, there the greatest percentage of death occurs.

Dr. Mussey said, "Under the stimulating practice, trains of morbid symptoms are often aggravated, and *new centers of irritation are established*, which if not sufficient to destroy the patient, prolongs the period of the disease, and frequently causes relapse or a lingering convalescence.

Sir Astley Cooper says, "I never suffer ardent spirits in my house. If the people could witness the white livers, the dropsies, the shattered, nervous systems which I have seen as the consequence of drinking, they would be aware that spirits and poisons are synonymous terms."

Cruveilhier in his pathological anatomy gives a specimen of the drunkard's liver, showing the granulated liver, or what Lawrence calls cirrhosis of the liver, from its yellow or tawny color; it is easily broken down by simple pressure of the finger.

Prof. Regnault in his work on Chemistry says: "Alcohol acts as a poison on the animal economy and will produce death

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when taken in large quantities. If injected into the veins it produces almost instant death by coagulating the albumen of the blood."

Orfita, an eminent chemist, found in the ventricles of the brain of a person who had died from the effects of alcohol, that article in so pure a state as to become inflammable.

EFFECTS OF ALCOHOL ON THE BLOOD.

We cannot in one article describe all the diseases in the human system produced by alcohol. We will therefore consider the effect of alcohol on the blood.

Leibig says: "It is obvious that by the use of alcohol, a limit must rapidly be put to the change of matter in certain parts of the body. The oxygen of the arterial blood, which, in the absence of alcohol, would have combined with the matter of the tissues, or with that formed by the metamorphosis of these tissues, now combines with the elements of alcohol. The arterial blood becomes venous without the substance of the muscles having taken any share in the transformation."

Dr. Dodds, in his report to the English Parliament, says: "The effect of alcohol ou the blood-vessels seems to be twofold; increased excitement, and contraction of the diameter of the vessels; this tends to produce enlargement in some of the blood-vessels, or effusion. should their coats give way at any part of this course. *Diseased* deposits are frequently formed where a branch is given off, or in some wider part of the blood-vessels, which give rise to most painful symptoms.

Orfila says, "If a large quantity of alcohol be taken during, or shortly after a meal, it coagulates the albuminous portion of the contents of the stomach; and this coagulated albumen passes unchanged into the small intestines.

Dr. Carpenter, the eminent philologist, has of late years modified his opinion somewhat on the effects of alcohol. In a lecture delivered in Boston a few years ago, during a visit to

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this country, he said, "No one who is at all familiar with the action of poisons on the living tissues, and who has made the nature of that action a subject of especial study, has the smallest hesitation in saying that alcohol is a poison. It is sometimes a slow poison but is no less sure because it is slow."

"All experience teaches that it shortens life, induces disease, and weakens the power to resist disease. It is a fundamental principle in physiology, that for health of the body the blood should be well made and well oxyginated, or areated, that it may be able to convey to every tissue in the body its appropriate nourishment. The blood may be considered as consisting of two parts—a white liquid—and the red particles or corpuscles. These have distinct functions to perform. The white liquid consists of water holding in solution the nutritive materials of the blood, while the red particles minister to its oxygenating action, carrying the oxygen from the lungs to the various parts where it is needed, and carries the carbolic acid from the various parts to the lungs, to be got rid of there.

"The introduction of alcohol into healthy blood can do nothing but mischief. The idea that alcohol is in any way useful in keeping up the heat of the body is *false*. When the blood is acted upon by alcohol, the red particles become irregular in form, and have a tendency to *run together*, in such a way as to STOP THE CIRCULATION. This can be seen under the microscope in the web of a frog's foot. *A clot is* SOON FORMED."

"Anything that causes the red corpuscles to run together, instead of swimming separately, checks the rapidity of areation. If a stream of carbonic acid be sent against the web of a frog's foot when under the microscope, it will be seen to cause the red corpuscles to run together in such a way as to STOP the CIRCULATION. ALCOHOL DOES THE SAME."

If a clot is formed from any cause in the blood-vessels,

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the circulation in that vessel is arrested, and the magnitude of the mischief done is according to the importance of the vessel obstructed. If in the pulmonary artery immediate death will be the consequence. If in one of the arteries of the brain the result will be paralysis. If in the capillaries, a derangement of the functions of the organ to which the obstructed capillaries belong.

Now we can understand the cause of the sudden death that occurs frequently in those addicted to intoxicating lipuors.

It is from alcoholic embolus of the pulmonary artery, or paralysis from the same cause in the vessels of the brain. I recall now several instances of this kind. John Sutherland, of Indianapolis, a young man that to all outward appearance had a long life before him, only for his intemperate habits; he went into a stable to sleep off a drunken debauch, and was found dead a few hours afterwards. Frank Hacklebarger, another strong, and apparently healthy man, but intemperate, stepped up to the counter of a saloon, called for a glass of liquor, lifted the glass, but before it reached his lips he fell dead.

Stock Campbell, a reporter, an intemperate man, sat down in a saloon; when they went to him a few hours after they found he was dead.

David Morgan, a rolling-mill hand died precisely in the same way, and a number of others that I could mention if time permitted, who died suddenly from the same cause.

Now, may not many of the cases of sudden death after diphtheria, have been produced from the effects of alcohol administered during the treatment of the disease, thus producing this very condition in the blood vessels; probably thrombosis and embolism of the pulmonary artery.

ALCOHOL THERAPEUTICS.

As we said at the commencemont of this article, alcohol

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may be used as a remedy, but it is only applicable in a few cases, as sudden collapse in *concussion of the brain.*

The symptoms of *concussion of the brain* and the effects of alcohol, are so similar, that it is sometimes extremely difficult to tell which is intoxication, and which is concnssion of the brain; here alcohol is plainly indicated.

Again, in poisoning from snake bites; the symptoms of poisoning from snake bites and intoxication, are also so near alike that one might be deceived in the case. Here again alcohol is the indicated remedy.

In all cases of sudden invasion, when the patient is "ready to *perish*," we should follow the Divine injunction—"*Give strong drink to him* that is *ready to perish*." In these cases alcohol may be used with advantage; but it should only be used for a short time.

It should never be given for collapse, resulting from prolonged disease. It should never be given as a diffusible stimulus in the sinking from typhoid fever. In fact, the range of its use in disease is very restricted, and its use in diseases with the object of keeping up the strength of the patient is certainly unscientific.

It is but adding another complication to the disease already in the system, and frequently antidotes other remedies, and embarrasses the system in its efforts to rid itself of the causus morbi.

We have seen that it is not a prophylactic, or preventive to disease, and that its range of usefulness is very circumscribed.

Now we may inquire *which* of all the different kinds of alcoholic liquors shall we use as a medicine. Some would say "*pure*" whisky, brandy or wine.

I would like to ask the friends of alcoholic medication, *where* we can find pure liquors.

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The manufacturers admit that there is more of the so-called *pure* wine, and *pure* brandy consumed in the city of New York alone, than all the wine producing countries export.

The Liquor-sellers' Guide says, "The city of New York alone sells three times as many 'pure, imported bandies,' and four times as many 'pure, imported wines, annually, as all the wine-producing countries export; and as for these imitations, we repeat, that their detection is utterly impossible by any test, chemical or otherwise." Page 8.

Pierre Lacour gives the formula for his red wine, as follows: "Sulph. acid, weakened to the strength of vinegar, one gallon; Honey, one pint; powdered Alum, one-half ounce, strong; Tinct. of Logwood, one-half pint; Tinct. Grains of Paradise, one pint; Oil of Wintergreen, one drop; Ambergris, half a grain. Mix."

Major C. B. Calton, of New York, has recently said: "I manufactured liquor for twenty-five years. I began the liquor business selling beer over my father's bar when I was fifteen years old. I know all about it and can make any kind. The adulteration of liquor is something you know little about, and the extent of it will surprise you. A man stands about as good a chance of being struck by lightning as to get a pure article of brandy in New York. With rectified whisky as a basis we can imitate any kind of brandy. The French are more expert than we are; we begin where they leave off and God pity the man who drinks the stuff we make. We make champagne which you buy for the genuine article. It costs to manufacture four dollars a basket; we sell it for ten dollars to dealers. We make the stuff and put in our own bottles, make a fac-simile label of the genuine, import Spanish corks for the bottles and French Straw and baskets to pack them in. If we want to make a genuine imported wine, we buy one barrel of it. Our cooper takes the barrel as a pattern and

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makes ours by it. They are new and bright. We put them through a staining process, and they come out old and musty and worn just like the genuine importation. Thirty-two deadly poisons are used in the manufacture of wine. Not one gallon in fifty sold here ever saw France. We sell thousands of gallons of whiskey to France to have them come back to us something else. Of all poisonous liquors in the world bourbon whisky is the deadliest. Strychnine is only one of the poisons in it. A certain oil is used in its manufacture, eight drops of which will kill a cat in eight minutes, and a dog in nine minutes. The most temperate men in New York are the wholesale dealers. They dare not drink the stuff they sell."

The custom house books of Oporto showed that in one year there was but 150 pipes, and 20 hogsheads of wine exported. While in the same year the Custom House reports of Gurnsey showed that there was imported, for London consumption, from the same island 2,545 pipes, and 160 hogsheads of the said *pure* wine.

Now, if this is true, that the liquors that physicians have been administering to their patients have been all *drugged* liquors, they have not only been administering to the sick alcohol, with its pathogenetic effects, but other deleterious drugs, that complicated the case and prolonged the disease, or destroyed, possibly, the life of his patient, by the use of drugs of which he knew nothing, but blindly administered in his *pure* wine, and *pure* brandy.

Now let us hear the conclusion of the whole matter. The unanimous voice of the ablest members of the medical profession, both of this country and of England, is against alcholic medication. We have seen from Liebig, that alcohol retards the reaction of the blood, changing arterial into venous blood; from Dr. Mussey, that the morbid symptoms are agravated, and new centers of irritation are established by its

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use; from Dr. Carpenter, that it causes coagulation of the blood, with thromboli, and emboli, in the blood vessels, causing sudden death, or destruction of important organs; from Sir Astley Cooper, that it produces Cirrhosis of the liver, fatty degeneration of the heart, dropsy, Bright's disease of the kidney, and many diseases of the digestive organs; from Dr. Brown, of England, it produces paralysis, and acute and chronic mania, and many other derangements of the nervous system.

What a fearful amount of moral and mental degradation, of crime and misery, also, is caused by its use.

The victim looses all control of his will, and llike Tityus is chained to the rock, totally unable to assert his will power, or manhood, while the vulture of a depraved and acquired appetite is devouring his vitals.

The noble, independent, and chivalrous man, becomes, by the habitual use of alcoholic drinks, a driveling imbecile, begging dimes from his former friends.

The affectionate husband and father, becomes by its use, the cruel, unprincipled creature, that takes his children's clothing, and leaves them to perish with cold, while he pawns the clothing to raise the means to appease a depraved appetite.

Surely the physician takes upon himself a fearful responsibility who, ignorantly or thoughtlessly, recommends the use of an article that is liable to produce an acquired appetite, that will last a lifetime, and will increase in its power and baneful influences, as life advances.

No wise physician will recommend this article as a medicine, unless it is plainly and positively indicated, and where *no other article will answer.*

If, as we have seen, from the *best* authority, that alcohol is a potent disease-creating agent; surely no intelligent person will use it, or recommend its use, in a state of health, as it is a

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well-known fact that all *remedies* are *poisons* in health, for if they have no influence over the tissues, to cause disease, they will never effect a cure; but as the old, but true adage has it, "The *greater* the *poison*, the *better* the *remedy*."

On a tombstone, in a cemetery, is the following: "I was well, but took medicine, and here I am."

Every Homœopath knows that whatever will cure, will cause disease. Every member of this Medical Society knows that it is behind the profession that this iniquitous traffic in alcoholic liquor takes refuge. Let us drag it out of its skulking place, and turn on it the calcium light of scientific truth.

Let us be no longer aiders and abetters of its terrible work, that causes 80 per cent of all the misery, crime, and pauperism, in our country. Let us follow the example of the immortal Dr. Rush, who, when asked by a patient to put his medicine in liquor, exclaimed: "*No sir! No man* shall *meet me* at the *bar* of *God*, and say that *I* made a *drunkard of him*, by administering *to* him *intoxicating liquors*."

DISCUSSION.

REPORTED BY W. B. MORGAN, M. D., ST. LOUIS.

JANUARY 5, 1885.

Dr. Franklin—The essayist asserts that all the alcohol introduced into the system is eliminated unchanged. This I did not know, and I very much doubted it. I have used alcoholic liquors in low fevers with most unmistakably good results. They are certainly curative in this class of diseases, and I think there may be something homœopathic about their action. The adulteration of liquors has no bearing upon a discussion of the therapeutic uses of alcohol. I do not see how there can be any question concerning the stimulating power of alcohol. If any person unaccustomed to it takes a teaspoonful he will certainly be exhilarated by it; if he takes a little more the excitement will be increased, and may be carried to the de-

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gree of congestion. I do not see how any one, regardless of all experience, can take the ground that so active and powerful an agent can be of no use in the practice of medicine.

Dr. Ordway.—I am opposed to the indiscriminate use of alcoholic liquors, but it seems most too broad to condemn them entirely because they have been abused. The same argument would exclude nearly every drug from the materia medica.

Continued drinking impairs the vitality and predisposes to many diseases, to cholera especially. The last time cholera visited Chicago the mortality was mostly confined to the intemperate. But all these circumstances do not disprove the fact that alcohol is valuable in the practice of medicine. For use in adults I prefer whiskey to other liquors, and this is a form that can be got pure. I habitually use stimulants in diphtheria and other low fevers, and have never had any of the sudden deaths mentioned by the essayist.

Dr. Wilcox.—I mainly endorse the views of the essayist, and think that doctors who prescribe liquors have many sins to answer for. Scientific experiment will probably circumscribe the field of usefulness of alcohol, and it will be prescribed less frequently than has been the custom. It is certainly useful in low fevers, and germicide qualities are claimed for it. I would like to hear opinions as to whether it has any value as a food.

Dr. Edmonds.—The attitude of the essayist is undoubtedly correct in the main, but it strikes me that his paper is more of a temperance lecture than a scientific discussion of alcohol. Habitual use of alcoholic liquors impair the resistant power of the body, and so predispose to cholera or any other prevalent disease. Alcohol is no sort of a prophylactic and those men, who, at the onset of any epidemic, get drunk to avoid getting the disease are guilty of a most insane procedure that tends to invite rather than ward off disease. Alcohol, like any other drug, can only do well people harm, but its stimulant qualities are often useful to the sick. Even here I think its remedial effects are mainly obtained from its transtitory use in desperate conditions, are of only a palliative nature—not curative nor homœopathic. A transitory use does not make drunkards, many of whom I am sorry to say doctors have made, es-

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pecially among women who are little exposed to the surroundings and temptations with which men come in contact.

Dr. Morgan.—At the last meeting I advocated the use of alcohol in diphtheria, and at the risk of being thought a hard drinker, I must take issue with the essayist to-night. According to Nothnagel, of the University of Vienna, (quoted) the larger part of alcohol is consumed in the tissues, and only a portion eliminated unchanged. According to the same a small quantity of alcohol introduced into the stomach, or even put upon the tongue of dogs with gastric fistulæ, caused a greater flow of gastric juice than any other substance tried. By its solvent action on fats, when used in small quantities, it renders them more easily digestible. This I think, is one of the ways in which alcohol benefits consumptives, and persons suffering from other wasting diseases. Another way is by its quality of retarding waste of tissue, a quality ascribed to it by a host of authorities and one that can not be questioned. There is no tissue material in alcohol, but its consumption in the tissues produces heat, and so conserves the fat that it has helped to assimilate. To this extent it is a food. I am practically abstinent, but I have on several occasions, for a few weeks at a time, taken a glass of wine after dinner. The result every time has been an increase in my weight, by about the weight of the wine consumed. I deplore the evils of intemperance as much as anybody, but it is a waste of time for any one to tell me that alcohol is of no value as a food or medicine.

Dr. Comstock.—That alcohol has killed millions, and that drunkards all die of the cholera when it prevails is no argument against the therapeutic value of alcohol properly used. I am in favor of prohibition, and have known numerous cases of hobnail liver, Bright's disease, etc., that have been caused by intemperance, but still I think it a most important remedy in diphtheria, scarlet fever and allied diseases. In the tissues it is decomposed into water, carbonic and acetic acids. Its decomposition yields a force, that I think is sometimes converted into nervous force. It causes a retention in the system of waste matters that ought to be expelled. It is nonsense to give whiskey for every belly-ache, but alcohol can not be spared

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from its appropriate field. I have quite a stock of wines, but never use any myself. In Germany I could drink five or six beers a day, but in this country it does not agree with me.

Dr. Franklin.—In urethritis, asthma, Bright's disease, and numerous other complaints, alcohol produces the most decided aggravation. This fact alone shows that it has decided therapeutic qualities. For twenty years I have used alcohol in low forms of fever with satisfactory results. I am certain that it was not simply palliative but curative. I have never supposed that alcohol left the body without undergoing change and I am pleased to hear Dr. Morgan quote good authority on my side of the question.

Dr. Boyd.—Dr. Franklin thinks alcohol necessary in typhoid and other low fevers. I have practiced medicine nearly forty years, have never prescribed alcohol yet, and have never lost a case of typhoid fever where I have had the management from the beginning. On the other hand I have rescued some cases that I think were being hurried to a fatal termination by the use of liquors. In one notable case, where eminent doctors had given a pint of brandy in 24 hours and given their patient up to die, I stopped the brandy and much to their astonishment had the man convalescent in a few days. The attitude of some doctors on the alcohol question reminds me of an old doctor in the Cincinnatti hospital who always gave large quantities of calomel in typhoid fever. A great many of the patients died. I one day expressed to him my doubts about the propriety of the use of calomel. He said he himself doubted whether it did any good, but he would be afraid to risk going without it. In that same hospital we gave drunkard's urine to other individuals and made them drunk, which proved that a considerable part of the alcohol left the body unchanged. The stimulating effects are followed by debility, which on an average more than offsets the advantage got by stimulation. [Here the doctor read numerous extracts showing the manner and extent of liquor adulteration.]

Discussion closed.

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Surgical Department.

LIPOMA OF THE FOOT.

BY PROF. S. B. PARSONS, M. D., ST. LOUIS.

Meina S.—aet 17, first noticed a small swelling on the side of the right foot one inch below the inner malleolus, nine years ago. No attention was paid to it by the parents as it was supposed to be the result of an injury which would soon pass away, and more especially so as it caused no suffering nor inconvenience. But its growth was continuous and gradual until four months ago when it took on a greater activity and rapidly developed. Pain also came with its increased growth, and was at times very severe and particularly so when walking upon the foot. Her general health was not good yet there was no defined complaint which could be considered as productive of her feebleness, but only a debilitated exhausted state that prevented her from enjoying life as other girls did. The peculiar location of the tumor made it necessary for her to wear a shoe on the diseased foot much larger than was required on the opposite side, and this was more imperative as the growth increased in its dimensions. During the last few months previous to her coming under my care the swelling became tender to the touch and pressure, and prevented her from walking upon it. As the tumor developed it caused her to walk more and more upon the outer border of the foot likening her step to that of a person having talipes varus. The change of the line of vertical pressure upon the ankle joint produced a weakness and aching in that articulation which was slowly disabling her from moving about upon it, and together with an increasing tenderness in the tumor itself compelled her to more hobble than walk.

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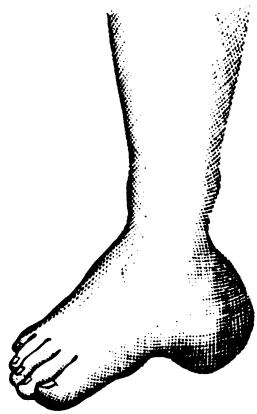
When she came into my hands I found the growth as represented in the cut to occupy the inner and under side of the foot from one-half inch below the malleolus above, to near the outer border of the plantar surface of the foot below, and from the tuberosity of the os calcis behind, to the line of the tarso-metatarsal articulations in front. Its measurements were seven inches in its greatest diameter, lateral, by five inches antero-posteriorly, and two and one-fourth inches in height. It was hard and dense to the touch, rather lobulated and irregular in shape, and very firmly attached to the deep structures. The skin



was adherent to it over those parts that had been subjected to pressure when walking, but at other places was freely movable upon it. From its density and hardness it more nearly approached a fibrous growth in this particular character, but its irregular and lobulated shape were clinical points opposed to this theory, and also the point from which it sprung was another feature in opposition to its being a fibroid. Although it is a very rare occurence for a fatty tumor to develope in the foot, it is still more rare to find a true fibrous growth in this locality.

The question of its removal was considered and determined upon, and the patient placed under an anæsthetic

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composed of chloroform one part, and ether two parts, mixed. An incision was made through the coverings of the tumor along its whole length, commencing at the posterior border of the os calcis and terminating opposite the metatarsal bones. The flaps were dissected away until the sides of the tumor were reached when an attempt was made to enucleate it, but that was found impossible through the strong fibrous bands that fastened it to the deeper structures. Every fibre required division with the knife the densest part being over and attached to the sheath of the posterior tibial artery on the side of the os calcis, where its separation was made with the greatest caution to avoid wounding the artery. Strong attachments were also found closely connecting the tumor with the plantar fascia, the Deltoid ligament, and deep fascia of the Flexor Brevis Digitorum muscle.

After removal of the tumor the flaps were united by silk sutures, a drainage tube left in the wound, and iodoform on absorbent cotton applied, and held in place by a few turns of the roller bandage. The low vitality of that part of the flap covering the heel, aided, probably, by a redundancy of tissue, caused it to slough partly away in a few days, and it was thought best to remove all the unnecessary structures and aid the process of separation, and the edges of the wound were afterwards drawn together, and held in apposition with adhesive strips until union was completed. Her recovery was slow but steady, and equally so was her use of the foot which had for so long a period been in a state of partial disuse. But now she is perfectly restored.

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Correspondence.

ST. LOUIS, FEB. 9TH, 1885.

Editors of the St. Louis Periscope and Clinical Review:

Will you please publish in the next number of the PERISCOPE, the following extract from a letter received by me today, and also the clinical case I herewith report. The one will explain the other, and, at the same time, show my friends which side of the fence I am on as regards the discussion on the treatment of diphtheria, as found on page 23, January number of the PERISCOPE AND CLINICAL REVIEW.

There may be something in a name after all, and I want to keep mine as distinct as possible. My correspondent having got me slightly mixed up with Dr. Chas. Gundlach, of this city.

EXTRACT.

"*Dear Dr. Gundlach*:

The PERISCOPE makes you say that you do not have much confidence in remedies for diphtheria. If this is your status concerning this dreaded disease, I am sorry for you and your patients. With your belief in the single remedy and high potencies, I look upon it as but a question of experience for you to occupy and defend the opposite positions. The expectant method may suit the mongrel but the Hahnemannian never.

Yours Fraternally,

Dr. * * * * *."

DIPTHTHERIA CURED BY LACH. 4m.

January 26th, 9 p.m., 1885. I was called to see Brewster Y——, age six years, who I was told was choking to death. As I entered the room the little fellow jumped straight out of his bed, clawing at throat with both hands, making a terrible struggle for breath. His face was the one of agony so well known, and once seen never forgotten; the eyes seemed as if

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they would burst out of his head, Breath tight and voice almost gone. On examination, I learned he always had these suffocating spells after sleep. His mother did not know which side the trouble began on. He had been sick five days getting only such remedies as the mother could apply. On looking into the throat I found a most horrible condition. The whole posterior wall and both tonsils were one mass of ulceration. The left tonsil looked as if nearly eaten off by the ulcerations which extended as far down as I could see, and, no doubt, into the larynx as his voice was almost gone. Breath was fœted. He would not tolerate anything about his neck, and his body was covered with a clammy sweat. Tongue heavily coated. Now, what I did in this case may be called by some "bosh" or "fine spun theories," but I call it Homœopathy, pure and simple. (So simple, that a fledgeling could not help seeing the remedy.) It was simply to give Lach. as indicated by "*The Law.*"

On the 30th, or four days after, I discharged the case, as not needing my care any longer. As this was all I could expect, I truly thank God for the proving of that wonderful medicine, Lach., and firmly believe another life has been saved. This and other similar cases show one of two things: That under the law Lach. was the curative remedy, or that such cases get well of themselves, *even without* "eggnog."

J. G. GUNDLACH, M. D.

FROM LUVERNE, IOWA.

LUVERNE, IOWA., February 9, 1885.

Editors St. Louis Periscope:

In reading an articles in the PERISCOPE for January, I was very much struck with the many diverse ideas and thoughts presented by the many M. D's, present at the society meeting, on the subject of diphtheria. I would like to give some of my experience in this dreaded disease. My earlier years of practice were in the Regular School of

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Medicine. After a few years of practice and thorough investigation of medicine and pathological conditions, I came to the conclusion that if there was no better mode of alleviating suffering and treatment of disease, I would retire from the medical profession. On coming to this conclusion I related to one of my homœopathic friends my determination, and was advised to investigate homœopathy, which I did, and found the Eureka. Now comes my experience in diphtheria; in my old school treatment I lost fully 50 per cent. of my cases, and nearly all of them were attacked with paralysis. You say that the doctrine of false membrane has been long exploded. This is my belief, but am firmly entrenched in belief of the existence of Bacteria. I have had the grandest results in the use of arsenicum 5^{x} dilution, given once an hour in the destruction of this infinitesimal insect. My treatment for the last three years has had but little variation. Aconite 3^{x}, dry, hot skin, pulse rapid, temp. 103 to 105. Alternating with Bell 5^{x} and Baptisia 1^{x}. As a local application, I find very useful, tinct. Camphor 30 gtt., permanganate Potass. one grain, Bapt. tinctora ℥ss, in glass full of water; gargle every 15 or 20 minutes, or half hour according to the severity of the case. Under this treatment I have saved fully 90 per cent. of my patients from death, and never had a case of paralysis under this treatment. I say all hail the principles of homœopathy. I attribute my success to the similia governing my prescription. Should you deem this experience worth anything you can publish it for the benefit of homœopathy.

Yours truly,

L. R. Baker, M. D.

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Selections.

CARCINOMA UTERI.

Cancer of the womb may be defined as a disease which is characterized by great proliferation of connective tissue. Excessive generation of cells of epithelical type, with a marked tendency to extend to neighboring parts to molecular death, and to return after removal.

Scirrhus and encephaloid forms are admitted by anatomists to be the forms that most commonly affect the uterus. Ordinarily the disease presents itself in the form of cancerous infiltration, although in the primary stage of the affection, we do not find the cancerous nuclei clearly defined and englobed in the tissue of the uterus. On the contrary the secondary depos.ts which often accompany the cancerous affections of other organs, present this latter form and are known under the name of subperitoneal cancers.

The vaginal portion of the uterus is the part that is first and most commonly invaded, and the starting-point of the disease. The alteration of tissue progressing more or less rapidly from the os toward the internal orifice, very rarely it stops at this point, but invades the whole neck; sometimes the body of the uterus, the ovaries, vagina, bladder, and surrounding tissues, and even the bones of the pelvis have been known to be affected.

The intimate relations of the uterus with neighboring organs easily explain why the disease spreads to the rectum, the bladder, the peri uterine cellular tissue and Fallopian tubes. Although the encephaloid forms are the most frequent, Scanzoni says we find scirrhus and epithelial cancers nearly as frequent. Thomas speaks of a fourth variety, *i. e.*, the colloid, but regards it as not being a true variety of cancer, but a mucoid degeneration of one of the other varieties. Professor Virchow calls them colloid cancer, colloid sarcoma, or colloid fibroma, it means nothing more than jelly-like. The encephaloid variety is characterized by its abundant sanguineous vessels and a remarkable tendency to rapid degeneration, and its irregular surface, which feels as if torn or covered with fungosities. The scirrhus form presents as its anatomical characteristics a large amount of connective tissue and *small* amount of cellular tissue. Its chief clinical feature is its gradual development and slow growth, and also shows less ten-

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dency to invade surrounding structure. Epithelial cancers are different from either in both anatomical and clinical features, commencing by excessive generation of cells it develops itself always in connection with epithelial covered surfaces, the skin or mucus membrane. In the early stages of the disease the clinical differences would be easily distinguished, but as it advances and becomes subacute the differentiation becomes more difficult and oftentimes impossible. There are two forms in which it attacks the uterus, *i. e.*, the ulcerating and vegetating forms.

FREQUENCY.

Cancer is of frequent occurrence, and found more frequently in the uterus than in any other organ.

CAUSES.

Authorities tell us the cause of the cancer of the womb is as little known as the cancer of other organs. Thomas says they are entirely unknown. I think, however, that the depraved secretions following miscarriages are oftentimes exciting causes.

SYMPTOMS.

This disease oftentimes passes through its period of inception and passes on toward a fatal issue without presenting any symptoms which attract the attention of the patient, or, with only a slight discharge from the vagina, such as mild hemorrhages or leucorrhœa, they progress unobserved. But usually the following symptoms present themselves, become more and more prominent, as molecular death advances: Pain through pelvis and back; menorrhagia and metorrhagia; offensive discharges of a pinkish color, oftentimes becoming dark and grumous; pressure on rectum and bladder; debility from loss of fluids; pallor and emaciation; tenderness upon coition; vesico-vaginal or recto-vaginal fistulæ.

These symptoms may be confounded with uterine fibroids, syphilitic ulcer, eversion of cervix, and hypertrophy.

In many cases the pain and the excessive discharges which occur even in the early stages, are so prominent, that trouble is expected and an early examination reveals a cancerous growth in its primary state. These are the cases, in my opinion, that are cured, those that come under the observation of the profession early, while the disease is in its primary stage, and while it is confined to the inferior portion of the cervix. Early treatment and a correct diagnosis are indispensable to a cure.

Pain and tenderness are not as constant as may be and as is often supposed, and may be entirely absent.

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Menorrhagia and metrorrhagia often exist in the very earliest stage, even before ulceration takes place, resulting undoubtedly from congestion of the mucus membrane, they frequently become alarming even before destruction commences. As the disease advances the ichorous, watery and grumous discharges that follow, denote the advancement of the disease.

DIAGNOSIS.

Diagnosis is *very* important, and in the early stages very difficult, especially with the inexperienced; in the ulcerated condition, the experienced examiner finds diagnosis easy and certain; absolute destruction of tissue, the walls of the ulcer deep and ragged, often covered with a crumbling, brittle mass, which bleeds easily from the slightest touch. The uterus becomes fixed in the pelvis from secondary inflammation and dlffuse deposit of cancerous matter.

The peculiar sensation or feeling of a cancer ulcer is hard to describe but easy to recognize by the touch, after one becomes acquinted with it. It is such an easy matter to confound the diagnosis with other troubles already spoken of, that a correct conclusion can be arrived at only by careful observation of the progress of the case. I am looking with suspicion at all unyielding indurations.

PROGNOSIS.

The prognosis is decidedly unfavorable in the majority of cases. I believe that all cases end in death sooner or later unless they are diagnosed early and the diseased portion removed entire, and even this does not always prevent it. I have touched veey lightly upon pathology, causes, etc., and now come to the most interesting part, the

TREATMENT,

and I would be pleased, gentlemen, if I could do different from my predecessors, and offer to you to-night some specific cure that would be effectual in removing from the system this fatal element, that causes so much suffering to humanity, perplexity and humiliation to the profession, but in the majority cases, I have been vanquished in my attempts to cure, and have been obliged to beat an ignominious retreat. I think that in some cases I have produced a cure, perhaps a temporary one, and succeeded in staying the progress of the disease and prolonging life in others, but the question arises frequently in my mind, have I eradicated the disease from the system, so that it will not show itself again. I examined a case a few days ago that had been under my treatment for a long time for what had been diagnosed as a cancerous condition of the cervix, but had not been having any

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treatment for a year. In this case I found the condition as healthy as need be.

I think many times that treatment is discontinued too early, or is not persisted in to that extent it should be, for in a very short time the disease advances so rapidly that it becomes impossible to stay its progress.

In a great majority of the cases of uterine cancer, they come into the hands of the profession so late that they are beyond cure, and the treatment must necessarily become palliated, no hope of a cure being entertained; they come into our hands so far advanced that surgical interference is of no avail. I think, gentlemen, that you will agree with me when I say that if a cure be performed that the diseased portion must be removed. If the case comes under our observation early enough and the diagnosis is reasonably certain, we are justified in removing the cervix entire. Although this does not always prove effectual, it is the only means that offers us any ground for hope. Then the question naturally arises, How shall we do it? If I were to answer this question myself, I would say either with the galvanic cautery or with chloride of zinc paste. If there is plenty of room between the diseased portion and the body of the uterus, I would say the cautery; if not, I would use the paste, and destroy the tissue from time to time until I got a healthy granulating surface. With the cautery we lessen the chances of a fatal issue, for we have no hæmorrhage. The loss of blood being of vital importance to the patient, not only are the blood vessels closed up, but the lymphatics as well, and that prevents hæmatozic and inflammatory complications and all secondary results. It seems to be better in cases where amputation is not practicable to destroy as much as possible of the diseased tissue with some form of caustic. Nitric acid c. p. is good, and has been used with good results. It produces a slough and prevents hæmorrhage. It is recommended by many writers. I have used it with good results, but I much prefer the zinc paste. It can be used much easier than nitric acid, and with less danger to surrounding tissues; it also has the same styptic effects. In cases where hæmorrhage is very profuse, nothing but packing the vagina with strong solution of persulphate of iron will control it during the ulcerated state. Where there is passive hæmorrhage I am in the habit of using the following treatment: First, I use an injection of zinc sulph. 1 ounce to a quart of water. Then I apply to the ulcer a powder composed of equal parts of gum myrrh, gum arabic and blood-root. Over this I apply a piece of punk. This usually controls the hæmorrhage; if it does not,

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I combine with the powder a little persulphate of iron. This treatment controls the rapid degeneration of tissue and prevents the offensive odor that usually accompanies this stage of the disease.

Prof. Newton, of New York (eclectic), reports cases of epithelial cancers cured by sulph. of zinc alone. It certainly has a wonderful effect upon the growth. When this powder ceases to have any effect, iodiform, either dry or in suppositories, has a marked effect in stopping the growth and controlling pain, which oftentimes becomes a very important factor and is not easily controlled. Bromide of Iodine has a wonderful effect at times to relieve the hardness of the tissue and prevent growth. The nitrate of lead in the ulcerated condition removes the offensive odor and prevents suppuration. The ulcerated surface must first be cleansed with glycerine, followed by an injection of one litre of water containing five grains of perchloride of iron, then the nitrate of lead mixed with lyco. should be dusted over the surface.

When the external organs become sore from the discharge, an ointment composed of hydrastis fl. ext. and cosmoline applied to the parts very quickly heals and relieves the soreness. I have tried Chian turpentine, but have seen no good or marked results. I have used it both locally and internally. Western physicians report good results from its use. I saw an interesting account in Brinton's Journal, November, 5th, 1881. Speaking of the operation for the removal of the entire womb in cancerous troubles, the writer refers to eighty-one cases of removal, fifty-eight of which were fatal, leaving the small balance of twenty-three which recovered. To say nothing of unfinished operations, this operation can never become popular with these results.

Constitutional treatment is of vast importance, although I think the majority of the profession recognize the fact that cancer cannot be cured by internal treatment alone; but much can be done to support the patient and repair the ravages of the disease. Thomas says drugs have had their day, but there are drugs which have been condemned, that given persistently and judiciously, help to remove and stay the progress of the morbid element.

Mercury in its different preparations, arsenic, especially the iodide, the iodide of iron, iodiform, comp. tinc. of phos., and other indicated intercurrent remedies to relieve symptoms as they occur, some of which are very distressing, such as vomiting, difficulty in urinating, &c. Pain is the worst symptom that we have to contend with oftentimes, and can be controlled only by the systematic use of

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opium and morphine Patients should be kept in the open air as much as possible, and receive such food as will nourish best and not aggravate the stomach. Valentine's beef juice, Murdock's liquid food are indispensable in the treatment of cancerous troubles. Almost any stomach will tolerate them, and they support the system much better than solid food. Milk and light soups are also very valuable. Always remember that nutrition consists of the introduction into the blood of nutrient substances, and not into the stomach alone. Keep from the patient as long as possible the knowledge that she has an incurable disease. Do not indulge in the pleasure of giving a fatal prognosis. The mind has a wonderful effect upon the disease. But I am aware that I have already wearied your patience, and will close with a hope that this paper will bring forth much that is valuable, and that this subject may be brought before this society at an early date.—*G. H. Payne, M. D., Boston, Mass., in the Hom. Journal of Obstetrics.*

TWO CASES OF ACUTE RHEUMATISM WITH HEART COMPLICATIONS.

BY JOHN H. CLARKE, M. D.

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The difficulties attending any attempt to compare the effect of different modes of treating rheumatic fever, with a view to finding out which has the greate success in averting heart complications, are so many and so great, that the result is little better than conjecture. My own experience of hospital practice shows evidence of cardiac affection in a large percentage of cases; but it would not be fair to infer from this that homœopathy is powerless to prevent or control this accident. The majority of cases do not come into hospital until the disease is well developed, and at that stage the heart mischief is, as a rule, already begun. Again, the signs of heart disease are themselves uncertain. The most important are undoubtedly those furnished by auscultation. And yet we may have, as in a fatal case of cholera reported in the *Medical Times* of November 29, "a well marked systolic bruit heard all over the præcordia, louder at apex," with irregular action of the heart, and no discoverable lesion of the valves on examination after death. The same article alludes to another case (unconnected with rheumatism, like the other,) of a child of 5, where a mitral murmur existed during life, and nothing abnormal was found

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after death. On the other hand, in a case recently published by me in the *Homœopathic World* (October), post-mortem examination revealed that the mitral valve had been effected in an attack of acute rheumatism twelve months previous to the one in which the patient died of ulcerative endocarditis, and yet, during that attack, the most careful auscultation showed nothing more than slight impurity of the first sound at the apex.

It is, however, necessary for the practitioner to make up his mind as to whether there is or is not cardiac disease present in every case of acute rheumatism. When there is any doubt, the treatment should be directed on the supposition that it is present. In an interesting article in the *British Medical Journal* of November 15th, Dr. Fothergill calls attention to the neglect of valvular affection in its early stages, when much might be done to arrest it. He says:

"While there is cell-growth going on beneath the serous membrane, it is clear that no avoidable strain should be thrown upon the valve curtains, or the fibrous cords attached to them, in order to limit this cell-growth. By so restricting all growth you limit the resultant ventilation of the valves. Instead of giving tonics, and trying to get the patient up and about, common sense tells us, if we know anything of pathological processes, that absolute quiet should be maintained until the day of the development of these connective tissue corpuscles is over. When this growth has ceased, and the mischief is practically done and ended, then the condition of the muscular walls calls for our attention; but each matter in its true position and order of precedence and sequence. It is enough to make one despair of the reasoning powers of one's species when we contemplate the routine-treatment of cases of acute endocarditis. The nature of the morbid process is forgotten; the lessens of the dead-house cast to the winds; and, with good intentions yet murderous actions, a tonic is given as soon as the active symptoms have apparently passed away, and the patient is allowed to leave his bed. I have just used the word 'apparently' advisedly. The articular symptoms have passed away. The murmur caused by the flow of the blood-current over the inflamed serous surface may have passed away; but you know, and ought to remember, that the cell-growth in the fibrous structure of the valves must be reduced to a practical minimum by keeping the blood-pressure low. Rather the patient should be kept on chloral for a week or ten days than be allowed to get up."

There is no need for us to resort to chloral, since we have much better remedies; but Dr. Fothergill has done well to point out the necessity of absolute rest so long as there is any reason to suppose

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there may be active cell-proliferation going on in the valves. To determine this is not quite so simple a matter as Dr. Fothergill's words would lead one to think, but where there is any doubt the patient should have the benefit of it.

The notes of the first of my two cases are not quite so complete as I could have wished in point of history. The patient was very ill when he came in. The heart was already affected; but his sufferings from the pains in the joints, and the high temperature were the most pressing symptoms. In addition to the acute cardiac mischief there was effusion into the pericardium. This cleared up, but the bruits remained, and became more pronounced as the heart's action became slower. In the second case also there was evidence of cardiac trouble, when the patient was admitted. The bruit disappeared whilst she was in the hospital. Since she left the hospital she has been to me again, and when I last saw her, though there was no new symptom referable to the heart the bruit was back again. These bruits disappear and re-appear in such unaccountable ways that I hesitate to ascribe them to any renewal of the endocardial affection.

Case 1.—Acute Rheumatism with Endocarditis and Pericarditis. —Arthur B., 15, fair, tin box maker. Admitted May 10, 1884. The notes omit to mention his previous history. When he came in he was complaining of great pain in knees and ankles, which were not swollen. The right ankle was red. His temp. was 104. He was put on *Acon.* ø and *Bry.* ø of each one drop every alternate two hours. The temp. next morning was 102·4. He had no sleep and did not perspire. Evening temp, 103·8; the next morning (12th) the temp. was 103·2. He was crying with pain most of the time, which seemed to be in the heart. Soft systolic bruit in Mitr. A. and Pul. A. Very little sweat, face much flushed and white; intense pain in joints, thighs and thoraic muscles; P. 120, R. 40. *Rhus. tox* 1, gtt. j. *Merc. s.*, 3 gr. i, 1 h. alt. Evening temp. 103·6; after a few doses of *Rhus*, perspiration almost ceased and he seemed much worse — restless, sleepless, great pain; a few doses of *Acon.* 1x were given, and soon after, he came out in profuse perspiration, and slept four hours. Next morning (13th) temp. 101·4. He complained of his throat; there was an appearance of swelling externally, but nothing to be seen inside; tenderness and pain in right ear; apparently the parotid gland was affected. Tongue loaded; stools light, formed, but insufficient. Resp. 36., P. 120. Skin moist; has much pain in shoulders and elbows, which are swollen. Can move left hip now; great tenderness all over chest and abdomen. Heart-dullness increased upwards and laterally; lung sounds not heard over double area; normal

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on right side, no bruit heard. Second accentuated Pul. A. Slight rub heard (transitorily) in second left space. Evening temp. 102·6. Next day (14th) morning temp. 102. Restless and slightly delirious in night, but after *Acon.* 1x slept four hours. Had pain at heart in night, and poultices were applied; nose bled a good deal in the night, copious severe sweat; no bruits to be heard owing to heart's rapidity. First sound has a peculiar thump, later in the day soft systolic bruit was heard occasionally; chest walls very tender; bowels not moved. *Bry.* 1, gtt. j., *Merc. sol.* 3 gr. i. 1 h. alt., *Acon.* 1x, gtt.j. at bed-time if required. Evening temp. 102·6. 15th. Morning temp. 101·4. Bowels moved once with enema. Passed water frequently and in small quantities; has done so for some days. Feels better this morning. Sudamina over back and chest. Heart quieter. Pulse 118. Blowing systolic bruit plainly heard in mit. and left aur. areas. Throat almost well. The next day the pains were all better—nearly all gone except in hands. The temp. was higher at night, but fell again next morning. He then complained of pains across the chest even when breathing; the breathing was more rapid. Takes food well. Still passes urine as frequently. Four light, formed stools. Systolic plainer. Less perspiration. He gradually improved, and on the 22nd temp. was 100·4. The medicine was given every day two hours in alternation after this. On the 29th *Calc.* c.6 gtt. i. and *Bry.* 3 gtt i. The temp. then became normal and remained so. He was practically cured for a long time before he left, as he had to wait for a vacancy in a convalescent home.

Case II.—Acute Rheumatism with Endocarditis.—Julia S., 7. Florid complexion; fair. Admitted June 8th, 1884. Complains of pain in ankle joint, which was swollen, tender, red, and puffy, and pain and tenderness in right arm and thigh; general tenderness over the body. (Her mother suffers from aneurism, and is now under my care). Pulse 110; temp. 102. Tongue white; throat not sore; no sickness. Is deaf in right ear; does not hear a watch on contact; hears at 8 in. on left side. She has slight cough. The chest is resonant; breath a little hard at back; no moist ground. A mitral systolic bruit is heard all over the cardiac area. *Acon.* 3 gtt.; *Ars.* 3 gtt. i., 2 h. alt. Evening temp. 103.

June 9th. Morning temp. 101·2. Less perspiration. Ankle still swollen and red. Tongue slightly furred; papillæ red and prominent. Pain in left leg. Patient very deaf. Mitral systolic. *Bry.* 1x gtt. i.; *Aco.* 3 gtt. i., 3 h. alt. Evening temp. 99.

June 10th. Morning temp. 99·1. Urine 12 oz. Not much per-

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spiration. Swelling of ankle gone down. Evening temp. 98·4. After this the temperature did not again rise. She improved rapidly in all respects, and after the 14th no cardiac bruit was heard. On the 4th July she received *Mer. sol.* 6, gtt. j. 3 h., and left well on the the 15th of July. (She has since attended as an out-patient, and I find the systolic bruit is still present.)—*Homœopathic Review, London, Feb., 1885.*

CONGESTIVE HYPERTROPHY OF UTERUS WITH AMENORRHŒA—CURED BY ELECTRICITY.

Aside from the usual symptoms and pathological changes belonging to chronic engorgement of the uterus the history of this case presents nothing new. The most interesting feature about it being the good results obtained, in so obstinate and long standing a trouble, from the use of electricity. The history is as follows:—

Mrs. M., sent by Dr. H., during the summer of 1880, thirty-eight years of age, married at nineteen, one child two years after, never pregnant since. Her first menstruation was at sixteen and painful. At no time before or after her marriage and confinement did she menstruate oftener than once in three or four months. She never had acute metritis, and her confinement was normal with good recovery. This latter fact going to prove that her uterine trouble was not due to post-mortem changes. She said she had suffered from headache as long as she could remember. Her father died of softening of the brain and her mother committed suicide from religious melancholia. As she, from being gay and worldly was becoming rather strict in her religious ideas and observances, her friends feared lest her mind might sometime become impaired. The consideration of the above bit of family history made it all the more imperative that something should be done for her uterine trouble, as it was no doubt, the source of much, if not all of her physical suffering. Aside from the headaches she complained of indigestion and constipation; pain in the back; weight and fullness in the pelvis region, with pressure on the bladder and frequent urination. The symptoms were all aggravated, particularly the pain in the head, at what would be the menstrual period. The headaches were undoubtedly congestive in character due to the obstruction in the escape of blood from the uterus; and this organ being unrelieved of its physiological menstrual engorgement, became permanently congested between the menstrual periods hence the continuous and persistent headaches. Her appearance was

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that of an imperfectly nourished body. With the nutrition in a low state, and the blood circulating less rapidly, the tendency was to augment the congestion and enlargement of the uterus. Her menstruation which appeared not oftener than four times a year, was always painful and as she expressed it "passed little pieces of skin." The dynsmenorrhœa with the "little pieces of skin" was possibly due to the detachment and expulsion of the exudation formed on the internal surface of the uterus from the intense hyperæmia. She being very thin the hypertrophied uterus could easily be felt through the abdominal walls. By digital examination the body was found tipped forward with the vaginal portion pointing towards the sacrum. The lips of the cervex were hard like dense fibrous tissue; suggesting the suspicion of cancer. Through the cul-de-sac the inferior segment was tumefied, hard and slightly movable, but not sensitive. The speculum showed an increase of discharge of mucus from the uterus; cervix turgid, livid and enlarged. The whole volume of the organ, cervix and body, was hard and resisting. "Too much growth and too little vitality." The sound showed an increase in the longitudinal diameter of about three quarters of an inch. There was no disease of the lungs or heart, and no history of scirrhus in the family. The case was one of chronic congestion with increase of cellular tissue. The treatment was commenced with mild currents from a Faradic battery, one pole on the sacrum and one within the cervix, using a cervical electrode introduced up to the internal os. The time occupied at each application being about fifteen minutes every other day. After she was a little accustomed to the treatment Dr. Butler's intra-uterine ball electrode was used, one pole passing to the fundus and the other to the external os. Each application to the interior of the uterus was followed upon withdrawal of the electrode by a little blood. The treatment was varied at different times. At one visit a rectal electrode would be used in the rectum and a soft sponge one over the abdomen. This relieved the constipation. At another time galvanization of the sympathetic and of the ovaries would be used. She remained under treatment nearly two years when her general health was greatly improved. Uterus reduced in size, softer and more movable, and menstruation occurring quite regularly, as often as eleven or twelve times during the year.—*Hom. Journal of Obstetrics.*

VERBENA AS A SUDORIFIC.—*Verbena hastata* is recommended by Weber (*Ibid.*) as a valuable sudorific, when given in doses of half a drachm or a drachm of the fluid extract.

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LAZAREWITCH'S STRAIGHT FORCEPS WITH PARALLEL BLADES.—Massalitinoff ("*Ann. de Gynec,*" Jan., 1884) states that the main object of this forceps is to avoid the compression of the fœtal head which is inevitable in a crossed forceps. It was presented to the late International Congress at London, and afterward, in 1883, it was exhibited at the exposition at Moscow. The excellences of an instrument consist in the absence of the pelvic curve, and in its parallel blades, which are fastened, by means of a pivot and screw, in the handle of one blade, and a hole in the other into which the pivot is mortised. The instrument admits of a maximum separation of the blades at the tips of two centimetres and a half, without altering the parallelism of the handles. It therefore resembles somewhat the old Chamberlin forceps. The advantages claimed for it are the following: 1. On account of their mobility, the blades can be perfectly adapted to the head as well as to the walls of the pelvis. 2. With parallel blades the compression of the head is produced only by the walls of the pelvis. 3. In cases in which the head is in the superior strait, even in an oblique diameter, a straight forceps can be successfully used on account of the absence of the pelvic curve. 4. With this instrument the progressive movements of the head are produced with much greater facility than with one which has the pelvic curve. 5. This instrument is especially useful for those who have not had much experience in the use of the forceps. 6. With this instrument it is easier to change the position of the head, and bring it into another diameter of the pelvis, than with others. 7. The blades can be joined together with great ease on account of the mobility of their articulation.

GAS TAR AS A HEALTH PRESERVATIVE.—The serious outbreak of cholera with which France has recently been visited has caused inquiry to be made as to the extent to which persons engaged in particular manufacturing operations enjoy immunity from or are rendered more susceptible to the attacks of epidemic disease. It has been known almost ever since the establishment of gas works that the exhalations arising in the various processes of gas manufacture, although, perhaps, not specially pleasing to the olfactry organs, are not detrimental to health, but are, on the contrary, highly beneficial in special forms of disease, such as whooping-cough and croup. The extensive use, in throat ailments, of preparations in which some form of carbolic acid figures largely is a testimony to the value of this derivative of coal tar as a therapeutic agent. A recent issue of the *Journal des Usines a Gaz* contained an article in which particulars

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are given respecting certain investigations made by a Dr. Lemaire some years ago into the subject of the influence of coal tar and its derivatives upon the health of the workmen employed in the preparation of these substances. His inquiries were made chiefly in connection with the employes of the Paris Gas Company. He found that those whose duties did not necessitate a prolonged stay in the parts of the works where tar was to be found were liable to all kinds of ailments, and formed a considerable proportion of the number on the sick list; while among the workmen specially occupied with tar, only three were sick in the course of seven years. This result is all the more striking when the number of workmen in the service of the company at the period referred to is considered. There were altogether 20,553 men, of whom 764 were engaged in some occupation connected with tar.

Dr. Lemaire also cites the case of the Bayonne Gas Works, where the workmen had not only not been attacked by cholera during its prevalence, but generally enjoyed immunity from skin diseases. M. Bouley, a professor at the Veterinary School at Alfort, found, as long ago as 1860, that gas work employes escaped during cholera epidemics; and the communication of this fact to Dr. Lemaire caused him to institute his inquiries into the subject.—*Scientific American.*

PROFESSIONAL LIPOMAOF PROSTITUTES.—The following remarkable report is found in the *London Medical Record*, taken from the *Russkaia Meditzina*, No. 13, 1884. Dr. Preis, of the Charkov hospital for venereal women, describes what he calls "*lipoma diffuso-circumscriptum professionale*," to the existence of which in prostitutes, his attention was first called by Dr. Porai-Koshitz, of Charkov. The tumor was present in one hundred and forty-five out of two hundred and seventeen prostitutes living in Charkov brothels, and is invariably situated in the region of the sixth and seventh cervical vertebræ. its growth always starting from the spot exactly over the spinous process of the vertebra prominens. Its size varies from that of a nut, to that of a large apple, the diameter of its base varying between two and twelve centimetres. Its shape is hemispherical or semi-oval, with a flattening in the middle. The surface is smooth, the skin tense and adherent, sometimes pigmented but otherwise normal. On palpation the tumor is somewhat firm, elastic, movable, painless. Its development begins soon after the woman has entered the profession of a prostitute and proceeds pretty rapidly. Dr. Preis thinks that this tumor is a lipoma resulting from hypertrophy of the fatty tissue nor-

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mally present in the situation mentioned above, and that its development is caused by local mechanical irritation. The latter is given in the form of pressure, to which the spinous process of the seventh cervical vertebra is specially subjected during coition, when the woman lies on her back and the head flexed, so that the upper part of the back and the lower posterior part of the neck form an angle, the apex of which is the seventh cervical spinous process. In all movements of the pelvis and limbs during the sexual act, the body's weight rests upon this region. Hence tall and well-nourished prostitutes are more liable to the development of professional lipoma that short and meagre women. The author and Drs. Porai-Koshitz and Bellin were unable to detect this tumor in non-prostitutes. Syphillis seems to have have had no connection with the development of the tumor, since of one hundred and forty-five prostitutes possessing the lipoma, seventy-five never had any venereal disease.

The London *Lancet* says that M. Schnetzler has communicated some observation to the Academie des Sciences which serve to illustrate the germicide qualities of formic acid. He has found that *Bacterium subtile*, one of the most difficult micro-parasites to kill, dies when in the presence of formic acid. Even when this bacterium has resisted the action of boiling water for one hour, it may be instantaneously killed by formic acid; a drop of water containing a thousandth part of formic acid to a drop of water teeming with thousands of the bacteria, is sufficient to effect the purpose. The swarming fluid so treated may be introduced into the digestive tract with impunity. The author recommends the trial of formic acid on the cholera bacillus, and it may be suggested that its action upon *Bacillus anthacis* is equally deserving of experiment. If formic acid should be found to be capable of destroying the dried virus of carbon, provided this chemical agent does not injure imported wool—and in such a diluted state injury seems impossible—the suggestion that all imported wool be washed in weak solution of formic acid might be of value in preventing the occurrence of so fatal a disease as malignant pustule and its allies.—*Med Times, N. Y.*.

Cold in the Treatment of Sciatica.—Debove (*Prog. Med.*) recommends the direct application of cold along the course of the sciatic nerve, and especially over the painful points, by means of a spray of chloride of methyl. He reports several successful cases The atomization is continued until the patient complains of a burning pain over the seat of the application.—*N. Y. Med. Jour.*

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THE THERAPEUTICSOF THE WESTERN PRACTICAL MAN AND SOME OF OUR PROFESSORS EAST AND WEST.—Dr. Squibble, who has some means of getting an insight into the general character of good frontier men through their orders, says of them:

"Their materia medica proper is commonly simple, the articles not numerous, but effective, and rarely outside of the pharmacopeia, and their orders for the newest and best advertised remedies are often conditional, always in very small quantities and, as a rule, not repeated."

We think this quotation shows up the frontier man well in comparison with some of our professors, the length of whose prescriptions are proverbial.

The long and complicated formulæ of some of the neurologists need not be mentioned. But here is one professor teaching his students to treat chronic nasal catarrh. After giving a formula for bicarbonate of soda and borax, he says, "or, still better, sodæ bicarbonatis and sodæ bicarboratis, aa ℥ss; "Listerine," ℥j; and aqua, ad ℥iv. The "Listerine," contains the essential antiseptic constituent of thyme, eucalyptus, baptisia, gaultheria, and mentha arvensis in combination. Each fluid dram also contains two grains of refined and purified benzo-boracic acid."

How, we should like to know, can the professor form any adequate idea of the advantage referable to any one of these ingredients, or how can he determine whether or not they are in "combination."

Another thus simplifies the good old well tried compound tincture of guaiac: Two fluid drams each of the ammoniated tincture of guaiac and the compound tincture of cinchona are mixed with six fluid drams of clarified honey, and shaken together until the sides of the containing vessel are well greased. A solution consisting of eighty grains of chlorate of potassium in sufficient water to make four fluid ounces is then gradually added, the shaking being continued. If this is carefully done, secundum artem, a not unpleasant mixture will be produced. Without due care, however, the resin will be precipitated."

The laryngologists are apparently running a race with the neurologists in devising complicated preparations.—*Weekly Med. Review.*

JABORANDI IN ERYSIPELAS.—Dr. Sidney Thompson (*Therap. Gazette;* Edinburgh *Med. Jour.*) suggests the following formula: Fluid extract of jaborandi, 24 parts; laudanum and glycerine, each, 4 parts. This mixture is to be painted over the affected surfaces every four hours.

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Oxide of Zinc in Venereal Wounds.—Dr. J. Glasunov reports (*Vratsch*, No. 22, 1884) that in cases of soft chancre he has observed rapid clearing up and healing under the use of powdered oxide of zinc; even in cases in which almost the entire venereal armamentarium had been exhausted, without the slightest improvement. It is especially useful when the chancroids are situated in the folds of the nymphæ and labia. After the wound has been cleased with carbolic acid solution it is dusted over, twice daily, with powdered oxide of zinc, and it is then covered with wading or cotton.—*Phil. Med. News*, Oct. 18th.

Protracted Gestation.—A singular case is reported in a recent number of the *Gaz. des Hopitaux.* At the antopsy of a woman 84 years of age, a hard-walled, irregular shaped cyst was found in the right Fallopian tube which, on being opened, was found to contain a completely unchanged, fresh-looking, normally developed fœtus of six or seven months' growth. The woman was known to be pregnant when she was 28 years of age, but not afterwards, so that it is supposed she carried her young 56 years. *Med. and Surg. Rep.*, Oct. 18th.

Oxide of Zinc in the Treatment of Wounds.—Socin (*Deutsche Med. Zeitung*) speaks highly of this substance as an antiseptic in surgical practice. For the irrigation of deep wounds he uses a one per cent mixture with water; superficial open wounds should be washed with a ten per cent mixture. Large raw surfaces, burns, contusions. etc., are dusted with the powder. As a permanent dressing, the writer recommends a paste composed of fifty parts, each, of water and oxide of zinc, and five parts of chloride of zinc. It forms a dry coating, beneath which healing takes place with unusual rapidity. Stress is laid on the fact that zinc is of little service in the case of a wound that is already septic.

Aseptic Silk for Sutures —Partsch (*Ibid.*) recommends that ordinary silk be soaked for two days in a ten per cent solution of iodoform in ether, and then dried by wrapping it in blotting paper. The advantages are said to be that it can be kept for a long time without deteriorating, and that it does not cause suppuration when left in a wound. It is consequently useful in the operation for laceration of the cervix uteri.

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Editorial.

STATE BOARD OF HEALTH.

We think the proposition to repeal the law creating the State Board of Health, and to abolish the State Board a mistake. If the law be defective let it be amended; if the Board of Health has shown incompetency or unfairness in any matter, let such abuses be corrected by judicious changes in its composition. As we have said in a previous number of this journal, the action of the Board has been characterized by a spirit of wisdom, fairness and liberality, so far as we have enjoyed opportunities for judgment.

Excessive legislation, creating numerous irresponsible tribunals with excessive powers, should of course be avoided. But that the safety of the individual and the community requires protection through judicious legislation against ignorance and fraud, in certain phases of our every day life and contact is beyond question.

If a butcher offers to sell meat to the people, the municipal authority owes it to its citizens to see that he does not sell diseased or unhealthy meat. If an ice dealer proposes to serve the community in his line, the State has clearly the right, and is in duty bound to see that the supply has not been obtained at or near a garbage deposite. When an individual rents a store, and gets in place an assortment of drugs and medicines, he should be requested to give suitable evidence as to that degree of special education and good moral character which

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may furnish reasonable safeguards against fraud and ignorance. So too should the physician, who proposes to discharge one of the most difficult and important duties pertaining to the individual and social relation, be required to give the most indubitable evidence as to his qualifications, both mentally and morally, for the faithful and competent discharge of the calling to which he aspires. Educated and honorable physicians do not fear health legislation and health boards. It is the ignoramus and the fraud who fear a standard of qualification.

Then too we can only expect to have general sanitation and a state of public hygene through health legislation, and a Health Board. There is no other mode of protection to the community against the spread of contagious diseases, and for the prevention and control of epidemic prevalence. In the very nature of the case, individual agency, and unofficial, unauthorized action could only work confusion, collision and result in failure. Let us then have a wise legislation to be enforced by an upright and capable tribunal.

In the case of Mo. State Board of Health vs. Dr. J. C. McCoy, who had been arrested for not complying with the law regulating the practice of medicine in this State, Judge Noonan, before whom the case was tried, ordered the discharge of the defendant on the ground that the Act creating the State Board of Health is unconstitutional, because the Board is made a Court with judicial powers; that the Legislature has no power to establish such a Court, and the said Court purports to try citizens and deprive them of property without trial by jury. The decision of the Court of Correction is founded upon the fact, that there is no provision in the constitution for the establishment of such a Court as this State Board of Health purported to be, and hence the Legislature had no right to confer judicial powers upon it.

If the Act is unconstitutional, then let us have one that is constitutional, and one that will give the board full power to compel every physician in the State, and all pretenders, to comply to the fullest extent with the requirements of the laws regulating the practice of medicine in this State. If we cannot have the protecting arms of our legislature to aid in defending the lives and property of the citizens of Mo., then may it be truly said—Poor old Missouri.

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THE AMERICAN INSTITUTE OF HOMŒOPATHY will hold its next Annual Meeting on the 2nd, 3rd, 4th, 5th of June next, in St. Lonis. This honor has been accorded our city but once before, many years ago, and it has been a matter of surprise to the Western physicians that the society has not met here sooner than the present time. And because it did not come to the Mississippi Valley before, has been the means of creating much feeling against the institution, and many physicians who would otherwise have become good and active members are not in sympathy with it. We hope there will be a large attendance, as that will materially aid in dispersing ill feeling, and draw apathetic members of the profession into its folds as co-laborators.

The Lindell Hotel will be the hostelry for the members, and the sessions will also be held in one of the large halls which this noted house contains. Every comfort will be considered for those who attend the meetings, both by the hotel proprietors and by the St. Louis physicians, who desire most earnestly to give all a warm reception if the weather prophet does not step in and assume control and make it too hot for all.

THE WESTERN ACADEMY OF HOMŒOPATHY will meet in convention in St. Louis, on the 27th, 28th and 29th of May next.

The Lindell Hotel has been secured as a stopping place for the members, and also for holding the sessions which will occupy forenoons and afternoons, and possibly evenings. A large number of delegates and members have signified their intention to be present, and the meeting therefore will be one of usefulness and value. *Come and partake.*

THE NINTH ANNUAL SESSION OF THE MISSOURI INSTITUTE OF HOMŒOPATHY will be held in St. Louis, in parlor 22, Lindell Hotel, on the 5th and 6th of March next.

It is hoped there will be a full attendance of members, and those who have not joined are earnestly requested to be present and unite with the association, and make our State society an organization of power and great profit.

There will be a large number of really valuable papers presented, and the outlook is fair for a full meeting.

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ANOTHER POINT IN FAVOR OF CREMATION.—Sir Spencer Wells, at the recent meeting of the London Health Exhibition, gave the particulars of an outbreak of scarlet fever, produced by the digging up of bodies of some persons who died thirty years ago, of scarlatina. A close investigation was made as to the source from whence the contagion arose, and as none oth r could be found it was inferred that the infectious germs were capable of reproduction after lying buried in their graves for thirty years.

SUCCESSFUL YELLOW FEVER INOCULATION.—Drs. Freire and Rabourgeon of Rio Janeiro, after carefully experimenting with attenuated yellow fever virus upon animals and human beings, themselves included, found the immediate results to be symptoms of a mild attack of yellow fever which disappeared in three days, and of all the number vaccinated, five hundred, wharf laborers, students and other classes among the list, none had the true yellow fever.

SULPHUR FUMIGATION IN ACUTE INFECTIOUS DISEASES.—During an epidemic of Whooping Cough which broke out in the New York Infant Asylum, followed or associated with Measles and Diphtheria, the rooms were vacated, but the bedding, clothing and utensils left, and three pounds of sulphur to every thousand cubic feet of space, was burned, which had the effect to immediately stop the epidemic. All previous efforts to check it had failed, but the sulphur plan was all-powerful.

THE commencement exercises of the Homœopathic Medical College, of Mo., will take place on the evening, of March 5th, at Memorial Hall, at 8 o'clock.

WE are receiving many new subscribers, and the following notices are an indication of how it is appreciated:

LUVERNE, IOWA., February 9, 1885.

P'ease send me the PERISCOPE for the coming year. I like its appearance very much, and believe it to be a good sound Homœopathic Journal. Rich in thought and experience. Very respectfully yours,

L. R. BAKER, M. D.

AKRON, IOWA., February 16, 1885.

I received the PERISCOPE last week, have read it, and like it much. I like the print, also the reading matter. Very respectfully yours,

A. M. CROSS.

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Book Reviews.

THE HOMŒOPATHIC TREATMENT OF EPIDEMIC CHOLERA; Therapeutics and Repertory. By B. F. Jaslin, M. D., LL.D; with Notes and Additions by P. P. Wells, M. D., pp. 94. Published at the office of the *Homœopathic Physician*. 1885.

It gives us pleasure to make a favorable notice of this little *brochure*; 1st because it deserves such notice; 2nd, because its authorship and publication come from a quarter where this humble reviewer, in common with *ordinary mortals*, has not heretofore received either just or courteous treatment. We are glad to have an opportunity to "return good for evil." The general choleraic apprehension and expectation, now prevalent, has set into activity much industry in the literary, scientific, and professional walks, with a view to both the prevention and cure of the dread disease. Hence we find, monographs, daily papers, and medical journals, abounding in much attempt at enlightenment in regard to a subject of the greatest interest to everybody. Of the various publications which have come under our notice recently, we have seen nothing equal in plainess, directions, and completeness, to this little book. It has the merit of being plain enough for domestic use, and quite comprehensive enough for professional use.

Of course, from our stand point of matters, the value of the book is not particularly enhanced by the sandwiching opportunities allowed Dr. Wells. Otherwise the book is admirable, and well suited to the probable wants of the near future.

THE DIAGNOSES AND TREATMENT OF CHRONIC NASAL CATARRH; Three Clinical Lectures, delivered at the College of Physicians and Surgeons, New York. By George Morewood Lefferts, A. M., M. D.; pp. 50. Lambert & Co., St. Louis Mo.

This is a very sensible, plain, practical book on a somewhat abstruse and difficult subject, both in the matter of diagnosis and treatment. The instrumental array is neither large nor complicated, but just sufficient for those mild and simple cases which the general practitioner may safely and properly treat himself, without the trouble or expense of going to a specialist. Indeed we think the book will prove valuable to the country and village practitioner who may be remote from help by a specialist. The author has the good sense to tell his readers very plainly, that topical management to be effective must be joined to correct internal medication and suitable hygeinic regulations. We think it too much the habit of specialists to trust local treatment exclusively, ignoring altogether constitutional and hygienic agencies. The author further commends himself to approval in his general conservatism in the matter of treatment. He rarely advises anything like harsh or violent means, and very justly condemns the foolish habit of wholesale douching and blowing to cleanse the parts. We very heartily commend the book to the profession and the laity.

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Medical Items.

FOR SALE.—Practice of $8,000 per year, in a Western town of 30,000 population. For particulars address this Journal.

CELERINA, in doses of a fluid drachm three times a day, is said to destroy the craving for alcoholic liquors. See advertisement, page II, of this remedy in this number of the PERISCOPE.

A PATIENT who manifestly mistook the fever thermometer for a catheter, somewhat nonplused her doctor, when he was about to take her temperature, by volunteering the information that she had just urinated.

AS a preventive of Asiatic cholera, Dr. Constantine Hering, in his "Homœopathic Domestic Physician," says: "The surest preventive is sulphur; put half a teaspoonful of flowers of sulphur into each of your stockings and go about your business; never go out with an empty stomach, eat no fresh bread or sour food. Not one of the many thousands who have followed this, my advice, have been attacked by cholera."

THE MEDICAL PROFESSION IN THE UNITED STATES.—The *New York Medical Times* informs us that, "In Chicago there is one doctor to every 548 inhabitants; in St. Louis one to every 475; in Denver one to every 260; in Idaho one to every 51; and in Wyoming one to every 30." We should next like to learn the degree of mortality in each of these states.—*Homœopathic Review.*

THE ACTION OF ETHER ON THE KIDNEYS.—It was stated at a late meeting of the American Gynæcological Society that *chloroform* had been substituted for *ether* in all cases in which there is any renal disease. *Ether* has a peculiarly irritant action upon renal structures in a pathological state. In chronic Bright's disease *ether* induces uræmia by suppression of the ordinary secretion.—*New York Medical Times.*

STRAHAN; THE EVIL EFFECTS OF PERINEAL PRESSURE FROM BICYCLE RIDING IN GROWING BOYS. (*Lancet*, September 20) The writer reaches the following conclusions: The pressure upon the perineum whether it be continuous and increased at every jolt, or whether it be made up of jolts alone and be *nil* in almost imperceptible interval, must be injurious. It must cause irritation and congestion of the prostate and surrounding parts, tend to exhaust and atrophy the delicate muscles of the perineum, and also call attention to the organs of generation, and so lead to a great increase in masturbation in the timid, to early sexual indulgence in the more venturesome, and ultimately to early impotence in both. For support of the latter conclusion the "disease of the Scythians," and the impotence among the Tarters from horse-back riding are cited.

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ORGANIZATION OF THE ALUMNI ASSOCIATION OF THE HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA.—On the evening of December 4th, 1884, an adjourned meeting of the Alumni residing in Philadelphia and vicinity, was held in the lower lecture-room of the old College, for the purpose of effecting the permanent organization of the Alumni Association. The proposed constitution and by-laws were read and adopted. They provide that the name of the organization shall be "The Alumni Association of the Hahnemann Medical College of Philadelphia." Its objects shall be to promote the interests and extend the influence of the Alma Mater, to advance a higher medical education and to secure intellectual and social benefit.

Any physician on whom has been regularly conferred the degree of the Homœopathic Medical College of Pennsylvania, or the Hahnemann Medical College of Philadelphia, and honorary members of said institutions, shall be eligible to membership.

The annual meeting shall be held in Philadelphia on the night before commencement.

An election took place for officers, with the following results:

President—Dr. Augustus Korndœrfer, (Class of '68), Philadelphia.

Vice-Presidents—Drs. W. B. Trites, '69, Phila.; Horace F. Ivins, '79, Phila.; J. H. McClelland, '67, Pittsburg.

Permanent Secretary—Dr. Wm. W Van Baun, '80, Phila.

Provisional Secretary—Dr. Clarence Bartlett, '79, Phila.

Treasurer—Dr. Wm. H. Bigler, '71, Phila.

Executive Committee—Prof. Wm. Tod Helmuth, M. D., '53, New York City; Prof. A. C. Cowperthwait, M. D., '69, Iowa City, Iowa; Dr. John C. Budlong, '63, Providence, R. I.; Dr. Chas. H. Lawton, '71, Wilmington, Del.; Drs. Wm. B. Van Lennep, '80; H. Noah Martin, '65; Isaac G. Smedley, '80; John K. Lee, '51, and Joseph C. Guernsey, '72, of Philadelphia.

BARLEY WATER FOR MILK.—The dilution of cow's milk with water for infants and children is a grevious mistake. It renders the milk less nutritious, thereby making it necessary to give a larger quantity at more frequent intervals, in this way impairing the child's digestive powers. Barley water will act advantageously, but, says the *Medical Age*, much depends on the proper preparation of the barley water. Take an ounce of pearl barley and wash it in cold water, then put it in a vessel containing half a pint of water, and let it be gently heated over the fire, so that the water just simmers a few minutes; now pour off this water, replace it by a pint and a half of water and boil down to a pint, and you then have barley water.

ACCIDENTAL cures like the following are frequently met with and easily explained by the homœopathic physician: "Harry Sayles, a farmer living near Charlotte, Mich., who for the past nine months has been unable to walk on account of rheumatism, was sitting in his house a few days ago while his hired man was carrying a hive of bees through the room. Accidentally the hive was dropped upon the floor, causing the bees to escape, and Sayles was stung in a hundred places, causing him great pain, but resulting in a cure of his rheumatism. He is now able to walk, and declares himself free from any rheumatic ailment.—*Evening News*.

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ABOUT POISONED SNAKES.—Sir Joseph Fayrer, who has been investigating snake-poisoning, says that to him one of the greatest of mysteries is that a poisonous snake cannot poison one of its own species, scarcely its own congenors, and only slightly any venomous snake; but it kills innocent snakes quickly. A vigorous cobra can kill several dogs, or from a dozen to twenty fowls before its bite becomes impotent, and then the immunity is of brief duration, for the virus is rapidly re-secreted.—*Hall's Journal of Health.*

THE London *Medical Press* gives a list of "duly qualified pratitioners" who act as shields and sign death certificates for a large batch of British quacks headed by a notorious dispenser of "blood medicine" who calls himself "the Rev. Mr. Silverton." This particular quack is said to have made a great deal of money, and pays liberally for "professional backing." The same sort of quacks are rapidly increasing in this country, and will require similar "backing." The greatest wonder is that so many people can be found willing to take up with such nonsense.—*N. Y. Med. Times*

THE SUN AS A SOPORIFIC.—Sleepless people—and there are many of them in America—should court the sun. The very worst soporific is laudanum and the very best is sunshine. Therefore it is plain that poor sleepers should pass as many hours of the day in the sunshine and as few in the shade as possible. The injurious effects of shade is very noticeable in plants growing in secluded places, and ladies who are accustomed to carrying sunshades. The invigorating power of sunlight is infinite, and he whose Skin is tawny seldom requires a pill.—*Hall's Journal of Health.*

COCAINE OINTMENT FOR PILES.—Dr. F. A. Burrall writes: "Please mention in your coca literature that the coca leaves treated with heated lard and an alkali, form an ointment resembling stramonium ointment, which seems to possess soothing properties. Applied to the tongue it leaves an impression similar to that produced by a solution of muriate of cocaine. This ointment, prepared at my request by a leading pharmist of this city, has been used in three cases of hemorrhoids with the effect of of alleviating pain. The muriate of cocaine will, I think, be found of service in such cases, and this alkaline ointment is also worthy of further trial as a local anodyne."—*Medical Record.*

DR. J. D. COLLINS, of Covington, Ky., reports in the *Cin. Lancet and Clinic* a case of lacerated perinæum which was successsully operated on without pain by the use of hydrochlorate of cocaine. A cloth saturated with a five per cent solution was laid between the labia extending into the vagina which had previously been thoroughly washed out and dried. In addition ten drops of the solution were thrown into the cellular tissue on either side of the labia. In about twenty minutes the parts were thoroughly anæsthetized and the operation was proceeded with.—*Medical Era.*

ONE of the handsomest and most unique and original ideas in chromolithography is the Columbia Valentine, just issued by the Pope Manufacturing Co., of Boston, Mass. The design is in twelve colors, from a painting by Copeland, of Boston, is mounted on a panel, and is a genuine work of picturesque art, representing, in three scenic sections, the morning, noon, and night of 'cycling.

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THE *Columbus Medical Journal* says: "Just as we go to press, we learn that a bill creating a Board of Examiners, similar to the one proposed for Ohio, has just passed both branches of the Virginia legislature, and is now a law."

The New York legislature is laboring with a similar bill. Its committee recently gave a hearing to the opponents of the bill, and mark who were there: The medical colleges of the State, including the disreputable United States Medical College were there. "The World's Dispensary," of Buffalo, by its founder, "Dr." Pierce, he of the "favorite prescription," was there; and Warner's "Safe Remedy" Co., of Rochester, was there; significant gathering. A motley crowd, but with a common interest. If the quality of medical students is improved the quantity will diminish and the colleges suffer. If the quality of the doctors is improved, fewer of them will prescribe these nostrums, and the manufacturers will suffer. *Hinc illæ lachrymæ.*

But the fact stated above distinctly shows where these private corporations, yclept medical colleges stand. They have shown their hand and the profession at large must prepare themselves accordingly, *The colleges will oppose anything that conflicts with their pecuniary interests.*

There will be individual exceptions among the colleges, of course, but we have italicized the rule of action that will prevail with the vast majority. —*N. Y. Med. Times*

HOMŒOPATHY IN AUSTRALIA.—The homœopaths in Australia have in process of erection a hospital, which, when completed, will, though not the largest, be the most effective building in Australia. This is the first homœopathic hospital in the Southern Hemisphere, and all that is wanted in Australia now is a supply of *young*, *earnest*, *genuine* homœopathic physicians. There is a good field and any amount of room all over the colony. Melbourne alone could take a number, although there are about 250 doctors of the old school practicing in that city. The homœopaths only number some half a dozen, who are very independent and have as much as they can attend to. The hospital authorities are now in search of a suitable resident physician.—*Hahne. Monthly.*

A GOOD PHYSICIAN.—"Who is your family physician, George?"

"Dr. Smoothman."

"How did you employ that hair-brained creature?"

"Oh, my wife once asked him if he could tell why she always had cold feet, and he told her they were so small they couldn't hold blood enough to keep them warm. She won't have any other doctor now."

Too much latin—*Miss Philadelphia*—"And so you enjoyed your tour of Europe?"

Miss Boston—"Oh, indescribably!"

"Did you see the aqueducts in Rome?"

"Yes, and they swam beautifully."

"Swam! What swam?"

"The aqua-ducks, of course."—*Ex.*

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COMPARATIVE MORTALITY.

DEATHS FROM ZYMOTIC DISEASES IN THE PRINCIPAL AMERICAN CITIES.

The following is a comparative statement of the mortality from the principal zymotic diseases in the leading cities of the United States for the year 1884:

	Total Deaths.	Small-pox.	Measles.	Scarlatina	Diphtheria	Whooping Cough.	Thyphoid Fever.	Diarrhœal Diseases.
Baltimore	8,293	1	228	104	343	120	151	672
Boston	9,622	1	13	209	345	181	216	855
Brooklyn	14,030		114	218	382	223	107	2,196
Chicago	12,471	2	319	409	761	127	435	1,290
Cincinnati	5,681	22	69	64	74	33	164	329
New Orleans.	7,114	291	149	24	95	45	56	479
New York	34,760		742	257	1,070	485	387	1,346
Philadelphia	19,897	35	96	540	680	107	662	981
San Francisco	4,911	1	9	16	79	31	150	112
St. Louis	7,887	*4	33	161	425	32	166	718

*In addition to this fifty deaths occurred at the small-pox hospital. During the year, 137 cases of small-pox were sent to Quarantine.

IN THE FEBRUARY CENTURY, articles in the War series are: First in importance General Grant's long-expected paper on "The Battle of Shiloh," which is accompanied by a large number of portraits and illustrations drawn from photographs or minute descriptions. General Grant narrates circumstantially his own relations to the engagement, and gives frank estimates of general officers on both sides, together with personal reminiscences of the field. A supplementary paper from a Confederate point of view is contributed by Colonel William Preston Johnston, on his father, General Albert Sidney Johnston, and the Shiloh campaign, including a running description of the battle, of which the writer has made special study. Two excellent portraits of General Johnston accompany this paper. General Thomas Jordan, the Confederate assistant adjutant-general at Shiloh, makes record of his experiences in the battle. Four maps appear with these papers. Three brief articles are grouped under the convenient title "Memoranda on the Civil War," the first being an account by General Fitz John Porter of the circumstances attending the offer to Sidney Johnston in 1861 of the command of the Union armies in the field.

YELLOW FEVER AND INOCULATION.—Dr. Domingos Freire, of Rio Janeiro, has succeeded in attenuating the virus of yellow fever. With this he has inoculated five hundred people, who, by reason of their occupations, were especially liable to contract the disease. They afterward exhibited symptoms of a light attack of yellow fever, but were quickly cured and have remained well ever since.

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THE ST. LOUIS
PERISCOPE
—AND—
CLINICAL REVIEW.

VOL. VIII. ST. LOUIS, MO., MARCH, 1885. No. 3.

Original Communications.

MIND NOT MATTER.*

BY I. D. FOULON, A. M., LL. B., ST. LOUIS.

Professor of Medical Jurisprudence in the Homœopathic Medical College of Missouri.

Ladies and Gentlemen of the Graduating Class:

The time is no more when one man could master the sum total of human knowledge. Modern research has not only removed to an indefinite distance the bounds of what was formerly known, it has also discovered new sciences, new lands for intellectual exploration, whose dim horizons retreat as we advance, and seem to have no real limit but the infinite. Whithersoever he turn his gaze, whatsoever path he choose, the student sees before him a journey which even a lifetime must leave unfinished. He feels that if he is to make respectable progress in any direction, he must give up the exploration

*[This paper was originally delivered some years ago, as an address, on behalf of the Faculty, to one of the graduating classes, of the Homœopathic Medical College of Missouri. Since then the author has used it, with extemporaneous modifications and amplifications, as one of the lectures of his course on insanity. At the time of its first delivery, the Faculty of the College requested the author to publish it, and, since then, each succeeding class has renewed the request with such persistance that the author cannot help but acquiesce. After some hesitancy, he has thought best not to re-write the discourse, so as to give it the form of a magazine article, but to leave it in its entirety, as originally written for purposes of public delivery.]

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of a hundred other inviting provinces of the realms of science, and great as may be the sacrifice, he generally makes it, for the principle of the division of labor has crept beyond the workshop and into all departments of human activity, so that in the professions, as well as in the trades, he who would succeed is, in a sense, almost compelled to be a specialist. Thus it comes to pass that, as a rule, the divine knows little outside of his theology, that the lawyer crams his head full of little else than precedents and authorities, and the physician cares for but little outside of his own immediate science.

That the public may, in this way, be better served than they could otherwise, is perhaps true, but it cannot be doubted that, whatever of depth the student himself may have gained in the knowledge of his profession, he has more than lost in breadth of character and extent of general information. In a word, the tendency, nay, the result of our present culture, as soon as it passes the bounds of superficiality, is *one-sidedness*.

The profession of your choice is certainly a noble one. "Heal the sick!" was one of the injunctions of the glorious Nazarene, your work, like His, is to be one of practical philanthropy, which it is far from my thoughts to belittle; but, noble as it is, your profession deals only with bodily ailments, its studies are of physical phenomena, its purpose to understand physical functions and to regulate, or control them, by material forces, and this constant study of and dealing with the physical, has a natural tendency to throw the spiritual into the background, to obliterate the clearness of the distinction between mind and matter. In a word, it has a tendency to materialism, a tendency evidenced by results, since in no other profession can there probably be found so large a proportion of materialists.

In my humble opinion, materialism is not only scientifically untenable, it is also big with practical mischief to its

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adherents and to society at large. Therefore, when I was informed that, in my absence, the Faculty of this College had imposed upon me the honorable task of addressing you in their behalf on this occassion, it occurred to me that, of all the subjects which we have discussed during your course, there was none which I would rather recall to your attention at this time, when my words may perhaps borrow strength and weight from the occasion, than that of the distinction between mind and matter.

The materialist believes, or at least teaches, that nothing exists in the universe but matter, and that matter, organizing according to its own inherent laws, evolves intelligence, which is but one of the manifestations of material forces. The brain being evidently the centre of intellectual activity, the materialist gravely asserts that it secretes thought in the same manner as the liver secretes bile.

If this doctrine be true, let us by all means adopt it, but, in adopting it let us remember that we adopt its logical consequences. There is, there can be no moral quality, good or bad, in material forces; the tornado and the thunderbolt may do harm, but we cannot conceive of their doing wrong; the sunshine and the rain may do good, but we cannot think of them as doing right. Now, if the brain secretes good or evil thoughts, as the liver secretes bile, or if thought or feeling be but an electrical force evolved by friction or chemical changes in the particles of matter composing the brain, where is their moral quality? If the will be but an evolution of material force according to the law inherent in matter, and necessarily evolved under certain conditions, where is its freedom? Evidently, under this hypothesis, good and evil intent are alike impossible, and right and wrong are figments of the imagination, or at most synonyms for healthy and unhealthy action. Then Charles Kring and Phelim O'Toole, Tweed and

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Peabody, Arnold and Washington, nay, Judas and Jesus, stand upon the same moral plane, for the actions of each were but the necessary result of the evolution of thoughts, feelings, and volitions, not according to choice, but according to the inherent laws of the matter composing their brains. Then, too, all systems of civil government that have ever existed, having for their bases the distinction between right and wrong, have been grounded upon falsehood, and should be destroyed root and branch. In social and political questions, your nihilist is really the most logical, if not the only logical materalist of the age.

Before we accept such a belief, before we subscribe to a creed which, if followed to its necessary, logical conclusion, must turn the whole world topsy-turvy, we are surely entitled to the strongest evidence of its truth.

Now, what are the facts adduced, the arguments advanced in favor of this revolutionary theory? Briefly stated, they are: that we know not mind except as connected with matter; that what we call mental activities first manifest themselves at birth, grow with the body, are affected by its state of health, decay with it, and finally, as far as we can see, cease when death supervenes; that chemical analysis has shown that the greater the amount of mental activity, the greater the amount of brain substance is worn out and passes away—which indicates, they say, that this substance was used up in evolving mental activity. Upon these and similar arguments coupled with the assumption that our external senses are our only reliable witnesses, and that through them we know matter and do not know mind, the whole fabric of materialism rests.

Now, in the first place, if mind be an emanation of the brain and is dependent upon the physical nature in the same sense as an effect is dependent upon a cause, it would follow that the development of mental power should universally be in

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proportion to the development and symmetry of body. Then, what will you do with your wry-necked Alexanders, your distorted Æsops, your infirm Popes and Gibbonses and Byrons, your diminutive Napoleons, your almost dwarfish Thiers?

And what does the lessening of mental activity with the weakening of the body prove? Here again, if the relations between them be those of cause and effect exclusively, there should be no exception to the rule, and we know there are. But, passing beyond that I repeat: what does it prove? Seat your Rubinstein at a new Steinway Concert Grand and he will elicit from it wonderful music. Now, let age or accident destroy the elasticity of the piano's action, let its strings be strained and broken, and what can your genius do with it? Yet he is there and lacks—what?—only a proper *instrument* to manifest his skill. And if rheumatism should cramp his fingers, you would still say he was there, lacking nothing but the use of his fingers as instruments, and you would say the same if a sudden stroke of paralysis should make both hands and arms permanently useless. Then, when the brain itself, instead of the brachial plexus, becomes partly or wholly paralyzed why must you jump at the conclusion that your Rubinstein is no more? Can you, fresh from the study of anatomy, tell me wherein the substance of the nerves of the arm differs from the substance of the brain itself, that you could say that the former were but instruments of mental power, while the latter is the creator of that same power? In a word, is not the close connection usually observable between the condition of the body and the discernible sum of mental capacity and activity at least as consistent with the idea that the body, and in particular the brain, is the instrument as that it is the creator of mental power? If so, the fact proves nothing whatever in favor of the materialistic creed!

"Through our senses we know matter, but do not know

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mind!" If that were true, it would prove nothing except upon the further assumption that our outward senses were our only reliable source of knowledge, but it is not true. We have no knowledge of the essence of matter any more than of the essence of spirit—we know the qualities, or rather some qualities of matter, just as we know the energies, or perhaps some energies, of mind, and there our knowledge stops. Take any material object and see what you know of its substance. I look down into your orchestra, and I see the violin of its leader; I see that it has a certain form and certain dimensions as well a certain colors, and that it is made of something which I call wood. I take it into my hand and I discover that it possesses weight, resistance and temperature; I return it to its master and I discover that, in conjunction with the strings and the bow, it has agreeable, sonorous properties. Now, suppose that I take it apart and examine its every portion, that I submit its every part to chemical test and to the searchings of the microscope, and when I shall have spent a life-time in the study shall I know what is the essence of a violin, nay, shall I know what is the essence of the matter of a single particle of the wood of which it is composed? Essence is that to which properties attach and is therefore necessarily distinct from those properties; Subtract all the properties, the essence will remain. Now, what is the essence of the violin? Is it its sonority, or its length, its color or its weight, or its temperature, or is it all these together? No, these are but qualities or properties which must inhere in or adhere to a substance, which pre-suppose the existence of substance, but which are distinct from it necessarily. But the materialist believes in the existence of that violin just as firmly as I do, in other words he *infers* from the testimony of his senses to the existence of certain qualities or properties, the existence of a substance which he has never seen, felt, heard, touched or smelled.

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But, says one, admitting that we can know nothing of the substance of either matter or what you call mind, it remains true that we know the properties of matter through our senses, while those senses tell us nothing directly of what you call the energies of mind, and I reiterate my creed in this form: I will not and do not believe anything exists whose properties or energies are not manifested to my senses. Well, now, don't you? No? Let us see! Materialists are not all members of Bret Harte's Society on the Stanislas, but most of them are "scientific gents;" you, my friend, are probably no exception. Now, let us here, in imagination, try a little scientific experiment, first suggested not in a discussion of this sort, but for the sole purpose of showing the relations existing between sound and light—a question of purely physical science.

Let us suppose, right upon this stage, a steel rod, free to vibrate, and so connected with appropriate machinery that its vibrations may be multiplied indefinitely, more than has ever been done in mechanical practice, but not more than occurs in nature, Now, darken the room completely and turn on your steam. Stretch out your hand and you feel the vibrations of the rod, but all is dark, all is silent. Soon, however, the vibrations increase to say thirty-two per second and you hear a low hum which grows in intensity and climbs the degrees of the scale until it sounds as sharp as the note of the cricket. A little more and everything relapses into silence and darkness. What is the matter? Has the rod ceased vibrating? Stretch out your hand and report! No, it throbs faster than ever, too fast for the auditory nerve to receive any impression from those vibrations. Engineer, more steam! What is that? The rod becomes warm and warmer, and now it gives forth a faint red glow which brightens constantly until, passing through all the colors of the solar spectrum, it reaches a violet hue. Now open the throttle valve and let us see what we shall see! What?

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The light has gone out and all is again the silence of death, the darkness of Egypt. What is the matter now? Have the vibrations ceased? No, they are too rapid for the ophthalmic nerves —eight hundred billions of impulses in a second they will distinguish, but we have passed that point. More steam, more steam! Fire up! Let us see what we shall see! But we can see nothing—and yet the vibrations are there. Are they powerless? Tell me, my scientific friend, have you ever heard of the chemical rays of the sun? Oh yes, and you have heard too, that they consist of those vibrations which are so rapid that the eye cannot distinguish them, and you believe this. Well, my friend, have you ever felt these vibrations, have you ever heard them, have you ever smelled them, tasted them or seen them? No, you say, but we know of their unseen existence through their seen effects. That simply means you have abandoned your original position and reason from the perceived effect to the unperceived and unperceivable cause. If so in physics, why not so in metaphysics; why not from the perceived effects of mind to the unperceived and unperceivable mind?

Nay, let us go one step farther: Does not he who admits the existence of thought, feeling and volition even as mere emanations of matter, confess, at the start, that he recognizes the existence of some things which are not apprehended by the outward senses? Indeed, to be logical, ought he not to admit further that, since his senses, which make him cognizant of the existence of material qualities or properties, do not disclose thought, feeling and volition, as properties inhering in or energies evolved from matter; they must be properties or energies of something outside of matter?

And does the fact that the material of the brain is worn out in proportion to the amount of mental activity indulged in prove that the waste matter has been used up in evolving men-

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tal force? Let us answer that by another and similar question: Does it follow that because the more a steam engine works, the more its pistons, and valves, and packing wear away—does it follow, I say, that the force which drives your trains, propels your steamboats, or runs your mills, is the product of the decomposition and wastage of the metal and of the tow?

Mind is the product of matter organized in a certain manner, says the materialist: but organization is not creation, it is, after all, but a compounding, and it can evolve nothing which was not inherent, though perhaps latent, in the elements of which the organization is made up. Your watch-spring gives no force but that which you have stored into it, your gun-powder, has no power but that of the nitrogen which it holds in mechanical and chemical combination until a spark sets it free. So too, thought, feeling, volition, if they are material forces, must have existed in the ultimate elements of which brain and nerve matter are composed. Then Milton's "Paradise Lost," Beethoven's symphonies, Raphael's paintings, Michael Angelo's sculptures, the very thoughts and feelings which now animate you must have existed at least latently from all time, in the material elements which compose your brain. The bread you eat, the water you drink, will in the course of nature be in part transformed into brain matter, and in less than a year, if the teachings of physiology are true, your entire brain will have been renewed. Then, the thoughts and feelings you will then have, will all have resided originally in your victuals, as those you have now must have been in latent existence in the food you have used during the past year. Ah, my friends, if you knew just what Hahnemann ate and drank (since the laws of nature are uniform and constant) what eminent homœopathists you might become! But, tell me, have you ever heard any one claim that he had discovered the elements of a sonata or of a poem, of love or hatred, of a curse or a prayer, in the ulti-

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mate elements into which chemistry resolves the substance of the brain? If not, in the name of common sense, why claim them as the products of those same elements in the brain? If the factor in each individual element composing the whole, be zero, let some one in the *infant* class tell me what the total must be!

But, let us advance one step farther: Mental activities depend for their manifestation, upon the existence of life; so do physical activities: but is life itself a material or a spiritual force? Let us see! Where do you find life? Only in organized beings. The materialist says it is the effect of organization; I say it is its cause. Much depends upon this issue. What test shall we apply to it? Why, the ordinary test of science: Effects endure as long as their cause continues to act. If life be the effect, and organization the cause, life must exist so long as organization lasts. Now, an animal body is composed of precisely the same elements a minute after death, as it was a minute before, and if, as the materialists claim, the tendency and power to organize were inherent in these elements, organization, and hence life, would be endless, the body would be immortal. But the subject you last dissected had, so far as you could discover, not only the elements necessary to organization, but a complete organism; it had what the materialist would call the cause, but life, the so-called effect, had left it; then, organization could not, in it, have been the cause of life. If, on the contrary, organization be the effect, and life the cause, then organization will exist so long as life exists, and will then cease; and you know that when life ceased in your subject, organization not only ceased but disorganization rapidly set in. Then life is the cause, and organization the result. Now, if you bear in mind that causes must precede effects and that they are necessarily external to them, it follows from what precedes, that life, the cause of organiza-

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tion in matter, must have preceded the existence of the organization and been external to it. But this force which presides at the organization of matter, since it is external to it, what is it, if not spiritual?

What is the ultimate basis of all the knowledge of any sort that we may possess? Evidently, the knowledge of our own existence, for if we do not exist we cannot perceive existing objects. But how do we know that we exist? Our senses testify to that says the materialist. But how do we know that we have senses? Well, because we are conscious of exercising them. Anything else? No! Then our knowledge of matter rests ultimately upon our consciousness. Now, that same consciousness testifies not only to the existence, but the permenent identity of the *ego*, of the thinking force or being. But if that *ego* be but the product of properties, or activities, inherent in matter (and the materialist says they are *inherent*, as indeed they must be, if they are part and parcel of matter), and if you will bear in mind that inherent properties are not, in their nature, transferable, that they come and go with the matter in which they inhere, I ask you, who are fresh from the study of physiology, and who know that the entire matter of the body passes away in about a year, how a man of seventy, who has had as many physical bodies as he has years, could be and have the consciousness of being the same individual he was on that memorable day when he stepped forth from dresses into pataloons? The phenomena of memory, the consciousness of personal and continuing identity are facts which cannot be denied, and which are absolutely inconsistent with the materialistic hypothesis. But, further, the knowledge of our existence is not more truly based upon the rock of our consciousness than is the fact that ours is a *responsible* existence. The *I ought*, is pronounced to be a fact by the same authority that declares the *I am* to be a reality, and that

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authority, as I have endeavored to show, is the court of last resort in physical as well as in meta-physical questions. But the existence of the sense of *the ought*, call it what you please, is inconsistent with the theory of materialism, and consciousness, in affirming its existence, once again declares that that in which the sense of duty resides, or from which it emanates, is immaterial; in other words, is spirit and not matter.

Some years ago, there was published in *The St. Louis Clinical Review*, an article from the pen of an Indiana physician, which claimed that crime was a physical affection, "the effect of a diseased condition," the result of a "defect in cerebration," and could be prevented and cured by the proper administration of certain drugs, such as *Belladonna*, *Melilotus*, and *Cuprum acet.* To make my meaning plainer, permit me to quote one single paragraph of a reply to this purely materialistic theory, made by me shortly afterwards, through the columns of the same journal:

"I venture to say that no sane man has ever been found, who believed sufficiently in the doctrine that wrong doing or crime is a disease, to act upon it. Perhaps the author of the REVIEW article has children. If so, I dare say that when he catches one in a lie he does not give him *melilotus* 10.000^{x} or any other drug, according to his theory, but that, if he does anything, he applies a slipper poultice at some distance from the main cerebral ganglia. If, on some dark night, the victim of what he calls 'too violent brain action,' should waylay our theorist and rob him of his valuables, we doubt very much whether, in the event of his assailant's capture, he would request the judge to allow him to administer the prisoner a few doses of *belladonna* 2,000.000^{x}, and then send him forth a regenerated man, a model citizen. If, as he walks along the streets with his wife, some victim of the deranged cerebral action, which, according to our author, is

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produced by 'idleness and wealth,' should insult her, we hesitate to believe that the doctor would say to him: 'my dear fellow, your liver is out of order, call at my office this evening, and I'll give you a dose of *Cuprum acet.*, which will make of you an angel of virtue. But if he spanks the disobedient child, if he prosecutes the robber, if he knocks down the insulter of his wife; and likewise, if at any time he rewards his child for some good action, and praises the savior of human life or the protector of innocence, he does it at a retribution, and retribution implies responsibility, and responsibility excludes the idea that crime is a disease." In other words, it excludes the materialistic theory.

I have said nothing of the necessary bearing of the question I have treated upon practical religion, I have barely indicated its bearing upon the greater question of man's immortality. More than one argument in favor of my theme, I have not even hinted at, while I have rather suggested than elaborated those I have used. Some things I should like to say I must leave unsaid, for the time has come when we must separate—you to begin, we to continue the practice of our respective professions. Equipped as you are, you ought to meet with financial success; you certainly would if it could be insured by the wishes of your late instructors. But, if in your estimation mind were but an emanation of matter, a material force or essence, and hence duty only a figment of the imagination, I should fear that you never would realize the highest satisfaction of a professional life, which is in the sense of duty done, rather than in the size of one's bank account.

We part now, but, if life be the cause of organization, the cessation of the effect need not destroy the cause; if the *ego* remains conscious of its identity and continuous moral responsibility while our successive bodies pass away, there is no reason why it should not remain conscious of its identity

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and moral responsibility when the latest (and for that reason only, the last) of our bodies shall have passed away. In other words, there is no reason why we should not meet again, though our paths may never more cross each other on this side of the grave.

Science has led us thus far and to the veil that separates the Holy of knowledge from the Holy of Holies of faith; its hand points beyond the veil; but here, it, and with it, for the present, I, must stop.

For my colleagues of the Faculty and for myself, I now bid you not farewell, but *au revoir*, or *auf wiedersehen*, here or YONDER.

Society Proceedings.

ST. LOUIS SOCIETY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

CATALEPSY.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS, MO.

FEBRUARY 2, 1885.

By catalepsy, we mean a condition in which there is a more or less complete loss of consciousness and voluntary motion and a rigid state of the muscles of the body, which latter is preserved for a greater or less length of time, in exactly the position assumed at the onset of the attack. If the subject is in the midst of a speech, and his right arm raised to give force to his arguments, it will remain in the upraised position for a length of time and then slowly and almost imperceptibly fall to his side. During this time the patient is quite unconscious and the body firmly rigid. An old professor occasionally had cataleptic seizures, during which he would suddenly cease talking, retain the position held at the time of attack, and, after a few

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moments, go on with his lecture, totally unaware of the fact that a slip of his conscious life had been snatched from him. His lecture was always resumed at exactly the point at which he had left off. The appearance of a subject of catalepsy is almost precisely like that of death. The skin is very pale, and generally of a waxen hue; the surface of the body is cold, generally from two to four degress below the normal temperature of the body; the heart's sounds are scarcely audible, while the fact that the patient breathes can only be discovered by the closest observation. In cases of true hysteria and ecstasy the breathing is very perceptible. If a leg be placed up above the body it will remain there an indefinite length of time; if an arm be extended at right angles from the body it will retain its position for several moments, and perhaps for an hour or more. This particular muscular condition is peculiar to catalepsy. An old-time physician relates an instance where the patient became cataleptic just as she was putting a cup of tea to her mouth. It is not reported that any mishap occurred, and she finished the beverage at the conclusion of the attack. A subject of this complaint in Bellevue Hospital remained upon his back for a considerable time (the limbs were placed in position by attendants), with both arms and one leg raised high in the air He was unconscious during the entire time. I had a young married lady under my professional care some time ago, whose case at the beginning opened up in a comical way. She had been run down and was nervous for some time, and one dark, stormy night, about bed-time, her whole body suddenly became fixed and rigid. Her husband, in his fright, raised her right arm directly in front of her body, in such a way that the fixed arm and fingers pointed directly at him. The white ghastly face and upraised arm of justice were too much for him. In a few seconds of time he recalled the sins of his youth, and several others he had committed since his marriage to the

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woman before him, and with one terrified look he fled from the house and appeared at my office with his eyes as large as young sugar-bowls, and his hair standing up all over his head like a new feather duster. Under appropriate treatment the lady recovered, and more than that, her husband has since become one of the most obedient and dutiful of men; for he has a vague, undefined impression that the hand of heaven had something to do with that case, and he has kept his toes straight up to the line of husbandly duty ever since. One of the principal causes of this dfficulty is an inherited nervous temperament, which predisposes one to nervous disease. Most subjects have relatives that are afflicted with hysteria, epilepsy or insanity. Most of the cases met with are women, and the disease is developed most frequently at about the time of puberty. Fright, anger and grief are often exciting causes. When Covent Garden Theatre last burned down, a young girl in St. Mary's Hospital awakened suddenly and saw the fire. She was greatly excited all night, and the next morning she had a cataleptic fit. Van Sweiten tells the story of a woman who was roasting chestnuts in a frying-pan, and kept continually stirring them to keep them from scorching. While doing this she was suddenly seized with catalepsy. While watching her she vomited two worms, when the catalepsy passed off, and she had no return of the disease. Catalepsy and epilepsy may interchange, and cases are on record of one disease taking the place of the other. In olden times it is altogether probable that subjects of catalepsy were but too frequently buried alive. A mistake of that kind could scarcely happen now, for the application of themirror to the mouth for the purpose of detecting moisture; the placing of the hot iron to the bare flesh to determine whether a blister can be made, or the ligature of a finger or toe, and the knowledge obtained as to whether the circulation continues—these are means that should always be employed in doubtful

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cases. I could point you to a lady now in our midst who was carried to the cemetery while under the influence of this disease, and only recovered consciousness as she was being lowered into the grave. The last test mentioned would certainly have determined her true condition. In the Lutheran cathedral at Madgeburg there is a monument erected to the memory of the Frau von Asseburg. She is represented as a mature woman, kneeling in front of a block of stone, and by her side is her husband. Stretching outward from her side is a goodly line of daughters, and from the side of her husband an equal line of sons. The inscription relates how this noble lady was, after her marriage, taken sick, and, under the supposition that she she was dead, the body was placed in the family vault. Fortunately the vault was left unlocked, and regaining consciousness in the night, she returned home to her husband, and in time bore all this fair family after her strange experience in the tomb. There is still a custom kept up in some parts of Germany of placing a bell above the public receptacles for the dead, and fastening the hand of the corpse to the rope, so that it may be rung by the chance victim of burial before death. Hysteria, ecstasy, trance, the clairvoyant condition—all these may be at times associated with the disease under consideration, but catalepsy is a distinct and separate complaint. The disease is undoubtedly feigned, too, at times, but can be detected. If a weight be attached to the upraised leg of a true cataleptic, the limbs will gradually be drawn down to the level of the body. A case suspected of feigning had a weight attached to the leg, and thinking he must hold it up he exerted all his strength to keep the leg from being pulled down. The test was explained to him, when he confessed the imposture. I shall have nothing to say of mesmerism, nor of the false mesmerists of our day who take the spare change of a confiding public much more frequently than is good for the pocket-books

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of the gullible people. Years ago the treatment of these cases was somewhat different from that adopted now. We read of a particular case, that, although pale and very weak, she was bled once from the arms, many times from the feet, and seven times from the neck. When she was pretty nearly dead they gave her iron and she got well. They got hold of one poor man, and after giving him all the things above mentioned, and many more besides, they happened to think of leeches, and they put them on; they thought again, and they blistered him; a final thought came, and they gave him an emetic. He was still a sick man, when some one came along and "threw him into the water to surprise him." It did surprise him, for he opened his eyes, saw the doctors all standing beside the water, and with commendable sagacity and prudence he made what haste he could in an opposite direction. His good wife assisted him by a back and round-about way to his home and safely locked him in. No doctors were admitted from that time. His wife kept him closely housed day and night, fed him freely three times in the twenty-four hours on hot soup, and to the great astonishment of the medical fraternity and the entire surrounding country, the man recovered, and is well to this day.

A subject of catalepsy is weak, debilitated, run down, anæmic. Her blood is usually pale, thin and watery, and the will, like that of a subject of hysteria—greatly impaired. The rational mode of treatment—and the successful one as far as my experience goes—is to give the patient, as soon as possible, a good strong body. She must have strong, rich, red blood, and it must be made with all the rapidity possible. By the time her body is thoroughly nourished her nervous system will have been strengthened and become far less impressible, her will-force stronger and her mind better balanced. To obtain this result her circumstances and surroundings should be made as pleasant as possible, and all causes of worry and other men-

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tal care removed. She should have plenty of sunlight, daily exercise in the open air, and bright, cheerful company.

No case of this kind should be put upon exhibition. As soon as the "Senator from our district" is invited to see her, an ex-Governor calls, and three or four judges drop in accidentally, her troubles will be aggravated, and she will manage to have an attack every fifteen minutes in the twenty-four hours. Nothing can be done with the case if she is made the principal in a side-show. The people come to look, and she gives them something to look at, and so it happens that in a little while she imagines the universe moves around her little tent and gazes at its greatest curiosity. For the time being she is the big frog in the puddle, and she likes the food her vanity gets so well, that she sticks to her disease with fully as much persistence as the disease sticks to her.

The way having been prepared, she should receive good strong tonics, such as iron, phosphorous or strychnia. The sooner she can become a big eater and thoroughly digest and assimilate all she puts into her stomach, the sooner will she become well and strong. The digestion and assimilation of good, substantial food is the fire and steam of the engine, and this means strength and force to the human body. The daily diet should be the thoroughly substantial foods, such as beef, game, fish, oysters and milk. Vegetables and fruits should also be partaken of freely. Real, healthy, mental and physical work, are due to a healthy, normally-acting make-up, and good foods give to these force and character. Our subject should also receive regular sleep. She should sleep well enough, and long enough to repair the daily waste of the body, and, like a good business man, have a little capital left over for a rainy day. This is my mode of treating catalepsy, and it is the treatment, too, to be adopted in a host of other nervous affections.

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DISCUSSION.

REPORTED BY W. B. MORGAN, M. D., ST. LOUIS.

Dr. Comstock.—Catalepsy is a disease we read about, but see little of in practice. About a week after I graduated I thought I had got a case. I was called in haste to see a good looking, red haired young woman, whom I was told upon my arrival was too far gone for me to do anything for. She was rigid and at first glance seemed to be at death's door, but examination showed that her heart and pulse were all right, and I took a more hopeful view of the case. I told the people in her presence that it would be necessary to shave her head and apply a blister to the scalp. I called for shears, but I hadn't got more than one clip at that red hair before she got out of there. I decided that the case was not one of catalepsy.

Dr. Campbell.—I have known an old man, who at times lost the power of moving his eyelids. Perhaps that case belonged to the same category as catalepsy. A distinction between hysteria and catalepsy would seem to be that there is more of the voluntary about hysteria. The hysteric patient wants to, but the cataleptic cannot help having a fit.

Dr. Parsons.—I infer from the remarks of Drs. Kershaw and Comstock, that if the heart and pulse are normal in a given case, it is one of hysteria, but if the circulation is depressed it is catalepsy. I am glad to know of so easy a method of distinction.

Dr. Kershaw.—The hysteric patient retains consciousness to some extent: the cataleptic becomes entirely unconscious, the heart's action and respiration become almost, if not quite imperceptible. The temperature falls, the skin becomes waxy and loses its sensibility so that pins may be thrust into the flesh without causing pain or arousing the patient; and the limbs, though they yield readily to passive movement, yet remain for a long time in whatever position they may be placed. There is none of that forcible resistance to efforts of movement that is seen in some other conditions.

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JANUARY 19, 1885.

Dr. Franklin read a paper upon "The Prevention of Cholera."

DISCUSSION.

REPORTED BY W. B. MORGAN, M. D., ST. LOUIS.

Dr. Comstock.—I do not think the river water is good unless it is filtered; I do not want any sand bar in my stomach. To prevent the ravage of cholera or any other disease we ought to clean up, keep our habits good and avoid overcrowding. These things are necessary whether the cholera comes or not. I do not see how people can think there is any advantage in drinking river water when cholera is around. It would be more likely to be contaminated than any other kind of water. It used to be thought that the use of cistern water was a safeguard, but the experience of Galveston, that was supplied with cistern water during the last epidemic disproved the theory. But I think good cistern water is best to use in cholera times. I think that many of our recently built houses are very intelligently plumbed and ventilated.

Dr. Kershaw.—A great many of the best houses in the city have their bath room and water-closet centrally located, and so that air from these places is sucked into the furnace flues and carried to all parts of the house. I think water-closets should be entirely detached from houses. I think too, that it would be an advantage to get water higher up the river.

Dr. Wilcox.—I think defective ventilation is a cause of much sickness, and I think some of the public schools are open to censure in this respect. At any rate I have seen decided improvement, in some children by keeping them home from school. H. W. Beecher, has said "the man who knows how to ventilate perfectly has not been born," and I think it is a subject that needs more careful study.

Dr. McKibben.—It seems to me that, if the authorities have power to fill up wells, they ought also to be able to prevent the crowding together of so many people in a small space, as we find in some tenement houses. I think Dr. Wil-

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cox is mistaken about the public schools. I am sure that the school rooms are better ventilated, better lighted and better warmed than the majority of the houses from which the children come.

Dr. Franklin.—I do not think we have a proper man for Health Commissioner. In the army Gen. Stevenson's quarters were never noted for their extra sanitary condition, and we do not hear of any very active measures he has taken since he was transferred from the water to the Health Department. In a sickly locality where I suspected there was something wrong with the sewer connections, I last week put a bottle of perfumery into the man-hole of the sewer in the street and it could be smelled in nearly every house in the block. I reported the circumstance to the Health Department, but no attention was paid.

DECEMBER 9, 1884.

Dr. Comstock.—Read a paper on "The Therapeutics of Hot Water." He referred to its well known uses as a local application in sprains and other inflammations. By its use as a gargle he had aborted sorethroat, and taken internally it had relieved many cases of sick headache. Against sea sickness he believed it the most effective agent—incomparably superior to the bromide of potash, etc., frequently used in that complaint. In dyspepsia, he thought it washed out the stomach and toned it up, and relieved more of the symptoms of that hydra-headed complaint than any other remedy. In reference to the last illness of Charles Summer, he said it had been reported that he was taken with a fit of colic after a hearty supper. His physician injected Morphine for his relief and the case resulted fatally; whereas, if he had had a warm-water emetic, the result might have been different. In such cases the rule "*tolle causaine*" should be followed.

DISCUSSION.

REPORTED BY W. B. MORGAN, M. D., ST. LOUIS.

Dr. Cummings.—By hot vaginal injections I reduced the temperature in a case of threatened puerperal fever a degree in two hours; to-day I prescribed an apple and a cup of hot

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water, to be taken before breakfast, by a woman troubled with constipation. With it I have checked hemorrhage after miscarriage, and in one case relieved a severe pain supposed to be located in the Fallopian tube. In a case of cholera morbus too, a warm water emetic gave prompt relief, but in a case of cancer of the stomach, it aggravated the pain and hemorrhage. I think that a doctor who should give Morphine after a heavy meal ought to go to the penitentiary.

Dr. Edmonds.—The use of hot water is one of my hobbies. Preissnitz went to the other extreme and taught that cold water was the panacea. His method has helped some persons, but killed many. Warmth and moisture have a soothing and emollient effect that can hardly fail to be beneficial in most any complaint. There has been so much said lately about the use of hot water in uterine diseases that, it is almost superfluous to say anything further in that line, but I have a case I want to speak of. A woman who has produced about two dozen miscarriages by the use of a probe, has got herself into such a condition that her womb measures 4 inches, and she has an alarming hemorrhage nearly every month. Dashing about a cup full of hot water up against the os, is the only means of stopping that flooding that I have discovered yet. The thirst allaying quality of hot water was forcibly brought to my mind by a case about ten years ago. The patient had a booming fever with great thirst for cold water, which was soon vomited. I gave Acon, and watched the case for some time without seeing any improvement. Finally, I persuaded the patient to take a cup of hot water. He soon broke out in a prespiration, with an abatement of all the symptoms.

Dr. N. Franklin.—I think there is a rational guide to the use of hot or cold water. Cold will check an inflammation at its beginning or congestive stage; after its full development hot applications promote resolution.

Dr. Campbell.—As a rule I never use cold applications to the eye; warm or hot ones serve me better. I have a theory as to their mode of action. It is that they relax the veins, and so facilitate the removal of blood from the inflamed or congest-

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ed part. For sore throat I have found a gargle of hot salt water efficacious.

Dr. Edmonds.—In deciding between a hot or cold application, I am generally guided by the patient's inclination. If he does not have any choice I direct hot ones. Indeed, I believe that many cold applications do good only after they have become warm.

Dr. McGoon, of Indiana.—As long ago as I can remember, my mother used to take hot water for her sick headaches. I regard it as an excellent palliative in hemorrhoids, and I have known a confirmed dyspeptic to gain 30 to 40 lbs. in a year from its systematic use.

Dr. McKibben.—Some women complain of fulness and flatulence after its use. Would its continued use overcome this trouble?

Dr. Comstock.—I think so. There may be exceptional cases where it would not agree, but I have had no trouble of that kind. I think it is better not to drink too rapidly.

Dr. Gundelach.—I believe it is customary at watering places to walk out to the springs and take a drink the first thing in the morning, waiting afterwards about 2 hours for breakfast. This manner of using water is undoubtedly advantageous.

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Surgical Department.

A TRUE MYOMA DEVELOPED IN THE LINEA ALBA.

S. B. PARSONS, M. D., ST. LOUIS.

Mrs. B.——aet 25, mother of one child, which is now three years old, first noticed a swelling on her abdomen two years ago. It was then about the size of a hickory nut, hard to the touch, round and smooth, and appeared to be firmly fixed to the deep structures as pushing it from side to side had only a slight effect to cause it to change its position. There was a little tenderness on severe pressure, and an occasional pain would dart through it and last but an instant. Its growth was gradual until she came to the Good Samaritan Hospital in January last, and there was also an increase of pain as the tumor became extensive in dimensions. It did not appear to have any connection with any of the organic functions for no matter what changes or derangements, or events took place, there was no perceptible influence manifested on the tumor. Nothing seemed to check nor increase its progress. The skin covering it was natural in color and not adherent to any part. In measurements it was 5 inches across the top, and 6 inches in height, when in the erect position, but less when lying down. When standing with her clothes on the patient's appearance in front resembled a pregnant woman at near full term, and who "carried her child high up." At her home in the country and elsewhere various opinions have been expressed by physicians who had examined her, as to the nature of the complaint, some contending it was an ovarian tumor, others that it was a malignant disease, and still others who thought it a growth "between a cancer and an ovarian tumor" in character, and

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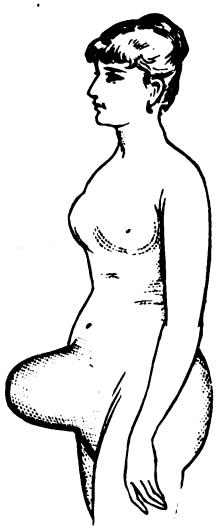
that its removal was sure death. To the touch it presented a disk-like form in shape, hard in some parts and semi-solid in others, or rather an elastic feel, slightly lobulated, and more or less moveable, and by deep pressure appeared to have a constricted portion near its point of attachment to the abdominal parietes. From its history, absence of impulse when coughing, locality, freedom of all the abdominal and pelvic organs from derangements either functional or organic, it was evident to my mind that it had no direct, and probably no indirect connection with any of the internal structures, but on the contrary



developed within the fibrous tissues of the linea alba. Based upon this view an operation was considered justifiable and so stated to the patient and her friends, who had been frightened nearly out of their senses by the different stories reported to them by physicians and others, of the terrible nature of her trouble, its incurability, and certain death if operated upon, etc., and after no little persuasion she gave her consent for its removal. She was anæsthetized and an incision made the whole length of the tumor from above downward through the skin

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and superficial structures down to the tumor and with the handle of the scalpel and fingers it was separated from the surrounding parts until the point of its most intimate connection was reached lying in the centre of the growth on its posterior surface. Upon a close examination the constricted part or pedicle was found to run below the layers of the external oblique fascia, and when these and the fibres of the internal oblique were divided was then seen to have its origin in the transversalis-fascia, which was divided, as was the peritoneum also in the dissections necessary for its complete excision. The wound in the peritoneum was sutured with carbolized silk, and the ends cut off short, carbolized drainage tube inserted the whole length of the wound to prevent the possibility of pocketing of pus, the edges of the external wound brought together and held by carbolized silk threads, and a dressing of iodoform on absorbent cotton applied and held by a flannel bandage.

There was very little traumatic fever following, but the abdomen was quite largely swollen and tense for a few days, then gradually subsided to its normal size. When the wound was quite healed, the patient had a sudden sharp attack of phlebitis of the left leg extending from the posterior tibial at the ankle to the external iliac. The foot and lower leg were considerably enlarged, but under local applications of hamamelis tincture, and bell.[3] internally, the inflammation was subdued in the course of a week, and the patient is now nearly recovered from the operation and subsequent phlebitis.

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Correspondence.

DIPHTHERIA AND BACTERIA.

BUFFALO, N. Y., February, 1885.

Editors Periscope:

I see by the January number of the PERISCOPE, that your St. Louis Homœopathic Society has been having a discussion upon Diphtheria and Bacteria. This I am glad to see, for, as Hahnemann so truthfully and forcibly said, "the agitation of thought is the beginning of truth," and certainly, nothing more earnestly demands agitation than this subject. But, at the same time, it seems to me that neither medicine nor science ever had a more simple question to settle. Let me try to present some points so simply and clearly, that nobody can fail to comprehend and understand them.

1st. Diphtheria is one of the most prominent of all the so-called bacterial diseases.

2d. The membranes of diphtheria are always constructed of fibrin.

3d. The fibrin of which the diphtheritic membranes are constructed, previously existed in fluid form in the blood.

4th. Under congestion, this fluid fibrin begins, "as soon as the blood ceases to circulate," to coagulate into "molecular granules," which rapidly arrange themselves into rows, then join together, under a strong mutual attraction they have for each other, into rods, which next join end to end into threads, and these threads then interlace to form the membrane.

5th. Thus far our way is clear and certain. That is to say, these points are all absolutely true and definitely settled, so that no amount of doubt or contradiction can disprove or overturn them: And

6th. It is just as absolutely true that fibrin, in organizing from the fluid state as it circulates in the blood, into the diph-

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theritic membranes, under congestion, *exactly imitates* all the more common forms of the so-called bacteria, in size, in color, in form, in behavior, etc., or produces them all out of fibrin. Indeed, it is absolutely true that the "molecular granules" of fibrin, which first appear under congestion, and which *must be developed*, else the membrane could *never* be formed, are the so-called micrococci of diphtheria, which are by far the most numerous of all the forms of the assumed bacteria. And it is just as true that the rods of fibrin, which the granules of it join to form, are the so-called bacilli, the next most common form of bacteria; while the spiral bacteria are from such portions of the fibrin, or of the fibrin granules, as form the spiral threads of fibrin under favoring conditions.

7th. The form, the size, the color, the demeanor, the mode of the developement, of the different fibrin forms, are, I repeat, in each, precisely like the corresponding bacterial forms. No human eye, no microscope I care not what its power, no human discernment, can point out the slightest distinction, or difference, between the two sets of forms, each as compared with the other. Then why should there any longer be a doubt that the two are the same? There could never be a diphtheritic membrane, unless the fibrin went through just those forms to develop it.

8th. It is equally true, and one of the fundamental principles of nature, that all organic forms break down, under decay and the disintegration therefrom, in the exact inverse order of their primary organization. Hence the diphtheritic membranes, when they break down under ulceration, or decay, in the throat, or elsewhere, first break up into sections, which next separate into the threads of fibrin that compose them; then these threads speedily break in pieces, or rods, and these into shorter and shorter pieces, and finally down to the individual granules that compose them. And in this retrogade metamorphosis they exactly reproduce again all the common forms of bacteria, the baccilli, the spirilli, the micrococci.

Can anyone dispute the fact, that organic nature does break down under decay in the inverse order of its primary

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organization; and that the membranes of diphtheria must, under ulceration, or the rotting of malignant action, disintegrate first into the threads of fibrin that constitute them, when these threads must break in piéces, and finally back into their component granules?

To illustrate and sustain several of the foregoing points I will give quotations from Oertel. He says:

"The vegetations in the pathological products of diphtheria consists, as already stated, principally of spherical bacteria (the micrococcus), accompained by a larger or smaller number of bacterium termo, represented always by the smallest form known, and this occurs so constantly that in every part where a diphtheritic infection has appeared, there the tissues and exudations are filled with these bacteria. * * * * * In secondary infection of wounds, tracheotomy incisions, and ulcers, the grayish, skin-like false membranes, as well as the tissues themselves underlying them, are crowded with these organisms."

"If the disease increases in severity, we can always demonstrate a progressive increase of these organisms in the infected parts, and in the discharge from the fistula established by cutting into the trachea. I have repeatedly demonstrated a rapid and great increase of micrococcus and bacterium termo, a short time before the formation of a diphtheritic layer on the edges of the wound and the occurrence of consecutive symptoms. These forms, when found in company with other vegetable organisms—although they may have been present in ever so small numbers—give evidence of a far greater vigor in the process of growth, and they soon overgrow and crowd the others aside. Thus, when a thin, slimy layer has formed on the tonsils, in cases of catarrhal inflammation of the mouth and fauces, and a diphtheria then sets in, the bacteria and higher forms of fungus, first living and growing in this layer (the leptothrix buccalis, odium albicans, and cryptococcus) disappear quickly, and their places are supplied by extensive colonies of micrococcus and bacterium termo, the cells of both these varieties being found singly as well as in rows throughout every part of the mucous membrane."

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Now, all this is precisely what would and does occur in the formation of diphtheritic membranes out of fibrin. The fibrin is exuded both into the mucous membrane and upon its surface, where it stagnates, and then at once, or soon, begins to coagulate into granules, which unite into rods, and these into threads, and the latter into the membrane. And all this will sometimes take place, as is well known, almost as quickly as the fibrin will coagulate blood out of the body. In drawn blood the fibrin organizes in the same way into granules first, then into rods and threads; but, of course, in the latter case, it is coagulated in mass, as the blood is in mass, and not spread out thinly over a living surface, with more fibrin being slowly but constantly exuded from beneath to carry on the further organization of a membrane, as in diphtheria.

The "bacterium termo" are simply two granules of fibrin, partially, but not fully united to each other in the process of forming rods (or, under-rotting, they are partially separated from each other); therefore, if the reader will supply the words, granules of fibrin, for "micrococcus," wherever the latter occurs in the quotation, and two granules of fibrin partially united, for "bacterium termo," he will see how exceedingly simple this whole matter is made. These two forms of fibrin have *got to be there*, or the "skin-like, false membranes" could *never be constructed;* and being precisely like these two forms of so-called bacteria, can there be the least question that the latter are simply fibrin forms? And yet neither Oertel, or any other bacterist has ever made the *slightest* allowance for the presence of any forms of fibrin, either during the formation, or under the disintegration, of a diphtheritic membrane. How do they suppose those membranes are formed, or disappear? Do they think they are spoken into existence, and out of it, without method or process, without integral parts at first, and without debris at last? One would think so.

Again, Oertel says, as will be seen, that the micrococcus and bacterium termo (granules of fibrin), arrange themselves "in rows throughout every part of the surface of the mucous membrane." Of course they do and must, or they could

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never organize into threads to form the membrane. Many times I have seen granules of pure healthy fibrin arrange themselves into rows to organize into threads; and hundreds of times have I seen such threads disintegrate, under rotting, into granules that were then also arranged, that is, left in rows, as is *always* the case under both these conditions. It will further be seen that O, says, that as the membrane is about to be formed, or a short time before "the disease increases in severity, we can always demonstrate a progressive increase in these organisms." How could there be the formation of a membrane, or additions to it, of granules of fibrin, of which it is certainly made, without a "progressive increase" in, or upon, the part where formed, of said granules to make the membrane? So the whole matter comes right back to one of the simplest questions in all medicine.

Had this fibrin explanation been made, before the bacteria explanation was offered, there would not have been the slightest possible chance for the acceptance of the latter. The originators of it would have been asked at once, where they placed the granules and other forms of fibrin that made the membranes primarily, or that they disintegrated into under ulceration, what they had done with them, or why they utterly ignored them? And they would have been ridiculed without mercy, for their utter want of all true scientific thought in the matter—as will yet be the case.

In conclusion, and from all the facts given, what must be said of the treatment of diphtheria by germicides, and the effort to destroy "germs" that only exist in the imagination of the theorists? We see how futile and fatal it must be, and we know how fatal it has been. Indeed, there is nothing so safe, so sure, or that can reduce the death rate of this dread disease down to, or below, ten per cent. but the purest practice of Homœopathy—*and this has and can.*

Sincerely thanking you and other members for your kindly expressions in favor of my views,

I remain yours very truly,

ROLLIN R. GREGG, M. D.

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Selections.

EPILEPSY FROM INFLAMED OVARY.

October 6th, 1883,—Fanny S., aged 15, was brought to me for treatment for epileptic fits. These had made their appearance about two years previous and continued at irregular intervals since, occuring several times a month, but always during menstruation and worse on the first day, as many as three or four seizures occurring in one day. Had been under allopathic treatment for some months without benefit. Examination showed the presence of a sore spot on the left side in the ovarian region, which was worse during menstruation, but always sensitive. This had first appeared after she had hurt herself in getting over a fence. In other respects, health good, except a caprecious appetite. Is fond of gay company, with a passion for theatres, balls and dancing.

Prescription, pulsatilla, one drop in half a glass of water, one teaspoonful to be taken every two hours. Advised a non-stimulating diet, avoidance of all excitement and change of scene. This advice was followed and the patient taken into the country where regular hours were had and rest secured. From then until now (although she has returned home), has had no more fits, and is in perfect health. Query, can "splaying" secure any better result than homœopathic medication?—B. F. Underwood, M. D., in *The Homœopathic Journal of Obstetrics.*

Case of Hysteria Simulating Death.—In the summer of 1884, whilst spending the night in the country, and whilst writing in a lower room about midnight, I was hastily called up stairs to see a young lady, the patient of another physician. She was lying on her left side, breathing very rapidly, not less than fifty times a minute, and with a running pulse, 150 or more, and very feeble. She was apparently unconscious, and could not be roused. After making the attempt to arouse her and turning her on her back, I again felt her pulse, and found it evidently feeble and more rapid, whilst the respiration was still more frequent and more shallow than a minute previously. I turned to the nurse, and said in a low tone: "She appears to be dying." Scarcely had I whispered these words when the pa-

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tient gave a deep, gasping breath, such as we often see as a final respiratory effort, and then ceased to breathe. The pulse at the same moment was nearly, though not entirely, extinct. I whispered to the nurse: "I believe she is dead." I immediately instituted movements of the arms and on the chest, for the purpose of restoring respiration, continuing them for two or three minutes; but in vain. She lay as if dead; her eyes glaring widely. Placing my thumb and finger on the lids to close them, I felt her wrist with my other hand, and found the pulse still flickering, and at the same time observed a peculiar movement of the eyeballs under my thumb and finger. This movement was a sudden twitch, barely perceptible, quick as an electric spark, and repeated at intervals of ten or twelve seconds. This singular movement of the eyeballs, together with the persistent, though scarcely perceptible, cardiac action, turned my thought to the suspicion of suspended animation. At this juncture the patient, by a sudden jerk, sprang up in bed in a sitting posture and resumed consciousness—the heart and lungs instantly resuming their normal action. She immediately began to implore me not to let her die, and repeated the request so earnestly and persistently as to lead to the inference that she had heard my whisperings to the nurse, which she afterwards acknowledged.

In tracing the history of this patient, I learned what would have prevented the supposition of death, had the history been known to me previously. She possessed a remarkabl nervous temperament, both from inheritance and indulgence, and was subject to hysterical paroxysms somewhat similar to that above described. Being entirely ignorant of this leading fact, it was scarcely surprising that I should have fallen into error when abruptly brought face to face with the phenomena described; for assuredly I never witnessed a paroxysm so simulating sudden death, in a practice covering more than half a century. What significance attaches to the singular twitching of the globe of the eye I cannot say; but probably it is considerable. The case may not be of much importance, but it is presented to the reader for what it is worth. It may at least illustrate the fact that a medical practitioner is never too old to learn, or to hit upon things new to him in pathology.—H. GIBBONS, SR., M. D. in *Pacific Medical and Surgical Journal.*

THE TREATMENT OF RINGWORM.—Alder Smith, M. B. (*British Medical Journal*), gives the following: I desire now to call attention to a treatment for recent ringworm, where it does not extend over any large extent of surface. It is not a new remedy by any

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MERCURIAL TREATMENT OF DIPHTHERIA.—Dr. A. Jacobi, in an article entitled "The Medicinal, mainly Mercurial, Treatment of Pseudo-Membranous Croup" (*Medical Record*), concludes as follows:

1. The mercurial treatment of pseudo-membranous affections of the repiratory organs is promising a great result.

2. The corrosive sublimate is the preparation best adapted for internal medication.

3. The system must be brought under its influence speedily by frequent doses.

4. It must be given in dilutions of 1 to at least 3,000 to 5,000.

5. Babies of tender age bear one-half grain and more a day, and many days in succession.

6. Salivation and stomatitis are observed, and appear to heal kindly. Gastro-intestinal disturbances are not frequent; they are moderate, and can he avoided by the administration of mucilaginous and farinaceous food, or of mild doses of opium.

7. If not well tolerated, the inunction of sufficient and frequent doses of hydrargyrum oleate takes the place of the corrosive chloride, either together or alternately with the internal administration.

8. The treatment may be preventive to a great extent. Most of the cases are complicated with or descend from diphtheria of the fauces. Here the preventive treatment of croup must begin. Without desiring to encourage mere local treatment, which in unwilling patients involves a resort to force, and thereby does great harm, I point to the peculiar effect of mercury on the pharynx, both in the healthy and sick, as a means to influence invasion of the larynx.

TRACHEOTOMY WITHOUT A TUBE.—The danger and inconvenience connected with the tracheotomy tube *per se*, are sufficiently great to have aroused a desire for some device which would obviate them. The matter was the subject of discussion before a late meeting of the Philadelphia Acadamy of Medicine. Dr. J. B. Roberts said he had had so much difficulty in keeping the tube clear that he had discarded it entirely, and instead cut out a rectangular piece of the trachea and stitched the edge of the opening to the skin. He found this to answer better than the double canula which is liable to become choked with secretion. Dr. Packard had operated in this manner, but feared to adopt it as a general rule lest constriction of the trachea occur through cicatrization of the opening on healing. He instanced one case in which this had occurred. He thought the testimony in favor of tracheotomy without a tube was, however, very

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strong. Dr. J. H. Brinton recalled two cases in which the tube had been dispensed with. The membrane was readily ejected and there was far less trouble than from the tube. Both cases, however, died from the diphtheritic infection. Dr. Nancrede regarded the danger from ulceration from the irritation of the tube as sufficiently great to warrant the adoption of such a substitute for it as had been suggested, and the sentiment of the meeting was in favor of according a trial to the method of performing tracheotomy which should dispense with the canula.—*Med. Age.*

PIN SLING.—Dr. Sampson Gamgee, Consulting Surgeon to the Queen's Hospital, Birmingham, describes in the *Lancet* a convenient device for a sling, which will commend itself for its simplicity. A gentleman consulted him for a painful condition of the tip of his little finger. To secure the benefits of physiological position and immobility he bent the elbow at an acute angle and raised the hand; then pinching up the sleeve at the wrist he fixed it to the coat by a strong safety pin. With another pin he attached a fold of the sleeve to the coat just under the elbow. Rest was absolute, the fingers waxed pale and easy, and the patient went to his office duties in comparative comfort. A third pin, fixing the inside of the arm to the body of the coat, adds greatly to immobility. In this position Dr. Gamgee has found one pin very useful in steadying the shoulder of a young lady who had had it dislocated three times. She had barely recovered from the last accident when she was very anxious to go to a ball. By fixing with a safety pin, the inside of the sleeve to the bodice, a trusty, yet invisible checkmate was provided, allowing freedom of hand but barring abduction. These are trifles, only noted apologetically, because *pro re nata* they may be useful.

ULCERATED CERVIX UTERI—PEROXIDE OF HYDROGEN.—This agent has been known and used in the arts for some time, and has also been used in medicine, chiefly for its antiseptic properties, as it is one of the most potent destroyers of bacterial life. Its action on pus is remarkable. If a few drops of a ten-per-cent. solution be brought into contact with pus a brisk effervescence begins and continues until all the pus is completely destroyed. Its chief therapeutic value lies in its cleansing, antiseptic, and painless action upon foul ulcers. It is also useful in purulent ophthalmia, otorrhœa, gonorrhœa, etc., and as a mouth wash or gargle; it may also be mixed with glycerine and applied on absorbent cotton to the ulcerated cervix uteri. The account given of it is most flattering.—*Medical Era.*

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of knowing that his death is only the rounding up of a symmetrical and well spent life. He is gathered by the heavenly Father a ripe sheaf into his garner. Sustained by an unfaltering trust, he has "wrapped the drapery of his couch around him and laid down to pleasant dreams."

AMERICAN INSTITUTE.—Preparations are already being made for the reception and care of the members and visiting physicians in attendance upon the American Institute Convention, which holds its annual session in St. Louis, June next.

WESTERN ACADEMY.—Do not forget that the Western Academy meets in St. Louis on the 28th, 29th, and 30th of May next. Sessions will be held in the Lindell Hotel hall, and this noted caravansary has been secured for the resting and eating place of the members.

THE commencement exercises of the Homœopathic Medical College of Mo. were held on the evening of March 5th, at Memorial Hall, at 8 o'clock.

MISSOURI INSTITUTE OF HOMŒOPATHY.—The Missouri Institute of Homœopathy convened in this city on the 5th of March, holding a two days session. The meetings was held in parlor 22, Lindell Hotel.

Personal.

DR. S. B. PARSONS, the Surgical Editor of this journal, has so far recovered from his late protracted illness, that he now devours a quail, tortures a patient, or collects a fee with all his old time vigor and industry.

MRS. DR. M. B. PEARMAN, of this city, is at present in the sunny land of orange blossoms, far away from winter's rigors, which have given our city but little respite for the past three months. She is expected home about March 1st.

IT gives us sincere pleasure to announce that the lady directors of The Children's Hospital of St. Louis, have placed Dr. Charles Vastine, on the Visiting Staff of physicians, vice-Dr. Collisson, transferred to the Consulting Staff.

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It is with sincere regret, that we announce the serious, protracted illness, of our esteemed fellow citizen, Dr. William Collisson. On the 16th inst. he was subjected to a severe surgical procedure, at the hands of Prof. S. B. Parsons, assisted by Drs. Comstock, Harris, Gundelach and Edmonds. The operation was skillfully and successfully performed, and the distinguished, worthy patient is making such satisfactory present progress, as to encourage the hope that he may ere long be at the post of usefulness and activity.

Book Reviews.

Repertory to Eczema; by Charles Milespaugh, M. D., Binghamton, N. Y.: Chatterton Publishing Company, New York, 1885.

The frequency and occasional obstinancy of Eczema, together with its proneness to shade off into and complicate with nearly all the forms of skin inflammation, render a full and complete knowledge of the disease, both as to symptoms and treatment. A matter of the first importance to the general practitioner as well as the specialist. This modest little book gives the therapeutics of the subject in a clear, plain, concise form.

The March Century.—Recent events lend special interest to the opening paper in the March Century on "The Land of the False Prophet," by General R. E. Colston, formerly of the Egyptian General Staff, and leader of two expeditions in the Soudan. General Colston's article was written early in October, yet he seems to have anticipated the obstacles with which the British expedition has had to contend, and the information he conveys throws much light on subsequent events. Numerous illustrations and careful maps aid the descriptions: and a portrait of General Gordon, from a photograph made in 1867, is worthy of note.

Four profusely illustrated articles are comprised in the March contribution to the series on the American Civil War; and they are remarkable both with respect to the pictures and to their historical importance. Colonel John Taylor Wood, the senior surviving officer of the *Merrimac*, describes the combat with the *Monitor* as seen within the *Merrimac*, and entitles his paper "The First Fight of Iron-Clads." This is followed by a graphic account of what took place "In the *Monitor* Turret," by the late Commander S. D. Greene, who commanded in the turret, and relieved Admiral Worden when the latter was disabled in the pilot-house. General Colston who, during the fight, was "Watching the *Merrimac*" from the Confederate works on Sewall's Point describes the scene in a brief paper with the above title. In the third part of the "Recollections of a Private," Warren Lee Goss describes the march

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up the Peninsula with McClellan. Several subjects are treated in "Memoranda of the Civil War," notably the conduct of "General R. S. Ewell at Bull Run," who is defended by Major Campbell Brown against statements made in General Beauregard's article published in the November CENTURY. The defense consists mainly of a correspondence which passed between Generals Beauregard and Ewell.

In this number of THE CENTURY Messrs. James and Howells continue their respective serials. The astronomer Langley concludes his papers on "The New Astronomy;" Mr. John Bigelow prints his "Recollections of Charles O'Conor," the famous lawyer; and Mr. Stephen M. Allen his "Reminiscences of Daniel Webster," each article being accompained by a full-page portrait. Rev. O. B. Frothingham has a striking essay on "The Worship of Shakespere." Besides the verses in "Bric-a-Brac," poems are published by Stedman and Cheney.

The editorials deal with "THE CENTURY War Series," the cholera, and "Freedom of Discussion." In "Open letters" The Claims of Chicago" to future preëminence are discussed; and among other matters "Progress in Forestry," and "The Blue and the Gray."

The first edition of the February CENTURY was 180,000, a subsequent edition bringing the circulation up to 210,000. The first edition of the March CENTURY is the largest first edition of this magazine yet printed, namely, 190,000.

WHEN a new drama has proved successful, it is customary for the audience to call the author before the curtain. They have a curiosity to see what sort of man it is that created the play that has amused and instructed them. There is something very much like this in regard to our great newspapers; their editorial utterances are all annonymous, but there is generally a tradition of some half-shadowy personage who has established the journal, given it its character, and constantly directs it; and the public like to have him come before the curtain now and then, to address them in his own person. This Murat Halstead, of the Cincinnati Commercial Gazette has done in the March number of the *North American Review*, to which he contributes an article on "The Revival of Sectionalism." In the same number, Archdeacon Farrar presents his views on "Future Retribution," and Prof. N. K. Davis discusses "The Moral Aspects of Vivisection" in a way that brings together briefly nearly everything that any person of note has said on the subject. Max Mulleer describes the astonishing ideas of the Buddhists on the subject of Charity, and George John Romanes opens up a great subject with an article on "Mind in Men and Animals." The other articles are one by President Gilman on Titles (chiefly scholastic), one by Judge John A. Jameson on "Speculation in Politics," and one by John W. Johnston on "Railway Land-grants."

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WILLIAM BRAITHWAITE, M. D.—Mail advices from England announce the death of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds on January 31. *The Yorkshire Post* of February 2, contains the following:

He was the oldest medical practitioner in Leeds, and in his large and varied practice he was esteemed on all hands, both on account of his great knowledge and his sympathetic and kindly disposition. Dr. Braithwaite was born in 1807, and was therefore in his seventy-eighth year His health for some time past has been such as to cause serious apprehension on the part of his family and friends, and his death on Saturday was not altogether unexpected. He was brought up by the Rev. Richard Hale, at Harewood Vicarage, and was apprenticed to the eminent surgeon, Mr. Thomas Teale, and afterward to his equally eminent son, Mr. Thomas Pridgin Teale, so that he pursued his medical curriculum under exceptionally favorable circumstances. He also studied at St. George's Hospital. The deceased gentleman began practice in Leeds, on his own account in 1830, and filled the post of honorary surgeon to the Eye and Ear Infirmary and lectured at the Leeds Medical School on the diseases of women. Though occupied in the management of a large practice, he found time to add materially to the literature of his profession. In 1840, he began a medical work which has since become widely known. Its title is *The Retrospect of Medicine*. It is published half-yearly, and has now reached its ninetieth volume. It is republished in America, where it is widely known and as highly valued as here. During the last few years his son has been co-editor with him of this journal. He married a daughter of Mr. James Beardoe, of Ardwick Green, near Manchester, by whom he survived. He also leaves three sons.

In 1840 Dr. Braithwaite's half-yearly *Retrospect* was republished by Daniel Adee, at $1 per annum. At that time there were only two medical publications on this side of the Atlantic. Subsequently by the gradual enlargement of its pages the price for the *Retrospect* was increased to $3. In 1850 *The Retrospect* became the property of Stringer & Townsend, from which year by an agreement with its editor, advance copy of his work was received in this country in time to be issued simultaneously with the London edition, for which an annual royalty was allowed. W. A. Townsend, successor to Stringer & Townsend, has continued the publication to the present time, with a constantly increased circulation and popular demand. In May, 1881, Dr. Braithwaite wrote to his American publisher the following:

I little expected forty years ago that I should live to see my eighty-second volume and that it still maintains its popularity. I am now seventy-four years of age, but feel uncommonly well, thanks to being a total abstainer from alcohol for nearly thirty years.

A letter just received by Mr. Townsend, dated February 3, from Dr. James Braithwaite, says:

I grieve to have to inform you of my father's death, which occurred on January 31 last. He died without any suffering and from failure of the heart, which had been noticeable for twelve months previously. I shall carry on *The Retrospect* with the assistance of Dr. A. G. Barre, assistant physician to the Leeds General Infirmary. I have done all the heavy work of the book for twenty-five years, that is, all the writing.

It will be seen the *Retrospect* will be published as before under his editorial charge, assisted by able colleagues. Dr. James Braithwaite's name has appeared on its title page connectedly with his distinguished father's for a quarter century.—*N. Y. Tribune, February* 19, 1885.

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THE ST. LOUIS
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Original Communications.

CHOLERA.

A FEW SUGGESTIONS WITH REFERENCE TO HYGIENE AND MODE OF LIVING DURING AN EPIDEMIC.

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

During the prevalence of cholera, the living rooms of every dwelling should be well ventilated, and the windows thrown open daily to admit all the sunlight possible. They should also be disinfected with rags saturated with bromo-chloralum, or carbolic acid; one part of acid, to twenty of water. The cellars, bath-rooms, and out-houses should be kept scrupulously clean, well ventilated, and thoroughly disinfected with chloride of lime, or carbolic acid. The burning of tar, or sulphur, in the cellar twice a week is also an excellent means of disinfecting the house. The walls of every cellar should be white-washed, and salt put into the mixture to hold

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the lime.* The vault pipes should be flushed several times daily, but the trap should never be allowed to remain open for any length of time, as, in that case, the foul air will be carried back into the house, the vault pipe of the water closet acting as a flue, or draught pipe to the main sewer. The furnace registers should be closed in all the rooms of the dwelling, and the pipes also closed at their junction with the furnace in the furnace-room. The damper in the draught pipe, should, on the other hand, be turned wide open, so that the impure air of the cellar will be carried out of the chimney, and not be sucked up into the living and sleeping apartments of the house, as will ordinarily be the case if the registers are not closed. As there is commonly a vault in the cellar, or furnace room, for the use of servants, who, as a class, are both careless and indifferent, this matter of closing the registers becomes one of great moment and importance. The registers have told me the story, many times, of a pipe and tobacco in the furnace room below; and if tobacco smoke can get up stairs to us in this way, so can foul, vitiated air, and other impurities from the

*The water-closets of all dwellings should be built outside of the house proper. A square building, just the size of the ordinary bath-room, should be erected fifteen feet back of the house, in the yard, and should be two stories high. Such a building would be entirely separate from the dwelling, and a current of air being allowed to pass about its four walls, would thoroughly protect members of the household from all impurities of the water closet. The servants could use the closet below, while the closet and bath-room for the family would be above. This room could be heated and supplied with water in the usual way. Connection with the house could be made by means of a frame porch or causeway leading directly into the second story back hall. By following out such a plan, no foul gases, or other impurities, could back-water into the house and set up the various insidious filth diseases that slowly, but surely, sap the lives of thousands upon thousands of the young and old every year. If the bath-room, with its deadly poisons, could be removed from our homes, many of the fevers of a low type would be shorn of much that is difficult in their treatment, while the number would be reduced beyond all calculation. The bath-room of the future should be built apart from the living rooms of the people. With the universal adoption of such an arrangement of out-houses, the health of women and children will be greatly improved, while the death rate, generally, would, in all probability, be lessened to a wonderful extent.

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dark, unseen, neglected corners of an unkept, dirty cellar. No water from a well or cistern in the city should be used for drinking purposes. It will contain more or less of surface-washings and impurities from neighboring vaults and sewers, with also a great quantity of vermin and other animal matter, which no amount of care and watchfulness can prevent. All drinking water should be filtered, but it is on the side of safety to boil it before using. Milk is an uncertain article, and should not be used, in the uncooked state, during an epidemic of cholera, unless it is known to come from a perfectly clean dairy, and is but a few hours old at the time of using it. It is possible that, in large cities, water is occasionally, in some way, mixed with the milk used at the tables of our people; and this is, in all probability, but too commonly obtained from wells in the barn-yard. The water from such wells must be impure because of their close proximity to the sheds and stables of the cattle. It is not likely that even first-class water improves original milk much at any time, and tainted water certainly cannot make the article better than it is when the good cow first gives it to the truthful milkman. We are all supposed to eat our little peck of impurities with the other good things of life, but it behooves every one of us to be a little dainty and fastidious during an epidemic disease like cholera. The food should be wholesome and well cooked, and no particular, or direct change made in either eating or drinking. Change of water should be avoided if possible. If away from home it is better to use tea or coffee, exclusively, than to drink water to which one is not accustomed. No exercise, or unusual physical or mental labor should be undertaken, as a condition of exhaustion, from whatever cause, favors the development of cholera. A regular, uniform condition of health should be kept up. The mind should be as free from worry and care as possible, as these lead to debility and impressibility of the

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nervous system, and this latter condition, is a standing invitation to cholera, to make the subject its victim. Cheerfulness of mind, and a disposition to look at the bright side of life, will almost certainly protect one against cholera. The 3rd trituration of Cuprum should be taken three times a day as a prophylactic. An attack of cholera can ordinarily be prevented *if the first symptoms receive prompt attention.* With the first signs of *diarrhœa*, the patient should *go to bed*, be perfectly quiet, suck small pieces of ice, if thirsty, but *drink no water.* Hot bottles should also be placed in the arm-pits, and to the feet. Vienna Camphor should then be given, every one-half hour, and a *physician summoned at once.* During an attack, the vomited matter and evacuations from the bowels should be immediately disinfected with a solution of carbolic acid—one part of acid to twenty of water. Carbolized bran, sawdust, or shavings, should at once be put into the vessel containing the discharges, and a sufficient quantity employed to absorb all the fluids, when the entire mass should be emptied into a wooden box and burnt. An out-house, provided with a grate, or stove should be used for the purpose, and a fire kept up constantly, day and night, to receive the evacuations as fast as they are passed from the body of the patient. Immediate burning of the dejecta is the safest and surest of all means of getting rid of the direct cholera-breeding poison. No other procedure can so certainly put it out of existence as this. It directly protects the patient and his friends, and indirectly the community at large.

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Kent

Society Proceedings.

ST. LOUIS SOCIETY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

PHTHISIS PULMONALIS, OR PULMONARY CONSUMPTION.

BY MRS. H. TYLER WILCOX, M. D., ST. LOUIS.

Phthisis signifies to waste.

A specific disease characterized by great emaciation, cough, hectic, night sweat, increased temp. A deposit of tubercles in the lungs by the supperation and discharge of which the lungs are consumed, hence the name "*consumption.*"

Ætiology.—Heredity figures largely, unhygienic surroundings, climate, neglected cold, improper, insufficient food and clothing, occupation, as dusty work shops, needle makers, stone cutters, chlorine and turpentine workers, painters, tobacco and cotton workers, &c.

The farmer is more free from this dread malady, and, in fact, the longest lived of all occupations. The learned profession, ministry and law, next in longevity, and the doctor following after. In women, frequent abortions and continued lactation, and frequent child birth, bad habits of dress, tight lacing, thin shoes, and insufficient protection in dress from the severe climate, want of out-door exercise, the sewing machine, sedentary labor of the needle, and household cares. Syphilis is a great cause. All inflammatory diseases and anything that weakens the vital powers may induce Phthisis Pulmonalis.

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A scrofulous diathesis is nearly allied to consumption. Acute febrile diseases beget a tendency to caseous deposit; alcohol is a frequent cause; overworked women; the continued monotonous round of cooking and washing dishes, to feed the increased number of men necessary to run the machinery of the farm, that relieves her father and husband.

In-door labor is more prolific of this disease than out-door; even hucksters and teamsters often suffer less, though exposed to the inclement weather. Of 6,000 cases of tuberculosis in a London hospital in ten years two-thirds were of in-door employment; milliners, seamstresses and tailors who live in close, dusty rooms, head the list. Climate and soil are exciting causes. A moist atmosphere conduces to this disease, and heavy and impermeable soil, says Dr. Buchanan and others, who have made diligent research herein. Dr. Koch gives the baccillus theory as the great cause. He makes the statement, based on careful observation, that one-seventh of the deaths, of the human family, are due to tubercular disease, and one-third of all who die of this cause are active men and women in middle age.

Prior to Koch it had been decided by learned physicians that tubercolosis was inoculable and communicable by inhalations of dried particles in dust; and now where is the Jenner to arise who will lessen this fearful disease by inoculation of the baccilli tuberculosis. But this theory has its opponents and unbelievers, and Dr. Gregg attempts to prove that this minute rod-like organism, is only "*rotten fibrin*," and not bacteria.

In one-fourth of all the cases, bronchial glands are affected with a cheesy deposit in the upper lobe, but cavities in the lungs of a child are less frequent than in adults. The later in life the disease attacks the longer it continues; women die sooner of it than men by two years, according to statis-

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tics. Any acute febrile disease that affects digestion and disturbs the assimilation of fat, may develop tuberculoses.

Symptoms.—Emaciation, cough, night sweat, repugnance to fatty food, dullness on percussion, sinking in of the clavicular region, absence of respiratory murmur, increase of temperature. Says an eminent authority, "a persistently high temp., say 103, for weeks, is pathognomonic of tubercular deposit." High temp. in p. m., and below normal in a. m. is also symptomatic.

Treatment.—Sulphur is said to assist the pancreas to do its work. Claude Bernard says that "experiment proves that Sulph. absorbed is excreted by and through the respiratory system," hence if the Bacteria theory is correct, does Sulph. affect the lungs as a germicide. Says one of skill in this malady, "give a dose of Sulph. every morning."

Now the nerves and tissues are starved and wasting for want of fat, but the solution and saponification of fat occurs at a temp. not exceeding 100 degrees Fahrenheit, by the ferment principle of these glands, viz.: pancreas and liver; the temperature *must* be kept below or *not above* this degree, else a destructive change by too rapid oxygenation occurs, and waste is going on. One means of nourishment is by the skin; the millions of seudorific glands or pores in the skin take up the nourishment and carry by absorption to the nerves; fowls oil I have found to act finely as an adjunct to stimulate cutaneous nerves, used indermically. Cod Liver Oil; internal and external, Reed & Carnrick's Peptonized Cod Liver Oil and Milk is fine, and palatable to the most delicate stomach. Hypophosphites too, and Hydroleine.

Changes occur in the blood of tuberculosis and diminution of red corpuscles and in increase of leucocytes. Ferrum to increase red corpuscles and carry more oxygen. For night sweats the Mineral Acids, especially Nitric Acid.

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Tall, pale, stoop shoulders, is a Phos. indication; Iodine in strumous diathesis; Beef, wine and iron; Sanguinaria valuable where symptoms indicate. In flatulence, Carbo veg. Hæmoptysis, Hamamelis, and Ergot.

Cough, if dry, at night, Hyos, and Bell. If tough mucus, Kali Bichrom. Severe cough, Spongia and Eupatorium. For diarrhœa, which in later stages annoys, China and Ars.; paint chest with Iodine. In syphilitic complications give Kali Iodidi. For red cheeks and hectic, Ferrum. Alcohol, to reduce temp., prevent destructive metamorphosis of tissue and for oxygenation of blood. Food, milk, bran and bread. But in beginning the most important thing is to feed aright. A large part of solid matter of brain is Phos., and the nerves depend on this for nutriment as the muscles do on nitrogenous food. At a recent meeting in London, "on food inspection," it is found that 40 per cent. of fine white bread is deficient in sustaining powers of nutrition, while the grain of wheat contains all that is necessary for nutrition to the human body, and that in the bran is a loss of the 40 per cent. Legislation would do well to look into this. Let humane societies for the protection of animals remember the poor human animal, who is helpless to protect itself. Lastly, for I will not tire you with suggestions, I allude to the new treatment advanced of "*intra-pulmonary injection*," to relieve cough and dyspnœa. Dr. Pepper, of Pennsylvania University, reports 200 cases of this operation, without *one* disastrous result. Also, dry, continuous inhalations, of Turpentine, Creosote, Iodine, Tar, Eucalyptus, Benzoin; moist inhalation of hot steam medicated with these, and Oxygen inhalation by hot water. Super-alimentation is highly recommended in cases of œsophegal and pharyngeal trouble, where fear of injury prevents taking sufficient food or aversion to food exists. This is performed with a long, soft rubber œsophegal tube, and milk, beef peptoniods, and Koumis, in-

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troduced. The food thus taken is assimilated, even though much aversion to eating food. Climate works wonders often. The mild climates of Florida and South Carolina, and the high altitudes of dry Colorado, California and Nebraska have favorable influence if resorted to in time.

The cold, severe climate of the North is prolific of catarrh, colds, and lung difficulties. Here sanitary care must be enjoined; the dust of carpets and heavy curtains is a fruitful source of this evil; bare floors, inlaid or painted, that get a washing, often, is good housekeeping that pays in health; sleeping rooms should be uncarpeted, and clean, and elevated; the chest should be kept warm, and painted with Iodine, and uncompressed in clothing, by stays and pads. If there is much laryngeal trouble, then feeding may also be by rectal enemas. But one point remember, and it has served me well, keep temp. near to normal, not above 100°, if you would cure your patient. I repeat here, for the benefit of the younger members of the profession, plenty of pure, out-door air, and gentle exercise; horseback riding is very beneficial.

Relief from mental worry and financial anxiety. How often is your skill baffled by mental worry that retards digestion, hence a waste results, and well does Macbeth, anxious for the relief of his conscience-stricken queen, ask of her physician, "Canst thou not minister to a mind diseased, pluck from memory a rooted sorrow, raze the written troubles of the brain, and with some sweet, oblivious antidote cleanse the foul bosom of that perilous stuff?"

I have not enumerated the half of the remedies that can be used, but you have all learned the "symptoms," and by this and by improving faulty nutrition you obtain the formation of healthy blood and thus prevent the renewed deposit of tubercle and cicitrization may occur and your patients recover. That real advances are being made in the treatment of this most

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formidable disease, the laborious research of improved science is teaching you.

DISCUSSION.

REPORTED BY W. B. MORGAN, M. D., ST. LOUIS.

Dr. Kent.—The essayist made no mention of my sheet anchors in the treatment of this disease, but I suppose that we are to discuss what was in the paper and not what was out of it. Three remedies that were prominently recommended in the paper I have learned to avoid. They are Sulphur, Ferrum, and the Acids In mucous, or pituitary consumption, Sulphur is a suitable remedy, but in other forms it only serves to hasten the disease. Ferrum and the Acids, especially Acetic, predispose to hemorrhage.

Dr. L. N. Franklin.—According to the latest pathology there is only one kind of consumption and that is due to a specific cause. The causes enumerated by the essayist were all of the predisposing variety. In the last stages of the disease I think Euthanasia justifiable.

Dr. Boyd.—This is one of the diseases that invite empiricism and there is scarcely any drug that has not been tried in its treatment. I discarded cod liver oil long ago. I am satisfied that whatever virtue it may possess is due to the small amount of Iodine and Bromine that it contains, and these can be administered in more palatable form. So far as the bacteria are concerned, these are always present where there is pus. I think it yet remains to be proved that they are the cause of tuberculosis. The pathology is a low grade of inflammation. The cheesy deposits are inspissated pus, the small miliary tubercles coalesce and form the large tubercular masses. I agree with Dr. Kent that Acids are among the worst remedies that may be given.

Dr. Richardson.—I have just been compiling some statistics of the mortality in the A. O. U. W. In the reception of members, hereditary tendency to consumption is guarded against as much as possible; yet a large number of deaths occur from this disease, and I have made some observations as

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to what localities develop most cases. Minnesota shows the highest death rate, New England and the States along the lakes come next. Formerly Colorado had fewest deaths from consumption, now Nevada has. Canada has comparatively few, and the States South of the Ohio River are remarkably exempt. The death rate from all causes, however, is greatest in the Southern States. In admitting members into the A. O. U. W. hereditary is disregarded after the 40th year. That is a safe limit, but I think there are few cases of hereditary consumption that develop after 35, or even after 30. I think that about the only advantage to be got from climate in consumption is from the absence of stormy, bad weather that allows the patient to spend most of his time in the open air. When in Colorado I remarked that at a high altitude there were no angle worms nor flies and that the lower forms of life did not thrive. I thought that, perhaps, consumptives were benefited there because the bacteria in their lungs died out. I think as many cases of consumption originate in Florida as in neighboring states. The exceedingly high death rate in Minnesota may be due to the fact that some 15 or 20 years ago that State was a sort of health resort for consumptives. The State was largely settled by a weak lunged stock and we are now getting the returns. So far as the use of acids is concerned, I have had better luck in stopping night sweats with *nitric acid* than with any other remedy.

Dr. Ordway.—I think Dr. Richardson has given the true reason for the unusually high death rate from consumption in Minn. There is little or no danger of hereditary consumption showing itself after the 35th year. I have no belief in the bacilli theory of the causation of consumption.

Dr. Boyd.—Dr. Porter, the able allopathic specialist in this city, is using Dover's powder for night sweats, a truly homœopathic prescription. I used to give sour drops, containing Sulphuric Acid, but now I generally give Aconite. Where there is hemorrhagic tendency, my remedy is Cactus. I know a lady who had a severe pulmonary hemorrhage 15 years ago, and is alive and well to-day.

Dr. Wilcox.—Ferrum undoubtedly increases the number

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of red blood corpuscles, and Sulphur stimulates the pancreas so facilitating the digestion of fat. Every effort must be made to feed and build up the patient. The æsophageal tube, or suppositories, may sometime be of service. The disease lasts longer in middle aged or elderly persons than in the young. I incline to think that the so-called bacilli are only fibrin.

Dr. Kent.—Dr. Wilcox seems to think that if the night sweats or diarrhœa are stopped the patient is cured. I say that by checking one or the other of these, you may hurl your patient into eternity. I do not expect that my treatment is going to be productive of much good in consumption, but I try to do no harm, and look to the future welfare of my patient.

Dr. N. L. Franklin.—Picrotoxin is a good remedy for night sweats.

Dr. Richardson.—Three or four years ago Dr. Boyd prepared a remedy, Calc. silicata, that confirmed my faith in attenuated remedies. In the 10^{x} or 12^{x} potency it causes one to dream of the dead every time. I would like to know whether it has met the expectations of Drs. Boyd and Kent.

Dr. Kent—I have made an extensive proving of it, but am not ready to publish it.

Dr. Boyd.—I have used it in a number of instances with success. In addition to its characteristic power of causing dreams of the dead, it impairs the vision.

March 9, 1885.

Dr. Comstock read a paper on "Primary Calculus Formations: Renal Colic from a Calculus in the Kidney.

After referring to the difficulty of diagnosing between the different calcular troubles, he narrated a case. The man had been sick some time and had been to Hot Springs. At the time he consulted the doctor he complained of malaise, diuresis, lumbar pain, and pain in the testicle. The doctor saw him in several severe attacks of pain in which there were nausea and vomiting, and well nigh collapse. These attacks came and went suddenly. Milk diet, lime water, Buffalo, and other lithic waters, Citric Acid, hot

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water internally and externally, Chlorodyne, Morphine subcutaneously, and Hydrangea and Benzoate of Lithia were successively used, with little alleviation of his sufferings. He was recommended to visit the Poland Springs, in Maine. On his way there he consulted a doctor, in Michigan, who told him he was suffering from malarial neuralgia. This upset him considerably, but he went on to the Springs and was somewhat benefitted by the use of the water. He returned to St. Louis, and, though he did not believe in the doctor's diagnosis, he called upon him for treatment. Hydrangea and Benzoate of Lithia, with copious draughts of hot water were prescribed. In December last he had an unusually severe attack, and had become pretty badly discouraged, when he voided a calculus. His health since has been greatly improved. Pain in the testicles is a pretty constant symptom. Residence at the Hot Springs, Wiessbaden, Karlsbad, and other similar places is often very beneficial in calcular complaints.

Another patient, a woman, who had been treated by a distinguished professor of obstetrics, for falling of the womb, had a calculus in the urethra.

A young lady who had been treated for some months for dysmenorrhœa, passed a calculus and recovered.

The use of Hydrangea had been first suggested to the doctor, about 14 years ago, by Dr. Hedges, who learned its use from the Indians. Hot baths and copious draughts of hot water, by the relaxation they produce, afford about the best means of relieving the colic. A patient, the other day, with hepatic colic and bordering on collapse, wanted some active measure of relief right away. A pitcher of hot water was ordered to be drunk. He thought it would kill him, but drank it and half another. He vomited, broke out in a perspiration and was thoroughly relieved. Phosphatic Calculi generally begin in the bladder. It is said that over 1,000 were removed from Chief Justice Marshall. One that is recorded weighed 6 lbs. and another 44 ounces. The doctor had seen a case in Vienna, in which the calcular deposit weighed 17⅔ ounces. There were several hundred scale-like pieces arranged about a central one that was larger than a goose egg. It was removed after death.

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DISCUSSION.

Dr. Franklin.—I have removed one that weighed over 15 ounces and there were some two or three ounces of fragments besides, and I have taken out several as large as robin's eggs. The uric and oxalic acid calculi begin in the kidney, while the phosphatic do in the bladder. The latter are of a softer, lighter texture and grow to the greatest size. Some authors say that a healthy bladder passes calculi before they get too large to go through the urethra, that they form only in people having enlarged prostates or some abnormality of the bladder. I have seen a case in which I was pretty certain that there was no disease except what was due to the calculus Authors say, too, that calculi will pass from catarrhal bladders. It is a little strange that calculi are never present in Bright's disease. By way of medical treatment, I have had good results from Gettysburg water. Dr. Guernsy said he could give medicine that would cure calculi, but I have never found any such.

Dr. Campbell.—To-day I saw a gentleman with a calculus in his ear. It is a query to me what causes the formation of calculi. I suppose that the presence of anything that will act as a nucleus favors their growth.

Dr. Parsons.—We can readily see how a foreign body may act as a nucleus for the formation of a calculus, but I have taken from a female bladder a hair pin that had been there some time andthere was no calcareous adhesion. I do not think we know anything about the formation of calculi, nor do we know why one kind is formed at one time and another at another. There is some mysterious condition of the system that we may call the calcareous diathesis. Some such supposition is necessary to explain why one person should develop a calculus while others around him exposed to the same influence do not. Dr. Comstock lays stress upon the importance of making a correct diagnosis. Of course, it is always best to make a correct diagnosis, if possible, but I would like to ask if there are no other conditions that present the same symptoms as calculi? I have seen all the signs caused by hysteria and by cancer involving the ureter, and I think there is no certain diagnosis of calculus, but to find the stone. As to the

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structure of calculi, some consist of three or four different kinds of matter, and I think that uric acid calculi do not always originate in the kidney, but may begin in the bladder as well.

Dr. Boyd.—The excretion of phosphates is increased in those who do a great deal of mental labor. I would like to know if phosphatic calculi are more frequent in that class of persons.

Dr. Comstock.—Worrying people are apt to have sugar in their urine, but I am not aware that phosphatic calculi are more frequent in those of intellectual occupations.

Dr. Morgan.—Dr. Campbell's speaking of calculi in different parts of the body reminds me of a semi-calcareous tumor, about the size of one's fist, that I found floating in the abdomen and connected by a long slender pedicle to the uterus.

Dr. Franklin.—I think the use of hard water has more to do with the formation of calculi than any occupation.

Dr. Boyd.—In Muncie, Ind., where the water is hard, I had more cases of calculus than I had in Indianapolis.

Dr. Comstock.—The discussion has taken a wide ranges My main point was the necessity of making a clear diagnosi. between calcular trouble and dysmenorrhœa, neuralgia and other complaints. Wine and beer drinking are said to be causes. Sometimes the calculus is saculated and hard to find with a sound.

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Surgical Department.

STRICTURE OF THE URETHRA.

BY S. B. PARSONS, M. D., ST. LOUIS, MO.

Before entering upon the causes, symptoms, course and treatment of Stricture, let us look for a few moments at the anatomy of the urethra and adjacent parts, that the ideas this paper is intended to convey may be more readily understood. The length of the male urethra varies from 7 to 12 inches, the average being about 9 inches. This is when the penis is in a flaccid state, but when erect its length is increased 2 or 3 inches more. This is of no practical importance to us otherwise than as a reason why instruments should not be used during the state of priapism. The very nature of the condition, the contraction of the erector penis and compressor urethra and other muscles around the triangular ligament, the encroachment of the expanded organ on the calibre of the canal, the highly excited state of its mucous membrane, are positive reasons why catherization should not be attempted during the period of erection. In shape the urethra is somewhat trumpet-like with the smallest end outwards, gradually widening from the meatus to the bulb, where it contracts to pass through the triangular ligament. It is curved in its lower half and variable in its diameters, contracting at one point and expanding at another, and these peculiarities are what renders catherization difficult to perform, and the cause of repeated failures and blunders of which we often see and hear. I do not say that to ignorance alone of the anatomy of the parts,

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may be ascribed all unsuccessful attempts to introduce the catheter, for the greater number of those who resort to it, and successful too, have none or but a very superficial knowledge of its construction. On the other hand, the most skillful and erudite manipulator will sometimes meet with cases where all his powers and means will be brought into requisition and then ignominously fail. Many a person who has a nice manipulation and good common sense, but no knowledge whatever of how the organ is made, can introduce an instrument with a readiness that would put to shame a surgeon of great experience and thoroughly informed of all the elevations and depressions, contractions and dilatations, and the exact situation, and extent of every curve, but a familiarity with all the elevations and depressions which belong to the urethral canal, with the arrangement and relations of its parts is a vital necessity if we wish to be successful in treating the diseases that afflict it.

The points at which the urethra contracts are three in number. First, at the external meatus; second, in the membranous portion where it passes through the triangular ligament; third, at the posterior border of the prostate gland.

There are also three localities were it is dilated. First, just behind the external meatus, and is known as the fossa navicularis; second, at the posterior extremity of the spongy portion of the urethra where it forms the bulb, and rests against the anterior surface of the triangular ligament; third, in the prostate gland. Here and there along the whole distance, are large and small valvular openings, the mouths of sub-mucous glands, in which the point of a small instrument will sometimes catch, especially is this the case behind the fossa navicularis where a large one exists in the roof, and being stopped in its passage may lead us to think we had run against a stricture unless on our guard.

The urethra is composed of three coats, an internal or

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mucous, a middle or muscular, and an external or fibrous. These are all continuous with similar coverings surrounding, or forming the bladder, performing similar functions, those of moistening, expelling, and protective. The muscular coat has a circular and oblique layer, its fibres having fixed points in the fibrous laminæ that dip down from the external or fibrous coat, so that by their direction and attachment they can act only to expel outwards all substances that come in contact with the urethral mucous lining. An inward flow cannot possibly occur unless produced by a power greater than that of these detrusor muscles, or, in other words, in obedience to applied force. It is against the natural function of the parts, as well as the principle of their construction, and in advising a patient to compress the urethra three or four inches behind the meatus when he uses an injection, to prevent the liquid from running or being carried backwards and irritating healthy tissues we are doing what is totally unnecessary.

This is easily demonstrated by inserting into the meatus the nozzle of a syringe filled with simple water; if no attempt is made to keep it there by squeezing the glands penis around the nozzle, the injection, when made, will pass immediately outwards again alongside the injection pipe. It is further illustrated by placing a catheter in the urethra or even the bladder, which if not securely fastened there, in a few moments will be thrown completely out again.

Except during the discharge of urine or the natural products the urethra is constantly closed. Were it to remain, potent suppurative urethritis, and cystitis would inevitably follow as consequences. Everywhere around the urethra is more or less of what is termed spongy or elastic tissue, which permits of rapid expansion of the organ without injury to auy of its structures. It is least in quantity at and near the external meatus, and, in fact, the anterior third of the urethra has only

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a small quantity around it, but increases very considerably afterwards, and is greatest at the bulb, this part being composed entirely of it. The capability of being easily and largely dilated at one part and not in another, has an important significance as we shall see when speaking of the treatment of stricture.

The term stricture implies an unnatural contraction of the urethral canal, and may occur in two forms. The first is permanent, the second transitory. The permanent variety is always due to a chronic or sub-acute inflammation, by which a plastic matter is thrown out into the sub-mucous and muscular tissues. It is not the consequence of an *acute* gonorrhœa or other forms of inflammation, but a persisting chronic affection which seems to lay the foundation of organic stricture. The popular idea is that it is always of venereal origin; that this is true, generally speaking, I have no doubt, but I maintain that a localized non-specific inflammation also occasionally produces the trouble. A blow, fall, violent lifting, straining, and many other influences are well-known causes of the malady, and the worst cases we meet with are of traumatic origin. In the latter class the wounded urethra often unites irregularly in the healing process, or loss of substance takes place and the cicatrix resulting permanently contracts the parts.

The transitory form of stricture is due to a spasmodic contraction of the urethral muscular fibres, and may be caused by acrid urine, cold, rectal, and vesical irritation, certain medicines that exalt urethral excitability, and anything that induces congestion of the mucous membrane. It is not usual to observe both the organic and spasmodic in the same person, but they do sometimes occur, the structures anterior to the true stricture being irritable to an extreme degree.

The organic stricture may present itself in the linear, annular, indurated, irregular or tortuous, and the irritable or

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resilient form, but the one great characteristic of all is the narrowing of the canal and obstruction to the flow of urine. It is this that claims our attention and demands our aid. Sir Henry Thompson, of London, has made an extensive investigation of the locality of stricture, and found in 270 preparations 320 strictures. Of that number 215 were located at the sub-pubic curvature, 51 in the centre of the spongy portion, or 2½ to 3 inches from the meatus, and 54 near the external orifice. From this it will be seen that the point at which it is most frequently found is at the posterior extremity of the spongy portion, or 6½ to 7 inches, and the next most frequent place is at the anterior extremity, at or near the external meatus. This report also shows that there may be more than one stricture existing in the same case at the same time, an experience recorded by early writers, some of whom saw an incredible number. John Hunter reports an instance in which he met with six in one urethra. Lallemand and other French writers have seen seven or eight. I have treated a case which had three, one near the meatus, one about 3 inches from the meatus, and one at the bulb. The first and second were cut the same day by internal urethrotomy, and six days afterwards the deep one was overcome by the bursting method.

Among the earliest symptoms are noticed a slight discharge and pain at the time of micturition in the region of the stricture. There is in most all cases a tenderness or soreness along the under side of the urethra at the seat of the inflammation, which pressure with the finger will reveal, although the patient may never have observed it. Every case of urethritis where pain, at a particular spot during the act of urinating, continues for sometime after the active inflammatory process is subdued, should be looked upon with suspicion, and remedies employed to prevent the development of organic changes leading to a narrowing of the canal. The desire to urinate becomes

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more frequent as the obstruction increases, the stream altered in form and size, being more or less flattened or forked, spirting or split, and as the momentum of the current is lost the stream grows smaller and smaller, until at last the urine issues only in drops. Micturition is always prolonged to an extent corresponding with the degree of obstruction present. Ultimately it becomes very frequent and painful, the patient being obliged to rise from his bed many times during the night, while in the worst cases, a great portion of the time is spent in laborious and unavailing effort, by change of position and straining, to obtain relief. Tenesmus of the rectum, hemorrhoidal tumors and protrusion of the rectal mucous membrane, pains in the perineum and testicles, loins, hypogastrium, and down the lower limbs, accompanying the more severe cases, and the patient can rarely attempt to empty his bladder without visiting the water closet, through his inability to prevent the escape of the contents of the rectum from the efforts made to force away the urine. As the case advances the urine also shows signs of change, and being retained in the bladder becomes partially decomposed, acrid and irritating, lighting up a sub-acute cystitis which greatly aggravates the sufferings of the victim. From its natural amber color it changes to a dark brown with mucous floculi floating in it, then cloudy, muddy with a strong ammoniacal odor, and pus and blood follow. Ulceration of the dilated urethra behind the stricture may take place, and under such circumstances, in a paroxysm of straining, rupture ensues, and extravasation of urine into the perineum with all its attending horrors immediately complicates the case. Sometimes the urine passes involuntarily during sleep, or dribbles away during the waking hours, or, perhaps, only after some muscular exertion, and dispite all precautions, excoriates the skin, stains his clothes, and renders him offensive to himself and others. In some few cases the

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most prominent symptom throughout is retention. In other instances there may not be an extensive organic stricture present, the stream showing a size equal to a No. 7 or 8 catheter, yet the irritability is so great that under the slightest effort of the will or mechanical interference, a spasm seizes it which can only be overcome by extremely hot or extremely cold applications, or an anæsthetic.

The only true way to diagnose stricture is by the use of instruments. All of the subjective symptoms observed in this affection are also seen in other diseases, and without instrumental aid we cannot be positive a stricture exists. Stone in the bladder, enlargement of the prostate, hæmorrhoids, cystitis, and other complaints have a similar train of symptoms, and although taken in the aggregate we may arrive at a pretty correct conclusion, yet a certainty can only be reached through urethral instrumentation. For this purpose instruments of various sizes, forms, and composition are made. Some are soft and pliable, like the French rubber, others elastic like the English gum catheter, and still others solid and inflexible made of steel, silver, or block tin. The various kinds have individual peculiarities that recommend them to the approval of the surgeon, it may be in softness, or flexibility and firmness, or perfect inflexibility, or size, or shape, or because they are medicated, something which a certain class of cases requires. It is essential that a good stock should be on hand ready for any case or emergency, for no one set will answer for all cases. As a rule the flexible instruments are less irritating, and should always be used when possible in preference to the inflexible. They have a certain amount of firmness when cold but if placed in water at 100° Fahr. they become very flexible, and will retain any shape given them when warm if immersed immediately afterwards in cold water. No instrument passes either in a healthy or

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strictured urethra so readily as the French bougie or catheter. The olive-shaped body, the slender stem which connects it to the instrument proper, and permits of the extremity doubling upon itself if perchance it should catch in a lacuna or at the bulb, and thence slip by the obstruction with ease and without injury to the parts, are considerations of great value. For these reasons alone they are to be commended, and most appropriate in the hands of those unskilled in urethral surgery. All that is requisite to be done when it becomes necessary to resort to such measures is to warm it either by immersing it in warm water or by a fire, oil it well, and inserting the point into the meatus, push it slowly inwards without any attempt to guide its direction. Should it be stopped point blank at a particular spot, and no progress made under considerable force, or by twisting it around, the probabilities are the patient has a stricture and the instrument is too large to pass through the orifice. In enlargement of the prostrate I consider it invaluable and the most reliable of all instruments. When an inflexible instrument is used we are obliged to be constantly on the watch, using little or no pressure, lest it lacerate or puncture the mucous membrane and create a false passage. Another thing which must be kept in the mind of the operator when passing a metal catheter is to keep its point hugging the roof of the canal until the bladder is reached. By this method he avoids all those points that are likely to oppose his procedure, for, with the exception of a large outlet of a mucous gland in the urethral roof behind the fossa navicularis, all natural difficulties, such as mouths of ducts and glands, elevations and depressions, are located in the inferior wall or floor. We must not hastily conclude, however, if some obstruction or difficulty is met with that stricture is of necessity present, for the urethra is extremely sensitive in some cases more than others, and resists any but gentle efforts to

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traverse it, the more so if it be the first time an instrument has been introduced. But if constant gentle pressure be kept up the parts will yield under it, though some little time may be required to accomplish the purpose.

In searching for the opening of a stricture, especially if it be very small, there is a fixed plan I have followed for some years with the highest gratification, and advise its general adoption for the reason that it is based on more rational grounds than any other method, as well as for its greater certainty of success. It is to first examine the roof of the urethra by allowing the point of the instrument to glide along in close contact to its surface until the obstruction is reached, and, if I fail to enter the orifice, the sides and floor are examined in like manner successsively. It is a notable fact that but few strictures have an opening directly in their centres the greater proportion showing them to be nearer the side. Consequently when the point of the instrument explores the wall near which the opening is located, it will be found to lead directly into the orifice. When it appears impossible to find the opening either from its small size, or situation, or want of experience in the use of instruments, recourse may be had to the wax bougie, which one can easily improvise at a moments notice by thickly smearing the end of an ordinary gum bougie with melted white wax and allowed to slowly cool. It is then pushed down to the stricture and pressed with some firmness against it and held there for two or three minutes. The warmth of the urethra will soften the wax, and a perfect impression of the size, situation, &c., thereby obtained. Care must be exercised in withdrawing the instrument that it be not turned in the fingers, or an incorrect idea of the location of the opening will be the result.

The size of an instrument to begin the search with is by no means a matter of indifference. As a rule one smaller than

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a No. 7 or 8, English scale, with a blunt or conical end, should not be used, as a smaller size might pass through and beyond the stricture. Or it might catch in the opening of a gland duct, or fold of the mucous membrane, accidents not likely to ensue if a large size is employed.

Suppose a stricture is encountered, the seat of its opening ascertained, what next. Its distance from the external meatus should be accurately noted, and the situation of its orifice remembered. Then instruments of smaller sizes are to be used to determine the calibre of the opening until one is found to pass through it. Otis' instrument for measuring strictures is a valuable aid in determining the size of their opening. It should be remembered that the smaller the instrument the more careful and sparing of pressure the operator must be, since such will inflict a wound with ease directly proportioned to the smallness of its points.

Since strictures vary in degree of contraction, in dilatability, in sensibility, in disposition to return, &c., various modes of treatment have been devised in accordance with the requirements of the different cases. At the present day there are four methods in general use, namely, gradual dilatation, forced or rapid dilatation, otherwise known as the bursting or devulsion method, and external and internal urethrotomy. I leave out of consideration medical treatment, as I am of the opinion that it is a waste of time to administer medicines expecting a cure will result thereby, though I do not assert it is an impossibility, or that it never has been done. People afflicted with this complaint are not willing to accept the situation under medication alone, but, like ourselves, they feel that mechanical treatment is absolutely necessary, and nothing short of that will satisfy them.

For the purpose of gradual dilatation all varieties of instruments, metallic and gum, are used. As before stated the soft kinds are preferable on account of their less liability to injure or perforate the urethral walls, and are equally as

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effective as the metallic ones. The treatment should commence with a size that passes easily through the stricture, and when this is accomplished it is withdrawn as gently as when introduced. The same size should be used for, at least, two successive sittings, at intervals of from 2 to 5 days, or longer if there should be much irritability of the urethra. From time to time one or two sizes larger ought to be passed until full dilatation is reached. The amount of pain produced, and the readiness with which the instrument passes, are to be the guides as to the selection and use of the proper size under all circumstances. There should attend or follow but little or no pain, and but slight pressure made to push the instrument beyond the contractured point. The lack of caution or careful attention to these important points, have been, and will be again, the cause of serious complications arising, such as false passages, extravasation of urine, septicæmia, &c. There is greater danger of accidents occuring at the bulb than elsewhere, for the reason that here the tissues are softer and more yielding, and while the point of the instrument is impinged against its posterior wall, we either depress the handle, or push it onwards, too forcibly, and thus thrust it through the mucus membrane into the spongy tissue, and beneath the prostate gland. If we are in doubt whether or not it is in the right passage, a finger in the rectum will at once clear away all uncertainty. For if it has entered a false opening there will be only the rectal walls between it and the finger, whilst, if in the natural track, there will be both the rectal and urethral walls, and, perhaps, a portion of the prostate gland itself. The deeper in the urethra the stricture is located the greater the need of gentleness and care in attempting to find its orifice. If it is discovered a false passage has been made the further use of the instrument is strictly interdicted until sufficient time has been given for the wound to

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heal, otherwise much suffering will be inflicted upon the patient, and an unnatural opening continued, which will seriously interfere with the progress of the case if gradual dilatation is the mode of treatment followed. Nowadays I do not resort to the latter method, for the reason that I can remedy, in a few moments and with far less suffering, by other means, a difficulty that would consume weeks and months under the gradual dilatation process. If the stricture is within 4 inches of the external meatus, no matter what its variety, or if it is of the long indurated, irritable, or resilient kind, I treat it by internal urethrotomy. But those located in the spongy portion or near the bulb are, as a rule, best treated by forced dilatation or the bursting plan. Those cases of long standing, and those of recent origin, are alike amenable to the latter treatment, the record showing that it is a safer and surer way than cutting.

It will be remembered that in the early part of this paper attention was called to the fact of there being a great difference in the quantity of elastic or erectile tissue around the urethra in its anterior part or bulb, also stating that it should have no little importance in determining the course of treatment most proper to pursue in case of stricture. For the reason of there being so little in the anterior 3 or 4 inches, a stricture therein contained is always extremely undilatable and very intractable under gradual dilatation, but may be divided by the urethrotome with ease, precision and safety. As a rule, it may be said, the nearer a stricture is situated to the orifice of the urethra the more necessary to cut it, and the safer it is to do so.

(TO BE CONTINUED.)

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Progress of Medical Science.

ROTTING FIBRIN, AND THE CRITICAL DAYS OF DISEASE.

BY ROLLIN R. GREGG, M. D., BUFFALO, N. Y.

In rotting fibrin I have found many strange and unexpected things. Not the least so is the fact that radical changes occur in the rotting process, or in the disintegration and reorganization of fibrin, again and again, under decay, every seven days; that is, such changes either beginning or culminating about every seventh day, through several weeks, and thereby corresponding in time to the critical days in fevers and many other acute diseases. All know that in typhoid and bilious fevers, and in other diseases as well, the critical days are the seventh, fourteenth, twenty-first, and so on, with two or three days of aggravations or liability thereto, and then remissions until the next seventh day, when aggravations are liable to come up again until convalescence is established, or death results. Well, it is evidently the laws or facts governing the disintegration of fibrin under decay that causes, or is closely connected with, these critical days in acute diseases and their periods of aggravations and ameliorations.

To understand this, we must first know much more about fibrin, under various conditions, than is generally known. Therefore, let us take fresh fibrin just stirred out of healthy blood, and thoroughly washed until nothing is left in it but pure fibrin. Then take a very small piece of this, spread very thinly upon a slide, and it will show, under the microscope, as consisting wholly of threads, cords and almost ropes of it, running in all directions, and much intertwined and interlaced with each other; also threads running out from cords, and cords and threads running out from ropes of it, as stays, in various directions. Having now seen how pure fibrin looks, or is organized, under such circumstances, take a small mass of it and put it into six or eight times its bulk of distilled water, and set it aside to rot at ordinary temperatures—say from 60 to 80 degrees, and watch the results. Great changes will occur, or begin in it, every seven days. The loose and fine threads lying upon the sur-

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face of the mass may begin to break up a little into rods and granules in three or four days, perhaps in two or three days under favorable conditions. But it is not until about the seventh day that the whole mass begins to give way more fully under disintegration, which then goes on rapidly until about the tenth day, when the threads and cords of it are mostly all reached and broken up. From the tenth to the fourteenth day, the time appears to be used in more fully disintegrating into granules the rods of all lengths, that the threads of fibrin are first broken down into during the seven to ten days. Then about the fourteenth day these granules begin the rapid building up again of rods, clubs and threads of fibrin—far more commonly, however, the rods and clubs of it, they often appearing in great numbers clustered together. This action goes on from the fourteenth until about the twenty-first day, when these secondary rods and clubs of fibrin begin to break up into granules again, which process goes on for a week, or until they are mostly reduced back to granules, as before. Then the latter, or the granules, begin on or about the twenty-eighth day to build up rods again of a somewhat different appearance, or that mat together differently and produce a peculiar network that is very interesting to look upon. This network begins to break up in another week, and the fibrin returns into granules still again; but by this time the latter appear to have exhausted much of their activity and do not attempt much further regular work or organization, if it is pure fibrin that has been used for the experiment.

If pure blood is used, however, with distilled water added from time to time to supply sufficient fluid to keep the process going, the fibrin will go on through six, eight, and ten weeks, with a change every week; that is, a breaking down into its granules one week, and then re-building into a different form in the main from the preceding for another week, then breaking down again for a week, and so on. I have watched this in rotting blood eight or nine weeks, with a change every week, and much more complicated developments than when pure fibrin was used. With rotting blood the latter developments, after three or four weeks, are, indeed, far more interesting, and a higher order of organization is produced than is the case when pure fibrin is used. The difference is this. In blood all the rich chemical elements exist, in the right state and proportions, for the fibrin granules and their combinations to take and build up cell organizations of a much higher order than the mere rods, threads and net works that those granules alone will build and re-build themselves into, when they have nothing to feed upon, so to speak, that is, no other

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material to work with. I have some of the most beautiful specimens of sell-development that I have ever seen, produced in blood after six or eight weeks of rotting; four, six, eight and ten or more cells in line, of two to three times the diameter of red blood corpuscles, all about as red as venous blood corpuscles, and showing the marks of cleavage as finely as could be desired. Besides all this there were other developments of equal or greater interest, sprouting cells, etc., etc.; and all these things went on in periods of weeks, like the critical days in disease. With pure fibrin, on the contrary, there were no developments beyond the rods, threads and network; and, under some conditions, an arrangement of the threads into an exact semblance of the rootlets of miniature plants, ready to draw nutrition (had it been afforded) into a common centre for the growth of a new cell or a new structure. This I had forgotten to mention before, and it was apparently as high as the fibrin could go of itself in its efforts at organization without other material with which to carry on its work.

I have said it is apparently the laws or facts governing the disintegration of fibrin under decay that causes, or is closely connected with, the critical days in acute diseases and their periods of aggravations and ameliorations. Let us now make an application of the foregoing facts about fibrin, under decay, to explain this; and to do so we will take one of the simplest forms of congestive disease, viz., a common boil. All know the pathology of a boil, that it is a congestion of all the superficial and deep vessels of the part affected, with a complete stagnation of the blood in the congested vessels. Under such conditions the fibrin, at first in fluid form in the congested blood, soon begins an organization which does not end until the whole diseased part is enveloped in a dense impervious wall surrounding the festering mass and completely dividing it off from all the outside healthy tissues; also the congested mass is divided up into compartments by fibrin partitions, while threads and bands of fibrin run all through it. In speaking of the organization of fibrin in inflammatory blood into granules and threads, Lehmann says the process goes on in all congested parts "as soon as the blood ceases to circulate." Carpenter says that fibrin is poured out into and around all abscesses and there organizes into the impervious wall of the abscess; or, "if there be no sac formed around a collection of pus, this fluid infiltrates through the tissues," and "the tissues through which it percolates undergo rapid degeneration." But for this provision of nature in organizing a wall of fibrin around abscesses of all kinds, a simple boil would destroy a

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leg or an arm if upon one of those members; or a boil upon the neck, shoulders or chest would destroy life, by the pus percolating, under gravity, all down through the body, causing pus poisoning.

Very well; active suppuration begins in boils at the end of about one week; or then it is that the bands and partitions of fibrin, that form the compartments of dead corpuscles in the boil, begin to give way under the rotting process of inflammation, to allow the festering contents to gradually come together in mass, to finally suppurate, or rot, through the superficial tissues, in the course of the second week, and be discharged. The "core" of the boil consists of connective tissue (which is made primarily of fibrin) and adventitious fibrin poured out into its meshes during the inflammation, to be there organized, as stated, into threads, bands and partitions--and in severe boils it takes another week for this mass, as the "core," to be rotted out and discharged off. In large carbuncles, "frog felons," etc., the process goes on longer, and often requires several more weeks to complete the work, if the patients live through it all. And all the so-called bacteria of boils and carbuncles are nothing but the broken threads of fibrin, resulting from the suppuration, or rotting, of the partitions of fibrin, of the bands and threads of it existing in all boils and carbuncles, and of the connective tissue of the part diseased, just as all other assumed bacteria of disease are broken fibrin.

We will now go a step further and apply our facts to internal and more complicated diseases. In all fevers there is congestion of some one or more of the mucous surfaces, often, indeed, congestion of a large part of some vital organ--and the whole inflammatory and suppurative process, if it comes to the latter, goes on, of course, much as it does in boils. In typhoid fever the mucous membrane of the intestines, Peyer's glands, and often other organs, or parts of organs, become congested and inflamed. In bilious fever the liver is congested more or less, also the stomach and often other parts or organs. In intermittent fever it is the spleen more especially, but sometimes the liver, stomach, etc., that is congested. Well, in all these cases fibrin is poured out from the blood, in fluid form, into and around the congested part or parts, as a protection to effectually separate the diseased from the healthy parts, just as it is into and around boils and carbuncles. And "as soon as the blood ceases to circulate" this fibrin, until then in fluid form, begins to fibrilate into threads which rapidly organize into cords, bands and partitions all through the congested mass—while in, or at the circumference of the mass, it—the fibrin--then organizes into the membrane that encloses

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all; or, as Carpenter puts it: "And thus it is that, while the central part of a mass of tissue, in which the inflammation has been most intense, suffers complete death, and is carried away in the suppurative process, the peripheral part, in which the violence of the inflammation has been less, becomes infiltrated with plastic matter poured out from the blood, and forms the solid and impermeable wall of the abscess." Next, in all the congested parts in fevers, the separate threads, cords and bands of fibrin begin to give way, or disintegrate, first, and in a few days, under the suppurative, or rotting process of inflammation; while at the end of one week the partitions of fibrin, between some of the compartments in the most central or highly inflamed parts, begin to give way, if a resolution of the inflammation has not in the meantime been begun or established. This giving way of such partitions must, of necessity, disturb the organ in which it occurs very much, so as to cause a critical day, or period, in the disease. In the course of the second week more of the compartment partitions give way until by the end of the week the pus is ready to come to or through the surface of the organ to find an outlet, and this makes another critical day or period. In bilious fevers, where the inflammation runs high, the fever extends to only two or possibly three weeks, as all know, when convalescence must begin or death speedily follow.

In typhoid fevers, on the contrary, the inflammation is generally much less intense, and the process slower in consequence, just as I have often observed in rotting fibrin, that under lower temperatures, the process goes on more slowly than under higher temperatures—though still it runs in periods of weeks. But there is a much more thorough breaking up of fibrin by the end of the first week under higher than under lower temperatures. Besides, in typhoid fevers of a serious character, the disease is progressive in its seriousness. That is to say, at the end of the first week, when suppuration begins in the earliest congested parts, the system is much disturbed thereby, the fever increases in intensity, and, of course, under this increased disturbance there is an extension of the congestion to more of Peyer's glands, or to whole patches of them not previously involved. These go on through their week of primary congestion, when the shock to the system, of their beginning suppuration at the end of that week, so disturbs and lowers the vitality as to allow of the extension of congestion to another set of glands, or patches of them, as yet unaffected; and so the action will go on, week after week in critical periods, often to four or five and sometimes to six, seven and eight or more weeks. And all this time it is the beginning of suppuration,

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or of the breaking up of fibrin, in successive sets of glands, or in sets of glands successively congested, as described, that governs and indicates the critical days, or the culmination of the critical periods. If in the suppuration, the intestinal wall is perforated *outwardly*, and the pus discharged that way, instead of through the mucous membrane into the cavity of the intestine, to be thence safely carried away, then, of course, death is inevitable. In the mildest cases of typhoid fever only the mucous membrane of the intestines, and perhaps a few of Peyer's glands, will be congested, but all will end in resolution, with little or no suppuration. Then the case will improve rapidly during the second week, and the fever wholly cease on or before the beginning of the third week. Cases next in order of seriousness are those where more of the glands are congested, and go on to suppuration, but the process stops there, without another set becoming congested; then the case will begin to improve after the beginning of the third week. If, however, still another set of glands become congested during the suppuration of the second set, then the case cannot improve until the fourth week, and so on. And it is the duty of the physician, if called in time, to so treat his case as to check the congestion and cause it to begin to break up in resolution at the commencement of or during the second week, or, if not that, then at the beginning of or during the third week.

Recurring again to bilious fever, here the mass of congestion, if in the liver, is so much larger than it possibly can be in the small glands of the intestinal wall, that if such congested mass does not terminate, or begin to, in resolution, during the second week, it will go on to suppuration, and, because of the great extent of the organ involved, must end in speedy death—or, under favorable conditions, in a discharge of the pus through the bile ducts into the intestines and from there out of the body, without secondary congestion arising, and then, of course, with a reaction and convalescence. The same general facts apply, excepting in the course of outlet of the pus, to pneumonia and to other cases of large masses of congestion, if they go on to suppuration. And they must all, or nearly all, end in death or the beginning of convalescence at the end of, or soon after, the first supperation, without secondary congestion. If a secondary congestion does occur, however, in such cases it is then almost certain death. But in all these cases it is, as I have said, the beginning of the breaking up of the fibrin organized all through the congested part, that is closely connected with, if it does not govern, the critical days in all diseases. Moreover, the connective tissue which extends everywhere through an

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organ, holding all its cells and other parts together firmly as an organ, begins its breaking down under suppuration at the same time that the adventitiously organized fibrin in a congested part does; and the former, or the connective tissue, being wholly made of fibrin, and so important to the purposes of an organ, its giving way under suppuration must add greatly to the shock to that organ, and through that to the whole system, so as to increase the violence of critical periods and critical days in disease. There is still another point in this connection. When more or less of the organized fibrin, and the fibrin of the connective tissue, is broken down by suppuration, into its primary granules (especially if the pus be retained in the abscess a week or more), those granules, I have little doubt, begin to organize of themselves into rods and threads, the same as rotting pure fibrin out of the body; perhaps, also, they take other rich chemical elements in the pus and build up other cell structures of a higher order than themselves, within the abscess (as they do in rotting blood), so as to add another source of disturbance to the disease—though to do all this may require the presence of air. But the breaking down of fibrin and of the connective tissue in all suppurations, as described, is certain, and must influence greatly the diseased processes, and disturb the whole vital economy more or less in critical periods.

There are other important facts bearing in a general way upon this subject, or illustrating it, as applying to all organic nature, which may as well be given here in the following paragraphs. To wit: The good butcher, who understands his business, will provide a cool or cold place, not freezing, to hang his meat in, a week or ten days before offering it for sale. Why? Because it becomes much more tender and palatable in that time. How does it get more tender by so treating it? The connective tissue of the meat (being fibrin), and in itself very tough, or tenacious in holding all other tissues together firmly, begins to give way in its organization, if not at its granular unions, at the end of one week, in this, as in all other instances, and all becomes much more tender in consequence. At the same time the meat is rendered more juicy and palatable, and is better prepared for the stomach to disintegrate the mass, after it is taken into that organ. The connoisseur in preparing game for the table acts, of course, upon the same principle, and the longer the game or meat hangs without becoming tainted, or too dry, the more tender and better prepared for the stomach it is. These facts have been learned by simple observation, but, of course, without knowing the exact reason why, beyond the general fact of all meats becoming more tender and juicy in the time and way named.

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Again, the seeds of all plants, at least of the higher plants, require the first week after put into the ground under the proper or natural conditions of moisture, heat, etc., to sprout. That is to say, the fibrin which constitutes the matrix of all seeds (holding their other contents together as the stroma of cancers—which is also fibrin —holds these morbid growths firmly together), requires the first week under rotting in the ground, to break up its organization, so as to allow the germ of the seed to take the granules of fibrin (after the latter begins to break down into granules), and all the other rich contents of the seed, which such breaking down releases, and build up the plant until it can seize upon the nutrition in the soil, to sustain its subsequent growth. This assertion of the seeds of all plants containing fibrin is no assumption or fancy sketch. A scientific work published as late as 1883 says, that *eighty per cent.* of the crude gluten of all grains is fibrin. And this fibrin must be broken up from its firm organization in the grain, by rotting, before the seed when planted can sprout to grow. Therefore, is it not highly instructive, does it not open a broad view of nature, to see that fibrin in all instances—whether pure and put into distilled water to rot—whether under suppuration, or rotting, in the congestions of disease, so as to cause the critical days occurring therein—whether in the meat hung in the market to get tender—whether in seeds of plants placed in the ground to rot and grow—or whatever the conditions of its rotting in a natural way—always requires just a week, or about that, to begin to break down into its integral parts and get ready to build up again into other structures, the second or third week, under all circumstances that will allow of it?

But this is not all. The period of incubation of all contagious diseases is about seven days; just the same length of time again that is required to bring about changes in fibrin under all other natural conconditions leading to its disintegration and reorganization again and again—of itself alone in distilled water for three or four weeks, or indefinately if it has other and the proper materials and the requisite conditions to enable it to go on. That is, the vitality—or the fibrin, which is it—receives the impression of the poison of a contagious disease and develops it, or allows it to be developed (no matter what contagious poison it is or of what disease) in one week, or the same time that it requires the seed of a plant to incubate, sprout, and begin to grow under the proper conditions, and in the same length of time that the disease subsequently goes on in its critical days, until the case ends in convalescence or death.

In all this, then, we see one of those grand sweeps of nature that

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involve all organic life, not only in its very beginnings, in healthy building up, but also under many of its worst distresses in disease, down to death and disorganization of the whole organic fabric—successive periods of seven days and fibrin governing all the way through all the processes. Curiously enough, and directly applicable in this connection, Cazeaux gives a table of many cases, showing the length of time of human gestation in weeks; and the termination of nearly double the number of cases for any other time, was the fortieth week, 273 and 280 days, or multiples of seven. Or, as in other instances in the past, the finding of the key to a field of nature has opened that whole field in all its directions to our careful scrutiny, so in this, the simple rotting of fibrin and watching the results, have given a key to all organic life, in both health and disease, that must lead on to knowledge of both, that could never have been attained without it. The discovery of the law of gravity, and of Kepler's laws, opened the whole heavenly mechanism to us in a way that could never have been fathomed by other means; and other instances will occur to every intelligent reader, of what finding the key to other departments of nature has done for human knowledge.

For all this, and in conclusion, let us hope that the intricacies of disease may be more fully unfolded to us in the near future than they have been in the past; and that thereby, if not by other means, we may all reach a much better success in its treatment than has hitherto been attained.—*N. Y. Med. Times.*

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THE ST. LOUIS
PERISCOPE
—AND—
CLINICAL REVIEW.

VOL. VIII. ST. LOUIS, MO., APRIL, 1885. No. 4

Editorial.

INSTITUTE MEETING.

We hope our exchanges will coöperate with us in giving continued notice and prominence to our National Annual Meeting, to be held in St. Louis, beginning June 2d, to continue four days. Ample arrangements have been made with the Lindell Hotel proprietors for the bodily comfort of members and their families. The sessions of the Institute will be held in the hotel.

Arrangements have been made with the following lines of transportation, upon the terms of one full fare coming and one-third for returning:

Chicago & Alton.
Chicago, Burlington & Quincy.
Diamond Joe Line, (River).
Indianapolis and St. Louis.
Keokuk & St. Louis Line, (River).
Louisville, Evansville & St. Louis.
Louisville & Nashville.
Missouri Pacific.
Ohio & Mississippi.
St. Louis & Cairo.
St. Louis & San Francisco.
St. Louis, Iron Mountain & Southern
St. Louis & St. Paul Packet.
Vandalia Line.
Wabash, St. Louis & Pacific.

THE Eleventh Annual Convention of the Western Academy of Homœopathy, will be held in St. Louis, May 28th, 29th, and 30th., at the Lindell Hotel.

C. H. GOODMAN, M. D., Gen. Sec'y.
2728 Washington Ave.

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DEODORINE.

This is a new candidate for public favor, as a deodorizer and disinfectant, just placed upon the market by the "Hygiene Chemical Manufacturing Company," at 404 N. Second Street, this city. This class of agents, as a means of sanitation, is one to which we have given much special attention in the past six months. We have subjected this article to the severest tests, and, as a result, find it possesses a power and promptness simply wonderful. Putrid meat, putrid urine, the foul water closet of a large beer saloon, a solution of the Sulphuret of Potassium, each and all loose their disgustingly feted odors instantaneously when subjected to its action. A large urinal in daily use for a whole week, in hot weather, without being emptied, into which about two ounces of the disinfectant had been placed, remained entirely free from disagreeable odor at the end of the time. Then, too, the facility with which it may be manufactured, together with comparative cheapness of cost in material, ought to enable the company to place it on the market at such a low price as to distance all competition in this important respect. The question of cost is of the very first importance, as it is largely the poor who live in the midst of squallor and filth, that stand in greatest need of some such means of purifying local surroundings, and to whom it should be furnished upon terms within their reach, and if need be by municipal authority free of cost. There are several articles in this line already on the market, but at prices far too high to permit, or encourage general use.

We believe the company have only contemplated a domestic and non-professional use of their preparation; but some recent experiments induce us to think it likely to be of important service, as a local application in the sprayed and atomized forms, in certain diseased conditions characterized by foul, fetid discharges, such, for instance, as diphtheria, cancer, and gangrene. In a recent case of diphtheria, where the tonsils were covered with the characteristic exudation, two applications, by means of a swab, of the undulated preparation, twelve hours apart, left the parts almost entirely free of deposit inside of 36 hours.

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We shall continue to watch the future, further action of the preparation with interest, believing, as we do, that its low price and great power ought to bring it into very extensive use and render it a public benefactor, particularly during epidemic prevalence. We have neglected to say, in the proper place, that *Deodorine* is stainless, inodorous, and without color. Of course the company, from commercial considerations, will keep the exact formula a secret. But we have sufficient knowledge on the subject to say, that, when used locally to raw and sensitive surfaces, it should, in the main, be applied as a spray, or in the atomized form, and should be combined in the proportions of equal parts of water, glycerine, and Deodorine. In this form it may, we think, with great advantage be sprayed upon diphtheritic tonsils every six hours; or, in the atomized form, may be inhaled in diphtheritic croup. In gangrene and cancer the parts should be enveloyed in borated cotton over which four to six folds of cotton cloth, saturated with Deodorine, should be applied, to intercept and nutralize the fetid exhalations as they are thrown off by the diseased parts. An important advantage in this disinfectant consists in its entire freedom from odor of any kind. When we use Carbolic Acid, Creosote, Chloride of Lime, and other articles emitting strong odors, we canuot be sure that we have done more than masked bad exhalations by joining them to one of stronger odor. In the use of Deodorine we have no drawback in the way of an added bad smell, and quickly appreciate the destruction of the one to be combated.

Possibly we may have been betrayed into a bit of premature enthusiasm in behalf of a comparatively new agent; but we confess we shall be greatly surprised if further experience does uot fully justify present expectation.

MORTALITY.

The early days of March in this year were characterized by an unusual number of deaths in the profession; no less than five having died in this city in a period of as many days. Of the number, two were from Homœopathic ranks, Drs. Bahrenburg and Collisson.

Dr. Bahrenburg was an old citizen of St. Louis, of advanced age, and died suddenly with little or no previous indisposition or

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warning; probably from some form of heart failure. He was an indefatigable worker in the profession, a zealous Homœopathist, a reputable citizen, and left a large circle of friends, relatives and clients to mourn his death.

Dr. William Collisson had resided in St. Louis for about eight years. Coming as he did with the advantages of pleasing address, matured experience and good character, both personally and professionally he succeeded at once in business; and for a number of years held a prominent place in the profession, as indicated by the number and social position of his clientage. About three years ago he became the victim of urinary calculus, for which he twice submitted to the operation of lithotomy at the hands of his friend Dr. S. B. Parsons, of this city. He made a good recovery after the first operation, but died about three weeks after the second one, owing to his broken and devitalized condition at the time the operation was made.

At a Regular Meeting of the Faculty the following resolutions were unanimously passed:

Whereas, Since our last meeting as a body, death has closed the earthly career of our friend and former associate in college work, Prof. P. G. Valentine, A. M., M. D., Be it—

Resolved, By the Faculty of the Homœopathic Medical College of Missouri, that, in Philo G. Valentine, the cause of medical education has lost an enthusiastic, active and self-denying advocate; Homœopathy a consistent supporter; the Homœopathic Medical College of Missouri a valued instructor and each of the members of the Faculty a personal friend, whose virtues were many and whose geniality was constant.

Resolved, That we extend to the widow and relatives of the deceased our heartfelt sympathy in the hour of their bereavement, and that a copy of these resolutions be inserted in the Periscope and Clinical Review, and that another be furnished Mrs. Valentine.

Committee. { L. S. Ordway, M. D.
I. D. Foulon, LL. B.
Wm. C. Richardson, M.D.

W. A. Edmonds, A. M., M. D., Dean.

J. T. Kent, M. D., Registrar.

Dr. F. R. McManus, of Baltimore, died on the 3rd of March, in the 78th year of his age. He had been chairman of the Board of Census in the American Institute for thirty-seven years in succession.

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THE AMERICAN INSTITUTE — Bureau of Gynæcology—Presents the following programme on "Diseases of the Ova ies and Treatment": Ovariotomy, Phil. Porter, M. D., Deiroit, Mich., (Chairman); Ovarian Cysts, L. A. Phillips, M. D., Boston, (Secy.); Neoplasms of the Ovary, O. S. Runnells, M. D., Indianapolis; Oöphorectomy, S. S. Lungren, M. D., Toledo; Oöphoritis, A. I. Sawyer, M. D., Monroe, Mich.; Ovarian Neuralgia, H. K. Bennett, M. D., Fitchburg, Mass.; Displacement of the Ovaries, S. R. Hedges, M. D., Chicago; Sympathetic or Reflex Symptoms in Ovarian Disorders, R. C. Allen, M. D., Philadelphia; Ovarian Dysmenorrhœa, Mrs. M. B. Pearman, M. D., St. Louis; Ovarian Therapeutics, Henry Minton, M. D., Brooklyn.

AMERICAN INSTITUTE—BUREAU OF OBSTETRICS.—SUBJECT, DYSTOC'A.—Dr. L. S. Ordway, Chairman of this Bureau, has assurances from each of the ten physicians comprising the membership, that a corresponding number of papers will be furnished. The subject, with the probable ability and number of papers, ought to render this branch of Institute work highly interesting.

DR. A. G. AUSTIN, after a winter's sojourn here has returned with his estimable wife to their old home, at Williamson, N. Y., where the Doctor's numerous clients and many warm personal friendships will guarantee a warm welcome on his return. During the winter, Dr. Austin delivered a course of lectures in the Homœpathic Medical College of Missouri on Diseases of the Respiratory Organs. As a lecturer, his zeal, industry and courtesy secured him warm friendships in the class. We sincerely wish him and his good wife many long years of future usefulness and happiness.

IT is worthy of note that the works of Dr. Richard Hughes, of London, Eng., have been translated into Spanish.

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Book Reviews.

A System of Medicine Based upon the Law of Homœopathy; edited by H. R. Arndt, M. D. In three vols.—Vol. I, pp. 968. Philadelphia: Hahnemann Publishing House, F. E. Boericke, 1885.

This portly, comely volume, as the avant courier of two others shortly to appear on the same subject, reached our sanctum a few days since; and should the succeeding volumes equal the present one, our branch of medical practice will find itself placed under a weight of gratitude to the indefatigable general editor and his corps of collaborators. To say it is an admirable book is but matter of simple justice to all concerned in its production. Indeed, there seems to have been a commendable rivalry in the various departments, whether mechanical, or literary, or scientific, as to who should best perform the task entrusted. From a somewhat cursory and hasty examination, which we have only had time to give the subject, we are free to confess that we have rarely seen a book so free from blemish or objection. The nosological plan or arrangement is the same as that heretofore observed by this reviewer in teaching practical medicine in the Homœopathic Medical College of Missouri, and, of course, has our approbation. The various forms of disease are grouped and treated with reference to their anatomical and physiological affinities The present volume is devoted to three groups: The Respiratory, Circulatory, and Digestive; the whole being preceeded by careful elaboration of a most important subject under the head of "Physical diagnosis." The "treatment" department is especially to our liking in its points, clearness, and completeness; and in the exclusion of such remedies as have only a remote incidental, or possible, suitableness to the disease under consideration. We think 40 remedies in the treatment of cholera, or 177 in the treatment of diarrhœa and dysentery, may do very well as a learned display on the part of an author, as we have lately witnessed in two monographs. Such display is surely at the expense of confusion rather than promotive of enlightenment to those who may need help under difficulty. We have long since been under the impression, and have so repeatedly expressed elsewhere, that a reasonable list of remedies, well understood, will be found to give far better results in practice than any pedantic display of ten times the number, with very many of which the practitioner necessarily has but poor and even imperfect acquaintance in a therapeutic, or symptomatic point of view. Of course, we do not mean to convey the idea that any one of 175 remedies, in the treatment of dysentery, might not in some remote contingency, or possibility, be called for either in the primary malady, or some probable sequelæ, or complication; but for such remote contingency, possibility, sequelæ, or complication, we think it far better and more convenient to refer to works on general therapeutics and symptomatology, than to encumber a work like the present with a

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mass of learned lumber at the risk of confusion and inexactness. In the work before us the arrangement of remedies in the order of relative importance, and with reference to successive stages, or phases, of disease, is an improvement over the old alphabetical mode under which it may happen that the least important, in the list, and probably adapted to some latter stage of the disease, gets the first and conspicuous place.

By the way, while writing and thinking above in reference to epidemic cholera, the thought occurred as to whether this disease should not have a chapter as a part of the digestive group of abnormalities in the book before us. In looking through it the subject seems to have been utterly ignored. Possibly it may be the purpose of the general editor to introduce it elsewhere. If so, very well; but certainly, in such a work, the subject should receive attention somewhere, and we respectfully suggest that in the roll of digestive disorder is the natural and proper place. Of course we regard cholera as an alien, occasional visitor; but then it does come occasionally, and is very likely to make us one of its unbidden, unwelcome visits during the ensuing summer. With one other matter we conclude what we have to say. We notice, wherever the subject of infancy and infantile disorders is touched, the stereotyped, old idea that dentition is either a state of actual disease, or constitutes a strong predisposition to disease, is still adhered to. We could wish so good a book, one so well up in advanced ideas in all that pertains to the history and management of disease, had escaped this blemish. We, of course, find distinct recognition of the fact that dentition may be a perfectly physiological process; but when we come to find how much importance this process is supposed to attain in the causation and complication of disease, we would be led to consider the process abnormal in a very large proportion of cases. The first three years of life is certainly a period of exalted sensibility and marked proneness to various disorders, verily entitling it to be regarded as the "tender period" of life. This time, of course, embraces the greater, or what is supposed to be, the important part of the dentition process; the growth within and emergence of the teeth from the gums. Now that this process, so perfectly physiological and necessary to humanity's welfare, should necessarily constitute a state of disease, or any special predisposition to disease, we think illogical in theory and unfounded in fact. That infants, while getting the first 20 teeth, show a strong tendency to fall ill from diarrhœa, dysentery, fever, convulsions, insomnia, and cutaneous disorders, is certainly true. But is it not equally true that these disorders afflict babyhood quite as often, both before and after teething time, as during the dentition process? Statistics go to show that the rate of mortality and proneness to the above named diseases, and which are supposed to depend so largely upon teething for causation is far greater during the first half year of life than at any subsequent period of life. Of course defective teeth and inflamed gums may be a source of disorder to the individual, both constitutional and local, just as an inflamed eye, leg, or arm might be; but that dentition, as a physical process *per se*, should be regarded as one either of disease, or furnishing special predisposition to disease, we believe to be unscientific and no better than a professional and popular fallacy.

Again we welcome and commend the volume before us, and shall look with special interest to the appearance of its successors.

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THE DISEASES OF THE EAR and their Homœopathic Treatment; with a brief outline of the Anatomy, Physiology and Pathology. Designed as A Manual for the Student and General Practitioner. By Charles Frederick Sterling, M. D., O. et A. Chir., Assistant Surgeon to the New York Opthalmic Hospital, &c.; pp. 167. New York: A. L. Chatterton Publishing Company, 1885.

The foregoing title page very fairly sets forth the scope and character of the work.

Specialists and others devoting very extensive attention to the subject will, of course, look to larger and more pretentious volumns for a more detailed and elaborate account of disease of this important member embraced in what is known as the five senses.

To the general practitioner this will be found an epitome, helpful and convenient. The author is evidently a sensible man and doubtless a successful practitioner. His formulæ, for local remedies and mode of local management, has the excellent merit of simplicity and clearness, and at once commend themselves to confidence. The hygienic advice, as well as the indication for internal medication, are in equal point and clearness with the same qualities and characteristics of the local management.

DISEASES OF THE NARES, LARYNX, AND TRACHEA, IN CHILDHOOD. — By Thomas Nichol, M. D., LL.D., S. C. L. New York: A. L. Chatterton Publishing Company, 1885.

This volume of 308 pages contains more real meritorious substantial matter on the diseases of which it treats, than any book we are acquainted with. It is the result of the thirty years study and experience the author has devoted to the investigation of the complaints of childhood, put together in a shape pleasant to read and very comprehensively treated. He dwells very largely upon the pathological conditions, "simply because a correct understanding of the natural history of disease is indispensable to the scientific physician of any school." The homœopathic treatment is quite complete, and the indications for each remedy clearly outlined. The diseases discussed are Acute, Purulent and Chronic Coryza, Spasms of the Glottis, Acute Catarrhal Laryngitis, Acute Œdematous Laryngitis, Spasmodic Croup, Pseudo-membranous Croup, Diphtheritic Croup, Scarlatinal Croup, and Tracheitis. Every physician should possess a copy of this valuable work.

A TREATISE ON ANTISEPTIC MEDICATION OR DÉCLAT'S METHOD.—By Nicho. Francis Cooke, M. D., LL.D. Chicago: Gross & Delbridge

The first edition of this work was so quickly exhausted by the profession that the publishers have issued a second edition, without change or addition to the contents. This method of treating diseases, especially the septic and malignant, has become so popular that every book containing anything new on the subject is eagerly sought after and read with interest. The volume before us contains many useful hints to the followers of the antiseptic party, as well as to those who do not believe in the bacteria theory.

THE SPINAL ARTHROPATHIES (a clinical report of six cases of Charcot's Joints), with illustrations; A. Sidney Roberts, M. D. Reprint from *Medical News*. A very instructive and highly interesting pamphlet.

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A CYCLOPÆDIA OF DRUG PATHOLOGY, issued under the auspices of the British Homœopathic Society and the American Institute of Homœopathy. Edited by Richard Hughes, M. D., London, England, and J. P. Dake, M. D., Nashville, Tenn. Assisted by J. Drysdale, M. D., R. E. Dudgeon, M. D., A. C. Pope, M. D., Conrad Wesselhœft, M. D., E. A. Farrington, and H. R. Arndt, M. D. Published by J. E. Adlard, London.

Part I. of this valuable series has just been laid upon our table fresh from the printer's hands, and consists of 192 pages of provings of 23 remedies, commencing with Abies Nigra and concluding with Agaricus. Besides the two named drugs, the Acids, Acetic, Benzoic, Carbolic, Citric, Fluoric, Gallic, Hydrocyanic, Lactic, Muriatic, Nitric, Nitro-muriatic, Oxalic, Phosphoric, Picric, Sulphuric, and Tartaric, occupy about 70 pages, the other medicines mentioned are Aconitum, Aconitinum, Æsculus glabra, Æsculus hippocast, and Æthusa. We shall have more to say regarding this work bye and bye, but can add our appreciation of the effort to give us reliable information of drug action, and weed out the chaff from the materia medica which, hitherto, has rendered it so faulty.

ANNALS OF SURGERY.—The February and March numbers of this really valuable journal come to us with its pages filled with well-written and well-selected articles from eminent writers and surgeons in this country and Europe. Among the interesting papers are: "Tuberculous Surgical Affections," by Roswell Park, M. D., "A Statistical Contribution to Cerebral Surgery," by R. W. Amidon, A. M., M. D., discussion of "Charcot's Joint Disease," by the London Clinical Society, "Malignant Lymphoma," by Lewis S. Pilcher, M. D., "Recent Contributions to the Surgery of the Nerves," an editorial worthy of the writer, and a number of interesting discussions on subjects of great and practical importance, by the Surgical societies of Germany, Paris, London and America.

FOURTEENTH ANNUAL REPORT of the New York State Homœopathic Insane Asylum.—We are indebted to Dr. Talcott, of Middletown, N. Y. for this report, which goes to show that the institution is in a prosperous, flourishing condition, and is doubtless doing a good and noble work in behalf of the Insane. It has accommodations for 400 patients.

WE are indebted to J. U. & C. G. Lloyd, of Cincinnati, O., for late numbers of the Quarterly "Devoted to the Historical and Scientific Discussions of the Botany, Pharmacy, Chemistry, and Therapeutics of the Medical Plants of North America." The March number is devoted to a continued discussion of Hydrastis Canadensis.

THE APRIL CENTURY.—In the April number of *The Century* Admiral David D. Porter contributes to the War Series a striking paper on "The Opening of the Lower Mississippi." While Admiral Farragut led the men-of-war past the New Orleans forts, Porter paved the way for and supported the attack with the Mortar-Fleet. At the beginning of his paper Admiral Porter speaks of the New Orleans Campaign as "the most important event of the War of the Rebellion, with the exception of the fall of Richmond." George W. Cable, in a brief article, gives a spirited description, from personal observation, of "New Orleans before the Capture."

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Theodore Roosevelt contributes a paper on "Phases of States Legislation," in which he reveals the dark side of the legislative picture, the methods of the Lobby, and the perils which beset legislators.

A reply to Mr. Cable's recent paper on "The Freedmau's Case in Equity' is contributed by Henry W. Grady, of the "Atlanta Constitution," who writes under the suggestive title "In Plain Black and White." Another article of political interest, found in the "Open Letters" Department, is a discussion of the causes and probable disappearance of "The Solid South," by Edward P. Clark, and in "Topics of the Time" are editorials, entitled "Practical Politics," "Not the American Way," "The Attempt to Save Niagara," and "The Differance between a Painting and a Pound of Sugar," the last with reference to the movement for free art.

"A Florentine Mosaic," Mr. Howell's second illustrated paper on Florence, is the opening article in the magazine, a reproduction of Mr. Pennell's etching of the Ponte Vecchio being the frontespiece.

Eugene V. Smalley, who has contributed to *The Century* several articles on "The New Northwest," describes his journey "From Puget Sound to the Upper Columbia," accompanying which are views of Mount Tacoma, and of the Tyler glacier, which is beginning to be an object of interest to travelers. Dr. Edward Eggleton's "Colonists at Home" is one of the most popular of his series on life in the Colonies.

The fiction of the number includes the sixth part of "The Rise of Silas Lapham," by Mr. Howells; the third part of "The Bostonians," by Henry James; and a humorous short story by Colonel Richard Malcolm Johnston, entitled "The Mediations of Mr. Archie Kittrell," accompanied by character-sketches by E. W. Kemble.

WITH all other troubles—in Egypt, and Ireland, and Asia—old England has also been passing through a serious agricultural crisis, in which the ancient proverbial expression, "as good as wheat," lost its force, for the price of that commodity touched the lowest point it has reached in the life of this generation. What brought on the crisis, what were its effects, and what remedies have been proposed, are questions that concern the American almost as much as the Englishman, whether he be a producer or a consumer of wheat; and they are very ably and clearly discussed in an article by William E. Bear, editor of the Mark Lane Express, in the *North American Review* for April. In the same number, Charles Dudley Warner presents an interesting "Study of Prison Management," while Robert Buchanan, the English poet, discusses "Free Thought in America," T. V. Powderly "The Army of the Discontented," and Prof. Hunt, "How to reform English Spelling." The other articles are: "The Law's Delay," by Chief-Justice Thomas P. Hargis, and "Characteristics of Persian Poetry," by A. R. Spofford. But what will probably attract the most immediate attention in this number is the new department of "Comments," consisting of brief criticisms of articles that have appeared in the *Review*. Murat Halstead's political article in the March number is here discussed by three writers—a Democrat, a straight Republican, and an Independent Republican. Richard H. Stoddard comments with a good deal of feeling on Max Müller's "Buddhist Charity," and other correspondents take this pleasant opportunity to offer a single thought where an extended article would, perhaps, find neither room nor readers.

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Medical Items.

THE INDIANA INSTITUTE OF HOMŒOPATHY will hold its next annual meeting at Indianapolis, Ind., on May 19th and 20th.

DR. MOSES T. RUNNELS, of Indianapolis, Ind., has just returned from a five months' tour of the hospitals and medical schools of New York city.

THE HOMŒOPATHIC MEDICAL SOCIETY OF OHIO will convene in the city of Cincinnati, May 13th and 14th, 1885. The sessions will be held in the Pulte College. Headquarters at the Palace Hotel; rates $2.00 a day. All railroads entering Cincinnati will carry delegates at full fare going and at one cent per mile returning, by procuring a certificate of the secretary before starting. The Musical Festival, which opens on the 13th, will draw many to the "Paris of America," and nature will have on her spring dress. The Cincinnati local profession is earnest and energetic, and will spare neither time nor money in entertaining the Society well. The Committees are at work and a full programme will be ready in a few days. Come and enjoy the feast of reason. H. E. BEEBE, Secretary.

THE NEXT MEETING OF THE I. H. A.—The fifth annual session of the International Hahnemannian Association is called to convene at the Court House, Syracuse, N. Y., on Tuesday, June 23, 1885, at 10 a.m., to continue three days.

The purposes of this association are clearly defined in its declaration of principles, inculcating a firm reliance upon the *law* of similars, the single remedy, and the minimum dose, supplemented by the following incontestable facts: There is no possible way of knowing the primary action of drugs, excepting by actual tests upon the human system; and there is equally no possible way of knowing their curative powers, in whatever potencies, excepting by like actual tests upon those who are sick. These are the *fundamental principles* of all true therapeutics, and the *only* source from which knowledge is to be had to guide us properly in our ministrations to the sick.

For these reasons the above named association makes it an especial feature of its work to stimulate and obtain carefully arranged provings of drugs, and to secure and fully, and fairly, consider all carefully reported cases from clinical experience. Therefore, one and all, whether members or not, who believe this, the safest and surest road to that accuracy of knowledge, which we all seek, are cordially invited to attend our next meeting and help along in the good work. A great variety of carefully observed and concisely reported clinical cases is especially desired. By order of the President.

THE "A. C. E." ANÆSTHETIC MIXTURE.—The anæsthetic mixture now frequently employed by physicians under the abbreviated name of "A. C. E." is composed of one part of alcohol, two parts chloroform, and three parts ether, all by measure. Considering the specific gravities of the component liquids, more than one-half of the mixture, by weight consists of chloroform —*Med. Times.*

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THE USE OF CRUSHED ICE AND LARD IN TREATMENT OF BURNS AND SCALDS.—In the *Æsclepiad* for April, 1884, page 154, the treatment of burns and scalds by crushed ice and lard is warmly advocated by Dr. Benjamin W. Richardson. To put the method into practice, ice is well crushed, or scraped as dry as possible, then fresh lard is admixed until a broken paste is formed. The mass is then put in a thin cambric bag, laid upon the burn or scald, and replaced as required. The pain is rapidly eased, and its return is the call for the repetition of the remedy. This mode of treatment is as scientific as it is simple. It saves at once the fever incident to pain, and it leaves very little contraction of surface.

DEAF-MUTISM AND RELIGIOUS CONCEPTIONS.—So far as is yet known, it appears that the deaf-mute not only has no idea of a future state, but he has not even any idea of death—a circumstance which should prevent any from hastily assuming that the absence of religious ideas in the case of the deaf-mute is evidence against their truth; for death, at any rate, is certain, however unsuspected by the untaught deaf-mute. The Rev. Samuel Smith, who has been for twenty-eight years in almost daily contact with deaf-mutes, says that in not a single instance has an uneducated deaf-mute been found to have any conception of the existence of a supreme being as the creator and ruler of the universe.—*Popular Science News.*

COLLODION.—Mr. Sampson Gamgee writes: To swollen parts which cannot well be bandaged, collodion is especially applicable for the pressure attending its contraction. I was consulted in the case of a boy disfigured by a red and swollen nose, which became very pale and visibly contracted just after I painted it with successive layers of collodion. I prepared the application three times in a fortnight, producing shrinkage of the organ to its natural size and color. When the nasal bones are fractured, a very effectual mould for keeping them immovable after adjusting them with the fingers may thus be made: place over the nose a thin layer of absorbent cotton soaked in collodion; as it dries, another layer of cotton and collodion, taking care that the application extends sufficiently on each side to give a buttress-like support. The patient compares the feeling to the application of a firm bandage on the nose, and the bones consolidate effectively under the shield, which may be renewed as it cracks and peels off.—*Med. Times.*

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Society Proceedings.

MILK DIET.*

BY PROF. W. A. EDMONDS, A. M., M. D., ST. LOUS.

It will be safe to affirm that no organ or function of the human body can be dispensed with, or impaired, without disparagement to the normal condition of the human economy. But certain organs and functions do possess a degree of relative importance and supremacy which does not attach to others. The four great functions, nutrition, circulation, calorification and enervation hold very prominently the relative degree of importance. Of these four, the very foundation of all physiological well-being, is nutrition. We have long since reached the conclusion that the great predisposing cause to disease in nearly every form, consists essentially in disorders of the nutrient process. We believe in nearly every instance of the great local and constitutional disorders, such for instance as rheumatism, gout, neuralgia, renal disorders, cutaneous inflammations, brain decay, and indeed most, or nearly all of the acute maladies: as fevers, pneumonia, dysentery, meningitis

*Read before the St. Louis Society of Homœopathic Physicians and Surgeons, April 20th, 1885.

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and diphtheria are preceded by and based upon impaired nutrition. Hereditary predisposition may be kept in indefinite abeyance by perfection in digestion and nutrition. In other words physiological integrity, may be said to depend upon exact equilibrium between the processes of assimilation and disassimilation—the great business of waste and repair. There is daily just so much of waste resulting from the wear and tear of parts, which needs to be constantly replaced by the nutrient supply.

Mistakes in quality, quantity or interval, result in impairment of the *vis conservatrix*—the power to resist toxic agents, and the consequence is functional impairment primarily, and local organic disorder afterwards. Faults in nutrition bring disease in two ways. Defect in quantity, that is insufficient quantity, places waste in ascendency of repair, and as a matter of course brings weakness, and that loss of energy, predisposing to disease, or constitutes disease direct. Excess in quantity or default in quality, results in impaired digestion and the sending of excessive supply, badly prepared, into the blood, and breaks the equilibrium between the supply and demand for the uses of the system. The presence of this excess of badly prepared supply in the blood, is not only imperfect nutrition, but makes demand upon certain depuratory organs of the body which ultimately break down from over-work. The human economy has three great depurators or scavengers as a provision for getting rid of effete, worn-out, or excessive material. These are the kidneys, the lungs, and the skin; each and all laborious, faithful servants in the human economy. When from long years of excessive over-work they break down, we have as a result, tuberculosis, pneumonia, eczema, herpes, psoriasis, acne, diabetes, polyuria, albuminuria, and Bright's disease. When these great depurators break down with over-work, we have the double disadvantage of local disease coupled with a loss of function.

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In order to present the subject in its strongest light, we desire to say, that we believe the individual with healthy, normal digestion will rarely or never be sick from any of the toxic agencies or cause to which humanity so often succumbs. That the individual with normal digestion will ordinarily resist the action of epidemic poison, such as small-pox, cholera, yellow fever, and what not. As a further and familiar mode of illustration, take what is popularly known as a "cold." Here we have an irritation and sometimes inflammations of an acute character of the mucous membranes, lining the nose, throat, and upper portion of the respiratory apparatus, induced by calorific oscillations between a high and low degree. Sometimes the transition is slight, amounting to only a few degrees. Now we think it may be safely affirmed that this abnormal state known as a "cold" never occurs except under the predisposition induced by an enfeebled or disordered digestion. Take two individuals, one with good digestive and nutrient condition, and he will undergo the widest range of thermal extremes between intense heat and the rigors of low temperature, with no other result than that of a temporary personal discomfort; conditioned of course that the extremes shall not be so great as to produce immediate loss of vitality by freezing on the one hand or scalding and burning on the other. To the contrary we see every day how individuals with impaired nutrition and digestion readily take on violent catarrhal conditions from the slightest changes of temperature. The power of a hearty individual to resist great toxic and especially thermal extremes, is forcibly illustrated in the fact that persons have remained for several moments in a chamber heated to a temperature of four to six hundred degrees Fah., while Arctic navigators spend a whole winter in regions at from 40° to 60° below zero, with slight or no impairment of the health condition if supplied with suitable, nutritious food.

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Now, if normal nutrition and digestion as a means of prophylaxis against toxic agents and disease producing tendencies, are found to cut such an important figure, we may easily infer their very great and even indispensible importance as a means of restoration from a state of disease, to that of health. Indeed, we hold it next to an impossibility to relieve any of the serious forms of disease while the patient is suffering decided digestive and nutrient impairment. The foregoing observations and conclusions being even proximately true, it follows without controversy that whatever article of diet may so commend itself to enfeebled digestive powers as to secure good digestion, must be of incalculable service to both patient and physician, in any plan of curative procedure.

That milk as an article of diet will suit every patient from infancy to middle life and old age, we do not affirm; but that it will be found adapted to a much larger range of cases and individuals under diseased conditions, than any other one article, we are thoroughly convinced, both theoretically and practically.

The mammals of the animal kingdom not only form a very large part of this divison of nature, but are likewise the very highest order in creation for strength, symmetry and effectiveness. With this class milk is the staff of life, to which the individual adheres most tenaceously, until, by a certain domestic succession, he is thrust out in quest of other and more substantial modes of subsistence, in order that another with a more tender digestion may take his place.

For pure, fresh, cow's milk, as an article of diet for sick people, we confess to a certain degree of enthusiasm, born of both personal and professional experience. That it may not suit every case is true to a certain extent; but that it will suit a very much larger number of cases than any one other article we feel perfectly assured. The popular and professional fal-

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lacy that milk makes one "bilious," is easily explained or accounted for in the mode of taking it. When the tiny, tender infant, with the most sensitive and delicate powers of digestion, takes milk with such satisfactory results in the way of health and growth, he does not make the adult's mistake of complication with an assortment of other hearty dishes, but takes it alone. Experience goes to show that milk as an article of diet does not bear companionship. Adults who take it usually do so in connection with hearty, complicated dishes, and usually at the conclusion of a meal, probably already in excess of nature's want and well-being. A goblet of milk taken upon a stomach already full to surfeit and repletion, cannot but be hurtful, as so much added to that which is in excess, and besides as a liquid, dilutes and weakens the gastric juice to the extent of unfitting it for the task in hand. Another mistake only too common in taking milk, is that it is taken cold; usually ice cold. Nature makes no such provision for its use in infancy. Milk as a dietetic, to sick people especially, should be taken alone and preferably warm or hot.

It should be taken at suitable, regular intervals, in suitable quantity, and not too rich. Patients with a decided weakness of digestion should take it divested of cream; the cream being the carbonaceous, fatty, hearty element. Patients who find milk too strong or unsuitable for them should be confined to hot water as a *diet*, until such time as the stomach by rest and tone shall have acquired suitable digestive energy to manage milk.

Milk should be taken in sips and not gulphed down in such quantity and haste as to give the stomach a real surprise. An adult should ordinarily take a goblet of milk at intervals of from two to three hours, with a resting spell of six or eight hours during the night. The interval should never be less than two hours; in many cases three or four hours will

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be better. I have found some cases do well on a plan of milk and hot water in alternation, at intervals of two to three hours. Some patients find a slight addition of table salt a pleasant relish and a promotor of digestion. The quality, quantity and interval should all be regulated with due reference to the needs, age and strength of the patient. But we wish here to emphasize the thought that a milk diet is frequently a failure or an offense from being too rich.

Individual rare exceptions may arise; but in nine cases out of ten, patients who need a milk diet will manage the blue, skimmed milk, better than cream. The blue milk contains the nitrogenous, fibre-making, blood-making, brain-making and bone-making qualities; while the fatty cream is largely carbonaceous and serves only to be consumed in the lungs as a means of calorification. We think it a matter of the first importance that the source of milk supply should be satisfactory. In the main, cow's milk will be most available. It should be obtained from an animal which lives in a normal way, and not from a swill-fed, stall-confined one, living in her own ordurê, in confined, foul apartments.

A cow to furnish good, healthy milk, should have food adapted to the season; dry food in winter, green food in summer. She should, during both winter and summer, have fresh open air, day and night, and enjoy protection from the blast of summer's heat, and the rigors of winter's cold.

Much of the dairy milk we get in cities is simply an abomination; coming as it does from cows in confined and crowded apartments, reeking with foul exhalations, and sleeping standing in a state of filth, utterly subversive of either health, decency or cleanliness.

Some ten or fifteen years ago *Harper's Magazine* caricatured and satarized the dairy men and dairy supplies of New York City, by giving cuts illustrating the progressive study of

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deformity and decrepitude brought upon cows kept for dairy purposes, under the peculiar modes adopted by dairy men, in in order to get the largest possible revenue at a minimum cost. Of course, the caricatures were somewhat embelished and ex aggerated; but were in the main a pretty fair representation of the disgusting and abominable sources of supply to be found in many large dairy establishments. Milk from such sources is not the milk to be used by persons either in health or disease. It is defective in nutrient qualities and besides very likely to be a source of direct disease from its toxic quality as derived from a sick animal. We know of no source of dietetic supply more in need of municipal and police supervision than the large dairies which supply milk for city consumption. These establishments should be visited by an inspector, at least once a month, and if the food for the cows be found unsuitable, the sheds crowded, and the stalls and yards dirty, with insufficient out-door exercise, the proprietors should be restrained from offering the milk in market, and be proceeded against for fraud and crime.

Milk as a dietetic has now been in use for certain forms of disease, particularly for those of the urinary organs, for several years.

The point which we desire to emphasize is, its suitableness for any and all forms of disease, whether acute or chronic. Milk may be presented in any one of several forms, according to the needs and choice of the patient; these are sweet milk, butter-milk, clabbered milk, milk whey, condensed milk and koumiss. Butter-milk being divested of the fatty carbonaceous butter, is an admirable fever diet, and usually very acceptable to the patient's taste. Whey and koumiss having already passed one of the stages of milk digestion—that of coagulation—are well suited to feeble digestion in many cases, and are besides palatable to most persons. Sweet milk is

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suitable for a large class of cases; is specially suitable to infants and children, and has the advantage of greater strength in nutrient powers, when not too strong, for feeble powers of the stomach. We have many times been amazed to hear physicians give the advice to patients to eat whatever they might like, when the chances are they have been in the habit of eating the wrong articles in unsuitable quantities, with uncertain, irregular intervals, for nine-tenths of an entire life time. Kindred to that absurd advice is the habit of stuffing and swilling a patient to keep up his strength, in utter disregard of the fact that the patient is without appetite and even loathes food in any form.

In conclusion we have to record the prediction, that the future of personal hygiene and therapeutics will depend largely upon a milk diet, the internal and external use of hot water, rest and massage.

It should not be inferred that I underrate drug pathogensy or any drug therapy. I simply wish to inculcate the view that other things being equal, the physician who gives wise, discrete advice as to the hygiene environments of his patient, will have far better success than he who gives drugs vigorously in utter disregard of his patient's dietetic and other personal modes and surroundings.

DISCUSSION.

Dr. Morgan.—Personally I do not like milk much, especially city milk, and it has been my luck to find the same dislike on the part of a considerable portion of adults to whom I have wished to recommend its liberal use. To young children, who are incapable of bodily exercise, but who eat, sleep, and grow after the manner of vegetables, milk is the proper and natural diet. In the treatment of some forms of disease its free use is necessary; but from time immemorial active men and women have found it necessary to extract the butter and cheese to get food suitable for regular use. The physical appearance of the essayist inclines me to the belief that if

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he skims his milk he would do better to use the skimmings instead of the watery part.

Dr. McKibben.— In the country the use of milk is certainly advantageous, but in the city it is doubtful. There is a lady in the city that makes koumiss, a very valuable preparation.

Dr. Wilcox.—The essayist recommends the alternation of milk and water. It seems to me the milkmen have regulated that matter by mixing the two. Buttermilk is valuable, but not such as is to be had in the city. In phthisis and some other diseases forced feeding is beneficial, and in this process good milk is valuable.

Dr. Holden.—I concur in what the essayist has said concerning the use of milk, and have just been wishing to myself that I was on my brother's farm where I could get some that would be good.

Dr. Chapman.—If my milk is to be mixed with anything I want it to be eggs not water.

Dr. Boyd.—Limewater may be often added to milk with advantage for children. Koumiss in rapidly wasting diseases like consumption is specially valuable. It differs in quality according to age, and may contain as much as three per cent of alcohol. A champagne faucet enables one to avoid all inconvenience in opening bottles. In sickness the appetite is often the best guide in the selection of food. I have known of a child's recovery from summer complaint from eating fat beef.

Dr. Kershaw.—Salt sometimes renders milk more palatable, and skim milk taken hot is often refreshing; but milk should not be given when there is hot skin, headache, furred tongue, and a general disposition to biliousness. Persons of such tendency need a light diet of which rhubarb, bananas, fruit, and hot water should form a part. Persons with weak stomachs, and poor blood, and those who are run down and nervous, need to be properly and well fed. Neuralgia, sick headache, and languor, indicate poor blood, which cannot be enriched without eating. People in such a condition must eat, even if they have to take a little whiskey to keep the food down.

Dr. Edmonds.—Milk is a light, easily digestible article

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of food, and when largely depended on as an article of diet should be taken often. In regard to forced feeding, I believe that a broken down, worn out stomach needs rest as much as a broken arm does, and that only harm can come from stuffing a person who has no appetite. I have found that when milk was distasteful there was generally no appetite for anything, and I am satisfied that it is one of the most generally beneficial articles of diet. Cows do not grow naturally in the city and the best of city milk is necessarily poor. Cities should be supplied with milk from the country.

PHSYICAL CULTURE AS A HYGIENIC MEASURE.

BY W. B. MORGAN, M. D.

Though my subject has not been announced it may be presumed that according to custom I am about to discourse of some cases, or class of cases, of disease, or some drug to be used in medical practice, but such is not the case; I do not want to talk so much about medicine to-night as about doctors. I think there may be some profit in looking at certain phases of their conduct, with a view of ascertaining its tendency and learning what errors should be avoided. To one not giving the matter much thought, it may seem that the medical profession is engaged at present in rapidly reducing the traditionary and empirical practices of the past to an accurate scientific basis. Because the multiplication of books and periodicals, and legislative requirements keep the rank and file of the profession pretty well posted in the latest researches in pathology and therapeutics, there is a general tendancy to uniformity in methods of practice. Theoretical notions that have prevailed are becoming so modified that in a few decades medical men will wonder how there ever could have been more reason for different schools of medicine than for different schools of chemistry. Regarded from a scientific standpoint the pro-

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gress of medicine is satisfactory, but are there any fallacious doctrines creeping into this matter of fact medical system that seems to be developing? It hardly seems that a system of belief, that has been of slow growth in the minds of many scientific men, can be otherwise than reliable and permanent, but we know that before now whole nations have been deluded. Ever since the building of the Tower of Babel it has been the lot of mankind, collectively and individually, to find out just when it seemed it had something sure that it had nothing at all. In other times the best men of the noblest races have wrought out systems of philosophy that now seem to us simply childish. The Romans thought that with the conquest of the world they would establish an universal peace; but, while they exerted their mighty energies in one direction, they overlooked the invasions of decay and their great labors resulted in confusion. So, I fear, it may be with the doctors of to-day. While they are puffing themselves up on account of their scientific advances they are nursing the direst of foes to themselves and the public. It is the province of the profession, not only to cure disease, but to prevent it. In the discharge of the latter duty the instruction of the public in hygiene and sanitation is a most important factor. Is there any radical defect in the character of this teaching? The great rage, at present, is to kill bacteria and enforce such cleanly measures as will reduce their reproduction to a minimum. Rationally followed this practice in itself is most commendable, but there is great danger that so much attention shall be paid to the bacteria that the human race may be neglected. There are some great physicians who seem almost to think that if the bacteria could only be all killed off once there would be no more disease. I am aware that several members of this society do not subscribe to this line of doctrine, but the general tone of medical thought is biased considerably in that direction. We hear a great deal of antiseptic measures, quarantine, filling up wells,

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improved sewer traps, etc., but very little of fortifying human beings so that they may, to the fullest extent, resist disease. The great aim of modern civilization seems to be the acquirement of luxuries, the effect of which is to debilitate and enervate the people, and here is just where doctors are taken on their weak side. They are so pleased to have wealthy patrons that they easily persuade themselves to overlook the effeminacy and vice, that are real causes of disease, to talk of brain fag and other such nonsense. Indeed, I think that doctors themselves, when they get a chance, take most readily to luxurious habits. I do not know whether it is because their business requires them to make a study of the appetites or not, but they certainly appreciate a soft thing as much as any other class of persons. The watchmen of the people, physically speaking, are themselves beguiled. Manual labor, one of the first conditions of good normal health, is a thing the necessity of which is almost entirely ignored by physicians, both in precept and in practice. Many people are overworked, and most are obliged to work enough for health's sake, but it is not of these I wish to speak. Among the wealthy classes, those who set up the social standards that the less fortunate feel compelled to follow, there are thousands who are not required by necessity to keep their bodies exercised up to a healthy state. I have heard an eminent physician of this city tell of putting to bed a young lady, who was suffering from nothing but laziness, and having her put thought a regular course of massage of several weeks duration for the purpose of developing her muscles and giving her an appetite. In response to my ridicule, the doctor said that she could not be got to take any adequate exercise and that the course followed was the only one of restoring her to health. Dumb-bells and other gymnastic apparatus are somewhat affected by the genteel, and I saw the other day a notice of a new jolting chair, which, by working some levers, is intended to toss a person about and make

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him think he is riding horseback. There is an inadequacy in all these artificial maneuvers that are resorted to mostly by people who think it a disgrace to do a little work with their hands. Diocletian, after serving as emperor, with his own hands raised cabbages; Washington hoed potatoes; Gladstone chops wood, and many of the greatest men have taken pleasure in like employments. It is only a mock gentility that despises necessary, useful labor, but there is a good deal of this kind and right in the profession, too. Physicians, who, most of all, might be expected to aim at the cultivation in their own persons of a physical ideal, think, that to be pleasing ladies' men and consequently prosperous doctors, they must be delicate and effeminate themselves. The hardest and only physical exercise taken by most of them is to ride a little in a buggy. Some, who have naturally good constitutions, present a sleek, well-fed appearance, but their flesh is soft; others of a more dyspeptic turn, talk of skimming city milk to prepare it for food, and condemn the fat pork upon which our forefathers bult up constitutions of iron. They generally aim to cultivate a good personal appearance, but I doubt if any other class of men could be found with so little physical strength or endurance. I do not wish to be understood to believe that it would be desirable for physicians to be athletes, but I do believe that a higher degree of muscular culture on on their part would improve their health, with a result of sounder judgment and broader ideas. If physicians should set the example of doing a little work with their hands, and should inculcate the idea that a proper amount of manual labor is as necessary to good hygiene as fresh air or proper food, it would be easier to combat in some, especially female, members of the higher classes of society a long train of diseases, whose real cause is indolence with its attendant vices. I believe in keeping in sight of first principles; plain, old-fashioned work is a medicine of the highest potency.

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DISCUSSION.

Dr. Franklin.—It strikes me that a doctor, who attends to his practice and keeps himself posted up, has little time to saw wood. As to the medical progress referred to by Dr. Morgan, I want to say a word. In rational medicine the allopaths are outstripping the homœopaths. Some of them boast that by the use of the single remedy they have stolen from us our most important characteristic. Many of them have adopted our method of giving small doses frequently repeated, and numerous allopathic physicians may be found who give less medicine than some homœopaths. While the allopaths are stealing our thunder, there is a strange lethargy in our own school. The most stir is made by a class of men who do homœopathy more hurt than all the allopaths together. The other day I read of a doctor giving the 6-millionth potency with most violent result to his patient. Some one has said that a few doses of such medicine ought to be given to the Russian army: it would render cannon unnecessary. Periods of activity are followed by lethargy and *vice versa*. It is to be hoped that the lethargy of rational homœopaths is about to end.

Dr. Kershaw.—The paper contains a good deal of good sound sense, but I agree with Dr. Franklin that a busy doctor has not time to saw much wood or do other things of that kind. We cannot control society. We must take it as we find it and furnish the people with what they want, just as merchants and other tradesmen do. If we do not do it they will give their patronage to some other doctors who will. If some people want to take their exercise in bed I believe in letting them have it that way. I can stand it if they can. I humor them and send in my bill regularly. People do not pay me to teach them good sense, and I do not care whether they have it or not.

Dr. Wilcox.—I heartily endorse the views of the essayist and I have always striven, among those who needed it, to inculcate an idea of the necessity of proper exercise. Though not naturally strong, I myself, by practicing what I teach in this respect, am able to do a good deal of work.

Dr. Morgan.—Drs. Franklin and Kershaw think doctors

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have no time for physical culture. Gladstone, probably the busiest man in England, has plenty of time to do his chopping; and among physicians themselves, the leaders, those who mark out lines of procedure that the rest of us only imitate, in addition to their regular duties, find or make time to make their researches and write voluminous books concerning them. Hahnemann, Hempel and Hering were pretty good doctors, yet they found time to do considerable besides practice medicine. Dr. Kershaw does not care what his patrons believe so long as he can please them and get his money regularly. Much of our business is transient, but some of our patrons consult us for years. Are we to take no interest in these people further than to get what money we can get out of them? May be it don't pay, but I have other ideas of a physician's duty. Dr. Kershaw has a great deal to say about fresh air, good food, milk punches, etc., but thinks it would be impolitic to advise a patient to do a little work. If he goes into a sick room and finds the air close and stifling, I venture to assert that he does not say: "It stinks here! Open the window." He goes at it in a more adroit manner. Neither do I tell a person "There is nothing the matter with you but laziness." Go to work. Pills, nowadays, have to be sugar-coated. You can get an indolent person interested in a garden, a flower bed, or something of that kind, without his or her mistrusting what you are driving at.

Dr. N. L. Franklin.—I don't see how doctors can spend time to take exercise. Moreover, most doctors were brought up on farms, so that after they become physicians there is little need for further physical culture.

Dr. Franklin.—Doctors should neither saw wood nor indulge in high potencies.

Dr. Kershaw.—I ride horseback a great deal and have always advocated plenty of exercise, but if I can not get people to follow my advice, I let them have their own way. There are some people whom you never can convince of their error.

Dr. Wilcox.—Last week I saw a person sick with typhoid fever who objected to having the window open. I called a man from across the street and had the window opened forthwith.

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I should like to know whether Dr. Kershaw would have humored such a patient?

Dr. Kershaw.—I should certainly have had the window opened. Dr. Morgan wants physicians to do some manual labor for physical culture. Sawing wood and the like is too hard, and, furthermore, is too undignified. It is a good deal better to go hunting, to ride horseback, and do things of that sort. I do not propose to make a machine of myself. After being obliged to keep irregular hours, I am not going to force myself to set down to a desk and go to grubbing at just such an hour every day. I am going to take my little nap and enjoy myself.

Dr. Moagan.—Confession is good for the soul. I am glad to hear Dr. Kershaw come right out and own up that he is lazy.

Popular instruction in hygiene is fortunately becoming more general, but I believe that the effeminacy of the more prosperous classes is becoming greater. There is a constant tendency toward the accumulation of wealth in the hands of a few. The money-getters of these few are active men, but their families and descendants are not. Their idle effeminate habits of life are imitated as much as possible by all, and physical degeneracy is the result. A child may have pure air, good food, and be kept clean, but, unless it has proper and adequate physical culture, it will never attain full bodily, or mental development. One of the foremost duties of the medical profession is to stem the tide of effeminacy that is creeping over the most intellectually cultured portion of the people.

Dr. Edmonds—Public sentiment, especially in the city, is against a physician doing any labor. Riding in a buggy is poor exercise, while walking is one of the very best kind; but people do not like to see a doctor walk. If they see him walking, they wonder if he has become so poor that he had to sell his horse; if he rides horseback they wonder what has become of his buggy. There is scarcely any good exercise that a doctor can take without his suffering for it somewhat in public estimation. I defy public sentiment to the extent of taking a walk sometimes.

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Dr Boyd.—I attribute my uniform good health in my old age to my regular habit of walking, when a boy, several miles a day, though I was lame. The restrictions that are put upon physicians walking, by public sentiment, calls to my mind an incident. A doctor, in this city, was called in the night to attend an Irish woman in confinement. On being told it was only "a bit of a ways," he went a-foot. When he charged $10 for his services, he was told that "a booggy docther charged only $5; an' they would only pay him but $3."

PROCEEDINGS OF THE NINTH ANNUAL SESSION OF THE MISSOURI INSTITUTE OF HOMŒOPATHY, HELD AT ST. LOUIS, MISSOURI, MARCH 5TH AND 6TH, 1885.

The Institute convened at parlor 22, Lindell Hotel, at 10.30 A. M., Dr. W. D. Foster, President, in the chair. After calling the meeting to order, Dr. J. T. Boyd, President of the St. Louis Society of Homœopathic Physicians and Surgeons, delivered the following address of welcome:

DR. BOYD'S ADDRESS OF WELCOME.

Ladies and Gentlemen of the Missouri Institute of Homœopathy:

It becomes my duty as well as my pleasure, as President of the Homœopathic Society of this city, to welcome you to our city. You have come from different parts of our great state with the characteristic self-abnegation of our profession; to meet here and compare notes in regard to the different diseases, and the improvement in the methods of treatment that have been discovered since last we met. We meet to exchange new facts that each has discovered, during the last year. It is good also to come together to renew our friendship, born at colleges, and increasing as the years pass by, while we meet in our medical societies; and to prepare for the approaching epidemic that is casting its baleful shadows across the ocean.

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The Greeks had a superstition that the plague was preceded by the sound of the heavy rolling of invisible chariots, in the streets of the city at midnight. We can almost hear the sound of the pestilential chariot of cholera, now in our streets. As it was when the plague cast its black pall over Europe in the 15th, 16th, and 17th centuries, the physicians stood heroically at their posts, contending with death at every step; while the tender ties of kindred were dissolved, mothers forsook their plague-stricken children and fled, leaving the little ones to perish, or to be cared for by strangers. The priest threw off his sacerdotal robes, and refused to perform the funeral ceremonies for the dead. Then it was that the physicians showed their professional devotion, and remained by the bedside of the sick and dying, administering to their wants, and combating the terrible malady. So will it be now, should the pest of malignant cholera visit the homes of our patrons. Where sickness and suffering is, there will the physician be; patiently and heroically contending with death. Homœopathic physicians will meet the conflict, not with the forlorn hope proclaimed by our allopathic brethern, who, in their despondency, declare that, after years of experience, their whole dependence will be on hygienic means, or on the hypodermic injections of morphia; and thus destroying what little vitality is left in the patient and hastening his death. But the Homœopath will approach this disease with the confidence gained from former victories, over this disease, in past years. While our allopathic brethern declare frankly their inability to control this disease, yet they boast of their advancement in therapeutics. No true Homœopath will deny them the right to boast of this, for the reason that *all their advancement is in the direction of homœopathy.* We rejoice to see them abandoning their wretched polypharmacy. We congratulate them on the improvement of their practice, by using but one or two remedies in their prescriptions; not only that, but they even advise the use of the same remedy and, sometimes, in the same dose that the homœopaths do; while they are ridiculously trying to "hedge" by disclaiming any sympathy with homœopathy. Instead of coming out manfully and admitting that their practice has been greatly modified by the success of

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homœopathy, they are trying to patch it up by the boyish act of "hitching on" to the homœopathic wagon.

At this meeting we should pass some resolutions, urging our municipal authorities to be energetic in hygienic measures, so as to be in the best possible condition to resist this anticipated invasion of cholera. It would be well, also, to pass such resolutions, as will tend to strengthen the hands of the Boards of Health—National, State, and Municipal—urging that a liberal pecuniary allowance should be made, that they be not hampered for the necessary funds needed for their successful work. At the same time, we should declare that, as physicians are the natural custodians of the health of the people, that the Board of Health should be composed of the most learned, as well as the most liberal members of the medical profession; instead of men whose only qualifications are that they are good business men, or that they have done some political drudgery, in the past, for the party in power.

Dr. J. Martine Kershaw, Vice President of the Institute, responded as follows:

VICE PRESIDENT KERSHAW'S RESPONSE.

Mr. President and Members of the St. Louis Society of Homœopathic Physicians and Surgeons:

Through the courtesy of the President of the Missouri Institute, I have the honor of responding to the very able address of your presiding officer. It gives me great pleasure to say that our state society is growing. It is growing in numbers, it is growing in usefulness, and growing as a representative homœopathic body in this great and growing State of Missouri. Only a few years ago it was a little thing, no larger than one's hand; while to-day, it numbers on its roll of membership the sterling worth and force of homœopathic practice in the State. And it means something; it means that the intellect and character, and force of our body, can, should, and will—it may be—take the lead and represent medicine and whatever pertains to medicine in our State. The patrons of homœopathy are the intellectual, the refined, and cultured of the people; and, if the culture and refinement of

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the country manifest their confidence in us, during sickness and disease, they certainly have a right to expect us to represent them on all public questions and matters of medicine. If we have the intellect and wealth of the State behind us, we can do nothing less than be leaders in all that pertains to our profession. The whole American world is now looking forward to a fearful epidemic disease about to come upon us. Homœopathy, during its little life, comparatively speaking, was far superior, in the treatment of cholera, to old school practice, as we have it from the very lips of these practitioners themselves. I tell you, gentlemen, now is the time, now the opportunity, to unfurl our homœopathic banner and place it, not at the bottom, not in a middle position, but away up at the top. There is where it belongs, gentlemen, and there is where we can put it and keep it, if we only work energetically, faithfully, and persistently. Let us work now, gentlemen, let us work when the time comes, and let the work be good.

Owing to the fact that the proceedings of the last session were before the members in printed form, the reading of the same was dispensed with, and on motion adopted as printed.

The President then read the annual address:

PRESIDENT FOSTER'S ANNUAL ADDRESS.

Members of the Missouri Institute of Homœopathy:

Ladies and Gentlemen.—The organic law of this Institute wisely permits your presiding officer freedom in the choice of the subject-matter upon which he founds his address. In pursuance of this liberty your attention is invited to some observations on the "Progress of Homœopathy: the relation of this system of practice to mortuary statistics; and collateral remarks incident thereto."

A careful study of reports from all sources affords profound cause for congratulation. In our own country during the year 1884 fifteen medical colleges, with 1,194 students, graduated 401 men and women: these institutions of learning have now in the field the aggregate number of 6,252 graduates, well qualified and fully equipped physicians, bravely and successfully battling for our beloved cause in every quarter of this vast domain; our advocates are annually erecting hospitals, organizing new dispensaries, medical societies and clubs, whereby the doctrine of similia is diffused, and the people afforded an opportunity to investigate and espouse the

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superior method of healing professed, taught and practised by its representatives. Colaborers in foreign lands give cheering accounts of their work, reporting progress in every department; the accession of vast numbers of new patrons; that their physicians are everywhere enthusiastic, successful, popular and flourishing.

In literature the attention of the whole profession is arrested by the inauguration, at Deer Park, by the American Institute, of the colossal scheme of Materia Medica Revision and Publication. This enterprise is undertaken jointly by the Institute and the British Homœopathic Society, the editors-in-chief being two gentlemen whose names are familiar wherever homœopathy is known, viz., Dr. Richard Hughes, of England, and Dr. J. P. Dake, of Nashville, Tenn. This step, so long talked of, so imperatively demanded, so long delayed and of such vast consequence to every physician, teacher and student, will give us a Materia Medica which will do more to popularize homœopathy than all other influences combined. As indicating in some degree the scope of the labor involved and the results to be attained it is pertinent to state that the rules of revision have been finally agreed npon, viz.

1. Give the scientific name and synonyms of each article.
2. Give the natural order of each article.
3. Give a narrative of all provings, stating the symptoms in the order of their occurrence with such condensation as completeness allows.
4. Give, in presenting virulent drugs, such selected cases as may properly illustrate the various forms of poisoning by them, condensed as before.
5. Include, as a rule, no drug that has not shown pathogenetic power in two or more persons.
6. Trace back all versions and copies to their originals and verify, correct or reproduce therefrom.
7. Give the results of experiments on the lower animals, where of value, generally in abstract.
8. Include in the narrative, as a rule, no symptoms reported as occurring from a drug administered to the sick.
9. Include no symptoms reported as occurring in the persons of provers under the influence of other drugs, or when in conditions or circumstances not allowing a clear reflection of the pathogenetic influence of the article under consideration.
10. Include symptoms reported as coming from attenuations above the twelfth decimal only when in accord with symptoms from attenuations below.
11. Omit the contributions of Hahnemann and his fellow-

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provers to the materia medica pura and the chronic diseases, which are already accessible to the profession, and of which we do not possess the day-books.

This drug pathogenesis is to be issued in parts, two of which are promised annually, and at such moderate prices as to be within the reach of all. The first part may be looked for shortly.

It is ascertained from official reports that the institutions of our school, including hospitals, dispensaries, and societies—national, sectional, state, and local—are all harmoniously and vigorously pushing forward toward higher attainments and wider results. The homœopathic profession is steadily gaining accessions from the old school, who candidly avow the doctrine of similia, and who honestly, openly and faithfully devote their best energies to its legitimate application at the bed-side. These we welcome. All such are invited to investigate and be convinced. To such every true homœopath extends the hand of fellowship. Many of us have, through great tribulation, come out of the errors which still embrace the major part of the medical world, to the true light revealed to us, and welded into a system by Hahnemann "who lives immortal in the hearts of men." The founder of homœopathy has told us that

"The three necessary points in healing are: 1. To ascertain the malady; 2. The action of the medicines and 3. Their appropriate application," and announces this profound proposition:

SEC. 71. As it is no longer doubted that the diseases of mankind consist merely of groups of certain symptoms, which cannot be destroyed but by the aid of medicines and the inherent faculty which those substances possess of exciting morbine symptoms similar to th se of the natural disease, the points to be considered in the mode of treatment are the three following:

1. By what means is the physician to arrive at the nec ssary information relative to a disease, in order to undertake the cure?

2. How is he to discover the morbific power of medicines—that is to say of the instruments destined to cure natural diseases?

3. What is the best mode of applying these artificial morbific powers (medicines) in the cure of diseases?

To each proposition this learned scholar proceeds to give clear, rational, philosophical solutions—pointing out in the most precise manner how we may imitate his example. We commend their impartial consideration to all thinking men.

Contrasts often times emphasize pointed characteristics. No more pronounced antitheses can be found on earth than those existing between the two systems of medicine, the homœopathic and allopathic. A graphic writer draws this picture: "The doctrine of

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contraria assumes that opposite conditions produced by drug force are cures, or that they will promote cures. Hence its disciples produce hypercatharsis for constipation; drug-sleep for insomnia, and anodyne unconciousness for decisive and victorious battle. It overdraws where it should replenish, punishes it where it should reward, robs Peter but does not pay Paul. Substitute a hypodermic syringe for a spear, and a man for the windmill and we have a medical Quixote. It would be a waste of time and an overdraft upon your patience to characterize this system as it deserves. There can be no doubt that it was born out of wedlock of ignorance and stupidity, and soon after passed into the guardianship of egotism and criminality. Every prescription made under it is an abuse of drugs which should be prevented by law." * * * "Empiricism,' adds the same writer, "begins with experiment and ends with deduction." An illustration is found in "Braithwait's Retrospect," volume XX. pages 310–352. It relates to the treatment of cholera in England in 1849. The editor says: "It would be a useless waste of time to analyze all that has been written about cholera in the last six months. * * * We have, therefore, decided to make a collection of what we have considered the best opinions on the various modes of treatment, which we here subjoin." The résumé embodies about sixty methods of treatment—no two alike—many diametrically opposed. For example Dr. Midrie writes: "Give two grains of calomel, and if retained repeat every five or ten minutes." Dr. G. Bird: "The calomel treatment is of no use whatever." Dr. Bodley writes: "Complete recovery from collapse has followed the administration of twenty grains of calomel repeated ten times." * * * Dr. Hughes—Guy's Hospital: "Calomel is of no use; all, or nearly all the patients so treated have died." An anonymous contributor writes: "Administer iced water freely, sponge the surface with cold water and wrap in cold wet sheets." * * * Dr. Stevens and many others: "Wrap the patient in sheets wrung out of boiling water." Adopted at Guy's Hospital. * * * "The wet sheet fairly tried, but all the patients have died." Rejected at the London hospitals. "Give chloroform in doses of from five to ten minutes every hour or two."—[Dr. John Davies. * * * "Chloroform, exhibited both by stomach and inhalation, but all the patients so treated have died."—[London Hospital. Such are the methods of the so-called regulars. From such crudities, absurdities, and experiments, good Lord deliver us.

But what words are adequate to portray the character of that other vast crowd of allopaths, who profess a belief in the Galenic doctrine, but who secretly and clandestinely employ the homœo-

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pathic remedies at the bed-side; who lose no opportunity to denounce, openly, the master, homœopathy and its adherents, together with its therapia? An allo ath recently said, in a public place, that the people contracted no legal liability by employing a homœopath, for the reason that his services constituted no consideration. A physician of our school was shortly thereafter called to see a patient, then under the treatment of this same regular, taking globules of aconite and belladona. It is credibly asserted that he also carries a homœopathic case in his pocket. Such men talk about homœopaths being imposters.

The practices of these men direct the mind back to that dark period in history when mankind were ruled by superstition, ignorance and malace; to that epoch in Byzantium, when the "Asclepions were closed, the schools of philosophy prohibited, the libraries dispersed or destroyed, learning branded as magic or punished as treason, philosophers driven to exile, and, as a class, exterminated." It is said that when the Saracens captured Alexandria their victorious general sent to the kahlif to know his pleasure respecting the library. The answer was in the spirit of the age. "If the books be confirmatory of the Koran they are superfluous; if contradictory, they are pernicous. Let them be burnt." Clothe our dogmatic regular with the sword of Constantine and he would make short work with everything not found in his Koran.

Homœopathy successfully wrestles with this spirit, and no doubt need be felt that it will, in due season, be recognized as a scientific system of healing by the whole world. The people of this state enjoy political and religious liberty; they will have medical freedom.

A comparison of mortality statistics in favor of our practice has been so often made that it would hardly be instructive here to go into the matter. But it is important that the people should know that homœopathy does not shrink back appalled in the presence of the most malignant zymotics; that it deals successfully with yellow fever and small-pox; that it reduces the death rate in cholera to a minimum unknown before its time; that the indication for the similar drug belongs to no age, climate or condition; that it is founded in a universal law of nature; that with the well-tried remedies with which the early physicians of our school waged successful battle with cholera, we were equipped to renew the contest when occasion may demand.

I am indebted to our industrious secretary for the following information, which will be set forth in more detail in the report of that officer, to wit: The Institute has a membership of seventy-five; one of our most honored and useful members died during the year,

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namely, Dr. Philo. G. Valentine, M. D.; the number of physicians in the state is about 175; one medical college, the report of which you will all be interested in hearing.

It is respectully suggestive that article 10 of our by-laws—order of business—be so changed that the election of officers shall precede the appointment of bureaus. It would appear proper that the president-elect should have the power to name the gentlemen whom he desires to act as chairmen of the bureaus, for the reason, among many that might be urged, that the interest of our annual meetings will greatly depend upon the coöperation of these with the presiding officer; but we presume no argument is necessary to urge this upon you. As it relates to "Order of Business" it will be in order at any time.

The committee on publication should be authorized to arrange terms with the official stenographer, who will report in full your proceedings and prepare the same for publication. Also to report to this Institute what arrangements can be made to have these proceedings printed, including a correct transcript of the constitution and by-laws, and a correct list of the members, with residence, together with cost of such number of copies as the Institute may authorize.

You will hear with satisfaction that, since our last annual assembly, a Homœopathic Medical Society has been organized, and is now in successful operation in Kansas City. There may be others also, but none have been reported to me.

The enactment creating a state board of health justly calls into service a representative of our school, who must be "in good standing, and of recognized professional and scientific knowledge." Inasmuch as the term of our representative expires during the present year, it is respectfully urged that you name some gentleman upon whom the Institute will cordially unite in recommending to his excelency the governor for appointment.

In consequence of the inability of the treasurer, I requested the secretary to discharge the duties of that office ad interim. This action, I trust, will meet your approbation.

Finally, with cordial thanks for and grateful appreciation of the high honor with which you have invested me; bespeaking your kind indulgence and earnest coöperation in dispatching the affairs of this annual session, I now declare the Institute open for business.

The Vice President appointed Drs. Ordway, Cummings, and Richardson a Committee on President's Address. The Chairman of the Board of Censors begged leave to report favorably on the application of Mrs. H. Tyler Wilcox, M. D.,

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of St. Louis, a graduate of the Homœopathic Medical College of Missouri, 1884.

Report accepted and applicant elected to membership.

The President appointed Dr. N. L. Franklin, Treasurer *pro tem.*

Drs. Parsons and Richardson were appointed to audit the accounts of the Institute.

The chair appointed Drs. Ordway and Cummings a Committee on Credentials.

There being no other business, the President called for a report of the Bureau of "Climatology and Prevailing Diseases." At the request of the Chairman of the Bureau, further time was granted.

Under the Bureau of "Clinical Medicine," Dr. Cummings read a paper on "Mixed Diseases."

(See paper under head of "Clinical Medicine.")

The Board of Censors offered a favorable report on Dr. Joshua Thorne, of Kansas City, a graduate of the Hahnemann College, Philadelphia, 1854; and Mrs. Alice B. McKibben, M. D., of St. Louis, a graduate of the Homœopathic Medical College of Missouri, 1884.

Report adopted, and the applicants duly elected.

The Committee on President's Address begged leave to offer the following report:

ST. LOUIS, MO., MARCH 5TH, 1885.

To the Officers and Members of the Missouri Institute of Homœopathy:

We, your committee to whom was referred the address of the President, beg leave to submit the following: The address is most heartily endorsed and commended as a whole, and we recommend:

First.—That it be published in the proceedings of the Institute.

Second.—Your committee further recommend that so much of the address as refers to amendment of By-laws be acted on at this session.

Third.—That so much as refers to a stenographer be referred to a special committee of three, with full authority to take all requisite action in the matter.

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Fourth.—In the matter of recommending to the Governor a suitable member of the profession for appointment to the State Board of Health, we recommend that the Society take action on the same, by designating some one at this session.

Fifth.—We heartily endorse the action of the President in appointing the Secretary to fill the office of Treasurer *ad interim*, made vacant by the death of Dr. P. G. Valentine.

Sixth.—The reference of the President to the death of the Treasurer, Dr. P. G. Valentine, calls for the suggestion of your committee that a committee of three be appointed to submit appropriate resolutions in this matter.

Respectfully submitted,

L. S. Ordway, M. D.
J. C. Cummings, M. D. } Committee.
W. C. Richardson, M. D.

On motion, the report was received and adopted.

On motion, the "Order of Business" in By-laws was so changed that the "Election of Officers" precedes that of the "Appointment of Bureaux."

On motion, Dr. Kershaw was appointed to secure a stenographer for the Institute.

On motion, 5 o'clock, p. m., was set for the consideration of the President's suggestions in the matter of State Board of Health.

The chair appointed Drs. Franklin, Boyd, and Richardson, to draft suitable resolutions in memory of the late Prof. P. G. Valentine, M. D.

The necrologist, Dr. E. C. Franklin, desired that half past four o'clock be set apart for the reading of the Eulogium and the presentation of resolutions.

So ordered.

Adjourned till three p. m.

AFTERNOON SESSION.

Pursuant to adjournment, the Institute met at three p. m. President Dr. Foster in the chair.

The Board of Censors recommended for membership, Mrs. S. Ella Lavat, M. D., of St. Louis, a graduate of the Homœopathic Medical College of Missouri, 1884; and Mrs.

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Besie V. Cushman, M. D., of Hannibal, a graduate of the Hahnemann College of Chicago, 1881.

Report received, and both ladies elected to membership.

The Auditing Committee reported the account of the late Treasurer correct, and recommended the following bills to be allowed:

To printing announcements - - -	$11.50
" Secretary, for postage and Express on proceedings - - - - - - -	8.75
Total - - -	$20.25

Report received and bills allowed.

By request, the report of the Bureau of "Climatology and Prevailing Diseases" was laid over until the next day.

The Bureau of "Psychological Medicine" being called, Dr. J. Martine Kershaw read a paper on "Sick Headache."

(See paper under head of "Psychological Medicine.")

There being no other paper, the Bureau was declared closed.

Dr. J. T. Boyd offered the following resolution:

WHEREAS, Physicians are the only proper custodians of the health of the people:

Therefore, *Resolved*, That all Boards of Health, National, State, and Municipal should be composed of learned and liberal physicians only.

In support of the resolution, Dr. Boyd severely criticised the system of appointing favorites of the appointing power to Boards of Health, without regard to qualifications. He cited the case of a man who had been sent to the hospital as a drunkard, when really he was suffering from concussion of the brain. Many valuable lives had been lost in this way. Boards of Health should be composed of learned men only.

Dr. Parsons said there were some men who were not physicians, who were just as well qualified to act on a Board of Health as some physicians. There were some very learned physicians who knew nothing of sanitary matters. There was the present State Board of Health, now just going out, and although they were learned physicians, they knew no more about quarantine than children.

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Mrs. Dr. Cushman, of Hannibal, thought that a few good housekeepers on a Board of Health would prove an advantage. The plan had been tried in New York, and would work anywhere. Women were famous for cleaning up, and would be very useful in the discussion of sanitary matters.

The hour for the reading of the Eulogium, in memory of the late Dr. Valentine, having arrived, the President called on Dr. E. C. Franklin, who proceeded to discharge that duty.

[CONTINUED NEXT MONTH.]

Surgical Department.

STRICTURE OF THE URETHRA.

BY S. B. PARSONS, M. D., ST. LOUIS.

[CONCLUDED.]

Those situated near the bulb are less liable to be unmanageable by gradual dilatation than those just alluded to, but are quickest relieved by the immediate operation; whilst urethrotomy is liable to be attended by risks such as hæmorrhage, cellulitis, etc., not observed in the other forms of treatment.

Sir Henry Thompson's instrument for dilating strictures can be used either to enlarge the opening gradually, or forcibly rupture the contraction. I have always adopted the latter plan, and have never failed to accomplish my purpose, or had occasion to wish I had tried some other method. I only use it where the stricture is at or near the bulb, and when fully opened it is much larger than any bougie, or the urethral canal itself. Yet we will meet with cases that require its utmost power and expansion to burst the stricture, which can be safely applied, as this part of the organ is highly distensible. Should the orifice be very small or tortuous, a fine whalebone guide is passed through it, and then

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the dilator railroaded along it by means of the opening in the extreme point through which the guide is introduced, and one can readily conceive, acts as a pilot to the instrument through the stricture. When the exact location of the stricture is made out the distance to it from the meatus should be measured on the dilator, commencing at the maximum point of its dilatation, and this slide moved up to the point indicated on tne shaft, so that one may know how far to introduce it to obtain its utmost strength, as well as to feel assured it is in its proper place. Having it adjusted in position the slide is now returned to its place at the handle, and by a quick revolution of the wheel at the end of the shaft, the blades are rapidly opened to any extent that may be desired; thc little indicator keeping us constantly apprised of the distance the blades are separated from each other, and the amount of power bearing upon the diseased surfaces. The majority of cases will require it opened to nearly its maximum degree, but the amount of resistance the stricture offers should be carefully watched and made a partial basis for drawing conclusions as to the power necessary to overcome the resisting body. The operation performed, the dilator is withdrawn with the blades only partially closed, and a No. 12 or 14 bougie passed afterwards and the patient is instructed to make water.

There is only the slightest twinge of pain felt when the stricture gives way, none other than a feeling of distension experienced during the whole of the proceedure. Nor is the hæmorrhage greater than eight to ten drops of blood. The further treatment consists of passing a full-sized bougie—No. 12 or 14—every two days for two weeks, then twice a week, then once a week, then once in two weeks, then once a month, and so on until the case is completed.

Occasionally through some peculiarity of construction, or neglect on the part of the patient, the contraction returns, but not to so extreme a dngree as at the primary stage. The steps

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for its removal are the same as at first. For two or three days after the operation I usually advise quietness and a low diet, though I must admit I have never seen any occasion demanding such restrictions, and I have operated on patients who returned to their business a few hours afterwards. I think it is always best to err on the safe side, and therefore recommend that they keep quiet for the first forty-eight hours, and if in that period no ill effects show themselves, it is safe to allow our patients to pursue their usual avocations.

Another instrument, designed to cut the stricture by internal urethrotomy, is known as the urethratome. It was invented by Dr. Gouley, of New York, and is made somewhat on the principle of Thompson's dilator, in that it is intended to first put the urethra on a stretch, by screwing open the sides of the shaft, and then cutting the stricture by means of a small knife, convexed near its beak and worked by a handle at the proximal end of the instrument. It has another advantage I deem of considerable importance, and that is its power to fully dilate the urethra after the stricture is divided, without changing its position, and therefore obviates the necessity of introducing a bougie for that express purpose after the urethratome is withdrawn. Its mode of application is as follows: the situation of the obstruction being ascertained and its distance from the meatus marked on the shaft of the urethratome, the point of the instrument is made to pass through its orifice until opposite that place where the knife is projected the greatest extent, about 2¼ inches from the beak; then a few turns of the screw is made to render sense the surrounding urethral walls, and the rod to which is attached the knife is drawn slowly and firmly outwards *along the floor of the urethra*, a distance of two inches, so as to incise fully the stricture and a little of the sound tissue before and behind it. If thought best, and it is the practice of some surgeons, the instrument can be turned a quarter or half way round

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without withdrawing it, so as to bring the knife opposite one side or roof, and another incision made through the contraction. I have never found this necessary, but from the opening being just large enough to admit the point of the urethratome before the operation, after it a No. 12 to 15 bougie will pass with ease. After the incision through the stricture is made the knife must be returned to its bed and the blades freely opened, but not to such an extent as to cause much pain to the patient. Some operators advise passing a full-sized elastic catheter after the operation is completed, and retaining it in the bladder for twenty-four hours. The object of this proceedure is to guard against extravasation of urine through the wound into the sub-mucous cellular tissue. Others oppose such treatment, not considering it at all called for. My experience leads me to coincide with the latter class. Nothing more than a slight urethral fever ever manifesting itself as a consequence of the operation in my practice. The after treatment must be conducted as follows the operation by forced dilatation—that is a bougie must be introduced occasionally, for some time afterwards, and if febrile symptoms appear, Aconite will soon disperse them. Hemorrhage is rarely seen as a sequel, but should it occur, a good sixed bougie fastened in the urethra for a short time, and applications of ice over the seat of the incision will soon check it.

The last method of treatment of which I shall speak is external urethrotomy, or division from without inwards—the opposite of internal urethrotomy. The practice of this operation dates back to the earlier days of surgery, and was first, I believe, employed by the Arabians for the relief of retention of urine, not for the division stricture. The best that can be said of it is, that it is a hazardous proceeding, and no surgeon should entertain the idea of performing it unless thoroughly satisfied that the stricture is impermeable to instruments, and is made amenable to other modes of treatment. Happily there

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are but few cases which require this dernier resort. It is a growing belief and has greatly influenced practice, that there are but few strictures, through which, if urine issues externally, a cathter of appropriate size may not be passed if care, skill, gentleness and patience are sufficiently exercised. If, however, one of the exceptional class should fall into our hands, or operative measures demanded for that terrible filthy condition known as urinary fistulæ, oftener resulting from stricture of the urethra than any other cause, external urethrotomy will be the proper mode of treatment in the large majority of cases, subject to modifications which the various circumstances and peculiarities of each individual case may require, or the notion of the surgeon may suggest. The usual method of performing the operation is to place the patient in the position usually selected for lithotomy, on his back, knees flexed, and hands bound to the ankles, having a good light directly on the perineum, which is to be shaved if hairy, and a sound or grooved staff introduced into the urethra down to the stricture is held steady by an assistant, while the operator enters the knife into the perineum or in front of the scrotum, according as the stricture is in the penile, scrotal, or bulbous portion of the urethra, with the back of the knife always toward the rectum. This is more essential in those cases in which there is a large amount of thickened and indurated tissue, through which the incisions must pass, and sometimes to a considerable depth, else before we are aware of it, an opening has been made into the rectum. The incisions should always be commenced and confined to the median line of the perineum, or part in which they are made. This may seem to those who have had no experience an easy, simple thing to do. But I can assure you that external urethrotomy for the relief of impermeable stricture, complicated with urinary fistulæ, or indurated perineal tissues, ranks with that of tying the innominate artery.

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Sometimes cases are met with where the urethra is too irritable to receive a sound, and we must proceed without its assistance. The best way is to pass the finger into the rectum and finding the anterior point of the prostate gland, take it for a guide, and cut down through the perineal structures, shaping the wound slightly upwards and backwards, not direetly backwards, so as to avoid injuring the rectal walls. Or when the urethra is reached and an opening made into it, if it be behind the stricture, the attempt can be made to pass a bougie from behind forward, through the stricture, and if successful, retain it there until the urethrotome or dilator has been guided through the opening and beyond the contraction, and the bougie then withdrawn as inserted, and the constricted parts freely divided or dilated. Or if the sound or staff has been introduced as far as the stricture will allow, an incision may be made down to the point of the instrument, and then carried slowly and steadily through the indurated structures, far and deep enough to permit the easy passage of the sound. Whatever the mode adopted it is of the utmost necessity that all of the hardened and strictured fibers be thoroughly severed, else a reconstriction is probable. There are a great variety of ways suggested for performing this operation, all of which offer points of excellence under certain conditions, such as those combining a partly external and partly internal division; operations through the rectum; through the perineum and prostate as advised for lithotomy, and then treating the stricture from behind forward. No one way will answer for all instances; the good sense and judgment of the surgeon must choose that which to him seems most appropriate and offers the best chances of success from the great number that present themselves. The great points to keep fixed in the mind are — the object necessitating the operation; the probable increase of depth of the tissues through inflammatory products around the situation of the stricture, and consequently a

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corresponding depth of incision; the location and form of organs which should not be impaired by the operation; and lastly, that every stroke of the knife should be made with great caution, guided by a firm hand, and clear view of every step, aided by the utmost patience.

Selections.

PRURITIS VULVÆ ET ANI.

This affection is a common consequence of hœmorrhoidal varices, piles, ascarides of the rectum, overloaded lower bowel, early stage of cancer of the uterus and rectum, local eczema, ulcer and fissure of the rectum and anus, fistula, affections of the vagina, pediculi, &c.

In a recent article by Professor Da Costa, the writer says that pruritis vulvæ is oftentimes a symptom of diabetis mellitus and not sufficiently recognized.

The following formulæ have been employed with advantage:

℞ Sodii Hyposulphitis ʒ jv.
Glycerine ʒ ij.
Aquæ ʒ vj.
M.

Apply every three or four hours.—This lotion has proved very efficient.

℞ Tinct Iodine m. xx.
Cosmoline ʒ j.
M.

Anoint the parts twice a day previously bathing them with soap and water.

℞ Ntrate of Silver grs. ij.
Aquæ ʒ j.
M.

Saturate a piece of cloth and lay over the affected parts. Change often. Med. Ad.

℞ Balsam Peru.

Apply in its pure state twice or thrice a day or when the itching is troublesome.

℞ Tinct Belladonna ʒ j.
Powdered Hydrastis gr. xv.
Glycerine ʒ j.
M.

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Apply four or five times a day.—Apply a cloth to the parts, saturated with the solution, upon going to bed.

℞ Carbolic Acid ʒ ss.
Glycerine ʒ ij.
Aquæ ʒ viii.
M

Apply three or four times a day.—If the lotion is too strong dilute it by adding water.

PERMANGANATE OF POTASSIUM IN GONORRHŒA, LEUCORRHŒA, AND SUPPURATING BUBOES.—Prof. Roberts Bartholow writes as follows of this remedy: In gonorrhœa, leucorrhœa, and suppurating buboes, a strong solution—five to ten grains to the ounce—is an efficient remedy. It has proved to be especially so in gonorrhœa. When the attack is recent the solution should not be stronger than two grains to the ounce, but the more chronic, the stronger the injection may be made, of course within reasonable limits. In suppurating buboes, the contents of the sac should be drawn off with an aspirator if still intact, or thoroughly evacuated if ruptured, and the cavity filled with the stronger solution mentioned above.

Lacerda's experience with permanganate in snake poison, renders it almost certain that in the corresponding poison of syphilis the local application of this remedy at the earliest moment to an infecting chancre may be productive of the best results. In all forms of unhealthy and sloughing syphilitic sores—in sloughing phagedæna for example—it deserves more extended use than has heretofore been made. Finely pulverized, it can be dusted thoroughly over the diseased surface and introduced into all the sinuosities. By the same mode of application it can be used in lupus and epithelioma, and will, doubtless, be found more effective than the chlorate of potassium, which, applied in this way, has lately been much urged on the attention of the profession.—*Med. and Surg. Rep.*

FOREIGN BODIES IN THE EAR.—The removal of foreign bodies from the auditory meatus not infrequently proves to be one of the most difficult operations in minor surgery; and cases are not rare in which endeavors to effect such removal have resulted in rupture of the membrane tympani and escape of the foreign body into the middle ear, with subsequent disastrous results. Much of the difficulty experienced in this connection undoubtedly arises from the inefficiency of the instruments usually employed for the purpose of extraction. Neither the scoop nor the fine forceps used to this end

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offers the advantages of a perfect appliance, while the syringe even is likely to create serious mischief in cases where it does not at once affect the object in view. To those who are not familiar with the method advocated by Mr. Jonathan Hutchison, its simplicity and certainty will at once commend it, especially since it does not, even if effectual, set up any kind of mischief whatever. This plan was described in a lecture on "The Surgery of the Receiving-Room," delivered on Wednesday last at the London Hospital by Mr. Hutchinson, and consists in the introduction into the ear of a loop of soft, flexible silver wire, of small diameter. Such an instrument can easily be insinuated beyond the obstacle in the canal, and becoming hooked round it, at once permits its ready removal: sometimes a second loop may be found necessary, but as a rule one proves sufficient. Mr. Hutchison also strongly recommends that, should one or two trials end in failure, the patient should be placed under the influence of ether, as, in children especially, the movements indulged in if anæsthesia is absent render nugatory all attempts to place the loop *in situ* for extraction of the foreign body.—*London Med. Press*, Dec. 3.

Stibium Arsenicosum, or Antimonium Arsenicosum. — Dr. Mattes, of Ravensburg, Germany, writes as follows in the *Allgemeine Homœopathische Zeitung* for January, 1885: "Among the remedies which have as yet failed to meet with a just appreciation at the hands of the profession, stands foremost, Stibium arsenicosum. The only homœopaths who have so far recognized its importance, are Drs. Fischer and Haarer; to the latter I am indebted for my knowledge of that remedy. Dr. Haarer remarks: 'Stibium arsenicosum acts solely on the left side of the chest, on the heart and left lung; in pericarditis, left-sided pleurisy, and in recent and old effusions; also in desperate left-sided pneumonia, even if in a state of asphyxia, it will act promptly and surely. On the right side of the chest, however, it has no effect.'

"I have used Stibium arsenicosum since about a year, and have generally succeeded in verifying Dr. Haarer's statements. I have found, however, in one striking instance, that this remedy has also a superb effect on the right side of the chest; in one case an old right-sided pleuritic effusion rapidly vanished on exhibiting Stibium arsenicosum. I have also found this remedy highly beneficial, after all others had been tried in vain, in catarrhal pneumonia of children, although two of the children were decidedly worse on the right side. Stibium arsenicosum is best given in the 2^{x} trituration, 5 or 6 grains a day."

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VIDAL: THE FEEDING OF INFANTS WITH COW'S MILK.—(*Med. Record.*)

While advocating cow's milk as a substitute for mother's milk, too much stress is laid upon the necessity of employing milk from one and the same cow. The effect upon the infant is in no wise deleterious, whether the milk be procured from one or many cows, if the article is good. A few months ago the doctor had under daily observation an infant six months old, travelling with its parents through the various large cities and countries of central Europe. Upon arriving at each place the best milk that could be procured was ordered, and notwithstanding this constant change of milk obtained from different cows of the same nationality, and even the immediate substitution of that of another State, the infant enjoyed most perfect health. The predominating cause of evil results from bottle-feeding is the want of cleanliness. All feeding bottles with long rubber attachments should be condemned; the simple nipples are the safest. The bottles and nipples should frequently be cleansed with soda and hot water. Feeding should be limited to every two hours in the very young child, and later the time may be extended to every third hour. In the interval, if the infant cries, a little pure or slightly sweetened water may be given. During the early months, the proportion of milk should be three parts to one of warm water, the former uncooked. A tea-spoonful of lime-water added to each bottle of milk is indicated when there is much vomiting after feeding. When there is constipation, a tea-spoonful of mag. sulph. mixed with the milk before it is put into the bottle is called for. At no age under two years should table food be eaten. The feeding should be confined to the bottle, crackers, and bread with very little butter. The doctor is opposed to all species of artificial food as a substitute for cow's milk; and in any case where the mother is unable to nurse her infant, he prefers bottle-feeding to the wet-nurse.

A GIRL, five years of age, was brought to a hospital with the history that two years before she had emitted one round worm and passed several more by the bowels. She was noticed about the same time to eat earth in handfuls. She was scolded, kept in-doors, and whipped to stop the habit, but in vain. She said she did it to relieve a gnawing pain at the stomach. When she could not get earth she would pick the mortar from between the bricks and kept her pockets full to eat at her leasure.

During the two years of earth-eating she had passed about a hundred round worms. She was kept in the hospital four months, passed many worms, and gained very much in strength and flesh. After her discharge she passed a few more worms but her prolonged stay had sufficed to cure her morbid appetite.

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THE ST. LOUIS
PERISCOPE
—AND—
CLINICAL REVIEW.

VOL. VIII. ST. LOUIS, MO., MAY, 1885. No. 5

Editorial.

THE CONVENTIONS.

We hope our exchanges will coöperate with us in giving continued notice and prominence to our National Annual Meeting, and Western Academy, to be held in St. Louis. Ample arrangements have been made with the Lindell Hotel proprietors for the bodily comfort of members and their families. The sessions of the Institute will be held in the hotel.

The local executive committee have made extensive preparations for the welfare and comfort of the members of both the American Institute and Western Academy, and will greet those in attendance with a rousing cheer. Dr. Kershaw will give the Academy a reception on Friday Evening, May 29th. Dr. Parsons delivers the address of welcome to the Academy.

Arrangements have been made with the following lines of transportation, upon the terms of one full fare coming and one-third for returning:

Chicago & Alton.
Chicago, Burlington & Quincy.
Diamond Joe Line, (River).
Indianapolis and St. Louis.
Keokuk & St. Louis Line, (River).
Louisville, Evansville & St. Louis.
Louisville & Nashville.
Missouri Pacific.
Ohio & Mississippi.
St. Louis & Cairo.
St. Louis & San Francisco.
St. Louis, Iron Mountain & Southern
St. Louis & St. Paul Packet.
Vandalia Line.
Wabash, St. Louis & Pacific.

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CROAKING.

The fact, that as editors, we have to a certain extent incurred the displeasure of two very opposite extremes in the Homœopathic branch of the profession, is pretty fair evidence, that under the circumstances we have pursued about the right course in the matter com lained of. The high potency party makes complaint that our journal is unhomœopathic, because we make extracts and quotations from allopathic authorities The low potency practitioners make serious objection to the space and opportunity given to high potency advocates and practitioners. The opposing extremists seem unable or unwilling to appreciate the fact that we edit a journal for the purpose of disseminating useful and practical information in the prevention and cure of disease, and not specially in th interest of either of these parties as such. In the matters at issue between them, we entertain views and opinions of our own, of a very decided kind; agreeing with one of the parties and of course disagreeing with the other But in view of the personal and professiona worth and numerical strength of these parties respectively, we think it both conservative and just to treat their points of divergence as to a certain extent, for the present, *sub judice.* That all high potency advocates are either frauds or cranks we do not believe. That the low attenuationists deserve to be read out of the homœopathic ranks for heresy we do not agree. Daily observation confirms us in the conviction that extremists generally are wrong as to the question at issue and usually unjust in their estimation and treatment of each other.

Posology and potentiation are grave and important qnestions, only to be settled or determined by the rational processes of experiment, observation and comparison; and not by making faces and the indiscriminate application of ugly epithets, to those who may be so unfortunate as to hold views or opinions diverse from those of somebody else.

There seems to be a *fear* on the part of the high potency party that homœopathy is in danger of gradually drifting back towards the "flesh pots" of allopathy, and so may lose its distinctive identity.

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There is a probable *wish* in the minds of some low attenuation party, that such an amalgamation might take place on some plan of compromise and mutual recognition. We have no sympathy with either the *fear* or the *wish*. The first is not probable; the second not feasible. The six or seven thousand homœopaths now in active practice have sufficient devotion to principle to maintain our position and preserve our distinctive identity, despite the baseless *fear* on the one hand, or the disloyal *wish* of a few on the other. Our system of therapeutics is gradually and surely being infused into allopathic practice; and has already made great changes in the modes of our neighbors. So that, in time they may finally come over to us; we can never go to them, except upon the basis of our *law* for the selection of the single remedy in the minimum dose.

We deliberately believe the two parties into which we find ourselves divided, to be honest and sincere in their divergence of view. We propose as editors to respect and treat justly this quality of honesty, without any reference to our own agreement or disagreement with the parties respectively. Strife, suspicion, angry epithets, breed divisions and dissentions; and are certainly very poor agents, or modes through which to reach logical and scientific conclusions.

From the following extract, we find one of our British editorial brethren has had lately an experience similar to our own:

"This being the last time we speak editorially in this journal, we wish to repeat that we have always tried to give both sides fair play in regard to the dose question, and we have every reason to know that we have offended *both* sides! This fact affords us great satisfaction, and is just what we expected. A good editor is like a policeman in a row, standing between two conflicting parties trying to keep the peace—he gets kicks and blows from both sides. For us Homœopathy is not a question of dose, primarily. The assumption that giving one dose of a high potency constitutes the essence of Homœopathy is merely not true to fact. On the other hand, to deny the efficacy of high potencies is merely an exhibition of conceit and ignorance. The dose required depends upon the degree of homœopathicity in a given case, and may range from five to ten drops of the mother tincture in the case of weak herbs, to an undetermined heighth of potency. Where there is only an organopathic affinity, high dilutions are useless; but good organ-remedies act decisively and promptly; where there is a powerful pathopoetic similarity low dilutions are simply murderous in their action. Moreover, it depends whether the homœopathicity be primary or secondary."—*Ed. Hom. World.*

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Book Reviews.

AMERICAN PLANTS. By Millspaugh. Fascicle II. Containing Nos. 6 to 10. Plates 1 to 166. New York: Boericke & Tafel.

This second instalment of this admirable work fully sustains the expectation and promise inspired by its predecessor. Then tqo, the promptness and progress displayed by both author and publishers, in advancing the good work, are worthy of all praise. It is a very great pleasure to review a book where praise and approbation may be applied without stint or limit, to all concerned in its production. The paper, type and illustrations, are just simply perfection—beautiful. Quite as much may truthfully be said in paise of the clear, concise text, giving the natural history of the plants; and their physiological action on the human economy.

The work deserves a large sale to the profession, and we sincerely hope its members will show their grateful appreciation of the energy, skill and taste displayed thus far, in the progress of the work. Boericke & Tafel are the publishers, with whom correspondence may be had by those wishing to subscribe for the work. For the information of any who may not be advised as to the scope and purpose of the work, we may add: it is the intention to give a text account and colored plate illustrations of all American Medical Plants. The accuracy and faithfulness of the illustrations may easily be affirmed by comparing the plate of a given plant with a recollection of its appearance in its native place of growth. Take for instance the Cypripedium—Lady Slipper; a plant indigenous to Kentucky and the neighboring States. We find it with its peculiar and beautiful, aromatic, *pocket* flower, looking precisely as it did in days of yore, when in childhood's glee and delight we sought and appropriated it from its rural native place.

PROGRESSIVE MEDICINE. A Scientific and Practical Treatise on Diseases of the Digestive Organs and the Complications arising therefrom. By Ciro De Suzzara-Verdi, M. D. Philadelphia: F. E. Boericke

This work of 350 pages is composed partly of material of no little practical importance, while it also contains a good deal of theory and discussions of metaphysical questions of no value to the physician in the active discharge of his duties. It was probably written more for the purpose of entertaining the author during his leisure moments, than as a "ready reference" book for the busy doctor. It shows much deep thought and careful study, and is well arranged, except so far as relates to the therapeutical part, which is not up to the standard required by the practical physicians of to-day.

THE MEDICAL AND SURGICAL DIRECTORY OF MISSOURI, for 1884-5. By C. R. Ammerman, M. D. Quincy, Ills.: Volk & Jones.

This is the beginning of a labor that has been needed for some time, and we congratulate the enterprising author in the successful manner he has presented the subject to the profession. The book contains not only the names of the physicians throughout the State, but also gives their P. O. address, place and date of graduation, their school of practice, the various local, county, and State societies and their officers, names of Missouri members of National Organizations, Medical Colleges, Hospitals, Dispensaries, Medical Laws, and much other information on various medical topics, of interest to the physician.

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CATALEPSY. By J. Martine Kershaw, M. D., Prof. of Diseases of the Brain and Nervous System in the Homœopathic Medical College of Missouri; formerly Lecturer on Diseases of the Nervous system of Women and Children in the Missouri School of Midwifery; Physician to the Clinic for Paralyzed and Epileptic at the North St. Louis Dispensary; President Missouri Institute of Homœopathy; Ex-President St. Louis Society Homœopathic Physicians and Surgeons.

This is in pamphlet form and a reprint from the ST. LOUIS PERISCOPE. Being in the direct line of the author's specialty, he is, of course, thoroughly familiar with his subject and presents the whole subject of symptoms, diagnoses and prognosis in a clear and practical form; at least, so far as this abstruse and difficult subject can be presented clearly or practically.

CHOLERA. A Few Suggestions with Reference to Hygiene and Mode of Living During an Epidemic. By J. Martine Kershaw, M. D., author of Facial Neuralgia; Sciatic Neuralgia, etc., etc.

This is likewise a reprint from the PERISCOPE. The author does not pretend to a presentation of any novelties on the subject, but simply presents a synopsis of what it may be well to have our minds refreshed in as to what promises to be of serious import and interest in the near future. He attaches much importance to certain hygienic modes and precautions, both in prevention and cure.

THE NORTH AMERICAN REVIEW.—It is a curious fact that one of the most famous poems in our language appeared originally in a magazine that seldom touches poetry at all, and the same periodical, after an interval of sixty-six years, now brings out another poem very similar in theme. Bryant's "Thanatopsis" was printed in the *North American Review* for September, 1817. The May number of the Review, just out, has a poem by Robert Buchanan on "The New Buddah." The critics found fault with Mr. Bryant's poem on the ground that it was un-Christian; it remains to be seen what they will say of Mr. Buchanan's. The question, "Has Christianity Benefited Women?" is ably discussed in this number by Mrs. Elizabeth Cady Stanton and Bishop J. L. Spalding. President J. L. Pickard writes on "Why Crime is Increasing;" and David Dudley Field on "Industrial Coöperation;" while Prof. Andrew F. West, of Princeton, contributes an article of great clearness and strength on "What is Academic Freedom?" James Payne, the English novelist, discusses "Success in Fiction," and T. F. Thiselton Dyer "Superstition in English Life." The new department of Comments keeps well up to the standard with which it started.

THE MAY CENTURY.—For special reasons, in the May *Century*, more space than usual is devoted to the War Series, and sixteen pages are added to the regular number, 190, in order that other subjects of public importance should not be slighted. Of superior interest is General Adam Badeau's anecdotal paper on "General Grant" as a soldier. General McClellan contributes a graphic account of "The Peninsular Campaign," and makes special reference to his official and Personal relations with Secretary Stanton and President Lincoln. Of special interest is General Joseph E. Johnston's "Manassas to Seven Pines," which is a reply to Jefferson Davis's criticisms (in "The Rise and Fall of the Southern Confederacy") on his military operations in Virginia. Of fiction the May number contains the seventh part of "The Rise of Silas Lapham," by Mr. Howells; and the fourth part of "The Bostonians," by Henry James.

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RANDOM SHOTS. By Nelson Goodrich Humphrey, Leroy, Ills. Price $1.00.

It is said that no illustrious person ever dies but what another one appears on the stage of action to take his place. This seems especially true in the world of poetry, for in the author of Random Shots we discover a star of the first magnitude, whose brilliancy illuminates the poetic skies with such radiance as to put Tennyson, Longfellow, Dryden, Pope, Scott, Holmes, Hawthorne, and all the long list of honored poets in the shade. We feel particularly grateful for a copy of "Random Shots," with the compliments of Nelson Goodrich Humphrey, and thank him for the pleasure we have derived from its perusal. It is neatly bound in green and gold, suggestive of the golden nuggets of thought, which were picked up on the green prairies of Illinois, while on the outside of the front is a medallion representing a hunter with an elevated shooting iron, banging away into space, a "random shot," and curved lines look like streaks of greased lightning issuing from the top of his hat, as though the genius of his nature could not be shut up in so small a compass as a head, but went zig-zaging through the air as it did in his brain. The author is evidently a timid man, and had it not been for his knowing that "all people are liable to mistakes, gives me courage, although in weakness, in presenting a few ideas, likes and dislikes," the world would perhaps never have known that the "Sucker State" owned a son who could beat the goddess herself, or even the "sweet singer of Michigan," all to pieces in writing poetry, and whose cerebral fertility was like the soil he trod, wonderful in production and loose in its composition. Listen to his soul-stirring "Ode to Spring:"

"The farmers are taking chances,
As they did through sleet and snow,
And the heat of spring advances
To the land where blizzards blow.

And I heard the cattle lowing
On the prairie stiff and cold;
And the rooster, he was crowing,
But his voice was harsh and old.

And I saw two wives together
Making soap, and their tongues did use,
Talking there about the weather,
And their neighbors did abuse.

And I saw a bulk of treasure
In a basket—they were eggs;
And a portion went for pleasure,
And the balance go on legs."

No other singer ever approached the bard of Leroy in descriptive poetry, nor even planted a foot in the field in which he holds immortal sway, where "stiff and cold" beef is heard out on the prairie, lowing for the humane society to come and blanket it, and an asthmatic rooster persisted in calling his brother's attention to the quality of his voice, which although a little wheezy was not consumptive, and hence was deemed worthy of a place in the opening song of the poet. We are a little in doubt whether the two wives in making

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soap used their tongues for soap grease or to stir the pot with, but conclude it to be the latter, as there is scarcely a doubt of their buccal organs being capable of, salamander-like, standing any degree of heat.

The treasure trove of the author, in a basket, we think was only a simile of the soft-shelled eggs he discovered in his own brain case. Nor did he state whether those eggs that went for pleasure had ever returned or not, and we would suggest he send the balance that "go on legs" after the pleasure-seekers. Perhaps they took the Cochin China and are now setting in the coupe waiting for a "random shot" to elevate them into the proud position of roosters, with voices "harsh and old." In his upward career the poet takes special delight in ringing the changes on domestic animals, and while wondering why some people are so wise, he finds that they have blundered,

"And themselves they have surprised."

"Like the pig out on the ocean,
On a sail ship, all alone,
Was a compass put in motion,
As he started toward his home."

Who but a natural born poet could ever see the similarity between a tempest-tossed pig all alone, on the briny deep, away from his home and mother, and the wisdom of the human race, and so beautifully depict the likeness in poetic verse. We surmise the author had in his mind the saying that a man will make a hog of himself, and if "out on the ocean," he is still in his element, and can take his meals in the trough of the sea. In a moment of enthusiastic inspiration and with burning eloquence he corrals the whole animal kingdom and advertises them in the following manner:

"When Noah's ark was sailing high
Above the mountains, toward the sky,
All living creatures, with mankind,
The greatest show on earth combined."

It was a great mistake in Noah not to travel in America with his "show," and especially in Illinois, for nothing so delights the average rural heart as as the menagerie wherein one can see—

"The Kangaroo and Hippopot. a shinning up a tree,
And lovely little buzzards a waltzing merrily,
And the yearning of the crocodile as he pastes the wild cat's eye,
Will cause the Afghanistic ram to yell "how's that for high?"

What an immense attraction such a "show" would be if exhibited throughout this country in the present day, and if any person desires to imitate Noah, we advise him instead of "sailing toward the sky," to put his great combination upon roller skates and hire the bard of Leroy to stand outside the door to illuminate not only the public mind with his rare electric genius, but also to save the expense of coal oil, electric and calcium lights, &c.

To show the versatility of the poet we publish a few verses on "The Old Dray Mare."

"Twenty-two years ago last February,
The old dray mare appeared
In a meadow, owned by Garee,
By him was kindly reared.

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Through summer's heat and winter's cold,
Three years of life was spent
In happiness; but Johnson's gold
A bargain made—she went.

Soon trouble came; her honest sire
Was placed beneath the sod;
Her metal good, she could not tire,
She had no friend, or God.

Around her neck a collar wore
Through winter's coldest night;
The marks of pain upon a sore
Until it turned to white."

How piteous the tale; how plaintively told; how sad to think that after three years of happiness spent under the kind protection of Mr. Garee, the gold of Johnson changed her social relations and she was put upon her metal. We can imagine Johnson educating her for the track, and when the word "let her go!" was given in the start—she went—and as "she could not tire," no doubt came in the winner. But the loss of her sire had a very depressing effect upon her mind and perhaps it was so disastrous as to produce melancholy with partial aberration, and Mr. Johnson, not being skilled in the diagnosis of mental diseases, mistook her condition for inward cussedness and withdrew his friendship, and hence "she had no friend," and likewise kept a collar around her neck "until it turned to white.' It may be that the pain turned to white instead of the collar; in this we are not certain and therefore refuse to give an opinion. In this land of christian endeavor, where Sunday school teachers and home missionaries are so numerous, we are surprised that this old horse should live for twenty-five years in the very centere of religious, as well as poetic, intelligence without a God. Probably there were no funeral chants sung over her remains, nor her virtues extolled by inspired servants of the Lord, but a sort of hold-your-nose-while-I-drag-her-out kind of services were the only tokens of respect paid her after the final struggle was over.

If space permitted we would gladly introduce our readers to more of the beauties of this remarkable volume of poems, but we cannot without forfeiting our pledge not to publish the whole of any manuscript or book containing more than seventy-five pages and this one has seventy-six; hence we must regretfully conclude this brief notice. Yet we feel as though our duty had not been fully completed without some further testimonial, and here it is.—

When death takes Humphrey, of Illinois,
And his genius by God has been seen,
Will friends who live 'round about Leroy,
See that his grave is kept green.

BABYHOOD.—A recent candidate for public favor, in monthly form, well edited and well printed on good heavy paper. It contains a goodly amount of reading matter for the profession; but is more largely devoted to the domestic management of the little ones. It contains about thirty pages per number, and will doubtless be well received by the class of readers addresseed.

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Medical Items.

DR. MOSES T. RUNNELS, who has been a prominent Homœopathic physician of this city for the past ten years, enjoying a large and lucrative practice, will remove in a few days to Kansas City, Mo., which he will make his future home, and where he will practice his specialty of diseases of women. The Doctor, as is well known, is especially noted in sanitary science, and will carry to his new field a knowledge that he was of value to this city when he occupied a position on the Indianapolis Board of Health. He is a graduate of the Cleveland Homœopathic Hospital College, and has since spent two seasons in study and practice in the large hospitals in New York.—*Indianapolis Journal.*

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OREGON held its Ninth Annual Session in Portland, May 5th, 6th and 7th. A large number of physicians were present from all parts of the State. Three members were elected—B. E. Miller, M. D., S. L. King, M. D., and E. C. Brown, M. D.

The following were the officers elected to serve for the ensuing year: President, L. Henderson, M. D., of Salem; First Vice-President, G. Wigg, M. D., East Portland; Second Vice-President, B. E. Miller, M. D., Portland; Secretary and Treasurer, K. L. Miller, M. D., Portland; Corresponding Secretary, E. C. Brown, M. D., Portland; Censors, Drs. C. E. Geiger, S. A. Brown, A. S. Nichols, and S. L. King.

The following papers were presented: "Asiatic Cholera," S. A. Brown, M. D.; "Spinal Irritation," C. E. Geiger, M. D.; "Leprosy," K. L. Miller, M. D.; "A few thoughts on the Cause and Effect of Laceration of the Cervix-uteri, and their Remedy in the Emmet Operation," A. S. Nichols, M. D.; "Poisons and their Antidotes," F. D. Miller, M. D.; "Medicine and Food in Sickness and Health," G. Wigg, M. D.

This was the most interesting meeting since its organization. Reports from different parts of the State show a steady progress and increasing popularity of the Homœopathic practice.

CONCENTRATED FOODS.—Medical men are now recognizing the value of malt extracts as foods in cases of deficient assimilation. That their use is extending may be taken for granted by the number of exhibitors of concentrated foods in the exhibition at South Kensington last year. Important improvements have recently been made in the manufacture of malt extracts, which are now prescribed in a variety of forms. One of the most effective combinations in dyspepsia, cholera infantum, and all diseases resulting from imperfect nutrition is Maltine with pepsine and pancreatine, containing as it does, three of the all-important digestive agents, diastase being one of the constituents of Maltine. Dyspepsia in most cases will be found to yield to the medicinal properties of this combination, while the system is invigorated by its nutritive qualities. It will be found a useful remedy also for constipation and chronic diarrhœa resulting from mal-nutrition. Not only is Maltine of itself of great value in certain cases, but it may be combined with the

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most valuable alteratives known - such as iodides, bromides, and chlorides, and is found to be a remedy of high value in all depraved conditions of the blood. The Maltine manufactured by the Maltine Manufacturing Company of New York, bears a high name, and this has been still further emphasized by the award of the Gold Medal of the Health Exhibition, London, for their malt extract known as Maltine (malted wheat, barley, and oats), the only preparation composed of these three cereals. Prof. Charles R. C. Tichborne, after an examination of the principal unfermented extracts of malt in the market, finds that Maltine is the richest in two of the most important ingredients in these foods—namely, the phosphates or bone-formers, and that peculiar farinaceous digestive agent called diastase. Maltine may be said to consist of about eighty per cent. of pure food in its most concentrated and assimilable form. This eighty per cent. may be divided as follows: five and a half per cent. of flesh-formers; seven per cent of heat-givers; two per cent of bone-formers; add to this the diastase, which imparts to it the curious power of digesting all farinaceous food outside itself, and we have in Maltine a most valuable adjunct to our invalid diet. In respect to the diastase, Maltine seems remarkably energetic, and at the temperature of the human body one part liquified "twenty parts of starch in two minutes," and had completely changed or digested that body in about an hour. Maltine possesses all the characteristics of a cereal extract as prepared from the grain, and there can be no question about the genuineness of this preparation. It is only necessary to consult any work upon dietetics to see that there is considerable difference in the composition of the various grain crops. By combining these three important substances—barley, oats, and wheat—a food is obtained which represents the average composition of the three cereals, and that food already digested for use, a condition of immense value to the physician in those special cases where the digestive functions are impaired.—*Midland Medical Journal*, Leicester and London, Jan. 1, 1885.

In the Interim.—"You are doing nicely," said the doctor encouragingly to an old darkey patient; "I will call again to-morrow, and will leave you this prescription now, to save you from pain in the interim." Then he went out. "Da's er 'scription dat the doctah lef'," said the patient feebly to his wife, "an' I wan's yo' ter go to de drug sto' an' get it filled. Tell the drug sto' man dat it's fo' my interim, and be sho' an' ax him ef Ise to take it eternally, or jess rub it on the outside, an ef so wha'."

An Admirer of the Medical Profession.—Senator Edmunds was particularly cordial towards the members of the American Medical Association whom he met at Washington, "because," say the gracious gossips, "he owns the biggest tombstone quarry in Vermont."—*N. Y. Med. Times.*

We have just found out why it has been so cold this winter. An Irish lady informed us that "them fellers who wint afther the Greely pairty sthole the North Pole and braut it back wid em."

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THE ST. LOUIS
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Society Proceedings.

PELVIC CELLULITIS.*

BY MRS. M. B. PEARMAN, M. D., ST. LOUIS.

In the whole range of Diseases of Women, we must certainly rank as first in importance Pelvic-cellulitis. And in venturing to discuss so well-worn a theme, I am well aware that every point relating to its causation, to the distressing symptoms which it produces, have been dwelt upon in print and in debate, until the subject has almost become the bug-bear of gynæcological audiences. But notwithstanding this, considering the gravity of the complaint, the frequency of its occurrence, its too often undetected presence, the superficial, theoretical, unpractical manner in which this subject is usually handled, I have no apology to offer for trespassing upon your attention.

"*Pelvic-cellulitis.*"—We define this to be an inflammation of cellular tissue, whether æreolar or adipose, surrounding the internal organs of generation.

Synonyms.—We find this topic discussed under such headings as, viz.: Para-Metritis, Peri-Uterine Phlegmon, Pelvic Abscess, Inflammation of the Broad Ligaments, Peri-Uterine Cellulitis, etc.

* Read before the Western Academy of Homœopathy, May 29, 1885.

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History.—History teaches us that this disease was undoubtedly recognized and written about, more or less accurately, by different ones, about once in a hundred years, since the second century, but it was as late as 1844, before the tissues involved, or pathological changes were minutely described to the world, by the pen of three different writers, in as many different countries almost simultaneously: England, France and Ireland; two observers about the same time, in the last named country.

In the first descriptions we find no attempt to separate true cellulitis from peritonitis, ovaritis or salpingitis, and scarcely from metritis, much less to give a differential diagnosis from each of them. It is only in quite recent years that these distinctions have been pointed out. In some works, notably that of Thomas, we have fine differential diagnosis delineated. Still, at the bed side, there is seldom seen a clearly defined case of pelvic cellulitis, not involving in some degree the peritoneum, one or both ovaries and tubes.

Thomas attempts to confine the location of what he describes as peri-uterine cellulitis, to the comparatively small amount of cellular tissue, found, as we may say, in immediate connection with the cervix and between the broad ligaments. Practically, as restricted an inflammation as this, it has not been my fortune to meet; while I will not say, that early in many cases, the inflammation may not be confined to the cellular tissue so restricted, yet it is my belief, that in private practice, we never find where this condition is for many hours confined to so limited a space. My experience has been to find from quite an early hour in the disease, the peritoneum more or less involved; and beyond a doubt, where so much tissue becomes involved, we will have the surrounded ovaries and tubes, one or both sides, partaking of the inflammation, and the sequelæ will frequently show these organs destroyed, either in function or absolutely by suppuration, etc. We also often find the uterus

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permanently displaced by strong adhesions. These complications of cellulitis disturb frequently the most important physiological functions—sterility, amenorrhœa, dysmenorrhœa, menorrhagia, tubal-dropsy and habitual miscarriage, may remain to attest the seriousness of this affection and continue an indeffinite time, to cause suffering to the patient and vexation to the physician.

As before stated, pelvic cellulitis is an inflammation of cellular tissue, whether areolar or adipose, surrounding the internal organs of generation, which is found in the greatest quantities at the sides of the uterus, and surrounding the cervix, and between the folds of the broad ligaments. We may say that a large majority of all the cellular tissue present in the pelvis will be found to be within or between two planes crossing the pelvis; one at the os internum and one at the os tincæ; some portion with which we may have to deal, lying above the upper plane, being within the folds of the broad ligaments. There is little, if any, cellular tissue at any point where the peritoneum comes in contact with the uterus; especially is this the case from its point of contact, one-third way up in front, entirely over and down to the cervix posteriorly.

Etiology.—We find this cellular tissue inflammed from a variety of causes, traumatic predominating; such as labor, abortion, operations, (operations and injuries, especially about the cervix tend to impart their inflammation to the surrounding cellular structures, while those which act most upon the body of the uterus are more likely to be reflected to the peritoneum which is so intimately attached over its fundus on the center line both anteriorly and posteriorly.)

We also have as a cause tuberculous or cancerous deposit.

Sometimes an ill-fitting or misplaced pessary and frequently the wearing of an intra-uterine one.

Again, we may have as a cause, inflammation of any of the

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pelvic organs surrounded by this tissue as in metritis, ovaritis, salpingitis, and last but not least, the poison of neglected or maltreated specific disease.

Abortions and vicious tampering with the pelvic organs to produce abortion are the most frequent causation in my opinion; next, possibly parturition, and next in order and most unpromising to treat are those from venereal infection; then follows inflammation of the uterus, ovaries and oviducts, in the order named. In several instances coming under my observation, deranged menstrual function has seemed to be the exciting cause, especially sudden suppression from cold, fright or overexertion, but my experience has been that these latter causes only produce it where chronic inflammation of some part of the pelvic viscera previously existed as a predisposing cause.

Diagnosis.—When called upon to confront the varied phenomena which characterize the early stages of this pathological condition, and to give an intelligent and accurate diagnosis, we too often satisfy ourselves with the belief, that the difficulty exists only in the uterus or ovaries, and without taking the pains to carefully explore the vast field of connective tissue, (full of all the essential elements for phlegmonic affections), by which these organs are surrounded, we direct our care to the fancied or slight disturbances of these organs and fail to detect the more important trouble, which if not checked, must ultimately culminate in untold misery to the unfortunate patient and embarrassment to the attendant.

While we should be able to diagnose this disease, when it occurs in its simple form, as said before, we will see but few cases which do not involve the peritoneum, ovaries, tubes or uterus, more likely the first three.

The two conditions most likely to be mistaken for cellulitis are peritonitis and hematocele and I might add another, though

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I think there is little excuse for ever mistaking this for cellulitis, that of fibrous tumor.

Chill is a constant forerunner of cellulitis, and may in a less marked manner precede peritonitis, though in peritonitis many patients will not be able to recall any chill. In hematocele there is little of what may be called a chill but we have the sudden coldness and prostration of exsanguination.

In cellulitis the temperature rises, but when simple, not so high as in peritonitis, and especially is not so marked at first, 100 to 102 degrees being the range for cellulitis, while peritonitis often goes rapidly to 104-5 or 6. In hematocele the coldness and prostration continues varying lengths of time, probably an average of 48 hours; when, if the patient rallies, the temperature will rise in varying degree, being governed by the amount of inflammation set up by the accumulation of blood, acting as a foreign body. In cellulitis the pain does not commence so early, neither is it so severe as in peritonitis, and is not usually located over so large a tract; cellulitis usually only occupying one side or being more or less limited; when peritonitis exists, all the pelvic portion, and often the abdominal becomes involved. As a case of cellulitis progresses, the tenderness and pain on the affected side may cause the flexing of one leg, while peritonitis will from the first cause both to be flexed, to relax all the pelvic and abdominal muscles. In hematocele, there is usually pain from the start, but generally of a different character, being that of fullness and pressure, to be followed later by the excessive pain of inflammation.

In cellulitis we have before the disease progresses far, more or less dysuria, governed as to amount by two things, viz: the amount of tissue affected and its location. In peritonitis there is not usually as much vesicular trouble, unless the cellular tissue also becomes much involved. In hematocele, if extreme, we have from the first, irritation of both bladder and rectum, caused by direct pressure on those viscera.

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In cellulitis we have very little facial expression, indicative of the disease; but in peritonitis we have usually flushed face, with marked expression of pain and anxiety. In hematocele we have pallor and coldness of the face; after the patient rallies, the peritoneum becoming involved from the contact of the effused blood, we may have the pain and anxiety with the flush.

With all these foregoing subjective symptoms, present and typical, (and they are seldom all present or typical) we have no certain diagnosis without the objective symptoms, obtainable only by physical exploration.

In cellulitis, when the finger is first introduced, there will be found to be local heat in excess of the general temperature, usually some general œdema of the vaginal walls, and you may usually find some point which is tumefied, and by making use of bimanual examination you will find general sensitiveness, with some particular spot already sensitive, which will most frequently be found at one side of the cervix, and in this position because the broad ligament is oftenest the seat of the commencement of the attack. In the first stage of peritonitis we have no more heat in the vagina than the general temperature, which is usually high, and little or no change to the touch in the vagina.

In the second stage of cellulitis which is that of effusion, marked induration occurs, at the site of the previous tumefaction, which may vary in size from that of an egg to that of an orange, and in severe cases the induration may fill the pelvis, the cellulitis having become diffusive. When this induration becomes marked, there will be little mobility of the uterus, still, in simple cellulitis there will be some motion. In peritonitis, in this stage, the hardness will be higher and will be more general and the mobility of the uterus lost.

In hematocele, at first there will be no local heat, but a peculiar soft feeling, with tumor most marked in Douglass'

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cul-de-sac, and at times nearly surrounding the cervix and upper portion of the vagina with indistinct fluctuation. The uterus will usually be pushed out of position by the accumulation of blood, generally forward and upward, sometimes so far up that the cervix will be above the symphysis. In cellulitis, if the uterus is displaced, it is usually to the side. In hematocele the tumor is first soft and then hardens, while in cellulitis it is from the first (that is as soon as recognized), hard, and through the second stage increases in size and hardness to become softened in the third stage, either by resolution and absorption or by suppuration. In peritonitis the tumor is also usually posteriorly, but is not located so low, until pus forms and determinates.

In the third stage, more particularly when the termination is suppuration, there will be less difference, except such as would be indicated by the difference in the position of the tumors; that of cellulitis usually being on the side of the uterus, will, as it fills with pus, push to the other side the uterus, while in peritonitis and hematocele the collection being oftenest posteriorly to the uterus, that organ will most likely be in the center.

With all these nicely drawn differentiations on paper, I will say that my personal experience fully agrees with that great writer and worker upon this portion of the human frame, T. Addis Emmet, that at the bed-side these distinctions can seldom, if ever, be made out and that there are few cases, of enough severity to come under medical care, of either cellulitis or peritonitis, but that the other tissues become involved. We may have a cellulitis primarily, the cellular tissue being the first to be inflammed, and consequently the first stage corresponds to the differentiation of cellulitis; and we may have special causes, such as escape of fluids into the peritoneal sac, that may give us inflammation of that structure first, with the differential symptoms of this tissue; but my experience has

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been, that the peritoneum and cellular tissue are so closely united, that it is practically impossible for one of them to be involved to any considerable extent, even in the first stage without spreading to the other, and I believe that in the second and third stages, separate affection does not exist.

Others seek to still further divide the inflammations of this region, by attempting to differentiate out of the few rare cases, a still more rare disease, if it ever exists independently, viz. that of pelvic adenitis and lymphangitis, intending thereby to single out the lymphatic vessels and glands, from their intimate cellular surroundings; a hair splitting differentiation, of which, to say the least, it could only be proven on the cadaver. Dr. Munde, who claims to be able to diagnose this division, has been able in a number of years, with his extensive hospital advantages and large private practice to only quote five cases, which he classes as belonging to this division, and in his report of these five cases, in my estimation, he fails of establishing anything like a clear differentiation. So rare as his own reports would make it, and the added fact, that he treats it, even from his stand-point, just as others of his school treat mild cases of cellulitis, I must confess obtuseness, as to discerning the benefit to be received, by differentiating a point so fine. One case in a thousand, and that one treated the same as the other 999. When a man of such acute research, and so prolific in his work, in this direction as Emmet, can find no practical place to divide cellulitis and peritonitis, and confirmed by experience at the bed-side, my belief is, we may safely look upon them as variations of the same morbific conditions.

Progress of Disease.—Cellulitis has, as I have already indicated, three stages: first, active congestion; second, effusion; third may be one of three terminations, resolution, organization or suppuration. The effusion may terminate by resolution; if we are so fortunate as to be called in time and immediately determine what it is with which we must deal, we may, if

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proper means are employed, succeeds in allaying the congestion and hyperæmia. When the termination is by suppuration, we find the proliferous, as well as the emigrated cells become pus and accumulate, usually, in the most pendant part of the affected tissue, forming an abscess, or sometimes having a free outlet, they may be discharged continuously, as from the surface of an open wound.

Prognosis.—While it is true that few cases of pelvic-cellulitis terminate fatally, still it is a terrible disease, one of great severity and suffering, a cause of great anxiety both to patient and physician, one that while it may run its course (with proper case), and a complete recovery take place, there are many cases that are mismanaged, and for that matter there are cases that with the best known treatment, will if so fortunate, as to recover at all, it will only be partial, or if apparently a complete recovery it will only be so in appearance; the disposition to return on the slightest provocation becoming so fixed as to render the sufferer's life almost intolerable, and the physician almost *non compos mentis* by its constant recurrence, as such cases will scarcely get well enough to be discharged from the list, when you will have the same weary worry and watching to go through with again.

Probably the most dangerous form we meet (thankful it is not very common) is that which takes the diffusive form, following parturition, it being almost certain to also involve an unusual amount of the peritoneum.

Treatment and Management.—I know of no complaint in which a greater amount of ingenuity, patience and firmness will be required at our hands than in the management of a well marked case of cellulitis.

If discovered in time, that is, within the first six or sometimes twelve hours, seldom a longer time being admissible, we may, by prompt action have a hope of aborting the attack, though no certainty, even if discovered very early, and the

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most prompt measures used, even under the most favorable circumstances, every case will not be thus cut short. The remedies I have had serve me well, in attempting to suppress an attack are *Bell.*, *Zinc. val.*, *Gels.* and *Ver. vir.*; some writers claiming special virtues for *Ver. vir.*, giving it in drop doses of tincture, repeated for six or seven doses at short intervals, then lengthening the interval, also using a strong solution of the fluid extract externally. I have had better success with the three first named remedies, but I am free to say that, I believe that when heat externally, and by the vagina is intelligently and persistently used it will do as much to abort a case, as will remedies; heat certainly will aid medication. I would apply the heat externally according as the circumstances, the condition and temperament of my patient suggested. Cloths wrung out of hot water (to which fluid extract of Bell. or Veratrum may be added) may always be had. Poultices may be used from bran, flax-seed or corn-meal. Rubber-bags of hot water may be used when its weight can be borne, and when no rubber-bag is to be had, or for any reason it is not desirable to use wet heat, bags of salt or dry bran, previously heated in the oven may be used.

Heat (hot water) by the vagina, which, when used for the purpose of breaking up the onslaught of the disease, should be used as hot as will be borne and continued for a long time, some authors naming two hours or more at a time, and repeat that soon if necessary.

Some use hot arnica as a local measure, but I have never seen any special results from its use. Others say that if at the commencement the peritoneum is involved or threatened we should use cold externally, to be applied by pounded ice in cloths or in rubber-bags; perhaps the best method is by a "block tin coil," through which a current of ice water is made to flow; now this may be good, and in some hands succeed, but my experience has been so satisfactory with the use of heat,

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and at least so doubtful with cold, that I never think of the cold now, but immediately apply the heat in the most convenient form.

Having passed the stage of congestion we may have no hope of arresting the progress of the affection, though we often mitigate the severity of the other two stages. Our treatment may not vary so much from that just described in our attempt to ward off the attack. The heat both externally and internally, at this stage, all are agreed about, even those who would use cold in their first attempts. In cases commencing as cellulitis and afterwards involving the peritoneum I use some form of turpentine composition, with sweet oil as a menstruum. Camphorated oil is also useful. I vary the quantity according to the severity of the case and the susceptibility of the patient.

We still find about as much comfort from the four remedies named, *Bell.*, *Gels.*, *Zinc. val.*, *Ver. vir.*; other remedies at times are of service, *Ars.*, *Rhus.*, *Apis.*, *Puls.*, and possibly, many here, may have seen brilliant results from other remedies.

In the few rare cases, when the inflammation is confined to the cellular tissue, the pain may not always be so severe as to become in itself a serious matter, but when the peritoneum becomes involved, the pain often assumes such proportions that it is our duty to use means to palliate it; at first we may get some relief from a trituration of morphia 2^{x}. I prefer the acetate, 2 gr. in half a glass of water, teaspoonful every ten to thirty minutes; but when the case becomes severe and the pain, as it often is, so terrible, I use the morphine straight, by hypodermic injection, in quantity sufficient to relieve pain, not stopping until that much desired point is reached. I find the little tablets of morphia, when made by a reliable house, are a great convenience, as the dose is accurate and they are readily dissolved in warm water; if there exists objections to often repeating the hypodermic injections of morphine, the

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effect may be kept up by using suppositories of opium, to which may be added, if thought advisable, either Bell. or Ver. vir. in fluid extract.

In the early stage of this disease, also after the height is passed, we may have effects and sequellæ that demand care; there may be great tenderness, a kind of chronic condition, with tendency to return, from even so slight a disturbance, as introducing the speculum. I treat such cases by introducing gelatine-coated capsules, containing medicated tampons, of whatever remedies seem best adapted to the case; usually one of the following, viz: Fluid Hydrastis, *Bell*, or *Sanguinaria;* also, *Coal tar*, *Creosote*, *Pinus canadensis*, Alumen, Iodoform, Boracic acid, Hydrastis, Calendula, etc. In using these capsules, the medication is conveyed to the part with little manipulation, and consequently with little pain or irritation,

As many of these cases will, in spite of all treatment, pass right on to suppuration, we shall then have to handle them the same as if we had pus anywhere else, except we must be most careful in this region, in making explorations with the needle or trocar, first being sure we have pus, and after having found it we must be cautious, lest in freeing it we injure important adjacent structures. In many other parts of the body we confirm our suspicions of pus by the exploring needle, but here it is my experience, that we first better be certain of the existence of pus, and then I prefer the knife, carefully used, and I suggest that being sure of pus, too long a time be not given for it to burrow and find for itself an opening into the rectum or bladder. We must also bear in mind the essentiality in these cases of free drainage.

In submitting this lengthy article, it has been my endeavor to have it devoid of fine spun theories, for it has been my intention to give from my observations principally, not following the teachings of any except as they have accorded with my

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experience, and I hope it will develop some practical points, useful at the bedside.

You may think this paper has no ending, but it has; wish I could assure as much in your cases of cellulitis.

TRICHOPHYTOSIS.*

BY W. R. ELDER, M. D., TERRE HAUTE, IND.

Since the meeting of the Institute last year, there have chanced to come into my hands for treatment a few cases of Ringworm of the Scalp, technically called Trichophytosis capitis. The persitent obstinacy of some of these cases in yielding to treatment, and the perplexity and chagrin I have experienced on that account, prompted me to explore all the literature on the subject at my command, as well as to seek for information and help from every source within my reach. The result of this research, together with my experience with these cases is the occasion of this paper.

Trichophytosis is a contagious, parasitic disease of the skin, from which no part of the body is exempt. The phenomena it exhibits are somewhat different, dependant on its location; which circumstance also gives to it special names, as when it occurs on the general non-hairy surface of the body, it is called Trichophytosis corporis—Tinea circinata—Herpes circinatus, or common ringworm. It is thus named because it spreads in circular ring-like manner from the primary starting point. When it attacks the beard, it is named Trichophytosis barba—Tinea sycosis—Sycosis parasitica, or barber's itch. On the scalp it takes the names, Trichophytosis capitis—Tinea Trichophytina tonsurans, or ringworm of the scalp. In the genito-crural region, where the parasite grows with the most

*Read before the Indiana Institute of Homœopathy, held at Indianapolis, May 19th and 20th, 1885.

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luxurience if unmolested, it is called Trichophytosis cruris, or Eczema marginatum; and when affecting the nails, Trichophytosis unguium, or Onychomycosis.

This parasite was first discovered by Gruby, in 1844, but was afterwards more fully described by Bazin of Paris, in 1854; and still later by Dr. Duhring, whose investigations and description is perhaps more complete than any other. He says, "The fungus which causes the disease is composed of mycelium and spores, The quantity of each present varies according to the location of the disease; the mycelium predominating in trichophytosis corporis and genito-curalis, and the spores being most abundant in trichophytosis capitis, and slightly less so in trichophytosis barba.

"The mycelium consists of long, slender, delicate, shapely contoured, pale-greyish, ribbon-like formations or threads, containing spores or granules. It is jointed at irregular intervals, and is remarkable for its length, a single thread frequently extending all over the field of the microscope, sending branches here and there in all directions. It varies from .0020 inch to .0015 inch in diameter. It may pursue a straight, curved, or crooked course, and is usually forked. When the fungus is abundant, the threads cross and recross each other in such a manner as to form an irregular network.

"The spores are small, round, or rounded, highly refractive bodies, of a greyish or pale-greenish color, varying from .0187 to .0212 of an inch diameter, and exist singly or in chains of two or three hundred. They may be isolated or joined to the mycelium."

I shall confine what I have to say in this paper to the form of trichophytosis commonly known as scalp ringworm, or trichophytosis capitis. This disease may attack any portion of the scalp, but most frequently the vertex or parietal regions. It begins in the form of one or more small scaly patches, which gradually increase until they become the size of a silver

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dollar, and often several patches coalesce, forming a much larger diseased area of irregular outline. If the disease has existed for only a short time without treatment, the hairs springing from the patch lose their lustre, become brittle, and finally break off very near the surface of the scalp. As the size of the patch increases in area, say to an inch in diameter, it appears bald at first glance, but on close inspection it is found to be covered with white, powdery scales, through which broken hairs project like stubble. After the disease has existed for some time, much of the hair falls out, but a larger portion is usually broken off, and the stumps are twisted and bent, presenting a ragged, brush-like or nibbled look, lusterless, being dull and opaque in color. These stumpy hairs may, with carefulness be easily extracted, as the normal, firm connection between them and their follicles is destroyed; but from their extreme brittleness they are very liable to break off close to, or even below the surface of the scalp, for the trichophyton invades the hair follicle, as it does also the epidermis. The fine mycelium filaments penetrate the internal root sheath within the follicle, and into the hair between the fibres, causing it to become greatly thickened and distended, and finally ruptured, causing the hair to fall out, or else to break off as above stated.

It is in this variety of the disease that the spores are the most abundant, being present in such quantities that the hairs as seen under the microscope appear to be filled internally and covered externally, with minute beads; and the exfoliated scales of epithelium present a similar appearance, showing that not only the hair and hair follicles, but the whole surface of the scalp is infested by the parasite.

The diagnosis of this disease is not difficult. The broken off hairs, the fractured, faggot-like appearance of the broken ends of the stumps, the partially bald spots, having a punctute appearance due to the breaking off of the hairs at the entrance

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of the follicles, the goose-flesh appearance from the distention of the hair follicles by the fungus, indicate unmistakably the true character of the disease; while the presence of mycelium and spores under the microscope establish the diagnosis.

Some one has recommended the following test by which to detect the presence of the parasite. It is to place a few drops of cloroform on a diseased patch and allow it to evaporate, when the surface will appear to have been sprinkled with finely powdered sulphur.

Trichophytosis capitis is one of the most obstinate to treatment of all curable diseases with which the physician has to deal. If it is discovered in its incipiency, it may perhaps be arrested in a comparatively short time, but if it has become in any degree chronic, it is sure to exhaust the patience of the victim as well as the doctor, and all concerned. In reference to this point, I take the liberty to quote briefly from a very excellent article by Dr. Alder Smith, of London, published in the *London Lancet*. He says—"Very few medical men are aware how incurable some cases of ringworm are; and a majority consider a case well, when it is in a decidedly chronic state. Many boys are presented for admission to Christ's Hospital, who, while bringing certificates from medical men of the highest professional standing that they are cured, are still suffering from a severe form of the disease. Most practitioners imagine that a ringworm is cured when the hair is growing freely and firmly again on the affected part. This is a great mistake, as some of the most chronic cases are those in which the hair has grown again, but on close inspection with a lens, some scurfiness and *many broken hairs or stumps will be seen among the new hairs on the patches.*" He says further—"Speaking from experience, after the examination of a large number of children, I have found that in a majority of cases when a boy or girl has had ringworm of the head within a year or two of my seeing them, the disease is not cured."

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"As a rule, the treatment has been continued until some new hair has made its appearance, after which it has been discontinued, although many diseased stumps remained. Sometimes it is extremely difficult to detect the stumps when only a few exist; and as long as they remain, and they may exist for years, the disease is not cured, and may continue stationary, or spread again, besides giving the affection to other children."

This testimony, coming as it does from one who has had abundant opportunity for observation, makes it unnecessary to say anything further to establish the fact, that ringworm of the scalp, is exceedingly difficult of radical cure.

In the treatment of this disease, the primary indication is found in the parasite. This must be entirely removed before permanent results can be obtained. To accomplish this, almost our only resource is in epilation and the use of paraciticides. If all the diseased stumps could be completely extracted with the roots entire, and the surface of the scalp kept perfectly clean of the thick scurf, formed of epithelial scales mixed with fungoid growth, the disease might be considered cured; but unfortunately, in the attempt to epilate a diseased patch, very many of the hairs distended, and rendered extremely brittle by being filled with spores, break off, allowing the follicle, or a part of it, filled with fungus in an active state, to remain in the scalp. Often the hair follicle is so distended with spores as to be ruptured, and when the stump is extracted with the epilating forceps, only a part is removed, showing under the microscope a torn, ragged and splintered appearance, loaded with spores. So then it is very evident we cannot rely alone upon epilation for a complete cure. Although it is a very important auxiliary in connection with the use of paraciticides.

Of the paraciticides used, there may be said to be two classes. First, those that irritate the scalp and destroy the fungus by exciting inflammation in the follicle; such as blis-

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ters and violent caustics; and, Second, those which kill the parasite without producing inflammation. Dr. Alder Smith, to whom I have already referred, recommends in old standing cases, the use of croton oil applied daily in moderate quantity, followed by a poultice every night, until severe inflammation is set up. Solution of Corrosive sublimate, and Chrysophanic acid are recommended by Kippax. Blistering the scalp with Cantharidal blister salve or Collodion, or liquor Epispusticus is sometimes practiced with benefit. These all belong to paraciticides of the first class. Some of the paraciticides of the second class are: Ointment of Thymal, three per cent; Carbolic acid, ten per cent; Acetic acid; Boracic acid; Sulphurus acid; Hyposulphite of Sodium, and Sulphur. The Oleate of Copper is a most excellent paraciticide of this class.

In the treatment of this disease it is necessary to regard the age of this patient. The first named class of remedies are not suitable to very young children. Blisters and very strong caustics are not without danger to them. Occasional change of remedies give better results than to continue the use of one remedy a great length of time. Dr. James Faulis, in the *British Medical Journal*, claims to be able to cure the worst forms of scalp ringworm in a week, by the use of turpentine, Carbolic soap, and Tincture of Iodine. He first rubs the scalp with turpentine until the child complains of the smarting or burning pain; the parts are then rubbed with a ten per cent cake of Carbolic soap, and warm water immediately applied to make this soap into a lather, by which means the scalp is well washed and perfectly cleaned. After the head is well dried with a towel, it is painted with two or three coats of common Tincture of Iodine and allowed to dry. This treatment is applied every morning, and in very bad cases, every morning and night. I have just put a very bad case under this treatment, and intend to give it a thorough trial.

Although this is a parasitic disease, much assistance may

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be derived from the use of internal remedies. It has been observed that in certain conditions of the system, the skin affords a more favorable soil for the development of the fungus. The affection appears to be more disposed to spread, and to be less easily checked by the action of paraciticides, when the patient is ill-nourished or physically depressed. Some of the remedies most frequently are Ant., crud., Ars., Aurum, Calc. c., Caust., Dulc., Graph., Iodium, Ledum, Lyc., Oleander, Rhus tox., Sepia, Silica, Staph., Sul., Ant. tart., Tellurium Thuja. The fungus could not exist unless in congenial soil, and therefore every abnormal condition should be carefully sought out, and the indicated remedy given, in order to remove the condition of the system which allows of the existance and proliferation of the parasite.

PROCEEDINGS OF THE NINTH ANNUAL SESSION OF THE MISSOURI INSTITUTE OF HOMŒOPATHY, HELD AT ST. LOUIS, MISSOURI, MARCH 5TH AND 6TH, 1885.

DR. FRANKLIN'S EULOGIUM.

Mr. President and Members of the Institute:

The sad duty devolves upon me to pay the last professional tribute of esteem to one of our brethren, whose service, in the ranks of medical men, has reflected credit upon our system, and reputation to our fraternity for the past 13 years of his residence among us.

I esteem it one of the pleasant episodes of my life to have made by correspondence the acquaintance of Dr. Philo G. Valentine, of Henderson, Ky., at the time when he threw aside the fetters that bound him to the tardy care of allopathic medicine. It was soon after this, when he wrote me he had forsaken for ever the devious paths of his previous medical life and had started out on the bright walk of homœopathic practice. In 1872, when the mutations of college rivalry here began the work of forming new schools and creating new charters, *ad nauseam*, the Trustees of the Homœopathic Medical College of Missouri invited him to accept a professorship,

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and join his fortunes with us in carrying forward a school that had already acquired distinction in the work of medical education. I remember well the beautiful summer day that he became a guest at my house, the pleasant evening drives to our suburban parks that he relished so much, and the agreeable conversations enjoyed in the contemplation of making St. Louis his future home. In this connection it is perfectly germane to the occasion to say, that the most flattering promises were held out to him to connect himself with the new and rival college—The St. Louis Homœopathic College of Medicine and Surgery of 1872—which, under the guidance of our distinguished and honored peer Prof. Wm. Todd Helmuth, had already entered upon its second year of educational work. But, true to his promise, he swerved not an instant from the path of duty he had mapped out, and in the fall of the same year took his position in the old college and completed his course of lectures to the satisfaction of the Board of Trustees and amid the plaudits of the students. The St. Louis Homœopathic College of Medicine and Surgery only survived the first year of its organization. From that time onward, animated by the noble impulse of educational work, he labored faithfully and diligently, in season and out of season, for the best interests of his students, and for the success of the college with which he soon became *officially* united as Registrar. He was elected to this office in 1874, which he retained till the disruption of the school in 1880, when he became its Treasurer, which office he held with honor to himself and credit to the college, till the time of his last illness in August, 1884.

His contributions to homœopathic literature, his success as a medical journalist secured for him an honorable position in the world of medical science and established him as one of the worthy standard bearers of our system of practice. A close student, a pleasing lecturer, and an indefatigable worker, he soon gained the esteem of his students, the respect of the Faculty, and the confidence of the profession throughout the great west. He was scarcely ever known to miss a lecture, and the students dignified him by the title of "old reliable," an appellation more deserved by his promptitude for duty than by his weight of years.

In his social life he possessed an agreeableness of manner, a fund of humor, and an uprightness of conduct that made him a genial companion and a desirable friend. He was ambitious to attain an honored distinction in his profession, and, at times, seemed to be a little obsequious among his brethren of marked distinction, but he never laid aside the dignity and manners of the true gentleman.

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Of a slight physique, of extreme vivacity and acute perceptive faculties, he fell an early victim to the continued mental strain that sapped the vital power of his nervous organization, and left him an easy prey to the endemic diseases of this latitude. His intimate friends and those who were daily associated with him in college work, early saw the premonitions of a terrible and fatal disease that threatened the termination of his earthly career. Prof. J. A. Campbell was consulted by him for an affection of his eyes, and this distinguished ophthalmologist early prognosed the advancing lesion of the brain that terminated his existence. His final sickness began in Aug., 1884, and I, his chosen friend and advisor, was called to administer to his malady that assumed a severe type of cerebral irritation disproportioned to the malical disturbance that affected him. The best medical counsel of the city was summoned to his bed-side early in his illness, and our joint counsel gave no hope of permanent benefit; and, strange as it may appear, Prof. Valentine, from the very onset of his prostration, repeatedly stated that there was no hope of his recovery, and even foretold those most intimate with him the effect of his brain lesion and the peculiarities it would assume at no distant day. His life throughout his residence among us was active and his efforts were unceasing to win success in his profession and to secure a large practice. He assumed and discharged all his medical duties with a fidelity to its trusts that gave him the confidence and esteem of his patrons and associates. His kind impulses went out in sympathy with every good cause. He fulfilled all the responsibilities of life with an ardor akin to the noble impulses that actuated him in his professional life. Devoted to music and the opera, he was rarely absent from a first class entertainment. A kind, indulgent father, a faithful and tender husband, a true and steadfast friend, an earnest admirer of everything true in science and beautiful in nature, he possessed that fidelity to principle that he would rather lose position than yield the conviction of right. Throughout his professional life here, his devotion to his cherished system of cure made him true, not only to that system, but to its highest and best interpretations which enabled him to imbue, with something of his own faith, all those with whom he came in close association.

It is always an occasion of sadness whenever death claims its victim, either from the palaces of the opulent, the hovel of poverty, or the narrow medical circle of brethren banded together, to assuage the terrors of disease and to relieve the pains of human suffering. It is especially sad in the present instance to see a professional brother cut down in the meridian of his life, toga in his well earned offices of active duty and weighty responsibility. But when

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the dread summons of disease overtook him, he willingly laid at the feet of his collegiate successor the honored position he had won, and resigned all to the ministry of other willing and competent hands. It is sad to see an impersonation of so much genuine worth, uprightness of character, and professional excellence pass away from our midst to be seen no more for ever. Let us profit by the lessons of the life and character of him who has gone before us only a short season. Let us imitate all that was good and noble in his example, that we may be benefited by the charming rays of that genial light that he has thrown along our busy pathways through life, as they were pictured in the walks of his own professional and social position.

Philo G. Valentine was born in Berkshire, Tioga County, New York, December 22, 1832, attended the district schools in his early years, and soon manifested a thirst for knowledge which grew with his growth and expanded with his strength. In 1852 he graduated from Cazenonice Seminary and soon thereafter entered Union College, Schenectady, N. Y., from whence he graduated in 1854. In 1869 he received the degree of A. M., for meritorious advancement in his literary pursuits. He entered the Medical Department of the University of Michigan, in 1853, and graduated therefrom in 1856, when he removed to New Orleans to begin the practice of his profession. While there engaged in professional pursuits, with a zeal characteristic of his love for his chosen profession, he entered the University of Louisiana, and received the ad eundem degree of that institution in 1861. When the great rebellion broke forth in all the vehemence of its power in 1861, he espoused the cause of rebellion and entered the Southern service, joined the Second Kentucky Regiment as assistant surgeon, under the command of General Bragg, and was soon promoted to the rank of Surgeon and served in this capacity, with credit and distinction, to the close of the rebellion. In 1862 he married the beautiful and accomplished Kate R. Baird, of Murphysborough, Tenn., and with whom he lived till 1874, when she died of a malignant disease; the fruit of this union being a son born to them in 1869. In 1872, having been converted to the law of similia two years before, he was invited to the professional staff of the Homœopathic Medical College of Missouri, and in the fall of the same year he became a resident of the City of St. Louis, having accepted the Professorship of the Principles and Practice of Surgery in said school, which position he filled creditably to himself and to the Trustees of the College. From that time until the beginning of his last illness he continued his connection with this College, and re-

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mained its faithful advocate and friend throughout the mutations that attended its career. In 1873 he was appointed Registrar of this College, and the many years he held this important position attest his fidelity to its interests and the high esteem in which he was held by its faculties. In 1878 he began the publication of the St. Louis Clinical Review, a monthly journal devoted to the advancement of medicine and the collateral sciences, till it was merged, in 1884, into the St. Louis Periscope, edited by the author of this memorial, under the name of the St. Louis Periscope and Clinical Review of Homœopathic Medicine and Surgery.

In 1879 he married Clara V. Hodge, a young lady of St. Louis, to whom a son was born, and who yet lives to share the honor and merited reputation of a father, whose good works, both in professional and social circles have won—

> That honor that is linked to his life,
> Which to enjoy, we must seek the one
> And venture for the other or lose both.

Fully two years before his fatal desease became fairly developed, he continued his lectures at the college and pursued his daily round of professional and editorial duties, till the violence of the attack prostrated him to an extent incapacitating him for further labors. In September, 1884, his disease having baffled the skill of the physicians of St. Louis, he was removed for treatment to the Insane Asylum at Middletown, N. Y., where he lingered and died of cerebral hemorrhage, December 22nd, 1884, at the age of 52 years. He was a member of Franklin Council of the Legion of Honor, and was for a time Medical Examiner of the lodge. His remains were brought to this city, and the last sad obsequies were held at the family residence, No. 823 Tayon street, surrounded by his relatives, his professional brethren and friends, who will miss the loving heart, the conscientous physician, and the faithful companion, whose love of truth and justice was as unbounded as his love of his honored profession. His remains were removed to Henderson, Ky., his early home, and buried beneath the branches of the fragrant clustered Catalpa.

> Whose budding branches cast their perfumed shade,
> O'er the grassy turf, beneath whose mouldering heap,
> He rests—his lonely couch by loving hands was made
> To 'ndure till 'wakened from his earthly sleep.

The following resolutions were adopted by a standing vote:

Whereas, It has pleased an All Wise Providence to remove by death from our midst, in the ripeness of his years,

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our distinguished brother and friend, Prof. Philo G. Valentine, M. D., therefore,

Resolved, That the Faculty of the Homœopathic Medical College of Missouri, and his brothers in the profession in this city, and the members of the Missouri Institute, hereby attest our sincere appreciation of the earnest and faithful work he has rendered to the cause of homœopathy, and our unfeigned regret that the profession of this city and elsewhere has lost the services of so true a homœopath and friend.

Resolved, That we recognize in his life an example worthy of all praise in his indefatigable and untiring work in the cause of homœopathy, an intense devotion to the cause of education, and in his death, that of one who has lived his life well.

Resolved, That a copy of this eulogium and resolutions be forwarded to his family, as a testimony of our high regard for his many virtues of head and heart.

On motion, a vote of thanks was returned to Dr. Franklin.

The suggestion of the President touching the representation on the State Board of Health, being the special business set for the hour, was called for and elicited the following remarks:

Dr. Ordway said: He concurred with the President that a member of the Institute who is a representative homœopath should be recommended by this society to His Excellency, Governor Marmaduke, to represent homœopathy on the State Board of Health, and suggested the name of Dr. W. C. Richardson. That he was well qualified for the position no one would gainsay, and that he had been an active worker for and in the Institute was equally true and well known to the members. Dr. E. C. Franklin said that something in the matter of the State Board of Health had been done by another society, and he hoped that there would be no clash. That society stood pledged to Dr. T. G. Comstock, and letters have been written to Governor Marmaduke in favor of Dr. Comstock. A large number of prominent homœopaths had signed a paper in favor of Dr. Comstock, and it was hardly the thing to put up another man now. Dr. Richardson was present when Dr.

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Comstock was endorsed by that society, and it seemed strange to the speaker that Dr. Richardson's name should now be introduced. If there was to be a division in the Society, we would get nothing. Mrs. Dr. Pearman proposed the name of Dr. G. S. Walker, who had worked hard for homœopathy and was considered the representative homœopath of the State. He was certainly entitled to this honor if any one was.

Dr. Franklin felt sure that Dr. Walker did not want the place.

Dr. Pearman said that perhaps Dr. Walker would take the place if it was tendered him.

Dr. Foster felt confident that if the Society united upon a man and recommended him, the Governor would appoint him. But if there was a division, it would ruin the influence of the Society.

Dr. Kershaw begged leave to read the following resolutions passed by the Homœopathic Society of Kansas City:

The Homœopathic Medical Society of Kansas City, at a special meeting held January 13, 1885, unanimously adopted the following resolutions:

WHEREAS, We are assured that a representative Homœopathist can be appointed upon the State Board of Health, and,

WHEREAS, The Kansas City Homœopathic Profession have the assurance of a hearty political support for a man selected by them and one who can be supported by the St. Louis profession,

Therefore be it Resolved, That it is the sense of this Society that W. D. Foster, M. D., of Kansas City, Mo., should receive the united support of the Homœopathic profession of this State.

Be it Further Resolved, That united action will result in his appointment and to that end we invite the hearty co-operation of the St. Louis profession.

H. C. BAKER, M. D.
H. A. BARBER, M. D. } Committee.
F. F. CASSEDY, M. D.

H. C. BAKER, M. D., President.

SAM. H. ANDERSON, M. D., Secretary.

On motion of Dr. Boyd, the whole matter was tabled.

Adjourned to 9 o'clock, A. M., March 6th, 1885.

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SECOND DAY—MORNING SESSION.

The Institute was called to order at 10:30 A. M. President Dr. Foster in the chair, the following members being present:

LIST OF MEMBERS PRESENT—NINTH ANNUAL SESSION.

J. T. Boyd,	M. D., - - -	St. Louis.
C. J. Burger,	" " - - -	Boonville.
J. A. Campbell,	" " - - -	St. Louis.
J. C. Cummings,	" " - - -	"
Mrs. B. V. Cushman,	" " - - -	Hannibal.
W. C. Edmunds,	" " - - -	St. Louis.
W. D. Foster,	" " - - -	Kansas City.
E. C. Franklin,	" " - - -	St. Louis.
N. L. Franklin,	" " - - -	"
J. G. Gundlach,	" " - - -	"
F. B. Holden,	" " - - -	"
Mrs. Josie Hickox,	" " - - -	"
J. M. Kershaw,	" " - - -	"
F. T. Knox,	" " - - -	"
Mrs. S. E. Lavat,	" " - - -	"
Mrs. A. B. McKibben,	" " - - -	"
L. S. Ordway,	" " - - -	"
S. B. Parsons,	" " - - -	"
Mrs. M. B. Pearman	" " - - -	"
W. C. Richardson,	" " - - -	"
Mrs. H. T. Wilson,	" " - - -	"

The Bureau of "Climatology and Prevailing Diseases" being called upon for a report, the chairman, Dr. Boyd, read a paper on "Climate and its Effect on the Human System."

(See paper under head of "Climatology," etc.)

No further report being offered the Bureau was closed.

The following bureaux were called but failed to respond either by paper or in person, and were therefore declared closed:

Bureau of "Clinical Medicine," Bureau of "Materia Medica," and the Bureau of "Chemistry, Toxicology and Microscopy."

The Bureau of "Ophthalmology and Otology" begged leave to offer their report at the beginning of the afternoon session. Granted.

The Bureau of "Surgery" being next called, Dr. E. C.

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Franklin read a paper entitled, "A Few Thoughts on Inflammation Considered in the Light of Pathology and Pathogenesis." Dr. Boyd's remarks on above paper.

Dr. Parsons gave a synopsis of his paper entitled, "Heat and Cold in Surgery."

(See papers under head of "Surgery.")

Bureau ordered closed.

Under the Bureau of "Pædology," Mrs. Dr. Josie Hickox reported no papers received and expressed her regret that owing to her illness she too was compelled to meet the Institute without a paper. Bureau ordered closed.

The Bureau of "Gynæcology" being next called Dr. Ordway read a paper on "Menstruation."

(See paper under head of "Gynæcology,")

There being no other paper, the Bureau was announced closed.

Under the Bureau of "Obstetrics" Mrs. Dr. Pearman read a paper on "Laparotomy versus Embryotomy."

Discussions on Mrs. Dr. Pearman's paper.

(See paper and discussions under head of "Obstetrics.")

Dr. W. D. Foster read a paper on "Pueperal Convulsions —Chloroform—Forceps—Recovery."

(See paper under head of "Obstetrics,")

Bureau ordered closed.

Dr. J. A Campbell then announced that he was ready to make a report for the Bureau of "Ophthalmology and Otology." There being no objection he proceeded to read a paper on "Injuries to the Eyes from Explosions."

(See paper under head of "Ophthalmology and Otology,")

It being 2 P. M., on motion, the Institue adjourned until 4 P. M.

SECOND DAY—AFTERNOON SESSION.

Pursuant to adjournment, the Institute was opened, President Dr. Foster in the chair. It was moved and carried that a publishing committee of three be appointed with instructions to have the transactions of this body published. The chair appointed on said committee Drs. Burger, Kershaw and Edmunds.

Dr. Boyd offered the following resolutions:

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WHEREAS, in the opinion of the members of the Missouri Institute of Homœopathy, the standard of medical education should be elevated, and

WHEREAS, The present system of granting diplomas by Professors directly connected with colleges has few elements tending toward that direction, and

WHEREAS, In voting for candidates the professors whose departments are of inferior importance to the general practitioner have the same number of votes on the candidates as those whose departments are of the most importance, and if the candidate fails on those of minor importance and thus falls below the general average, he is rejected, even if he stands high on those of greater practical value.

Therefore, *Resolved*, That we believe that the interest of the people of this State would be conserved by the Legislature passing a law taking away the power of medical colleges to confer the degree of Doctor of Medicine.

And that that duty should be performed by a board of physicians, none of whom should be teachers in the medical colleges; who should be appointed by the Governor and who should be called the "State Examining Board," and who should be empowered to confer such degrees.

Discussion on Dr. Boyd's resolution.

Dr. ——— felt that the plan would be impracticable as the Board would have to be ubiquitous at a certain portion of the year.

The proposition was all right as far as it went, but it would not work. Dr. Kershaw said that the matter could be arranged in the colleges by grading. Dr. Parsons thought that the matter could be arranged in the colleges. If the standard of medical education was to be raised, a practical stand should be taken. He called upon Dr. Boyd to cite a case where a student had been rejected when he was entitled to pass. Dr. Boyd refused to name the cases or colleges but said he knew of several.

Dr. Parsons insisted that this matter should be kept in the faculty of the colleges.

Dr. Ordway held that the examination was not strict enough at matriculation and that that was the cause of the whole trouble.

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On motion of Dr. Kershaw, the resolution was referred to the Bureau of Legislation and Education.

The Bureau of "Sanitary Science" being called, the Secretary read a dispatch from the chairman, Dr. W. J. Harris, in which he regretted his inability to be present owing to the dangerous illness of Dr. Collisson.

No paper being offered the Bureau was ordered closed.

Owing to the lateness of the hour, the chairman of the Bureau of "Education, Legislation and Statistics," read his paper by title, "The State Board of Health."

STATE BOARD OF HEALTH.

Two years ago, our State Board of Health was created and the result of its labor thus far is before us.

The Board has been severely criticised by the press of the State and especially by that of your city. A charge of incompetency and unfairness gained a wide circulation and the unfavorable impression thereby produced alarmed the friends of the measure.

An act to abolish the Board found strong and able advocates all over the State. In view of the fact that several bills of different import were before the Legislature, I thought it advisable to visit the Capital and investigate the status of affairs. Personally, as a homœopathic physician, I care not one iota whether the Board lives or dies. I am willing to abide by the result of my exertion and ability in competing for an honorable livelihood. As water finds its level, so will the true and competent physician, no matter of what school of practice, rise above the charlatan and quack. Our profession in this State has no reason to fear an influx of quacks sailing under the banner of homœopathy. Homœopathy finds its patrons among the enlightened and educated class, and they cannot easily be imposed upon, by medical imposters.

In fact homœopathy has made such strides in the last decade, that now but very rarely will a man, who is not a graduate, be found fool-hardy enough to offer to pass himself for a homœopathic physician. With an enlightened people on the one hand and our exertions to furnish them with well qualified practitioners on the other, neither our patrons or our profession need the protecting arm of the law.

After spending a day at the Capital probing the sentiments of the members in regard to the State Board of Health, I came to the conclusion that the Board would either be abolished or the necessary appropriation for its maintenance re-

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fused. The antipathy was found so pronounced that one or the other will surely occur. This feeling was kindled and fanned into this condition, not by the Homœopaths or Eclectics but in the ranks of Allopathy.

So far as I had an opportunity to judge the allopathic members of the Board manifested a fair degree of liberality towards those whom they consider irregulars. If we must have a State Board of Health, then it ought to have the financial support of its creative power. If the present Board has shown a lack of wisdom, or exceeded its power or abused its authority, a change in its composition should be the aim of the profession and the public.

That the law needs to be amended is proven by a decision just rendered by Judge Noonan of St. Louis. The Judge decided that an act creating the State Board of Health is unconstitutional because the Board is made a court with judicial powers, having a right to try a citizen and deprive him of property without trial by jury. He recognizes the fact that a person's medical education, for the acquisition of which, time and money are necessarily expended is personal property and the possessor can only be deprived of it by a jury of his peers. The law investing the Board with the power to withhold a license for the practice of medicine for what *it* may consider "*unprofessional conduct*," is evidently not well established.

As homœopathic physicians we will heartily endorse any measure which may tend to the elevation of the medical profession. If the Board is guided by a spirit of equal rights to practitioners of all schools, I am confident it will meet with a hearty support and co-operation on our part in securing and maintaining such changes of the law as shall make the Board efficient and meriting the approbation both of the profession and the public. I have not the pleasure of an acquaintance with the homœopathic member of the Board. He may be well qualified for the position, but as a member of the Missouri Institute of Homœopathy, I would recommend that this Society unite in securing the position to one of its representative members. I have confidence in the good judgment and the sense of justice in the new Governor that he will cheerfully grant the wishes of this body in this matter.

On motion, the Secretary was allowed a salary of twenty-five dollars per year.

On motion, a bill of twenty dollars for the use of Parlor 22, Lindell Hotel, during the session of the Institute, was ordered paid.

Dr. Kershaw offered the following resolutions:

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Resolved, That the thanks of the Institute be tendered Dr. W. D. Foster, for the impartial and capable manner in which he has presided over the session of this body.

Resolved, That the thanks of the Institute are also due Dr. C. J. Burger for his earnestness and industry as Secretary of this Society.

Resolved, That the cordial thanks of the Institute are due the Press of St. Louis for their reports of our proceedings; and to the Lindel Hotel Association for its courteous treatment.

It was moved and carried that the Institute now proceed to the election of officers. For President, Drs. Franklin and Kershaw were placed in nomination. Drs. Franklin stated as he had held the office once, he would, therefore, decline the nomination. On motion, the Secretary was instructed to cast the vote of the Institute for Dr. Kershaw. The Chair announced the Secretary's compliance and declared Dr. Kershaw President for the ensuing year. Mrs. Dr. Pearman was on motion unanimously elected Vice-President. On motion, the President was instructed to cast the vote of the Institute for General Secretary, for the present incumbent, Dr. C. J. Burger. So announced. For Provisional Secretary, Dr. F. T. Knox was placed in nomination and duly elected.

Dr. N. S. Franklin, the acceptable Treasurer *pro tem*, was elected by ordering the Secretary to cast the vote for him.

Drs. Ordway, Richardson and Edmunds were elected as a Board of Censors. The Institute was invited to hold its next annual session in St. Louis, Kansas City and Boonville. By a majority vote, Kansas City was selected. On motion, the time for the next session was left to the judgement of the Executive Committee, with instruction that timely notice thereof be given to the members.

On motion, a vote of thanks was offered to the *Missouri Republican* and its gentlemanly reporter, P. R. Webb.

The President elect appointed the following Bureaux for the ensuing year:

Bureau of Climatology and Prevailing Diseases.—J. T. Boyd, M. D., Chairman; F. T. Knox, M. D., Florence B. Holden, M. D., St. Louis, Mo.

Bureau of Clinical Medicine.—D. T. Abell, M. D., Chairman, Sedalia; J. C. Cummings, M. D., St. Louis; W.

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L. Hedges, M. D., Warrensburg; D. D. Miles, M. D., Boonville.

Bureau of Psychological Medicine.—J. Thorne, M. D., Chairman, Kansas City; A. H. Schott, M. D., St. Louis; H. W. Westover, M. D., St. Joseph; K. Franz, M. D., St. Louis.

Bureau of Materia Medica.—J. T. Kent, M. D., Chairman; J. G. Gundlach, M. D., E. W. De Wees, M. D., E. B. Thomas, M. D., St. Louis.

Bureau of Chemistry, Toxicology and Microscopy.—J. T. Boyd, M. D., Chairman; C. H. Goodman, M. D., V. B. Cosby, M. D., J. A. Tomhagen, M. D., St. Louis.

Bureau of Ophthalmology and Otology.—J. A. Campbell, M. D., Chairman, St. Louis; H. W. Westover, M. D., St. Joseph; L. E. Whitney, M. D., Carthage; F. F. Cassedy, M. D., Kansas City.

Bureau of Surgery.—E. C. Franklin, M. D., Chairman; S. B. Parsons, M. D., St. Louis; W. D. Foster, M. D., Kansas City; W. B. Morgan, M. D., St. Louis.

Bureau of Pœdology.—Mrs. Josie Hickox, M. D., Chairman; W. A. Edmonds, M. D., Mrs. A. B. McKibben, M. D., St. Louis; C. C. Wakefield, M. D., Hannibal.

Bureau of Gynœcology.—L. S., Ordway, M. D., Chairman, St. Louis; W. G. Hall, M. D., St. Soseph; R. W. Carr, M. D., Sedalia; F. W. Sargent, M. D., St. Louis.

Bureau of Obstetrics.—Mrs. M. B. Pearman, M. D., Chairman; W. C. Richardson, M. D., Mrs. A. L. Chapman, M. D., Mrs. S. Ella Lavat, M. D., St. Louis.

Bureau of Education and Legislation.—C. J. Burger, M. D., Chairman, Boonville; S. B. Parsons, M. D., N. L. Franklin, M. D, Mrs. H. T. Wilcox, M. D., St. Louis.

Bureau of Sanitary Science.—W. J. Harris, M. D., Chairman; W. A. Edmonds, M. D., St. Louis; P. Baker, M. D. Kansas City; Mrs. B. V. Cushman, M. D., Hannibal.

The President appointed the following delegates to represent the Missouri Institute of Homœopathy:

S. B. Parsons, M. D., St. Louis.
E. C. Franklin M. D., "
W. D. Foster, M. D., Kansas City.
} To the American Institute.

C. J. Burger, M. D., Boonville.
C. H. Goodman, M. D., St. Louis.
M. B. Pearman, M. D., "
} To the Western Academy.

On motion, the Institute adjourned.

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THE ST. LOUIS
PERISCOPE
—AND—
CLINICAL REVIEW.

VOL. VIII. ST. LOUIS, MO., JUNE, 1885. No. 6

Editorial.

AMERICAN INSTITUTE OF HOMŒOPATHY.

At the recent meeting in this city, Dr. G. S. Walker gave on the part of the local physicians an Address of Welcome, and Dr. T. F. Allen of New York City, President of the institute, made a fitting response; followed by the annual address. In his address, Dr. Allen recommended the appointment of a committee of the Institute to make scientific experiment, with a view of establishing beyond a doubt the truth or falsity of the theory of dynamization.

By previous appointment, the following subjects were discussed by the respective bureaux: "Blood Changes," "Dystocia," "Bacteria in their Relation to Disease," "New Remedies for Treatment of Diseases of the Ear," "Hygiene of Infancy and Manhood," "Diseases of the Ovaries and Treatment," "Etiology and Pathology of Insanity," "Diseases of the Testes," "Exercise in its Relation to Mental Health," and Convulsions of Children." Several papers, treating of different divisions of each subject were presented and well discussed. A good report was received from every bureau except that of Pharmacy, which failed to materialize. The reports of the bureaux of Obstetrics and Gynæcology were especially interesting. It appeared that the Committee on Provings was conducting such experiments with reference to the subject of dynamization, as were recommended by the President in his address. On Thursday evening

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a collation was spread at the Lindell, for the members of the Institute, local physicians, and invited guests. A number of toasts were responded to in a manner that showed that some doctors, at least, have kissed the "blarney stone."

Dr. Kershaw, Secretary of the local Invitation Committee, read letters of congratulation from the following: Postmaster General Wm. F. Vilas, Secretary of the Treasury Daniel Manning, Secretary of War Wm. C. Endicott, Secretary of the Navy Wm. C. Whitney, Attorney General A. H. Garland, Thomas C. Hendricks, Vice-President of the United States, Senator Cockrell, and John S. Marmaduke, Governor of the State of Missouri.

On Friday morning, a memorial service for deceased members was held. Twenty members, an unusually large number, had died during the year.

The officers for next year are: O. S. Runnels, Indianapolis, President; A. I. Sawyer, Monroe, Mich., Vice-President; J. C. Burgher, Pittsburgh, Secretary; T. M. Strong, Ward's Island, N. Y., Provisional Secretary; E. M. Kellogg, New York City, Treasurer. Saratoga was selected as the next place of meeting.

During the meeting we had the hottest weather of the season, so far, and the noisy street traffic caused some annoyance, but we believe that taken altogether the session was a pleasant one, and we hope that the Institute will come again within a few years. Its presence adds not a little to the prestige of homœopathy, which in the Southwest needs more encouragement than in some parts of the East.

TOAST RESPONSE AT LATE MEETING OF THE AMERICAN INSTITUTE.

The Western Academy of Homœopathy. Her lusty child, good looking and loyal.

RESPONSE BY E. M. MCAFEE, CLINTON, IOWA.

If biographers tell the truth, all really notable children are born, as a rule, of "poor but respectable parents," hence it has become almost a settled conviction in the minds of the world that genius is never inherited, and that obscurity, poverty and neglect are essential and necessary conditions of its origin. Furthermore, we have observed not unfrequently, that where these "wonderful children" become conscious of a superiority of endowment, they seem to feel themselves not only above "other folks," but even above the "old

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folks," and often treat them with indifference if not disdain. In their demeanor they convey the idea that the leading lights of the present generation (themselves of course) possess a depth of insight into matters and things entirely beyond the comprehension of those who figured in the one preceding. That great truth expressed so quaintly in one of Lowell's couplet's never seems to have entered their heads.

> "Young folks are smart but all aint good that's new.—
> I guess the gran'thers they knowed sumthin' tu."

But the youth with which we are interested just now, *The Western Academy of Homœopathy,* is a child of different growth. While not only a decided sprig of genius and one of the most marvelous products of this marvelous generation, it is also a marked exception to the rule I have stated. Child of the American Institute.—One of the most eminent and time-honored medical organizations of the world. It was necessarily born in affluence, rocked in the cradle of plenty, and from its earliest inception has ever experienced the satisfaction of enough. That it is "lusty"—which means able of body, stout, robust, vigorous, sturdy, corpulent, is apparent from observation alone, while the facts in proof are far too numerous to mention. At the same time showing that it is not only "a chip of the old block," but that the virtues as well as the vices of the fathers are often visited upon the children. How much of the old parental energy was transmitted in this case is seen in the fact that this child could hardly wait to be born before "going west to grow up with the country," and so rapid has been its advance here, that to-day its members represent more States than it is years old, with a steady increase.

I tell you, gentlemen, in the language of moderate enthusiasm, this child is a wonder. "Good looking," well, I should remark! But about being handsome, there is one thing that's plain, it speaks for itself.

"Loyal," most emphatically, to the very core. We look upon the Mother Institute, not so much "the pit from whence we were digged, as the rock whence we were hewn," and on this occasion, we regard it as the greatest honor within our reach, that the Old Lady has condescended to come out here and make us a visit. To see and learn for herself as she needs must, that years of separation have caused no abatement or diminution of filial affection and regard. To learn as she needs must, that because we do not visit her *every* year, and have in measure organized in our own behalf, it is not because we love her the less, but because we have a great and important work

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to perform, and we feel the child is in duty bound to help the parent; and the distance to the old homestead is usually so great, and our time so occupied we cannot leave our field of labor for so long a time. The interests, purposes, aims and aspirations of *both* must be and *remain* one and inseperable, and which purposes and aims if put into a single sentence, as we all well know, to spread over this broad land, and set up in every hamlet and habitation thereof, the most sublime, complete, truly scientific and effective system of medicine ever formulated and practiced for the health and happiness of mankind.

Regarding the State Societies as sort of grandchildren, it may be said that the Western Academy is the only child of the American Institute, and we hope to so demean ourselves that our worthy and distinguished maternal parent, as regards the matter of pride in raising children, will have ample reason to feel that to have been the mother of such an offspring, is glory enough for a life-time. And if ever upbraided on that score, she can most aptly reply in the language of the grand old fable, *unum sed leonum.*

THE WESTERN ACADEMY OF HOMŒOPATHY.

The Academy met in St. Louis, on May 28th, 29th and 30th. Although there were not a large number of outside members in attendance, yet it was one of the most successful and interesting meetings ever held by the Society. The meeting was called to order the first day, at 10 A. M., and continued its services with unabated interest until six o'clock in the evening of the third day. Dr. Harris, of Galena, Ills., occupied the chair the first and second days; the Vice-President, Dr. H. R. Arndt, of Grand Rapids, Mich., taking the position the last day. Dr. C. H. Goodman, the Secretary, worked faithfully throughout the convention, while Dr. G. W. Foote, the Treasurer, did his usual good work with the finances. The address of welcome was delivered by Dr. S. B. Parsons.

DR. PARSONS ADDRESS.

Mr. President and Members of the Western Academy of Homœopathy:

In behalf of the St. Louis Society it is my very great pleasure to welcome you to our city as representatives of the Western Homœopathic Profession to the Western Academy of Homœopathy, as you assemble in annual convention. We are always glad to meet in fra-

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ternal gatherings the men and women who dare to carry the banner of similia, and who feel interest enough in the prosperity of our school of practice to leave professional and domestic duties behind them, and hie away to the different places of conference. St. Louis greets you to day with a warmth of feeling not inferior to that shown you in any place or city, and will accord you a generous hospitality at the hands of her brotherhood. Our parks, museum, gardens, children's hospital, bridge, tunnel-fan, shot tower, and libraries, are thrown open for your pleasure and comfort, which you can enjoy at your leisure. I trust that your intercourse with each other and exchange of thoughtful experience will be pleasant and profitable and harmonious; and when you return to your homes that each may feel "it was good to be there." In the name of the Homœopathic profession of St. Louis I bid you welcome.

The following papers were presented and discussed; "Diphtheria," by Dr. J. T. Boyd, St. Louis; "Surgical Diseases of the Mammæ," by Dr. E. C. Franklin; "Necrosis of the Tibia," by Dr. W. D. Foster, Kansas City, Mo.; "Foreign Bodies in the Bladder," by Dr. S. B. Parsons, St. Louis; "Water Treatment in Pregnancy and Parturition," by Dr. S. Harris, Galena, Ills.; "How to Prevent the Laceration of the Cervix Uteri and Perineum," by Dr. M. M. Eaton, Cincinnati, Ohio; "Cerebral Hæmorrhage," by Dr. J. Martine Kershaw, St. Louis; "Diet of Infants," by Dr. J. C. Cummings, St. Louis; "Pelvic Cellulitis," by Mrs. Dr. M. B. Pearman, St. Louis; "Abscess of the Liver," by Dr. W. A. Edmonds, St. Louis; "Cholera Infantum," by Dr. A. H. Schott, St. Louis; "Rupture and Gravel," by Dr. C. Link, Litchfield, Ills.; "Hyperopia," by Dr. J. A Campbell, St. Louis; "Physical Development of Girlhood, by Dr. W. J. Harris, St. Louis; "Cholera Contagion," by Dr. E. A. Griveaud, St. Louis; "Uterine Hemorrhage," by Dr. L. S. Ordway, St. Louis; "Sleepless Children," by Dr. T. C. Duncan, Chicago; "The Potency Question," by Dr. Clotar Muller, Germany; "The Potency Question," by Dr. H. R. Arndt, Grand Rapids, Mich.

The following members were elected: Drs. L. S. Ordway, A. H. Schott, Alice B. McKibben, E. S. Lavat, and H. Tyler Wilcox, of St. Louis, and Dr. A. C. Cowperthwaite, of Iowa City, Iowa.

The annual election of officers resulted as follows: President,

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Dr. H. R. Arndt, of Grand Rapids, Mich.; Vice-president, Dr. C. H. Goodman, St. Louis; General Secretary, Dr. W. J. Harris, St. Louis; Provisional Secretary, Dr. J. Harts Miller, Abingdon, Ills.; Treasurer, Dr. G. W. Foote, Galesburg, Ills,; Board of Censors, Drs. J. Martine Kershaw, E. C. Franklin, and S. B. Parsons of St. Louis, J. C. Burger, of Boonville, Mo., and E. M. McAffee of Clinton, Iowa.

The President appointed the Chairmen of Bureaus for 1886, as follows: Pharmacy, Dr. J. E. Gross, Chicago; Obstetrics, Dr. G. S. Walker, St. Louis; Surgery, Dr. J. Harris Miller, Abingdon, Ills.; Clinical Medicine, Dr. C. H. Goodman, St. Louis; Nerv us and Mental Diseases, Dr. E. F. Storke, Milwaukee, Wis.; Ophthalmology and Otology, Dr. J. B. McDermott, Cincinnati; Pædology, Dr Sarah C. Harris, Galena, Ills.; Gynæcology, Dr. M. T. Runnels, Indianapolis, Ind.; Materia Medica, Dr. A. C. Cowperthwaite, Iowa City, Iowa; Sanitary Science, Dr. N. A. Pennoyer, Kenosha, Wis.; Legislation, Registration and Statistics, Dr. G. W. Foote, Galesburg, Ills.; Anatomy, Physiology and Pathology, Dr. A. S. Everett, Denver, Colo.

The Academy then adjourned to meet at Galesburg, Ill., in May, 1886.

The success of the meeting was due in great part to the untiring efforts of the St. Louis Reception Committee, composed of Drs. Parsons, Edmonds and Kershaw.

DR. KERSHAW'S RECEPTION.

Dr. J. Martine Kershaw gave a reception and entertainment to the members of the Academy, at his residence, 3500 Laclede avenue, on Friday evening, May 29th, from 8 till 11 o'clock. The parlors, halls, dining room, every part of the house, indeed, were filled with invited guests, among whom were a number of the most prominent physicians and lay people of St. Louis and the surrounding country. Numerous telegrams and letters of regret were received from every State and Territory in the West. For the special entertainment of guests a regular programme was prepared: Spierring's orchestra rendered the musical selections and Prof. E. L. McDowell gave a number of his inimitable recitations Pechman, the caterer had charge of the tables and served an elegant repast during the evening.

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Among the invited guests were: Drs. S. Harris, of Galena, Ills., A. C. Cowperthwaite, E. C. and N. L. Franklin, T. G. Comstock, G. S. Walker, Chas. Gundelach W. A. Edmonds, C. H. Goodman, J. A. Campbell, S. B. Parsons, J. T. Kent, J. T. Boyd, J. M. Stevens, Chas. Vastine, L. S. Ordway, M. B. Pearman. W. J. Harris, W. C. Richardson, A. Schott, A. Uhlemeyer, W. B. Morgan and H. C. G. Luyties, Mrs. Hunter, St. Louis, and Messrs. Schwartz and Bockstruck.

ACADEMY NOTES.

Dr. Arndt is the editor of the "Encyclopædia of Medicine."

Dr. King, of Clinton, Iowa, took in the Academy.

Dr. Link is the heavy homœopathic weight of Litchfield, Ills.

Dr. Cowperthwaite is the gentlemanly Dean of the Iowa State University.

Dr. Foote is the Mayor of Galesburg.

Dr. Burger, of Boonville, Mo., believes in enjoying the good things of life. He knows a good horse when he sees him.

Dr. Parsons is the light weight fisherman of St. Louis—when at Lake Minnetonka.

Dr. Walker catches as many fish, but sits down to it. He believes the good fisherman should rest.

The American Institute is the mother, the Academy her thrifty western daughter.

Dr. Kershaw recreates on horseback or behind a pair of trotters.

Dr. Gundelach dont get up a good square laugh very often, but Dr. Cain of Stillwater can strike him right every time. He smiles in his sleep now.

Dr. Edmonds is the best off-hand speech maker in St. Louis.

Dr. McAffee backs up the Academy with both pounds and good will.

Mrs. Pearman reads a good paper.

Dr. Ordway is a live worker.

Dr. Morgan thinks sawing wood and hoeing young cabbage-plants is good exercise for the busy doctor.

Dr. Kent has invented a high potency machine.

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Dr. Franklin is a good judge of hunting dogs.

Dr. Schott is an authority on soda water. The ladies were out

Dr. Harris thinks a young girl should be trained.

Dr. Gundlach knows something about mineral waters.

Dr. Cummings thinks fresh air is as good as fresh milk.

Some mean doctor said that Dr. Edmonds should not skim his milk before drinking. He said it told on him.

Dr. Campbell has a fellow feeling for eyes.

The stay-at-home doctors missed it this time.

Dr. Comstock takes his water hot.

Luyties Pharmacy was represented every day.

M. Bockstruck looks like a doctor.

THE HOMŒPATHIC MEDICAL COLLEGE OF MISSOURI.

The Annual College Announcement of next winter's work will appear in a few days. In the main the Faculty will remain as for the last session. Some changes will appear which the Board of Trustees hope may result in a more complete work in certain departments than heretofore. Among the changes it will be found that Mrs M. B. Pearman, M. D., takes the Chair of Gynæcology; Dr. W. C. Richardson will fill a new-made professorship—"Surgical Diseases of Women;" Dr. C. J. Luyties, now Resident Physician to the St. Louis Children's Hospital, will fill the Chair of Chemistry. The Board of Trustees have made these changes and additions with a view and determination to makethe next winter's work one of the very best and most complete ever before attempted in the istory of the College. We bespeak the hearty, moral support of the profession and a liberal share of patronage in the way of pupils.

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Book Reviews.

A Treatise on the Decline of Manhood; Its Causes and the Best Means of Preventing their Effects, and Bringing about a Restoration to Health. By A. E. Small, A. M., M. D., Prof. of Hahnemann College and Hospital, etc. Third edition, revised and enlarged. Chicago: Duncan Brothers, Publishers, 1885.

This is an excellent little book of 112 pages, duodecimo, on a subject of the very first importance in its bearings on the mental, moral and physical well-being of humanity. Books of this character, while written for the profession, are sought after by the laity, and so grow into extensive popular use. This fact makes it difficult for the author to so handle his subject that the class of readers may not receive a certain *prurient* impulse on the one hand and thereby be rendered the worse for the opportunity of reading the book; or on the other hand grow into a certain state of despondency and unnecessary alarm as to probable results from their own indiscretions and misdeeds. The author, while handling his subject plainly, frankly and practically, has been most fortunate in avoiding each of these hurtful tendencies. The fact that the book in a short period of time has reached the demand for a third edition is evidence of its acceptance to the profession. In etiology, pathology, therapeutics and personal *management* of this class of patients, he will not disappoint a reasonable expectation.

The Abdominal Brain. By Leilo G. Bedell, M. D. Chicago: Gross & Delbridge. 1885; pp. 45, duodecimo.

In this modest little *brochure* we have an attempt on the part of the authoress to elucidate from the realms of doubt and obscurity, that which appertains to the Sympathetic, Organic Nervous, as we find it distributed and located within the abdominal cavity; both in the normal and abnormal aspects of the subject. Physiologists have in the main been in agreement that this part of the nervous system has for its use to preside over the organism, nutrients, assimilatial processes. In the essay before us, while not questioning such service, in this department of the nervous system, both argument and illustration are brought to bear to show that our *emotional* nature proceeds largely, if not entirely, from the same source.

As before intimated, the subject involves doubt, difficulty and present obscurity, on a subject of much scientific and practical import. Any honest, industrious effort, therefore, which has for its object the illumination of these dark realms, is worthy of all praise and should be received in the spirit of a grateful forbearance.

Berlin as a Medical Center. By Horatio R. Bigelow, M. D. Sandy Hook, Conn.: The New England Publishing Co. Price $2.00.

This is a 12mo vol. of 120 pages, giving full directions and much useful advice to medical students and practitioners who contemplate visiting Berlin for the purpose of hospital and other educational advantages.

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NORTH AMERICAN JOURNAL OF HOMŒOPATHY, May, 1885. — We are pained to learn by the May number that the *North American Journal of Homœopathy* has passed out of the hands of F. E. Boericke, publisher, and our genial friend, Dr. Lilienthal, as editor, into the management of the Journal Publishing Company, and of New York, and will be changed to a monthly periodical instead of a Quarterly, as before. It does not speak well for the homœopathic profession to let this old pioneer, and ably edited journal, pass into the care of a club and turned into a monthly for want of support. 'Tis true it will still be known as the *North American Journal of Homœopathy*, but it is no longer the friend who came to us four times a year, full of valuable notes and readings, though its pages will not be reduced either in size or number. We feel sorry to be obliged to give up the book which has grown in our affections with our strength, and yet we wish the new enterprise all the success they anticipate.

PELVIC AND HERNIAL THERAPEUTICS. Principles and Methods for Remedying Chronic Affections of the Lower Part of Trunk, including processes for Self-cure. By Geo. H. Taylor, M. D. New York: John B. Alden.

As the title suggests, this work is especially devoted to the solution of pelvic and abdominal affections and their treatment by Massage and Gymnas-Exercises, but it also contains a large amount of information on the various processes for the removal of diseases in, and development of, other portions of the body and limbs. Diseases and displacements of the uterus and its connections, piles, fistulæ, and fissures of the lower bowel, constipation, hernias, weak back, and morbid discharges, are some of the many subjects the author discusses with reference to their Mechanico-Physiological treatment. Special processes for the cure of disease in individual parts, the slow and rapid massage methods, the relations of mechanical and manual massage, kneeding, &c., are fully and freely presented in a clear and concise manner. The mode of proceedure in strangulated hernia, and for the cure of reducible hernias, are also carefully considered. The book is well illustrated with about forty wood cuts.

THE JUNE CENTURY in pictorial and literary features is not behind recent issues in timliness and general interest. A finer portrait than that of Sir John Herschel (the frontispiece, engraved by T. Johnson), has rarely been printed in *The Century*. Bishop Dudley, of Kentucky, contributes his answer to the question, "How Shall we Help the Negro?" and John E. P. Daingerfield describes his experience in the engine-house when he was held as a hostage by "John Brown at Harper's Ferry." Special Events like the disaster to the Confederates at Beaver Dam Creek and the terrible battle the next day at Gaines's Mill are particularly described by General D. H. Hill; and by General Fitz John Porter, who gained great credit for his manner of fighting two-thirds of the Confederate army with a little more than half the number, at Gaines's Mill.

THE NORTH AMERICAN REVIEW begins its one hundred and forty-first volume with the issue for July. This standard publication deserves a place on every library table. Among the notable articles are "Land and Taxation," a Conversation, by David Dudley Field and Henry George; "Two Years of Civil Service Reform, by Dorman B. Eaton; "Prohibition in Practice," by Gail Hamilton; with five other articles and six pages of Comments make an excellent table of contents.

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It gives us pleasure to welcome among our exchanges "*Mind in Nature,*" published by the "Cosmic Publishing Company," monthly, at 171 West Washington street, Chicago, Ill. Judging by the sample before us, with published list of distinguished names, we predict for the enterprise a brilliant and successful future. We wish the publishers had done themselves the *grace* to send us the back numbers, the present one being the fourth of the first vol.

Medical Items.

A remarkable case of transplantation of muscle from a dog to the arm of a woman, is reported from Bellevue Hospital, and the first of the kind known in this country.

It is Dr. William F Hutchison's opinion, stated in the *N. E. Medical Monthly*, that a majority of cases of hay-fever, where the period of onset is as easily calculable as a solar eclipse and as sure to come, may be aborted by a week's previous galvanism.

Powdered Rice as a styptic remedy has a great effect on fresh wounds much superior to oxide of zinc. By mixing from four to eleven per cent. of it with lint, and using the lint thus treated as a compress, it is very effectual, and more valuable than subnitrate of bismuth, salicylic acid, or carbolic acid.

We specially call the attention of the medical profession to the advertisement of "*Hydroliene,*" which is now being prescribed by a large number of physicians, for Consumption and Wasting Diseases, mention of which was made in an article on that subject in the April number of this journal. It is readily tolerated by the most delicate stomachs, when the pure oil or the most carefully prepared emulsion are rejected. Wm. F. Kidder & Co., 83 John street, New York, are the U. S. Agents.

We are glad to learn that the beautiful little statuettes prepared by the Committee of the Statue of Liberty are being subscribed for throughout the length and breadth of our Country. This is as it should be, for it is the noble gift of France to the United States. Every lover of liberty should subscribe $1.00, which, if sent to Richard Butler, Secretary, 33 Mercer street, New York, will secure one of these artistic statuettes, being a fac-simile of Bartholdi's great work. Let the good work go on until every home in the land shall possess this proof of ownership in the grandest work of modern times—"*Liberty Enlightening the World.*"

Two hospitals for skin and cancer cases have recently been organized in New York. A building is rapidly approaching completion at 106th Street and Central Park, West, for one of the organizations, and the other is putting up pavilions and cottages at Fordham Heights on a farm, well situated for the purpose.

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GLYCERINE FOR DRYNESS OF TONGUE AND THIRST IN FEBRILE STATES.—From a foreign exchange we learn that Surgeon Major S. K. Cotter, in a recent number of the *Indian Medical Gazette*, relates the case of a patient suffering from enteric fever, who was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerine frequently, and the result was that at the first trial the patient slept almost comfortably, waking up about every two hours with the tongue feeling dry, but was not realy dry to the touch; after renewed application of the glycerine he at once slept again. In six other cases it has been tried and found statisfactory. Surgeon Major Cotter does not attempt to decide whether it acts by increasing secretion from the mucous membrane, dissolving the sordes, or making an artificial coating. But, in whatever way it acts, its benefit is vouched for when the tongue is parched during any disease.—*Canada Med. Rec.*

AMONG the various caustics for local use in causing shrinkage of tonsillar hypertrophies, Dr. Chisholm, (*Virginia Medical Monthly*) has found the chloride of zinc the most available and the least annoying to the patient. He employs it in the following manner: A wire, the size of a fine knitting-needle is roughened for a half inch from one end, so that it may hold a fibre of absorbent cotton twisted upon it. Dip this into a saturated solution of chloride of zinc, and thrust it to the very bottom of the crypt, and keep it there several seconds. When withdrawn the whitened orifice marks the cauterization. By renewing the cotton for each follicle, several may be thoroughly cauterized at the same sitting, without causing any annoying irritation to the throat. A very few applications will cause the gland to shrink, as will be seen one week after destructive cauterization has been made to the interior of the follicles.—*Med Rec.*

THE WAVE OF CHOLERA IN CALCUTTA.—Since the year 1881, cholera in Calcutta has shown a tendency to increase to the rate which obtained some years before the introdnction of filtered water. Mr. Cotton, the municipal member of the late Government Commission, has carefully analyzed the cholera statistics of Calcutta as compared with those of the surrounding districts, and he thus traces the increase in cholera to a general epidemic wave passing over the neighboring districts as well as Calcutta itself.—*Indian Medical Gazette.*

VACCINATION WITH FEVER VIRUS.—The following telegram comes from the city of Mexico: "The Government of Mexico has permitted the garrison of Vera Cruz to be vaccinated with yellow-fever virus, according to Dr. Carmona's system. Experiments were first made on prisoners who volunteered for the purpose. Persons vaccinated with the virus have all the premonitory symptoms of the fever. It is thought that the inoculation will serve as a complete protection for four or five years. Great interest is felt in the discovery, and the system will be tried on the west coast and in Sonora."—*Can. Med. Rec.*

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—AND—
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Society Proceedings.

ST. LOUIS SOCIETY OF HOMŒOPATHIC PHYSICIANS AND SURGEONS.

REPORTED BY W. B. MORGAN, M. D., ST. LOUIS.

ST. LOUIS, JUNE 22, 1885.

There being no essay for the evening, Prevailing Diseases were discussed as follows:

Dr. Ordway.—Recently I saw a child of two years, who had been in a spasm for two hours when I arrived. I concluded that it was due to something in the stomach and learned that the child with others had been playing with colored sand. I suppose it had been poisoned by the sand, though I do not know the nature of the coloring matter. I gave Cicuta with partial relief; on my return I gave Nux and Colocynth alternately with entire relief of the spasm within an hour, but a loss of voice and paralysis of the hands and feet followed. This paralysis gradually lessened and disappeared in about a week. No other remedies than those named were used, except Lach. which was given for twenty-four hours.

Dr. Edmonds.—My cases lately have presented quite a uniformity; they have been mainly mild fever with diarrhœa in children. Some cases have presented a rash somewhat re-

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sembling that of measles About a week ago I saw a single mild case of scarlet fever.

Dr. Pearman.—I have had a similar class of cases with nausea as a prominent symptom. In one case where this was very distressing, I gave immediate relief by hypodermic injection of 12 gtts of a 4 per cent. solution of Muriate of Cocaine. I tried the remedy by the mouth in other cases, but without result. I do not invest so much in this drug as I did.

Dr. Ordway.—In a similar class of cases I have found Merc. sol. almost an epidemic remedy. Some hold that there is little difference between Merc. sol., vivus, and dulcis. The vivus is more difficult to reduce and I have always preferred the black oxyde or solubilis.

Dr. Pearman.—I prefer the vivus.

Dr. Edmonds.—Of the three preparations, the dulcis I think, is the mildest and most agreeable. In dysentery, the corrosive would, of course, be preferable.

Dr. Parsons.—About three weeks ago, I was called to see a child that had measles. It had a spasm in the night, beginning in the fingers, then affecting the toes and limbs and lastly the head and face. By the time I got there the spasm was over, but the child had not spoken for two days before and did not for five days after. The physician in attendance had given Bell. and Bry. and I advised Cham. 30. The child had one or two stools daily as green as grass, and was restless when awake. Stramonium was given afterward and a gradual recovery followed. At my second visit the right arm was found to be paralyzed and it is still weak. It is a question in my mind whether the paralysis was a result of the spasm or preceded it. The pathology of the case, if it could be understood, would be interesting. Probably there was a cerebral lesion.

Dr. Schott.—I have seen several cases of spasms lately. In one child nine months old, vaccination was evidently the cause. It began to work right away and the child was quite irritable, for which an Allopath gave about 30 gr. of Bromide of Potash, in three doses. Five days after vaccination the child had a spasm and I was called. I found it in a profuse perspiration, with dilated pupils, a pulse of 140 and a temperature of 102°. At my direction it was undressed, sponged with

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warm water, wrapped lightly and laid away. I gave one dose of Bell. and there have been no spasms since. The remarkable features of the case were the almost immediately beginning development of the vaccination and a spasm as a result. Scarification had been produced by means of the ivory point so the theory of inoculation from a dirty knife was excluded. The sore was not unusually large and the child had been in good health previously.

Dr. Edmonds.—The child's individual idiosyncrasy was doubtless the cause of the unusual phenomena. Nowadays we use a separate specimen of vaccine for each person, but formerly, when we used a scab, we had a chance to see the varying effects of the same quality of virus upon different persons. It would sometimes happen that after we had made from a scab a large number of vaccinations that pursued a normal course, there would be a person in whom unusual and violent symptoms would appear and there would be talk of impure matter. Peculiarity of the patient is doubtless the cause of most of the bad results from vaccination.

Dr. Ordway.—The peculiarity in Dr. Schott's case was probably an abnormal condition of constitution, that was aggravated by vaccination.

Dr. Morgan.—Dr. Edmond's last remark is undoubtedly true, but that this personal peculiarity spoken of consists necessarily in some latent taint of constitution, as is held by some, I do not believe. Of course, latent dyscrasias may be developed by vaccination, but the purest virus may sometimes produce the most serious results in the healthiest of constitutions. Cow-pox, like mumps and measles, is usually a mild disease, but like them it may be most violent in persons whose only constitutional taint is a peculiar susceptibility to this poison.

Dr. Wilcox.—Some time since I attended a woman in labor, who thought she could not have been more than five months pregnant; the last child previous was only one year old. The child had good strong lungs, but weighed only 1½ lbs. I kept hot bottles around it, but on a cold turn of the weather it died. Have any of the members had any experience in keeping prematurely born children in warm baths?

Dr. Sauter.—I knew of a child that was certainly not

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more than five and one-half months old at birth and it lived for several years.

Dr. Ordway.—In Paris and London they have regular baths in which premature children are kept at a little above normal bodily temperature. Their use is said to be very advantageous.

Dr. Edmonds.—It is a very troublesome question to me to determine in a given case when pregnancy began and when to expect labor. For the last three weeks I have expected daily that a certain case of labor would come off, but it has not and I have no idea when it will. During the American Institute meeting there was some talk of prolonged gestation and some of the speakers thought that the use of the Cohoshes produced that effect. My experience leads me to the belief that the time of labor can not be foretold with anything like approximate accuracy.

Dr. Pearman.—I know a lady, that I am pretty certain carried one child ten months and each of two others ten and one-half months.

Dr. Schott.—I listened to the Institute discussion in which it was stated that the Cohoshes prolonged gestation and I must say I do not believe it. I have not used the Cohoshes during pregnancy according to the custom of some, but have, I think, seen my full share of prolonged gestations. One cold night last fall I was called a number of miles out in the country to a case of labor. There were pretty regular pains and the os was dilated to the size of a half dollar. After waiting several hours without seeing much progress, I gave 30 gr. of ergot with a view of expediting matters. In a short time the pains ceased and did not return for six weeks.

Dr. Parsons.—Perhaps the ergot caused the delay.

Dr. Ordway.—For twenty years I have used Cimicifuga and Caulophyllum during pregnancy, but I do not think I have seen the period of gestation prolonged by their use. Labor often occurs from two to four weeks sooner, and sometimes it is delayed four to six weeks beyond the average duration of pregnancy, so the time of labor can only be guessed at. I know of one woman who certainly went six or seven weeks over time and did not keep a thing on her stomach for ten weeks. After about the eighth month there is a stasis of nutritive processes that renders such a fast possible.

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MIXED DISEASES.*

BY J. C. CUMMINGS, M. D., ST. LOUIS.

This may sound odd to those who have well-defined notions of disease as culled from text books, but if the practice of medicine were as easy as some books, and some professors induce the medical students to think it is, the inexperienced physician would find his profession a bed of roses, instead of thorns, as he now too often does.

It is not an uncommon thing for pneumonia to complicate measles, or diphtheria to increase the danger of scarlet fever; but the young graduate, if he has had the benefit of a good clinic, or hospital experience, will be able to detect these complications early, both for the wellfare of his patient and the relief of his own conscience. But many diseases are insidious, and the most experienced grope their way, day by day, hoping some tangible group of symptoms will show themselves, so that the diagnosis may be made plain. To those who think this preface too long, I will refer them to Da Costa's Medical Diagnosis, under the head of "Meningitis Acute," confounded with acute Mania, with apoplexy, with cerebritis, with delirium tremens, with head systoms of acute rheumatism, head symptoms of continued fever, with head symptoms of pericarditis, with head symptoms of pneumonia, with typhoid fever," and I may add with gastritis.

Now, for a case in point: Three or four years ago, I was was asked to take charge of a child about six years old, who had been treated by an old school physician for rheumatism. The child had been sick several months. I found him dressed, able to walk about, but disposed to lie down most of the time, peevish, and with a whimsical appetite. There was no pain or anything to make me think of rheumatism as the cause of his

* Read before the Missouri Institute of Homœopathy, held at St. Louis, March 5th and 6th, 1885.

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sickness: but I do not doubt, when first taken, that he had symptoms of rheumatism, because the physician who had attended him was a man of large experience.

After a careful examination, I told the parents that I thought it was a case of typhoid fever. The patient not improving, but growing worse under my treatment, a consultation was asked by the parents; by this time he had begun to vomit his food; from this and other symptoms, the consulting physician, also of large experience, diagnosed the case gastritis. I concurred in the diagnosis, but after a few days of our treatment, the child growing worse, the first physician was called again to the case; the child at this time was delirious with intense pain in the occipital region. Dr. B. and the consulting physicians pronounced the case, so I was told, basilar meningitis. I have concluded the child died from tubercular meningitis; and that we all made a mistake in the diagnosis. Why tubercular rather than basilar? Raue says: "The victims of basal meningitis are strong persons, between the ages of sixteen and thirty years of age." "In some cases the fever is paroxysmal, temperature from 104° in the evening to normal in the morning. In other cases, the fever continues throughout the disease, and still, in other cases, the temperature shows periods of subnormal grades." "Tubercular meningitis attacks most frequently between one and six years: and rarely after sixteen years." "We find headache, vertigo, great sensitiveness to light and noise, vomiting if anything is taken, especially when being moved, paralysis and convulsions toward the end of the case." The pulse at this stage falls to sixty and lower." The pulse of this patient, in the last few days of my treatment, was about fifty and full. Da Costa says that "tubercular meningitis is not a rare disease in children, that most cases of meningitis at the base of the brain are tubercular." Still he says, that it is impossible to make a positive diagnosis between the two forms, except by an autopsy. In the case I am speaking of, there was no tubercular diathesis, that I know of. Both parents are healthy, and the other children show no symptoms of phthisis. From the slow and undefined nature of the case, convulsions coming on at the end, and not in the beginning of the attack, the constant delir-

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ium, after meningitis made itself plain, makes me adhere to the belief that it was tubercular from the commencement. He died about two weeks after I last saw him.

My little son, age 8 years, was taken with fever, sore throat and nausea, on the 4th of November. On the 15th evening temperature was 104 4-5, 16th, 9 A. M. 103 1-4; 4 1-2 P. M. it was 104.

This high temperature, varying a little, continued to Dec. 4th; at 6 P. M. it was still 104°; Dec. 7th, at 2 P. M., it was 100° F., the last time I took his temperature. He had all the symptoms of typho-malarial fever after the first 48 hours of his attack, until the seventh week of his illness, then he began to peel, and I never saw a case of scarlet fever exfoliate as much as he did; he would lay for hours picking off dead skin. Dr. Walker attended him with me after the fifteenth of November until convalescent. There never was any eruption in this case except sudamina. My children all had sore throats; some of them a little fever and one was sick with a mild form of typho-malarial fever for three weeks. Now was this a case of scarlet fever suppressed by typhoid fever? Another little boy taken with high fever, red face, and sore throat, was on my morning visit found free from fever. A little discharge from the nose made me fear that he would have diphtheria, he had a slight rise of fever in the afternoon. On the tenth day of his illness, he vomited bile, then a well defined scarlet-rash came out, lasted about forty-eight hours; again typho-malarial fever made its appearance and continued three weeks.

On the first of February, 1885, I visited a little girl three years old, with a rough rash all over the body—catarrhal symptoms of the eyes, and nose, and the "measle-smell." In a few days diphtheria in a violent form made its appearance. On February 3rd, her little brother, seventeen months old, was taken with violent fever, and that night about 9 p. m. had spasms. This latter proved to be a well defined case of scarlet fever, with diphtheritic complications; but the disease ran a normal course—peeling nicely—but in his sister's case, abscesses in both ears, and a large abscess on the side of her neck, followed the diptheritic attack,—and she has shown no signs of desquamation to this date—March 2nd, nor will she. Now

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if these children sleeping in the same room, and most of the time in the same bed, had one measles, and the other scarlet fever, why did they not communicate to each other, while convalescing, their respective diseases.

I had a case of measles, taken on the 16th of February, 1885, complicated by a bad diphtheritic attack—his breath was so offensive it was very unpleasant to be in the room. All four children in this family had measles—three at the same time. I have been using lately a powder made of equal quantities of powdered camphor and sulphur, which I had blown into the throat, every four or five hours. It causes the tenacious secretion to be discharged from the nose—and gives special relief to babies, enabling them to nurse with some degree of comfort.

I do not allow animal broths to be given to patients suffering from small-pox, scarlet fever, or measles. When the skin is unable to perform its normal functions, then an excess of work is thrown on the kidneys. The kidneys must eliminate the waste from nitrogenous food. A German professor stated to his class, if no lean meat were allowed a scarlatina-patient for six weeks, he would guarantee dropsy would not ensue.

It is always the duty of every physician to prevent sequelæ if possible.

THE TREATMENT OF SICK-HEADACHE.*

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

Reprinted

It is my intention to confine this paper entirely to the treatment of sick-headache. The difficulty is commonly met with amongst the better class of people, and particularly with those of highly strung, nervous organizations. There can be but little doubt now, that the root of the trouble is to be found in the great sympathetic system. Irritation of the sympathetic in those predisposed to this trouble, will ordinarily induce an attack of sick-headache. As it seems to me, there are

* Read before the Missouri Institute of Homœopathy, held at St. Louis, March 5th and 6th, 1885.

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two kinds of this trouble—one in which the vessels of the painful side are in a state of contraction—narrowed in calibre—the parts comparatively bloodless, the skin cold, and the pupil of the eye of the affected side dilated. In the other, the pupil of the affected side is contracted, the face flushed and hot, and the eye sensitive to light. The two varieties are apparently directly opposed, one to the other.

There are two kinds of people affected with this trouble. One subject is thin, bloodless, anæmic, and nervous; and to all appearances is, and perhaps always has been, far *below* the health-line, as far as blood and nutrition are concerned. The other carries considerable flesh, generally too much for the particular individual, and he has too much, rather than too little blood. She is usually above the health-line, as far as blood and nutrition go. The first individual is likely to suffer from sick-headache, associated with a local anæmia; while the second can ordinarily trace his to a condition of local congestion. Pressure upon the carotid artery of the affected side will aggravate the symptoms when due to anæmia, but bring about a sense of relief when dependent upon congestion. Now this rule as to fat and thin people is not an absolute one, but it holds good in a great many cases. Now I have drawn the line between these two varieties of the same disease distinctly and clearly, because, to my mind, each variety calls for a particular and distinct line of treatment; and the remedial measures to be used in the one case, are usually just the opposite of those to be adopted in the other. The thin, bloodless, anæmic individual should be built up; her blood improved in quality, and the quantity increased; the muscles should be rounded and hardened, and more pounds added to the weight. Sunlight, exercise and fresh air are also absolutely necessary, with the other measures mentioned, to carry the patient *up* to the health-line. A subject of this kind must eat, and *eat well* of the strong, substantial, blood-making foods, such as beef, oysters, fish, eggs, and milk. By thus *building up* the thin, anæmic sudject, by watching her weight, and increasing it steadily and gradually until the standard of health of *the* individual is reached, you place her in the best possible condition to resist and throw off her complaint. When the subject is of

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full habit, carries too much flesh, has too much blood, a red face, a poor circulation, and suffers from vertigo and shortness of breath upon making but ordinary exertion—such an individual should be brought *down* to the health-line. The flabby muscles should be reduced in size, and tone given to them. The excessive deposits of fat in the abdominal walls should be carried away, and the circulation and breathing both improved in this way.

Patients of this class are nearly always bilious. The tongue is covered with a thick, yellowish coat, the breath is foul, the skin often feels hot, although the thermometer indicates no rise in temperature, and, when vomiting occurs, the ejected matter is greenish in color and exceedingly bitter to the taste. I know of no remedy in the materia medica that will so thoroughly relieve this condition, known as biliousness, as Cascara sagrada. It should be taken in a goblet of hot water, two or three times a day. The hot water helps, too, and aids in the reduction of fat. The application to the abdomen of blankets wrung out in hot water, is also useful. The juice of one lemon, in a little water, *without sugar*, taken every morning before breakfast, is a valuable means of overcoming the bilious condition. Now, in securing the direct reduction of fat, which in this case is disease, there is perhaps no remedy known, so useful as the Sea-wrack. It should also be taken in hot water. It certainly promises a great deal in the treatment of corpulence; for, after taking the drug a few weeks, the weight decreases, the circulation improves, the breathing is less difficult, and easier, and walking becomes a pleasure instead of a painful task.

The heavy, over-fat person should also be put upon plain, non-stimulating diet. Whisky, brandy, beer, coffee and tea should be studiously avoided. Sweet cider, lemonade and water, are the best drinks for this class of patients. Oranges, apples, and fruits generally, should be partaken of freely. Plain bread, corn-bread, oat-meal, cracked wheat—these should, to a great extent, make up the daily bill of fare. Most of the chronic cases of sick-headache should be prepared for drug treatment, in the ways just described, according to the physical condition of the subjects; and, in a great many instances,

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it will be found that, by the time the physical condition is radically changed for the better, our patient will be well—so much has this, to my mind—to do with the production and maintenance of the disease under consideration. During the attack, most subjects are relieved by quiet, and a darkened room. In the congestive variety, cold applications to the face and head are grateful, while the feet may be bathed in hot water. Ice water, or ice-cold lemonade is also refreshing, and may be administered *ad libitum*. The head should also be elevated. When the attack is of the anæmic variety, the head should be on a level with the body, and a little wine or whisky, a drink of hot milk, tea or coffee may be given. Hot applications are usually soothing, and help shorten the attack. A hot-water bag, or hot hops or salt applied to the nape of the neck usually proves of service. Of the remedies to be used, the following are the principal:

Atropine.—It should be used when the symptoms point to Belladonna as the remedy. The congestive variety, with hot, flushed cheek, injected eye, intolerance of noise and light, and where, also, the right side is affected—the presence of these indications would make us perfectly safe in administering Atropine.

Bryonia.—This is a favorite remedy of mine, and where the trouble is confined to the right side, and the least motion intensely aggravates all the symptoms, I feel pretty safe in giving this remedy. Extreme nausea on raising the head from the pillow, is a key-note. The subject usually lies upon the painful side. The existence of liver troubles, and a history of rheumatism will also lead us to think of this remedy.

Calcarea carbonica.—The remedy where the subject is decidedly scrofulous. A white, flabby skin, enlarged cervical glands, hypertrophied tonsils—would indicate Calcarea. Cod-liver oil should usually be given in conjunction with this drug.

Glonoine.—I have used this remedy a great many times without special or positive indications, except the extreme severity of the attacks, and their evident association with disordered menstruation, or pelvic irritation. It has helped me a great many times, when prescribed according to even those meagre indications. Pain on top of the head, with suppressed menses, is almost certain to be relieved by this remedy.

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Iris versicolor.—I always prescribe this drug where the vomited matter is markedly bilious, and where the nausea is extreme. A blur before the eyes, preceding the attack is also an indication.

Nux vomica.—This is the brain-worker's remedy. The sick-headaches calling for Nux are the result of worry, care, night-work, loss of sleep and rest. Dyspepsia, constipation, hemorrhoids, and hepatic troubles, are additional indications for Nux vomica. The Nux patient should eat freely of fruit.

Sepia.—The left side mainly affected. Hepatic disorders, a sluggish circulation, yellow earthy skin, uterine disorders, and leucorrhœa, point strongly to Sepia as the remedy.

Stannum.—The *crescendo decrescendo* character of the pains is *the* characteristic indication of this drug.

Apomorphia.—Is a remedy that will usually relieve the intense nausea in a short time, and should be used when this is extreme and cannot be controlled by ordinary means.

Magnesia phosphorica.—One of the best known, and most thoroughly reliable remedies for this disease. I can give no indications—it is one of Schuessler's nutrition remedies.

Zincum valerianate.—One of the positively acting drugs in this trouble It is especially applicable in anæmia, and is indeed a king among drugs in the treatment of sick-headache and neuralgia.

CLIMATE AND ITS EFFECT ON THE HUMAN SYSTEM.*

BY J. T. BOYD, M. D., ST. LOUIS.

It is hard to say anything on the subject of climatology but what is familiar to every one. It is well known that the temperature of a certain part of the world's surface is not according to the degree of latitude, either nearer or remote from the equator.

There are certain modifications of temperature that cause

* Read before the Missouri Institute of Homœopathy, held at St. Louis, March 5th and 6th, 1885.

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the isothermal line to bend to an astonishing degree so that an inhabitant living under a line of latitude of 40° north, may have the warmer climate of 30°. The cause of this modification is found in the oceanic currents, winds, mountain ranges, etc.

The Gulf current of warm water that bathes the southern coast of Florida brings with it a warmer climate than the degree of latitude would indicate. This current then crosses the ocean and bathes the coasts of England and France with the warm water and the warm winds; the temperature is modified by this warm water, so that the heat of the climate of those countries is raised above the normal standard, and giving those countries and those to the north of them a climate some five or ten degrees warmer than at the same parallel of latitude directly west on this continent.

If there were no mountain ranges on our globe, the winds which pass over it would be always regular, blowing from one direction in one part of the year, and another direction in the other part of the year; thus the "trade winds" would be universal, but the high mountain ranges deflect the winds, rob them of their moisture and thus modify the climate in different parts of the world.

The etesian winds that pass over the Mediterranean sea from the south carry with them a large amount of water, and as they pass northward they meet the coast range of mountains and as they are elevated by the mountain range, their altitude renders them incapable of retaining their moisture and a part of it is poured on the southern slope of the mountains; as they pass still further northward and meet with the *Himalaya* range, they are still further elevated and pour out most of their moisture and at last pass over the regions of the deserts of Shamo, making that country a desert for want of rain.

On the other hand, during another season of the year they pass southward and meeting no high range of mountains to elevate them to a cooler strata, they retain their moisture and pass over the hot sand of the Desert of Sahara and do not deposit any moisture on that part of the country, although they contain a very large amount, but pass on and deposit it on the Mountains of the Moon, far in the interior of Africa. The

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character of the soil also has a modifying influence on the temperature and the rain-fall.

Any one can notice in our hot weather, when there has been no rain for some days and the earth is parched and hot, if a cloud appears to the windward, giving a promise of refreshing showers, how soon that cloud dissipates, as soon as it comes over the hot parched earth; the cause is that the heated air over that part, renders a rain-fall impossible, for the heated air has a greater capacity to retain moisture and no rain will fall, because there is no condensing of the air, but rather an expanding of it. The old farmers of that part of the country will tell you "that there will be no rain till it comes in the night." That is, that at night the earth is cooled, and then when a cloud passes over, it can deposit its moisture on the gasping earth. For the same reason, a sandy soil with a sub-soil of gravel that will allow the surface water to drain through, will be warmer than a clay soil, that retains the moisture on the surface, and is only got rid of by evaporation. The evaporation carries off a large amount of heat, as the latent heat of vapor is greater than the latent heat of water, and according to the well-known law in physics, when any body is passing from a denser to a rarer condition, it absorbs heat, and when passing from a rarer to a denser condition, it gives out heat, therefore a freezing process is to the surrounding objects a warming process and vice versa.

Now what have these phenomena of nature to do with health? Very much. Persons who live in a warm, moist climate, the skin is soft, and if in a northerly climate, fair and clear. The lungs are supplied with a moist air, and if not too cold and if equable, a healthy, long life may be anticipated; but if the moisture is cold and especially if attended with cold and changeable winds, we will expect lung and throat difficulties.

Take for example, the south of France; there lung and throat difficulties are almost unknown, while on this continent, at the same parallel of latitude, one-fourth of the inhabitants die with lung difficulties.

Take our own country, in Maine, the death rate from consumption, according to the mortality statistics of the last census is twenty-five per cent., while in Georgia, the death rate

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according to the same authority is from three to seven from the same disease.

On the other hand, a dry, hot climate induces skin diseases, begets pestilence and shortens life.

ACCLIMATION.

It is true that the human system will, from continued exposure to almost any vicissitude of climate, become inured to its influence, and after a time these effects of climate, are to some extent lost, and the person is said to become acclimated. The effects of climate in the development of the human body is not so great as at first sight would seem to be. Herodotus speaks of the Egyptians as being the largest men on the earth in his day, and yet in Africa we have the little Bushmen.

SOIL.

As the sandy loam with a sub-soil of gravel is easily drained and is therefore more healthy, it is only in the fall of the year when the immense growth of vegetation is rotting in the autumnal sun that there is any prevailing sickness of an endemic character. It is true that in midsummer we will have in these localities, as elsewhere, bowel complaints, the result of excessive heat, and possibly to a greater extent in sandy soil countries, than elsewhere.

In the clay soil that retains surface water longer, we have more diseases of the lungs and throat.

It is a remarkable fact that in some parts of our country where the soil is of an aluminous character, we have every fall and winter, croup and pneumonia prevailing, while in a country where the soil is of a sandy character, these diseases do not prevail.

I was astonished when an old and very learned physician remarked to me that he had lived in Terre Haute, where the soil is sandy, for twenty-five years, and had not seen in all that time, half a dozen cases of croup, while I, who had lived in central Ohio, on an aluminous soil, had to treat little else during the fall and winter, especially the last month of winter, than croup and pneumonia.

WATER.

The character of the water also has its effect in causing diseases, as well as the climate.

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The best and purest water is that distilled from the skies, and caught in the afterpart of a shower, at a distance from buildings and trees, and kept in a reservoir under ground, deep as possible.

The rain water that is caught in our cities is full of impurities washed down from the atmosphere immediately overhead; and this is re-inforced by the washings from the rock of the buildings, so that the worst water is for cooking and drinking purposes, that which is found in our cisterns. The well water contains less or more of the ingredients of the strata through which it percolates.

If through sand or granite it will be soft and pure, if through limestone rock it will be hard, and contain lime in solution, in some parts of the couutry to such an extent as to form a pellicle or scum on the surface when it stands long. In a country where this kind of water is used, we find calcareous diseases such as gravel, stone in the bladder, biliary calculi, etc., but if the climate is mild and not changeable, we will not find consumption or pyogenic diseases.

The river waters are principally surface water that is carried from the water shed of the surrounding country, especially in the spring and fall; at such times the water is muddy, containing portions of the soil held in solution; this, if allowed to settle will deposit these impurities and be fit for use.

The running of the water, especially when it is much agitated, purifies it, the oxygen of the air destroys some of the noxious ingredients. The distance that water flows, after receiving impurities, determines its purity. A rapidly flowing river will purify itself in six or seven miles, if the bottom is rocky and irregular. If, however, the river is slow and the bed even, it may take fifteen miles to purify, and if sluggish, and when the wind cannot cause ripples on its surface, it may never be pure. In our immediate locality, and wherever the water is taken from the Missouri and its tributaries we find a large quantity of the soil held in solution.

TO CLARIFY WATER.

To render water of this character clear, it is only necessary to filter it, and the filtering should be from below upwards causing the water to pass through a layer of sand and charcoal.

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If this is renewed frequently, the worst water may become sweet and pure.

BOILING.

Water after boiling is generally pure, but it may still contain microscopic germs that may cause disease.

Some of the germs require a heat above boiling point to destroy them; some as high as 230° F., but by repeatedly boiling the water may be made pure. To make boiling water palatable, it should be poured back and forth from one vessel to another. Agitation, agitation in water as well as in politics is necessary for purity. The water may be clarified by the use of drugs; by alum six grs. to the gallon or by the use of per chloride of iron two and one-half grains to the gallon.

During the prevalence of cholera or other epidemic diseases all water for cooking and drinking purposes should be boiled.

A FEW THOUGHTS ON INFLAMMATION CONSIDERED IN THE LIGHT OF PATHOLOGY AND PATHOGENESIS.*

BY PROF. E. C. FRANKLIN, M. D., ST. LOUIS.

In the present era of progressive thought and action, I have deemed it by no means an inappropriate theme, to determine how far we can progress and still keep within the range of scientific application. In order therefore to present a subject to you wherein we may discuss the divisibility of matter in its therapeutical application to disease, I must introduce some morbific condition and as a collorary to this the remedial agents that are recommended for its cure. I shall therefore select the subject of inflammation because of the general and wide spread knowledge medical men possess of the changes of this disease, with reference to the teachings of pathology and the multiplied remedies our authors lay down as to their pathogenetic properties in the treatment of this affection. I will open the argument by the proposition which, I believe, to be

* Read before the Missouri Institute of Homœopathy, held at St. Louis, March 5th and 6th, 1885.

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both tenable and scientific, that it is absolutely impossible to prescribe for this disease scientifically, without knowing something more than its bare external *painful* manifestations, without, in other words investigating the physiological, anatomical and pathological changes that occur during its evolution so far as they are influenced by these changes. And what is applicable for the understanding and treatment of one disease I hold is applicable for all diseases; we know that pain at certain parts of the body, is *often* no more or less than a reflex symptom of some morbific agency in operation at a remote part; and it is equally true that the character of the pain is largely determined by the organ or tissue in which the disease is situated. It is susceptible of proof also, that pain,one of the most frequent of the phenomena of inflammation does not exist at all under certain abnormal conditions, as for instance, where inflammation occurs in a paralyzed limb, a frozen part, or where pressure upon a principal nerve obtunds perception in the more remote parts of this limb. It is evident therefore that pain, one of the most frequently sought after symptoms by the symptomatologist, and so carefully drawn out as to its precise character, direction and quality, is by no means a reliable symptom of disease even where the inflammation exists. Taking this to be true then, the logical sequence is, that pain as a symptom is not always reliable as a pointer to the disease which demands medical interference, then I ask of what value is the relation of symptomatology alone to the treatment of disease. If symptomatology has exceptions as to its ability to form a correct diagnosis, I submit therefore that it is not reliable in searching out the mysteries of disease and being unreliable in one case, it may be equally so in many other cases, which, as a principle of diagnosis makes it inoperative and of no avail.

Is it not true that we are almost always, if we are correct diagnosticians, compelled to investigate further and deeper down than mere symptoms alone into that complex system the human body, to ascertain what organ or structure is involved that shows its symptom flags of distress far beyond the seat of the tissue or organ invaded by disease. The investigation that extends into the secret recesses of the body and locates the source of disease within, is a thousand times more scientific

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than the most pains-taking symptomology. If we admit this trueism, it follows that symptomology alone is but the shadow of the substance, the blind routinism of flimsy inquiry, rather than the profound research of scientific investigation wherein all our faculties are brought into play to discover the hidden mysteries of disease.

What respect can we have as scientific men and women for any teacher of materia medica, who boasts he can cure all diseases of the female generative organs, by getting the reflex pain symptoms that are developed in different parts of the organism, and prescribing the c^{m} potency. Is it not more rational, more precise and more in unison with that common sense, without which no one can be a successful practitioner, to make a physical examination and determine by every means available, the precise location of the disease that develops the reflex pain symptoms? Surely sane persons would not dare risk their reputations before an intelligent public by such slip-shod, crude and unintelligent practices. It is the lamentable failures that follow these ridiculous methods that are doing more to injure and degrade homœopathy to-day, than all the combined attacks of outside foes and open enemies.

How often has my counsel been invoked by the recent, earnest and confiding graduate with his little box of high potencies, who had been taught through whole terms of lectures that it was unnecessary, nay, it was even cruel for the physician to make a vaginal examination, when if you get the symptom and right remedy and give it in the c^{m} potency you can cure any disease structure within the pelvis. How often has the potency and the enthusiastic physician utterly failed to make the least impression either upon the pain or the disease, and how often has the bright future of such physician been destroyed by such fanatical teachings. It is like the blind leading the blind and both shall fall into the ditch of error; it is like lopping off a leaf to destroy the tree that bears it. Such methods betray a lamentable and pitiable weakness on the part of the routinist; a fanaticism born of enervation that makes a martyr of science upon the altar of enslaved, erratic thought. It is this very idiosyncrasy of those whose unbalanced minds, rush on where angels fear to tread, this very devisibility of ma-

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terial things into the realm of unreason and extravagant imagery, that has clogged the car of homœopathy and prevents its progress in this utilitarian world of reason and demonstration. Were it not for these and such like ethereal vaporings of disjointed imaginations, the law of similia to-day would have the proud position of the dominant school of medicine and millions now shut out from the light of its beneficient law of healing, would rejoice with us in the extended range of its superior powers of healing all the evils to which flesh is heir. Let us think over these things, and ponder them well, that the grandeur of similia, its struggles for prominence in the world of medical thought, may not be stabbed to death in the house of its friends by those who should teach the materia medica, and not potency.

Previous to the period when Hahnemann first substituted *aconite* for the murderous onslaughts of the lancet, the treatment of inflammation was all confusion and guess-work. Since then pathology and its hand maiden pathogenesis have been steadily perfecting the most perfect adaption of means to accomplish the end, "*tute, cite et jucunde.*" But progress is slow and the human mind more prone to be led by others than to strike out new paths wherever the divine light of truth opens the way. For we observe that even now with a perfect law of cure dawning upon our enlightened understandings, the scientific, rational treatment of inflammation is clouded by the unscholastic teaching of symptomotology and the conversion of the "concomitant symptoms" of nerve reflex disturbances, into the phenomena of inflammation itself. While I do not propose to sit in judgment over private opinion in the giving of remedies, I do oppose in any teacher, the wholesale denunciation of the low and intermediate potencies as a fraud upon the student and as a wound to homœopathy, by professed friends who use their position to degrade the system we all delight to honor. I believe that there can be no precise and scientific method of treating inflammation till we have learned to compare the pathological and other changes which exist from the beginning to the end of this morbid process with the pathogenesis of our remedies founded on the ground work of similia. Let me turn to p. 33 of "Gilchrist on Surgical Therapeutics" and we read,

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that "every remedy of the Mat. Med. with but few exceptions may be considered as having more or less applicability to inflammation;" in other words that inflammation may be cured by almost "every remedy in the Materia Medica." Could anything be more erroneous, more unscientific, more ridiculous than such a sweeping assertion, and it is to this very kind of shallow pretense, this symptom mania, that the minds of our young practitioners are led away from the paths of scientific exactness. For, according to Gilchrist, all a practitioner of homœopathy has to do is, to open his materia medica, use the first remedy he meets, and presto change, inflammation is cured by potential mediation through the spiritual guidance of the hundred thousand potency. Prof. Helmuth does not go so far as this, still he follows the track of Dr. Gilchrist to the extent of 32 remedies only, and urges them as the medicines that appear best adapted to accomplish such a desirable end, and as a sort of explanatory measure, he adds, "though there are many others of minor importance that are serviceable in *treating* the "*concomitant symptoms of inflammation.*" In the last few words our distinguished author strikes the "key note," as our symptomologists say, of the very position I shall strive to maintain, and have already set forth in my work, entitled the "Science and Art of Surgery," vol. 1, page 227, which says: "There are two things which should never be lost sight of by the Surgeon in the treatment of inflammation. 1st. That in the inflammatory process, and at each subsequent step thereof, nature seems to be making efforts to cure, and many of the phenomena of the disease are *results of those efforts* rather than the individuality of the morbid process. 2nd. And of equal importance with the other, is to correctly understand the stage of the inflammatory process when called upon to treat the case." Unless the student starts out with the intention of closely studying nature—taking counsel of her and following her superior guidance, I have no hesitation in saying, that he will be unfit to render that wise and judicious assistance that an enlightened surgical science justly expects at his hands." These words were written nearly twenty years ago, and are just as valuable and just as full of merit and meaning as if they were written yesterday. Yet, our surgical writers seem to be im-

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pressed with the idea that all or nearly all of our remedies are in one shape or another *supposed* to have more or less applicability to inflammation. Such statements are an insult to our comprehension, an "ignis fatuus" to the progress of our system and are nothing more than the shadowy visions of that symptomological exclusiveism, that is doing more to check the advance of homœopathic progress, and to unsettle the faith in similia of our young and susceptible practitioners, than all the combined attacks of our professional opponents. Take the mass of remedies reccommended for inflammation and where will you find the slightest resemblance in their pathogenesis, to the perturbating and pathological influences that mark the progress and termination of this disease. Such teachings confound the student of homœopathy, and are a blot upon the page of our literature and I cannot but feel that I am serving the cause of "the faith that is in me," by separating truth from error, sound and enlightened investigation from irrationalism, when I assert without fear of successful contradiction, that the number of curative remedies at present known for the successful treatment of inflammation is exceedingly few.

Here let me state what seems to me quite evident; that the purpose of such exclusiveism in teaching the practice of homœopathy, is to blind the student of similia, to lead him away from the rugged road of science into a by-path that tends to professional doubt and uncertainty. As evidence of this let me refer you to an article recently published in one of our leading journals where a certain Professor of Mat. Med. makes the bold assertion that "the potency and not the drug is the similimum, for the cure of disease." He attempts to bolster up this impotent conclusion by the following statement: "I have recently seen arsenicum 2c *fail* in a case, so clearly indicating arsenicum, that a tyro could not fail to see it, which the 8000 of *Jenichen* cured promptly." The logical inference from this statement is that "*jenichen*" as a curative agent is more homœopathic to an arsenical case than arsenic itself. Surely the wisdom of the Master is eclipsed by the transcendent genius of the disciple and those who do not believe in this potentized moonshine are nothing more than "perverters of the truth"

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I beg pardon of the Institute for this discussion, but the temptation was too great and I could not withstand the impulse to expose the supreme nonsense that frequently darkens the pages of one of our journals that dignifies itself by the euphonious title of "The Homœopathic Physician." By such flimsy articles as this is our beneficient system of medicine stabbed in the house of its friends, and a cloud of doubt and distrust is thrown around the science of homœopathy by those whose enthusiasm verging upon the border line of insanity, leaves much to be reprobated and little to be desired by such teachings. Yet with all these antagonistic influences of retardation opposing the march of similia, the science of homœopathy shines brighter and brighter by its purification from the dross of fanaticism evolved by the touchstone of conservatism.

That homœopathic therapeutics when properly applied possess an undoubted and well established superiority in the treatment of inflammation, is abundantly attested by experience and observation. But the remedies, which from their similarity of action, are competent to cure the diverse conditions that grow out of the inflammatory process, are not so well attested. And this is the result of a want of a perfect knowledge of the pathological and other abnormal conditions that belong to the inflammation itself, rather than the "*concomitant symptoms*" that are the result of reflex irritations and are no ways connected with the entity of the inflammatory process. No febrile disorder within the body, but is placed under the category of inflammation, though it possesses not the slightest resemblance to the diseased process, other than the frequent pulse and pain, that so often simulates the phenomena of inflammation; but which is irritation rather than inflammation. We all know that *pain and febrile reaction* do not necessarily mean inflammation, for these symptoms are present in *irritative* diseases, the neurosis, neuralgic disorders, etc., none of which possess the individuality of inflammation, therefore, the symptomologist may greatly err in his diagnosis and treatment if he depends upon symptoms alone. Often the first subjective evidence of hip-joint disease is a *pain* in the knee, or ankle. One of the early symptoms of bladder affections is a peculiar pain remote from that organ. Brain disease is frequently ushered in with a sick stomach.

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Hepatitis by pain in the shoulder blade. Uterine disease by reflex symptoms at the lower extremity; and so on to the end of the chapter. He that depends upon symptoms alone without the pathological evidences that belong to the domain of disease, is like one who sees the play of Hamlet with Hamlet left out; or like one who angles for finnies without hook or line.

In the treatment of inflammation there are certain conditions that should never be lost sight of. 1st. That Homœopathic remedies are used to assist the natural forces of the system rather than to antagonize the morbid process. 2nd. That all perturbating drugs given for the cure of inflammation *increase* rather than decrease the inflammatory process, just in proportion to their disturbing tendencies, the inflammation, if overcome, is by derivative disease elsewhere.

To understand, then, the relation that exists between the diseased condition and the remedy, it is all important to know, first, the pathological relations of the disorder, and second, the pathogenesis of the remedy in its *entire* likeness to the disease. The erratic reflex irritations that occur all through the system, the "key notes" as they are termed, are not the *direct* evidences of the individuality of disease, and therefore to prescribe for them without knowing their exact import is to make the noble profession we practice nothing more than a memorized vocabulary of meaningless symptoms. To treat inflammation scientifically and in accordance with the law of similia, therefore, we should know all that is possible to learn of the *vital*, *physiological*, *pathological* and *strructural* changes that attend the various stages of the diseased process, that we may be the more competent to adapt our therapeutic means to the changes that mark the progress and extent of the inflammation process.

In the first stage of inflammation there is vascular excitement, the blood is rushing onward with preternatural rapidity and abundance, the walls of the vessels are distended, the quality of blood is undergoing change with retardation of the blood current, perversion of nutrition, and impairment of function, none of which are inconsistent with resolution at this stage of the process.

In the 2d stage, a very great change occurs both in the

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functions and organs involved; the blood that was active is now in a state of stasis. The walls of the vessels are softened and changed; leucocytes in mass pass through the vascular walls into the connective tissue, cell emigration is extensive, exudation copious, and structural changes have begun in the vessels and in the tissues outside, far beyond physiological limits, all is merging into degeneration and disintegration.

The 3rd stage is that of complete disorganization; function and nutrition are wholly lost, structure is changed, texture softened and increased in bulk—all is essentially disease and resolution is lost in the new processes of repair.

Here we have three distinct and diverse processes. 1st, hyperæmia and activity. 2nd, stasis with tendency to necrotism. 3rd, structural lesion and molecular death. The question naturally suggests itself can any single remedy respond homœopathically to these three different and diverse conditions? I answer no. Can the inflammatory process be cut short or aborted in the first stage of excitement? I answer yes. Can it be so cut short or aborted in the 2nd stage of stasis? Yes, but not by the same remedy that is capable of aborting the inflammation in the first stage, for the simple reason that the conditions of disease being completely and radically changed, no single remedy can fulfil two essentially different curative actions at the same time Both the 1st and 2nd stages of inflammation, while in the domain of resolution, can be cured or aborted by appropriate remedies, but when this morbid process has passed into the stage of necrotism, in other words while it is beyond the domain of resolution, curation must be brought about by processes different from the first two, the genius of which is repair.

In order therefore to treat these essentially different diseased processes scientifically, and in accordance with the law of similia, we must study closely the physiological and pathological changes in each, and apply the remedies *en rapport* with these changes as they occur.

To effect this, I shall divide the treatment of inflammation into two grand divisions or heads; 1st, the *external* or *directly* accessible. 2nd, the *internal* or *indirectly* accessible. The remedies homœopathic to these different divisions are identi-

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cal so far as the inflammatory act is concerned, though the type of the inflammation may be modified by idiosyncrasy or constitutional impairment. I have pointed out to you, how mistakes may be made by superficial examination and following the blind routine of symptomology, and irritation be treated for inflammation. These very errors of unscientific diagnosis have no doubt given rise to the expression made by Dr. Gilchrist, that "every remedy in the Materia Medica, with few exceptions, may be considered as having more or less applicability to inflammation," a proposition as I shall prove dangerous in precept and disastrous to the advance of homœopathy.

Every one knows who is even slightly observant, that the type of inflammation is more or less modified by the vital and physiological characteristics of the structure invaded. The *burning* pain of mucous membranes, the *lancinations* of fibrous tissues, the *deep boring* of bone structure, indicate the kind of texture attacked, but they do not determine whether the inflammation is of an active or a passive type. They only serve as diagnostic aids to point out the structure invaded, but not the degree or extent of the inflammatory process.

The treatment of inflammation must therefore vary with the stage of the morbid process whether it is in the stage of *activity*, *stagnation* or *lesion*. Idiosyncrasies, systematic or hereditary peculiarities, must also be taken into account and must guide the treatment to be pursued. But this important fact obtains, that no single remedy within the range of our materia medica is comprehensive enough in its curative action to compass the *tout ensemble* of the different and diverse changes that constitute the morbid process called inflammation. Neither is it true that "every remedy in the materia medica is considered as having more or less applicability to inflammation." The remedies curative of inflammation, in accordance with the law of similia, are exceedingly few, and these few are so well marked that they can not be misundertood by any but the blinded enthusiasts, the exclusivists of an irrational homœopathy. It is obvious to any one who considers the subject, that there are only two conceivable modes of working the homœopathic method—of following the rule, "let likes be treated by likes." One of these is the *priori* mode, the other the a *posteriori*.

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The former infers from the pathogenetic action of any medicinal substance, what are the morbid conditions in which it will prove curative. The *latter* begins with disease instead of drugs and is the course we as rational homœopaths adopt when, having examined a case, we turn to our pathogenetic records to see what medicine causes similar symptoms in the healthy. The pathogenetic effects of remedies having been ascertained and recorded, we have but to refer to such record, (after we have examined our patient) to discover the *similimum* to his case.

So many morbid states are known to us only as an assemblage of phenomena, that there is no other way of treating them than by comparing them at the time in their entirety with our pathogenetic records and fitting drug symptoms to those of disease. This is the grand schema or corner-stone for our system as true prescribers for disease. But were this the *whole* of homœopathy, the function of a teacher of materia medica would have no existence. The only knowledge required would be the whereabouts of the pathogenesis; the only faculty to be exercised upon them would be that of memory.

To know that a poison is narcotic, irritant, or narcotico-irritant is a vague kind of knowledge, yet it may furnish a clew to fit us for successive steps onward. The revelations of morbid anatomy carry us still further forward. They show the organs and tissues upon which the poison exerts its influence and in a broad way the character of that influence.

The older works on poisons only, Christison, Taylor, etc., point out the toxic relations of drugs to certain tissues and the effects produced upon the human system by inordinate doses. The later works of Phillips, Ringer, and the younger Wood are of a different stamp, and show that these authors are canvassing about to determine a *scientific* basis upon which to rear *their* therapeutical schema, even though the materials be pilfered outright from the records of the homœopathic school. If we examine the late allopathic authorities we see a gradual inclination towards the *single* remedy, the *small* dose, the proving of drugs on the *healthy*, and in the last edition of Ringer he frankly admits homœopathic authorities for his statements. He has supplied many fresh provings on the human subject and enlarged the therapeutic sphere of several remedies

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by using them according to the law of similars, in the large field of practice he possesses. Our allopathic brethren everywhere are slowly pushing forward in the same direction we are moving, and in fact the remedies of that system of practice so nearly resemble those of our own school, as to deceive the intelligent of homœopathic converts. This progress is pushed forward without the embarassment of high potency and the exclusivism that attaches to that practice. They acknowledge the law of similars, the single remedy and the minimum dose, and I think the world is being benefitted by this advanced position in their practice. But let us look to it that they do not sweep away from us the laurels that we have been gathering for a century. Their strength, their numbers, their influence and position in the social world, and in the realm of letters, place us at a disadvantage and we cannot successfully cope with them carrying the farceal banner of the *spirituelle* of high potency and potenized moonshine, which no one can understand and no one can explain. We are on the verge of a revolution in the practice of medicine, and the utilitarian age in which we live will not accept the spirituelle of "international" Hahnemannianism, when they can *demonstrate* the presence of the drug in the lower doses and feel its curative influence in appreciable quantities. Therefore I say, that the practice of the future will lop off the excrescences that have been engrafted upon the parent trunk, and leave the tree of scientific medicine with its green and vigorous branches stretching out its grateful shade to all mankind, and bearing upon its numberless twigs the rich and wholesome fruit of similia—the single remedy and demonstrable dose and the proving of drugs on the healthy.

There may be those among us whose spiritual affinities lead them to hug closer and closer the phantom of fanaticism that has tinctured their corporeal natures with the shadow of infinite divisibility, but their patronage will become as infinitessimal as their potencies are spiritualized. This is seen of all men who closely observe the signs of the times.

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Selections.

MARCH OF THE CHOLERA.

There is an alarming increase of cholera in the villages around Madrid. The number of cases of cholera reported throughout the Kingdom July 20th, was 2,243 and the number of deaths 876. In Madrid 15 cases and 12 deaths were reported; in Badajoz Province, 28 cases and 7 deaths, and in the Province of Jaen, 114 cases and 25 deaths. Cases of cholera have been reported in Guadalajara, Burgos and Almeria.

Cholera has also appeared at Alleiros, in Portugal.

DR. FERRAN'S REMEDY.

Colonel John W. Foster, United States Minister to Spain, has transmitted to the State Department at Washington a report made to him by E. de la Granja, a physician of Boston, on "The cholera in Spain and the pretended prophylactic anti-choleric inoculations of Dr. Ferran.' Dr. la Granja accompanied the medical commission which was recently sent to Valencia by the Spanish government to investigate the condition of the cholera epidemic which is prevailing in that province, and to report upon the efficacy of the new system of inoculation practised by Dr. Ferran. Dr. la Granja says:—

On the morning of the 29th of May we entered the infected district, and on arriving at Aleira, a town of about 18,000 inhabitants, the enthusiasm manifested for Dr. Ferran by the citizens, who, headed by the Mayor, were waiting in the railroad station, was indescribable. They clamorously asked that Dr. Ferran should remain among them, and that the inoculations of Ferran's anti-choleric broth, suspended by order of His Excellency the Secretary of the Interior, should be continued forthwith to save the people from the dread scourge that was destroying them. We visited Algemesi on the 31st of May, and without loss of time began to visit and examine the patients who were suffering with the disease, the character of which was still undecided.

Satisfied that the epidemic was one of true cholera, the commission decided to spend the rest of the afternoon in examination of the inhabitants who had been inoculated by Dr. Ferran with his anti-choleric broth. The number of those examined was quite large, and all of them were enthusiastic in the praises given to Dr. Ferran. They had been inoculated in both arms, but presented no marks or

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scars other than those made by the hypodermic syringe, and now almost obliterated. Some of them stated that they had had a little headache, and all severe pains in the arms, lasting about twenty-four hours after the inoculation. One of the most remarkable things is that none had either vomits or diarrhœa while suffering from the effect of the inoculation or from the attenuated cholera, as Dr. Ferran and his friends style it, excepting the small children unable to speak, who, according to the evidence of one of Dr. Ferran's assistants, had both.

During the last few days the number of opponents to Dr. Ferran's prophylactic inoculations has greatly increased, and I sincerely believe that there would be but very few adherents were it not because the opposition to the present government of Spain have made political capital out of the well grounded suspension of the inoculations until the termination of the investigation and report of the scientific commission, as ordered by the Secretary of the Interior—suspension which has allowed Dr. Ferran and his assistants and associates to pose as martyrs in the cause of humanity, science and progress. One thing, however, must be said in favor of Dr. Ferran's inoculations, and I am sorry that it is the only one I can say, that those who have undergone the process feel so much confidence in their immunity as to have lost all fear of the disease that causes so much terror in the generality of the population.

In pursuance of their studies the members of the commission examined 720 inoculated persons. In view of the result produced by these inoculations the commission has come to the conclusion that they are inoffensive and recommends to the government that Dr. Ferran should be allowed to continue with his experiments.

That the anti-choleric process of Dr. Ferran is nothing but an experiment is perfectly true, and I have no hesitation in asserting that, even as an experiment, it is very crude, unscientific and anti-pathologic, and unfortunately it has been divested of all merit if it ever had any by converting it while in its rudimentary state into an unprofessional industry.

Dr. la Granja, continuing, says that some persons were found who suffered severe inflammation of the arms from the inoculation and that others were reported to have died from blood poisoning. He adds:—

The inoculations are carelessly made, with the broth to be used for them left in a tea cup exposed to the action of the air, which cannot fail to add impurities to those originally contained, and without the precaution of burning the syringe, so necessary to avoid septic poisoning.

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The statistics presented by Dr. Ferran to substantiate his claims in favor of his broth seem to give him support, but, unhappily for him, cannot be taken as statistics by anybody free from prejudice. The favorite statistic of Ferran is that of Aleira. In this place a little less than one-half of the population have been inoculated, and much more than one-half of the deaths are among the inoculated; but taking into consideration that the deaths are counted from the date of the invasion of the town by the cholera, that those that suffer most from its attacks are the poor, ill-housed, ill-fed and unclean, who are those not inoculated, the statistics are deceitful and misleading, and consequently are not to be relied upon, unless it is to support false claims among the fanatical and terror stricken people.

Dr. Ferran makes the assertion that the inoculated do not have any immunity from the cholera until five days after the inoculation, but does not know for how many days after that they are protected. To say the least, these statements are unscientific and empirical, as well as the doings of Ferran, and are to be taken for what they are worth.

Now that Dr. Ferran is allowed to continue his experiments on the subject, I hope that he may be successful in discovering, even empirically and against all scientific laws, something of real value, not only to himself and assistants, but to humanity at large. Nevertheless, the inoculated do not appear to acquire much immunity, because they are attacked by the cholera and die like those not inoculated. Had Dr. Ferran been correct in his theories and in the supposition that the microbia is the cause of the cholera, I do not know whether humanity would ha e been benefited or damaged by his pretented prophylactic discovery. If every inoculated person had suffered from the experimental or attenuated cholera and the diarrhœa consequent to it had been loa ed with microbes, each inoculated person would have been a source of infection for the rest of mankind. Under these circumstances I think that the Secr tary of the Interior deserves great praise for forbidding the inoculation. It is my opinion that Ferran's prophylacsis of the cholera will be as short lived and will fall into as much discredit as the treatment of cancer by the use of condurango, discovered some years ago by one of our own physicians.—*N. Y. Herald.*

BETTER HEALTH AND A LONGER LIFE.

Dr. Benjamin Ward Richardson, of London, in a memorable address before the Health Department of the Social Science Congress, at Brighton, England, said: "Before I proceed to this task, it is

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right I should ask of the past what hope there is of any such advancement of human progress. For, as my Lord of Verulam quaintly teaches, 'the past ever deserves that men should stand upon it for awhile to see which way they should go, but when they have made up their minds they should hesitate no longer, but proceed with cheerfulness'. For a moment, then, we will stand on the past.

"From this vantage-ground we gather the fact, that onward with the simple progress of true civilization the value of life has increased. Ere yet the words 'Sanitary Science' had been written; ere yet the heralds of that science had summoned the world to answer for its profligacy of life, the health and strength of man was undergoing improvement. One or two striking facts must be sufficient in the brief space at my disposal to demonstrate this truth.

"In England from 1790 to 1819, Heberden calculated that the general mortality diminished one-fourth.

"In France, during the same period, the same favorable returns were made. The deaths in France, Berard calculated, were 1 in 30 in the year 1780, and during the eight years, from 1817 to 1828, 1 in 40, or a fourth less. In 1780, out of 100 new-born infants, in France, 50 died in the two first years; in the later period, extending from the time of the census that was taken in 1817 to 1827, only 38 of the same age died, an augmentation of infant life equal to 25 per cent In 1780 as many as 55 per cent. died before reaching the age of ten years; in the later period 43, or about a fifth less. In 1780 only 21 persons per cent. attained the age of 50 years; in the later period 32, or 11 more reached that term. In 1780 but 15 persons per cent. arrived at 60 years; in the later period 24 arrived at that age.

"Side by side with these facts of the statist we detect other facts which show that in the progress of civilization the actual organic strength and build of the man and woman increases. As in the higher developments of the fine arts, the sculptor and painter place before us the finest imaginative types of strength, grace, and beauty, so the silent artist, civilization, approaches nearer and nearer to perfection, and by evolution of form and mind, developes what is practically a new order of physical and mental build Peron,—who first used, if he did not invent, the little instrument, the dynamometer, or muscular-strength measurer,—subjected persons of different stages of civilization to the test of his guage, and discovered that the strength of the limbs of the natives of Van Dieman's Land, and New Holland was as 50 degrees of power, while that of the Frenchman was 69, and of the Englishman 71. The same order of facts are maintained in respect to size of body. The stalwart Englishman of to-day, can

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neither get into the armour nor be placed in the sarcophagus of those sons of men who were accounted the heroes of the infantile life of the human world."—*Southern Journal of Health.*

GRAPHITES IN CILIARY ALOPECIA.—Miss W——., aged 23, plump, blonde, and in general good health. She was, however, much annoyed and troubled at the total loss of the eyelashes, some of which had fallen out, and many of which she had forcibly removed, as they were stiff, and, to use her own phrase, "black at the roots." When examined, the eye itself showed no trace of disease, while the lids were thickened throughout, slightly reddened, and totally without cilia. This had been the case for over five months. No reason could be assigned for this loss, except a short period of continued crying, indulged in upon coming to a new and strange land, to earn the customary bread, which had proved too dry for my patient's courage. This crying had, however, long been controlled, but the cilia showed no signs of growing, and a physician had told her that they never would grow again. I did not feel over sanguine but proposed a trial of a few weeks, to which she consented. She was given a collyrium of Boracic Acid and Cosmoline, 15 grains of the former to one ounce of the latter, which she was directed to apply at night to the lids and margin. She was given also a powder of Graphites 6x trit. each morning, and requested to return in a week. Upon her return, there was a perceptible diminution of the swelling of the lids, and a tiny growth of cilia, soft and of good color. The treatment was continued for two weeks longer, and then died a natural death, as there was no longer any need of it, the eyelids being quite normal and the lashes of a good length and healthful appearance. Prof. Henry Angell, of Boston, recommends the use of collyria, containing boracic acid, in inflamed tarsæ; but the growth of the cilia, which had shown no signs of life for so long, may, I think, be fairly ascribed to the action of Graphites.—*M. Dorothea Lummins, M. D., Los Angeles Cal. in the California Homœopath.*

SECONDARY HEMORRHAGE.—Teachers of surgery have usually some emphatic language to employ when the subject of secondary hemorrhage is under discussion. The complication appears in six or eight days after a wound is inflicted, or a surgical operation has been performed, and the result is commonly disastrous. Now it is high time a more rational explanation be given of the morbid state favoring hemorrhages customarily denominated "secondary." We are told that ulceration attacks the ligated or injured vessels, and blood

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bursts forth in a torrent. Well, the bleeding is the result of septicæmia. The blood having lost its coagulability, is ready to flow through sundered capillaries, or any sized vessels. The surgical direction is to cut upon the bleeding *artery*, and tie it above the bleeding point; but how often is this done successfully? The expert operator may do the cutting and ligating, but the proceedure does not get rid of the toxæmia; the patient is likely to die some days subsequently. Let an example be cited as an illustration.

A young man was shot in the palm of the hand; his medical attendant bound compresses upon the wound, and kept the hand elevated. On the eighth day "secondary hemorrhage" came on, and the patient manifested great vital depression. In fact, he had suffered from a chill the day before the hemorrhage occurred, and was delirious at night. At noon of the second day, I ligated the radial and ulnar arteries just above the wrist, and then laid open the wound in the palm. There among the flexor tendons was a mass of fœtid blood, and the traumatic cavity gave forth a gangrenous odor. I gave it as my opinion that the hemorrhage was the sequence of septicæmia, and that the patient would not recover. The subsequent report was that something like tetanic spasms appeared on the second day after the arteries were ligated, and that the patient died on the third. There was not much blood lost at the time the shot was received, and not six ounces were wasted in the "secondary hemorrhage"—not enough in all to endanger life in a healthy individual; but the patient succumbed through the devitalizing effects of *blood poisoning*, so called.

There are instances recorded in which ligation has seemingly saved life, but it has been where the zymosis was not profound. I would say that, as a general rule, the vessel above the bleeding point should be ligated, even though a compress controlled the hemorrhage; yet I should not condemn the course of a physician who arrested the bleeding by compression, and made no attempt to ligate. The medical man of little surgical experience is the first to find fault with the course pursued, if the case turns out unfortunately; while the operator who has seen case upon case turn out disastrously, whether ligation be performed or not, is not quite sure which would have been the safest plan to pursue. If the ligation be a difficult one to perform, it might be best to try well adjusted compresses. Good drainage and the use of antiseptics should be provided in the beginning, and kept up till the end. *Dr. Howe in Eclectic Med. Jour.*

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THE ELIMINATION OF ARSENIC.—The Paris correspondent of the *Lancet* writes that at the last meeting of the Paris Society of Medical Jurisprudence, Professor Brouardel reported a case illustrating the possibility of an infant at the breast being poisoned through its mother's milk. In his capacity of medical jurist he was consulted about a case which was lately brought before the tribunal, in which a man was accused of having attempted to poison his wife with arsenic, which he gave her in her food, she having at the same time a sucking baby. The infant was seized with symptoms of chlorine a few days after the mother had been affected in a similar way—diarrhœa, vomiting, etc., from which it died. These symptoms having occured during the hot season, no importance was attached to them; but in the month of November following, the wife and mother-in-law of the accused having been again similarly affected, suspicions were aroused, and Professor Brouardel caused the body of the infant, which had been buried six months, to be exhumed. According to the Professor's report, the body was completely transformed into cadaverous fat, and it was impossible to isolate the viscera from the other parts, so that the body had to be analyzed *en masse*. It weighed about two and a half kilogrammes, and contained five milligrammes of arsenic. Means had been taken to make sure that the arsenic did not come from the linen enveloping the corspe, nor from the earth which surrounded the coffin. The question then suggested itself as to whether the arsenic found in the body of the infant might not have been eliminated by the milk of the mother. To ascertain the possibility of such a circumstance, M. Gabriel Pouchet performed some experiments which were very conclusive. He administered to a certain number of wet-nurses, who were in the St. Louis Hospital affected with skin diseases, from two to twelve drops of Fowler's solution, and he ascertained that in these conditions the milk of the nurses always contained a relatively large quantity of arsenic; thus, the milk of one nurse, who had taken eight milligrammes of arsenic in six days, contained one milligramme of the metalloid to one hundred grammes. M. Pouchet observed that these doses did not affect the nurses or their nurslings in the least. But upon the supposition that the result might be otherwise if a large dose of the arsenic were administered at once, and in order to clear up this point, M. Pouchet tried experiments on some females among the lower animals. This series of experiments did not furnish conclusive results, as animals present a variable degree of susceptibility to arsenic, and it was therefore impossible to draw any comparative conclusions. It may, however, be deduced from these researches that the elimination of arsenic takes place principally through the milk, and it is therefore prudent never to administer arsenic to mothers suckling infants.—*Medical Record.*

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THE ST. LOUIS
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—AND—
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Editorial.

ETIOLOGY OF EPIDEMICS.

Few subjects in the history of civilization have given rise to so much scientific industry, ingenuity and speculation as the one here named. Indeed, interest, theory and speculation have by no means been confined to modern times, or the pale and history of civilization. From the very earliest dawn in human existence, of which we have any record, we find thought and speculation rife as to what may have caused epidemic prevalence. Prior to the age of enlightenment, demons, and adverse moods of the gods, or some unlucky stellar, planetary or cometic influence, came in for the chief share of blame, attended by absurd, superstitious violence, in the way of prevention and correction.

It is doubtful if any subject in modern times has received so much scientific attention, with so little satisfactory scientific result, as to the main question—the exact nature and qualities of the toxic agents in epidemic disease. Are they material or spiritual? Organic or inorganic? Is there a separate agent for each form of epidemy; or does variety depend upon modifications of common causes? Certainly they are not ponderable or tangible. They yield no results to chemical reagents. They are not visible, unless late investigation and observations under the microscope should prove to be true, over which there is much grave doubt and active controversy.

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The use of the terms *Malaria*, *Miasma*, *Bacteria* and *Microbes*, in our present state of advancement in this direction, is much more matter of convenience than scientific accuracy. The terms *Miasm* and *Malaria* do no more than indicate the presence of certain types and forms of disease. We have absolutely no knowledge as to their qualities and attributes, Indeed, we have no means of knowing whether they be *entities* or *nonentities*. Appearances known as *Bacteria*, *Microbes*, and *Micrococci*, over which the microscopists are wrangling and berating each other, are undoubtedly present in disease; but whether *incidentally*, or as a *product*, or the *cause* of disease, are questions involving so much dubiety as to inculcate doubt rather than dogmatic certainty. Of course where the individual sickens from gross personal excess or excesses, we readily understand and appreciate the cause. But such is not the case with the class that we have in hand. What is the immediate direct cause which produces epidemics of yellow fever, cholera, diphtheria, influenza, and typhus? Does each have a separate form of cause; or are they each and all produced by a common cause, with the requisite modification for inducing these various epidemic phases? That bad hygienic surroundings and agencies have much to do in the way of *predisposition*, or preparation for epidemic invasion, is undoubtedly true; but that these influences alone ever produce epidemics we very much doubt, The peculiar "epidemic constitution" of the authors must be present in order to result in epidemic invasion. Dirty, filthy streets, stagnant pools, unripe fruits, damp cellars, impure water, bad food, bad sewage, and bad ventilation, enfeeble the vital powers, lower the *vis consevatrix*, predis ose to epidemy; but without the hidden, stealthy health-thief with epidemic power and authority, do not produce epidemic results. If the converse of this proposition were true, we ought to have epidemics always and everywhere, seeing that bad hygiene in personal habits and surroundings is so prevalent everywhere. During a period of 25 years the city of Memphis, Tenn., has had five epidemic visitations from yellow fever. During such visitations everybody reached the most unanswerable conclusions in his or her own mind, that the disease came from filthy, unpaved streets, in connection with importation of contagion from New Orleans.

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Now the facts are that the streets were in equally bad condition one year with another, with abundant opportunities for a New Orleans supply of contagion almost every year. Yet they only had fever about one year out of five. Some other occult agent then must have played a part in the tragical drama, other than filthy streets and imported contagion. What is that agent? Modesty and humility are becoming graces, to accompany speculation in the presence of a dense ignorance. The thought which we have to present is this: That epidemics are in some way dependent for cause, upon some abnormal action of the three imponderable "Undulatory Forces;" heat, light, and electricity. These agents are universal in nature; are in constant intimate association with each other; and are probably convertible one into another. Their intimate relation and probable convertibility has given rise to the idea or doctrine of the "correlation of forces." Of course what we here suggest is neither new nor original; and if true, not yet susceptible of demonstration. We simply desire in this place to recall attention to a plausible speculation or theory, in order that the microscope and bacteria may not crowd it clear out of scientific thought and inquiry. We all know and recognize the great power of these agents in the care and management of disease. As homœopathist why not recognize their probable corresponding power in the causation of the same. That great thermal extremes have much to do in the matter of epidemics is patent to all; our worst forms of epidemics prevail either in very hot or very cold weather. The electrical commotions preceding and attending storms tend greatly to induce or aggravate certain bodily ailments. The powerful influence of *light* in both extremes of health and disease is so apparent as to go without apparent controversy.

We protest then, that in the future of etiological investigations, the microscope, shall not enjoy a monopoly; but shall consent to bear close company and companionship with the *electrometer*, *thermometer* and *spectrum*.

One other thought. Nearly every grave epidemic of any kind is preceded by a certain *epidemic tendency;* the "epidemic constitution" of the old authors. By this we mean, that forms of disease ordinarily trivial and *sporadic*, when prevailing for several months

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before *the* epidemic, show a strong epidemic tendency. For instance yellow fever at Memphis, in 1873, was preceded over a period of nine months by a violent prevalence of the horse *Epizootic.* The people suffered in succession from great prevalence of small-pox, diphtheria, cerebro spinal meningitis, influenza and cholera, followed by yellow fever in October. Now we repeat, this epidemic tendency, if dependent upon filthy streets or contagion, or both, ought not to have been confined to the limited space of time; for the streets had been in equally bad condition for 40 or 50 years.

Finally, we are to have no epidemic of cholera in St. Louis this summer, for the reason that we have an extraordinary health prevalence, with no epidemic tendency whatever.

SPECIALISTS.

Our beloved allopathic friends, who we know love us so tenderly, will not thank us for saying so, yet we propose to say it all the same. With such specialists as Walker, Comstock and Pearman in Gynæcology, Campbell in the department of the Eye and Ear, Parsons and Franklin as Surgeons, Stevens for the Respiratory Organs, and Kershaw for Nervous Diseases, we shall have a very poor opinion of any practitioner's homœopathic loyalty, who may be caught sending his patients to allopathic specialists. Our action in this matter should not be governed by personal considerations, likes and dislikes. The question should be, are our specialists capable and skilful? If so, let us stand by and patronize them professionally, whether we like them or not. An allopathic physician would see his patient well on the road to *Sheol* before he would send him to a homœopathic specialist or surgeon. Let us give them the benefit of their own example. If the 80 to 100 practitioners of this city would stand together as one man—for each other, for our Society, for the College, for our hospitals—for homœopathy; for our specialists and surgeons, for the PERISCOPE, we would present a force and front irresistable to all opposition.

SUBSCRIBERS who have not paid for this journal for the year 1885, are informed that their subscriptions are now past due and al-

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though the sum of each subscription is small, the aggregate is what we rely on to meet weekly and monthly expenses. We trust the small sum due from each will be remitted without delay.

Personal.

THE AMERICAN INSTITUTE OF HOMŒOPATHY has at last made the great change which has been talked about so many, many years. In other words, it has decided to take water straight next year at Saratoga instead of mixed drinks at St. Louis. By the way, several of the Chicago doctors who have returned, report that the few days spent wandering over the grassy streets of our Southern suburb has completely cured them of corns which had troubled them for years.—*Med. Visitor*, Chicago.

Yes, Brethren, we are heartily glad that things in the main were well with you, and that we were able to do so much to make you *partially* happy and comfortable. We were painfully conscious all the while, however, that there was one thing lacking to make you *entirely* happy. The Executive Committee of Arrangments had the matter under advisement for a whole month prior to the Convention, but were unable to provide on behalf of their Chicago guests any tolerable substitute for the delightful aroma of Chicago River. It was noteworthy during the Convention that Father Small looked sad and woe begone, except when within the environs of a glue factory, a tallow chandler or a soap factory. Father Small said these separately or combined were not equal to the delights of his daily olfactory treat when at home; but temporarily he accepted them as the best his host could provide.

Hall is an astute, painstaking man; we admire him greatly. He took the precaution to bring a bottle of Chicago River water with him to be used for *toilet* purposes while away from home.

Mitchel is a real nice man; we are greatly in love with him and his many ingenious modes under an emergency. He took the precaution to bring with him a pet *skunk of rare ability*, which he said made matters very pleasant for him, while out of olfactory range of his own beautiful river.

Ludlum, looked lonesome and real home-sick all the time; taking but little part in the Convention proceedings. He tried the expedient of a trip on the city *scavenger dump boat*, but came back heartily

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disgusted with the experiment, as in no sort equal to his daily olfactory delights when at home; and so left for the borders of his own sweet classic river before the Convention adjourned.

The remainder of the Chicago "gang," were joyous, philosophical, optimistic fellows, who said they thought it an evidence of bad breeding and worse manners to complain of the hospitalities tendered them. They promised, before leaving, to send Ordway, Parsons, Kershaw and Edmonds each a barrel of Chicago River water as soon as they get home.

Dr. L. S. Ordway, with an eye to stray *shekels*, and *pro bono publico*, has taken a down-town office in addition to his office and residence at 27th and Pine.

Mrs. Dr. Pearman has gone for a summer vacation. Drs. G. S. Walker and T. G. Comstock will take theirs in August. Dr. J. A. Campbell and Dr. S. B. Parsons each promise themselves a short professional let up.

It is with pleasure we announce the official recognition of homœopathy, on the part of the general government, in the appointment of Dr. E. C. Franklin, to a place on the Board of Pension Examiners for this city.

At the last meeting of our local Medical Society, in June, Dr. L. S. Ordway was elected President, and Mrs. M. B. Pearman, Vice-President, for the next six months. Dr. N. L. Franklin was elected Secretary and Treasurer. The Society adjourned to Sept. 1st.

At a late meeting of the Board of Trustees, Homœopathic Medical College of Missouri, Dr. A. H. Schott was promoted from a *Lectureship* to the grade of a full *Professorship* in the Chair of Pædology. This is well. Dr. Schott's modesty, ability and industry, fairly entitle him to such recognition.

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Book Reviews.

THE NORTH AMERICAN REVIEW.—The American nation has a double birthright—liberty and land. Its liberty it has guarded jealously, but until very recent years it seems to have been indifferent to the loss of its landed estate and ignorant of the methods by which it has been diminished. A veteran legislator, the Hon. George W. Julian, who has given special attention to the acts disposing of our public lands, tells the story in brief in a contribution to the *North American Review* for August. In the same number five medical authorities discuss the question, "Can Cholera be Averted?" Felix L. Oswald contributes a suggestive article on "The Animal Soul"; and the Rev. M. J. Savage, in "A Profane View of the Sanctum," brings an indictment against the daily press. The other articles are on "The Price of Gas," by Charles H. Botsford, one on "Temperance Reform Statistics," by Prof. W. J. Beecher, and the chapter of "Comments," by various writers, on articles in previous numbers.

THE JULY CENTURY.—Two portraits of marked interest, in the July *Century*, are the frontispiece picture of Frederic Mistral and the full-page portrait, after a daguerreotype, of Henry Clay. Not less striking than the portraits are the articles accompanying them. George Bancroft contributes a vivid sketch of Clay's personality, and Alphonse Daudet writes of his friend Mistral, the Provençal poet.

Of timely importance is the Indo-Afghan paper, "The Gate of India," by W. L. Fawcett. It deals only briefly with the present political situation, its chief interest being the way it shows that the evident Russian trend towards the Khyber Pass—which has always been known as the Gate of India—is only one of a long succession of advances from the direction of Afghanistan upon the wealth of India, from before the time of Alexander the Great's conquest down to 1750, the year the founder of the Afghan empire invaded India.

Two short stories accompany the installments of Mr. Howell's "Rise of Silas Lapham" and Henry James's "Bostonians,"—they are Frank R. Stockton's continuation of his famous story, "The Lady, or the Tiger?" under the title, "The Discourager of Hesitancy," and another illstrated story by Ivory Black (T. A. Janvier), entitled "Roberson's Medium."

The war papers of the July number are profusely illustrated, and comprise a description of the Confederate pursuit during "McClellan's Change of Base," by General D. H. Hill; "Rear-Guard Fighting at Savage's Station." by General W. B. Franklin; "The Seven Days' Fighting about Richmond," by General James Longstreet; and points of minor interest in "Memoranda."

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Medical Items.

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

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

THE TEN LAWS OF HEALTH.—Breathe pure air; secure wholesome food and drink; take adequate muscular and mental exercise; have proper clothing for warmth and protection; keep all passions and appetites under rational control; see that the house and its situation are healthsome, that the daily occupation is not cramping, confining and exhausting; keep the skin clean and active; keep the mind content and tranquil, and take regular sleep; do not marry an unhealthy person nor a near blood relation.—*J. R. Black, M. D.*

TREATMENT OF MASTITIS.—Samuel Welch, M. R. C. S., says that the disappointment which he has had with the ordinary remedies in the treatment of the conditions arising from the retention of milk in the breast after the death of the child lead to his employment of the iodide of potash in this condition. The results have been gratifying. He describes his method as follows:—"I have the breast suspended in a sling to prevent all dragging and pressure exerted on it by means of folded napkins. I then order a free inunction of the iodide of potassium ointment three times a day, administering purgatives internally. For the first two or three days, should it be necessary, I have the milk drawn off once daily by the nurse, and find almost invariably that after a few days all troublesome symptoms pass away, and any anxiety on the score of the milk is removed."—*Chicago Med. Times.*

HYDROLEINE. - The principles upon which this discovery is based have been described in a treatise on "The Digestion and Assimilation of Fats in the Human Body," by H. C. Bartlett, Ph. D., F. C. S., and experiments with cases illustrating the effect of Hydrated Oil in practice, are concisely stated in a treatise on "Consumption and Wasting Diseases," by G. Overend Drewry, M. D. Copies of these works sent free on application. See ad. p. xiii.

KIDDER'S WINE OF THE PURIFIED HYPOPHOSPHITES OF LIME AND SODA.—Physicians will find this Wine an efficacious remedy, where disease indicates the administration. This preparation alternated with Hydroleine (Hydrated Oil), will greatly aid in building up the debilitated system. Digestylin, for Indigestion and Dyspepsia, is another one of Wm. F. Kidder & Co.'s preparations. Sample bottle sent free to any physician who will pay carriage. Wm. F. Kidder & Co., 83 John street, New York.

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A RARE GENITAL MALFORMATION.—A person, 20 years of age, was recently exhibited to an association of Austrian physicians by Dr. Schossenberger, (*Wiener Med. Bl.*, No. 14, 1885).

Catherine W., baptized as a girl, was employed as a female servant though evincing a strange inclination toward men's work. Her body, of medium height and development, showed unusually large hands, her skin was white, delicate, and almost hairless; breasts full and large. Examination of the genitals presented what appeared to be two closely approximated labia majora, which, however, at close inspection where shown to be a divided scrotum concealing a testicle in each apparent labium majus. These labia majora being separated, the labia minora presented themselves fully covering the clitoris. The latter was about the size of a hazelnut, readily erectile to a height of two centimetres, and unpierced. Immediately below there was a three millimetre long deep furrow, after which a sort of vestibule showed itself, narrowing like a funnel into a urethra.

She pretends to have had frequent intercourse with women ever since her sixteenth year, with full accomplishment of the act and ultimate seminal discharges. She had never had intercourse with men.

COCAINE IN CORDEE.—A writer in *N. E. Med. Monthly* describes two cases of cordee which yielded to the soothing influence of an injection of the muriate of cocaine. Ten minims of a four per cent. solution where added to one-half drachm of water and injected into the urethra. It was retained a few minutes, after which, there was no more trouble from cordee.

COCAINE IN HYSTERICAL VOMITING.—In uncontrollable hysterical vomiting Prof. Kohler recommends (*L' Abeille Medicale*) a solution of muiriate of cocaine. His results have been remarkably good. He gave a typical case in which the woman became so exhausted from uncontrollable hysterical vomiting that nutritive enemas had to be employed to sustain life. The concentrated solution was painted over the pharynx. After the first application the patient was enabled to partake of fluids, and after the second, solid food. On stopping the applications the vomiting returned.

CONSUMPTION CONTAGIOUS.—Dr. T. C. Williams, in *Brit. Med. Jour.*, gives his conclusions on this subject as follows:

1. The evidence of large institutions for the treatment of consumption, such as the Brompton Hospital, directly negatives any idea of consumption being a distinctly infective disease, like zymotic fever.

2. Phthisis is not, in the ordinary sense of the word, an infectious disease, the opportunities for contagion being most numerous, while the examples of its action are exceedingly rare.

3. In the rare instances of contagion through inhalation, the conditions appear to have been first, close intimacy with the patient, such as sleeping in the same bed or room; second, activity of the tubercular process, either in the way of tuberculosis or excavation; third, neglect of proper ventilation of the room.

4. In addition to the above, a husband may, though he rarely does so, infect his wife by coition, and this risk is considerably increased in the event of pregnancy.

5. By the adoption of proper hygienic measures, as good ventilation and separation of consumptive people from the healthy at night, all danger of infection can easily be obviated.

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Original Communications.

NOTES FROM A LECTURE ON "CALCAREA."

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

CHARACTERISTICS.—Leucophlegmatic constitution; imperfect formation of bone. Indigestion, caused by lime-water, will be cured by lime in dynamic form. (In Sulphur the symptoms are largely physical; in Aconite largely mental). In Calcarea they are both physical and mental. The leading mental symptom is this: "She fears she will lose her reason, or that people will observe her mental confusion." She reasons clearly, but thinks others observe mental aberration in her. Shuddering and dread as the evening draws near. The mental state is aggravated *in the evening*. Great anxiety and palpitation of the heart. Gloomy and *melancholy*. Forgetful; misplaces words. Talks about mice, rats, and murder. Disinclination for work. She will continue brooding day and night. Evil forebodings. This mental state is not in every picture of Calcarea, but if there are mental symptoms they will be of this type. She takes cold easily, suffers from every change of the weather and from every draught of air. This mental

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state is likely to occur in old dyspeptics; in weakness of the brain tissue brought on by excessive mental application. The vertigo and mental symptoms are made *worse* by *close application of the mind, and in the evening.* Calcarea, as well as Sulphur, must become a very useful remedy in softening of the brain.

HEADACHE.—Beginning in the occiput and spreading to the vertex; feels as if she would go crazy. The pain in the head brings on this insane feeling. Throbbing headache in the middle of the brain. Many of these head symptoms are brought on by catarrhal states. The chronic catarrh is *moist*, but every cold makes it *dry*. Dryness and burning in the nose. Whenever the flow is stopped on come the head pains. Burning and splitting soreness in side of head, feeling as if the head would burst. Worse on *going up-stairs*, *talking* or *walking; better* from *tight bandaging.* (This is similar to Arg-nit.) Headache *better after vomiting* (Sang.), *lying down* or *pressure* of *the cold hand.* Icy coldness on the top of the head, most frequently on the *right side.* (Veratrum has a sensation of a lump of ice on the vertex). *Headache coming on from suppressed nasal catarrh. Gets relief from vomiting.* Whitish-yellow scales of dandruff. *Head feels cold. Large head and open fontanelles.* Little infants, with late-closing of fontanelles sometimes reopening after closing (Calc. or Silicea). Bell. is the remedy for large-headed subjects in acute states; Calc. to prevent the recurrence. Burning on top of the head (Sulph.) Calc. has sometimes hot feet, but it is the exception. Coldness of the head prominent, heat and burning would be the exception. There is a heat of the scalp, but it is superficial. (Sulph patient feels as if she would like to put a cold cloth on her head).

EYE.—Photobia; Bell. for the acute, Calc. for the chronic. Entrance of a foreign body into the eye (also, Aconite for the acute inflammatory state), but when there is opacity and thick-

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ening, white substance forming on the eye and ulceration, Calc. Fungus hæmatodes, maculæ, suppurating fistula lachrymalis. Calcarea is capable of curing all the catarrhal states of the eye when its general symptoms are present.

EAR.—Calc. has cured hardness of hearing and ringing in the ears produced by taking Quinine. This will be met by China; also, Quinine produces a partial closure of the Eustachian tubes. Patient gets dizzy on going up stairs. Singing, roaring, and crackling in the ears; crackling in the ears when chewing. Purulent offensive discharge from the ears, sometimes thick yellow muco-pus. Polypus in the ears. In connection with these symptoms you will find earache. Every time patient lies on right side the pain goes to that side, and *vice versa*.

I seldom give any other remedy than Puls. for earache.

For sties—Calc. and Puls.; if sty is indurated—Staph. and Thuja.

NOSE.—Calc has a very large sphere of action in catarrhal conditions. (Calc.-Sulph. has a bloody discharge). The Calc. patient sneezes and takes cold easily. (In Nux vomica the nose is *dry* at *night*). Calc. has this as a chronic state. Nasal polypus.

FACE.—Pale, blue rings around the eyes; face feels as if it were swollen.

Men who have heavy beards, with itching in beard (if itching is aggravated by washing—Sulphur). The discharges of Calc. are likely to be offensive.

Chewing motion of lower jaw; children with open fontanelles; you might expect cerebral dropsy.—Hydrocephalus.

SLOW DENTITION.—If the teeth come early, the fontanelles will close late, and *vice versa*. Children late in teething and learning to walk (late learning to talk—Natrum-mur.)

The taste is *sour*. Calc. in a general way is a *sour* remedy. The stool is *sour*, the taste is *sour*, the whole body is

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sour (Hepar is generally given in that state), the urine even smells SOUR.

THROAT.—Chronic sore throat, with dryness, pains extending to the ears; with this there may be inflammatory swelling of the palate, with sensation of contraction in throat when swallowing. (Lach. and Apis. left side). Gels. has a pain running to the ears. Hepar also, with a sensation of a fishbone in the throat.

He feels the crawling sensation of a worm in the rectum and a *desire for eggs*. (Desire for wine—Nux-vom. and many other remedies. Craving for salt things—Natrum-mur. and *Selen*).

Loss of appetite, but when he begins to eat, eats heartily (Cham.) (Craves things which, when obtained, he rejects—Bry.)

Milk disagrees—forms a curd in the stomach. (Æthusa has a slimy, sleek-looking curd, like "schmere kase.") Nausea and vomiting. Eructations taste of the food and *sour*. (Ferrum—Eructations tasting of the food just eaten). Burning from stomach to throat, with eructations; these are so *sour* that they cause this burning. (If the burning is continuous, extending to mouth and stomach—Iris). Vomiting, mostly in the morning and toward evening, during dentition. Where there is vomiting in pregnancy, with *cold*, *damp feet*, *etc.*, *worse* in the evening; may cure if it occurs in the morning. (Sulph. vomit is aggravated in the evening). (If patient is made sick every time she puts anything warm in the stomach—Phos. and Puls.) (Pressing pain in the stomach as if a load of stone was there—Nux, Puls., and Bry. Nux has this feeling an hour after eating. Abies nigra has it immediately after eating. Graphite pain comes on as soon as the stomach is empty, and the *pain* drives her to eat.)

Pit of stomach swollen like an inverted saucer; stomach is hard. Feeling of coldness in the abdomen (Plumbum, Ars.,

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Colchicum), mesenteric glands swollen and hard in children. Mental state is guiding when present. Sensation of cold, damp stockings.

STOOL.—Frequent; first hard, then pasty, then liquid; offensive, like putrid eggs; yellowish or clay-colored, whitish or watery; white, undigested, involuntary; hardly an effort is made toward retaining stool. (Podo. has a white stool, clay-colored, with prolapsus). Discharge of blood from rectum (Sulph. and Lyc.) Feeling of heaviness and weight in lower part of rectum (Nux vom.)

SEXUAL ORGANS.—Calc. is a basic remedy in a great many female troubles. It is a very important remedy in almost any sort of genital weakness; old cases of sexual abuse; system brôken down; heart troubles; cold, relaxed sexual organs. Sexual desire at 3 A. M.; cold penis; slow erection with premature ejaculation (Nuv-v., Sulph. and Lyc. all varying somewhat). Nocturnal pollutions, which debilitate both body and mind. Excessive exhaustion after copulation. Cold seems to go through him (Sepia). Gonorrhœa; continuous gleety discharge; afterward, stricture.

MENSES.—Too early, too profuse, and last too long (very similar to Nux-v. Calc. patient flows more, while Nux patient has constipation and frequent desire to defecate). Inter-menstrual discharge of blood. Menses coming back too soon from excitement. Suppression of the menses with full habit after working in water. Membranous dysmenorrhœa.

LUNGS, COUGH, ETC.—A state that precedes the formation of tubercle. With the characteristics of Calc. you will find dropsy. You may think the patient is getting fat, but if he is examined the tissues will feel doughy, puffed up. The face has a doughy, waxy appearance; coughs every time he goes into a cold room; chilliness excites cough. If patient likes music, the excitement of it produces cough; expectoration has a putrid odor. Tickling cough; sensation of a feather in the

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throat. (Cough begins as soon as head touches pillow—Drosera). (Cough as soon as gets warm in bed—Puls., Nux-m., and Coccus-c.) (Cough excited by going into a cold room—Phos and Rumex). All Calc. symptoms are made worse by taking cold. Stitches in chest and sides of chest when moving and lying on affected side. (Bry.—better lying on painful side). In connection with lung troubles rattling in chest. (For dry cough in emaciated boys, think of Lyc.) (In millers' and stonecutters' ailments, think of Calc. and Silicea). Old suppurating cavities and abscesses may need Calc. Hard swelling of cervical glands; thick, strumous tumefaction of thyroid gland; swelling and incurvation of the vertebral column; rachitis and caries of the spinal column. For injury in lower portion of spine—first, Arnica; second, Rhus, and then comes Calc., and it will do all that medicine can do. Whenever there is a sprain around a joint give Arnica, Rhus, and Calc. internally—giving time for each remedy to act. This is routine, but these remedies correspond to the transformations taking place in the joint. Calc. is a great remedy for gouty accumulations in the joints. Sulph., Calc., and Lyc. follow each other well in these gouty conditions, rheumatic gout, with scanty urine and constipation (Alum). Rheumatism brought on from exposure; patient is influenced by every change in the weather (Calc.-ph.) Aggravated from wet and cold. Sometimes fingers feel as if dead. Pain as if from a sprain in right wrist. (If patient kicks covers off and wants to be cool in rheumatism—Apis and Puls.) Sciatic pains caused by working in water. Pain is aggravated from limb hanging down and ameliorated from elevation of limb (milk-leg). Swelling of the knees. (Sulph. and Ledum also act upon the knees). White swelling of legs and feet, with sensation of coldness. Abscesses feel cold. Cramps in the calves at 3 A. M.; also in popliteal space when extending limb. (Sulph. has cramps in the calves and in the soles of the feet). In many of these

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complaints, you will be obliged to begin with Sulph. and then follow with Calc. Sulph, and Nitric acid are followed well by Calc. Burning in the soles (Sulph.) Sweat makes feet sore Silicea). Parylitic bruised pain in the small joints.

NERVES.—Calc. is very important in the treatment of the nervous system, brain, and spinal affections (Sulph., Calc., and Lyc. in the treatment of epilepsy). Twitching of muscles, trembling of the body, talking produces a feeling of weakness, which compels the patient to desist. While he may feel well, as soon as he exerts himself or becomes excited he is exhausted. (The exhaustion of Arsenicum is quite *real;* patient feels so tired he cannot move.) The Calc. patient feels as though he could run a long race, but after he gets started the exhaustion comes on. It does not precede the motion, like *Ars.* Great exhaustion in the morning; unable to go upstairs. Patient starts well enough, but before he gets half way up there comes on a difficulty of breathing. Going up a height produces great weakness. In epilepsy, before the attack, sensation of something running in the arm or from the pit of the stomach to the feet, feels like a mouse or large insect crawling in the skin.

In chills and fever, chill begins in pit of stomach and spreads over the body. Inclination to stretch in the morning.

Sleepiness and sleeplessness; awful dreams, anxious, fretful, dreams of falling. Children dream after midnight, cannot be pacified; cannot sleep after three A. M.; or late falling to sleep, not until two or three A. M. (Sulph., Nux-v., and Kali carb. have a three A. M. aggravation.) Sensation of trembling in the inner parts on awakening from sleep. (Bell. is *worse* from sleep; there is a turgid state in the entire system; tired and languid; no benefit from sleep.) Now you see where Calc. comes in. *Generally better* in *warm* and *worse* in *cold* air. Great sensitiveness to open air.

Calc. has no marked chill and fever, but it may be cura-

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tive in the chronic type, with its characteristic symptoms. Great sweating; morning sweat; the sweat is mostly upon the forehead and upon the feet. Clammy night-sweats, only on the legs. Feet are cold and damp, even during apyrexia. Calc. will follow Sulph. in many of these states.

TISSUES.—Cracking and crepitation in the joints, as if they were dry. The skin is rough and unhealthy; small wounds are disposed to suppurate; pale and flabby. Scurvy pimples. There are a great many eruptions upon the head and body where Calc. is indicated. Moist eruption behind the right ear. (Moist eruption exudes a glutinous fluid, honey-like—Graphites.) (If not glutinuous and comes behind the ears and spreads to face—Sepia.) (If it spreads from the ears to the scaly—Hepar.) (Also, think of Dulc. in eruptions behind the ears.) (For ringworm always think of Sepia.) Warts.—The skin is rough, and inclined to chap. The eruptions of Calc. are aggravated in cold weather. The skin is bad in cold weather (Rhus. and Petroleum). In old scars that become inflamed and sore from every change of the weather, when the patient is in bad health.

LECTURE ON ÆTHUSA.

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

The most important feature of Æthusa is its vomiting, after which (and sometimes preceding) come the convulsions —vomiting of a substance looking like "schmere kase;" there is a diarrhœa of undigested milk—green, slimy, sometimes bloody; there may be convulsions attending this vomiting, but they most generally come after; eyes turned downward and thumbs convulsed across the palm of the hand, or sometimes they are turned back. After the child has been vomiting, great prostration and drowsiness come on; it wakes up from sleep, partly refreshed, and calls for the breast and nurses to

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repletion, and then vomits the milk before it has coagulated; a peculiar prostration and sinking come on after this continual vomiting; blue, sunken line of the upper lip, running to the nose—linea nasalis; body may be cold and the head hot (also Arnica), with cold sweat all over, and then follow convulsions; child lies unconscious; dilated pupils, staring eyes, confused idiocy, with great sadness when alone; upper lip white to the nose, which occurs after exhaustion, and diarrhœa; aphthæ in the mouth and on the tongue, with the peculiar vomiting, followed by sleep, sudden vomiting of frothy matter; regurgitation of food an hour after eating; painful contractions of the stomach—so severe as to prevent vomiting; the patient will strain to vomit, as if he would tear his stomach open (the chronic regurgitation of food or fluids two or three hours after eating—Sulphur); epileptic spasms, with clenched thumbs; red face; eyes turned downward and dilated, staring pupils (something like Cuprum, which compare); dozing of child after vomiting spell; ecchymoses all over; red spots on skin, like water-blisters, from lying on bed.

A FEW THOUGHTS ON MENSTRUATION.*

BY L. S. ORDWAY, M. D., ST. LOUIS.

As to its phenomena, Menstruation need not be defined, but may be said to be a periodical flow from the vagina, of blood more or less mixed with secretions, from the mucous and sebacious glands of the uterus and vagina. This periodical flow also being more or less regular at a period of 28 days.

This phenomena admits of no discussion, but the cause of the phenomena is probably as much of an open question now, as one hundred years ago—also the source of the blood, and the effect of the whole process upon the endometrium.

Leading teachers and investigators, being about equally divided between two principal opinions, as to the mode of escape of the blood. They agreeing that the endometrium fur-

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nishes the principal source of flow, probably assisted by the same coat of the Fallopian tubes. The older idea, which still has a large and respectable following, is that the mucous lining of the uterus becomes physiologically hypertrophied each month. The blood vessels and epithelium becoming filled as the ovumri pens, and that when ripe, if it does not become impregnated, fatty degeneration of the epithelium takes place, the capillary blood vessels thus being opened. Should the ovum become impregnated, fatty degeneration does not take place, hence no flow; the fatty changes not taking place, or being postponed nine months. In other words that each menstruation is a more or less miniature image of pregnancy and labor.

A different and later idea, which has an equally numerous following, is that normal menstruation is not in any sense dependent upon fatty changes of the epithelium, but finds its way through that tissue with it unaltered, by diapedesis.

I myself am disposed to adopt this latter explanation of how the blood escapes, but fully believe it is controlled in its afflux to the part, and in its diapedesis, by the ripening and rupture of the Graafian vesicle—and that the ovum becoming impregnated, the flow is arrested and this arrest of flow becomes of nine months duration, if the ovum finds safe lodgment within the cavity of the uterus—by its lodgement in the uterine cavity giving off its life-giving influence, to the mucous membrane. Thus instead of a passive hemorrhage we have a thickening of the endometrium (formation of deciduæ), thereby storing the blood and saving all of its vital forces for the development of the new life thus begun.

I think the main reason why, there is so much difference of opinion, is because experimenters while looking for one point are, in their desire to find confirmation of their preconceived opinions, likely to overlook all the other conditions, except upon those they conceive to bear upon the point under immediate examination—in fact, thus overlooking many points of vital interest to the very individual point being examined.

For example, the investigator—scientific though he may be—who is imbued with the belief that the endometrium is constantly undergoing change, as follows:

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About two weeks before the menses, it commences to take on vascularity, and in proportion as this vascularity increases, the endometrium becomes thickened—continuing to increase, until ovulation takes place, then to be followed by fatty degeneration and exfoliation, with subsidence of any remaining vascularity; to be repeated every 28 days during the 30 years of menstruation, unless arrested by pregnancy or disease. I say, this or that, scientific investigator, thoroughly imbued with this theory, makes careful, painstaking examination, both chemically and microscopically, of many different samples of menstrual flow. Admitting that in some, at least, he finds nothing but blood and secretions from the glands situated in the tract over which the flow passes, in others there are evidences of a small amount of broken down epithelial cells, and in others mucous membrane, in varying quantity, from only formative mucous cells, to an endometrium expelled whole. Now he says, *per se*, the mucous lining of the uterus exfoliates at every menstruation, and accounts for not finding the evidences of it constant, by the ingenious theory that in health it is thrown off, or exfoliated in very minute particles, and becomes changed, as does the fibrin of the blood, by the secretions of the glands of the cervix and vagina. Why this strained and far-fetched explanation, when in the unmarried we may have diseased conditions to account for any appearances of such evidences of exfoliation; and in the married we may have disease, and constantly do have liability of conception. I believe that conception takes place much more frequently than we are in the habit of recognizing, and that the impregnated ovum, from causes accidental or abnormal dies, either before reaching the uterine cavity, or reaching it, fails to find such condition of uterine soil as is necessary for its taking proper root. The impregnated ovum may, failing entirely of finding a suitable nutritive resting place in the uterus, pass right through it, or it may make the attempt to take root and after remaining an hour, a day, or days, lose its attempted embedding and pass out.

It is well known that the vascularity (which is admitted by all to precede ovulation), when conception takes place is immediately changed (instead of a flow) by commencement of

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the formation of the membrane which eventually becomes the decidua.

This decidua commences forming immediately conception takes place, and conception is conceded ordinarily to take place in the Fallopian tube, and the impregnated ovum to be some days reaching the cavity of the uterus.

Now, it does not seem to require any severe stretch of the imagination to conceive that (for causes accidental or diseased) this impregnated ovum may die at any moment after mpregnation, thus arresting farther development of the decidua.

That portion or amount of the decidua which was formed before the death of the impregnated ovum is there, to be exfoliated, either at that period or at the next, evidences varying according to its age, from a little broken down epithelium to large shreds of dead decidua.

These phenomena and conditions are liable to modification or even immitation by disease.

LAPAROTOMY vs. EMBRYOTOMY.*

BY MRS. M. B. PEARMAN, M. D., ST. LOUIS.

Our best authorities only recommend operation in those cases where we have extra-uterine pregnancy and only used then with the expectation of saving both mother and child, in rare cases, where the location of the misplaced fœtus is from an early day in the abdominal cavity, and so placed as to go to full term, or nearly so, without rupture or causing dangerous disturbance to surrounding or neighboring organs.

The teachings are of such a nature, that if followed the accoucheur will not be thinking of the possibility of laparotomy in any except a case as above described, hence, even in extra-uterine pregnancy, with delayed labor, the symptoms of pain and apparent contractions of the uterus being somewhat central, will not arouse the accoucheur to the facts, even in these rare cases; and they are generally allowed to pass beyond the limits of safety, before the operation is thought of.

Two things render laparotomy a much less dreaded oper-

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ation than in former times, to wit: Discovery of the use of antiseptics and the familiarity of acquaintance with the different tissues and what can be done with them.

The ever increasing success of, and marvellous results obtained by ovariotomy, an operation just as dangerous, *per se*, as laparo-elytrotomy or laparo-hysterotomy would lead the obstetrician to believe that it is possible to perfect the methods and subsequent treatment of laparotomy so that it will be less dangerous to mothers even than embryotomy.

The murdering of the fœtus does not guarantee the life of the mother, though it is performed solely in her interest; for it offers no hope of the promised life to the unborn, but pleads professional justification for its butchery.

We also find some of our leading obstetricians advocating and performing abortion in cases of deformed and contracted pelvis, which ends all hope of a viable fœtus.

True, embryotomy is among the most ancient obstetric operations, and all text books are full of indications for its performance; leading obstetricians are employing it daily; yet all this argues nothing in a scientific aspect against any other method or proceedure which has for its purpose the saving of two lives—mother and child.

The fœtus is the creation of a new being, and on the broad grounds of humanity, a life is a life; of course, if it were a question of no alternative, simply destroy one, that the other might live, then we would all advocate embryotomy; but not so, for we have in some one of the forms of laparotomy our relief.

Accident and the surgeon's knife have been able to tell us that these certain tissues can be handled, if not with as much safety as those of more common operations, certainly with much less dread than had before attached to them.

This fear, dread and awe of opening the abdomen, especially cutting the peritoneum, seems likely ere long to pass away, and that it may become one of our recognized operations in the lying-in room in cases of dernier resort, under circumstances of which the following may be a fair general statement, from which causes are found in our text books cases which recommend as a last resort, embryotomy. A large ma-

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jority of these cases are caused by conditions which render the delivery of a live child impossible, and should certainly be found out by the attending physician before nature in her faithful and often terrible efforts to overcome whatever is interfering with the fulfilment of nature's maternal effort has exhausted the mother and destroyed the child, or so impacted the presenting part, as to render any solution but embryotomy impossible. With embryotomy, the child of course is lost, and the danger of doing harm to the mother in addition to the great exhaustion which already exists, is as great I believe as in laparotomy, taking into consideration the possibility of deciding the necessity for laparotomy before the patient is so exhausted, and the great advancement there has been made in knowledge how to handle these cases, when it is necessary to open the abdomen. It not always in these cases being necessary to cut the peritoneum, but even when thought best to cut right through it, as well as through the uterus itself (laparo-hysterotomy) it is undoubtedly better even then, in many cases, than embryotomy; but when performed as revived by Thomas (laparo-elytrotomy) the peritoneum not being cut, but simply held up out of way, and child extracted through incision in vagina, it should unquestionably be our procedure.

I will be more specific and mention a few of the conditions when laparotomy in one form or another seems to me preferable to embryotomy, viz: Where there is transverse presentation and podalic version is found to be impracticable; in such cases the cutting to pieces of the child involves great danger to the mother, probably accurate figures will show as great a mortality to mothers from this operation as from laparotomy with the present improved method of operating. Another place when laparotomy seems especially adapted is, when there is deformed or justo-minor pelvis which is evidenced by the head not entering the brim, hence making the embryotomy if not impossible, exceedingly difficult, and in proportion to the difficulty dangerous to the mother. In both of above conditions, there is little doubt but that laparotomy as performed at the present day will give us as a result, at the end of twenty days, as many live mothers and save nine out of ten children otherwise sacrificed, possibly even a larger per cent. of children

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saved. Other conditions where embryotomy has been in the habit of being used, will undoubtedly suggest themselves to many, and will undoubtedly in time, be included in the not only possible, but advisable methods of terminating complications of the lying-in room, especially when occurring at or near the brim.

Through all the time since Hippocrates, craniotomy has been used as a dernier resort, and during all this time, we everywhere see evidences of the better minds of every period, from his time to the present, casting about for some way to save some of the children without too great a sacrifice to the mothers. With the advanced knowledge of the present day upon the subject of opening the abdomen by one of the methods of laparotomy, laparo-elytrotomy, laparo-hysterotomy, either of which may undoubtedly be used, especially the former, with as much safety to the mothers, and if not delayed too long a larger per cent. of children (which by embryotomy are all lost) may be saved.

We know that in every case of labor two lives are endangered; fortunately with little or no assistance, nature is equal to bringing both safely through in all but a comparatively few, and it is still more fortunate, that a majority of the exceptional cases needing what we term "active interferance," may be brought to a favorable termination by conservative means, and the day is not far off when the radical means to be considered will be those which will consider the child a human being and worth saving instead of deliberately butchering it.

Two lives are always at stake. In 100 cases with embryotomy the 100 children are ruthlessly destroyed, and not less than 20 per cent. of mothers, thus but 80 lives out of 200 are saved; while with the limited experience of laparotomy already had, we have nearly as large a per cent. (74), of mothers saved, and 80 per cent. of children; that is to say, by laparotomy in its various forms we have as a result 154 lives out of a possible 200 as against but 80 out of 200 by embryotomy.

By the Poro-cæsarian operation (laparo-hysterotomy) we have 73 per cent. of mothers and all the children saved, and no liability to repetition.

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We have cases that have been operated upon by laparotomy several times yet live to a good old age, and enjoy their children and children's children.

A case well known to recent history is that of Mrs. Reybold, upon whom no less a celebrated man than Dr Meigs twice performed craniotomy, and refusing a third time to commit fœticide, she was operated upon by Cæsarian section twice, the result being a living child each time, and she lives to enjoy not only her two children, but six grand children. The moral side of this question might be dwelt upon almost without limit, but the figures and facts give us all the argument we need. Facts are stubborn things. Right will prevail, and we shall yet see as a popular method and safe egress from dangerous complications in our obstetrical practices, the operation of delivery through the abdomen.

Each time after I have performed cephalotripsy, my sympathy with the disappointed, childless mother, has been so great, as to fill me with repugnance at this horrible, one-sided operation.

Which shall we as obstetricians choose, laparotomy or embryotomy?

DISCUSSION.

Dr. Richardson said, I thank Mrs. Pearman for calling our attention to this very important matter, through her most valuable paper.

In looking back over all the years I have practiced medicine, if there is any one thing that can cause a single pang of self-reproach it is the operations of craniotomy and embryotomy that I have performed.

I have operated many times and the cases are all up before me now, vividly, and in the light of what we know at this day as set forth in Dr. Pearman's timely paper, I feel grave and serious doubts as to whether I did altogether right in these cases or not. To be sure I did the best my knowledge and abilities permitted at the time, but I nevertheless am now satisfied that the experience of the past few years shows that by the operations advocated by Mrs. Pearman, many lives might have been saved that were sacrificed by craniotomy, and I am

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determined to not take upon myself the responsibility involved in destroying human embryotic life. I am satisfied that it will be very rarely necessary to make an incision in the uterus, but that the operation for evacuation of the organ may almost always be performed by making the lateral oblique incision through one side of the lower abdomen, and then bringing the mouth of the uterus up to it and delivering the child through the opening. After delivery of the child the mouth of the uterus should be returned and directed back to the axis of the superior straight and the placenta delivered through the vagina.

With care and gentleness in this operation there is really comparatively speaking, but little danger of peritonitis, or metritis, and the results to the mother give perhaps far better chances of recovery than the older operations that have been practiced by so many generations of obstetricians. To the child the new operations mean as certain life as the old methods meant certain death; and as the exceedingly valuable statistics to which our attention has been called by Mrs. Pearman's timely paper show beyond a doubt the practical good results, I for one shall hereafter confine my practice to the saving of human life, by always resorting to the operation of gastroelytrotomy in preference to craniotomy or embryotomy. In the light of the results as shown by the statistics, it would be almost criminal to resort to any other operation and I again thank Dr. Pearman for calling our attention to this most vital subject.

Dr. Ordway —It is necessary in the cases to decide early before the presenting part becomes impacted—if decided before this takes place laparo-embryotomy may be made use of—but undoubtedly when a case has been allowed to progress until impaction has gone so far that you could not open into the vagina, then laparo- hysterotomy may be used with reasonable hope of saving the child, and as much hope of saving the mother, as to perform embryotomy, the mother already exhausted and bruised—necessarily to be more bruised by the operation of embryotomy.

Laparo-elytrotomy as performed by Thomas, does not make the incision in the median line, but makes lateral oblique incision from about one inch in front of the anterior superior

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spine of the ilium, to a point about the same distance above the pubic bone, opening into vagina and turning uterus so as to bring dilated os to opening to extract child.

Further complimentary and instructive remarks upon the paper were made by Drs. Parsons, Edmonds, Foster, Franklin, Cummings and others.

PUERPERAL CONVULSIONS.—CHLOROFORM—FORCEPS—RECOVERY.*

BY W. D. FOSTER, M. D., KANSAS CITY, MO.

Mrs. M. C., æt. 18, was seized with a convulsion Decem ber 25th, 1884—Christmas day. Examination revealed labor in progress—the os being open large enough to admit the index finger. Inquiry revealed this to be the first pregnancy; that her last menses appeared on April 11th, lasting three days, thus bringing normal period to term January 16th, 1885; menses have always been regular prior to pregnancy, the first flow appearing between her 11th and 12th year; always painful; the pain being in both ovarian regions, and in the back. During the period of gestation her general health had been good. Some weeks prior to confinement, however (on this point the information is not definite) the urine became scanty, with frequent desire to micturate; the entire body became œdematious, pitting on pressure. This was very marked on the extremities and on the abdomen. The skin on all parts of the body at the time I first saw her was very tense. During the period here referred to this patient had continued violent thirst for water, of which she drank large quantities; bowels always in good order. The desire to urinate drove her out of bed many times every night. The husband states that on the night preceding her illness (of which the patient has no recollection) she was up about every half hour, and that the quantity of urine voided was only a few drops at a time—the aggregate

*Read before the Missouri Institute of Homœopathy, held in St. Louis, May 5t and 6th, 1885.

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being much below the normal quantity. No opportunity to test the urine was had.

On further inquiry the fact was elicited later, that during the time above mentioned, in addition to the disturbed state of the urinary secretion and œdematious condition of the body, Mrs. C. had, at irregular intervals, attacks of trembling, usually beginning in the fingers and hands, which would become blue and mottled, pupils would dilate widely; she would then lie down and the paroxysm speedily pass off. These would occur several times a day. No immediate cause for these attacks could be thought of by the patient or her friends. It was also learned that she was very sleepy during this period—sleeping several hours every day—an unusual circumstance.

I first saw Mrs. C. at 7 o'clock—just emerging from the second or third convulsion. She had bit her tongue, blood and foam oozed from the mouth and nose. Very soon another spasm occurred, she grew purple and dark in the face, body became very rigid, with frightful contortions, breathing stertorous, absolutely unconscious, and appeared to be dying. Finding she could not swallow, I gave her chloroform and directed it to be continued during the convulsions and until relaxation occurred. At 10 o'clock Dr. Barber saw the patient with me. The convulsions had occurred every fifteen or twenty minutes, but were speedily and satisfactorily controlled by the chloroform. We now gave her hypodermically one-third grain of morphine; Dr. Barber finding a protruding pouch projecting, ruptured the membranes.

This stopped the convulsions until 12.30 P. M.; meantime the labor proceeded, and on recurrence of the spasms, which seemed to be excited by the pains of labor, chloroform was resumed and continued till the delivery was completed. At 2.30 P. M., finding dilation sufficient, the forceps were applied and the labor speedily terminated. The thin attenuated os bound the child's head so closely in every part of its circumference that most careful manipulation was required to insinuate the blades; this fortunately was done and the forceps locked nicely. The child was cyanotic and feeble, and died on the fourth day.

Mrs. C. took Bell. 3x for several days, also minute doses

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of morphine were given when trembling occurred. She had a very hot fever for about twelve days, considerable tenderness over womb and ovaries; the urine was drawn for four days when she was able to void it normally. Consciousness partially returned on second day, but not fully till several days later. On the 15th day the fever had subsided, and morphine was discontinued. She is now in her usual health.

So far as I can learn this lady had no medical advice prior to her lying-in; herself and friends regarding her health as satisfactory.

INJURY OF THE EYE FROM EXPLOSIONS.*

BY JAS. A. CAMPBELL, M. D., ST. LOUIS.

In presenting the following cases, I shall endeavor to illustrate certain emergencies, in reference to the eyes, which, from time to time, will come before the physician in general practice, and which must be met with promptness and intelligence, or they will be followed by partial or total loss of vision. They may not be put off until tomorrow, "to see if they will not be better." They can not with safety, be laid aside to "study up." They can not be sent any distance, for the least delay is dangerous.

CASE I.—Mary C., the daughter of one of our well-known physicians here (who I see with us to day), picked up a fire-cracker, and having lighted it, was blowing it, thinking it was a "fizzer." While holding it thus within a few inches from the face, it exploded with violence, completely blinding the right eye.

I was hastily sent for and saw the child within half an hour after the accident. The lids were swollen, tears were pouring from between the singed lashes; and great pain was complained of.

The lids were gently separated, revealing the whole cornea covered with a grayish whitish film, with here and there over it and in the ocular conjunctiva, were spots of foreign bodies.

*Read before the Missouri Institute of Homœopathy, held in St. Louis, May 5th and 6th, 1885.

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The grayish film was the cooked opaque epithelial layer of the cornea, while the spots were particles of the unexploded material from the gritty sand-like substance found in fire-crackers, embedded in the tissues by the force of the explosion.

The case looked unpromising enough; but fortunately the cornea was not ruptured, and none of the foreign bodies had penetrated the eyeball proper.

The treatment was as follows: The lids were carefully separated and a little tepid water was gently squirted on the eye with a drop glass, to remove any of the foreign substances which might be loose. Then with a moistened camel's-hair brush, the burnt tissue and foreign bodies remaining were removed, with the utmost care not to overdo. An unguent was then prepared, consisting of one grain of the Sulphate of Atropia to one ounce of Vaseline, and a small quantity placed between the lids; repeating this three times daily for a few days, and less frequently afterward. Both eyes were carefully bandaged in order to secure perfect quiet, and Acon. 3^{x} was given every half hour. This treatment, with diminishing frequency was continued. Both eyes were kept bandaged for four or five days, and the injured eye for five or six days longer.

The epithelial layer of the cornea, being a layer of nutritive repetition, it was thus allowed to quietly reproduce itself. And right well did nature do its work, for the eye was soon as bright and clear, and as useful as the other.

Case II.—Last June our friend, Dr. J. H. Bahrenburg,* was triturating, for experiment, some chlorate of potash and sugar of milk, in a large mortar, when suddenly it exploded with terrific force, bursting the mortar into a hundred pieces, shattering the windows of his office, and breaking even the glass doors of his book case. The hand holding the pestle was burned and torn, and his whole face and eyes were scorched in a most horrible manner. He was completely blinded, was unable to see light. He was placed in bed and I was sent for. Within an hour or so after the explosion, I was by his bed-side, and a more hopeless looking case I have seldom seen. His

* While this paper was being read, a messenger arrived and announced the sudden death of Dr. Bahrenburg from heart disease.

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eyebrows and lashes were nearly all gone; his whiskers were singed. The eyelids were puffed and swollen to a high degree, being completely closed; and his whole face was in a swollen, blistered state, filled with particles of the unexploded material.

Before I arrived they had placed cloths, wrung out of hot water, over the eyes and face, which had reduced the swelling a little, and had mitigated somewhat the agonizing pains he had suffered.

An exact examination of the eyes was attended with much difficulty, on account of the tightly swollen and largely distended eyelids, but a view of the eyeballs was obtained, which revealed a roughened, densely gray, film-like opacity, completely covering the cornea and anterior ball. The caruncles were swollen and blistered, and contained foreign bodies which were also seen on different parts of the eyeball. I remember my own mental estimate of the state of things, for I said to myself, "I would not give two cents a dozen for eyes like that."

Here was certainly a case requiring promptness and care.

The eyes were carefully cleansed in the manner described in the case first related, and the same Atropin-vaseline unguent ordered. In addition to this a Boracic acid solution, five grains to the ounce of distilled water was used, dropped in the eyes three times daily, after cleansing the eyes—for the great injury done the conjunctiva, was attended by a muco-purulent discharge. A mask was made to completely cover the face, and a Calendula and Vaseline unguent was spread upon it, and thus prepared it was laid over the face, including the nose and closed eye-lids. Acon. 3^{x} was given once every half hour.

The same treatment was kept up for two weeks, varying the internal remedy somewhat from time to time. Part of the time I saw my patient twice daily, he being carefully watched in the meantime by his son, Dr. W. N. Bahrenburg, who carried out my instructions to the letter.

I was fearful lest the small particles of unexploded chlorate of potash, which were embedded in the eyes at different points, might, by reason of their irritating character, do much

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harm, and therefore was very careful to remove every particle that could be found.

The patient was kept in bed for two weeks, and the progress was satisfactory in the highest degree. The singed surface was gradually cast off, and its place supplied by a reproduced healthy and transparent tissue. The burned surface of the face came off piece by piece, until a new surface made its appearance bright and clear beneath.

The eyes remained very sensitive to the light for some weeks, but gradually recovered their wonted strength and brilliancy. I saw the case for sixteen days, at the end of which time the cornea was bright and clear, the conjunctiva was still somewhat inflamed, and the lashes were reforming.

As a resume the important points I have endeavored to make above are as follows:

1st. Delays are fatal.

2nd. Careful examination of condition should never be neglected.

3rd. All foreign bodies should be carefully removed.

4th. Sulph., Atropia and Vaseline unguent important.

5th. Eyes should be cleansed as often as necessary, with great delicacy.

6th. Both eyes should be bandaged, even though only one is injured, as it is only by this procedure that the wounded eye can be kept perfectly quiet.

7th. Aconite is *the* great remedy for traumatic injuries of the cornea, whatever may have been the cause.

Correspondence.

FRANKLIN ON INFLAMMATION.

Ed. Periscope: In your issue for July 1885, on page 305, Dr. Franklin quotes from a work of mine, "Surgical Therapeutics," as follows: "Every remedy of the materia medica, with but few exceptions, may be considered as having more or less applicability to inflammation." This is correct, but the gentleman goes on to paraphrase my remark thus:

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"In other words that inflammation may be cured by almost any remedy in the materia medica." He then asks: "could anything be more erroneous, more unscientific, more ridiculous?" Permit me to answer: Yes! the moral or mental obliquity that could lead one to so grossly misinterpet an exceedingly plain and matter of fact statement. Whether the Doctor is mentally incapable of understanding plain English, or morally careless of the rights of others, is a conundrum that I have long since given up. In view of the fact that on several occasions he has seen fit to wrest my language from the only obvious meaning to a reasonably intelligent being, I am half inclined to think, in compliment to his understanding, that he is not as ignorant as he would seem to be. Having never replied to his misquotations, or rather misinterpretations, I may be indulged in a correction on the present occasion. The sentence he quotes, plainly teaches that every case of inflammation being one *sui generis*, cannot be treated in a routine manner. It must be individualized, and thus a large number of remedies may have to be compared to find the simillimum. Yet there are typical cases, represented by a few remedies, and these, as guides to the selection of others, are given. I am not prepared to accept the teachings of Dr. Franklin on questions of pure Homœopathy, not believing him competent, nor on matters of pathology, for he has been heard to deny the evidence of the microscope on the relative size of the corpuscular elements of the blood. Nor on matters of science, as he is evidently, judging from his writings, and expressions in public meetings, quite "conservative;" if the term means a disinclination to accept proved facts when they overthrow the teachings of the distant past, I am still less inclined to longer endure his unfair criticism of myself, on all the above and many other grounds; as praphrasing seems to be legitimate logic, if the Doctor is a standard in anything, I "am not such a fool" as he would make me appear.

Very respectfully,

J. G. GILCHRIST.

Iowa City, Iowa.

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Selections.

INOCULATION FOR CHOLERA.

DR. FERRAN'S METHOD UNDER CRITICISM BY A NASHVILLE PHYSICIAN.

Prevention is more desirable than cure in dealing with Asiatic cholera as well as any other disease.

Especially has it been desirable of late in European countries, where all confidence seems lost on the part of the people in curative measures. The high rate of mortality from cholera in France, Italy, and now in Spain, has left no hope from the current medical treatment of cholera cases. What wonder, then, that all eyes should be eagerly turned upon the novel efforts of Dr. Ferran, who proposes to anticipate the dreaded disease by the introduction of the cholera germ, as discovered and defined by Dr. Koch, within the human system.

His process consists in forcing what he considers the essential causative microbes, or germs, of Asiatic cholera under the skin of persons in health, to the end that the attack of that disease may be induced. He obtains the matter so employed from the ejecta of persons dying with cholera.

Admitting, for the moment, that Asiatic cholera is a germ disease, and that Dr. Koch has clearly recognized and defined the germ, and, furthermore, that Dr. Ferran is able to secure and, at will, to introduce it hypodermically, what warrant has any one to suppose that such an operation can prevent a subsequent contraction of cholera by the person operated upon?

There are some facts, quite undisputed, which seem to me fatal to the theory of the enterprising young Spaniard.

1. One attack of Asiatic cholera does not prevent another attack under like exposure. At best the period of protection would be very limited; nothing like that from smallpox by inoculation or even vaccination.

2. There is no guaranty that an attack of cholera, induced by Dr. Ferran's op rations, (supposing that to be possible) would not be as evere and just as fatal as an attack occurring in the usual way. If he injects living germs (and no others could possibly occasion a

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case of cholera) they would be subject to exactly the same laws of propagation and morbific activity as germs received in drinking water or food or air. If there could be any difference, the germs, thrown directly into the circulation by hypodermic injection, would be more rapid and severe than any otherwise received. There is no modification of the germs possible that may make them efficient for good and inoperative for evil; and any pretense in that direction, any secret slight-of-hand performance by Dr. Ferran can only result in disappointment and shame.

Living organisms, either in the production or prevention of disease, are quite different from the inorganic matters employed as medicines. In the former case life is everything and quantity of secondary moment; while in the latter, life is nothing and quantity everything.

So much as to probabilities in advance of actual trials.

Looking at reported results we see nothing encouraging.

It will not do to say propter hoc every time an inoculated subject goes to the end of a cholera epidemic in safety.

He might have done so if only a drop of pure water had been injected in his arm or the skin of his abdomen.

There are some preventive means commended by medical learning and endorsed by experience, to which people may look with confidence; but it is not for me to discuss them here - I desire, at this time, simply to call attention to the measures of Dr. Ferran.—*J. P. Dake, Nashville Banner.*

Aconite In Acute Sciatica.—Dr. Thomas Nichol relates the case of a gentleman who suffered from acute sciatica, which was promptly cured by Aconite 3^{x}. The pain extended the entire length of the limb. It commenced as a dull and painful dragging over the hip, soon succeeded by very acute pains, tearing and lancinating, darting like lightning along the entire track of the nerve. The pain, which was accompanied by numbness and tingling, passed from above downward, and at times it was very deep seated, apparently in the bones. The feet were cold, with occasional cold sweat, and the toes were the seat of sharp shooting pains, alternating with numbness and tingling. Marked relief had taken place at the end of the second day. In less than a week, the cure was complete.—*N. E. Med. Gazette.*

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ON ACNE ROSACEA AND ITS TREATMENT.

By Tom Robinson, M. D., L. R. C. P., Physician ot St. John's Hospital for Diseases of the Skin, London.

I would define acne rosacea as a disease which is seen almost exclusively on the nose, cheeks, chin, and brow. It will sometimes attack the scalp, but only in the bald, and I have once seen it on the sternum. It is a disease which is found about equally in both sexes, but it never met with before the age of puberty, and seldom before 25 years of age; it occurs in women with much greater frequency at the climacteric period of life, than at any other age, but it is not by any means limited to this epoch. It is always heralded in by flushings of the regions attacked, which flushings are much increased after food, or by an injudicious diet; these flushings then run into suffused red patches, with permanent dilatation of the blood-vessels; afterward pimples form, these may go on to suppuration, and the parts then become the seat of a chronic inflammatory process. When the inflammation has continued for some time, large patches of lead-colored tissue will form, and the sebaceous follacles may, and frequently do, become involved, but they in no way form an essential part in the etiology of acne rosacea.

My chief object is to endeavor to show that the greater number of cases of acne rosacea are associated with an irritable state of the mucous membranes, especially that of the stomach; or, in other words, that gastric catarrh is the forerunner of acne rosacea. I should eliminate from this proposition those cases which are found as a sequel of small-pox, or of any other inflammatory process which has occurred in and around the sebaceous follicles of the face; neither do I wish it to be understood that I in any way postulate that every case of gastritis is associated with rose-colored papules on the face; but I do wish to emphasize my belief that in all cases (excepting those just referred to) it will be found that these patients have flushings after food, and, lest this statement should appear unsupported by other testimony, let me draw attention to the red faces which we see after a dinner; to the blanching of the face in those who are sea-sick; to the pinched face of cholera; to the abdominal face, as it is called, which we see in wounds of the intestines, or perforation from ulcers. These point to a sympathy between the circulation of the face and the condition of the abdominal organs which every student knows.

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For the purposes of description I would distribute all the cases of acne rosacea into the following classes:

First, Those cases which we might conveniently call congestive acne rosacea, which generally commence by reddish patches, occupying, by predilection, limited spaces on the cheeks, the forehead, the sides of the nose, whence the redness in some cases spreads over the whole face, and even to the ears, the shoulders, and the chest, appearing usually in an unsymmetrical manner. The red patches appear at first for some moments only, generally during or after dinner, and toward evening rather than in the morning, being more evident in very hot rooms. The redness, in the first instance, is very fugitive, but afterward becomes deeper in color and more lasting, and is not uncommonly followed by desquamation. A precisely similar condition is met with amongst huntsmen, gamekeepers, and farm-laborers, and others who live much in the open air, but it is only found in those who have thin skins.

Secondly, Those cases, where, in addition to the congested state of the integument, papules form, which in the first instance are not red, but afterwards they become vividly so, and sometimes they suppurate to their apices. These spots come out in successive crops, and in women are more marked about the menstrual period, and are intensified in color by improper food or hot drinks. I should include in this group all the cases of relapsing erythema, and the so-called relapsing erysipelas, because I believe these are only degrees of the same proclivity.

Thirdly, The "jolly" or "bottle-noses," as they are called—that is, those cases where, in addition to the varicose condition of vessels and papules, we find at times enormous hypertrophy of the cellular tissue, giving rise to the most grotesque disfigurements. A careful examination of these cases will enable us to see the whole glandular system is involved. The sebaceous glands are in every stage of inflammation; the blood-vessels stand out in bold relief. This state in no way differs from elephantiasis of the legs, which we see in the wake of varicose ulcers.

I should like to include a fourth variety, which is common in women at the climacteric period of life. It has been noticed, from the time of Shakespeare, that old women grow beards, and it is a well known fact that, gradually, as menstruation ceases, women often become fat, and many of them grow a crop of hair on their upper lip, but chiefly on the chin; and it is this physiological activity in the hair-follicles which, in many instances (especially in those who had the acne of youth), that transgresses the boundaries of health, and we see developed unsightly papules, most obstinate to cure.

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I by no means wish it to be understood that these different degrees of acne rosacea have a distinct line of demarcation. Nature does not draw for us clear lines, especially in dermatology, rather do we find the diseases shade into each other gradually. I must say, in treating any case of acne rosacea how essential it always is to estimate any superadded influence, such as syphillis, scrofula, or gout; each will give a local color to the disease, and embarrass a great deal both our diagnosis and our treatment. It appears clear that any portion of the body which is the subject of repeated congestion will eventually be the seat of an inflammatory action, and in this disease we have a good illustration of the law.

We must believe there are some skins which will not under any circumstances, take on a diseased condition; but, given a cutaneous area, with an inherited tendency to become inflamed under provocation, which tendency is exaggerated in the face, because of its pre-eminent blood-supply, and its close sympathy with the digestive process, which association is conveyed from the solar plexus up the great splanchnic nerves to the lower, middle, and upper cervical ganglia, to the nerves of the face; the skins become congested in cases of difficult digestion. The exaltation leads to a temporary congestion of the blood-vessels; the congestion becomes stasis. The papillæ becoming congested and afterward inflamed, sometimes suppurating, the nutrition of the portion of the skin is altered, so that the surrounding tissues become inflamed and eventually hypertrophied. The inflammation and new growth select those situations which are the richest in blood-supply and glands, that is, the alæ nasi, the cheeks and the chin. The arrangement of the papillæ in excess around the hair-follicles accounts for the frequency with which we find follicular acne associated with acne rosacea.

That alcohol does produce in some skins all the degree of acne rosacea is undoubtedly true; but, to associate all cases of the di ease with excessive drinking is unscientific and unfair. I know very many most rigidly careful people afflicted with the malady; and the popular name for these red spots being "grog-blossoms," in no way diminishes their suffering.

The treatment may be summed up in a few sentences. It is essential that all those who are afflicted with acne rosacea should abstain from all food which is difficult to digest, such as pork, veal, hashes, stews, and uncooked vegetables; and, as a general rule, from wine, beer, and spirits. The face should not be irritated by common soap, and care should be exercised as regards exposure to the wind and sun. The meals should be slowly eaten at regular hours, and the fluid put into the stomach at the end of the meal.

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In the first degree of the disease, it will only be necessary to prevent the development of the papules, by applying a lotion, made with bismuth and the glycerine of starch of the pharmacopœia, diminishing the starch by three-fourths.

When the papules are developed, nothing answers so well as lotion made with two grains of the bisulpheret of mercury in one ounce of almond-emulsion or glycerine of starch, used every night.

When the inflammation is acute, and suppuration is going on, we must, in the first instance, foment the face with hot water (placing a hot sponge over any troublesome spot is a simple and useful plan); and, when the acuteness of the inflammation has subsided, rub in an ointment made with twenty grains of the yellow oxide of mercury in one ounce of lard, and continue this treatment until the inflammatory process has stopped; after which, the bismuth and starch lotion answers well.

Internally, I always rely on a mixture made with an alkaline carbonate; soda, I think, is best. If there be much inflammatory thickening, I add the solution of perchloride of mercury, or if there be any syphilitic tendency to grapple with, I add the Donovan's solution; if scrofula, cod-liver oil; but internal and external remedies are useless where organization of tissue has taken place. I have never seen an operation performed upon the advanced cases of acne rosacea.—*British Med. Journal.*

HOUSEMAID'S KNEE—RECOVERY WITHOUT REMOVAL OF THE SAC.

Dr. Charles H. Carter, of Chicago, Ill., relates the case of a plasterer, aged thirty-four, who had received a fall three weeks before coming under observation, striking his knee against the edge of a board. No pain was felt until about a week after the injury had been received, at which time also a swelling was noticed. This tumor increased in size and it covered the lower two-thirds of the anterior surface of the patella, and was found to contain pus. There being no time for temporizing, Dr. Carter proceeded to operate as follows: "With a bistoury I made an incision from above downward on the external side of the swelling, carrying it, with the aid of a grooved director, to the extreme lower limit of the cyst, so as to avoid leaving a 'pocket,' and to facilitate complete evacuation. The incision was made on one side, to prevent any gaping of the wound when the knee was fixed.

"After thoroughly emptying the sac by gentle pressure and

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gravity, I washed out the cavity with a two per cent solution of carbolic acid in hot water, continuing until the water returned perfectly clear and unstained by either blood or pus. The time consumed by this part of the operation was probably ten minutes. I used hot water because that was more certain to dislodge any portion of pus which might, by its greater consistence, be retained around the edges of the sac, where the walls are reflected on the surface of the patella

"Gently pressing out the water, but not taking any pains to thoroughly empty the sac, I carefully brought together the edges of the wound and hermetically sealed it with strips of silk isinglass-plaster, moistened with a ten per cent. solution of carbolic acid. Then, with the leg extended, I applied strips of mole-skin plaster to the whole knee-joint. I used strips about half an inch wide, and long enough to go about three-fourths around the joint, leaving the posterior surface uncovered.

"Commencing above the patella, I applied the first strip, drawing the ends strongly downward. The second slightly overlapped the first in firont, buut nearly covered the ends of it on the sides. The strapping was continued in this manner so that the strips firmly compressed every portion of the emptied sac, keeping the walls accurately in contact. The patient did not experience the least pain or discomfort in the part after the dressing was applied.

"Using no further means, except complete rest and low diet, I removed the dressing on May 5th, four and one-half days after the operation, and found the sac perfectly closed and not a drop of liquid to be felt in it.

"After remaining in-doors two days longer, t e man went to his work, and has had no sign, as yet (June 30th), of a return of his "housemaid's knee.'"—*The Medical Record.*

VERDICT IN FAVOR OF THE DEFENDANT.

In a case of alleged *malpraxis* tried at Lebanon, Ind., the jury brought in, after a five minutes consultation, a verdict for the defendant, who is Dr. W. F. Curryer, of Thorntown. The prosecutrix was Miss Hollingsworth, sixty-three years of age. About two years ago, a cow, while taking steps backward, knocked the woman down. The injured lady was unable to rise or to help herself; and was consequently carried into the house. She was placed in a chair where she was sitting when the doctor arrived. He laid her on a lounge, and there after the patient had taken chloroform, he manipulated the left limb to ascertain the nature of the lesion. The foot was everted, the

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leg shortened perceptibly, and crepitus was developed by the handling. Great pain had existed in the hip from the moment of accident, and was only relieved by an anæsthetic, and the subsequent dressing. The lesion was diagnosticated as fracture of the neck of the femur, and treated as such till osseous consolidation of the fragments took place, which was at the end of seven weeks. The limb was banked on the sides with bags of wheat, and extension and counter-extension were kept up by means of weight and pulley at foot of lounge. The adhesive strips reached from lower end of thigh to a loop below the sole of the foot. To the loop, spread with a block of wood, was attached a cord that supported two or three common bricks. The force was endured without pain or fatigue. The patient was in delicate health, yet did not lose flesh and strength during the period of confinement. After the dressing was thrown aside the legs swelled perceptibly, and a numb state of the limbs followed. The debility could not be overcome, and the patient was unable to walk on crutches. The left limb turned inward at the ankle, as in club-foot. This particular defect was presumed to hinge on pressure of callus on the great sciatic nerve.

In the course of time the patient placed herself under the professional care of Dr. Shulse, an allopath, who is supposed to have instigated his patient to commence litigation against Dr. Curryer on the ground that no fracture had ever existed in her limb! At any rate, a suit was started in the County Court, and the defendant had to fortify himself the best he could. He secured the services of attorneys Dutch and Mahon—able men in their profession. As experts Dr. Comingor, of Indianapolis, and Dr. Howe, of Cincinnati, were called. The points of complaint were that no fracture had ever existed, and that the treatment had caused the defect in the walking ability of the legs. Big damages were claimed.

A notable circumstance was that Dr. Comingor seemed willing to testify against the interests of the prosecution; and the professional prosecutors were surprised that a leading allopathic surgeon should commend the treatment of an "irregular." The course of Dr. Comingor and the verdict will do much to discourage malicious prosecutions in the community.

Dr. Curryer, one of the ablest physicians in Indiana, deserves credit for the pluck he manifested in conducting the defense. He will now be held higher by both friend and foe. It is understood that Dr. Shulse regrets that he favored the prosecution; and that he will hereafter, in malpractice cases, arrange himself on the side of the defense where every good and strong man belongs. He feels

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what an unjust course it would be if the tables were turned—if Dr. Curryer were the prosecutor, and Dr. Shulse the defendant.—*H. in The Eclectic Medical Journal.*

SOME COMPLICATIONS OF TRACHEOTOMY, WITH ILLLUSTRATIVE CASES.

By Robert William Parker, M. R. C. S., Surgeon to the East London Hospital for Children.

In children, the chronic conditions which may demand tracheotomy are: (*a*) chronic laryngitis, and (*b*) warty laryngitis (papilloma). From a consideration of the pathological anatomy of these conditions it will at once be evident that obstruction to the breathing may sooner or later come on, and how and why a little fresh catarrh or the occurrence of an exanthem or of whooping-cough may suddenly render these conditions of very serious import, and introduce an element of danger which will be great in proportion to the youth of the patient.

Chronic Laryngitis it is usually secondary to an acute attack; and when it attacks the larynx, in a majority of instances it is by direct extension from the pharynx, or it depends on some constitutional peculiarity. Chronic catarrh leads to enlargment of the racemose glands and to general thickening of the mucous membrane and submucous tissue; the calibre of the larynx and trachea is thus narrowed; moreover, there is increased secretion of mucous, which is very tenacious, hard, and difficult to cough up. Owing to their small size in early life, stridor and dyspnœa quickly supervene on the slightest exacerbation of the conditions—such as that produced by simple catarrh, for instance. In other cases the onset of dyspnœa is very gradual; it is at first most obvious during the night when the child is asleep, and little by little as it progresses sleep becomes much disturbed. The stridor then becomes audible during the day-time, and is worse after crying or emotion of any kind. On examining the chest, the soft parts will now be found to sink in with respiration, and in children old enough to talk an alteration in the tone of the voice will become more noticeable. Gradually the breathing becomes more and more labored, and the voice, which is hoarse from the first, is finally suppressed. The following is a typical case,

Case.—Chronic Laryngitis; no obvious Cause; urgent Dyspnœa; Tracheotomy; Difficulty in removing Tube: Recovery.—C. B.——, a little boy, aged four years, was re-admitted into the hospital on account of an increasing dyspnœa. He had already been under

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observation a few weeks previously for the same condition, for which he had been successfully treated with iodide and bromide of potassium, and local astringents. The condition had come on so gradually that the exact date of its first onset could not be fixed. At first it was chiefly noticed at night; then became evident during the day; there had, however, been slight exacerbations from time to time whenever the boy cried or caught cold; his voice had been hoarse for some time past. At the time of his re-admission his symptoms were almost urgent; his pharynx on examination was swollen and congested; the epiglottis also appeared thickened; the voice was hoarse and half suppressed, and he spoke with great effort. He was immediately placed in a croup bed, and sedatives were added to the warm moistened air he was made to breathe; after a while he improved slightly. His dyspsnœa was always worse at night; for two or three nights after his admission, between 11 P. M. and 2 or 3 A. M., the breathing was so labored that tracheotomy seemed unavoidable. However, toward morning, the violence of the attack passed off, and he slept in comparative ease. Matters continued like this for a week, and as there was no permanent improvement in his condition, tracheotomy was performed. Subsequently he did will; his anxious careworn expression gradually wore off, he slept soundly, his appetite and spirits and strength returned. I need not detail all that transpired within the next three months, during which he had to wear his tube. We tried his breathing power on several occasions, but he could not get on for very long without his tube. The boy was of a highly nervous temperament, and he greatly dreaded its removal. A subterfuge was finally adopted; a window was cut in the tube just at the angle, and the external orifice was corked; this obliged the boy to breathe through the glottis, while the presence of the tube in the trachea lessened his nervous agitation. To this he gradually accustomed himself, and little by little also he learned to sleep with the tube corked. Meanwhile his throat was sprayed with astringent applications, and the sub-inflammatory condition at last subsided; the boy also grew considerably. Finally, after many failures, we succeeded in removing the cannula; but his inspiration continued noisy for many months, though it had ceased to be labored. His general treatment consisted in a liberal diet, with cod-liver oil and steel wine.

In many similiar cases which I have seen at various times the nocturnal exacerbation of symptoms has occurred; the crisis is reached between two and three o'clock in the morning; the difficulty then appears to have expended itself, and comparative ease and quietness follow.

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Warty Laryngitis (Papilloma).—Dr. M. Mackenzie, in his work on the Larynx, p. 300, says, "Chronic congestion of the laryngeal mucous membrane is, far above all other causes, the most important etiological feature in the production of simple morbid growths in the larynx."

I am inclined to attribute greater weight to personal predisposition than to chronic congestion, which is itself a morbid condition. Among poor children chronic laryngeal catarrh (chronic congestion) is common, while warty laryngitis is very uncommon. Warty laryngitis is occassionally congenital; I have myself seen one or two instances in the bodies of children who have died of other complaints, and before the local condition had had time to manifest itself.

Such cases, when they can be diagnosed, should be taken in hand at once. Nothing is gained by waiting; the warts spread, they grow larger, and every subsequent operative interference beyond the first one adds to the dangers and uncertainties of the case. If the diagnosis of warts can be made with certainty, an attempt to remove them one way or another should be made. Since writing this, a case has come under my care in which I have performed thyrotomy, and removed an immense crop of warts filling the interior of the larynx. The child has done well; she is still under care.—*Lancet*, Jan. 31, 1885, p. 193.

Illicit Traffic.—A London newspaper, of sensational character, would have the world believe that "traffic in girls" was abominably common in the great English metropolis; and to substantiate its startling statements, it pretends to have drawn upon Hospital Reports for testimony. As an offset to this, Dr. Harrison Cripps, assistant surgeon to St. Bartholomew's Hospital, makes the following statement:—

"For three years it has been my duty to attend every morning at St. Bartholomew's Hospital; and in conjunction with one of my colleagues, see every surgical case applying for treatment. Our casualty department is very large, upwards of 160,000 patients attending yearly. Of this large number of patients, I can not recollect during the whole time to have seen a single example of primary venereal disease in a child, and certainly not a half-dozen cases between the ages of twelve and fourteen." This statement will go far to show that current traffic in girls is not astoundingly common in London. It is doubtful if a large casualty hospital in America can exhibit as assuring records. It is quite certain that neither Paris nor Vienna can do it.—*H. in Eclectic Medical Journal.*

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MEDICAL REFLECTIONS ON KISSING.—Young men should be ever careful to avoid excess in wine and too lascivious kissing.

This is the council Horace gave to his friends:

"*Ab ebriete et infano amore cavendum.*"

So Doctor Leloir, of the Faculty of Lille, gives the following:

A young man, a little over-stimulated, met a pretty girl at a ball. He took her home and proceeded to kiss her all over, even including her feet in the operation. It so happened that the young lady had some eczema between her toes: th result of all this tenderness was that the young man secured a magnificent infecting chancre, which leads us to remark that kissing between the toes is apt to beget trouble when the lady is a ball-room dancer.

At the Hospital of La Charité a young woman had had a child affected with a chancre on the thigh. This child was bitten by a small snake, and a working man, thinking to save the baby, and that the chancre was the result of a bite, proceeded to suck the wound. The result was a chancre in the tongue that almost destroyed that important organ.

Doctor Leloir reports cases where young married women and engaged girls had chancroids on their lips from kissing their husbands or men to whom they were engaged. Unfortunately too many men believe themselves cured of a pox when they still have mucous patches on their lips and in their mouths.

One day a young man came to Doctor Leloir and said: "How many days will it take to whiten me ?" this being a popular expression in France among young men who have mucous patches in the mouth. "It will take several years," answered Dr. Leloir. "What!" said the young man, "I cannot wait, the banns have been published and I must be married in two weeks, my future happiness and fortune depend on it." Said Dr. Leloir: "If you do that thing you commit a crime and will be a scoundrel. Why, man 'tis only a few days since that the young Count M. Z., suffering from an incurable pox and not wishing to poison his betrothed, blew out his brains with a revolver rather than destroy his bride's health. He confided the secret to me."

In another case a young girl came to Dr. Leloir for a bubo and chancre, the result of drinking out of a goblet from which a friend with pox had taken a drink.

No matter what the kiss may be, it should be discreetly given. Dr. Lalor then gives instances of where wet nurses propagated syphilis.—*Journal de Medicine.*

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COCAINE IN VENEREAL AND SYPHILITIC DISORDERS.—The experience of Bono with cocaine in affections of the genital system can be conveniently epitomized as follows (*The Therapeutic Gazette*, June 15, 1885): 1. An injection of a few drops of a two per cent. solution of cocaine removes promptly the pains felt in acute gonorrhœa during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four or five times daily. 2. This cocaine injection is unrivalled in rendering caustic injections or the introduction of the catheter painless. 3. The burning pains of blennorrhœa in women yield invariably to small cotton tampons saturated with a two per cent. solution of cocaine, or to the application of a five per cent. cocaine ointment. 4. Cocaine facilitates the examination of urethra and bladder with the bougie and the endoscope. 5. It allows of a painless cauterization in balanoprostatitis. 6. Pointed condylomatæ can be painlessly cauterized, excised, or scraped out with its aid. 7. In cauterization and excision of primary syphilitic affections, cocaine evinced very desirable analgesic virtues of a sufficiently long duration. 8. Taken internally during an antisyphilitic treatment, cocaine did not present any appreciable effects. 9. Its local effects are highly beneficent in syphilitic tonsillitis and in stomatitis mercurialis, and difficulties of deglutition.

A NEW PROCEDURE FOR THE GOITRE.—Dr. Weiss, of Meiningen, publishes, in the *Berliner Klin. Wochenschrift*, his results of the employment of a new method for the cure of goitre, of which the following is a brief account:

The growth is lightly touched with an awl-shaped Poquelin burner which is heated to a white heat. The application is made by tracing horizontal lines from right to left, beginning above about one centimetre apart; under this another row of lines made about three centimetres long, until the entire tumor is covered. The burnt points are soon covered by a crust, and in the course of six days there is nothing remaining but a red cicatrix. The procedure, when the burner is heated to a white heat is not very painful, since it is carried out so rapidly. Few patients refuse the application without ether, even the employment of a local anæsthetic is superflous. The after-treatment is quite simple, a layer of cotton may be placed over the tumor to hinder the clothing from irritating. In the course of six to eight days the operation may be repeated until the the tumor has disappeared. The rapidity with which this occurs is largely dependent on the size, nature and age of the tumor. It may have to be repeated from six to twelve or more times. In certain cases the

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conjoined administration of small doses of iodide of potassium seems to hasten the success, but in reality it is not required, since the author reports some cases where the smallest doses of the drug caused rhinitis, while the final result, nevertheless, was good. The procedure proved to be most efficient in simple endemic goitre, while the cystic growth required a longer time to disappear. In the latter class of cases Weiss is not yet prepared to say positively whether the cure was complete, since his data are two recent. If the physiological action for this treatment is asked for the only explanation that can be given at present is the suggestion that the irritation causes a contraction of the muscle walls of the vessels, which cuts off the nutrition to the hypertrophied glandular substance, which causes a gradual disappearance of the tumor. In cases even where the growth was covered by a network of enlarged veins the results of this kind of treatment was marked and rapid. Weiss has not had an opportunity of applying this method in varicose veins, but he has no doubt but what the method will bring about a rapid contraction of the much dilated vessels.—*Canada Medical Record.*

EYES—A SINGULAR EXPERIENCE.—I was sent for during the month to see a prominent lady of the city. I found her suffering from a most intense neuralgia of the left side of the head, and an inflammation involving all the structures of the eye. The conjunctiva was injected to some extent, with an ulcer at the margin of the cornea. It was a bad eye, a bad neuralgia, and a body that showed the evidences of disease and suffering.

In addition to the disease as named, the lady had a prominent oculist who had been in attendance two weeks, the case growing worse daily. His treatment was very simple—an instillation of a solution of atropine into the eye, and a daily hypodermic injection of morphine for the relief of pain.

I examined the patient, learned the history, and agreed that the case should be divided—I would treat the patient, and the oculist should treat the eye. I would use no local means; he no general treatment.

When he came, however, he insisted on the hypodermic injection of morphia, and notwithstanding the patient's protest used it in the temple; he also prescribed an iodide of potash mixture. When I returned I found the patient worse, and I insisted that the agreement should be strictly observed, or I would quit. The promises were all renewed and kept, the result being very marked relief by the third day, and no further use for doctors the tenth.

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The remedies indicated were Rhus and Aconite, and these were given in the usual small doses from first to last.

It was a singular experience, two physicians of different schools treating the same patient without any communication with each other. Of course we could not quarrel, and if we differed we had to keep the matter to ourselves, or make the patient our confidant. I know that the Rhus and Aconite cured both the neuralgia and the eye. I suppose the oculist feels confident that both would have been lost, except for his atropine In one thing he was surely mistaken—he insisted that she could not get well without the hypodermic injection. —*Eclectic Medical Journal.*

THE RACE OF LIFE.—A sporting journal thus describes the race of life: "If one could see a million babies start on a journey (all scratch the mark, of course) and could follow them through life, this is about what he would see. Nearly 150,000 of them drop out of the ranks by the end of the first year, while twelve months later the numbers would be further thinned by the deduction of 53,000 more ; 28,000 would follow at the end of the thirteenth year. They would throw up the sponge by twos and threes until the end of the forty-fifth year, when it would be found that in the intervening period something like 530,000 gray-headed men still cheerfully pegging away. At the end of 80 years the competitors in this great 'go-as-you-please' would number 97,000, but they would be getting more shaky and 'doty' each lap. At the end of ninety-five seasons 223 would only be left in the final 'ties,' while the winner would be led to his resting-room, a solitary wreck, at the age of 108. There is something grimly humorous in the quaint array of figures, but they are founded upon statistics carefully compiled.—*Ex.*

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THE ST. LOUIS
PERISCOPE
—AND—
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VOL. VIII. ST. LOUIS, MO., AUGUST, 1885. No. 8

Editorial.

SCARLET FEVER, AND CERTAIN SUGGESTIONS FOR ITS TREATMENT IN ACCORDANCE WITH THE MOST RECENT ADVANCES IN SCIENCE AND EXPERIENCE.

[BY T. GRISWOLD COMSTOCK, M. A., M. D. (Master of Obstetrics of the University of Vienna), St. Louis, Mo. Pp. 19.]

Dr. Comstock's prominence, ability, and industry in the profession entitle his views to respectful consideration whether we may happen to adopt or reject them. As we shall dissent somewhat from the positions of the essay, it is proper we should state we do not go out of the way to hunt it up with any view to condemnation, but take it for granted, as he has sent it to us, he will expect attention. The two points which receive elaborate commendation are the uses of alcoholic stimulants and cold water in the treatment of decided and violent forms of scarlet fever. We think his modes, in the use of both agents, decidedly heroical, and likely, in the hands of careless or incompetent persons, to do much harm, however he, with superior judgment, experience, and skill, may seem to have accomplished good results. Certainly they are in decided antagonism to each other; and the doctor must feel himself in close company with allopathic example and practice when he prescribes them *simultaneously*—the cold water to reduce the heat, and the stimulant to prevent reduction going too low. We find it difficult to recognize this mode as scientific or exact prescribing. It savors too much of

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the *orthodox* habit of sending the antidote along with the poison. It reminds one of a certain social potation known as *punch*, and which an Irishman pronounced *contradiction*, with its—

> "Whiskey to make it strong.
> Water to make it weak.
> Lemon to make it sour.
> And sugar to make it sweet."

But to be more serious. Stimulants and cold water, as therapeutic agents, seem never to have got beyond the confines of empiricism. This is well evidenced by the great diversity of opinion and practice in the profession—about one-half being for and the other against the use of either. This is especially true of stimulants. This diversity of opinion and practice we think will be found to receive solution in the truth, that neither are, in any true scientific sense, *curative* in a conflict with disease, but are simply *palliative*; and like all palliatives are *temporary*, *transient* in action, and are, therefore, useless or hurtful under protracted use. For instance, a sinapism may serve well as a temporary expedient to *palliate* pain, or bring on re-action, but who would think of using a sinapism for six days or longer. Opium, with a very limited *curative* range, is susceptible of a wide range of use as a palliative. But nobody now, whether in our school of practice or any other, willingly continues the protracted use of opium. So water at a lower temperature, in the presence of bold and violent forms of fever, whether scarlatina or other fevers, may be of undoubted service as a palliative for temporary purposes to gain time and opportunity for exhibition of the indicated homœopathic remedy. Still, further, we think much safer and better palliative results may be obtained from sponging or affusing the body with tepid, warm, or even hot water, than from that at a very low temperature. We think it will be found safer, more comfortable, and bring better results. Compresses out of hot water sometimes act beautifully. Stimulants, as before stated, have a certain *palliative* range in the management of disease, but their opportunity is only temporary, transient. If the vital powers flag seriously, stimulate to gain time for the use of curative treatment. Whatever may be accomplished by their use it will usually embrace from two to four or six hours time. We

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should certainly hesitate to souse and splash a young child in ice-cold water, while giving two teaspoonfuls of whiskey "every two hours or oftener;" the process to be kept up from two to four days, however high the febrile action might be. It is noteworthy that Dr. Comstock's authorities are without exception, allopathic and some of them quite ancient. We doubt if there is a single prominent member of the homœopathic school in agreement with his teachings and practice in the treatment of scarlet fever. The general tenor of his paper is to under-rate, or overlook altogether, the diligent use of the indicated homœopathic remedy. We do not teach and practice medicine to vindicate, or sustain, a *theory*, but to *cure* our patients. But, daily experience and observation serve to river upon us the conviction that, the more nearly we adhere to the law of *similars* the better and more satisfactory are our results.

Our College.—In the early days of October the Homœopathic Medical College of Missouri will enter upon the Regular Session's work. We are glad to learn from the Registrar, Prof. J. T. Kent, that the correspondence with his office indicates the prospect of a largely increased attendance. Dr. Burleigh, in charge of the College Free Clinic, reports a large daily attendance, which secures the prospect of abundant material for Medical, Surgical, and Special Clinics during the College Term.

Personal.

Our Friend and fellow citizen, Dr. C. H. Goonman, has just sustained a sore bereavement in the death of his estimable wife. Mrs. Goodman was a woman, wife, mother, friend, of rare personal, mental, and social graces, whose early death leaves an aching void of keenest pang in her late social and domestic circle. We tender Dr. Goodman and his little boy our sincere sympathy in this their hour of bitter affliction.

Drs. Walker, Parsons, Campbell, Pearman, Stevens and Comstock are all off for a vacation. The Can't-get-away Club stands organized as heretofore. We greatly desire to withdraw from it membership, but the fates seem unpropitious.

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Book Reviews.

THE ST. LOUIS GYNAPOD, OR GERMAN LEG-BRACES OF FRITSCH. — Improved by T. Griswold Comstock, M. A., M. D. (Master of Obstetrics of the University of Vienna), St. Louis, Mo.

This is the title to a seven page pamphlet, sent us by the author, descriptive of an apparatus for holding the legs in a strongly flexed position over the abdomen, during surgical procedure upon rectum, anus, and genito-urinary organs. The leg braces are screwed to the margin of the surgical table, and so adjusted as to receive and hold the legs firmly without the aid of assistants, the patient being in what the author calls the ano-dorsal position; in other words lies on the back. We saw the author adjust them for Dr. Parsons in the operation of lithotomy. They seemed to answer a valuable purpose, and we make no doubt will prove a valuable help in the future of *pelvic* surgery. Their use necessarily enforces the idea which we have long entertained, viz., that the natural *position* in *labor* and in all pelvic surgery is on the back. It has been so much the fashion to defer to Dr. Sim as authority, that few have had the temerity to dissent to his doctrine and practice as to the semi-prone position. The braces are manufactured by Tiemann & Co., of New York; and are in the highest style of their usual excellence.

RECENT PROGRESS IN ABDOMINAL SURGERY.—By Moses T. Runnels, M. D., Kansas City, Mo. A paper read before the Indiana Institute of Homœopathy, May 19, 1885. Chicago: Gross & Delbridge, 1885. Reprint from *The Medical Era*.

This is a 37 page phamphlet presenting all the latest advances on this important subject.

WE thank Publisher Bœricke for the second volume of THE SYSTEM OF MEDICINE which reaches us too late for the extended notice, which we purpose giving in our September number.

THE publishers, Gross & Delbridge, promise to send us the second edition of Cowperthwait's MATERIA MEDICA early in September. We understand that the work has been greatly enlarged and will, doubtless, meet with a rapid sale.

WE are in receipt of the report of proceedings of the State Board of Health for Tennessee, showing commendable industry and care, on the part of the Board, in the discharge of the trust reposed. Quarterly meeting July, 1885.

"GRANT'S MEMORIAL: what shall it be?" is discussed in the September number of the *North American Review*, by Launt Thompson, Karl Gerhardt, O. L. Warner, and Wilson McDonald, sculptors; W. H. Beard, painter; Calvert Vaux and Henry Van Brunt, architects; and Clarence Cook, art critic. This symposium is sure to attract attention at this time, when the desire is

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so general to erect a monument to Grant that shall be worthy of the man, the nation, and American art. The same number of the *Review* contains a consideration of the question, "Shall our National Banking System be Abolished?" by George S. Boutwell, F. J. Scott, S. Dana Horton, and Edward H. G. Clark. "Ouida" contributes an essay on "The Tendencies of English Fiction," and Elizabeth Stuart Phelps writes on "The Great Psychical Opportunity." But the most readable article in the number is ex-Sergeant-at-Arms French's "Reminiscences of Famous Americans," which is a series of delightful anecdotes about the famous war senators. Mr. French is writing a book of these reminiscences. If it equals this forestallment in the *Review*, it will be one of the famous works of modern literature.

THE AUGUST CENTURY.—The midsummer holiday number opens with a lively, anecdotal account, by Henry Eckford, of life at "Camp Grindstone," the summer meeting-place, for games and races, of the American Canoe Association, in the Thousand Islands. It is profusely illustrated by W. A. Rogers, who is a follower of the sport which he spiritedly depicts. W. D. Howells, in his picturesque series on Italian cities, writes of his walks through Siena, illustrated from Pennell's etchings and pen-and-ink sketches, some of them of full-page size.

A paper "On Hotel-keeping—Present and Future" is contributed by George Iles. Of a timely nature also is Henry King's suggestive paper (with map), on "The Indian Territory—what it is and what it should be."

The August contribution to *The Century* War Series, besides Mrs. Burton Harrison's recollections of "A Virginia Girl in the First Year of the War," which has a story interest also in its picture of Southern ways, and its amusing anecdotes of civilian life in camp, contains papers by General Fitz John Porter on Malvern Hill—"The Last of the Seven Days' Battles," and another chapter from the "Recollections of a private;" both being illustrated.

Medical Items.

WANTED.—We will pay for several copies Nos. 11 and 12, Vol, V., ST. LOUIS CLINICAL REVIEW, as soon as received at this office, 41 Singer Building.

MELANOSIS.— M. Bard says that melanosis is a parasitical disease, and that the pigmentary matter is made up entirely of spores.—*N. Y. Med. Record.*

DR. J. M. LAZZELLE, of Fairmont, W. Va., says: Papine gives entire satisfaction. It is certainly an improvement over every other form of Opium.

A PHYSICIAN, in a prosperous Southern manufacturing city, which has increased in population from 9,000 to 20,000 in three years, wishes to sell his practice to a man of ability.

Practice in cash collections, 1883 (first year of location), $2,125 47; for 1884, $2,425 00; for 1885, will reach $2,800 00. Can turn over practice *in toto* to successor. Nearest Homœopath over 50 miles. Collections made monthly. Must sell right away, to accept an opening in a large city. Address for terms.

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SUPPURATING BUBOES—THERMO-CAUTERY.—M. Martineau has recently treated suppurating buboes by means of the thermo-cautery, whereby an ulcer is formed which tends to heal rapidly.—*Edinburgh Med. Journ.*

EARACHE—COCAINE.—One drop of cocaine hydrochlorate, four-per-cent. solution, applied on a bit of cotton and put in the ear, will quickly arrest severe earache. The influence lasts from three to six hours.—*Cin. Lan. and Clinic.*

HOW TO PREDICT SEX.—Dr. S. T. Lowry diagnosticates the sex of the fœtus, at or near full term, by the pulse rate. He says that a pulse recording over 135 beats to the minute will prove to be that of a female child, while on the other hand, if it be below that number, the child is a male.—*Texas Courier Record.*

A FEW days ago a negro woman called upon a city physician to do something for her eyes. The M. D. said, "I am no oculist. Why don't you apply to one of them?"

"I'se tried one of dem until he's put one of my eyes out, and got the other nearly out," she said.—*Exch.*

BUCKWHEAT FLOUR IN DIABETES.—Dr. Alvord, a retired practitioner of Hamler, Ohio, who is a sufferer from glycosuria, finds more relief from a diet of pure buckwheat flour cakes than from anything else. While he adheres to this food, the urine becomes nearly normal in quantity and quality, there is no gastric distress, and the pain in the eyes nearly destroyed by chronic iritis is markedly relieved. On resuming the use of wheat bread and other starchy foods, the symptoms become aggravated, to be again relieved upon a return to buckwheat.—*Journ. of the Amer. Med. Assoc'n*, May 23d, 1885.

COCAINE WITH PILOCARPINE.—H. W. Bradford, M. D., Boston, writes: In connection with the newly awakened interest in the drug cocaine, it is worthy of note that its combination with pilocarpine removes the only drawback to its use in operating upon the eye—that is, the dilitation of the pupil and paralysis of accommodation.

A mixture of ten drops of four-per-cent. solution hydrochlorate of pilocarpine in a drachm of four-per-cent. solution hydrochlorate of cocaine, secures the anæsthetic effect of the cocaine, leaving the pupil and accomodation absolutely unaffected, as I have been able to demonstrate a sufficient number of times to assure myself that the neutralizing effect of the pilocarpine is constant and innocuous.—*Boston Med. and Surg. Journ.*

A REMEDY FOR ENDOCERVICITIS.—Dr. J. C. Shirk writes in *The Practitioner:* "There is one condition of the cervix uteri which resists all ordinary methods of treatment. I refer to that obstinate form of endocervicitis, in which a discharge quite similar to the white of an egg is poured out in great quantities, In all forms of cervical catarrh this secretion is produced more or less, but in the form I refer to the glands are remarkably active and produce immense quantities of this discharge. As said before, the ordinary forms of astringent and caustic applications will not cure this condition. I have found but one remedy that will cure these cases, namely, an aqueous solution of chromic acid (one drachm to aqua one ounce). Four or five applications of this remedy at intervals of a week usually suffice."

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PILES.—I can speak positively of the great value of Kennedy's Ext. Pinus Canadensis, I have been treating a case of protruding piles of twenty years standing, making life almost intolerable at times, they have been treated for years with only palliative results; about a year ago an operation was submitted to, since which time the tumors have remained smaller and less sensitive but a new trouble soon set in, namely, itching to a terrible extent, which nothing seemed to relieve until I tried the Ext. Canadensis, two parts to one of glycerine, two or three applications of which relieved the itching entirely, and the disease is being rapidly benefitted in every way. Have used it only once a day after each evacuation, I find it an excellent remedy in leucorrhea also. Yours truly, C. H. Davis, M. D.

Funkhannock, Pa., July 30, 1885.

THE TREATMENT OF WHOOPING COUGH.—In his summary of treatment, in a clinical lecture delivered at the Philadelphia Hospital (*Medical News*), Dr. John M. Keating emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to Dobell's solution, eucalyptol, and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost everything, he says, has also been applied here in the form of the spray. He remarks that it is a dangerous drug to put into the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.—*New York Medical Journal.*

CONSUMPTION.—The first thing observable in consumptive cases, is a want of vitality, indicated to the clinical observer by a pale face, flabby muscles, loss of fat; in fact, the nutritive part of man suffers the first invasion of this insidious malady, long before physical changes are observable by auscultation and percussion. *A priori* reasoning would cause us to inquire into the cause of this emaciation, and the best means of its restitution.

There is a morbid something in these cases, which shows the stomach to be inadequate to furnish the necessary amount of nutritive material, to prevent a waste taking place in the whole organism.

The lymphatics and venules come to the rescue by absorbing fat, and tissue from the body in order to supply the blood with what it is demanded by the voracious action of this fell destroyer—consumption.

The effect of this abnormal renutritive process is to vitiate the very ends to which it would administer; by throwing good and bad nutritive material into the common vortex, thus causing the emunctories to have an excessive amount of work, that sooner or later, causes the defect to take place in the systemic scavengers, resulting in an accumulation of more morbid matter than can be neutralized by that great anti-auto-toxic organ—the liver.

Lautenbach's "Researches on the Function of the Liver," would show the beautiful adjustment of therapeutics in preparation of (hydroleine)

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furnishing, as it does, the acid and soda necessary to prevent self-poisoning by reabsorption of morbid tubercular detritus, and purulent matters into the general circulation.

Pancreatin is the digestive principle of fatty foods, and in the soluble form here used, completely saponifies the oleaginous material so necessary to the reparative process in all wasting diseases.

In *Hydroleine* the particles of oil are not held in mechanical suspension by any mucilaginous substance, as is the case in all so-called emulsions. It is prepared by thoroughly digesting the purest Norwegian Cod Liver Oil with Pancreatin and Hyocholic Acid, until the same is perfectly miscible with distilled water, thus producing a preparation that is easily assimilated and one that is readily tolerated by the most delicate stomach, even when plain Cod Liver Oil and all other preparations are rejected.

Two ounces of fats a day seems to be necessary to keep up healthy nutrition. To supply this we naturally turn to Cod Liver Oil, being taken up by the portal system it reaches the blood independent of the lacteals, and thus administers to the needs of the tissues. Experience, which is by far the safest guide for the physician, has demonstrated that in a large per cent. of cases, the stomach usually revolts against the employment of plain Cod Liver Oil, and becomes nauseated; acrid, oily eructations follow, the desire for food is impaired, and the power of digestion lessened.

To persist in the use of unemulsified oil under such circumstances would be contrary to good therapeutics and in opposition to the best interest of the patient. The pancreatic secretion must either be restored or the oil presented in a form that will secure its absorption by the lacteals. In the broken down condition of the nutritive functions the first purpose is often very difficult to accomplish. The functional lesion is intimately associated with deficient or deranged nerve power. The fountain head of the aberration, must be reached; the nerve centres must be supplied with their full amount of protagon; to supply it is the problem.

Under these circumstances the necessity of compensating for pancreatic deficiency, and the introduction of the oils and fats into the blood is very urgent. But while the necessity has been long recognized the solution of the problem and the attainment of the desideratum has taxed the brains of physicians, chemists and pharmacists. Numerous methods have been tried. Emulsions formed by alkalies have been found of but little avail. The alkalies have damaged the gastrine more than they have improved duodenum digestion. In fact, oil thus treated is as innutritious as soap—of no value whatever. It has, however, been at last accomplished in the manufacture of *Hydroleine*. The *practical point* is the presentation of the oil to the lacteals as *nature* elaborates it, the solution of it is by employing the very means and following the very process of nature: thus *Hydroleine* exceeds every other oleaginous compound in its assimilability.

E. H. Bartley, M. D., 386 Pacific St., Brooklyn, N. Y. (Lecturer on Physiological and Practical Chemestry, L. I. Coll. Hosp.) writes:

"I prescribed 'HYDROLEINE' to a young Swedish girl who had been suffering with a cough and loss of flesh, and who had a deposit in left lung at the apex. She had been under my care for some months, and had become stationary in her condition for some time before. I requested her to use it, and weigh herself before and after taking the bottle of 'HYDROLEINE,' and re-

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turn to me and report. She reported that she had gained one pound in weight, and felt stronger. I asked her to get another bottle, which she did. I have seen her several times since, but not to prescribe for her, and she is much improved in her condition in every way.

I believe that 'HYDROLIENE' is based on sound scientific principles, and worthy of a thorough trial in such cases as the above. It can be taken by stomachs which refuse Cod Liver Oil, and seems to be more easily assimilated."

IN the current number of the *Fortnightly Review* Dr. Morell Mackenzie contributes an article on Medical Specialism, in which he asserts that the general physician is fast dying out, and that before long the profession will consist of only two classes, specialists and general practitioners. The day of the "pure" physician he thinks is over, and he ought gracefully to retire from the struggle, a beaten man. This may be Dr. Mackenzie's wish, but in my opinion it is far from being realized. For several years past I have watched the modern specialist closely, and, in my opinion, he is losing rather than gaining ground. The air of superiority which he always assumes when called into consultation, has disgusted the general practitioner, and his big fees tend to keep the general public away from him. The great aim of the specialist when called by a general practitioner to see a case appears to be to get the patient into his own hands as speedily as possible, and when he succeeds he generally makes good use of him if he can afford to pay good fees. My advice to the general practitioner is to keep away from the modern specialist if he wishes to keep his patient. Except it be an eye case, or the patient suffering from a disease peculiar to women, it will, as a rule, be more satisfactory to seek as a consultant the aid of a good all-round physician or surgeon. This fact is becoming recognized by general practitioners, and specialism, as I said before, is losing rather than gaining ground.—*Canada Medical Record.*

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Original Communications.

TREATMENT OF CICATRICIAL STRICTURE OF THE ŒSOPHAGUS, BY GENTLE DILATATION.

BY W. E. GREEN, M. D., LITTLE ROCK, ARK.

Within the past seven years I have had four cases of cicatricial stricture of the gullet under my care; all children less than three years of age, and each case the result of drinking a solution of concentrated lye, used for washing or scrubbing purposes. They had all been in the hands of other physicians, and, in every instance, were undergoing treatment for gastric ulceration, and were not brought to me until deglutation was well nigh impossible, and inanition far advanced.

The history of these cases was much the same; the symptoms characteristic; the treatment by gradual dilation, extending over a period of from six to twelve months, and the recovery complete. The strictures usually occupied the lower two-thirds of the tube, and were always multiple. The mucous and sub-mucous tissue of the canal seemed much thickened, and the lumen greatly narrowed.

Marked dysphagia existed, with voracious craving of food

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that if eaten, was immediately regurgitated.

The diagnosis was easy ; all cases gave the history of caustic substance having been swallowed ; this, in conjunction with the subjective symytoms, led to an explorative use of the bougie, which confirmed the pre-conceived opinion. There are several disorders to be eliminated in making a diagnosis, but if a careful consideration of all the points bearing upon the disease be made, there is not much excuse for error.

Recovery depends largely upon the strength of the chemical substance swallowed, and the length of time that the cicatrization has been going on. Those cases resulting from the milder alkaline solutions, being more tractable in character than those caused by the use of strong mineral acids ; for, in the former, the obstruction is due more to inflammatory thickening than to cicatricial shrinking.

In children, the exploration for diagnostic purposes or treatment, is best made with a French flexible urethral bougie, the ordinary œsophageal instrument is too stiff, produces pain, and evokes unusual resistance.

The child, standing and facing the operator, is placed between the knees of an assistant, who takes firmly both hands in his left, and with the right grasps the forehead, throwing the head backward and stretching the neck upward.

The operator takes a position in front of the patient ; after inserting a large cork between the teeth, he grasps the instrument with the right hand, four inches from the point, first giving to it a curve, and passes the tip along the dorsum of the tongue, letting it glide backwards against the posterior wall of the pharynx, down into the œsophagus. If obstruction is encountered, that cannot by gentle means be overcome, the bougie should be exchanged for a smaller one, that in the judgment of the surgeon, will pass. The canal should be explored to its end, as more than one obstruction may exist.

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After the instrument has entered the stomach, and the stricture located and measured in extent, no further procedure should be instituted at that sitting, as prolonged manipulation induces muscular spasms, and inflicts great distress upon the little sufferer, who will struggle vigorously, putting forth every physical power to free himself from his confined position. These efforts almost invariably end in an alvine evacuation, therefore, the operator must be prepared for this unpleasant result.

The lesion and its character being ascertained, a systematic course of dilatation is begun.

The curative action of mechanical pressure, promoting absorption, is strikingly exemplified in the treatment of strictures.

The end sought is the removal of the adventitious deposit; this is obtained by force applied to the diseased structure, through the medium of the bougie. By this process pressure is brought to bear upon the stenosed tissue, stretching and temporarily paralyzing its fibers, thereby stimulating absorption. During the operation a slight divulsion of the mucous membrane may occur, causing some hemorrhagic flow; this need not excite apprehension, as the chasm will fill up by healthy granulations, and, in so doing, materially aid in restoring the calibre of the canal to its normal dimensions. In a few hours after the introduction of the instrument, swelling and some extravisations will ensue, but, at the expiration of from thirty-six to forty-eight hours, absorption will begin. This is nature's mode of repair, which has received a stimulus by the injury done to the parts. The process of improvement will continue for several days, when, if the operation be not repeated, the symptoms will again become aggravated. Therefore, at the end of the fourth or fifth day, the instrument should be again introduced; the operator choosing one of a somewhat larger dimension than that used on the

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previous occasion. After the bougie has been firmly, but gently pressed through the entire length of the gullet into the stomach, it should then be slowly withdrawn. I have not found its retention for any length of time, to materially expedite the cure, but only to inflict unnecessary distress. This plan of management must be persevered in until the largest sized urethral bougie can be passed. It has then been my habit to improvise an instrument with which to continue the treatment. Taking a No. 21 French flexible bougie, beginning one and one-half inches from the tip, wrap tightly with cotton over a space, extending backward two inches, increasing it to the size desired, giving the shape of a Bodenhamer's rectum exploring sound; this entire surface is painted over with a solution of gum cotton, that, on drying, contracts upon the wrapping, insuring firmness of attachment, and giving solidity of structure; it is now dipped into melted beeswax until a smooth and even surface is obtained. If neeessary, to give additional stiffness a common English catheter is inserted into the hollow of the bougie. With this simple contrivance, that can be increased in size by additional coatings of wax, to suit the requirements of improvement, the treatment can be continued to complete recovery. After the caliber of the passage has been fully restored, the introduction of the dilator needs to be continued, but at longer intervals, for months after all tendencies to recontraction of the walls of the canal have ceased.

Other cases, in the hands of other physicians, have come under my observation, where dilatory measures were used, and in every instance, the patients have died. All of my cases were treated by gentle dilatation, and all have recovered and remained well, therefore, I am induced to write this article.

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NOTES FROM A LECTURE ON CACTUS GRANDIFLORUS.

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

One of the most prominent symptoms is a sensation of constriction. The heart feels as if grasped by an iron hand. The throat or the uterus may have the same constrictive feeling. Also about limbs, throat, head, and chest. (Lilium-tig. has a squeezing sensation about the heart, but not so violent as Cactus). This sensation is attended with prickling and numbness of the body. Spasms of the circular fibres, of heart and uterus in particular. It seems capable of producing contractions in the skin and wherever there are orifices. There may be sharp, sticking pains, with horrible constriction about the sphincter. (Apis., Phos., Bry., and Lach. have a sensation of suffocation about the heart. Rhus. and Digitalis have an aching numbness). Violent dysmenorrhœa with constriction. (Cham., Puls., Bell., and Valer. are often given for this, but more frequently Morphine by mongrels). Generally vertigo, with heart symptoms. (For this Puls. is more often the remedy). Cactus produces congestion of the brain, blood-shot eyes, coma, suffocation, and fullness of the veins, which symptoms are all found in heart disease. Pulsation in the temple (Bell.) as if the artery would burst. Headache, especially on the right side (Bell.), worse from lying down; sometimes attended with nose-bleed—a violent rush of bright, red blood. Face blue, pale, flushed, covered with cold sweat. (The blueness is very similar to Carbo-animalis). The constriction of the throat excites a constant desire to swallow, which does not relieve, like Lach. Constriction of

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the œsophagus, must drink large quantities to force water into the stomach (œsophagismus); constrictive feeling at the scrobiculus cordis, extending to the hypochondria, impeding breathing. Sensation of a belt around the abdomen. Pulsation generally is in harmony with cactus (but Puls. has it more prominently). (Ant. t. has throbbing in the pit of the stomach, relieved by vomiting). Engorgement of the liver, acute or chronic, from heart disease. This engorgement is secondary to heart disease. Feeling as if a cord was tightly bound around the lower part of the chest, marking out the attachments of the diaphragm. Sharp pains shooting through the diaphragm up into the stomach. Spasmodic constriction of the anus, preventing stool, and sometimes so violent that it becomes very painful. *Urine* straw-colored, with much burning and constriction of the neck of the bladder. Menses too soon, black and pitch-like; menstruation, with constrictive spasms of the uterus; pain agonizing and worse in the evening; flow scanty and ceasing when lying down (menses always cease at night—Bovista). Many of the spasms of Cactus are brought on when lying down. Voice low and hoarse from constriction of the chest. Oppression of breathing on going upstairs. Uneasiness, as if an iron band prevented normal breathing; cannot lie on the left side. Pulse throbbing, tense and hard. Dyspnœa is an important symptom; endocardial murmurs. If you have organic disease of the heart you may not cure it, but no matter what the symptoms are, if they call for Cactus give it, it might do considerable good. Cactus is a deep acting medicine, and is capable of affecting an organic change. Irregularity of the heart's action, at times slow, great irritation of the heart; enlarged left ventricle. Sensation of constriction in the middle of the sternum. Rheumatism of the muscles of the chest. Dropsy of the hands and feet consequent on heart disease. Chill not relieved by covering; returning at the same hour each day—11 A. M. and 11 P. M

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The chills, pain, and constrictions occur regularly each day at 11 P. M. Intermittent fever with congestion to the head. Retention of urine. The entire body feels as if caged, each wire being twisted tighter and tighter. One prover thought that the walls were narrowing down around him.

Society Proceedings.

PERIODICAL FEVERS OF NORTH AMERICA.*

BY PROF. W. A. EDMONDS, A. M., M. D.

It is not proposed on the present occasion to produce a complete account of these fevers in respect to etiology, symptomatology, complications, sequalæ, and treatment. An elaborate course of the kind would consist largely in a repetition and compilation from the various authors, with but little of new or original matter. I propose to call attention to certain marked changes which have been gradually but steadily in progress for the last 30 or 40 years, as to leading features of these fevers.

In the first place, they are much less frequent than formerly. Thirty years ago, especially in the Southern and Western States, it was not at all uncommon in "autumn time" to find one-half to three-fourths of a family all prostrate at once. In many instances those who were well were unable to take care of the sick. Now it is quite rare to see two cases simultaneously in the same family.

Formerly a very large proportion of the cases were of the intermittent type; now remittents are largely in numerical ascendency. I do not think I have seen an old-fashioned case of shaking ague and fever in ten years. When the intermit-

*Read before the St. Louis Society of Homœopathic Physicians and Surgeons.

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tents were in fashion the cases were of shorter duration, but shortness in duration was largely counter-balanced by violence and increase of peril. In many of these cases there was strong tendency to assume the congestive or *pernicious* type. I think the last case I have seen of the pernicious variety was ten years ago at Memphis, Tenn. I have never seen a case in St. Louis. It is very apparent, from some cause, our periodical fevers are, in nearly all cases, putting on the remittent form. Under the remittent form, while we gain much in less violence and peril, we loose something in obstinacy and increased duration. Under the old symptomatic *regime* we usually relieved our fever case in two or three days; now we find our patients tortured and ourselves scandalized by a two to four weeks tedious duration. Then we had much less of *typhoid* tendency; now our cases in protracted duration, complications and obstinacy give us, in many instances, what has come to be known as typho-malarial fever. By the way, this latter form of terminology has always seemed to me to be much more a matter of professional convenience and expediency, than of pathological and scientific accuracy and exactness. A diagnosis in favor of a typhoid condition serves to pacify the patient and friends, and sheilds the physician from the odium likely to arise under protracted duration of symptoms. In many protracted remittents the only typhoid quality is that of protracted duration; the fetid breath, nausea, abdominal tenderness and tumidity, diarrhœa, pulmonary symptoms and milliary rash of typhoid fever being conspicuously absent; at least, for the first ten or fifteen days of the case.

In proportion as our periodical fevers have lost the intermittent and assumed the remitting type, they show less tendency to relapse or recur. Those of us, whose experience reaches back to periods of 20 or 30 years ago, vividly remember the trouble from tendency of intermittents to recur or

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relapse about the 7th, 14th or 21st day. During my student days in Southern Kentucky, I think I had recurrence of fever and ague an average of once in two months, for a period of two years. I think such cases of rare occurrence now.

In olden times those persons who suffered from autumnal attacks of intermittents were quite sure to have a sick experience the following spring, from what was known as vernal intermittents. Such pecularities seem now quite obsolete.

There has been a marked change as to incidental complications. When fevers were intermittent the local sufferers were mainly the kidneys, spleen and liver. In many instances the spleen and liver, especially the former, became enormously enlarged. Such patients were said to have "ague cake" when the trouble was with the spleen; or to be "liver grown" if the liver happened to be involved. In these cases where the liver, spleen and kidneys became conjointly, or severally, involved, dropsies were of frequent occurrence, and usually terminated fatally. Under such complications violent obstinate hemorrhages by the mouth, rectum, or bladder, were probable, and frequently terminated fatally. Now, under the remittent febrile *regime* we have for complications, gastritis, gastro-enterities, or gastro-entero colitis; also, delirium, cerebritis, and cerebro-spinal meningitis. Extreme atrophy in protracted cases is by no means infrequent. Under the new order of procedure patients with tuberculous or strumous tendencies are much likely to have such tendency or predisposition set into troublesome activity.

Marked change in the symptomatic history of our fevers has brought with it equally notable changes in the clinical demands and uses in their medical management. When these fevers were characterized by clearly cut, well marked, four stages of chill, fever, perspiration, and apyrexia, the *cinchona* offered a resource in treatment never before, or since, equaled by any other one agent. Of course, a remedy of such

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unequaled efficacy, necessarily had great power for evil consequences, as well as good results, in the hands of unskilled and heroical practitioners. Cinchonism in its various forms of deafness, blindness, nervousness, tenitis aurium insomnia, were the daily fruits of heroical use of a valuable remedy. It has always been matter of both pain and surprise to me that our practitioners have been unable, or unwilling, to discriminate between the legitimate use and the abuse of a good remedy. The strictest Hahnemannians seem to ignore, or lose sight of the fact that Hahnemann's very earliest essays in provings, were with teaspoonful doses of bark, given until he produced a regular case of periodical ague and fever. But we have digressed a little from the thought in hand; that the bark under the changed type and aspects of our fevers has much less place of legitimate employment than formerly. Our anti-pyretic resources are now to be found in low attenuations of Gelsemium, Baptisia, Arsenicum, Bryonia, Ipecac, Nux Vomica, Cedron and Eupatorium. Of these, Gelsemium is of the greatest importance. It seems to act equally well for palliating a present paroxysm and in preventing the next recurring attack. The allopaths continue to give quinine all the way through pretty much as of old, except as to quantity. During the second or third initial days, the bark and its various resinoids and alkaloids seem, at times, useful in the arrest of fever; so, also, in the last concluding days they may be serviceable. But during intervening days between these extremes, when we have dry reddish tongue, dry skin, and tumid abdomen, the bark preparations not only do no good, but, probably, protract the symptoms, defer convalescence, and render that part of case slow and unsatisfactory.

We have said before that we do not regard protracted remittents and typhoid fever as identical, and that we regard typho-malarial as a sort of misnomer; yet it must be admitted that protracted remittents do, occassionally, run a course and

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reach a phase presenting all the peculiarities of well-marked *typhus-abdominalis*. Such cases are, in many instances, very embarrassing to the physician, who having at the outset diagnosed remittent, must afterwards change to typhoid.

As to the cause or causes which have led to the changes of which we have written, there does not seem any well defined explanation or understanding. The most generally received opinion is, that it is in some way connected with forest removal and agricultural processes. While this view may not be susceptible of demonstration, the fact can not be ignored that our worst and most highly marked forms of intermittents prevail in localities where there are jungles, dense forests and undrained marshes, and that in proportion as these give way to the civilizing processes of tillage, drainage and forest removals, the fevers gradually lose their bold intermittent type and assume that of remission. While we have made much satisfactory progress as to pathology, symptoms and treatment of fevers, it must be confessed that our knowledge as to their etiology is yet much in the dark, whether as to sporadic or epidemic forms. We talk and write with the utmost flippancy as to *malaria* and *miasm;* these terms conveying no other exact meaning than that certain forms of fever are prevailing which we attribute to imaginary entities or agents known by the above terms.

Recently the *microscope* has entered this domain of darkness and is making revalations and provoking much controtroversy as to certain appearances known as *bacteria*, micrococci and what-not. In the July number of the PERISCOPE we have ventured the speculation, yet to be demonstrated or proven, that in some way the "correlate," "undulatory forces," heat, light, and electricity, may in some way, jointly or severally, have much to do in the production of any general disease prevalence, especially of an epidemic character. While I would in no wise hinder plausible speculation as a sort of help to

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lead investigation, nor in any way hinder microscopic industry, I respectfully suggest that these modes should bear close company in work with the thermometor, spectroscope and electrometer.

In the physical and physiological phenomena of the universe these agents play a most conspicuous part. In the diseased, or abnormal, conditions of humanity, we recognize their importance as a means of relief and treatment. If they have power in the cure and palliation of disease, as homœopaths, we should certainly expect them under peculiar conditions to have something, or even much, to do in the induction of the abnormal processes.

Selections.

ON POISONS FORMED FROM FOOD, AND THEIR RELATION TO BILIOUSNESS AND DIARRHŒA.

By T. LAUDER BRUNTON, M. D., F. R. S.

"What is one man's meat is another man's poison" is a wise saying, embodying the observation of many generations, probably indeed of many centuries. It is only within the last few years that we have begun to discover the true relationship between food and poison, through a number of researches which have been made in the last ten years, and especially in the last five, on the production of poisonous alkaloids from various sorts of food by putrefaction or even by simple digestion. Every now and again we meet with cases of individual idiosyncrasy, in which particular foods produce quite exceptional symptoms. Thus I know a lady in whom a single strawberry causes the face to swell up until the eyes become almost closed. But in addition to these very exceptional cases, we meet with numbers of people—we might almost say classes of people—to whom certain kinds of food are more or less injurious. Milk and eggs are two of the most valuable foods we possess, and in cases of sickness where the patient is unable to take solid food, or in typhoid fever, where farinaceous foods, however easy of digestion, are, sometimes at least, injurious, milk and eggs are invaluable. Yet both milk and eggs appear to be more or less injurious to many healthy persons, and have the evil reputation of being bilious. If we inquire

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more precisely what is meant by this term we find that these foods are apt, when taken at all freely, to produce sensations of discomfort which are referred partly to the digestive and partly to the nervous system. Sometimes these sensations appear within one or two hours after taking the particular food which disagrees; at other times they may not appear until its use has been continued for several days. For example, one person, an hour after taking eggs or milk, feels an unpleasant taste in the mouth, general malaise, and a frontal headache. In others, after eggs have been taken for two or three days together, the appetite becomes impaired, the intellect appears less clear, the conjunctivæ slightly yellowish, headache may occur, and the discomfort may culminate in an attack of vomiting or diarrhœa, or both. The vomiting and diarrhœa are sometimes, though not always, preceded by constipation; and both eggs and milk, on account of their constipating quality, are popularly known as "binding."

In some sensitive persons eggs do not merely produce the symptoms of so-called biliousness, but act as violent poisons. A well-marked instance of this kind I have seen in a friend of my own, who was attacked with violent vomiting and purging whenever she happened to take even a very small quantity of egg. So sensitive was she, that on one occassion she was persuaded to eat a small portion of cake by the assurance that it contained no egg. Unfortunately the statement was incorrect, and even the small piece of cake produced the usual symptoms of poisoning by eggs in her. In such a case as this the effect of the food as a poison appears to depend on the individual who takes it. With certain articles of food, which occasionally produce poisonous effects, these effects may be due in some instances to the individual who takes them, but in others to changes in the articles of food themselves. Thus cucumbers and melons are apt to bring on diarrhœa, which may be due in some cases to a peculiar sensitiveness of the persons who eat them, but in other cases the disagreeable consequences may ensue from an accidental development of purgative principles in the fruits themselves. There appears to be a tendency to the formation of purgative substances in all plants belonging to the natural order Cucurbitaceæ, of which the cucumber and melon are members. In the colocynth and elaterium plants the purgative properties acquire a high development, and even the cultivated melons and cucumbers appear sometimes to show a tendency to reversion in the same direction, and to acquire purgative properties more or less strong. In the case of animal food we find that poisonous properties are apt to appear either from particular modes of cooking, or from commencing decomposition. Thus,

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meat which has been baked in a pie, without a hole in the crust by which to ventilate it, is more apt to disagree than the same meat boiled or roasted. Meat which has been kept until it has become high, or fish which has become tainted, is also very apt to produce symptoms of poisoning.

Till within the last few years we have been very much in the dark regarding the causes of the different phenomena just mentioned, viz: the tendency of milk and eggs to produce biliousness, or to be actually poisonous to certain persons, and of nitrogenous food such as meat, fish, or cheese to act as poisons when putrefaction has commenced, or of farinaceous food such as rye and maize to become poisonous when attacked by fungi. Even yet a great deal remains to be done before the subject is thoroughly cleared up, but so much has been done by recent researches that it may be useful to give their results shortly and to indicate the bearing of these results on the pathology of disease, and more especially on the pathology of biliousness and diarrhœa. The cardinal fact which results from all these researches is that albuminous, or perhaps to speak more correctly proteid substances which are themselves foods may be split up so as to yield poisons. This decomposition is usually originated by various species of low organisms, and especially of bacilli, but it may be effected by the digestive ferments of the healthy body. The poisons formed by the decomposition of proteid bodies such as albumen, fibrine, and gelatine vary not only according to the particular body which is decomposed but to the particular organism or ferment which sets up decomposition, and according to the temperature at which it occurs and the length of time that it continues. Some of the products of the decomposition of proteid bodies are poisonous, others are innocuous. Amongst the poisonous bodies we find various degrees of activity, some being but slightly poisonous, while others are most virulent. When these poisonous products are separated from each other and isolated, they may remain unaltered and retain their properties for a length of time, but, when mixed together, they are apt to undergo further decomposition and become inert.

In order to make it easier to remember and understand these different changes, I may, perhaps, be allowed to use a very homely comparison between the food we eat and the utensils we employ at our meals. Albuminous food will ordinarily do us no harm, although a large quantity of it eaten at once may mechanically produce uncomfortable distension of the stomach. The glass tumbler or earthenware plate that we use in taking our food or drink are also safe to handle, and will do no harm unless they strike with exceptional violence against some part of the body. But this holds good for

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albumen and for our utensils only while they remain whole, though the nature of the wholeness is different in the two cases, being chemical in that of albumen and mechanical in that of the utensils. When the tumbler or plate is broken across, the sharp edges may render them liable to cut the fingers, but the pieces may be put together with cement and they again become useful as before. When the chemical molecules of which albumen is composed are broken up in the process of digestion into peptones, these molecular fragments become dangerous, and peptones, when injected directly into the jugular vein, act as powerful poisons, producing loss of coagulability of the blood, fall of blood pressure, and death. But in the healthy body the peptones, formed by the congestion of albuminous matters in the digestion, do not enter the general circulation. Like the broken plate they appear to be cemented again into the kind of albumen known as globuline, during their passage through the portal vein and the liver. But it is not when the tumbler is merely broken in half, or albumen simply decomposed into peptones, that the fractured products are most dangerous. It is when the tumbler is broken into splinters that the pieces are most likely to produce serious injury; it is when albumen has been split up so as to yield organic alkaloids that the products of its decomposition are most poisonous. Amongst the broken glass we may find several pieces which have no sharp points and little, if any, sharp edge, so that they will be almost innocuous, while others may have a point and edge as sharp as a dagger, and capable not only of producing injury but of destroying life, and amongst these sharp pieces we may find some which are much more dangerous than others. In like manner amongst the products of decomposition of albumen we find some which are innocuous and others which are poisonous, and amongst the poisonous we find various degrees of virulency. If we select from amongst the splinters of glass one with a sharp point and edge and lay it aside by itself, it may retain its dangerous qualities unimpaired for years; but if we leave it to be shaken about amongst the rest, and still more if we continue the very process of striking by which the splinter was at first formed, its point will be broken, its edges blunted, and it will become once more harmless. Similarly the poisonous products of albuminous decomposition when isolated may retain their properties unimpaired, but, if allowed to remain together, and still more if exposed to the continuous action of the putrefactive process by which they were at first formed, they undergo further change and again become innocuous. On this account the products of the decomposition of albuminous matters vary much in their poisonous properties according to the time during which decomposition

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has gone on. At first they are only slightly poisonous, later on they become intensely poisonous, but at a later stage still their poisonous qualities disappear, and they become more or less innocuous.

It is evident that the splinters of glass will vary according to the kind of glass, mode of striking it, and the force which we employ. If we break a large soda-water tumbler we will get longer, stronger, and more dangerous fragments than if we break a wine-glass, but the force which would splinter the wine-glass might simply crack the tumbler, and that which would split the tumbler into dangerous splinters might crush the wine-glass into harmless fragments. In the same way we find that the nature of the albuminous material influences the nature of the products of putrefaction. When putrefactive bacteria are sown on the flesh of mammals, the substance they produce is an exceedingly active poison, neurine, while they produce when sown upon fish another poison differing chemically from neurine although closely allied to it and resembling it also in physiological action. This poison, muscarine, is very interesting, inasmuch as it had only been obtained from a plant, the *Agaricus muscarius*, or fly-fungus, until it was discovered by Brieger to be a product of the decomposition of fish. Brieger has also found that the typhoid bacillus, when cultivated in peptone, forms no poison, but when cultivated in meat jelly or meat infusion it forms two poisons which he has not yet isolated completely. One of these causes salivation, diarrhœa and paralysis; the other causes violent and exhausting diarrhœa. The importance of an exact knowledge of the substances which are produced by the decomposition of various foods by the action of typhoid bacilli on them is obvious. The plan of treating typhoid fever by an exclusively milk diet has probably saved many lives, but our use of this plan is to a great extent empirical. We do not fully know why it is successful, and although we may suppose that it is because the milk is non-irritating and does not irritate the intestinal ulcers, that is probably only a part of the truth. For milk may, and sometimes does, form very hard clots, which may pass through a great part of the intestine undigested, and as we see in children may actually be voided in this condition. Farinaceous food on the other hand is chiefly digested by the saliva and pancreatic juice before it reaches the lower part of the small intestine, and even if it did pass over the ulcerated surface ought to do no harm by its mechanical action. Acting on this idea I have sometimes given starchy food in typhoid fever but in a few trials it seemed to cause a rise in temperature and I therefore abandoned it. If the effect of food in typhoid fever is a purely mechanical one upon the ulcerated intestine, calf's-foot jelly ought to be well tolerated;

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but if the typhoid baccilli decompose gelatine so as to produce alkaloids having a violent purgative action, the jelly will be very injurious.

The temperature at which the putrefactive processes occur greatly influences the rapidity with which the albuminous substances split up, and the nature of the products which they yield. When the temperature is low decomposition occurs slowly, but does so quickly when it is high. It is probable that it may be much modified by other factors, such as the quantity of moisture in the albuminous substance itself, or in the atmosphere generally; and also by electrical atmospheric conditions, such as those which occur before or during a thunderstorm, for it is an old observation that meat as well as milk often becomes tainted during the electrical conditions which are popularly expressed by the term "thunder in the air." The difference between the products of decomposition in hot and cold weather is illustrated by the alkaloids obtained from decomposing maize in summer and winter. The alkaloid which it yields in winter has a narcotic and paralyzing action; but when it decomposes during summer it yields, in addition to this alkaloid, another one which has a tetanising action somewhat like strychnine. As the putrefactive processes go on more quickly during summer albuminous substances become poisonous much sooner than in winter, and again lose their poisonous properties more quickly by the progress of decomposition. As putrefaction may go on to a certain extent after the introduction food into the intestinal canal, and will probably from the higher temperature and greater moisture go on even more quickly than outside, it is evident that poisons may be formed from the part eaten, and produce dangerous symptoms, while no poison can be found in the remaining parts of the same food. This is perhaps of special importance in regard to milk when used as a food for infants. Milk may apparently be quite sweet at the time it is given, and yet it may be really "on the turn," as the term is. When swallowed by the infant it may rapidly become sour, and disagree. while a portion of the same milk, especially if kept cool, may appear to continue sweet for some hours afterwards It is highly probable that not the least advantage possessed by milk drawn directly from the beast, over that given by a bottle, is that the former is free from bacteria with which the latter is apt to be contaminated. Both may appear to be equally sweet when administered to the child, but the organisms present in the baby's bottle will continue their action after the milk has been taken, and render it liable to produce vomiting and purging, which, as we shall presently see, are symptoms of poisoning by putrefactive alkaloids.

The risk of contamination is much greater when a bottle with a

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long tube is used, for the bacteria readily find a lodgment in it; and it is to be remembered that not only do the bacteria present in the milk at the time it is swallowed continue to decompose it in the stomach, but they continue to multiply, so that if even a few are present in the milk when it is taken they may within a short time multiply greatly, and produce extensive changes in the food if they find conditions favorable to their growth in the intestinal canal.

I have already mentioned that even the primary products of albuminous decomposition by digestive ferments such as peptones are poisonous. But Brieger has lately shown that pepsine will split up albuminous substances still further, so that by digesting fibrine with artificial gastric juice he has obtained an alkaloid to which he has given the name of peptotoxine.

The bitter taste which appears during the digestion of meat, or of milk artificially, is suggestive of the formation of some alkaloid, but I do not know whether Brieger has ascertained this bitterness to depend on the presence of an alkaloid or not. Of late years the use of digestive ferments, and of artificially-digested foods, has become so common that a study of the products of albuminous decomposition is becoming of extreme practical importance, for it is possible that digestive ferments, like other powerful agents, may be edged tools, and capable of doing harm as well as good.

When we consider how many conditions influence the nature of the products of albuminous decomposition, we cannot be astonished to find that very different substances have been obtained by different experimenters. The chemical operations required to isolate the different products are so complicated and laborious that most experimenters have been satisfied with obtaining extractiform bodies, and have not attempted to crystallize them. But without obtaining them in a crystallized form one cannot be sure that they are pure, and the recent investigations of Brieger are therefore of great importance because he has not only obtained several products of decomposition in a crystalline form, but has subjected them to organic analysis, and thus ascertained their chemical composition. The products of decomposition, or, as returning to the illustration we have already used, what we may term splinters into which the albuminous molecule breaks up, are partly poisonous and partly innocuous. One fragment, as we may term it, which Brieger has got from flesh, is a substance called neuridine, which is innocuous, another, neurine, which is poisonous. From decomposing fish he has obtained a third substance, muscarine, which is more poisonous still, and two other substances, ethylenediamine, which is also poisonous, and gadinine, which is innocuous.

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Besides the substances which Brieger has got from decomposing flesh, fish, and cheese, in which decomposition has been artificially induced, he has obtained from human corpses a different set of bodies, one of which he calls cadaverine, and the other putrescine, which are feeble poisons, and two others which are produced later and are more powerful poisons, causing paralysis and death.

In addition to the alkaloids obtained by Brieger, a number of poisons have been got by other workers from decomposing articles of food or from dead bodies, and even from portions of healthy animal bodies. Although these may perhaps not have been got in the same state of purity, nor have had their chemical constitution so well defined as Brieger's, they are still of great interest and importance. It is evident that when putrid substances are introduced into the body we must be careful to distinguish between the effects produced by the poisonous products of albuminous decomposition and those of the bacteria themselves, for the bacteria after their introduction may act upon the blood and tissues, and form poisons within the body itself even though none were present in the matter injected. Kerner appears to have been the first to suspect the formation of alkaloids by the decomposition of albumen, and in 1820 he pointed out the resemblance between the symptoms of poisoning by sausages and by atropine. He made experiments upon animals, and appears to have thought at first that an alkaloid was present in the poisonous sausage, but afterwards he forsook the idea and regarded the fatty acids as the poisonous agent.

The researches of Magendie and Gaspard on the effects of decomposing organic substances were important, but rather as affording a starting-point to researches on the effects of low organisms on the animal body than on the effect of chemical poisons produced in the putrefaction.

Is 1856 Panum showed that the inflammatory change which occurs in the intestinal mucous membrane of animals poisoned by putrid matter is not due to the microbes contained in it, but to a chemical poison which remained unaltered when its aqueous solution was boiled for a long time. His conclusion that the poison contained in putrid matter was of a chemical nature was confirmed by C. O. Weber, Hemmer, Schweninger, Stich and Thiersch.

Bergmann and Schmiedeberg isolated a crystalline poison from decomposing yeast, to which they gave the name of sepsine.

Bence Jones and Dupré found a substance resembling quinine in the liver.

Zuelzer and Sonnenschein obtained both from macerated dead bodies and from putrified meat infusion small quantities of a crystal-

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line substance which exhibit the reactions of an alkaloid and had a physiological action like atropine, dilating the pupil, paralyzing the muscular fibres of the intestine, and increasing the rapidity of the pulse.

Rörsch and Fasbender obtained from dead bodies a substance which had properties like digitaline, but which was not crystalline. —*The Practitioner.*

(*To be continued.*)

SOME REMEDIES FOR CONSTIPATION.

First of all, avoid drugs, salts, mineral waters, and even the *regular* use of injections. Drink a goblet of oat-meal water every morning on rising. Eat brown bread rather than white. Let the diet consist largely of coarse meals, succulent vegetables and juicy fruits. Figs, prunes, pears, apples and grapes are all beneficial.

Nux vom., 30th or 200th potency, a dose night and morning. If not sufficient, follow with *Sulphur*, same potency, a dose every morning.

Nux is especially indicated after drugs and mineral waters have been largely used. It works especially well for persons leading a sedentary life, high-livers, smokers, students and business men. Dyspeptic symptoms, aches and pains after meals. Frequent but ineffectual efforts at stool, which is large, hard and passed with much difficulty. Generally there is a predisposition to piles. Patient is apt to be cross, irritable, and generally worse in morning. Now, if improvement shows itself, do not change the remedy or give it so often; but if the improvement ceases give *Sulphur*, especially when there is burning pain in anus and rectum. The patient complains of flushes of heat; frequent weak, faint spells. Skin is rough and dry and apt to get sore.

For another class of cases, *Bryonia* and *Lycopod.* form an excellent double team. The Bryonia patient has stools especially *large*, *dry* and *hard*; he has pains in the region of liver, and a rheumatic tendency. These pains are much worse whenever he moves about. He therefore feels better when perfectly quiet. He has headache; is very thirsty; has frequent eructions after meals, and a coated tongue. For such a patient, that only partially improves after Bryonia, give *Lycopod.*, especially when there is much rumbling in the bowels, because there is so much flatulence in the bowels. Sometimes Alumina will follow Bryonia well, and remove the whole difficulty permanently.

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Opium has complete torpor of bowels. The stools are hard and lumpy, and *in balls.* Head aches, patient is drowsy, dizzy. Indicated especially for old people.

Hydrastis. One drop of the mother tincture before breakfast, for one week, frequently cures. Especially useful after abuse of purgative medicines. Dyspepsia, weak, gone feeling, headache and piles, severe pain in rectum after stool for hours.

Nitric Acid takes front rank of remedies for constipation. The stools are hard, dry and scant, but passed without pain. Sour or bitter taste after eating, excessive flatulence, sour eructations.

In order to achieve the best results, do not repeat the dose too often. Give whatever remedy you decide upon, two or three times a day for one week, then stop and watch the results. If improvement does not show itself within ten days, choose another remedy, preferably a deep-acting one like Sulphur or Lycopod.

If a remedy is well indicated, and does not act well, do not change before trying a different potency, preferably a higher one, though *sometimes*, but rarely, a much stronger preparation answers better.—*California Homœopath.*

Borax and Nitrate of Potassium in Hoarseness.—These two salts have been employed with advantage in cases of hoarseness and aphonia occurring suddenly from the action of cold. The remedy is recommended to singers and orators whose voices suddenly become lost, but which by these means can be recovered almost instantly. A piece of borax the size of a pea is to be dissolved in the mouth about ten minutes before singing or speaking. The remedy provokes an abundant secretion of saliva, which moistens the mouth and throat. This local action of the borax should be aided by an equal dose of nitrate of potassium, taken in warm solution before going to bed.—*Summary.*

The Treatnent of Sprains by the Elastic Bandage.—This method of treating sprains has recently been recommended by Mark See. It is the only method which fullfils the two indications: 1. To cause as rapid absorption as possible of the blood extravasated around the joint (a lesion which controls all the other symptoms, such as pain, swelling, difficulty of movements, etc.). 2. To favor cicatrization of the torn ligaments and ruptured parts by complete immobilization. The bandage should be applied to the skin itself, care being taken to fill up the flat and depressed places with wadding, so as to give a uniform surface around the joint for the bandage to act upon.—*Revue de Therap.*

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BOILS.

A Boy's Composition.—The following composition is copied from a Kansas newspaper, the name of which we have carelessly lost. It will probably be enjoyed by all who are, or who have been victims of these *healthy* incommodities:

A boil is generally very small at first, and a fellow hardly notices it, but in a few days it gets to be the biggest of the two, and the chap that has it is of very little account in comparison with his boil, which then "has him." Boils appear mysteriously upon various portions of the human body, coming when and where "they darn please," and often in very inconvenient places. Sometimes a solitary boil is the sum total of the affliction, but frequently there is a "rubbish-in lot of 'em" to help the first one. If a boil comes anywhere on a person, that person always wishes that it had come somewhere else, although it would puzzle him to say just where.

Some persons call them "Damboils," but such persons are addicted to profanity—the proper name is boil. If a chap has a boil he generally gets a good deal of sympathy from others—"in a horn." Whoever asks him what ails him laughs at him for his pains to answer, while many unfeeling persons make game of him, or of his misfortune, or boil. It is very wicked to make sport of persons with boils; they cannot help it, and often feel very bad about it. Physicians don't give boil patients much satisfaction as a general thing, although young physicians who are just beginning to practice are fond of trying their lancets on them. Boils are said to be "healthy," and judging from the way they take hold and hang on, and ache, and grow, and burn, and raise Cain generally, there is no doubt they are healthy and have good constitutions. They are generally very lively and playful at night, and it is very funny to see a chap with a good large one, prospecting around his couch for a place where his boil will fit in "without hurting it." Boils tend to "purify the blood," strengthen the system, calm the nerves, restrain profanity, tranquilize the spirit, improve the temper and beautify the appearance.

They are good things for married men who spend their evenings away from home, as they give them an opportunity to rest their night keys, and get acquaiuted with their families. It is said that boils save the patient a fit of sickness, but if the sickness is not best to have, it must be an all-fired mean thing. It is also said that a person is better after he has them, and there is no doubt that one

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feels much better after having got rid of them. Many distinguished persons have enjoyed these harbingers of health. Job took the premium at the county fair for having more achers under cultivation than any other person. Shakspeare had them, and meant boils when he said, "One woe doth tread upon another's heels, so fast they follow." There are a great many remedies for boils, most of which are well worth trying, because, if they don't do any good they don't hurt the boil. Every man he meets will tell him of a "good thing" for it, among which are—shoemaker's wax, Mrs. Winslow's syrup, trix, Spaulding's glue, Charlotte russe, gum rops, water-proof blacking, night blooming cereus, chloroform, kissengen, etc.—*Physician and Pharmaceutist.*

On Beer-Drinking and Heart Disease.—Bollinger, at a recent meeting of the Aerztlichen Verein, Munich, called attention to the part played by beer-drinking in the causation of certain forms of heart diseases. The records of the Pathological Institute of Munich show that idiopathic hypertrophy of the heart is of much more common occurrence in that city than elsewhere. The observations of several local pathologists confirm this statement.

Von Buhl regarded these hypertrophies of the heart without discoverable cause, such as valvular lesion or arterial sclerosis, as the result and product of a chronic myocarditis, which usually ended fatally in consequence of fatty degeneration of the muscle. Under the influence of this teaching, and because the patients, as a rule, enter the hospital and die with symptoms of failure of the heart, this form of hypertrophy came to be generally regarded in Munich as the result of an inflammatory process. Bollinger, finding in most of the cases, no anatomical evidences of inflammation, and just as seldom fatty degeneration, cannot accept this view, and regards the hypertrophy as simple, or idiopathic. Certain of these cases of idiopathic hypertrophy of the heart were, perhaps, to be accounted for by prolonged excessive muscular effort and bodily strain. But the greater number, as was determined by carefully worked-out personal investigation, particularly among suicides, were explicable only by habitual excesses in beer-drinking in connection with a true plethora, the existence of which has, however, been of late denied by a majority of physiologists and pathologists.

The habitual consumption of beer in excessive quantities tends to hypertrophy by the direct action of alcohol upon the heart, by the enormous amount of fluid introduced into the body, and by the easily assimilated nutritive constituents of the beer itself. Furthermore,

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such habits are often associated with great bodily activity and at least relatively luxurious manner of life. The average weight of the normal heart in men is relatively greater in Munich than elsewhere, a fact, without doubt, dependent upon the excessive consumption of beer in that city. The characteristic changes in the form of hypertrophy under consideration consist in the participation of both sides of the heart, and in an enormous increase in the volume of the primitive muscular elements, with enlargement of the nuclei. Whether or not actual numerical increase in the muscular fibres takes place cannot be known.

Many individuals addicted to such excesses attain an advanced age notwithstanding cardiac hypertrophy, by reason of constitutional peculiarities, an active open-air life, or an enforced moderation, but the greater number perish after brief illness with symptoms of cardiac failure. The condition of such subjects not rarely amounts to a true plethora of the most typical kind, such as is seen among the drivers of beer-wagons and workers in breweries in this country.—*Philadelphia Medical News.*

Lympho-sarcoma of the Tongue.—The paper which Mr. Hutchinson contributed to the Royal Medical and Chirurgical Society on Tuesday last was one of much clinical and pathological interest. The case was that of a medical student who had had a morbid condition of the tongue, if not from birth, at all events from early life. The morbid condition would appear to have been one which, with Mr. Hutchinson, we may regard, as a "congenital mole," having a tendency also to a nævoid condition. Such hypertrophies of lingual tissues are not in themselves of very rare occurrence, but they are nevertheless of much importance as clinical objects of study in addition to their pathological relations, and the remarks on their structure by Mr. Butlin and Mr. Barker were of much value. The chief point raised by the paper in question, would appear to be the development of a sarcomatous tissue in the ordinary course of the life of this hypertrophic condition. To all appearances the case which formed the chief part of Mr. Hutchinson's paper was one in which, in the first period of its existence, the disease had no malignant characters. And even later on, when the patient was first seen in London, there was nothing except the size of the tumor to excite much alarm about it. There was no ulceration and no grandular affection. The removal of this very large if not the largest tumor of the tongue on record (weighing seven ounces), could only be effected by a division of the lower jaw and preliminary tracheotomy

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The operation was successfully accomplished, and the patient enjoyed the next two years of his existence apparently in the best of health. The microscopical examination alone caused any ground for alarm, for such skilled microscopists as Dr. Klein, Mr Butlin, Mr. Godlee, and Mr. Eve all testified to its sarcomatous nature. And they were right. At the end of two years the growth recurred at the cicatrix, and caused death by its rapid development. The case is one of much interest on account of the great size of the tumor, the great rarity of sarcoma of the tongue, and also as an illustration of the occurrence of malignant disease on the top of a congenital and apparently innocent hypertrophy of certain of the lingual tissues.—*Lancet*, June 20, 1885.

THE PREVENTION OF CONSUMPTION.—I heard from a legal friend of mine, a few months ago, a clinical story which greatly interested me. The lawyer said that he knew a family who lived in an Eastern State, several years ago, who nearly all went into consumption. There were originally in the family twelve children. The man and father was a well-to-do farmer, and noted for natural good sense. One of the boys became infatuated with a consumptive girl and married her. In a year the girl died, and the boy came home with consumption. In time he died, and one of the sisters, who was most devoted to him, was the next victim. The disease progressed until seven of the children were buried. The father had learned a lesson from observation, which has taken the medical profession centuries to learn, and when the father learned it he acted with the wisdom he had. After returning from the funeral of the last victim, the father remarked in the evening while standing with his back to the fire, "Well, mother, if another of my children dies in this house with consumption, it will be within a short time." The old man's words were ominous, for that night the house, furniture and all burned down. Fire is the great germicide and disinfectant. A new house was built and there was no more consumption in that family. The methods of preventing consumption are very clearly indicated. The germ has the power of multiplying itself, and can no doubt be transferred from one person to another. Doubtless the spores of the bacillus saturate the walls and furniture of houses, and in this way communicate the disease.

The consumptive patient, then, must be isolated, and the sputa destroyed by corrosive sublimate, or better by fire. No one should attempt the entire charge of a consumptive patient as nurse, and no one, even in the best health, should visit a consumptive patient, at least to remain for any time exposed to the contagion.

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The chief cause of the great prevalence of consumption is the lack of fear of the disease on the part of the public. The people generally do not know that the disease is contagious, and the reason they do not know it is because the doctors have been mistaken about it.—*Exchange.*

SURGICAL TREATMENT OF UTERINE DISEASE.—Dr. Wm. Byford, Chicago, in a paper read before the American Medical Association, draws attention to the great care required in the treatment of uterine diseases if we would avoid the dangerous consequences that not unfrequently follow examinations and operations and the following conclusions:

1. The sometimes terrible effects of examinations or operations in the pelvis do not often, if ever, take place when there is not a perceptible predisposing inflammation.

2. The inflammation may be so slight as to be easily overlooked.

3. It may be an original condition, the sequence of an acute attack long gone by, or it may be the product of some immediately previous examination or operation, the effects of which have not subsided.

4. To avoid the danger of acute inflammation we should, in making a first examination for pelvic disease, conduct it in such a way as not to give the patient much pain, and, when she complains of much suffering desist, at the sacrifice of completeness of diagnosis.

5. Complaints of much tenderness to the touch, or the use of instruments, especially in parous women, is sufficiently diagnostic of inflammation upon which to base treatment for that condition.

6. If, with such tenderness, a thorough examination or an operation is imperative, it should be done under profound anæsthesia. There is no question, in my mind, that much less danger of ill-effects is incurred in making examinations or operations on susceptible subjects, under the free use of anæsthetics.

7. Examinations or operations should not be repeated until the effects of the first have entirely passed off.

8. As chronic parametritis is a frequent complication of most of the morbid conditions of the uterus, it should be always suspected, and its diagnosis be carefully considered in all cases of metritis.

9. When chronic parametritis is present, it should be the chief, if not exclusive, object of treatment until removed.

10. It is not safe to use the sound, sponge-treatment, or intra-uterine stem, when there is perimetric inflammation.

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11. It is especially dangerous to replace a displaced uterus, when it is bound down by inflammatory adhesions, by any means which will overcome its fixedness by force.

12. The use of pessaries or supports of any kind which find their lodgment in the pelvis, is generally followed by disastrous consequences when there is even slight primitive inflammation.

Salicylic Acid and Castor Oil in Psoriasis.—Dr. Fox, of New York, showed at a meeting of the New York Dermatological Society a girl eight years old who had psoriasis covering all the body. The patient's father and sister also had psoriasis. When she was admitted to the hospital, a two per cent. solution of salicylic acid in castor oil was applied to the right arm, a weak solution being used because of the great congestion of the skin. When the patient was shown the scaling was less, and many of the patches had disappeared, although the disease was extending in other directions. To the left arm the mixture of oxide of zinc and balsam of Peru had been applied, and there was even less congestion in this situation. In the second case, the lower extremities were chiefly affected. This patient was peculiarly susceptible to the action of ammoniated mercurial ointment, even a very small quantity exciting severe dermatitis. Chrysarobin pigment had been applied to the right leg, and a five per cent. solution of salicylic acid to the left leg, producing a marked improvement in the condition of the eruption in the latter situation.—*Journal of Cutaneous and Venereal Diseases.*

Remedies for Skin Diseases in the Form of Spray.—Dr. Hardaway highly recommends spray as a vehicle in the treatment of affections of the skin. His usual habit is to prescribe a solution of definite strength from which the bottle of an ordinary hand-ball apparatus is filled and the patient is then directed to throw the fine spray on the parts affected. Any substance that is "sprayable" either in its liquid form, diluted or pure, or in a state of solution, may thus be employed, *e. g.*, carbolic acid, sulphate of zinc, lotions of grindelia robusta, thymol, Liq. picis alkalinus, and fluid cosmoline, medicated or not. In the case of the fluid cosmoline, the tube of the atomizer should be large. The spray finds its greatest range of usefulness in diseases affecting large areas and in that class of disorders accompanied by itching and a more or less unbroken cuticle, viz.: pruritus, urticaria, papular eczema, and the like. In generalized pruritus he had had good results from spraying on a lotion of the following sort: carbolic acid, three to four

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drachms; glycerine, one ounce; and water, a pint. After the bottle of the atomizer has been filled, he sometimes directs the patient to add from five to ten drops of the oil of peppermint. The atomizer bottle should be thoroughly shaken before the bulb is compressed in order to diffuse the peppermint through the mixture, as otherwise it would merely float on top. In many instances the spray is far superior to mopping on lotions with a sponge or rag, being neater and less troublesome, getting the remedy more evenly and uniformly applied over the surface, and usually giving more speedy relief.—*Journal of Cutaneous and Venereal Diseases.*

A VALUABLE REMEDY FOR HEADACHE.—We desire to call attention to a simple, and at the same time wonderfully efficient, treatment for many kinds of headache. We lay no claims to originality, nor do we know who the originator was, but having used it for a year or more, and in many cases with remarkable results, we feel disposed to give it our indorsement, and desire to make it more generally known. The remedy is nothing more or less than a solution of the bisulphide of carbon. A wide-mouth, glass-stoppered bottle is half filled with cotton or fine sponge and upon this two or three drachms of the solution are poured. When occasion for its use occurs the mouth of the bottle is to be applied to the temple or as near as possible to the seat of pain, so closely than none of the volatile vapor may escape, and retain there four or five minutes or longer. For a minute or so nothing is felt, then comes a sense of tingling, which in a few minutes—three or four usually—becomes rather severe, but which subsides almost immediately if the bottle be removed, and any redness of the skin that may occur will also quickly subside. It may be re-applied, if necessary, several times in the day, and it generally acts like magic, giving immediate relief.

We believe this was the basis of a once popular nostrum. The class of headaches to which it seems especially adapted is that which maybe grouped under the broad head of "nervous." Thus neuralgic, periodic and hysterial headaches are almost invariably relieved by it. True, the relief of a mere symptom is quite another thing from the removal of its cause, yet no one who has seen the distress and even agony caused by severe and frequently recurring headaches (and who has not ?) but will rejoice to be able to afford relief in so prompt and simple a manner; besides it is sure to secure the hearty gratitude of the patient if he has suffered long. As to the *modus operandi* we have nothing more definite than a theory to ffer, and that is that the vapor being absorbed through the skin pro-

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duces a sedative effect upon the superficial nerves of the part to which it is applied. We know by experiment that its influence is not due to its power as a counter irritant. We however know that it does act, and if we do not clearly see in what way it acts that it is no more than can be said of several other remedies which are firmly established in professional favor and confidence.—*Physicians and Surgeons' Investigator.*

Arsenic in Lupus Erythematosus.—Mr. Jonathan Hutchinson narrates a case in which a gentleman was completely cured of lupus erythematosus by persistently taking five drops of *Liquor arsenicalis*, three times a day, for two years. In March, 1883, the patient suffered from several patches on the face and scalp. In February, 1885, the lupus was quite well. There were left only thin white scars, without any erythema or thickening at their edges. On the sides of the nose these scars were each as large as a shilling, that on the middle of the nose not so big. On the scalp, which was nearly bald, there were several scars as large as the end of one's thumb. The patient took arsenic regularly for fifteen months; he then had a sharp attack of shingles, and left the medicine off for a little time. No local remedy was applied to the patches on the nose whilst the arsenic was being taken, though a hair-wash had been sometimes used for the head. Mr. Hutchinson considers that the cure was entirely due to the arsenic, and suggests that a more careful administration of this drug should be tried in these cases, which are often only partially cured.—*British Medical Journal.*

Arsenicum in Progressive Locomotor Ataxia.—October 3rd, 1882, Mr. I. C., shoemaker, aged 58. Has had a peculiar affection for two years, for which several of the resident allopaths had failed to find a name and a remedy. During these two years his sleep, appetite and digestion have been good. The trouble commenced with a shooting sensation in the lumbar spine and down the legs, followed by inability to retain urine, as from paralysis of the neck of the bladder. He next began to experience a difficulty in walking—he felt as though he were walking on rubber. As time went on, other more serious symptoms appeared, until he was unable to work, and at length presented the condition in which I found him. In walking he drags his toes; his steps are short and hurried, and he lifts his legs after the manner of a cock. In attempting to walk in a dark room, or with his eyes closed, he staggers. He can scarcely stand with his heels together and his eyes closed He cannot pick a

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pin from the floor, nor button nor unbutton his clothes. His whole body seemed in a continual slight tremor. There was no tenderness of the spine, and sensation was unimpaired. The power to control the finer muscular movements seemed greatly changed. Here was a case which appealed to Homœopathic treatment as a last resort. Looking at the debilitated, pallid old man, with his cock walk and peculiar thirst, I could see indications only for *Ars.* I gave him *Ars.* 3x four times a day for about three months, when he moved out of my observation. But at the end of the time stated, he was greatly improved in every particular. The urinary difficulty, being one of the first to appear, was one of the first to disappear.—*Dr. Burchfield.*

Cæsarean Section in Central Africa.—In a recent article on the postures adopted by women in labor in Central Africa, Dr Breitmann gives an interesting account of the operation of Cæsarean section, as witnessed by Dr R. W. Felkin, at Kahura (*The Medical Press and Circular*, July 15, 1885). The case was that of a very handsome young negro woman, a healthy primipara, aged twenty years. He entered the hut just at the commencement of the operation, but was not permitted to convince himself of the condition of affairs by examination. By the side of the half-intoxicated patient stood a quantity of banana wine. A bandage of Mbugu, a stiff material made from the bark of a tree, went over the breast, and bound the patient firmly to the bed, another passed over the thighs; an assistant held fast the feet, and another, standing on the right side, held the skin of the abdomen on the stretch. The operator, holding aloft the knife, muttered a prayer. After the completion of the ceremony he thoroughly washed the abdomen of the woman and his own hands with banana wine, uttered a piercing cry, which was repeated by those standing without, and made an incision from the pubes, almost to the umbilicus, and right into the uterus, so that the liquor amnii gushed out. Some bleeding vessels were successfully touched with the actual cautery. The operator quickly extracted the child, while a second assistant drew the edges of the uterine wound apart and compressed them. After division of the umbilical cord the child was handed to a woman, the operator laid aside the knife, grasped the uterus and compressed it with both hands with all his might. He then dilated the cervix with two or three fingers, removed the blood-clots and the placenta, while the assistants were busy in arranging the intestines, and especially in preventing any portion getting between the edge of the wound. What bleeding still continued was stopped by the actual cautery, while the operator still

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compressed the uterus until it was firmly contracted. No sutures were inserted. The assistant who had before held the abdominal wall on the stretch grasped the angle of the wound and the whole wound was covered with an herb pad. The bandages were now loosed, the assistant grasped the patient by the arms and turned her over into a position in which the fluid in the abdominal cavity flowed out. She was then brought back into the former position, the herb covering was removed, the edges of the wound were carefully adjusted and fixed with well polished needles, similar to acu-pressure needles, and made fast by an encircling thread. A paste prepared from two different roots by chewing was laid over the wound in the place of plaster, over this a previously warmed banana leaf, and the whole fastened on with Mbugu bandage. Up to the moment when the needles were inserted the patient had evinced no expression of pain, and an hour after the operation was in good spirits. The temperature did not rise above 37.5°, C. except during the first night, when it reached 39°. Pulse 108. Two hours after the operation the child was put to the breast, but after about ten days, as the milk stopped, it was fed by another woman of the tribe. The first change of dressing was made on the third day, a needle was removed, then more followed on the fifth, and the remainder on the sixth. At every change of dressing fresh "ointment" was put on, and the secretion from the wound removed with a tampon charged with it. The dressing was always solid, and in nine days after the operation the wound was healed and the patient quite well. Beyond the interest which naturally attaches to a case of this nature, it is heightened in the present instance by the quaint native proceedings and the decidedly civilized method employed by the chief operator.—*Medical Record.*

Cæsirean Section by an Ox.—Dr. J. Z. Scott, of Scandia, Kans., reports the following unique case: Mrs. P——, aged thirty-four, the mother of seven children, and near full term in her eight pregnancy, on November 16th was gored by an infuriated ox The horn of the beast entered at the anterior-superior spinous process of the ilium, and made a rent extending to the umbilicus, and involving both the abdominal parietes and the walls of the uterus. The child was extruded through the wound in half an hour after the occurrence of the accident. When Dr. Scott arrived on the scene he found the child fully delivered, but remaining attached to the cord, which he ligatured and severed. There being no dilatation of either the os uteri or the vagina, he delivered the placenta through the rent

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and applied a bandage. The patient was almost lifeless from hemorrhage and shock, and he placed her on morphine and whiskey. On the following day she was still alive, and Dr. Means was called in consultation at 9.30 A. M. The small intestines escaped from the wound on the removal of the bandage, and were returned with much difficulty. The wound was now closed with interrupted sutures, a carbolized compress was applied, and the morphine and whiskey continued internally. At 5 P. M. of the same day he found the pulse 130, and respiration 25 per minute. The abdomen was greatly distended, and the vital powers were fast becoming exhausted. On the following morning he found on his visit that the woman had expired at ten o'clock of the previous night. Dr. Scott believes this case to be the only authentic instance of Cæsarean section performed by a beast on record. It may be interesting to know that the child suffered little or nothing from the violent and unusual method of delivery, and is alive to-day, a vigorous and thriving boy.—*The Medical Age.*

OVARIOTOMY IN BELGIUM,—An interesting event was celebrated by a festival at Ghent recently. Dr. Boddaert, one of the most distinguished of Belgian surgeons, having completed one hundred cases of ovariotomy received thereupon the congratulations of many of his professional brethren. Sir Spencer Wells was to have been present, but was unavoidably detained in London. A letter from him was treated as the proposal of the toast of the evening, and a reply was sent by telegraph that the company were drinking his health in bumpers of champagne. Considering that Sir Spencer Wells performed ovariotomy in Brussels for the first time in 1865, and had a successful case in Ghent with Dr. Boddaert in 1871, when the operation was still a novelty, it is not a little surprising that one Belgian surgeon should already have had one hundred cases —*The British Medical Journal.*

OLEUM DEELINÆ, or deelina oil, is the name given by Dr. John Roberts, of Chester, England, to a refined petroleum, prepared on the banks of the Dee, and which is recommended for medicinal and surgical use, on account of its greater purity than vaseline. Although it is an oil, little or no greasiness is left on its application; it is readily absorbed, has no odor, and never becomes rancid. Dr. Roberts regards it as "almost a specific" in eczema and kindred diseases of the skin.—*Medical Record.*

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THE DIFFERENTIAL DIAGNOSIS BETWEEN INDURATED CHANCRE AND HERPES.—It sometimes happens that herpes of the penis presents itself under the form of a single patch of superficial ulceration, accompanied by some induration of the underlying tissues; there may be also a swelling of the inguinal glands, so that the diagnosis between this so-called chancriform herpes and some forms of indurated chancre is very difficult in the early stages. Dr. Leloir, however, calls attention to the fact that when a herpetic ulcer is pressed between the fingers a drop of serous fluid is squeezed out (*The British Medical Journal*). This manipulation can be repeated several times with the same effect; in the case of chancre, on the contrary, a little fluid is seen on the surface, but the quantity is not increased by pressure. When the base of the herpetic ulcer is indurated, the hardened tissues can be flattened between the fingers, while, in chancre, no amount of pressure can change the shape of the nodule. This difference is explained by the fact that in herpes there is a localized œdema of the tissues, while in chancre the chief lesion is a hard infiltration, sometimes accompanied by sclerosis of the connective tissue and of the vessels.

LONGEVITY AND RICHES.—Joseph Körösi, of Buda-Pesth, in a paper read before the Association of Hygiene, in Berlin, last year, presents some figures regarding the effect of pecuniary status of longevity. Excluding deaths in infancy, he finds, taking his observations from a period of eight years, that the rich class had a longevity of 52 years, the middle class of 46 years 1.1 month, the poor class of 41 years 7 months. In the matter of susceptibility to infectious diseases he finds that cholera, small-pox, measles, and typhoid are more prevalent among the poor, and diphtheria, croup, pertussis, and scarlet fever among the well-to-do. Zymotic diseases, as a whole, were sixty per cent more frequent among those living in basements than in higher domiciles. But the increase in fatality in underground tenements applied only to certain diseases, as especially measles and whooping cough, while diphtheria and scarlet fever were ten per cent less frequent than in families living above ground.—*Medical Record.*

DR. SRANBERG, of Sweden, has used chloroform externally on the abdomen in cases of obstetrical operations, where the inhalation of chloroform was deemed unsafe. His mode of applying is by mixing chloroform and sweet oil in equal proportions, soaking a cloth in the mixture and applying it over the lower portion of the abdomen, —*Luyties News*

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THE ST. LOUIS
PERISCOPE
—AND—
CLINICAL REVIEW.

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Editorial.

HOMŒOPATHY AND PUERPERAL FEVER.

This is the title to a short article in the August number of *The Medical Investigator*, in which a contributor makes allusion to t e fact, that Prof. Mitchel, of Chicago, in an experience of one thousand cases of obstetrics, has had no case of puerperal fever. The writer wishes to know the secret or explanation of such an experience. We do not undertake to answer his inquiry so far as Dr. Mitchel's management is concerned, but we will give him our experience, which has been a long one, with a fair proportion of obstetrical cases in a general business. We have not now at hand a list or number of cases; but in an experience of 30 years we have only had *two* cases of puerperal fever. We attribute our exemption from trouble of the kind very largely to the fact, that we treat utero-gestation and the puerperal states as *normal conditions*. We sedulously guard against medication. These states are not those of disease, but are as purely normal, as digestion, blood circulation, sleep, locomotion or respiration. At the late meeting of the American Institute, while the bureau of obstetrics was under consideration, we noticed that certain members plumed themselves upon their supposed skill in the administration of remedies, during utero-gestation, as a means of preparing the prospective mother for the puerperal or child-bed experience. We think such a course culpable in the extreme. Just as well give a healthy individual medicine to prevent rheumatism, dysentery,

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or pneumonia as to administer it to a woman simply because she is pregnant and about to have a baby. Another part of our secret is, if it be a secret, not to interfere, if possible, with the process and progress of labor. Especially do we avoid *instrumental* interference. We never use instruments simply to gain or save time. We wait indefinitely, while compatible with the safety of mother and child. The officious, harsh, indiscriminate use of instruments, probably has more to do with the induction peritonitis and peritoneal fever, than any one or all causes put together. Of course, the state of pregnancy is not wholy exempt from the invasion by disease. and the pregnant woman, when sick, may require medication for the *sickness* but not for the *pregnancy.* So, too, from occasional mal-presentations, or disproportion of parts to each other, may she require manual, or instrumental assistance. It must be confessed there is, in the face of all our boasted advances in the science and art of obstetrics, still considerable ground for an old author's invective against "Meddlesome Midwifery." Then, too, the fact that, the woman is under medication, giving the idea that she is sick, has an unhappy influence upon her mental and nerve conditions. She becomes apprehensive for the future of her safety, and such mal-influence may be brought into a state of positive disease. Every thing should be done in the way of cheerful, pleasant surroundings, and a well-appointed hygiene, to induce a hopeful, cheerful spirit, as a means of safety and well-being to both mother and offspring. So far as pregnancy and the puerperal states are concerned let us largely "throw physic to the dogs."

College Clinics.—Our clinician at the College, Dr. Burleigh, reports an ample supply of *material* in great variety. The prospect for clinical advantages to the college class have never been so good before. And though the regular course of lectures will not commence until the 12th of October. Mrs. Prof. Pearman has already entered upon her clinical work with a zeal and a will. So that, the prospects are, we shall have the best gynæclogical clinic ever held in the college history. Prof. Campbell and Prof. Parsons will each return from their vacations and be ready for clinical work on time.

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MEDICAL EDUCATION.

We have the annual announcement of the Boston University School of Medicine, with an autograph letter from the dean, I. T. Talbot, asking some notice and commendation of the special effort of this school to elevate the standard of primary and professional education, in order to qualify their students for the practice of medicine. We take pleasure in saying this school is attempting a higher grade and standard of qualification than any other school known to us on the continent, and, probably, in the world. The effort is most praiseworthy, and we cheerfully commend it. The general drift and tendency in this direction is now prevalent the world over, though our Boston friends are probably in advance of all others. We regard it as a most healthy and hopeful sign for the future of the profession, that rivalry is not now so much as to who shall graduate the largest number annually, and have the largest class attendance, but as to who shall present the broadest and highest evidences of student work in the matter of qualification. Sooner or later, and probably in the near future, public sentiment and State legislation will compel our colleges to adopt that standard which shall put a stop to certain present and old modes, rendering many of our schools little better than legalized "diploma mills," from which graduates go out to prey upon sick humanity and scandalize the profession, without the ability to write five consecutive lines in good English, or make a rational prescription for the simplest forms of every day bodily disorders. Heretofore matters have proceeded largely upon a sort of maxim, or theory, that a parent who found his son unfit for any or everything else, might, at least, have him *milled* into a clergyman or a physician, a preacher or a doctor. The result is that we have all sorts of *doctrine*, and all sorts of *practice* by all sorts of men—except good sorts. A further result is that theology and medicine are sneered at and contemned by the masses, to a degree and extent, not suffered by any other occupation, or profession, making any pretentions to learning and science, in the whole domain of enlightened civilization. We glory in the

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thought that we may yet live long enough to see an end to this most disreputable state of things. We do not wish to be understood as saying that there are no qualified medical men and no good medical schools, but what we do wish to say is, that, while we are doing much in the ways of advancement, there is yet a fearful proportion of incompetency to mantle the cheek with shame, and bring fraud and hardship to sick humanity. Friend Talbot in writing to us, asking our recognition and commendation of the peculiar modes of the Boston University School of Medicine, does so in a shy, beg-pardon sort of way, seeing we are ourselves a member of a rival college faculty. We beg to assure him he need have no reserve with us on this account. The faculty and officers of the Homœopathic Medical College of Missouri are in full sympathy with his plan and that of his school. We believe his school, under all the circumstances and in all its appointments, probably the best in the world, and we hope he will believe and allow that we are engaged in a generous rivalry and emulation of his noble example. Heretofore our allopathic opponents have delighted to twit us with the charges that we had no schools, no literature. Hence we point with pride to the Boston University School, as well as sundry others in our large cities; and in authorship to such names as Herring, Dake, Arndt, Cowperthwaite, Franklin, Richardson, Dunham, Burt, Ludlam, Allen, and a host of others which time and space would fail us to mention. Among those in Europe we delight to mention such names as Hughes, Dyce-Brown, Pope, Berridge, Teste, Baehr and others. Altogether the homœopathy of Hahnemann is no longer a minor or stripling, an experiment, as shown by her schools, journals, hospitals, authors, and practitioners. But here we are running away, probably, bubbling and boiling over with enthusiasm, in behalf of a profession which we love so well and to which we tender a life's work.

In the *Investigator's* (Chicago) account of the late Western Academy, at St. Louis, Dr. W. A. Edmonds is reported to have read a paper on "Polymia." We deny the mendacious, scandalous impeachment, with all the vehemence of "injured innocence." Will the Chicago "gang" never acquire the art of politeness or the habit of justice towards their neighbors?

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Personal.

THE Surgical Editor of this Journal will reach home in a few days, unless detained by the way to get rid of the surfeit of pickerel in which he has indulged during vacation.

THE parties traveling for the summer under the style of Baby Campbell, Father, & Co. have safely reached home. The elder gentleman may be found at his office, 17th and Morgan. The young man will dispense hospitalities to his parents and friends at his residence, 34th and Lucas Avenue.

IN a late number of the PERISCOPE, while mentioning and commending our local *specialists*, we inadvertently omitted the name of Dr. W. C. Richardson, whose ability, in both authorship and practice, entitles him to honorable mention as an obstetrician and gynæcologist. In the ensuing winter's college work he will fill the chair of Surgical Gynæcology.

Book Reviews.

A TEXT BOOK OF MATERIA MEDICA; Characteristic, Analytical and Comparative. By A. C. Cowperthwaite, M. D., Ph. D., LL. D., Prof. of Materia Medica and Diseases of Women in the State University of Iowa, &c., &c. Third edition, revised and enlarged. Chicago: Gross & Delbridge, 1885.

The first edition of this work appeared in December, 1879. The fact that there should have been a demand and place for the 2nd, and now the 3rd edition, all in the short space of a little more than four years, is, of course, a very strong testimonial in its favor. If circumstances compelled us to confine ourselves to the exclusive use of but one work on this most important branch of medical study and practice, we incline to think our choice would be the book now before us. Allen, Hughes, Herring, Hahnemann, Hempel, Dunham, Burt, and others, each and all have a place of usefulness and special points of excellence; but for a full, well rounded completeness and convenience, as well as exactness and accuracy, give us this 3rd edition of Cowperthwaite. It embraces a list of 250 of our best known remedies in a compass of 700 pages, octavo. The plan is somewhat after that of Burt; but in the points of difference there is also a quality of improvement, especially in the avoidance of a certain necessary repetition which Burt performs in first

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giving the "physiological range," and then the "therapeutic individuality." Under the improved mode adopted of Dr. Cowperthwaite, we have in a space of 700 pages, a systematic account of a somewhat larger list of remedies than Burt has been able to give in 1,000 pages. Both are admirable as text books, and for office reference, but we give the preference by comparison to the work now under review. We are glad to find the author has shown the good sense and good taste to exclude from his list of therapeutic appliances certain *products* of loathsome diseases, which have heretofore sometimes scandalized the literature of the profession. We are entirely willing to compromise with those who may so desire, on the admission of certain *physiological* poisons as curative agents; though our experience, we confess, has not been markedly in their favor. But when we are asked to administer the diseased products of syphilis, gonorrhœa, scabies, rabies, variola *et id genus omne*, in the name of decency, safety and good taste we enter an emphatic, solemn protest. We are further thankful to find no mention of the "sac-lac" and "lac-caninum" follies. The publishers have performed their part of the task well.

A System of Medicine based upon the Law of Homœopathy.—Edited by H. R. Arndt, M. D. In three volumes; Vol. II. Philadelphia: Hahnemann Publishing House, F. E. Boericke, 1885.

The favorable notice, which it gave us so much pleasure to make upon the appearance of the first volume of this great work, might most justly be duplicated in behalf of this 2nd volume now before us. Indeed, as the work progresses the quality seems to improve. The present volume contains about 900 pages, and embraces a range of most important subjects, as diseases of the blood-grandular system, urinary and genito-urinary organs, brain and nervous system, organs of locomotion. The amount of labor performed by the indefatigable editor and his corps of collaborators, in so short a space of time, seems wonderful, and is deserving of all praise. The third volume, to complete the work, is expected to appear early in 1886, probably in the latter part of the present year. The work, when completed, will be to our system of medicine what Ziemssen's is to Allopathic practice; a complete account of diseased conditions in all that pertains to symptoms, pathology, diagnosis, prognosis, etiology and treatment—a complete encyclopœdia of medicine. It must serve as an indispensible help to our practitioners, and at once give us scientific and literary standing before the world of science and letters. The publisher, too, has done his work admirably and leaves us no option but to praise and commend.

Special Pathology and Diagnostics: with Therapeutic Hints. By C. G. Raue, M. D. Third edition, revised and augmented. Philadelphia: F. E. Boericke, Hahnemann Publishing House, 1885; pp. 1072.

The rapidity with which Publisher Boericke is publishing new books, and late editions of older but valuable ones, is both remarkable and commendable. The profession of to-day and in after times, will owe him a heavy debt of thankfulness for his praiseworthy efforts to give us a distinctive literature of our own; a homœopathic literature, leaving us little need for going to allopathic sources for help and information in any of the various specialties and departments of the profession. The volume before us is indeed a portly, handsome one of 1,072 large size, 8 vo. pages, on the best of paper, in good

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clear type and strong elegant binding. It will be found to serve us much the same purpose as "Quain's Dictionary of Medicine" does the Allopaths. It is fully up to the latest advances in pathology as well as symptoms and "Therapeutic Hints." Each group of symptoms, constituting what is usually known as a given form of disease, in addition to a full account of symptoms, pathology and treatment is supplemented by a "digest," making a complete and elaborate repertory of symptoms and treatment. This plan must render the work very valuable for office and bed-side reference use. While looking through the book and finding so much to admire and approve, we have been a little watchful to find points of objection. Possibly we found our *opportunity* in this line in a little too much *brevity* in dealing with some forms of disease. Probably, after all, there is much of "Oliver Twist" in most of us; so that while revelling in "good things" we incessantly cry "more." It is a great pleasure to us to review a good book, and lest our enthusiatic admiration should lead us into prolixity and other little literary peccadillos of the kind, we desist further remark.

HOW TO SEE WITH THE MICROSCOPE; being Useful Hints for the Selection and Use of the Instrument, etc., etc. By J. Edwards Smith, M. D., Professor of Histology and Microscopy in the Cleveland Homœopathic Hospital College, Ohio, etc. Second edition; illustrated. Chicago Duncan Bros., 1885.

Few subjects in the whole domain of scientific enquiry are so fascinating, refining and elevating as the study and practice of microscopy. Like most other valuable possessions and desirable results, attainments in this quarter are fraught with difficulties and drawbacks, especially to beginners, which the author seeks to mitigate and modify, by giving simple, plain directions in the selection and use of instruments. The rapid sale of the first edition, and the early demand for a second one, furnish a substantial commendation of the book. The author is able, industrious, aggressive, and stands high as authority in this line of investigation. A little time and space devoted to explanations and definitions, in the way of a *Glossary* or otherwise, we think would have added greatly to the convenience and uses of the work in the hands of those for whom it is specially designed. In other words, the author takes a little too much for granted as to the state of advancement, or rather, want of advancement, on the part of his readers. The publishers are scarcely up to the standard of best excellence in their work. The book deserves better paper, type and illustrations. Altogether it is an excellent one and will, doubtless, meet with a large and rapid sale.

LECTURES ON CLINICAL OTOLOGY; with Cases from Practice and Summaries of Remedies. By Henry C. Houghton, M. D., Surgeon to the New York Ophthalmic Hospital, etc., etc. Boston: Otis Clapp and Son, 1885.

We thank the publishers for this elegant, handsome volume. The style in which they have performed their part of the task, prepared us beforehand to find something good and excellent on the part of the author. Examination has fully confirmed expectation. The work seems a happy combination of the best advanced surgical skill and the most approved constitutional treatment, in the management of this most difficult and important class of cases, The book embraces 260 pages, 8vo. It contains a convenient list of abbreviations; a valuable repertory, and concludes with an ample index of both

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subjects and treatment. We think it will be found of much value to both specialists and general practitioners, and, as such, we cheerfully commend it to the favor and approbation of the profession.

OTIS CLAPP & SON, of Boston, send us Dr. C. Wesselhoeft's address on Homœopathy, before the Boylston Medical Society of Harvard Medical School (allopathic). This address was delivered by invitation, and, we think, was supposed to be quite a condescension and concession on the part of those giving the invitation. By the way, we think it high time that this concession and condescension business had played out. We are as good as the best of them, and a great deal better than most of them, in all that goes to make up scientific, social and professional worth. We owe them (the allopaths) no favors; we propose to show them no quarters, except such as they may be duly thankful for. We know all that they know, and a great deal besides that many of them have not sense enough to learn. We will willingly teach them the science and art of prescribing, but they and not we must be considered the beneficiaries and the debtors.

Upon the score of *expediency* we doubt the propriety of Dr. Wesselhœft's effort before such an audience. He has in this address, in the exercise of his known ability, presented homœopathy broadly, grandly, symetrically; but it is so many "pearls before swine," who will eagerly use his jewels of information for their own purposes; disallow the source; and then turn and rend him with the cry of *quackery*. Out upon such patrons and patronage, by men who have not the "soul of a louse" and only the gizzard of a chicken. We are not consulting our fancy, feelings or imagination, in the indulgence of strong language on this subject. The *facts* are, that all the late works, by allopaths, on materia medica and therapeutics, are brim full of homœopathic ideas and teaching, with only the slightest occasional credit being awarded to homœopathy. Shall we crouch, curtsy and bow before such brazen injustice? Not at all. If our opponents want information from us, let them commit themselves openly to the sources of information by purchasing our books, our journals, and by attendance upon our schools and hospitals; and by a generous, manly intercourse in professional consultations. We are thoroughly willing to be generous, but not in the presence of contempt, injustice aud rudeness. Dr. Wesselhœft's address is ample and able (44 pages), and will be found a good "campaign" document among the laity; but from the allopathic profession we do not expect either a just or generous use of it.

THE BABY: HOW TO KEEP IT WELL. By J. B. Dunham, M. D. Chicago: Gróss & Delbridge, 1885.

A duodecimo volume of 56 pages, in which the author adheres faithfully and very practically to the thesis in the title page. It is dedicated to the "Mothers of America," and is suited, in style and mode of treating the various questions under consideration, to both popular and professional use.

THE *Texas Pellet* has "hatched out" the *Southern Journal of Homœopathy*, and really the "chick," be it *rooster* or *pullet*, as the future must determine, looks exceedingly fine, and promises to be a bird of rare plumage and fine dimensions. We greet its arrival and tender it the liberties of our sanctum. It presents in its new, handsome dress the *strut* and manner of a *Bantam*, but in *voice* and *note* has the promise of a *Shanghai*.

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THE CENTURY.—Of greatest public interest among the contents of the September *Century* are General Grant's article on "The Siege of Vicksburg;" the forcible frontispiece portrait, after a photograph taken when General Grant was President (with which is given a fac-simile of his first signature on the army pay-account as "General Retired"); and a communication from General Grant, dated Mt. McGregor, June 22, which is printed with "Memoranda on the Civil War," and in which he withdraws what was said by him in *The Century* of last February in regard to the conduct of "General Lew Wallace and General McCook at Shiloh." An editorial in "Topics of the Time" explains why General Grant's article on Vicksburg is printed without illustrations, and also that the subject will be resumed, with pictures, another time. A supplementary article of great interest, in the same number, is "A Woman's Diary of the Siege of Vicksburg," which gives an inside view of the hardships and anxieties suffered by the besieged. The "Memoranda on the Civil War," besides General Grant's communication, embrace, "Who Projected the Canal at Island No. 10?" by General Schuyler Hamilton; "The Charge of Cooke's Calvary at Gaines' Mill," in reply to General Fitz-John Porter, by General Philip St. George Cooke, with "Recollections of a Participant in the Charge," by Rev. W. H. Hitchcock; and a continuation of the discussion in regard to "General Beauregard's Courier at Bull Run," by Major Campbell Brown.

Lieutenant Schwatka's paper on "The Great River of Alaska," which has a special interest, is profusely illustrated. It describes the journey of the Government party of exploration commanded by him over the coast mountains of Alaska into British Columbia and their raft journey from the head waters of the great Yukon River down to the ruins of Fort Selkirk. The second paper in the October number will continue the journey to the mouth of the Yukon. Mr. Howell continues his charming and beautifully Illustrated Italian papers with a second article on "Panforte di Siena." Miss Alice Maud Fenn describes the pastoral attractions of England in a paper entitled "Among the red roofs of Sussex," which her father, Harry Fenn, has profusely illustrated.

THE NORTH AMERICAN REVIEW.—The October number of the *North American Review* contains twenty-three articles by as many different contributors—among whom are an English Cardinal, an American Admiral, two American Major-Generals, two American ex-ministers to European Courts, an American Artist, a N. Y. Assemblyman, an ex-United States Senator, the Mayor of New York, an ex-Governor of New York, two distinguished American Men of Letters, and a famous American Financier—Manning, Ammen, Ben. Butler, Fitz John Porter, Elihu B. Washburne, Wm. Waldorf Astor, (his first appearance in literature), J. B. Eustis, of Louisiana, Wm. R. Grace, of New York, Theodore Roosevelt, Horatio Seymour, E. P. Whipple, Charles T. Congdon, Dorman B. Eaton, and some others less known There is also a very characteristic private letter from Gen. Grant to his father, written from Milliken's Bend, just two days before he started in the Vicksburgh Campaign. It is contributed by Col. Fred. Grant.

BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY keeps on the even tenor of its ways, furnishing a semi-annual epitome of the progress of the medicine throughout the world, such as could only be obtained elsewhere by an immense outlay of time and money. The American edition is issued, as in the past, by W. A. Townsend, N. Y.

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Medical Items.

S. R. BEBOUT, M. D., has located in Glenwood, Iowa, where he has fitted up a fine office.

CONVULSIONS IN CHILDREN—NITRITE AMYL.—Nitrite of amyl is strongly recommended in eclampsia infantalis. Three drops are put upon a handkerchief, and the little patient inhales and is relieved.—*Med Summary.*

DR. HENRY MINTON retires from the editorial chair of the *Homœopathic Journal of Obstetrics and Diseases of Woman and Children*, and Dr. L. L. Danforth takes his place. The quarterly was founded by Dr. Minton, and has won a deserved success, which we have no doubt will be continued and increased under the new management.

HOW TO TEST ERGOT.—To distinguish young from old ergot, Koster recommends to digest thirty grains of it in two drachms of ether, and to shake it repeatedly. If the ergot be of a recent date, the ether will remain almost colorless, while old ergot causes a distinctly yellowish discoloration.—*Arch. de Pharmacie*, xxiii,--*Ther. Gaz.*

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

THE *Medical Record* intimates that the best way to kill homœopathy is to absorb it. Any attempt, it says, on the part of a body of physicians to combine to try to take away the right of the individual to consult with whom he pleases, will fail in the future as it as done in the past. The best way is to show the people that rational medicine is the best, and includes all the good in Homœopathy or any other pathy.

ERGOT IN THE TREATMENT OF COUGH.—Dr. Allen (*British Med. Journal*) reports fifty cases of pulmonary affections in which cough was a distressing symptom. He generally employed subcutaneous injections of ergotin. The dose is not mentioned. In most instances signal relief was obtained.—*N. Y. Medical Journal.*

NOTICE.—The receipt of Boericke & Tafels "Bulletin" for September, reminds us of the long-continued efforts of this old and reliable house, both in the lines of pharmacy and publishing. The profession owes them much for their constant work in giving us pure drugs, new remedies, and a long list of valuable publications.

BUTTER-MILK FOR CHILDREN.—Dr. R. J. Peare speaks favorably of butter-milk in the treatment of irritable stomach in children. In four cases of persistent vomiting it was tried with success. It has not the tendency to coagulate in the stomach as does new milk. He suggests that this property would seem to make it an eminently appropriate agent in the treatment of "summer complaint" of children.—*Ther. Gaz.*

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EPISTAXIS.—M. Siredy controls epistaxis in typhoid fever patients by introducing into the nostril a piece of fine sponge soaked in lemon juice or vinegar and water. The patient is to be kept lying on the face until the bleeding ceases.

DR. George Schloetzer, of Highland, Ill., writes us of his experience with Cocaine hydrochlorate in teething children. The application of a solution of the salt to the inflamed gums, irritated by the pressing tooth has, he says, a remarkably soothing effect, and is an efficient substitute for depletion by means of the gum lancet. Thus are the virtues of this remarkable drug being rapidly developed.—*Med Advance.*

BRAN FOR CONSTIPATION OF CHILDREN.—Dr. V. Poulain writes that he has always found a tablespoonful of fine bran in bread and milk, night and morning, to be the best method of combating constipation in children, and it is very useful in conveying to the child silica and phosphates. The bran should be allowed to soak in the milk, and then, when warmed up to a little below boiling-point, it should be poured on the bread.—*British Med. Jour.*

SLEEPING ROOMS.—It is a mistaken notion to suppose that rooms with high ceilings are more conducive to health than low rooms; on the contrary a ceiling which is moderately low assists ventilation. The vitiated air does not remain in the upper regions, but always reaches the floor by way of the walls, only a portion escaping by the chimney, if there be one. The low ceiling gives the gases less time to part with their heat. What is wanted most in the dimensions of a living room is breadth.

EXTERNAL APPLICATIONS OF ETHER FOR VOMITING.—The *Paris Medicale* credits Dr. Galceden with this suggestion. In a case of obstinate vomiting during pregnancy, after every remedy had been tried in vain, he applied some ether directly to the skin of the epigastrium. The effect was surprising; the patient inspired deeply several times, and ceased vomiting at once. Whatever may be the explanation of its action, this mode of treatment is certainly worth an extended trial.—*Medical Herald.*

INCONTINENCE OF URINE.—In a lecture on diseases of children, published in the *Medical Press and Circular*, Robert Lee, M. D., draws a distinct line between that form of urine which occurs in the night and that which occurs in the daytime. He says Trousseau first pointed this out, and showed that belladonna acted promptly when the incontinence occurred at night, and not so well where the trouble persisted through the day. In these cases there is a partial paralysis of the sphincter, and strychnine gives the best results.—*Louisville Med. News.*

REMOVAL OF SMALL PIGMENT DEPOSITS BY ELECTROLYSIS.—Dr. Hardaway remarks that the electrolytic current has a wide range of cosmetic application in dermatology. Besides its use in hirsuties, it is useful in warts, moles, small fibromata, milia, and cutaneous horns. It is equally effectual in scattered, very brown or black freckles. In these cases, one should quite gently and superficially prick the pigment deposit here and there with the point of a stiff electrolysis needle, taking care not to get down to the corium, thus permanently removing the offending pigment without scar.—*Journal of Cutaneous and Venereal Diseases.*

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Two ladies were conversing about the late war. One said: "It is too bad that Jeff Davis is disfranchised."

"Disfranchised," the other remarked, "I did not know it; how long has he been disfranchised?"

"Why, ever since the war."

The other lady, musingly: "Well, I don't see how that can be; I am sure that Mrs. Davis has had one or two children since the war."—*Med Advance.*

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

Lobelia.—After each vomiting spell, she breaks out all over with *sweat*, followed by a sensation as if *thousands of needles* were piercing her skin from within outward.

Chelidonium.—Dry cough through the day, with pain and stitches in *right* side, with severe *hoarseness* each evening at five o'clock, so that her voice could scarcely be heard.—*Hom. Phy.*

THE MISSOURI STATE BOARD OF HEALTH announces the appointment of committees to make special investigation as follows:

Prevailing diseases among live-stock in Missouri; also condition and care of stock-yards, cars, etc., at points of concentration or distribution—Committee: Mr. Gentry and Mr. Prather. The influential factors in the causation of endemic or local epidemic diseases—committee: Dr. Griffith and Dr. Homan. The sources, quality, means of distribution, etc., of public water supplies in Missouri—committee: Dr. Merrell and Dr. Cox. The sanitary care of railway and river transportation lines, including depots, landings, stations, wharf-boats, round-houses, and passenger and sleeping coaches—committee: Dr. Homan and Mr. Gentry. Domestic and general sanitation in towns, villages, and country homes—Committee: Dr. Goben and Dr. Griffith. The condition of asylums, poorhouses, jails, workhouses, or other charitable or penal institutions, with reference to the health of the inmates—committee: Mr. Prather and Dr. Merrell. The hygienic care of the school population and of public school buildings and premises—committee: Dr. Cox and Dr. Goben

EMPEROR WILLIAM never takes any allopathic medicine, and he perhaps has on that account reached his high age. From the papers we notice that another German sovereign, Duke William of Brunswick, who died recently at the age of 78 years, had the same aversion to drugs and doctors. He would not allow a physician to come near him. During his last illness his family at last had his consent to send for Prof. Biermer, of Breslau. The professor came, but the old gentleman would not allow him to examine him; the professor made a diagnosis of a gastric catarrh with marasmus, and wrote a prescription. The old servant of the duke tried to induce his lord to take some of the wonderful potion, by taking a tablespoonful of the mixture, and declaring with a smile, the medicine had no bad taste at all, "Does it really taste good?" said the Duke, "well, then you had better take it all."—*Luyties News.*

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CONTRA-INDICATIONS TO MERCURY IN SYPHILIS.—At the recent meeting of the British Medical Association, A. Cooper, F. R. C. S., read a paper on syphilis (*New York Medical Record*). After pointing out the great value of mercury in the treatment of the disease, and the necessity for prolonged courses of the drug, he draws attention to the contra-indications, which many physicians are apt to overlook or to neglect. Mercury should not be given to phthisical subjects, unless the chest affection is slight and the patient's health is good in other respects. When albuminuria exists mercury must, of course, be withheld unless there is reason to believe that the renal affection is due to syphilis. When syphilis exists in scrofulous subjects, if the symptoms of scrofula are not very severe, mercury may be given with care in small doses. Mercury is contra-indicated in profound anemia, when non-specific. The least symptom of sloughing or phagedena should prevent any thought of administering mercury. If any of these complications set in during a course of the medicine, it should be at once discontinued. Alcohol and tobacco should be avoided or used sparingly during a course of mercury. Exercise and fresh air tend to prevent salivation, and the skin should be kept perfectly clean. Confinement to the house is desirable when any eruption appears.

THE twenty-fifth Annual Fair of the ST. LOUIS AGRICULTURAL AND MECHANICAL ASSOCIATION, which opens on Monday, October 5, and closes on the evening of Saturday, October 10, 1885, will urpass in merit every other exhibition which this organization has given, however successful.

This very distinctive feature of St. Louis entertainment, which is a type unto itself and without a rival or counterpart in the world, has made a progress during the past few years more rapid even than that of the city itself, and has achieved a fame international. The liberality which has always been a legitimate boast of the management, has this year been exemplified in a new departure that cannot but prove immensely popular.

The Association has acquired an additional sixty-three acres of land on which has been laid out what turfmen concede to be the finest race-track in the country, and a grand stand has been erected which, in proportions and beauty, is in keeping with the other costly structures on the grounds. Stabling for six hundred horses has been provided, with perfect drainage and an unlimited supply of excellent water.

In addition to this, there have been a number of important and costly improvements in the exhibition halls and other permanent structures, as well as in the Zoological department, until now it would be difficult to suggest an alteration or addition which would increase the attractiveness of this resort so familiar to the people of the entire West. Full $300,000 has been expended since last October in the work of extension and improvement.

The premium list for 1885 is the most liberal ever presented, especial attention being shown to the Racing department, and it is a guarantee that the coming Fair will be a memorable event in the Association's History.

With each year transportation facilities have increased, and little of annoyance or delay need be anticipated in this connection by those who contemplate spending a day at the Fair—and who does not?

TREATMENT OF RINGWORM.—Alder Smith (*Brit. Med. Jour.*) recommends the use of chrysophanic acid dissolved in choloform, in the proportion of seven grains to the ounce. He says that it is the most efficient treat ment that he has yet tried.—*Jour. Cut. and Ven. Dis.*

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PROF. Da Costa recommends, in phthisical and other night sweats, ergotine, two grains three times a day. It has all the beneficial action of atropine, without the unpleasant dryness of the mouth and fauces.

THE *North Carolina Medical Journal* speaks in high terms of oranges as a galactagogue. If at any time the flow of milk be not free, one or two oranges will increase it very abundantly in an hour or two.

DIAGNOSIS of gonorrhœa in the female can easily be made, according to Martineau, of Paris, by noting the character of the discharge, which is always acid in the specific form of the disease and alkaline in simple vaginitis.

NOTES ON CONSUMPTION.—Dr. Charles Cullis, of the Berlin Consumptives' Home, finds his best remedy in *Iodium* 2x, hree or four drops three times a day. For cavity profusely suppurating, *Calc.-Hypophos.* 2x every two hours. For severe fever, *Acon.* 200, a single dose repeated in two or three days if required.—*Dr. John C. Morgan in U. S. Medical Investigator.*

A COMPARISON.—Constantine Hering said (*Journal of Materia Medica*, quoted in *Hom. Phys.*, June): *Colocynth* has a great similarity to *Staphysagria*, not only in anger, with vexation and inclination to anger, but especially in abdominal colic, neuralgia, dysentry, and many other complaints. For this reason they often work well after each other, or in alternation.

HARD ON THE DOCTORS.—Many years ago, when the physicians, if they dissected at all, were obliged to steal the bodies, over the mutilated remains of a little girl was placed the following epitaph:

Her body ditsected by fiendish hands,
Her bones anatomized;
Her soul, we trust, has risen to God,
Where few physicians rise.

VERATRUM VIRIDE 3x IN DYSPNŒA.—According to Dr. E. S. Bailey (*Clinique*), this medicine cured a case of distressed breathing which remained after a severe attack of whooping-cough in a girl aged eleven. The dyspnœa came on at night; was unaccompanied by either cough or inflammation. The breathing was convulsive and sobbing. The medicine was given every hour. Subsequently the mother of the child was confined, and in a few days the baby showed signs of cold. The breathing was convulsive like that of the other child. The same remedy proved rapidly curative.

PEROXIDE OF HYDROGEN.—This agent has been known and used in the arts for some time, and has also been used in medicine chiefly for its antiseptic properties, as it is one of the most potent destroyers of bacterial life. Its action on pus is remarkable. If few drops of a ten-per-cent solution be brought into contact with pus a brisk effervescence ensues, begins and continues until all the pus is completely destroyed. Its chief therapeutic value lies in its cleansing, antiseptic, and painless action upon foul ulcers. It is also useful in purulent ophthalmia, otorrhœa, gonorrhœa, etc., and as a mouth wash or gargle; it may also be mixed with glycerine and applied on absorbent cotton to the ulcerated cervix uteri. The account given of it i most flattering.—*Medical Era.*

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SALISBURY STEAK AND TREATMENT.—The Salisbury steak is made by taking the best slices of the "round" of the beef, and chopping it with *dull* knives. The object is not to cut, but rather pound the meat. By thus treating it, the pulp comes to the top, and the tough, fibrous portion remains below. This pulp is scraped off and made into cakes, like sausage-cakes, or in the shape like a good sized steak and *gently* broiled on a gridiron. It has been found that meat gently cooked is more digestible than raw. The fire must be good, so that the meat may be rapidly broiled—that is, be cooked on the outside and almost raw inside.

A little salt and peppper and a small amount of butter added make a not at all unpalatable dish, and one which contains *all* the strength of the beef, with the tough, indigestable portion entirely separated. This diet is used exclusively in chronic cases, by physicians professing to treat according to the Salisbury method. They use but few drugs, and what they use are mainly tonics. The diet is used not only in diseased digestion, but diseases of liver, kidneys, stomach, bowels, nerves, etc., and remarkable results are said to have been obtained.—*N. Y. Medical Times.*

THE DIAGNOSIS OF SCIATICA.—A diagnostic point in sciatica is given by De Beurmann which we have never seen alluded to. The patient lying on his back with the muscles of the leg and back relaxed, the affected leg is raised while in complete extension and flexed upon the abdomen. This causes marked pain in the course of the sciatic, especially intense at the sciatic notch, and the movement is resisted. If, then, the limb be lowered, and while the leg is flexed on the thigh, the latter is again carried up on to the pelvis, no pain will be felt. This phenomenon depends on the fact, verified by De Beurmann in experiments on the cadaver, that great tension on the sciatic is exerted by flexion of the thigh when the leg is extended, but almost none when the leg is flexed. In the diagnosis of sciatica from crural neuralgia, affection of the femur, or coxalgia, in all of which diseases the position of the limb and seat of the pain may be similar, this manœuvre is of value. If the nerve trunk is free of disease there will be no difference in the amount of pain caused by the extension or relaxation of the nerve by the different positions indicated. In other words, in affections other than sciatica, the movements given to the coxo-femoral articulation will be equally painful whether the leg is extended or flexed on the thigh. (*Arch de Physiologie*, and *Revue Medicale*, April, 1884.)—*Practitioner.*

POWDERED BORACIC ACID IN OTORRHŒA.—A scrofulous boy aged three, after a cold had earache, inflammation, perforation of the drum, and otorrhœa. Dr. G. E. Blackburn, other measures having failed, adopted the following: "After carefully cleansing the ear by wiping it out with absorbent cotton, I inserted a speculum, poured in boracic acid, and gently packed it down with a soft pine stick just large enough to slip easily through the tube. This I continued to do until I had filled the canal. I then placed a small pledget of cotton in the ear and gave *Hepar S.* 30x, a powder every night and morning. This packing was washed out by the pus in forty-eight hours. I repeated it. Again in four days I had to repeat it. The result was a complete success. In three weeks I removed the hardened mass by using warm cosmoline, and now the membrane is entire. Hearing, so far as I can judge, is restored, and the patient cured."—*Clinique.*

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Original Communications.

WHAT IS HOMŒOPATHY?

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

This question is a very broad one, and hence its answer cannot be limited or contracted. To say that Homœopathy is based upon the law of *similars* is but the bounding of a cone by describing its base and leaving its apex undiscovered and projecting into space; to say the least, the answer is unsatisfactory. When similars are mentioned, the novice immediately wonders what similars are referred to, and how are given similars related to each other. It is simple to affirm that similars nullify each other, and it is easy to demonstrate the fact, but other questions arise of greater importance and much harder to answer—how are these similars recognized, and how are they utilized to cure disease?

After hearing the statement that similars nullify each other, and having accepted the law expressed by the formula *similia, similibus curantur*, what Homœopathy really is, is yet to be learned. The knowledge comes after due conversance with disease and drugs. One must acquire knowledge of dis-

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ease in all its relations to the human body. One cannot afford to neglect any resource whereby he can gain information relative to disease. Causes, morbid anatomy, duration, and course of every disease in particular must be thoroughly studied. The habits of each and every fixed disease must be observed to acquire a knowledge of its true nature. One must be able to predict from the present what will likely take place in the immediate future. He must also know the sick-making substances and the sicknesses they produce, their course and duration, beginning and termination. From these the homœopathist arranges his similars. These are his *media* through which he developes a knowledge of the art of curing homœopathically. Without a careful and thoughtful study of the two, he can never answer the question which has been selected as the subject for this paper.

If he neglects a part he is ever crippled and in darkness as to the whole or totality. If he neglects to study disease in any of its many sides, he gropes in darkness during his lazy, half-useful life. If he reads morbid anatomy, and attempts to apply remedies by such knowledge, he must live and die with a life filled with numerous failures. The man who reads his symptomatology, as found in drug pathogeneses, may do fine work, but he has neglected the half that he should have learned. The human body, the house of both health and sickness, must be searched until familiarity breeds contempt.

Homœopathy is the science of healing based upon the law of similars as a law of selection. To select under this *law*, one must be acquainted with parts and counterparts, positives and negatives—*similars*—that his *conclusions* may be made by *exclusion*, that he may demonstrate to himself as well that remedies are not indicated, as that the one similar only can conform to the disease in hand; appropriate, because it of all the known medicines is most like unto the disease to be cured. It is well known than many want to be called hom-

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œopathic physicians. Some desire the appellation who in practice have not this information mentioned above. They are not even acquainted with sick pictures. They only recognize disease in parts, not seeing the whole. These men alternate, or practice, by using a part of the picture of one drug and a part of the picture of another drug to cover the two portions of a supposed disease which they see only in a fragmentary state; not being acquainted with disease in totality, they cannot shape a picture in a single drug to fit any but the fragmentary disease. Only a few days ago one of these men said to me: "I have just prescribed Arsenicum and Sulphur on the pathology of the case." Being anxious to learn the pathology that furnishes such an infallible guide to these remedies, I made a pressing inquiry, but that which I learned was so vague I am unable to comprehend it.

The study of true pathology should be encouraged, and is essential to the science of Homœopathy, and no homœopathician has ever discouraged it. Pathology is any discourse upon disease; it is broad and all-embracing. The study of disease as manifested through subjective and objective symptoms, a study of lesions or results of disease as made known by physical inspection, etc., etc., down to morbid anatomy, all should be known by the homœopathician, with a full appreciation of the true value of all. The disease in its course, history, and every known manifestation should be considered that the individuality may appear in one grand picture.

Not until this picture, this totality, this individuality, is clear in mind, is grasped completely, can the physician deal with it intelligently; he will then see, in some pathogenesis, a picture with a similar totality and individuality standing out with the same bold relief. Now if he is acquainted with both, and acquainted with the grand law of selection expressed in *similia, similibus curantur*, he will administer the medicine possessing in its pathogenesis, this likeness of effect, and wait with the confidence peculiar to the experienced homœopathi-

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cian. These are the primary and essential tenets of Homœopathy. The rest of the science is made up of degrees that perfect as they advance, and are qualitative in character and quantitative in appearance. Under these degrees we learn to play upon the strings of a vital harp with a *tactus eruditus*.

The next advancement deals with dynamization. Many are satisfied with the primary tenets of Homœopathy and want no more. They do not wish further instruction. They do not wish to be made conversant with the fact that all non-surgical diseases are dynamic in character (cause), and must be cured, even are cured *only*, by dynamic effects. They lose confidence in the potency of *Aurum* when it becomes too attenuate to guarantee visible gold, and yet they know that visible gold cannot be appropriated by a living stomach. Dynamic power begins to evolve very low in the scale of potentization, and may be evolved from the crude substance of some drugs. Experience, not philosophy, can satisfy the hungry mind as to the truth of this grandest acievement of the immortal Hahnemann.

When fully convinced that the dynamic power cures, another advancement awaits the student. He is then presented to the mysteries of dealing with the automatic forces of the living body when influenced by disease. He observes the effect of a dose of potentized medicine selected by the law of similars. It is indeed a small part of his observation to see the patient recover with no medicine but that contained in the dynamized drug. Far greater things remain to be seen and studied. The aggravations and ameliorations found in peculiar diseased states are not so simple. The distress that may arise from a single dose of Sulphur in the last stage of phthisis is most astonishing; and the beginner cannot convince himself that the potentized drug was the cause of it. When I say to my class, You must not give Sulph. to the patient in the last stage of consumption, they all look at me in surprise. It is

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often observed that Phosphorus does great harm to low forms of organic disease. I have several times known a chronic invalid to go on with little suffering for a lonf time, and, with a hope to stay the progress of her disease, administered a single dose of a very high potency of an antipsoric medicine, only to distress her, put her in bed, and from which time her downward course was rapid, while I am convinced that had I avoided antipsorics she would have lived and suffered much longer. If a carefully selected antipsoric aggravates a low form of disease sharply, and the aggravation is protracted and no amelioration of the general condition follow, no more antipsorics should be thought of for that patient; the hope of cure must be abandoned, and short-acting medicines resorted to to palliate. In gout, cancer, phthisis, and organic diseases of this kind generally, the rule holds good. Any physician who has followed the use of high potencies for a considerable time must feel it. Then who can say there is no power developed? Only he who has not found this method of treating the sick. The physician that sees not these aggravations only demonstrates that he has made few or no homœopathic prescriptions. The closer the homœopathic relation between the remedy and disease, providing the disease is of low origin and well advanced, providing the disease is incurable, the sharper and more distressing will be the aggravation.

Once a fleshy, robust-looking lady, came to my office for professional aid, she looked so well that I suspected only a slight illness. Finally, a close study of her symptoms revealed the history of rheumatism, endocarditis, suffocation, amenorrhœa of eight months' duration, and great bodily suffering. Indeed, I was surprised that she manifested so little of her suffering. I compared her symptoms closely, and found that no remedy but Pulsatilla could correspond to her symptoms. This remedy was administered (51 M, Fincke), dry, one small dose, and Sac. lac. She went home and felt very badly. Pel-

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vic symptoms became marked, and she sent for me. She believed her flow would resume, and I hoped from her report that I had made a homœopathic prescription. But she struggled on and no flow appeared: her pelvic symptoms were such as should accompany her menstural *nisus*, but greatly intensified. I dare not repeat; success depended upon permitting the remedy to have its own way. She was made as comfortable as possible, and I waited on the remedy during this struggle for one or two weeks. The endocarditis then began to show itself with all its terrors, dark blood began to well up from the lungs, which grew worse from day to day, pulmonary œdema became marked, and blood-spitting increased from day to day. I felt that I must interfere and make an effort to save her life. The only result of the remedies selected was simply palliative. She passed away quietly.

I have treated several cases of gouty rheumatism in which I could plainly see that every dose of medicine advanced the original malady. Many times I have been forced to feel that the dose of a dynamized drug added new force to the old disease, and it progressed even more rapidly. I never saw such striking results from low attenuations. Not long ago I was called to the bedside of a patient in the last stage of phthisis. She had a diarrhœa, and passed large quantities of colorless urine; other symptoms accorded, and she took a dose of Acetic acid, which controlled the diarrhœa and polyurea, but immediately her chest symptoms came on with greater force than I was able to control, and she sank rapidly. I am sure she would have lived much longer had I permitted the less harmful condititions to go on. These things look strangely to the inexperienced physician, but they are facts; and, above all, show the great power of our potentized remedies. The truly appropriate remedy commonly develops the evidence of extreme sensitiveness in all kinds of sickness, and the extreme danger of repeating remedies is here illustrated.

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If there is anything I dread it is an incurable disease. My experience in this line has been greater than I could ask. While these things have shown the danger of repeating medicines, they have also taught me another thing, viz: I am generally able to predict the gravity of the disease by the manner of reaction that follows my remedy. In acute diseases I have not seen troublesome aggravations, but a pleasant increase of the existing symptoms or even new symptoms appearing is presumptive evidence of a good selection. In the Western country our diseases are so mixed with that unknown quantity, or something that we call *malaria*, it is necessary to repeat medicines oftener in acute disease than in most countries. Malarial diseases and states are so cumulative in character that the effect of a single dose is soon exhausted and another becomes necessary. Therefore I find myself repeating frequently in many very acute cases. I begin by repeating once in two hours in a fever that is continued, but as soon as I see signs of a remission I stop all medicine and wait on Sac. lac. When a fever is going up I repeat, and the instant it has ceased rising I cease medicine. In agues I generally administer one or two doses in the apyrexia and wait results. I seldom administer medicine until the paroxysm has been completed. When the first dose is followed by a perceptible aggravation, a second dose should never be administered until the amelioration, which follows the aggravation, has ceased. When a medicine aggravates it will generally influence the patient much longer than when no such aggravation has been observed. An amelioration that begins forthwith also demands that all medicine be stopped, but such amelioration is seldom so striking as when the amelioration has been preceded by a slight aggravation. *Immediate amelioration* often indicates the *absence* of a deep-seated disease. Especially is this the case with the use of long-acting medicines. These go so deeply into the life that they shake the very foundation of the automatic existence. When these

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powers are so clearly demonstrated, can any man desire Morphine to quiet a patient in any kind of agony? Can any man feel the need of greater force to combat disease with? Yes, there are men who do not know this force; it cannot be evolved at will by anybody who wills to evolve it. This force is never observed, except by him who has learned the philosophy taught in the *Organon* of Samuel Hahnemann; and it is after, *not before*, looking upon the wonderful effect of a remedy conforming to the law of similars that one can appreciate the power he has with which to combat the ills of life, and with which to defend frail man against the assaults of his natural enemy.

Then to the question, What is Homœopathy? I must answer, *no man knows! God* only knows the length and breadth of the intricate, unfathomable mystery. The knowable part of this science, if I may use the word, consists in observing the sick-making phenomena of drugs and the phenomena of sickness, gathering and grouping the similars, selecting with the likeness in view and waiting for results.

While we are observing the folly of others we must learn to avoid extremes in our midst. We must not despise the original thirtieth of the master because we have found the Cm in so many cases so useful. While reveling in the higher degrees of the true healing art, the younger and weaker must be fostered while tremblingly climbing the pathway up the hillside so familiar to most of us. While the way is beset with thorns, it is nevertheless the way of truth, and no part of it is to be despised. With the young and old our faith must be pinned to the *law of similars*, *the single remedy*, *the smallest dose*, *the dynamic power*, and the last, but not least, the *proved drug*. These coupled with our organic philosophy, we shall continue in doing good and living to do good.

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A CASE.

BY THE EDITOR.

Child one month old at date of my first visit, was delivered by a certain lady hygienist of the city, who scrupulously ignores the use of medicine. I found it with a complication of Ophthalmia neonatorum, lienteric diarrhœa, insomnia, and almost constant colic. In getting the history of the case I learned that this phase or complication of matters had existed since a few days after birth. There was in addition, an extensive papular inflammation about the face, which was thickest, or most abundant about the eyes. The eyes at the date of my first visit were reported by the mother somewhat improved. The inflammation seemed mostly confined to the lids, which were swollen, red, hot, with much purulent discharge.

There was excessive sensibility to light, so that they (the eyes) were kept constantly closed, except when forced open by the nurse's fingers, to allow the escape of the muco-purulent discharge. The bowels acted from six to ten times in the twenty-four hours. The stools were green, slimy, and filled with curdled or undigested milk. The child cried violently and almost continuously, with the result of almost complete insomnia. Two hours continuous sleep was considered, when it occurred, as a great boon to all concerned. Under such a condition of abnormal combination and complication, I need hardly say the child had not grown or increased in bodily bulk; but to the contrary had lost flesh and was probably not so heavy as at the time of birth. Indeed, its wrinkled skin and attenuated limbs indicated approaching marasmic atrophy.

TREATMENT.—I directed the eyelids to be freely annointed

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with two grs. of Sulphate of Zinc in one ounce of Vaseline, every four hours; the inunction to be made with considerable friction and force, so as to insure a portion of the ointment getting within the lids and on the conjunctival membrane generally. I directed the mother to let it have the breast once in four or five hours, in order to give rest and digestive opportunity to the stomach and bowels. This unusual interval was indicated by the fact that pain became much greater after each ingestion of milk. For internal medication I elected *Arsenic.* When I came to examine my pocket case, I found no preparation or supply other than a two-drachm vial, in which I had recently carried some Fowler's solution. The vial I found empty, and probably slightly *moist* from the recently contained supply. I filled the vial with water and turned the *washings* into one-half a goblet of water, and directed about twenty drops to be given every two hours. I am thus minute and particular as to mode of filling the prescription, as an indication as to how small a quantity of the properly selected remedy may sometimes become effective for a curative purpose. In twenty-four hours time all the symptoms were decidedly better; in forty-eight hours time there was much further improvement. In five days time the symptoms were so far vanished as to leave the child quite or entirely well. The bowels were well, the eyes clear and bright, and the child slept from six to eight or ten hours at a time, and could take the breast without pain. On the sixth day, the Arsenic was discontinued and the mother advised to nurse the child every three hours. This withdrawal of medicine and observance of shorter intervals as to nursing, proved to be premature, as it was followed by a slight general turn of symptoms all round. Resumption of the medicine with longer intervals for food was followed by prompt improvement, and permanent relief in about ten days from the commencement of my attention.

The two points of especial interest in the case are, the

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prompt relief and the infinitessimal quantity of medicine. To call the relief incidental and independent of the medicine would scarcely seem fair or reasonable. Remember, when the medicine was given, quick relief followed. When it was discontinued, the symptoms returned. A resumption of medicine was a second time followed by relief, which has remained permanent. The hygienist finding her peculiar modes in calisthenics, Sweedish movements, and "hard tack" rather inapplicable to the tiny little specimen of humanity, informed the family that it would be best to let the symptoms wear themselves out; with the pretty certain prospect that the baby was likely to wear out instead of the symptoms.

I find I have omitted to state, that in the latter days of treatment, a mild solution of the Borate of Soda, as a lotion, was used in alternation with Zinc-vaseline ointment, and seemed to good service.

On the subject of quantity or attenuation, I wish to say: a few days after prescribing for this case, I was called to see a child about two months old, suffering from *eczema capitis* and diarrhœa, for whom I prescribed by *washing out* the Arsenical vial a second time. The case had marked and prompt improvement under the prescription. Those who know me, know I am not what would be called a high dilutionist. But candor compels me to remark, that between giving medicine at times when it would be just as well or better to give none; and the very great importance of not giving too much when necessary to give any, I very sincerely desire to find myself trusting in and using attenuations of the very highest, compatible with the conscientious discharge of my duty to my patients. Probably after awhile, those of us who are low will be able to go higher; and those who are now very high will be able to climb down a little; and so ultimatelely we may be able to strike hands on conservative borders, and cease to worry, persecute and mistrust each other.

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HEAT AND COLD IN SURGERY.*

BY S. B. PARSONS, M. D., ST. LOUIS

There are but few medical men, and a less number of surgeons, who rightly understand and duly appreciate the use and value of heat and cold in the treatment of the great variety of afflictions with which they are constantly coming in contact.

In this enlightened day are to be found some surgeons who still deny their power of subduing hyperæmic and inflammatory conditions, and others who restrict their use within narrow limits; and another class who consider them the most powerful antiphlogistics in the whole range of therapeutic measures. It is an inexplicable question how there can be such diverse opinions upon so simple a subject. It was not long since I read in one of our American journals, an article from a physician who, to judge from his writings, one would suppose was well-informed and intelligent, who took the position that neither cold nor heat, dry or wet, had any effect upon inflamed tissues other than to increase the local, morbid action, as well as render the patient liable to the serious consequences of metastasis. It may be his experience with them justified his assertions, as it is a matter of no uncommon occurrence for a careless, unskillful, or ignorant application of either agent, to be followed by the most dire and humiliating results. More especially is this so under the long and free use of cold; for we all recognize and admit its tremendous force, capable of destroying beyond any possibility of recovery every living thing. And as it is oftenest used, we see and read more of its injurious effects when mismanaged, than we do when heat is resorted to.

Like all other remedies they have shared the common fate of being lauded at one time and decried at another, from time immemorial, but never received so universal an acceptance, nor their proper sphere so eagerly inquired into, as at the

*Read before the Missouri Institu Homœopathy, held in St. Louis, May 5th and 6th, 1855.

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present time. Hippocrates and Celsus recommended cold water to recent wounds of the most various kinds, while Galen on the other hand, used only warm water and warmer oils to injuries. Actius, who lived in the middle of the sixth century, praised anew the use of cold water in the treatment of new injuries, and in some cases made use of cold affusions.

Rhazes, in the beginning of the tenth century, applied water, made cold by snow, to burns, but treated fractures by moist warmth. After that date the use of both heat and cold seems to have gone entirely out of practice, for Marianus Sanctus, and also Blondus, in the sixteenth century, recommended pure cold water as a *new* remedy of rapid and certain efficacy in the treatment of even the most serious wounds. Other celebrated surgeons of the time, and especially Ambrose Pane, Fallopius and Palatino, continued the use of cold affusions to severe wounds with the best results. In the seventeenth century cold applications again went into disuse, hot ones, ointments and plasters taking its place. In the eighteenth century both heat and cold again came into favor. Smith, an Englishman, and Samorier, a Frenchman, were the chief advocates. The latter had a special liking for continued local water baths, both hot and cold, and reports very interesting cases which he treated successfully in this manner exclusively. Notwithstanding there had been quite an extensive use of both heat and cold, and much had been said in their favor, they again fell into desuetude, and it was not until the latter half of the eighteenth century that the practice was generally accepted. At that time they were introduced into the military practice of the German army, by Smucker, the Surgeon General, who had witnessed the most excellent results from their use in cases of great severity. The practice steadily advanced in Europe and this country, until it became a generally adopted system, but for the last forty years little or no improvement has taken place. Although all of our modern works on surgery advocate the use of heat and cold as curative agents, and some of them go so far as to say we cannot get along without their aid, yet are they sadly deficient in giving us information regarding the time and cases best suited to their remedial powers; when not to use them, under what circumstances and con-

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ditions we should apply warmth, and when we should apply cold; and in fact we are left entirely without a guide for the administration of two remedies having no equals in the armamentarium of materia medica.

The question when is cold and when is heat required, is an all important one, and should receive the same amount of thought and consideration as we are compelled to give to ascertain when Aconite and when Bell. are most efficacious, results one is able to obtain from their use, judiciously applied. Some surgeons reject cold altogether and use only warm applications, believing that the former is too dangerous for general use, causing gangrene, tetanus, rheumatic inflammation of joints, etc., whilst other surgeons admit its efficacy and use cold water in all acute inflammations, but advise its discontinuance as soon as suppuration sets in. How is it that there should be so diverse an opinion concerning this point? I suppose there is but one way of answering this question: and that is, that while its use in the hands of judicious, careful practitioners has been followed by most excellent results, in the hands of negligent, or ignorant, or unskillful men, it has proved a bad remedy.

When is cold and when is hot water to be applied? This, it seems to me to be an important question, and, perhaps, a total disregard of the conditions under which cold alone was used in former times, was the reason why it had so violent opposition shown it. There are times and conditions when cold should not be used—when warmth to the parts is required, and vice versa. As heat is the most important factor in inflammatory processes, both in the inflamed parts and the whole mass of blood, we would naturally suppose that any cold application would be the most suitable to the requirements of the case, as well as the feelings of the patient. We know that this increase of temperature proceeds on the one hand from increased textural changes in the inflamed tissues, and on the other from an increased flow of blood through the blood-vessels of the part; that in inflammation there is an undue amount of blood in the part in consequence of the blood-vessels being dilated, and without their usual power of contracting upon their contents, and now whatever will assist to the greatest de-

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gree in causing the circulation to resume its natural condition is the best remedy for the case. Because there is great heat in the part, and perhaps a general rise in the temperature of the body also, is no reason for concluding that cold applications are needed. Before deciding this point in our own mind, we should consider the patient's general condition, his temperament, bodily health, &c. Pale, thin, anæmic people, by reason of their impoverished state, low external temperature, and low vitality, generate only a small amount of heat, consequently they are mostly always cold, and cold external applications are not only disagreeable to their feelings but also positively injurious. These are the cases in which it is nearly always safe to order hot applications, no matter what the condition. The chief modes of applying these remedies are compresses, immersions, affusions, bladders, or bags, or bottles and poultices. The use of the compress is the most general one adopted, but is far less effective than either the bags or affusions, and, besides, it is not without danger in certain instances, not generally remembered or not known. I mean, their use upon a closely applied bandage around a wounded, broken or inflamed part. Cases are on record where gangrene has followed their application under such circumstances, and the incidents explained as bad effects of cold, whilst they were simply the consequences of wet, and carelessness or ignorance. It must be known to all of you that a bandage contracts greatly as soon as it is wetted, and therefore should either not be applied at all, or if put on it should be done so in a very loose, and therefore ineffective manner, whenever it is best to apply wet or moist compresses.

There is another danger I wish to speak of, following the use of cold water in the form of baths or irrigation, and is induced by the too long and continuously applied means with the remedy at a low temperature. In this case gangrene is also liable to recur, but previous thereto, the pains grow intense, and we may be deceived by them if not very careful, supposing them to be due to increasing inflammation from the original cause, and consequently keeping up the direct cold to overcome it. The best form of applying cold is by means of the rubber bag, or what is called the American sponge-bag. I

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prefer the rubber or sponge-bags to bladders, for the reason that they both abstract less heat than animal membrane, and are therefore safe, especially if we are so situated that a frequent inspection cannot be given them. Frost-bites are not an unusual effect of the use of bladders of ice, and their use should be very carefully watched. In my own practice I generally give a decided preference to warm water over cold, the impression made by it on the system and part being usually more agreeable and soothing, whilst there is much less danger of metastasis. It is particularly adapted to nervous, irritable persons, with low caloric powers, anæmic, &c., where the inflammation is far advanced in the suppurative stage. An early stage of inflammation is no objection to its use, but on the contrary, in the majority of instances it answers better than cold. The usual modes of applying heat are fomentations and compresses. Steeping, poultices, baths, and irrigation. Compresses and poultices are the most universally employed, and may be either simple or medicated. The poultices are made of stale bread and water or milk, by pouring boiling water upon them and stirred until it is of a thick, mushy consistence. The slippery elm and arrow root poultices are used more especially for irritable sores, burns and excoriations. The best form of poultice I have met with is made from linseed meal mixed with boiling water and stirred until it is converted into a thick paste. In wounds of great severity, where the parts are not only broken but also crushed, and their vitality lowered to an extreme degree, and an attempt be made to save the parts, to establish suppuration or hasten it and bring back life and circulation to the injured tissues, I have found nothing better than a large, warm linseed poultice. It retains heat a long time and has oily properties within itself sufficient to prevent its becoming dry and irritating. Other kinds of poultices may be made of carrots, cranberries, poppy leaves, lobelia, charcoal, yeast, and a great variety of other ingredients, with which you are probably familiar. I have found that an external application of the same remedy as is given internally in a case, assists very materially in hastening the cure.

For instance, if the case is one of erysipelas of the leg, and Bell. is given internally, a local application of the tincture

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in warm water, or a poultice of the leaves, will be found an excellent and rapid means of reducing the inflammatory action. But whatever the poultice be made of, and whenever any moist application of whatever kind be applied, it should always be covered by a piece of oiled silk or rubber cloth, so as to obviate the dampness from penetrating the underclothing, as well as to keep the parts from exposure and being chilled.

Correspondence.

DR. ORDWAY'S REPLY.

Editors Periscope:

In the September number, in your leading editorial, you pitch into the Bureau of Obstetrics of the American Institute, at its last session, or rather into its work. You certainly failed to use your ears to a good advantage.

As Chairman of that Bureau, I rise to make plain to you what seems to be badly tangled.

Your editorial says that "certain members plumed themselves upon their supposed skill in the administration of remedies during utero-gestation, as a means of preparing the prospective mother for the puerperal or child-bed experience."

In remarks following this you seek by an attempt at sarcasm (which is *no argument*), to give the readers of your valuable journal to understand that these "certain members" advised the giving of remedies for *fun* as it were, no motive being present. Again, as chairman of that bureau, I will say that the papers which treated of this branch of the subject—(Dystocia) and the discussions based thereon, *all* contemplated hygienic care of their pregnant patients, and only proper prophylactic treatment against known diseased conditions, which your editorship knows are not only admissible but are used every day in many diseases, if *not* in "Rheumatism, Dysentery or Pneumonia."

Physiological or pathological reasons were given for every dose of medicine, and all hygienic measures advised.

Like yourself I do not believe in "Meddlesome Mid-

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wifery;" *neither* do I believe in sitting idly by and allowing any patient, for want of proper (not fussy) care, to suffer 24, 36 or 48 hours; the fault of abnormal conditions which *judiciously* looked after and prescribed for in *time*, might have abridged this suffering to from one to six hours. Not a paper read or a word said in the Bureau of Obstetrics at the American Institute at its St. Louis session, looked to the employment of either medicine or treatment, in a healthy person; neither did any of the said utterances contemplate for a moment that the condition of pregnancy, *per se*, to be a diseased condition. You mistook the fact that we were confining our papers *to* the pregnant state, *for* an attempt to medicate it without cause.

L. S. ORDWAY.

Selections.

ON POISONS FORMED FROM FOOD, AND THEIR RELATION TO BILIOUSNESS AND DIARRHŒA.

BY T. LAUDER BRUNTON, M. D., F. R. S.,

(*Continued from page 396.*)

GAUTIER obtained from putrified proteid substances, and also from the secretions of living beings, alkaloidal bodies having a poisonous action. But the greatest impulse to the study of putrefactive poisons was given by Professor Selmi of Bologna, whose researches were unfortunately too soon brought to a close by his death. To alkaloids formed by the decomposition of proteid substances he gave the name ptomaines, by which they are now known. It was at first supposed that these differed in their nature from organic alkaloids formed by vegetables and various reactions were given to distinguish between them. Recent researches appear to s ow that this distinction can no longer be maintained, and that both animal and vegetable alkaloids are similar in their chemical constitution, and are both products of albuminous decomposition. I have already mentioned Brieger's discovery that an alkaloid peptotoxine is formed during the digestion of fibrine by artificial gastric juice. Pellicani has found a poison in the suprarenal capsule, and sometimes ptomaines may be obtained from the flesh of healthy animals. It is, therefore, probable that poisonous alkaloids are continually being formed in healthy men and animals by the decomposition of albumen in the intestinal

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canal during the process of digestion, or in the blood and tissues generally by the metabolism which occurs during the functional activity. A considerable portion of these alkaloids is in all probability destroyed in the body, but some are excreted in the urine and fæces, from both of which powerful poisons have been extracted.

It used to be an old saying that nature never provided a poison without providing an antidote, and the fact that the dock leaf and the nettle usually grow together is often pointed to as an illustration. In the case of poisonous alkaloids there seems to be a good deal of truth in this saying, for various poisonous alkaloids which have an antagonistic action to each other appear to be produced by albuminous decomposition. It has not yet been ascertained how far the symptoms of poisoning from decomposing, fish, flesh or sausages, or from the retention of morbid products of the organism itself, such as we see in cases of uræmia, depend upon a single poison or on a mixture of poisons. It seems, however, very probable, that in many such cases we have more poisons than one, and that the comparative absence of symptoms in some cases may be due to one poison counteracting another. Brieger has found that two of the most important alkaloids produced by putrefaction are neurine and muscarine; and to these may be added a third substance, choline. Choline is obtained by boiling bile, brain, or yolk of egg, with baryta, and gets its name of choline from its having first been obtained by treating bile in the way just mentioned. It has for some time back been considered to be identical with neurine, but Brieger has been led by his recent researches to regard choline and neurine as two different bodies, though very closely allied in their chemical constitution. By oxidizing choline, obtained either from bile or from yolk of egg, with strong nitric acid, Schmiedeberg and Harnack have prepared artificial muscarine, which is almost, though perhaps not quite, identical with that which is found naturally in a poisonous mushroom (the *Amanita muscaria*). Recently Boehm has subjected choline and muscarine to a careful examination, and while he finds that their action is somewhat the same in kind, it varies in degree; muscarine being very much stronger than choline, and having a marked action on the heart of the frog which choline lacks. Artificial muscarine differs also to a certain extent from natural muscarine, inasmuch as the artificial alkaloid possesses a paralyzing action on the ends of motor nerves, somewhat resembling that of curara, while the natural muscarine, if it possesses this action at all, has it only to a slight extent. With small doses the effects of artificial and natural muscarine are almost identical, and it is only when the dose is large that the paralysing action upon the motor nerves of the artificial musca-

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rine becomes evident. It may be said that all three bodies—choline, neurine, and muscarine—have a similar action, but choline is much weaker than the other two. The lethal power of neurine is nearly ten times, and that of artificial muscarine fifty times, as great as that of choline. The most marked symptoms which they produce are salivation, diarrhœa and vomiting, dyspnœa, paralysis and death. They seem to stimulate the secretion of glandular organs, because along with salivation there is also a flow of tears, and the secretion of bronchial mucus is rendered abundant and fluid as is shown by the occurrence of abundant moist *rales* within the chest. The dyspnœa, however, is not entirely due to abundant secretion of bronchial mucus in the lungs, because even in frogs choline produces a peculiar alteration of the respiration and dyspnœic movements.

Muscarine and neurine produce in frogs a complete arrest of the cardiac pulsations, the heart stopping in diastole;* but this cannot be regarded as the cause of the dyspnœa, because the respiratory movements in frogs are not dependent on the circulation in the same way as they are in warm-blooded animals. In mammals† muscarine and neurine render the beats of the heart slow and weak, but do not usually arrest the cardiac pulsations, so that the heart is commonly to be found beating after death has occurred. The dyspnœa produced by muscarine has been attributed by Schmiedeberg to excitement of the respiratory centre of the medulla oblongata;‡ but I am inclined to think that in all probability contraction of the pulmonary vessels may have something to do with it; for one of the most marked points about the action of muscarine, neurine, and choline, is the extraordinary effect of atropine as an antidote to them. In animals poisoned by any of these three substances the subcutaneous injection of atropine stops the salivation, arrests the diarrhœa, and removes the dyspnœa. It also prevents death from these poisons, but only within certain limits; for if the dose be very great, the animals may still die. More especially is this the case with choline and artificial muscarine which paralyze the ends of the motor nerves, because the curara-like action is not counteracted by atropine, but is perhaps rather increased, atropine itself having also the power of paralyzing the motor nerves when given in large doses. The effect of muscarine and neurine on the heart is also removed by atropine. It is possible that atropine removes the dyspnœa by destroying the effect of these drugs upon the heart and thus allowing the circulation to go on freely again. Yet as I have mentioned in a former paper, the injection

*Brieger, *Ueber Ptomaine*, pp. 26 and 34. †Brieger, *Op. cit.*, pp. 29 and 34. ‡Schmiedeberg and Koppe, *Das Muscarin*, p. 50.

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of muscarine causes the lungs to become pale, while the subsequent administration of atropine makes them regain their normal rosy color, and I am inclined to attribute the dyspnœa produced by muscarine, partly at least, to contraction of the pulmonary vessels, and to regard the dilatation of these vessels by atropine as one of the reasons at least why this drug removes the dyspnœa.

Although, as I have already said, we do not as yet know that ptomaines having a physiological action like atropine, are generated in the intestines or in the tissues, at the same time as muscarine, neurine or chlorine, it appears quite possible that such may be the case, and that we may have symptoms occurring which are due either to the mixture of two alkaloids or to the preponderance of one or other. A case of uræmia which I saw a few days ago was strongly suggestive of poisoning by a mixture of atropine and muscarine. The secretion of urine had completely stopped, the skin, eyes, and mouth were all dry, the pupil was somewhat dilated, the pulse was beating at the rate of about 130, the mouth was held constantly open and the breathing was laboured and gasping, but air entered abundantly into the lungs, and there was no secretion of bronchial mucus. All these are symptoms such as we find from poisoning by atropine, but in two respects the symptoms resembled those produced by muscarine, for the skin was pale instead of being scarlet as in belladonna poisoning, and when cups were applied over the region of the kidneys in order to restore if possible the renal secretion, very little blood flowed from the incisions.

I have already mentioned that Zuelzer and Sonnenschein have obtained from putrefying meat infusion, a substance having the chemical reactions and physiological effects of atropine; and some such alkaloid appears to occur frequently in poisoning by sausages, so that in a case of sausage poisoning at Wildbad in 1793 the medical man who treated the case came to the conclusion that some one either through carelessness or design had put belladonna into the sausage.

In another case of sausage-poisoning described by Dr. Kaatzer, a family ate some smoked sausage at their mid-day meal; in half an hour afterwards they became unwell, with feelings of languor, fatigue, and drowsiness, yet with such dryness of the mouth that they were unable to sleep, and were obliged to be constantly drinking. In addition to this, the father had obstinate vomiting. Next day the dryness of the throat was so much greater they could hardly swallow, and the sight became affected. On the third day the symptoms were worse, the pupils were widely dilated, there was double vision, dryness of the mouth and of the nose, and when

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bread was chewed it was ejected again from the mouth as dry as when it was put in. Next day the child of twelve years old died with symptoms of œdema of the lung; and the father, though much affected, could not weep as his lachrymal secretion was paralysed. The father and mother gradually improved, but on the fourteenth day of the poisoning there was still complete paralysis of accommodation. In all of them, just as in the case of uræmia which I have just mentioned, there was paleness instead of redness of the face—a symptom which I am disposed to regard as possibly indicating the presence of a muscarine-like poison, in addition to one like atropine.

In other cases of sausage-poisoning additional symptoms have been noticed, which point to the existence of a muscarine-like poison also. These are the presence of diarrhœa, alternating with constipation, and of colic. The pulse also is sometimes slow, small, and almost imperceptible—a condition which is typically that of muscarine poisoning, while in atropine poisoning the pulse is rapid from the complete paralysis of the inhibitory fibres in the vagus which the poison produces.

It is possible that instead of there being two or more poisons having a partly antagonistic action there may be only one having an action resembling atropine in some respects and muscarine in others. In some cases of poisoning by fish the symptoms have been those of poisoning by atropine, viz., dryness of the mouth, difficulty in swallowing, weight of the limbs, paralysis of the superior and inferior recti and of the oblique muscles of the eyes, as well as ptosis and paralysis of accommodation, dilatation of the pupil and double vision. The pulse was, however, not quickened as it is in poisoning by pure atropine.* V. Anrep† states that he has isolated an alkaloid from poisonous fish, which produces similar symptoms to those just described as caused by fish itself, and Vaughan‡ has obtained from poisonous cheese an alkaloid which he calls tyrotoxicon which produces symptoms similar to those caused by cheese or fish. If the alkaloid should turn out to be perfectly pure we should be obliged to regard them as having an action similar to atropine in many respects, but differing from it in respect to their action on the pulse. When we remember, however, how many vegetable alkaloi previously supposed to be pure have been recently shown to be mixed with others having a perfectly opposite action, we may still regard it as probable that the symptoms of poisoning by sausages, fish, &c.. may in many cases be due to a mixture of alkaloids.

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*Schreiber. *Berlin, klin. Wochenschr*, 1884, xxi. pp. 162, 183.

†V. —Arep, *Vratch*, 1885, p. 213, abstracted in *London Med. Rec.*, 1885, p. 271.

‡Vaughn, *Detroit Lancet*, August, p. 60.

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In cases of poisoning by a ptomaine having a purely atropine-like action, the treatment indicated, which has also been adopted in at least one case, is the administration of physostigma either by application to the eye, or perhaps still better, by subcutaneous injection. In cases, however, where the symptoms are of a mixed character, our knowledge of the combined effects of the poisons is insufficient at present to enable us to decide with certainty whether medication of this sort would be useful or injurious in any given case, although we may try that alkaloid as a remedy which will tend to remove the most prominent or distressing symptoms. It is evident that if an atropine-like poison is present in the body at the same time with choline, neurine, or muscarine, in sufficient quantity to antagonise them the effects of those latter poisons will hardly be observed, although they may possibly evidence their presence by producing diarrhœa alternately with constipation. But if they are present alone, they may be expected to produce salivation, vomiting, purging and collapse, according to the quantity which is taken into the system.

Where the symptoms are markedly those of a muscarine-like poison, we may try atropine as a remedy; and in one case lately it seemed to me to do good. A servant girl had taken at dinner some fried liver, and ten hours afterwards she was seized with vomiting and purging, which lasted the whole night. I saw her the next morning and gave her some bismuth and soda, but the vomiting continuing I gave her fifteen drops of tincture of belladonna and there was no vomiting afterwards. Of course this single case is quite insufficient to found a treatment upon, but I think that the administration of belladonna or atropine may be worth a trial in cases of poisoning by articles of food where the symptoms are those of muscarine or some allied poison.

Four alkaloids which Brieger has isolated from cadavers, viz., neuridine, cadaverine, putrescine, and saprine, have no marked physiological action; but he has isolated from human cadavers in an advanced stage of decomposition two alkaloids having a very powerful physiological action. One of these, when injected into guinea-pigs or rabbits, appeared to affect the intestine alone, and to have no action on any of the other organs It caused an enormous increase in the peristaltic action, which lasted for several days, and the continuous diarrhœa led to extreme weakness of the animals.

Another alkaloid, which he terms mydalein, has a still more marked physiological action, and one which is of great clinical interest, inasmuch as we find amongst the symptoms a rise of temperature. No one who has watched cases of acute disease, such

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as pneumonia, can have failed to see how a rise of temperature sometimes coincides with the occurrence of constipation and is removed by opening the bowels. In the case of such an acute disease as pneumonia, one has hitherto been unable to say why constipation should produce this rise of temperature, but it seems not improbable that it may be due to the absorption from the intestine of some ptomaine. In his work on *Purgative Medicines* also, Hamilton says that in cases of typhus fever the administration of an antimonial remedy "was beneficial only when it moved the belly. In this case the fæces were black and fœtid, and generally copious. On the discharge of these, the low delirium, tremor, floccitatio and subsultus tendinum which had prevailed were abated; the tongue, which had been dry and furred, became moist and cleaner; and a feeble creeping pulse acquired a firmer beat."

The action of mydalein is according to Brieger perfectly specific in its nature. When a very minute quantity of it is injected into guinea-pigs or rabbits the under lip in a short time becomes moist, the nasal secretion becomes more abundant, and a copious secretion of tears occurs. The pupils then become dilated, the vessels of the ear become much injected and the rectal temperature rises from 1° —2° C. The pupils gradually dilate to the maximum and cease to react to light. The coat of the animals becomes staring and sometimes they tremble; gradually the secretion of saliva diminishes, the respiration and pulse, which at first were very rapid, become slower, the temperature falls, the ears become paler and the animals recover. During the action of the poison the animals show a tendency to sleep, and the peristaltic action of the intestine is increased. When larger doses are injected into guinea-pigs, even although they are still under half a centigramme (3-40 of a grain), their action is exceedingly violent and always fatal. The secretion of all organs composed of involuntary muscular fibre becomes exceedingly profuse; and the saliva becoming mixed with the intestinal discharges, the animals constantly lie in a puddle, especially as the power of motion is impaired; exophthalmus occurs and the dilated pupils are difficult to examine on account of the profuse lachrymal secretion. When the action of the poison has attained its maximum the animals fall down, first the hind legs and then the fore legs becoming paralyzed; fibrillary twitchings are visible in various groups of muscles, and the respiration becomes more and more violent and gasping. Sometimes the animal makes a sudden upward spring, raising its head and gasping for air; then it sinks down again and lies in its excrement, making slight defensive movements with its legs. The temperature gradually sinks, the movements become

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slighter and slighter, and finally the animal dies. On post-mortem examination the heart is found standing still in diastole and the bladder and intestine are contracted, but there is nothing else abnormal. In cats mydalein caused dilatation of the pupil; profuse secretion of tears, saliva, and sweat, vomiting and diarrhœa: to these succeeded paralysis first affecting the hind-legs and then the fore-legs, occasionally convulsive twitchings, labored breathing, coma and death. On post-mortem examination the heart was found standing still in diastole, the intestines contained a little thin fluid secretion, and the mucous membrane was injected. This alkaloid is, as I have already said, very interesting from the rise of temperature which it produces; but we do not as a rule find all the symptoms here described as characteristic of poisoning in animals occurring usually in men, either in cases of disease or in consequence of poisoning by decomposing food, although a number of them may occur. It is possible that the occurrence of some and not of others may be due to the occurrence in disease of alkaloids allied to mydalein, although not identical with it; or to the presence of two or more alkaloids which partially neutralise each other's effects.—*Practitioner.*

(*To be continued.*)

Use of Cocaine in the Removal of Epithelioma of the Lip.—Dr. John A. P. Price thus writes in the *Brit. Med. Jour.*, August 29th: A short time ago, I had occasion to remove a small epitheliomatous growth from the lip of a healthy and hearty looking man, aged 60. As the patient objected to taking either chloroform or ether, I injected into the substance of the lip near the growth a little more than a sixth of a grain of cocaine, having previously painted the mucous membrane in the neighborhood with a five per cent. solution of the drug. After waiting about six minutes, I found the mucous surface almost anæsthetic, and the skin around the ulcer and growth far less sensitive than it was before injection. The growth was quickly removed, and a suture inserted, without the slightest flinching on the part of the patient, who afterwards stated that he could feel the skin being cut and the needles inserted, but that the pain was not very sharp. Half-an-hour after the completion of the operation, the patient complained of a burning sensation in the incision and needle-punctures, thus showing, I presume, that the effect of the drug was passing away. The case did well. In any similar operation in the future I shall inject a greater quantity of the drug, with the hope of causing even less pain that was produced during the operation.

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ANTIPYRIN.*

BY A. W ABBOTT, M. D., MINNEAPOLIS, MINN.

Antipyrin was discovered by Dr. Know of Munich. It is a coal tar product and said to be a dimethyloxyquinine or chinzine chloride, in the form of a yellowish-white, crystaline powder about three times heavier than quinine. Under a power of 250 diameters the powder is seen to consist of crystalline masses made up of thin superimposed plates, usually four-sided with rounded corners, and having between them very small crystalline bodies made up in the same way, giving to the whole a very unique appearance. The small interposed bodies looking very much like small starch granules. When dissolved in water and allowed to re-crystallize on the slide it spreads out in thin feathery masses, which show at their edges the same inclination to the superimposition of thin plates. On the application of heat the powder melts, and then evaporates without change of color and without perceptible odor. It has a slightly bitter, pungent taste, very similar to that of horse-radish.

The color of the powder is said to darken on long exposure to light, It is a neutral salt, changing neither red or blue litmus. It is soluble in 2 parts cold and ½ part hot water, from which it will not crystallize on cooling. It is also very soluble in chloroform, less so in alcohol and still less in sulphuric ether. It is soluble in nitric, hydrochloric, sulphuric and acetic acid without change of color; carbolic acid throws down a white, silky deposite from an aqueous solution; the alkalies also cause precipitation from solution.

The common tincture of iron sesquichloride turns antipyrin a deep scarlet red. This test is so delicate that if one grain of antipyrin be dissolved in four ounces of water, making a solution of one part in 2,000 nearly, the reaction takes place perfectly. Making the solution with urine instead of pure water does not materially interfere with the test. If, however, the test be made with urine passed after the ingestion of antipyrin, there is a material difference in the result, namely, the color while a deeper red is at the same time transparent, which shows that the antipyrin is not eliminated by the kidneys as such, but has undergone some change in its passage through the body. The best way of making the iron test in urine is to drop it very slowly and carefully upon the top of the urine in a full test-tube. If antipyrin be present a red tinge will appear upon

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Read before the Hennepin County Medical Society.

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the greyish cloud which first forms upon the urine. If no antipyrin or its product be present in the iron, only the grey cloud will appear.

It has been stated that nitrous acid produces a green in a solution not stronger than one part in 10,000, but we have been unable to verify this in a solution weaker than one part in 2,000 and then not if a small amount of urine be present. A convenient method for making this test is to add a few drops of amyl nitrite to a solution of antipyrin, and after shaking thoroughly to add a drop or two of hydrochloric acid. This liberates the nitrous acid of the amyl nitrite and a beautiful green is produced. After standing for 12 hours the green separates as a thin scum and the residuum changes to a muddy brown. As has been said a small amount of urine interferes with this test, so that it is of course useless in urinary analysis. The urine seems to prevent the decomposition of the amyl nitrite. In making this test it should be borne in mind that the fumes of the amyl, even if diluted by the air of a small room, may produce very unpleasant effects on the experimenter.

It has also been stated that potassium chlorate produces a yellow deposit in a solution of antipyrin. We have been unable to verify this but have found that nascent chlorine will produce a turbid yellowish-brown precipitate. This test may be made in the following manner: Put a little of Labarraque's solution into a test-tube and pour down upon it a solution of the antipyrin. The latter solution will then float upon the hypochlorate solution. Disengage the chlorine by heat or nitric acid. As it amasses in gaseous bubbles it comes in contact with the antipyrin solution and a yellowish deposit is thrown down, which changes to a yellowish-brown.

Antipyrin has the faculty of bleaching an acid solution of permanganate of potash. This test may be made in the following manner: Take two grains of pot. permang., mix with water f℥i, add a few drops of a 1 per cent. solution of antipyrin and the color remains; add two or three drops of nitric acid and the color disappears. If the nitric acid is first added, the color will not change nntil the antipyrin solution is mixed with it. As urine has the same effect as the antipyrin in this test, it is useless as a test in urinary analysis.

The presence of antipyrin in the product of it that is eliminated by the kidneys does not interfere with the cupric oxide sugar test, so that it need not be taken into consideration in diabetic urine

Prof. Demme, of Berne, has investigated the physiological actions of the drug, and finds that 5 grains given to frogs and 20 grains to rabbits produced speedy death from paralysis. With smaller but frequently repeated doses there occurs excitability of the brain and

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spinal cord and vaso-motor centres, as shown by tetanic muscular spasm and increased arterial pressure. If these doses were continued there occurred loss of reflex excitability and a diminished blood-pressure, notwithstanding the heart remains active. This is borne out by the observations we have made that the pulse seems to have good volume and the spirits of the patient cheerful, even when there is an apparent collapse, i. e., profuse sweating with temperature below normal.

Another physiological effect is the change of color of the urine, which we have found constant in those who have taken antipyrin a few hours before. It is a transparent, bright red, much like that produced by adding a very small amount of blood to the urine. There is no blood, however, in such urine, nor is there albumen. Reduction of temperature below the normal is another physiological symptom and is usually accompanied by free diaphoresis.

Filehue, of Erlangen, first used antipyrin to reduce fever. He found that doses of 30 grains, sometimes needing repitition, would reduce the temperature in an adult from 104° F. to 100.4° F. without unpleasant results, and that the reduction took place gradually in two or three hours and usually lasted from seven to nine hours; also that the slowing of the pulse followed the decline of the temperature. A great number of the subsequent observations substantiate Filehue's statement, and it can now be positively asserted that antipyrin in sufficient doses will under *all* circumstances, if absorbed, rapidly reduce an abnormally high termperature, without disadvantage and generally without unpleasant symptoms. It will not only invariably reduce a high temperature but will indirectly relieve all those very disagreeable and dangerous symptoms which are the direct result of the pyrexia. We say the direct result of the increased heat and not of the intrinsic poison of the disease, because, while antipyrin has not been found to cure or shorten the natural limit of any disease, it will relieve the unpleasant symptoms which are present when the fever is high and absent when the normal temperature is reached, and which will return when the fever returns and in proportion to the fever, no matter if the temperature has been in abeyance for a long time. Antipyrin may then safely be classed with those remedies which invariably act in a certain definite way. It can always be depended upon to reduce the fever symptoms. Opium, quinine, the cathartics, iodine, mercury and arsenic are if anything less certain in their proper respective spheres of action than antipyrin. While this is fortunately true, it is as true unfortunately that antipyrin is simply a reducer of temperature, and in no sense a bacillicide, and that while it mitigates it cannot be expected to shorten or cure any

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disease. It is fair to presume that the immense relief and comfort afforded by this remedy as well as the prevention of rapid diseases destructive by high heat, will lessen to some extent the mortality in diseases when it is applicable. To what extent this is true must be determined by future statistics.

Its range of usefulness is wide. It may be said to be applicable to all diseases wherein fever is a symptom. Diphtheria is the only disease of this class in which it has been suggested that it was inapplicable on account of the cardiac depression incident to the di ease.

Its effect in the typhoid form is brilliant. Let us call to our minds a picture of which we have all unfortunately seen too many copies. A young man 20 years of age, who has been sick ten days, is lying on a disordered cot before us, his pillow stained with blood from his nose, and liquids which have been spilled in his uncertain attempts at drinking. He cannot keep his sordes-covered teeth protected by his thin lips, and long grooves are beginning to show between the tendons. He tries in vain to wet his dry lips with his dryer tongue; his skin burns the hand that feels the twitching of the tendons beneath; he moans unconsciously and mutters something in his delirium which we cannot understand. We turn down the bedding and place our hands upon a distended abdomen, while the well recognized odor tells of involuntary discharges. We put the thermometer in the axilla; it registers 104 4-5 and we count a pulse of 122 and weak. How many times have you stood disheartened before such a picture? But now we turn to the mother, who stands beside the bed and who has taken many a look at this sorrowful picture, but sees in it even sadder colors than we. We comfort her by saying: "Madame, while we cannot tell what the outcome will be, we *can* assure you positively that in three hours your son will know you, his skin will not burn your hand, he will talk to you rationally, with moist lips, and then perhaps fall into a quiet slumber." This is no fancy sketch; the second picture is as true as the first.

If given during the pyrexia of the chill of ague the sweating will immediately follow the temperature defervescence, and quinine can be immediately given. In puerperal septicæmia it will hold fast the strength that is already started on its rapid flight. In the fever of indigestion or cold of children, the mother will thank you for the rest it brings to her as well as to the child. In scarlet fever it anticipates the result of continued high body heat. In sunstroke it does as well for the sudden intense heat. In pneumonia and bronchitis it answers as well.

With small doses you may forestall the afternoon flush of the

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consumptive, and in surgical fever you can leave your patient with only his pain and weakness to combat.

While no hitherto known remedy approaches this as a reducer of temperature it is yet not the ideal antipyretic. The bulk is too great, it tastes badly, it sometimes nauseates and less often brings out a very amazing eruption almost identical with that of measles, papular, crescentic, and darker than the surrounding skin. That a careless administration might be followed by collapse is unquestioned, but this danger may be always avoided by beginning with the minimum dose. It does not seem to affect or be affected by other remedies given at the same time. It should be remembered that there is a difference in the susceptibility of persons of the same age to its effects. Ten grains will begin the reduction of fever, with sweating in 15 minutes with some, while others will require 20, 30 or 40 grains. In phthisis the dose needed is always small. A larger dose is generally required for a rising temperature than during defervescence. Children may be given doses in grains equal to the years of age. We have found it necessary to increase the dose to get the same effect after long continuance in one case only. When the eruption appears the fever is more easily controlled afterward. Doses may be repeated every two hours if the temperature does not begin to fall.

It may be administered by the mouth, hypodermically or by the rectum. For the two latter the aqueous solution is the most ready and desirable way of preparation. By the mouth we may use it in compressed tablets, wafers, dissolved in water or freshly in wine, and to children in syrup of tolu. One half doses will usually answer hypodermically as in sunstroke or during delirium, while double doses may be required by the rectum. One objection to the administration by the mouth in solution is that it often produces a very persistent dryness of the throat. The rectum should be used immediately if nausea comes on.

One advantage of the remedy is that after a few visits to a family of ordinary intelligence you can leave the control of the temperature safely to them. A little effort will enable you to make any one understand the details of the manner of using, reading and *washing* a thermometer and of keeping a record of temperature and medicine given. Then by ordering a certain number of grains when the temperature reaches a certain point, there is no danger of mistake, and the attendants will not only have something to do but will take pleasure in furnishing you with a very intelligent record of the case, and the Doctor and the patient be saved at least one visit a day.

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We would suggest the use of antipyrin as a diaphoretic as well as antipyretic in acute desquamative nephritis.

It is to be hoped that the clinics of the near future will find for us a safe and delicious antipyretic, diminutive in bulk and free from all ill effects and proprietary stamps

I am indebted to the paper of Dr. Dupen and Butte in the *N. Y. Med. Journal* for facts in relation to the history of the drug.—*Northwestern Lancet.*

SPRAIN OF ANKLE-JOINT TREATED BY REST AND COMPRESSION WITH AN ELASTIC BANDAGE.—Dr. T. A. CUNNINGHAM thus writes in the *Med. Times*, September 5th: The following case of severe sprain of the ankle-joint, successfully treated in a woman 60 years of age by the elastic bandage, may prove of interest:

Mrs. I., æt. 60, wife of Captain I., Twenty-Second United States Infantry, received a sprain of the ankle-joint on April 3d, while moving her household effects from one house to another, her husband's quarters having been taken by an officer who ranked him. This regulation is known in the army as "turning out," and sometimes as in this case, is a matter of serious trouble and inconvenience. I saw her about ten minutes after the accident occurred, and found the parts in the following condition. Sprain of the ankle-joint, rupture of the external lateral ligament, and the foot turned inward to such an extent as almost to amount to a dislocation; also effusion of the articular fluid. The foot was straightened and the joint well rubbed with lotio plumbi subacetas et opii, and then an Esmarch bandage, which had been condemned for its original use but still retained sufficient elasticity to compress the joint, was firmly and evenly applied to the entire foot and joint and for about two inches up the leg. The foot was kept in an elevated position, and the patient kept in bed.

April 4th, 9 a. m.—Patient slept well, and has suffered no pain to amount to inconvenience. Bandage was removed, and the entire joint was found to be ecchymotic and very tender to the touch. The parts were well rubbed with camphorated oil and the bandage reapplied.

This treatment was continued, and at the end of the fourth day she was able to get up and attend to a few of her household duties, suffering no pain or inconvenience from the bandage, but rather regarding it as a support. She attempted sometimes to take off and do without the bandage, but she was compelled to come back to it, as she could not walk without it.

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She was discharged at the end of three weeks, perfectly cured.

I consider the elastic bandage the treatment *par excellence* for sprains, if seen early and before much swelling has taken place, for the following reasons:

1. It promotes absorption of the effused fluid.
2. It prevents undue swelling.
3. It can be more smoothly and evenly applied, and by its resiliency supports and relieves the torn and sprained tissue much more satisfactorily than an ordinary bandage.
4. It allows the patient, after a few days, to attend to nearly all of his or her ordinary avocations about the house.

On the Importance of Early Paracentesis in the Treatment of Ascites.—Dr. Edward Drummond thus writes in the *Practitioner* for July: Surgery and more especially that branch of it, abdominal surgery, in which my friends Sir Spencer Wells, Lawson Tait, and others have of late years achieved such signal success, has for a long time almost ceased to come within the range of my professional work; and, indeed, abdominal surgery has become one of the most legitimate of specialties; but there is a class of cases belonging to the border land of medicine and surgery to which special circumstances have of late years directed my attention. I refer to cases of ascites calling for relief by "tapping."

It was certainly the practice once, and I believe it is still largely the case, to defer this operation too long, and only resort to it as a mere palliative measure, in order to give a few hours or days of respite from the suffering to which the presence of so much fluid in the abdomen naturally gives rise.

I have witnessed a large number of cases of cardiac, renal and hepatic dropsy, in which all the ordinary routine treatment by drugs, hot-air baths, etc., failed to arrest, by a single hour, the onward march of the disease and its accompaniment; where a laboring heart, a cirrhosed liver or disorganized kidney, had its difficulties intensified by the mere hydrostatic pressure of a great mass of fluid distending the peritoneal cavity.

Not to mention the increased difficulty, nay, the almost impossibility of necessary movement, exercise, etc., all absorbent action of vessels must be reduced to a stand still, every function of digestion, assimmilation, micturition, defæcation obstructed; respiration and oxygenation of the blood impeded; the heart's action embarrassed; and the mere weight of fluid rendering compulsory the maintenance of a sitting posture, by day and night, must be fearfully exhausting

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to a patient in so advanced a stage of disease, in which the blood is so impoverished and so highly charged with the products of arrested secretion.

Proper diet, with a minimum of fluid, and such medicines as acetate of potassium, sulphate of magnesium, nitrous ether, jalap, elaterium and other hydragogue cathartics, and still more, perhaps, digitalis, casca or convallaria majalis, are no doubt useful, especially in the early stages, while iodide of potassium with iron and Baillie's pill must not be forgotten. All these, however, and more similar preparations, will only excite illusive hopes.

If the fluid be removed by *early* and, if necessary *repeated* "tapping," followed by well-regulated firm pressure, then these remedial agents become really potent for good.

It is generally held that such a course of treament is more especially useful in dropsy dependent upon cirrhosis, but I have found it not less successful in cardiac and renal dropsy, and, in a fair proportion of cases, it has proved *curative*, while in all it has diminished the patient's sufferings, and made his invalid state endurable.

Where an advanced form of Bright's disease, a progressive cardiac lesion, malignant or albuminoid disease of the liver, or like inevitably fatal malady, stands behind, it can of course only be a palliative, but it is a *real* one; it robs a necessarily fatal illness of its worst horrors; gives literally a *breathing space*, a respite from unavoidable suffering, and adds some weeks or months of comfort to a doomed existence.

When, however, the ascites depends on a cause which is temporary—wholly removable or capable of becoming stationary—then paracentesis so practiced is the chief means of cure. In any case it is impossible to insist too strongly on the importance of an early recourse to it, as adding ten-fold efficacy to otherwise impotent therapeutic means.

EXPERIMENTS UPON ENGRAFTED BONE.—In the *Gazzetta degli Ospitali*, Dr. AMBROGIO FERRARI comes to the following conclusions:

1. Pieces of bone engrafted into the shaft of a long bone become completely united and continue to live.

2. They not only continue to live, but also grow.

3. That such results follow without reference to the position in which the engrafted bone is placed.

4. The reunion of grafts occurs by a true vascularization, which akes place between the engrafted bone and that into which it is introduced.

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5. That a bony callus, periosteum, and medulla, are formed in relation with the engrafted bone.

6. That, as in fracture, this callus possesses a temporary vitality.

7. That after a certain time the callus, periosteum, and medulla are absorbed, and the engrafted bone is nourished only by a greater vascularization.

8. That grafting occurs most completely if the inserted bone is in exact adaptation with the margins of the bone receiving it. While this observation is not verified, in a case where the opposite condition existed, a longer time was necessary for union to take place.

9. The most complete and careful antisepsis is required in order that complete union of the engrafted bone may occur.

10. The engrafting of several pieces of bone succeeds completely.

11. That in case of engrafting of several pieces of bone with partial suppuration, union of some of the pieces may take place, provided suppuration does not extend to that portion of the engrafted bone in communication with the medulla.

12. Besides antiseptic precautions, compression is required to maintain contact between the medulla and the pieces of bone engrafted, in order to obtain a successful result.

PROSTATOTOMY.—Dr. C. A. HARMON, of Lancaster, Ohio, thus writes in the *Med. Age*, July 25th: This is an operation which I believe has not been advised or attempted; yet, when we consider the great number who die from hypertrophy of the prostrate and its sequelæ, there would seem to be a demand for some mode of relief.

When the hypertrophy obstructs the flow of urine, all authorities advise the use of the catheter, and the instruction of the patient in the manner of its introduction. My observation has been that when the use of the catheter becomes frequently necessary, life is drawing near its end, catheter fever or cystitis stepping in to close up the case.

This disease is the cause of much suffering and the loss of many lives of men who, could it be cured, would be good for ten or twenty years of active business life. Ovariotomy has saved the lives of many women, why not prostatotomy save the lives of many men? The operation is simpler, the peritoneum not being opened, and drainage easy.

The first steps in the operation will be the same as in lithotomy. When the gland is reached you will proceed according to the extent to which you wish to carry your operation; but as in most subjects

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the gland surrounds the urethra, making it impossible to remove it all, and as the middle or false lobe is the offending part, it will only be necessary to remove that part, which can be done by making your incision down to and through the posterior portion of the isthmus connecting the lateral lobes to a point beyond the point of entrance into the urethra of the ejaculatory ducts (very important ducts even to men of fifty or sixty years), then from the bottom of this incision make a V by two incisions, inclosing the middle lobe; then peel the lobe out of its capsule. This lobe has a very thin capsule, but it is very strongly enforced by the bladder.

The vessels encountered in this operation are the internal pudic, vesical and hæmorrhoidal—all small. The injury done to the vessels will, probably, by the diminished blood-supply, arrest the growth of or cause the atrophy of the lateral lobes.

Living in a small city, it may be some time before I will have an opportunity to put the operation to a practical test; but it looks to me feasible, and I will claim credit for its origination if no one else antedates me.

Years ago, to my medical associates, I spoke of the feasibility of tapping the pericardial sac and the ventricles of the brain, but made no record of the same. They have since become recognized operations.

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Editorial.

RUMBLINGS.

In our childhood days the electrical displays known as "thunder and lightning," in any pronounced or violent form, brought such alarm and dismay as sent us at once to certain forms of extemporized devotions, good resolves for the future and suitable penitence for past delinquencies and short comings.

The distant *rumble* as portending the "coming storm," we accepted as a timely warning to get in store a good stock of pious emotions for the peril that might await us. Our childhood infirmity remains with us largely to this blessed hour, to the extent we still fear "dunder and blitzen."

Recently we have heard a "rumbling" with very different emotions to those above mentioned. Indeed it has brought the most delightful and grateful emotions. The explanation of change consists in the fact that the *noise* proceeds from the very "bowels" of our ancient enemy, the allopaths, over their blissful, beautiful "Code." The fact is our neighbors have, in the language of the "old salt," when matters perplex him, "hell to pay and no pitch hot." (Nautical—see Webster). "The devil among the tailors" is no match for it. The wife's impulse when her husband and the bear were in mortal c nflict is upon us; a total indifference as to who whips; "well done husband, well done bear." May the result be that of a regular

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"Kilkenny cat-fight;" nothing left of the combatants but their tails, and they very short ones. May the result be as it was with the individual who took a box of certain patent purgative pills, and immediately after taking the dose repaired to the the "water closet." Upon investigation nothing could be found left of the patient except his broad brimmed *sombero*, which exactly covered the opening in the privy seat.

When "thieves fall out honest men get their dues." We do not mean that our opponents are theives; but we do mean that their system of practice is largely a fraud upon sick humanity; and that in their statements against homœopathy they are a set of as arrant prevaricators as ever went to the Bridewell, or the whipping post.

The point in controversy originally, started two or three years ago, was as to whether allopaths may properly meet hoœœopaths, eclectics, and others in consultations, who may be legally qualified. The present phase of the trouble is as to whether all legally qualified practitioners shall be invited and allowed to take part in an International Medical College, which it is proposed to hold in this country in 1887. The fight is waxing warmly, bitterly, with the prospect that the progressive party, slightly in the minority, will have sufficient power to defeat the Congress.

It is said many prominent old school doctors. in Europe, have written that they will not attend the meeting if the *Code* question be made an issue either before or during the meeting. It is pretty evident that a very respectable minority of the physicians in Europe and America will demand that all legally qualified physicians shall be considered eligible to a place in the Congress. It would seem from the present plight of matters, that the American Medical Association, is in danger of dismemberment. By all means let the fight proceed. Bigotry and intolerance will get their just dues; light and progress will get a healthy *boost*. Probably the "New Coders" will think us under obligations to them. Not in the least. It is only a short time since they were as bad as the worst of their sort, in the line of unscrupulous, bitter persecution.

Fifty years or so ago, when we were weak in numbers and the other elements of professional strength, we might have shown some

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quality of thankfulness for a few crumbs in the way of professional recognition; but not now

The offer of recognition comes under circumstances and at a time when we do not need it. We are now fully able to stand alone, and need not be thankful to our late opponents for any favors they may propose to bestow. The fact is, they begin to recognize our numerical, social and professional importance, and would like to come among us with an eye to the *shekels* among our rich patrons, as well as for the incidental light and knowledge to be obtained. We do not propose to repel their tender of civility, however selfish and mercenary the motive may be which impels them; neither do we propose to dispense any thankfulness or gratitude towards parties who must be considered debtors, and not our ourselves.

The future of homœopathy is full of hope and promise. This commotion and split among our opponents we accept as one of the hopeful signs of the times. The realization of this hopeful future will turn largely upon unity, harmony and good faith among ourselves. And in this connection we feel constrained to drop a word of regret and admonition to certain prominent members of our profession in the neighborhoods of Brooklyn, New York and Philadelphia, who seem filled with a self-complacent delusion that when they are called on to depart from these mundane shores, all the avenues of light and knowledge will go with them; and all recollection of the illustrious Hahnemann and his noble life-work will be lost forever. Now as to the issue of this idle delusion, we have not the slightest apprehension. The Homœopathy of Hahnemann is in the house of his friends, who appreciate his great work and will cherish and revere his memory along the corridors of time, running on to the borders of eternity.

It is sincerely to be regretted that these parties tarnish their own fair fame, and to a certain extent hinder the standing and interests of homœopathy by the indulgence of a petulant, vixenish spirit towards their brethren, who differ with them on certain questions, especially as to *posology*—potency, attenuation.

We do not by any means intend to give the impression, that that they have no commendable qualifications; that they are samples

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of total depravity. Far from it. They are able, learned, and industrious. The trouble is that their zeal of conviction leads them into habits of rudeness, bitterness and injustice towards men, just as able, learned, faithful and industrions as themselves, because of a diversity of view upon questious which it would be prudent and generous for both parties to consider, for the present, *sub judice.* When these same zealots, in behalf of certain theories, prefer charges of ignorance, disloyalty, stupidity, and unfaithfulnes against such names as Dake, Hughes, Timothy Allen, Burt, Cowperthwaite Arndt, and a host of others, they make charges which nobody outside of their small coterie believes; and what is a worse turpitude in the case, charges which they do not believe themselves. It is simply a sample of zeal and bigotry getting the better of our sense of justice and fair play. We beg our friends in the future to be more circumspect and considerate. While claiming honesty and conviction for themselves, they should concede as much to others who may differ with them. With the foundation of homœopathy laid, broadly, deeply, let us go on conqeuring and to conquer, working lovingly and harmoniously among ourselves in behalf of *therapeutic truth and clinical exactness.* The parties of whom we make complaint, charge our Colleges with neglecting the Organon of Hahnemann as a text-book, and that his principles therein contained, are not taught to students. We are not prepared to speak for all the Colleges, but we think it safe to affirm its falsity and injustice. In the Homœopathic Medical College of Missouri, with which we have been connected for the past eight years, we know personally, that the Chair of Materia Medica and Therapeutics has been constantly filled by men as loyal to the Homœopathy of Hahnemann and his Organon, as have ever lived or died.

The present incumbent, Prof. J. T. Kent, makes a specialty each winter, of the philosophy of therapeutics as taught in the Organon. Several of our professors go somewhat out of their immediate line of duty in furtherance of Prof. Kent's course of teaching. As before stated, we make no doubt quite as much may justly be affirmed of many others of our Colleges with which we are personally not so familiar.

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HOT WATER AGAIN.

In an article published some time since, on the therapeutic uses of hot water, we advocated the use of *moist* rather than *dry* heat, as both safer and more comfortable. The wise, courteous individual, who "does up" the "table talk" of the *American Homœopath*, takes us to task after a fashion of most owlish self-complacency, and verdant simplicity. We are told that he crossed our objectionable views while "looking over a medical journal;" from which the inference is to be reached, that he did not find them in Webster's spelling book, a comic almanac, or the Book of the Maccabees. Whether his failure to mention the PERISCOPE was an excess of kindly forbearance, to screen us from odium, or whether to make such mention specifically, would have been too great a strain upon his dignity and self-complacency, we are unable to divine.

He tells his readers in solemn and ponderous form that our "blunder," "has annoyed me ever since." Ah, hem. We trust the symptom ("annoyance") may not last permanently. We sincerely hope he may, under the gradual influence of time and the oblivion of forgetfulness, ultimately reach relief and recover his equanimity.

We suppose ordinary, practical mortals will understand our views were intended to apply to the therapeutic uses of hot water, and not certain thermal extremes entirely outside of therapeutic use.

The *crank* who went into an oven heated to 600° Far., probably had sense enough to know he had better keep pretty *dry*. We suppose Lieut. Greely had likewise sense enough to know an out-door bath in the ocean waves, with an atmospheric temperature of 70° below zero, would neither be safe nor agreeable.

To illustrate our meaning, we would enquire of our hypercritical reviewer, if he would think it either safe or comfortable to treat violent scarlet fever, anthrax, felon, or erysipelas, locally with dry heat instead of moist? If so, we think the common sense of his patient would soon decide him to change physicians. In exceptional cases,

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where dry heat seems serviceable, the result always turns upon the condition, that the skin shall furnish *moisture.* An application of dry heat to a part already hot and dry, will always intensify distress, unless perspiration attends the application. Indeed, dry heat to the general body surface, already under violent reaction, must surely bring on convulsions, delirium, or other untoward consequences, if the skin remain dry under the added heat. Our reviewer attempts to illustrate the absurdity of our position by a reference to the oppression and sickness which frequently attend hot, moist states of the atmosphere. We have been taught to consider the oppression of damp, hot weather, as proceeding from the rarified state of the air rather than from the presence of excessive moisture. Probably our sapient teacher holds to the popular fallacy that the air is barometrically *heavier* on a foggy morning than in a clear dry day. During dry, hot weather, we drink water, affuse the body with water, sprinkle the floors of the apartments, side walks, streets and yards, for the purpose of refreshment. Of course evaporation brings a certain reduction of temperature; but then there certainly comes a relief from the pungent, dry heat by the added moisture, over and above any reduction in temperature. The worst epidemics of autumnal fever, dysentery and influenza, have occurred during long spells of hot, dry weather. That much sickness prevails during certain moist states of the atmosphere is undoubtedly true. This will generally be found to depend upon the relaxing influence of protracted moisture; or from the liability to a lowered thermal bodily condition; precisely as in the case of an excessively protracted bath; for instance, a bath kept two, three, four or five days. Now in our editorial recommending the uses of hot water, we neither advised nor contemplated any of these extremes in a thermal or hygrometric point of view; either as to intensity or prolonged duration. We reaffirm that which seems to have given such sore displeasure to our critic; that moist heat is both safer and more comfortable than dry heat, when used with any therapeutic aim.

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CROAKING AGAIN.

In a recent number of this journal we found it necessary to tender words of advice and admonition to certain section of the profession, the meets and bounds to which, depend upon theoretical questions as to dose, potency, &c. Each of the opposing parties complained that we treated its rival with editorial civility and courtesy. We said then, as we shall repeat now, we do not edit a journal in the interests of particular scets or parties; but in the broad interest of the homœopathic profession.

The present phase of complaint to which we propose to devote attention, is of a *personal* kind. The complaint coming from our friends is, that we treat with editorial and journalistic courtesy, individuals who are in a position of personal and professional antagonism to us and this journal. For instance, a party said to us recently, why do you treat a certain individual with any attention or notice whatever, in your journal? Do you not know that he opposes you, opposes the PERISCOPE, opposes the College to the extent of advising students to go elsewhere? To all of which we replied at the time and now repeat, that in other respects than those complained of, he is respectable, and more or less prominent in the profession; and as such is entitled to respectful treatment, upon the broad ground of professional harmony and unity. We said to our complainant substantially at the time, and now repeat once and forever, we do not edit this journal with special aim to please our particular friends; or to punish and slight any qualities of enmity and opposition which we may have been so unfortunate as to incur. That we individually make mistakes and give just grounds of offense and displeasure to others, we are free to admit. This is the fate of every positive, aggressive nature. On some accounts, we are not so much ashamed of the *fate* after all. Upon the whole we are not particularly partial to people so marvelously proper that they never "slop over." Some wag when descanting upon the infirmities of our common human nature, was of the opinion that history and experience gave but one

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instance of a positive nature that never "slopped over." That remarkable individual he designated as "G. Washington." We are perfectly willing and at all times even anxious to wipe up our "slops" of mistake and offence, with the mop of confession, and every mode of restitution and amendment compatable with self respect, and a manly independence. We are equally willing to cover up the "slops" of our opponents with the mantle of charity, and a kindly forbearance and generous forgiveness and forgetfulness. We love our friends; we are glad to say we do not *hate* our enemies or opponents we may have formed in the prosecution of our life-work. Certainly no such quality shall ever knowingly and willingly crop out through the columns of this journal. We are more than ever determined that it shall be broadly, grandly to the extent of our humble ability, the liberal, fair-minded exponent of the profession; having special reference to the best interests of our local hospitals, Society, and Medcal College. We do not make these statements with any special aim or expectation of neutralizing enmities or opposition; but to let our dear friends know, that we can afford to be just and generous in the face of unamiable opposition.

THE "CODE."

"Mother," said "Ike Partington," one day, while indulging in a philosophical and scientific mood, "is it not generally understood that an animal's *tail* is given for a 'covering?'" The maternal ancestor signified her opinion affirmatively. "Well," said Ike, "Mother, I really believe a goat's tail *a positive disadvantage.*" Now so think we of the *caudal* use which our allopathic neighbors attempt to make of their "Code." It serves to *advertise* rather than "cover" their *nakedness.*

The unwritten *Code* of good taste, good sense, and common honesty, is all that is ever needed to bind and govern gentlemen in their intercourse with each other, whether personal or professional.

Dr. Jas. A. Campbell, Aurist and Oculist, has removed to large and eligible office apartments at N. E. corner of Eighteenth Street and Washington Avenue.

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Book Reviews.

STATE BOARD OF HEALTH BULLETIN, Nashville, Tenn.—This Report has reached us, containing a large amount of carefully tabulated information, chiefly of a *Meteorological* character. The subject is of vast importance to varied interest and pursuits of civilized people. Science, by means of Maps, Charts and Observation, should be able to locate and predict cyclones, storms, drouths, rain-falls, thermal changes and extremes, in such approximative accuracy, as to render the information of great practical value in all the varied departments of life. Something has already been done; much remains to be accomplished.

THE AUTHOR, ROBERT NEWMAN, M. D., of New Nork city, sends a carefully tabulated report of One Hundred Cases of Urethral Stricture, treated successfully by *Electrolysis*. He does not state whether he had any, or how many failures the meanwhile. But certainly a successful result in one hundred cases of this most difficult and troublesome class of cases, in a period of less than ten years, as the ddal experience of one practitioner, is most highly creditable and satisfactory. Electrolysis seems destined to work a wonderful revolution in the management of *Stenoses* of the various canals and outlets of the human body.

THERE is a "silver symposium" in the November number of the *North American Review*. The contributors are ex-Senator Hill, of Colorado; Hon. Alexander Delmar, of California, and Hon. William A. Phillips, of Kansas. They all oppose the demonetization of silver. The December number is to contain a symposium in favor of the demonetization of silver, by the most eminent advocates of an exclusively gold standard. Allen Thorndike ce, editor and proprietor, announces that he has concluded an agreement with General Beauregard by which he will write a series of four articles on "The Shiloh Campaign," "The Defence of Charleston," "The Drury Bluffs Campaign," and "The Defence of Petersburg." These articles will appear in the *North American Review* in the course of 1886. The Shiloh article, which is likely to provoke a lively controversy, will appear in the January number. The December number will be issued on Thursday, the 25th of November. On and after the first of January, 1886, the *North American Review* will appear on the first of the month of which it bears date, instead of on the 15th of the preceding month as hitherto.

THE October *Babyhood* gives its usual variety of topics interesting to parents, by its well-known editors, Marion Harland and Dr. Leroy M. Yale, and a corps of able contributors. A letter from Vienna on Austrian baby matters in general, and another from an American mother in Japan, will be read with interest. [15 cents a number: $1.50 a year. 18 Spruce Street, New York.]

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P. BLAKISTON SON & Co., send us their Illustrated Catalogue of Recent Publications, in the various departments of Medicine, Surgery and Obstetrics. Their line of Publications is a long one, and contains a great variety of excellent allopathic works. 1012 Walnut street, Philadelphia.

THE OCTOBER CENTURY.—Illustrated articles of the October number are Lieutenant Schwatka's second and concluding paper on his explorations in Alaska; Mrs. Lizzie W. Champney's description of "The Haunts of American Artists," profusely illustrated with pictures of country studios; and Mr. Howell's "Tuscan Cities," illustrated with numerous etchings by Pennell.

A portrait of the late Samuel Bowles, the famous editor of the "*Springfield Republican*," is the frontispiece of the number. His career is described by George S. Merriam, in a paper entitled "A Study in Independent Journalism." Principal Grant of Queen's University, Canada, writes a timely paper on "The Canada Pacific Railway." "Zweiback: Being Notes of a Professional Exile," is an anonymous paper of clever observations on human nature.

Brander Matthews contributes the short story of the number, which is called "Love at First Sight;" the serial is the ninth part of Henry James' "Bostonians."

THE October number of *Mind in Nature*.—Bright and sparkling as an October morning, its pages freighted with an unusually large number of valuable articles; this issue gives further evidence of the ability of its managers to make *Mind in Nature* of permanent value to all interested in psychical subjects; and many others would find themselves interested by reading its pages, the subjects being all treated with fairness and an honest purpose to conserve that only which is true and worthy of survival.

Medical Items.

THE habit of chewing gum preserves the teeth, develops the gums, and should be encouraged.

A NEW JERSEY doctor thinks that the use of the lawn-mower will give young ladies that sort of exercise they most need.

DOCTORS say drinking too much coffee makes bald heads. Telling the female of the house that her coffee is "nothing but slops" will also do it."—*Boston Post.*

MISS LULU HURST, of Georgia, has lost her magnetic power, but, it is said, still retains strength enough to hold on to $50,000 made by her exhibitions.

EIGHTY thousand dollars' worth of patent medicines, belonging to a firm in the United States, was recently seized at Montreal by a Canadian custom house officer.

KENNEDY'S extract of Pinus Canadensis for gonorrhœa, is as much a specific as quinine is for malaria. B. W. SPARKS, M. D.
McMinnville, Tenn.

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A CERTIFICATE of death was presented in Chicago not long ago, on which the attending physician had written his name, perhaps inadvertently, in the space left for "cause of death."

FRENCHY.—The following advertisement appeared in a French paper; "Wanted, a distinguished and healthy-looking man to be a 'cured patient' in a doctor's waiting room," A good idea for business.

THE American Medical Association is making a grand muddle out of its proposed International Medical Congress. It looks now as if the whole thing would be abandoned, and it had better be.

DR. J. P. DAKE, of Nashville, is off for Europe on a vacation and, incidentally, for a consultation with Dr. Richard Hughes, the British editor of the "Cyclopædia of Drug Pathogenesy; the Doctor's London address is: American Exchange," 449 Fleet street, London, W.

A PROFESSOR in a Chicago medical college, at the close of his first lecture of the term, told the students that he would allow them to select one of their own number to keep the clinical records, but he seriously advised them to select one who could write a legible some hand.

DOCTOR: "Well, how are we to.day?" Patient: "Oh! I've had a miserable day, doctor." "But your wife says you haven't groaned at all to-day, while yesterday—" "Good reason. Thought there wasn't anybody around. That woman is always taking an unfair advantage of me."

"HYDROLEINE" has been used here with most favorable results. It is a preparation of great value to our profession in very many cases where plain Cod Liver Oil will not answer. I shall prescribe it in all such cases, as the results are uniform. Respectfully yours. JOHN J. MACMAHON, M. D., 2 Edwards Court, W. Lynn, Mass.

CANNED GOODS.—Attention has been recently directed to supposed cases of poisoning from the use of canned goods. Dr. Cyrus Edson, of the New York Board of Health, an excellent authority on the subject, says he has no reason to regard the present methods of manufacturing canned goods as involving any danger to the public health. The *Medico-Legal Journal* says, after a careful report upon the subject, by a committee appointed by the Medico-Legal Society, while millions of millions of canned goods are sold annually in this country not a single properly authenticated case of poisoning from such articles has been detected. Canned goods have become such a necessity, especially in the mining regions, and to a greater or less extent in every part of the world, that the sensational statements frequently published are liable to create an unnecessary amount of alarm. They are now considered staple articles of food as much as flour or sugar.—*N. Y. Med. Times.*

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How to Cure a Cold.—A lady vocalist of considerable reputation on both sides of the Atlantic, is reported to have said: "I'll cure any cough you ever heard of with one of the simplest remedies you ever saw. It's oysters; just plain, simple, every-day raw oysters. I've sung fourteen years here and in the old country, and you may imagine that the climate has often got the better of my lungs, but I rely upon oysters, and they can be depended on. My husband told me of this kind of medicine, and I don't know how many years he had used them. They act as beneficially on my children, and the next time you have a cough go to the oyster-bar instead of the drug store."

There are elements in the oyster which have special remedial power for a large class of individuals, and we have no doubt but that the vocalist's prescription will cure as many cases of cough as any other remedy. It is simple and harmless and should be tried and commended.—*Health Journal.*

A Doctor's Quarrel.—Shall homœopaths be admitted to the International Medical Congress?

The hottest fight ever known in the medical profession is in progress. The thing fought over is the question whether homœopaths shall be admitted to the International Medical Congress, which is to be held in Washington in 1887. The scheme is to make this gathering the most remarkable and productive Convention of physicians yet held, surpassing the famous one of Copenhagen, and to give ample time for the preparation of valuable papers by specialists; the organization was intended to be effected this autumn, with a competent presiding officer for each of the many proposed sections. The American Medical Association, which is the allopathic regular body, was the inviting party from which issued the letters to distinguished scientists throughout the world, asking them to contribute their presence and papers on appointed themes. The code question at once came up: Should homœopathic physicians be admitted to membership in the Congress? The first programme of a committee of the American Medical Association was to recognize all legal pratitioners. But this decision was provisionally reversed in a conference in New Orleans, and formally so in a subsequent meeting in Chicago, where the vote was that no homœpaths should be let in. More than that, allopaths, who were known to favor association with homœopaths in consultation over patients, were rigidly excluded in the make-up of the committees and sections. This shut out such men as Fordyce, Barker and Shrady, of Gen. Grant's doctors, besides Loomis, Jacobi, Roosa and other allopathic champions of a liberal code. Resignations have been numerous by men who accepted positions under the original plan; many European celebrities have written to say that they will not come if the code question is taken into account, and the outlook is that the Congress may not be held The Committee on Organization is holding meetings in this city, but thus far without any progress toward harmony. So far as can be judged, the allopaths are about equally divided. A compromise seems impossible. The medical associations of Boston, Charleston, Baltimore, Philadelphia and California have resolved not to participate in the Congress if restrictions are enforced against doctors holding legal diplomas. The old code party is powerful, however, and inclined to rule or ruin.—*Globe-Democrat.*

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DIFFICULT PROBLEM.—(*Jour. Am. Med.Ass'n*).—The Pennsylvania State Medical Society recently adopted the following resolution, offered by Dr. Jackson, of West Chester: "*Resolved*, That a committee of seven be appointed to consider the best method of making a diploma, which permits a man to practice medicine in Pennsylvania, on evidence of real worth." We fear that it will take seven very wise men a long time to discover a practicable method for accomplishing the object proposed.

DOCTORS MUST NOT TELL.—The Missouri Supreme Court has decided that information obtained by a physician from a patient must not be disclosed on the witness stand, though the physician declares that the information was acquired while in a professional capacity, and was necessary to enable him to prescribe as a physician or operate as a surgeon. The Court held that it would not do, while the mouth of the physician is closed as to the talk of the patient, to open it as to knowledge acquired from his own diagnosis of the case.—*N. Y. Med. Times.*

COCAINE IN THE TREATMENT OF INFLAMED NIPPLES.—The *Therapeutic Gazette* writes: "The limits of usefulness of cocaine do not seem to have been reached. The sphere of its therapeutic action is, on the contrary, constantly increasing. One of the peculiar features of the remedy is the promptness and constancy of its action. Its latest employment is that advanced by Unna in the treatment of inflamed nipples, in which affection he holds it has no rival in marvellously removing both pain and soreness. Every physician knows how troublesome and difficult it is to cure a fissured nipple if a baby is nursing it. To afford prompt relief, even while the child nurses, has not hitherto been accomplished. Cocaine is said to have succeeded in all cases tried by Unna and others. The nipple is to be brushed every ten minutes, in the intervals of nursing, by a weak solution (one-half to two per cent of the hydrochlorate of cocaine. Within one or two days the fissure will have healed completely, and all pain consequently will have completely disappeared. The bitter taste of the drug does not prevent the child from nursing, nor is there any danger of its absorption and consequent untoward effects on the child, It would even possibly benefit the child when irritable and restless.

ARNICA.—Introduced, probably, from German popular, rather than professional use, in a time when popular faith could be put in a plant that was good for accidents, it has maintained a place and obtained a promotion to which it was probably never entitled; or, rather, in all this half century or more of progressive scrutiny and observation in regard to medicinal substances, nothing that is at all definite can as yet be said in regard to the utility of arnica. Immense quantities have been, and still are used in various pharmaceutical forms, with no more definite or exact knowledge than that it is popularly believed to be good for sprains and bruises. And it seems to be good for them on the general principle that there is no knowing how bad they would be if arnica were not used upon them.—*Squibb's Ephemeris.*

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THE ST. LOUIS
PERISCOPE
—AND—
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Original Communications.

SPINA BIFIDA.

BY S. B. PARSONS, M. D., ST. LOUIS, MO.

It has been my good fortune to have lately under my charge a case of Spina Bifida, which was successfully treated by the injection of *Iod. pot. Iodine*, and *Glycerine*, and a careful application of compresses held in position by an elastic band.

The child, a girl, three months old, fair hair and skin, English parentage, third child, was delivered after a labor of seven hours. Not until the second dressing was there noticed anything wrong, when the nurse discovered a swelling in the lumbar spinal region. At the next visit of the medical attendant

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it was shown him, and he at once pronounced it a bifid spine and applied a roller, which was only removed to be immediately replaced by a fresh one. No treatment was ever given the case, as the doctor had advised non-interference, on the ground that he did not know of any case ever getting well, and no treatment would avail in this case. When I first saw it I found a fairly nourished babe, well formed in the upper part of the body and head, but the legs were not proportionally with the arms; the child did not move them as freely as the arms, and there was *talipes varus* in the first degree in both feet. The tumor, located in the lumbar region, by measurement was three inches across the top, and stood above the surrounding surface a distance of two and one quarter inches. The skin covering it was thin and pearly looking on top, but thick at the sides, and fluctuation was marked throughout. It lay like a tomato on the surface, and was joined to the body by a constricted part one and one half inches in diameter. In changing the position of the child the tumor would decrease and increase in size, and this fact would also be observed during the acts of crying or coughing—in fact, it would become much larger at any forced expiration and straining. Beyond these conditions the child appeared to be healthy, nor did it seem to be generally affected, except occasionally restless at night. This case was one of that class, which, if carefully attended, often result in perfect cures. After explaining the matter to the parents and obtaining their consent to begin treatment, I inserted a hypodermic needle and withdrew one ounce of fluid; then without withdrawing the needle I filled the syringe with a solution of *Iod. pot. Iodine* and *Glycerine*, and injected fifteen drops. Adhesive plaster was then placed over the opening made by the needle, and *Collodion* coated over it and for a distance of half an inch beyond it. A soft compress, cup-shaped, was placed over the tumor, and held in position by a thin, but broad band of sheet rubber. There was only a slight ill effect

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from the treatment, manifested by a flushing of the face, wakefulness and restlessness, and these were followed by a drowsiness, which passed away within twenty-four hours. One week afterwards another injection was made, and at this time the measurements showed the swelling was only two and three quarter inches across the top, a difference of one quarter of an inch in one week. No ill effects followed the second injection, which was precisely like the first in all particulars. Nor was there any drawback from beginning to the end of the treatment; but the interval between the injections were lengthened to two weeks, more as a precautionary measure, than from any bad results. Slowly the sac walls increased in thickness and the tumor decreased in size until the opening in the spinal canalcould be distinctly felt, and involved only one vertebra—the third lumbar. Nine injecttions were employed and at this time the swelling was only the size of a large walnut, the coverings thick and rather dark in color, and fluctuation was with difficulty discerned.

From this time on the compress alone was the only treatment, and was changed in shape and firmness to suit the size and density of the tumor. In five months there was no sign of it remaining, nor was the opening discernable, it being filled in by a hard, slightly elastic membrane, that became more dense as the child progressed, and eventually had the hardness of bone. During the second month of treatment I began to straighten the feet by a system of thick-soled shoes, with hinged bottoms, worked by springs running from the heel to the front of the shoe on the outside, which could be made strong or weak, and elastic straps attached to a knee band, and at the foot to a ring on the outer and upper side of the shoe. These were worn constantly, day and night, for six months, they being removed often for purposes of cleanliness and rest. As the tumor became smaller the limbs began to improve in power to such an extent as to show no sign of weakness when the cure of the back was complete.

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A CASE IN OBSTETRICS.

BY L. R. BAKER, M. D., LU VERNE, IOWA.

On the night of October 14th, I received a call to go into the country some four miles, to attend Mrs. M., who had some two or three hours before been taken with labor. I was informed by Mrs. M. that the sack of Liquor Amni had already ruptured. After a careful examination I discovered the os dilated to the size of two inches in diameter. On entering the os, as far as the finger could be passed, I could feel no fœtus; there was no presentation of any kind to be reached. I then began to ask myself what had caused the rupture of the sack of Liquor Amni. Up to this time, since the discharge of the Liquor Amni, she had remained perfectly at ease and comfortable, having had no labor pain since the sack had been ruptured. Here we had had severe uterine contractions sufficient to rupture the sack of Liquor Amni, and no fœtus presenting. What was the reason? I waited about one hour for the uterine contractions to return, but none came. I then felt that something ought to be and must be done. I therefore administered ten drops of *Pulsatilla*, and was rewarded in the course of a half hour with several very slight contractions. I then administered fifteen drops of *Pulsatilla*, and had three or four hard contractions. I made another careful examination and found I had a right shoulder presentation to deal with, this being my second case in eighteen years practice. The palm of the hand presented to the pubis, thus leading me to the conclusion that the face of the fœtus was looking toward the back. I then attempted to produce version by introducing the right hand into the vagina, passing it up over the

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chest of the fœtus, to grasp the feet and bring them down, and cause the version to take place. After three efforts I failed, my patient not being able to endure the suffering caused by the attempt. Knowing that chloroform would have to be used to enable me to do the work, and not wishing to take the responsibility myself, entirely, I sent a messenger for an old school physician to administer the anesthetic. To my surprise he declined. Had I asked his counsel I should have expected to be refused, but counsel I did not need especially, but simply assistance in an emergency. My only course then left was to telegraph a Homœopathic physician, of Livermore, who immediately responded to my call for assistance. On his arrival *Chloroform* was at once administered. I introduced my right hand and found the placenta lying between my hand and the feet. On further effort the left arm of the fœtus was passed upward and around its neck, and the left leg was placed upon this arm. After repeated efforts to grasp one or both the feet I became nearly exhausted. Dr. Voight after long and repeated efforts, succeeded in bringing down the right foot, but he and I both tried and failed to secure the left, to complete the version, and were only successful by severe traction on the limb we had, when the left was finally reached and brought down. Now was the severest and most trying scene of all. The uterus almost instantly contracted about the neck of the fœtus. A dose of *Belladonna* was then given of the 3x dilution. After waiting some five minutes traction was again made on both limbs of the fœtus which failed to deliver. Another dose of *Belladonna* was repeated, and after some fifteen minutes I made traction, and was rewarded finally by bringing down one hand, and then the other was soon grasped, and the delivery was soon completed; a large male child, of some twelve pounds weight. The child was dead, having the appearance of having been dead ten or twelve hours, caused, in my opinion, by the fact that the placenta had become de-

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tached from the uterus early in the evening, before my arrival. Thus closed the most severe case of obstetrical operation I ever experienced. I have given you the case as it occurred, thinking it would be interesting to the profession.

Selections.

AMERICAN INSTITUTE.

THE PRESIDENT'S RECOMMENDATIONS.

GEO. B. PECK, M, D., Providence, R. I., in the *Medical Advance.*

The second day of June, 1885, will long be remembered by those occupying the ordinary parlor of the Lindell Hotel, St. Louis, that forenoon. The thoughts aroused by the presidential address delivered by one whose single Homœopathy exceeds in value that of any other American, unless it be that of Hering, and who has received the crowning honor of American scholarship, long, long deserved, were probably as numerous and as diverse as the ears of the auditors. For myself I can say that had the building reeled beneath my feet I should not have been more surprised, nor more disturbed had I been struck by a rifle-ball than I was to hear certain utterances from one whom I had promoted to the leadership and seership of my heart and brain in scientific medicine, vacated by the death of him, who alone is entitled to the endearing epithet of Father of American Homœpathy. Recalling his speech at Deer Park but a single year before, a speech made at a time when everythiug might be lost by a single word, and all things gained by simple silence, a speech that elicited from Dr. Dowling, that highest of compliments "He had rather be right than be President," I could scarcely believe I was listening to the same person. For an instant I felt as though the foundations of truth were crumbling beneath my feet—I scarcely knew what or whom to trust. Accordingly after the lapse of sufficient time for the President of the the American Institute to complete an extended tour to the Rockies, and beyond, and to recover from the fatigue thereby engendered I addressed him a note expressive of my surprise and grief at the position (*supposed to be*) assumed by him, though conceding his *right* and his *duty* to follow the dictates of his own conscience. Promptly I received the following reply, concerning which I will remark, however, *first;* that it well illustrates how easy it is to misinterpret a man when one has but a half dozen sentences from which to determine his thoughts and his

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principles, and *second*; that his integrity as a scientific man required him to make known his failure to obtain effects from the thirtieth potency upon healthy individuals, the time and place of the confession being a matter for himself alone to determine.

If a person fully equipped with every convenience, whether as regards men or materials, and thoroughly qualified by intellectual training and special culture in symptomatology has failed for a space of twenty years to obtain a proving of the thirtieth potency, sufficiently marked to enable anyone at all familiar with the Materia Medica at once to identify the remedy, it is of the utmost importance that the fact should be known and the cause ascertained. His experience with so-called infinitesimals, however, has been different from mine. When a student, with my associates, under our preceptor's directions, provings were made with Fincke s potencies ranging from the 20^{m} to the 30^{m}, and the remedies were identified by the produced symptoms, we being entirely ignorant of the drug and its attenuation, but completely filled (until driven out by bitter experience) with a profound contempt for *all such stuff*. Comparing these two statements the former of which none will dispute while the latter can be substantiated by the sworn testimony of competent witnesses, it is evident either that Prof. Allen is incompetent to carry on the investigation, which no one will for a moment admit, or that the thirtieth potency is not sufficiently dynamized to manifest the power displayed by preparations with fancy exponents, or that the specimens tested were of inferior quality, which is improbable, or that Fincke's 20^{m} to 30^{m} potencies are much less attenuated than the thirtieth Hahnemannian, which I have long mistrusted. (Too many years have passed since last I trod the intricate path of the Calculus to incline me overmuch to desire to determine the value of our ætherial preparations for myself . It is obvious, therefore, that a great work is to be done, either by adducing testimony concerning effects that have been produced upon the healthy by the thirtieth potency, each instance of which shall be supported by the evidence of at least two competent witnesses under oath if desired or in the event of these not forthcoming by a suitable series of tests upon medical students, or other qualified persons, under proper supervision. Had the statement come from some unknown or inconsequential practitioner it might quietly have been ignored, or the author sat down upon severely for his incompetency and ignorance, but neither course will accomplish aught in the present instance. The cause of Prof. Allen's failure must be ascertained, be that cause what it may.

From the opinions expressed in the first or "experimental" part of the letter, and the special remarks on the employment of

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CC's, and thirds and sixths I must differ, though acknowledging his greater experience and broader culture. When I go above the sixth which would be oftener were I better versed in Materia Medica, I prescribe the CC almost invariably; Dunham's, Bœricke and Tafel's, Jenichen's or Otis Clapp's as it may chance, for my collection includes vials from each of these sources. But they are mere matters of opinion concerning which, the most perfect liberty must be allowed. The principles of the clinical portion of the letter are such as should be approved by every true Hahnemannian, for many things are said in the prophet's name which he never taught. Prof. Allen's explanation of his position then must be regarded as satisfactory. If we take exception to any part let us see that we exemplify in our acts and words that motto so often flaunted upon our publication, but more frequently honored in the breach than in the observance "in certis unitas; in dubiis libertas; in ominibus charitas."

Fraternally yours,

GEO. B. PECK.

MY DEAR MR. PECK:

As for your criticism of my course, I see that neither you nor many others clearly understand my position. Let me define it:

It seems to me that Homœopathy has been steadily losing its hold upon the scientists of to-day as an accurate, scientific method, largely from the fact that Hahnemann's theories of dynamization and the action of infinitesimals have not been clearly demonstrated, and that no amount of clinical evidence will ever be able to demonstrate these propositions as truths of nature. Their demonstration is an absolute necessity, not primarily to clinical medicine but to the purity and reliability of our Materia Medica. The statement of some that the success of the homœopathic school has demonstrated the truth of these propositions, seems to me utterly peurile My own attempts to prove the power of the thirtieth potency to affect healthy individuals entirely failed, and the time to announce such a failure seemed to be the time when such an announcement could not be misconstrued, when I have no favors to ask or expect. Under these circumstances, to appeal to the profession generally to assist in this work seemed to me the proper thing to do, and indeed, I am myself still working earnestly in this field. The foregoing is the purely experimental, and as one may say, the scientific side of the question.

Now, *first:* Homœopathy has, clinically speaking, shown itself immensely superior to the old system of medicine.

Second: Small doses, and I believe the administration of infinitesimals, have been much more successful than the ordinary dosing of even the majority of so-called Homœopathists.

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The small margin of difference of results between the purely expectant treatment with absolutely no medicine whatever, and the result obtained by the administration of occasional small doses is to be the battle-ground of the future, and in order to sweep that field I propose to help clear away some rubbish, and to prepare for the battle.

If the efficacy of infinitesimals can be demonstrated on the healthy and the provings therefrom utilized, then they will be, believe, the best implements to use; for the less medicine prescribed to patients the better the results. For nearly twenty years I prescribed almost exclusively the two-hundredth potencies, but for the last few years I have been prescribing mainly the third and sixth attenuation, and have about come to the conclusion that my results in most cases, are more prompt and far-reaching than formerly with the two hundredth's I have always found that fewer cases of these lower attenuations can be prescribed, that where as formerly I could repeat the two-hundredth in water with impunity every hour or two, now I get my best results from single doses much better indeed than formerly from single doses of the high potency.

My present status is that of a pure Hahnemannian, giving as a rule infrequent doess of the moderate attenuation, waging an unsparing warfare upon allopathic expedients of all sorts. Those who know me well will bear me out in saying that no one more faithfully studies the Materia Medica, more carefully prescribes the indicated remedy, and in every respect is a more consistent Homœopathist than I am to-day. I have no tolerance for those who alternate their medicines and overdose their patients. I cannot tolerate those who have departed from the master's rules and nse mainly fluxion potencies, very frequently on empirical indications. My motto is, "Prove all things and hold fast that which is good."

I believe there has been no demonstration of dynamization and no proof of the power of infinitesimals, and I will not be an apostle of these dogmas until they have been proved to be God's truths. I have worked and fought for them and for the right of free speech in their favor and will still fight for it; but, since after years of honest work to prove their truth I have failed, I can do no less than boldly announce the fact and solicit the help of all who have the future of Homœopathy and of accurate therapeuties at heart.

Yours very truly,

T. F. Allen.

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THE SMALL DOSE.

Two months ago, writing on the subject of "Homœopathic Medicines," we said that, strictly speaking, there were no such things. With still greater emphasis may we say there are no such things as "Homœopathic doses." Homœopathy has indeed something to do with medicines, but with doses it has nothing to do whatever. Homœopathy refers simply to the selection of the appropriate remedy for any case; when a medicine is given in an illness like that which it is itself capable of producing, the medicine is homœopathic, and the practice is homœopathy. Homœopathy has no more to do with the dose in which the medicine is given than it has with the bottle in which the medicine is dispensed. It would be just as reasonable to talk about homœopathic bottles as it is about homœopathic doses.

It is true that Hippocrates, when he laid down the maxim that seme diseases were cured by likes and some by contraries, said that for a disease to be cured by "likes" the dose must be smaller than that required to produce the diseased condition. But even this is not always the case. Cures do occur by medicines homœopathic to the disease when the medicines are given in massive doses; and often cures are accomplished homœopathically in one patient, when the drug is given in doses which would produce like disease in another.

But for all that the Hippocratic maxim was sound. Although homœopathic cures do take place from massive doses of medicine, it is found in practice that the curative effects may be obtained by much smaller doses, and the other effects of a drug, which are not required, avoided. When Hahnemann found that the dictum of Hippocrates embodied a truth well-nigh universal in regard to medicines, he soon found that his rule about smaller dosage was a piece of sound deduction from practice. But Hahnemann did not arrive at the very minute dosage all at once. One of the instances of homœopathic cure he has related was effected by the mother tincture of *Bryonia*. To say that the dose must be smaller than that required to produce physiological effects was to say very much; and Hahnemann at once began to put it to the test of practice. He found that by gradually attenuating medicines, whether by triturating them or diluting them, in some cases their power of curing was actually increased. His process of attenuating was a peculiar one. It was

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done in a graduated method, so that perfect division of the substance was effected at each stage of the process.

That there is nothing inherently ridiculous in an increase of power from fine division, the facts of everyday life and of old-school medicine abundantly testify. Everybody knows that the finely powdered sugar used at dessert is a much more effective sweetening agent than sugar coarsely ground; and every medical student knows that while metallic mercury is inert, and may be swallowed by the pound, the same substance when finely divided, as in grey powder, must only be taken by the grain. Hahnemann, acting on this hint, has proved that mercury is not an exception to, but only an example of, a general rule, and that many inert metallic substances develop a medicinal power only when reduced to a state of fine division.

But it will be seen that this is purely and simply a deduction from practice, and that it has nothing whatever to do with the principle of homœopathy. It may be added that we have no clue given us as to the selection of any given attenuation for any given case. Experience is our only teacher here, and to a great extent each practitioner must take his experience for guide. The large majority of those who accept the homœopathic principle practice generally with the medium attenuations; some go very much "higher," as it is now called, or "lower" as it used to be called—using medicines far more finely attenuated than Hahnemann ever did; and some go to the opposite extreme and use nothing more dilute than the mother tinctures. The adherents of each method have cures to report where different methods have been tried and failed. For our part, we believe that with some medicines, and for some cases, medicines are better given very little diluted, and for others they are more effective in the high attenuations; and we hope that some day a rule may be found to guide us in the selection of dose, as a rule has been found to guide us in the selection of the medicine. At present we have only the guidance of experience. This teaches us that in every case the curative effect of a drug may be better obtained by a dose that is too small to produce effects other than those desired, and that in many instances the curative power of a drug is greatly enhanced by reducing it to a fine state of division. Hahnemann's demonstration of this fact has been hardly less beneficial to the practice of medicine than his demonstration of the truth of homœopathy; indeed without it homœopathy could never have been the brilliant success that it has been. But for all that the small dose is not homœopathy, and to speak of "homœopathic doses" is to use a phrase that has absolutely no meaning at all.—*Homœopathic World.*

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A FEW REMEDIES FOR ENURESIS — WETTING THE BED.

After due attention to the hygiene and dietetic regulations, which are very important, homœopathic remedies will cure most cases of this sometimes obstinate trouble quite readily. The first remedy and most important is *Sulphur*, and this preferably in the 30th potency, a dose every morning and evening for a week. Just as soon as improvement sets in, stop giving the remedy, or at least lengthen the interval between the doses. The reason that Sulphur cures so many cases, lies probably in the fact that it corresponds closely to the "psoric" and scrofulous diatheses, and these cases of "bed wetting" occur generally in this class of patients. It is certainly curative in pale, lean children, with large abdomen, who crave sugar and highly seasoned food, who abhor to be washed, who have any tendency to skin troubles. Such little patients may be ravenously hungry about 11 o'clock, and then show flushes of heat. I always give the remedy first, unless some other is very plainly indicated and sometimes cure the trouble at once, as may be seen from the following case:

Mr. C. wrote to the author some months ago, as follows: "I have a boy who has always been troubled with incontinence of urine, wetting the bed every night if not taken up about midnight, and at times wetting his clothes during the day if he uudergoes any paroxysm of fear or laughter. This urine deposits a sediment like iron rust, which, when left in a vessel, adheres and resembles fine grains of sand. Otherwise, his general health is good. About a year ago he was doctored for this tronble by an allopathic physician, but with *no* good results. So, after months of trial, we gave it up, and concluded that the only thing to do would be to see if he would not outgrow it." I prescribed Sulphur 30—one dose every morning. Two months after the prescription, his father wrote again: "Since the first week after commencing the medicine, he has not wet his bed or clothes. It seems strange how readily his symptoms have yielded to the treatment."

It is now a year since the boy received the Sulphur 30, and no return of the trouble.

Causticum especially suitable for little boys, of weakly, feeble constitution, dark-complexioned, who have chronic swelling of the tonsils, inflamed eyelids, who pass the urine during first sleep.

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Cantharis is useful, especially if there be any pain or burning sensation while urinating. Edmonds considers this the most important remedy—five drops of the third dil. every night—and it rarely fails to effect a cure in his hands.

Belladon, in the case of nervous, delicate children, who are restless in their sleep, start easily, moan and scream, and who may have scrofulous, glandular swellings.

Verbascum is often curative. The little patient is apt to be sleepy after meals, complains of headache, and frequently has a hoarse, dry cough. He is often hoarse, especially towards evening.

Equisetum.—The little patient seems to have gotten into the habit of wetting himself by day and night. There does not seem to be any special cause for it; simply a bad habit. *Equisetum* helps to overcome it.

Benzoic acid.—Sometimes the urine has a *very penetrating odor.* It is also highly colored. When this offensive, penetrating odor is present, Benzoic acid will be found a very efficacious remedy. It will change the character of the urine, and if not, remove the entire trouble. Some other remedy, like Sulphur, Sepia or Graphites, will effect a perfect cure.—*Dr. Bœricke in California Homœopath.*

THE HIPPURATES OF LIME AND OF LITHIUM.—Dr. V. Poulet considers the hippurate of lime as the best preparation of calcareous salts for use in the system, and as especially useful in affections of the urinary passages; in affections of the livery in diseases of the skin and mucuos membrane, where they are dependent upon functional vices of the liver or upon lymphatism; in a great number of diseases of the alimentary canal, both of the stomach and intestine, in diabetes, and in chronic rheumatism, gout, etc.

In urinary affections, the subacute cystitis of the neck of the bladder yields satisfactorily to its use, with relief to the frequent desire to urinate, pain on urinating, etc. In certain cases where the urine manifests an abnormal alkaline reaction it becomes promptly acid again by the use of this drug. In every case, there is a return to the normal limpidity and a cessation of the presence of the mucous globules. It is quite as useful in urinary lithiasis from whatever cause, phosphaturia, uraturia, or oxaluria. If the theory of the liver as the principal seat of the formation of uric acid, as a product of the disassimilation of the hepatic tissue, be correct, it follows that this drug, acting, as it does, through the hepatic gland, should be especially indicated.

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In diseases of the liver it gives marked results, either by relief or cure, even when the symptoms are pronounced and decided, having progressed to the production of ascites and œdema of the lower extremities. This applies to subacute hepatitis, chronic hepatitis, catarrhal icterus, hypertrophic and even atrophic cirrhosis in its early stages, biliary lithiasis, certain functional disorders occasioned by hydatid cysts of the liver, etc. Surgery is benefited by this drug in traumatic or other urinary fistulæ, by modifying the composition of the urine.

In skin diseases, exclusive of those of parasitic origin, whether they come from the tuberculo-scrofulous, or the neuropathic diathesis, the hippurate of lime is useful, exercising an alternate and tonic action. The arthritides Dr. Poulet considers symptomatic of an affection of the liver—such are pemphigus, and certain urticarias. "With the hippurate of lime, *no more red noses.* In America, where this affection is so common and is the despair of a part of the population, there is no doubt but that this remedy will soon be appreciated at its proper value."

In dyspepsia and diabetes this agent seems to be especially applicable to inflammatory gastric or intestinal dyspepsias and flatulence and reflex phenomena commonly called sympathetic. It relieves the constipation very satisfactorily. In diabetes, as a simple solution, and with the aid of the ordinary dietetic regimen, it acts very beneficially.

In affections of the mucous membrane, it is admirably adapted to all cases of gastro-intestinal acidity, to ulcer of the stomach, chronic enteritis, miguet, and to tympanites. In the diarrhœa of infants it produces remarkable results. In chronic rheumatism, gout, difficult dentition, etc., it is useful with phosphate of soda.

The hippurate of lithium, alone or or combined with the hippurate of lime, serves admirably in the treatment of gout. The attacks of gout are lessened in intensity and frequency. The tophus is redissolved. The nodosites and chronic engorgments, in both the larger and smaller articulations, gradually disappear.—*Bulletin Gen de Therapeutique, August 30, 1885.*

Dr. Graham remarks: That let a fisher forsake his boat, or a carpenter his bench, or a shoemaker his shop, and proclaim that he has made the wonderful discovery that he is full of magnetism and can cure all diseases, and be he ever so ignorant and uncouth, he is likely to have, in a very short space of time, a clientele of educated ladies and gentlemen.

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A NEW STYPTIC.—The Berlin correspondent of *The Lancet* writes that some time ago a French physician, Dr. Mennier, reported that a priest, who frequently suffered from bleeding at the nose, having been attacked by a fit of such hemorrhage lasting for nine hours, had after trying unavailingly all possible remedies, at last stopped it by drinking an infusion of the common nettle, urtica dioica. Thereupon Dr. Rothe made some experiments with the external application of the juice of the said plant. Young plants gathered in spring were cut up (stalks, leaves, and blossoms), macerated for a week in alcohol of sixty per cent., pressed out, and filtered. It was then a dark greenish-brown fluid of aromatic smell and taste. Applied by means of cotton-wool to bleeding wounds, it promptly arrested hemorrhage, unless large vessels were affected, especially parenchymatous bleedings and those from smaller blood-vessels. The blood was converted into a soft, consistant, but not crumbling clot, which seemingly protruded into the opening of the wounded vessels, thus arresting hemorrhage. In cases of bleeding from the nose, a small cotton plug steeped in the liquid is pushed up the nostril high enough to come into close contact with the bleeding surface, and then, if necessary, fixed by means of a dry plug. Should the hemorrhage cease immediately, the plug may be cautiously moved after the lapse of about ten minutes. If some blood oozes out through the plug, it will have to be replaced by a fresh one. In several hundred cases thus treated the bleeding was always arrested within half an hour at the very latest. Quite striking was the effect in the case of a young man bleeding from the lower jaw, after extraction of a molor; for the hemorrhage had lasted for three days incessantly, in spite of compression and the application of external and internal styptics. For years Dr. Rothe has used this "liquor hæmostaticus" in all operations with predominantly parenchymatous hemorrhage, as in herniotomy, tracheotomy, smaller amputations, splitting of the cervix uteri, etc., in the same way as the solution of sesquichloride of iron was formerly employed, but with the great advantage that the blood-clots did not so easily crumble and decompose. The nettle solution has, on the contrary, on account of its alcoholic component, antiseptic qualities; and it is especially indicated in simple cuts of the skin not requiring suture; for not only will the bleeding promptly cease, but by the application of cotton-wool steeped in this solution the wound will speedily heal. The superiority of this new styptic is, above all, evident in non-puerperal hemorrhage from the mucous membrane of the uterus. If, as is generally the rule in cases of mucous polypus and endometritis hemorrhagica, the orifice of the uterus is sufficiently wide open, an injection of from five to ten grammes of the liquor, after previous

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cleaosing with a cold or warm solution of carbolic acid, will produce a permanent stopping of the hemorrhage, except where the mucous membrane is too much degenerated. Should the removal of an excrescence by operation or scraping (with the blunt curette) become necessary, the wound can be cleansed with a warm solution of carbolic acid, whereupon a plug of cotton-wood steeped in the nettle infusion, with subsequent injection of the same, will, in nearly every case, produce the speedy cessation of the hemorrhage.

COMPARATIVE LONGEVITY OF MEN AND WOMEN.

Interesting researches concerning the comparative longevity of men and women in Europe have recently been made by the Director of the Bureau of Statistics at Vienna. From these it appears that about a third more women than men reach advanced age. Women oftener lead quiet, regular lives. They have fewer bad habits, are less exposed to strong passion and excitement. It appears from the gathered statistics of the world that women have a greater tenacity of life than men. Nature worships the female in all its varieties. Among insects, the male perishes at a relatively early period. In plants, the seminate blossoms die earliest, and are produced in the weaker limbs. Female quadrupeds have more endurance than males. In the human race, despite the intellectual and physical strength of man, the woman endures longest, and will bear pain to which the strongest man succumbs. Zymotic diseases are more fatal to males, and more male children die than females. Deverga asserts that the proportion dying suddenly is about 100 women to 780 men; 1,080 men in the United States in 1870 committed suicide to 285 women. Intemperance, apoplexy, gout, hydrocephalus, affections of the liver, scrofula, paralysis, are far more fatal to males than females.

Pulmonary consumption, on the other hand, is more deadly to the latter, which argues that we ought to give the girls of our families all the out-door exercise that they need. Females in cities are more prone to consumption than in the country. All old countries not disturbed by emigration have a majority of females in the population. In royal families the statistics show more daughters than sons. The Hebrew woman is exceptionally long-lived, while the colored man is exceptionally short-lived. Dr. Hough remarks that there are from two to six per cent. excess of females in the living population. The rush and worry of the average business man in this country is apt to make him prematurely old, unless he takes judicious recreation. The females are to a great exetnt exempt from his overstraining about business cares, which may, in a degree, account for their superior vitality.—*The Indicator.*

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TRAUMATIC SHOCK.

My remarks relating to shock, of itself, are few, and but naturally derived from the writings of others—any special observations of my own being almost necessarily directed to its treatment.

The sudden expenditure of force upon the human body produces a state in that body, well designated shock—a condition of collapse or vital depression—the state resulting from rapid exhaustion of nerve force; and its intensity varies as do the nature and degree of the force applied, that portion of the body, its organs or structures receiving it, and the individuality of physical and psychological organization. Erichsen somewhere has said, "The nervous force, to a certain degree, is shaken out of the man and in some way nerve power is lost," and this probably conveys as much of truth to us as to have it stated that there is "concussion of nerve cell," or derangment of cell relationship."

Briefly, the symptoms common to shock are as follows, in varying degree: Pallor of the entire cutaneous surface and mucous membranes, with coldness of the skin, and especially of the extremities; drops of cold sweat on the forehead, which is also probably wrinkled; pointed, pinched appearance of the nose; rapid and small pulse with slow respiration; the mental operations are sluggish, or to a great extent, abolished. In the condition marked by these symptoms there is more or less reflex paralysis of blood-vessels, and greatly impaired functional activity. Secretion and absorption are almost at a stand-still, and this, to me, is the important factor to be considered in the medical management of shock. In any case of severe shock, I am constrained to say, that of all therapeutic agents administered by the stomach and rectum, very little ever enters the circulation in time to exercise its specific influence. During a two years' hospital service, it was my practice in every case under my own control, to administer medicines and stimulants by hypodermic injection; and the favorable results obtained have convinced me of the entire propriety of such a mode of treatment. In extreme cases, after the use of those immediate measures, as position of body, friction, electricity, irritation, etc., I begin the subcutaneous injection of brandy and ammonia, either alone or combined; and to one who has witnessed patients swallow ounces, even pints, of whisky, with not only negative but baneful results, the effect produced by repeated small doses of brandy and ammonia cannot be other than gratify

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ing. This is to be followed or accompanied by the subcutaneous injection of probably one of two remedies, viz: verat. alb. or aconite, each in the tincture form. Varatrum is indicated by all the physical manifestations of shock, also nansea and vomiting, and is the one great remedy whose homœopathicity and beneficial influence are proved to me again and again. Aconite is indicated only by the preponderance of mental symptoms characteristic of that drug, as fear, restlessness, etc. China comes into service when there is excessive blood loss, and can be administered with either of the other remedies. After the patient rallies aconite is the remedy, ably seconded by Arsenicum (Liq. Potass Arsenitis) each to yield preference to veratrum viride in that state of over-reaction where the whole body seems in a condition of tumult, and in which state it seems to me proper to give the drug in doses sufficiently large to produce the characteristic impression on the circulatory system in as short a period of time as possible with safety, as valuable hours are oftentimes lost by the non-use of agents at hand that will control.—*Ex.*

Plantar Hyperæsthesia.—Mr. Barbillon describes a singular affection chararacterized by an excessive impressionability of the soles of the feet to various external influences. In one case the patient, a grocer's boy who was obliged to be on his feet the entire day, began, shortly after undertaking this work, to have acute pain in both feet toward evening. Soon the pain became continuous and was felt in the whole plantar region. It disappeared as soon as the patient got into bed, but would be brought back whenever in movements of the legs the soles of the feet were brought in contact with the bed-clothing. Cold, in this case, brought a certain measure of relief. The reflexes were normal and there were no symptoms of ataxia. There was no redness nor swelling of the integument, and the perspiration was not abnormal in quantity. Three applications of chloride of methyl, one of which caused vesication, brought about a cure. In another case a cure followed the application of a blister covering the plantar surface. The writer records other similar cases, and concludes that the affection is an idiopathic plantar anæsthesia, distinct from other painful diseases of the feet.—*Journal de Medicine et de Chirurgie Pratiques*, July, 1885.

The present epidemic of cholera in Spain has killed about 70,000 people. The mortality has been between 40 and 50 per cent.

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LAWSON TAIT in the *Brit. Med. Journal* gives his method for the radical cure of umbilical hernia by abdominal section, and considers it applicable to all other forms of hernia. He opens the sac, frees all adhesions, cuts off omentum that may be in the way, pares the edges of the ring, and stitches up the wound with continuous silk thread, which he leaves permanently. The results have been exceed ingly satisfactory.—*Can. Lancet.*

DR. F. W. CAMPBELL in the *Canada Med. Record*, says that while none of the epileptic patients whom he treated with nitro-glycerine have been entirely cured, all have been relieved and the attacks became milder and fewer. The dose he usually employs is one drop of a one-per cent. solution three times a day.

THE patient's gratitude to his doctor is part of his disease. It is most declared when the fever is highest, cools off during convalescence, and entirely disappears with the complete return of health. The physician who is in the habit of letting his bills run till the end of the year is furnished with frequent illustrations of this fact.

THE *Cincinnati Medical Journal* reports a case where a man who had partially recovered from an attack of hemiphegia was struck by lightning, and regained almost complete power over the paralyzed side.

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THE ST. LOUIS
PERISCOPE
—AND—
CLINICAL REVIEW.

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Editorial.

ATTENUATION—DYNAMIZATION—POTENCY.

The frequency of allusion to the opics embraced in these terms, in our books and journals, might seem to preclude the necessity of further discussion, in anything like set phrase and systematic form. But as much of such allusion is either fragmentary, or *ex parte*, and frequently both, we have thought it might be profitable to have a summing up of the whole matter as to points of agreement and disagreement; as to conclusions satisfactorily attained; and as to those matters yet within the border land of doubt and controversy. The issues involved in the second and third terms—Dynamization and Potency—have been matters in controversy since the days of Hahnemann down to the present time; a controversy which has at times waxed with so much warmth as to transcend the bounds of courtesy and justice, and has practically divided the homœopathic ranks into two parties; designated as the Low Attenuation party and the High Potency party. The two parties are in harmony as to the *law* governing the selection of the remedy—*Similia, similibus, curantur*—to be given as a single remedy in the minimum dose, at the longest prudent interval. The parties are also in entire agreement as to the advantages and even absolute necessity of attenuation in the use of nearly, or quite all the articles of the Materia Medica The gist of the controversy is as to the extent to which attenuation

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should be carried, and the objects to be attained thereby. Low attenuationists rarely carry the process beyond the 12th, and mainly use remedies at the 3rd to the 6th. They hold that attenuation accomplishes and is needful for two important purposes; first, to break down and reduce to an available form certain hard, crude articles, such as *Silex*, *Mercury*, *Antimony*, so as to adapt them to the receptivity and sensibilities of the vital animal economy, whether normal or abnormal; second, to so reduce *quantity* in the use of certain articles, likely to work violent and even toxic effects, if given in crude, ponderable forms, such for instance as *Arsenic*, *Strychnia*, *Prussic acid*, *Atropine*. A third and highly important object in attenuation is to avoid what is known as *medicinal aggravation*. For instance, one grain of the 2^x of *Corrosive mercury*, if given to an individual in a state of health might result in no immediate, appreciable result; but the same dose given to one suffering from acute dysentery, would in most cases produce marked and violent increase of the dysenteric symptoms. *Ipecac* and *Antimony* are valuable agents in the treatment of acute gastritis, when properly attenuated; but in crude, massive doses produce distressing medical aggravation of the gastric disorder. The precise point to which attenuation should be carried to avoid these hurtful results, can only be settled by due reference to the nature of the remedy, the abnormal phenomena, and the peculiarities of the sick individual. Low attenuationists insist that the process (attenuation) shall stop at or within the bounds of the *material presence* of the remedy to be used in combating disease. The latest scientific inquiries in the use of chemical reagents, the Microscope and Spectroscope would seem to show that all trace of the material atomic presence ceases at or about the 12th decimal attenuation. Hence low dilutionists do not feel safe in trusting the ravages of disease, and the safety of their patients, in the use of attenuations much, if at all, beyond that limit.

The high attenuation party claim that a curative, true therapeutic power, is rarely attained in remedial preparations, below the 12th to the 30th attenuation; and prefer in the main to go much higher; as high as to the 200th, to the 1,000th. They not only ignore the necessity of the *material presence*, but hold to the doctrine or

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idea that every remedial agent contains a *dynamic, spirit* power, upon the agency of which all true cures depend; and that curative power is increased, intensified in the ratio of its separation and elimination from the *material nidus.* In their technology we find the constant use of the term *potency*, a synonym for power, strength. They further teach that *potency*, power, in the cure of disease, is as the ratio of increased attenuation. That, if the *dynamic* power of *Sulphur* at the 30th attenuation has been so far let loose as to be somewhat effective in the cure of disease, the potency, curative power, may be still further disenthralled, let loose, intensified at the 200th or 1,000th. The high potency party not only teach the single remedy in the minimum dose, but are tenacious for very long intervals between doses; a day, a week, or a month. In fact, they ordinarily promise and teach that a single dose of the suitable remedy should effect a cure, without *repetition.* Any failure to effect a cure with high attenuations is never for once attributed to the state of attenuation, but to the failure of the prescriber to select the suitable remedy. High potency practitioners insist with great, and a commendable tenacity, upon an exact similarity between the symptomatology of the remedy and the group of sick symptoms to be treated, in order to thorough, complete relief. Indeed, whatever we may think of their theory and practice as to *dynamization* and the *high potencies*, they are undoubtedly our most industrious provers, and students of the Materia Medica. They fully appreciate the two important points in medical practice; a correct appreciation of the symptoms in any given abnormal condition; and a correct knowledge of the suitable remedy for cure.

Another prominent peculiarity of high potency theory and practice is, the use of certain *pathological products* as therapeutic agents; such for instance as those of hydrophobia, syphilis, scabies, gonorrhœa, leucorrhœa, which, however loathsome, from the source of supply, may at least be considered free from any *toxic* risk, on account of extreme attenuation.

Having thus presented what we conceive to be a fair representation of the theory and practice of the two parties, into which we find our practitioners divided, we propose to devote some time and

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space to a critical analysis of the claim and views of the high potency party. And now that our standpoint may not be dubious or misunderstood, we state plainly we have not one particle of confidence in very high attenuations. That, under a well appointed *hygienic regime*, hope on the part of the patient, and the benign efforts of nature to throw off the abnormal condition, *recoveries* do occur, there is no doubt. But that there is direct positive therapeutic agency in the process to be placed to the credit of the high potency plan we do not believe; we have been unable to believe. Upon the strong representations of reputable members of the high potency party, we have made faithful, careful trials, with only negative results. We have gone so far as to make careful representations of a given case, and then have a high potency practitioner prescribe the remedy, but with no satisfactory result. We have been forced to the conclusion that high potency practice is simply a well ordered, systematized course of *expectancy*. We sincerely hope the members of the high potency party will believe us when we state our entire freedom from either motive or desire to misrepresent their views. If they have the truth on their side by all means let us accept and practice it. There is a grave issue involved, which they and their opponents should be willing to place high over any unworthy quality of *feeling* or patisanship.

If we understand the theory of high potency practice, and we have certainly striven hard to do so, the whole question turns upon the theory, or doctrine of *dynamization*. This we understand to consist in the idea that there is in every true remedial substance a certain etherial essence, or *spirit* curative power, distinct from, and other than the *material nidus* in which it is supposed to reside. That by a long succession of attenuations, as the *material nidus* becomes broken down, this essence, dynamic power, is gradually and finally set loose, disassociated from its former material relation or environment, and thus, and thus only, becomes effectual in the cure of disease. The material presence is ignored, as a separate or joint factor, in the process of cure, as neither necessary or very desirable. The precise point of attenuation at which the *divorce* between *matter* and *spirit* takes place, is supposed to be somewhat variable as between one remedy and another; but as nothing is supposed to be lost by a wide state, even the very widest state of separation; and in order that

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the fact of such separation may be placed thoroughly beyond doubt or cavil, we are advised to carry attenuation to the giddy heights of the 200th to 1,000th attenuation. This *spirit dynamic* force is supposed to reside equally in organic and inorganic substances.

The high potency party make a somewhat uncertain distinction beween the ranges of *potency* and *attenuation* For instance, the 1,000,000th potency may not be more than the 10th or 15th centesimal attenuation. The very great amount of time and labor required to make the very high attenuations has brought into use certain mechanical contrivances, as labor-saving machines; prominent among which we have what is known as the *fluxion* process. This we understand to consist in passing a current of water through the machine, which is charged at the commencement with a low attenuation of the particular medicine to be *potentized*. At a given stage of the current, under a given number of the machine revolutions, a sample is removed and marked as an attenuation, at a particular number and a *potency* of a much higher number. This machine mode of making attenuations, at one time in much favor, we believe has fallen into more or less disfavor with the high potency party, as both frivolous and inaccurate. They are now inclined to fall back to the Hahnemann mode of *hand* made attenuations, of which Boericke and Tafel are said now to have about 500 remedies, attenuated to the 1,000th, on the centesimal scale.

But to return to the doctrine of *dynamization*. That there is in matter a certain quality known as *force*, *power*, we believe is conceded by scientists everywhere. But that this *force* is an *entity*, separate and apart from its *material* associate, would seem to be contrary to both analogy and everyday experience. The phenomena known as light, heat, electricity, attraction, motion, fecundation and nutrition, we find constantly in close association with *matter*. Without matter under some one of its various phases we neither experience, or can reasonably expect either or any one of the phenomena mentioned. Is this rule departed from in the therapeutic or *curative* process? We do not believe it is. Probably all high potency theorists do not hold to or avow this idea of separation between spirit, dynamic power and matter, in the therapeutic process. Indeed we think there is a marked tendency in their ranks to disavow or recede

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from the doctrine. Nevertheless we think the faith reposed in very high attenuations necessarily implies or involves the other idea of divorcement; separation between the material reality and the supposed *dynamic entity*. We understand it to be the generally received idea among scientists that there is a limit to the *divisibility* of matter; that certain primal atoms are ultimately realized which are no longer susceptible of further division. If this view be true it follows that in extreme attenuations all traces of material presence must long since have disappeared. For instance, at or after the 12th centesimal trituration of gold the molecules have attained a state of minuteness which any number of successive trituarations does not seem to change. With each successive trituration the molecules become less numerous, until finally, at a few removes from the 12th they disappear altogether, under the scrutiny of the most powerful microscope. Now if this be true of attenuations, somewhere from the 12th to the 20th, what must be the state of *material* supply in attenuations at the 100th, to say nothing of the 500th and 1,000th centesimal. But, allowing matter to be divisible without limit, and the human mind, with the aid of figures, finds itself wholly inadequate to the task of comprehending the extreme tenuity of quantities present in attenuations at the 20th or 30th. Take a drop of the tincture of Aconite, and at the 10th centesimal it would require the following array of figures as a denominator to represent the fraction of a drop in 100 drops, 1,000,000,000,000,000,000,000. Think of the display of figures that would be necessary to represent the amount of *Aconite* in the 20th, 30th, 200th, 500th, 1,000th. At the 1,000th attenuation it would require a denominator of *200,000 figures* to represent the fractional part of the drop of *Aconite* in 100 drops of the dilution. If it be true that the divisibility of matter is limited, the probability is that there is no particle of matter (*Aconite*) after the 15th or 20th.

The apparently sober, serious proposition, made by the high potency party, that we are, or ought to trust the management of violent acute disease, in the use of such preparations, presents a curious puzzle To say that such people are crazy, would scarcely do, because in other respects they are sane enough; to say they are dishonest is counterbalanced by their reputation for honesty and

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veracity in every other respect. Altogether this phase of matters presents an anomaly of wild credulity without a parallel in the whole history of mental phenomena. Mesmerism, spiritism, witchcraft, would seem ponderously substantial by the side of it. In a recent conversation with a high potency party as to our doubt or disbelief as to any material presence in the 60th and 200th potencies, he replied by inquiring, "How do you know matter is not present?" To which, we reply, the burthen of proof lies with the affirmant. We say that the best use of our five senses, with all the appliance of science and art, to help us, fail to detect it. Still he affirms that which we deny. Let him prove it. In proof he offers his experience, that his preparations "Work;" that they cure disease. In the face of such strong grounds for doubt and disbelief, in connection with the known fact that disease so often disappears under the efforts of nature, without any treatment whatever, and frequently in spite of both disease and bad treatment, and in view of the important fact that our most earnest, faithful efforts with high potency have been signal failures, we insist that the weight of testimony and argument in the affirmative is neither conclusive or approximately satisfactory.

Let us return to the doctrine of dynamization. To render this doctrine true, or even plausible, matter must be infinitely divisible, or, must contain a spirit *entity*, capable of separation from its material environment and sustaining a separate activity. If it be infinitely divisible there may be some show for its presence in the high, and even highest potencies, though so attenuated as to be practically without power to control the ravages of disease. Or, if there be in matter the spirit *entity* susceptible of separate existence it may pervade any attenuation up to the very highest, and be effectual in the cure of disease.

The infinite divisibility of matter we reject as a thing improbable, and contrary to the opinions of the most advanced scientists. The spirit *entity* idea we reject as contrary to analogy, and unsustained by fact or observation in any and every direction, save that claimed for it by the high potency party. Spirit entity and activity in disassociation to material media, we can neither know, appreciate or understand. In fact, the high potency party, who propose to elimi-

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nate the spirit entity from its original *nidus*, find it convenient to associate it with material media, in the form of water, alcohol, or sugar of milk. If the spirit power of mercury be unfit for therapeutic use, while in its primary material association, what is gained by associating it with another.

We desire to call the special attention of the high potency party to the important fact, that in all the activity of human experience, and even in those of a mental, moral and *spiritual* character, material media have a constant and prominent place. We do not now remember a single one of the reported miracles of the Savior, in which he did not use material forms. This will be found true of all the various beliefs and practices of all religionists the world over, whether Christian or Pagan, mesmerists, spiritualists or sooth-sayers, all act in obedience to the law, demanding material presence as a condition of *results*, however etherial and *spiritual* such results may claim to be. It is only the high potency advocates who claim to use and control a disembodied spirit; or, if matter at all, in such attenuated shape as to be practically *nil;* as would be with the drop of Aconite or Mercury attenuated for 500 to 1,000 times.

We are perfectly willing to recognize the probable curative power of any state of attenuation which maintains and gives evidence of the *material presence.* This material presence must respond directly to one or several of the five senses, with, or without the aid of the microscope, spectroscope, or chemical reagents. Possibly we might not stop to split hairs as to the possibility of material presence in preparations a few removals beyond the limit named. But when asked to accept as remedies and trust attenuations at the 500th to 1,000th, why, we simply "give it up."

But, *cui bono*, what is the use of going to so much labor and trouble at the risk of trenching upon the border-land of doubt, uncertainty and nonentity? We confess it looks much like a morbid desire to revel in mystery and uncertainty, at the expense of violating all the rules of logic, analogy and human experience.

The high potency party have a habit of making themselves miserable over the fear of somebody's disloyalty to the teachings and memory of Hahnemann. It would be an easy matter to retaliate

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by showing that they themselves have been guilty of certain innovations; as the master in his most gauzy and speculative moods never dreamed of anything like the *fluxion* frivolities of Swan, Finke and Company. Hahnemann, in his discovery of the therapeutic law governing the selection of the suitable remedy, together with his subsequent teachings as to attenuation, the single remedy in the minimum dose, achieved a wealth and weight of glory which fairly entitled him to a patent for a bit of folly, now and then. All great minds have their whims, humors and follies. Hahnemann was no exception to the rule. The high potency party in trying to imitate and vindicate these follies, have done more to hinder and retard the progress of homœopathy than all other causes combined. If homœopathists would settle down to teach and practice medicine with attenuations at somewhere from the 3rd to the 12th attenuation, stop their clatter as to "C C," "M M" and "C M," "Psora," disease products as remedies and opposition to topical applications, our system would rapidly take the place of all others. These follies have given our enemies cudgels with which to break our heads by the wholesale. It may take 50 to 100 years to undo and neutralize their consequences.

We have an abiding conviction that homœopathy must ultimately become the dominant system of medical practice; though a few of its over-zealous friends seem bent on deferring the good time for the enjoyment of future generations.

REPLY TO DR. ORDWAY.

Certain strictures published in the Sept. No. of the PERISCOPE on the management of pregnancy and childbed, seem to have warmed up the professional *dander* of our good friend, Dr. L. S. Ordway, late Chairman of the Bureau of Obstetrics in the American Institute. Judging by the doctor's reply in the Oct. No. the matter between us is one of *recollection*. In our allusion to the subject we took the members of the Bureau to task for advocating the use of certain remedies during *pregnancy* as a means of *preparation* for *parturition*, and the childbed state. Dr. Ordway disavows the doctrine, and denies that such views or practices were inculcated in the Bureau

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discussions of the Institute. Now if the Report of the Institute discussions does not show that *Cemicifuga*, *Helonin*, *Caulophyllum*, *Gelsemin*, and similar remedies, were recommended to be used during the pregnant state as a means of preparation for the parturient process, and in the absence of any special abnormality, then we promise to back down and out, with our profoundest *salam* of humility and confession. We were present, and took part in the discussion, and made precisely the same protest and dissent then and there which we have repeated in our editorial. After the discussion a distinguished member of the Institute approached us, and complimented us as to our position, and the skill with which we defended it.

The doctor in his reply says nothing more was taught or contemplated than "proper prophylactic treatment against known diseased conditions." Now this is precisely what we have heretofore protested against; and now repeat the protest; giving a pregnant woman medicine for fear she may fall into one of the "known diseased conditions." Hygienic prophylaxis is well for humanity, whether *pregnant*, or otherwise; but *medicinal* prophylaxis is, to say the least of it, questionable. *Sulphur* and *Copper* have been proposed to prevent cholera, and *Belladonna* against scarlet fever; but these, if true, only constitute exceptions to the general rule that medication does not prevent disease. We take the broad ground that pregnancy, the parturient process and the childbed experience are *normal* conditions, as such. Of course they are phases of female humanity, which may be interfered with by abnormal complication, and when such abnormal appearances show up should have suitable medication. But to anticipate these possible abnormalities; such, for instance, as peritonitis, hemorrhage, convulsions, "dystocia" by the prophylactic use of remedies, we hold to be just as indefensible as the administration of medicine to the same patient to prevent rheumatism, pneumonia or dysentery. We make the same protest against a medicinal course to *prepare* the patient for a good time generally.

The doctor, after a general denial of our allegations, goes on to state that "physiological and pathological reasons were given for every dose of medicine." Now here we have him affirming, in his own words, that which he denied in his reply, and with which we had

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previously charged him and the members of his bureau. He says *physiological* reasons were given for medical administration. We have been taught to give medicine for the *sick*, *abnormal conditions;* and not for physiological ones. Even supposed "pathological" reasons furnish very inadequate indications to the homœopathic prescriber. We do not think any amount of knowledge whatever, as to the *pathological* conditions of the lungs in pneumonia would ever indicate the use of *Aconite*, *Tartar Emetic*, *Phosphorus* and *Bryonia* as the suitable remedies. Accidental clinical *experience* might do something, or even much; but to the true homœopathic prescriber, the only scientific, reliable guide, must be the aggregated *semeiology* of the case. Pathology must not be ignored or disregarded, but should hold a place *subordinate* to a correct grouping of symptoms.

As the good doctor has chosen to enter within the "smoke of battle" we hope he will be willing to take the consequences of his venture, and allow that our sincere friendship for one so prominent in the profession, fairly entitles us to save him and homœopathy from the consequences of unsound views and questionable modes.

PEROXIDE OF HYDROGEN.

Dr. T. G. Comstock hands us a late number of the *New England Medical Monthly*, containing an article by himself on this new candidate for professional favor. By the way it is just a bit noteworthy that the good doctor's literary contributions usually get their first peep-o'-day in the land of baked beans and pumpkin pies; and through the columns of an allopathic journal. Peroxide of Hydrogen was discovered fifty or sixty years ago, but was only recently brought into professional prominence by Dr. B. W. Richardson, of London, as a *detergent* in foul, ill-conditioned suppurating surfaces, and cavities. Practically it is water freely charged with oxygen. Heretofore the high price at sale has been a barrier to its general use But a St. Louis house—Mallinkrodt—is now manufacturing a good article at half the former price. There seems now no doubt as to its efficacy as a local application for the purpose mentioned. Dr. Comstock informs us that he has recently used it as a throat spray in two cases of diphtheria, with very great satisfaction. We make haste

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to bring this use of it to the notice of the profession, as this fell disorder seems likely to be prevalent during the winter. Dr. Comstock thinks it quite the equal of Corrosive Mercury in power, with the important advantage of being less dangerous. In this connection we desire to say, we believe *Corrosive Mercury* will ultimately occupy the front rank, as a deodorizer, disinfectant, detergent and germacide, as against all comers. To us its great power is its chief recommendation. Attenuation will make it just as mild as we may desire, for any and every purpose; while the stronger preparations may be confidently relied on for renovation and disinfection everywhere, from the untidy sick room to the dirty water-closet, and filthy cellars and back yards. Then, too, it has the advantage of being almost as cheap as the "dirt" which it renovates. We have recently used it as a throat spray in diphtheria, with the greatest satisfaction. For this purpose we would recommend an alcoholic solution of one grain to the ounce; to be sprayed into the throat every two or three hours, until signs of improvement, and then at longer intervals. This preparation answers well as a gargle; or may be applied with a small mop or camel's hair brush. Recent experiments go to show that a solution of Corrosive Mercury in water, in proportion of one part of Mercury to 5,000 of water, is effective as a germacide, say one grain to about a pint of water. Upon a raw, super-sensitive surface, the watery solution will usually be preferable to alcohol. To a pint solution ten grains of table salt and Muriate of Ammonia facilitates solution, and renders it permanent. Where a more decided or pungent impression may seem desirable the Mercury and the two salts should be increased; say double or treble.

LACHESIS TRIGONOCEPHALUS—PROVING BY INDUCTION OF THE 7M. FINCKE.

Dr, Buchmann, Alvensleben, Germany.

Ernest Wagner, seventeen years, student, had when a child, squamous glottidis. Two years ago a bronchial catarrh was accompanied by asthmatic attacks in the night, which returned several times, and which, for the last time before Easter of this year had caused three successive sleepless nights.

1885, July 14th. 8: 10 A. M.—Prover took the vial with Lachesis 7M. (F.) for fifteen minutes in his right hand, sitting on the sofa.

8: 15 A. M.—Yawning, frequently repeated; accumulation of water in the mouth, watering eyes.

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8:25 A. M.—Tickling in the nostrils and watery secretion in the nasal cavity. Aching between the shoulder blades, lasting five minutes; sensation of firmly adhering mucus in the pharynx. Rumbling below the navel. The yawning continues. Great tiredness and indisposition to mental labor. The eyes get watery again.

10 A. M.—The tiredness has ceased. The voice has a crowing character which strikes him very much. In the afternoon, increased thirst.

Toward 5 P. M., very much depressed. The crowing voice gets worse toward evening. Immediately after snpper the tiredness increased.

July 15th.—In spite of great tiredness, difficulty to fall asleep. Before midnight, waking up from sleep frightened, after which he soon falls asleep again three times. On rising in the morning he noticess a great spot in the cheek—a thing which never happened before and frightens him considerably. A seminal emission occured during sleep without his knowledge, without erection, and unaccompanied by dream. After getting up some transient dyspnœa.

July 16th.—After going to bed at 9 P. M., being very tired, aching on the left instep near the toes, then upon the left shoulder near the neck, then upon the left hand near the fingers, then upon the left side of his face, especially at the left side of the nose, then at the left ear-lap as far as the lower part of the cartilage of the concha, then outside of the leg near the left tibia. Now and then the itching returned at these parts, causing him to scratch till 10 P. M., when he fell asleep. He has never observed a similar itching before in his life. During the day, voice somewhat rough.

July 18th, 6:10 A. M.—The prover took the same vial in the left hand for half an hour. After about ten minutes, yawning several times, watering eyes, sensation of mucus adhering to the pharynx, tiredness.

After removing the vial no more symptoms were observed.

It will be seen that this proving furnishes interesting symptoms which correspond with Hering's proving of the thirtieth cent. Interesting, also, is the comparative immunity to Lachesis on a second application, after cessation of all the symptoms, and the following short duration of action (Wirkungsdauer).

We re-publish the above article from the pages of the *Homœpathic Physician*, a publication which, just now, all "true healers" do much affect. Whether there be meets and bounds which limit extremes in human folly, it may not be safe in the light of experience to affirm. Granting that there be such limit, we have in the sample before us a vigorous effort to reach it; we regard it as a regular refinement in the way of an attempt to violate and disregard all the rules of common sense, and human experience. Is the writer a natural-born simpleton? or, is he a fraud who attempts imposition on other simpletons? "What fools these mortals be!" (Puck). "Proving by induction of the 7 M Fincke." Well as the little boy

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said when surprised: "That takes the cake, plate and all." A certain other boy when overwhelmed by a small, unexpected calamity, was advised to, "Swear." He deliberated for a moment, and then replied "It's no use, I can't do justice to the subject!" So of the folly in hand. It is wholly beyond the domain of profanity or logic as remedial measures.

We are told that yawning was very frequently repeated. Now, precisely that same thing happened to ourself and our little boy yesterday evening while engaged in the revision of a "spelling bee" of about 500 words, preparatory to the little fellow's school examination. Possibly, we itched and scratched a good deal, but I am not sure. At another point he says, "He falls asleep again three times." During the "spelling bee" revision, we fell asleep about six times, more or less. "On arising in the morning there was a great spot on the cheek." We are not advised as to the *hue* of the spot; whether red, orange, yellow, green, blue, indigo or violet.

"The voice has a crowing character which strikes him very much." We are not told whether the "strike" was aimed at the midriff, the vertex, the natis, the geaddle or otherwise.

"10 A. M. The tiredness has ceased." So it did with us and the little boy a few hours after the "spelling bee" revision.

"A seminal emission occurred during sleep without his knowledge without erection." If without his knowledge, how does he know there was *no erection*? This we accept as a *hard* yarn. We are happy to say nothing of the kind happened during or after the "spelling bee" rehearsal. In other respects the cases seem very much alike.

After removing the vial no more symptoms were observed. *Allah be praised!* We are not told whether the vial used in this induction mode of proving was corked or uncorked. We rather gather the idea that it was corked hard and fast; and that the condition of true "inwardness" within the vial, by some occult process, produced a certain other state, external *outwardness*, which produced the symptoms in the case, without any connection between the inside and outside whatever; we hope we succeed in making these matters plain, as we go along, as it would be very unfortunate to be misunderstood in such grave and important matters. Now to be more serious. If homœopathy can survive such knocks as this in the

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house of its pretended friends, we see little reasons to fear for its survival as the fittest, in any conflict with its avowed foes.

If individuals choose to indulge foibles and follies privately for the education and amusement of themselves and friends, all very well. But when one of our prominent periodicals consents to publish them and send them abroad for the acceptance of an enlightened and scientific age, and as samples of our scientific and literary status, we feel humiliated beyond description. Such things be dead weights upon the wings of progress, and success to us as a profession. They furnish ammunition and missiles all ready made to hand, for the use of our opponents, What more effectual weapon could an allopathic doctor wish than to place the foregoing article in the hands of the laity.

DR. W. J. SINCLAIR in the first number of the *Medical Chronicle*, gives a general resume of the German contributions on the subject of corrosive sublimate as a disinfectant in midwifery during the past year. The substance of his remarks is briefly as follows: Corrosive sublimate has largely replaced carbolic acid in several of the German lying in hospitals, but there seems to be considerable diversity of opinion as to the value of the former substance and the dangers incurred in its use. Stadfeldt, of Copenhagen, reports a death with all the symptoms of mercurial poisoning, after a single intrauterine injection of a solution of the sublimate. Taenzler, of Breslau, states that he has used this solution freely in 624 cases, in four of which he observed symptoms of poisoning. He does not deny that there is danger in intrauterine irrigation with corrosive sublimate, but suggests a means of avoiding it by firmly pressing the uterus after each injection, so that there shall be no fluid left in the cavity.

As we have said elsewhere in the present number, Corrosive Mercury is one of the very best of all local applications, as a Corrective of unhealthy discharges; especially where the discharges are fœted or septic. Any risk may be perfectly guarded against by suitable attenuation; say one to two or three grains to the quart of water. In the above cases it was, doubtless, much stronger than here directed. But the point we wish to make in this place is, as to the unwise, officious habit of using uterine, or even *vaginal* injections of any kind, in any and every case of the child-bed state. Women, in healthy, normal progress, do not need the vaginal, much less the intra-uterine injections. Of course a child bed patient under certain abnormal conditions may require these modes of administration But these cases should constitute the exception and not the rule.

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Intra-uterine injections, even in the very mildest forms, are so uncertain and violent in their results that we have come to use them reluctantly, and only under the pressure of great necessity. The local, external use of water, with frequent change of napkins, is quite all that is called for in ordinary cases. Only a few days ago, we were summoned in great haste to see a child-bed patient who had been thrown into a violent and alarming uterine colic by the accidental ingress of a carbolized vaginal injection, to the uterine cavity. This accident may ordinarily be avoided by closing up the hole at the apex of the vaginal pipe. We have often wondered, by the way why instrument makers have not had the common sense to omit this apex hole in the process of manufacture.

Not very long since we sent a very excelleut nurse to a physician, who desired employment in her line. Among the first questions he asked her as a means of testing her skill, was one as to her ability to place a child bed patient in proper position, and wash out the uterus. Now, in the first place, we protest against every child-bed patient having a daily uterine irrigation; but above all we protest against anyone attempting such a proceedure, other than the surgeon or physician having the case in charge; and only then under special indications. We have come to the conclusion that many of the bad recoveries from child-bed are to be set down to such unskillful and unwarrantable tinkering.

Book Reviews.

THE PEDIGREE OF DISEASE: being Six Lectures on Temperament, Idiosyncrasy and Diathesis, delivered in the Theater of the Royal College of Surgeons in the Session of 1881, by Jonathan Hutchinson, F. R. S., Emeritus Professor of Surgery in the London Hospital. New York: William Wood & Company. 1885; pp. 113.

In the publication of first-class medical literature at low prices, in the very best style, mechanically, history furnishes no parallel to the liberal and enterprising career of William Wood & Company. They show no disposition to rest upon the laurels of the past, but continue to pile up on the weight of obligation already imposed upon the profession. "Temperament, Idiosyncrasy and Diathesis" are themes to which constant incidental allusion has been made in the literature of the profession, in both ancient and modern times; but we remember no exhaustive, separate, systematic treatise on these subjects until the volume now before us. The figure which these themes cut in history, diagnosis, prognosis, and treatment of the banormal conditions, is of the very first importance: and we congratulate the

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profession that they have been the subject of elaborate. systematic attention at the hands of one of the most learned and distinguished of the long line of illustrious British authors and practitioners. The style is lucid, elegant, forcible. The mechanical get up is *sans reproche.*

A REFERENCE HANDBOOK OF THE MEDICAL SCIENCES; being a complete and convenient work of reference for information upon the topics belonging to the entire range of scientific and practical medicine, &c. By Albert H. Buck, M. D. New York: Wm. Wood & Co.

This is a new work, and so fresh from the press, that its leaves are scarcely dry. But if its pages are without moisture its reading matter is juicy enough to make up for any deficiency there may be otherwise. It is intended by the author to issue the entire work in eight volumes of 800 pages each, and will contain everything that is new and valuable, and everything that is good in the old, relating to any and every subject pertaining to the science of medicine. The author has called to his assistance some of the ablest minds in the American profession, that are well-known and acknowledged authorities in their specialties; whose writings are always acceptable to the profession, not because they are pleasantly put together, but because they contain the newest and best thoughts and improvements in their respective branches. This is just what the present volume is composed of, and if it is a fair index of what the succeeding volumes will be the whole series cannot be otherwise than of inestimable value to the physician, and a complete library, in a condensed form, in itself. It is arranged in alphabetical order, and treats of many of the more important topics, at considerable length, whilst others are only briefly alluded to; but the most prominent feature is the *diagnosis and treatment of disease.* Other branches, such as medical botany, climatology, entymology, physiological and pathological chemistry, applied anatomy, medical jurisprudence, military and naval surgery, not usually discussed to any extent in medical works, are here given not a little consideration. Chromo lithographs and wood engravings abundantly illustrate the different subjects, and many of the illustrations are not found in other works. The enterprising house of Wm. Wood & Co. have the honor of publishing this valuable medical production, which is sent out as a finely-bound book, in smooth, clear print, and on excellent paper. We advise the addition of this most excellent work to every library, and feel sure that all who do possess it will find it a great saving of time, labor and money.

HISTORY OF HOMŒOPATHY; ITS ORIGIN; ITS CONFLICTS; by Wilhelm Ameke, M. D., (of Berlin.) Translated by Alfred E. Drysdale, M. D., (of Cannes.) Edited by R. E. Dudgeon, M. D. London: Gould & Son. 1885.

We have here a somewhat remarkable book of 450 pages octavo; remarkable as a display of learning and research by the author; remarkable as a display of the wonderful learning, industry and original acumen of the founder of Homœopathy. As an illustration of the learned author's industry and plodding research, we should say that his book contains at least one thousand quotations and references; embracing the whole range of literature, scientific and medical; ancient and modern. We had supposed ourselves tolerably familiar with the scope and range of Hahnemann's work in a literary and scientific point of view. If our author is to be believed, and we see no reason to question his statements, as they are well sustained by authority references, Hahnemann's range of work in the departments of chemistry, pharmacy, botany, materia medica, pathology, symptomatology

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proving, and a knowledge of books border on the confines of the miraculous and marvellous. In order fully to appreciate the magnitude of this work, let it be remembered that he was in no sense a mere compiler and retailer of other men's views and discoveries. In all these branches of learning he was not only largely original, but in constant conflict with the authorities and teachers of his own time. In chemistry, toxicology and pharmacy, he was peculiarly fruitful in original discoveries, and in the correction of errors and mistakes, which had already received the sanction of high scientific authority. We confess that we have never before so highly appreciated our clinical master's life-work as we have since looking through the volume before us We hope the British publishers will make arrangements to place it on sale in this country; or provide for an early American edition. It ought to have a place in every homœopathic physician's library.

MILK ANALYSIS AND INFANT FEEDING. By Arthur V. Meigs, M. D. Philadelphia; P. Blakiston, Son & Co.

As the title indicates this book has two purposes in view; first, what the author's analysis of milk shows it to be, and a comparison with the analysis of other investigations; and second, how to feed infants. A good deal of material, of which this volume is composed, has already appeared in the journals and other publications, but nevertheless it is still good and useful in everyday practice. The writer concludes, after an examination of a great number of cases, that there is much less casein in human milk than is generally supposed to be, only about one per cent, according to his obsevations, instead of three or four per cent, as agreed to by other authors; but in other respects he agrees with them. He condemns condensed milk, and thinks it should not be placed in the same category of infant foods with fresh cows milk, prepared to suit the age and constitution of the chiid, and also that a child should not be allowed to sit at the table with adults, for the reason that it will want things it sees, and should not have. Altogether there is quite a store of good advice contained in the little book, sound, practical and useful, but presents nothing different of a practical nature from other works, nor is it to be compared with the writings of the elder Meigs.

THE HOMŒOPATHIC PHYSICIANS VISITING LIST AND POCKET REPERTORY; by Robert Faulkner, M. D. Second edition. Boericke & Tafel, Publishers. Price $2.00; pp. 250.

With pleasure we thank the enterprising publishers for a copy of this excellent and beautiful book; excellent in material and arrangement; beautiful in paper, type and binding. Nearly 100 pages in the fore part are occupied with ready reference calendars, poisons and antidotes, and a valuable, elaborate Repertory of diseases and their suitable remedies. The arrangements for "Visting List and Prescriptive Record" are all that could be desired or reasonably accomplished in a portable compass. Every homœopathic physician, young or old, should have at hand a ready reference Repertory. Young physicians need it, because they do not always know, and older ones because they have forgotten that which, in an emergency, it may be important to remember. As an allopath it is very easy to remember and prescribe Calomel, Oplum and Quinine. But homœopaths are expected, and absolutely required to make numerous sharp, pointed distinctions and discriminations, which may render a pocket Repertory of the first importance. This will be found the visiting list before us.

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EPITHELIOMA OF THE MOUTH. By H. I. Ostrom, M. D. New York: A. L. Chatterton Company.

The author states in the preface that this "Monograph is the outgrowth of a series of investigations, entered into in the course of professional study, for the purpose of elucidating to the author some obscure points in the pathology, etiology, and treatment of epithelioma of the mouth." In Chapter I the writer dips extensively into the histology of the epithelium of the mouth, tracing it from the earliest weeks of embryonic life till it is fully developed in the adult, showing the different kinds, and the pecular function of each kind, and then passes on to the consideration of the text of the work. His theory of the development and progress of the disease is no different from that found in works on surgery and pathology. Nor does his description of the complaint vary from that of previous writers. In epithelioma of the lip, as well as the mouth, the author has but little faith in internal medication or local applications, and concurs in the general opinion that early removal by the knife is the only plan of treatment that holds out any prospect of permanent relief. As etiological factors, tobacco, alcohol and highly-seasoned food are placed in the list of agents having more or less influence in producing the disease, but are not considered as prime factors. The homœopathic remedies advised are Ranunculus Bulbosus, Phytolacca, Galium Aperium, Hydrastis, Conium, Iodide of Calcarea, Anti-crud., Arsenic, Clematis, Assafœtida and Comocladia, dentata.

The book is put up in A. L. Chatterton's excellent manner, which the profession knows is first-class in every instance.

A FORMULA BOOK; HOW TO USE LISTERINE. To the Medical Profession. Lambert Pharmacal Co., St. Louis, 1885; pp. 32.

This pamphlet edition, for the purpose named in the title page, will be found useful as well as very convenient. Among the great number of antizymotics, antiseptics, and deodorizers now on the market, Listerine holds the enviable distinction of being at the same time effective in practical use, and entirely innocuous, so far as any toxic result is concerned. The proprietors are energetic, reputable men, and entirely worthy of confidence, as to anything they may offer the profession.

THE NORTH AMERICAN JOURNAL OF HOMŒOPATHY. The Journal Publishing Club, No. 10 East 36th street, N. Y.

This monthly edition of the old quarterly, with an entire change of editors and publishers, comes to us in good dress, filled with matter both original and selected, of first-class quality. As the radical changes make it practically a new enterprise we give it a welcome *boost* to our exchange list.

SECOND REPORT OF THE STATE BOARD OF HEALTH OF THE STATE OF TENNESSEE.

We are under obligations to the State Board of Health of Tennessee for a copy of its proceedings. It contains a large amount of information on the subjects relating to sanitation and health boards. It is very complete.

SOCIETY PROCEEDINGS.—We are indebted to Secretary Burger, of Booneville, Mo., for a copy of the Proceedings of the Missouri Institute of Homœopathy, printed by Fred. N. Nixon, Esq. whose printing and publi cation of the PERISCOPE is alway a guarantee that work entrusted to him will be well and faithfully done.

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OTIS CLAPP & SONS, Boston, Mass., send us a handsome copy of their Visiting List, Perpetual; may be used indefinitely, or until filled up, without reference to dates, in months or years. It would probably last a medium business man for two years. In the fore part there are a number of calendars and tables for professional use. The binding and paper are faultless.

THE NORTH AMERICAN REVIEW for December may be called an historical number, both from its topics and its contributors. It opens with an article by Col. Fred Grant, entitled "Halleck's Injustice to Grant." This article explains how Halleck so misrepresented General Grant, after the capture of Fort Donaldson, that General McClellan authorized his arrest! It is an extraordinary revelation and is told almost exclusively in extracts from dispatches, many of which were suppressed. Gov. Ireland of Texas describes the progress of that State. "Motley and Monarch" is a prose poem on Lincln, by Colonel Ingersoll. It is a marvelous bit of rhetoric. "Rome and the Inquisition" is a learned Catholic defence of the charge of cruelty against these ecclesiastical tribunals—outside of Spain. Gen. Fry, in his "Acquaintance with Grant," describes the cadet life of the future "General of the Army," and vindicates Gen. Fitz-John Porter. S. Dana Horton gives a rejoinder to the silver symposium of the November number. Israel Geen, the lieutenant who struck John Brown in the face with his saber after he was down, tells his version of the Harper's Ferry affair. Senator Boutwell and Gen. Rosecrans contribute two articles—on Johnson's plot and on Grant's mistakes, which are too important to discuss in a paragraph. Mr. Rice, the editor, contributes the closing article on "A Disfranchised People," which he claims the citizens of Delaware are.

THE NOVEMBER CENTURY.—In the initial number of the *Century* year, beginning the Thirty-first Volume of the magazine, special stress is laid on the fiction, which includes three short stories and parts of two serials. Of the former, "A Cloud on the Mountain," by Mrs. Mary Hallock Foote, is a stirring romance of Idaho ranch life; a full-page drawing by the author to illustrate the story in the frontispiece of the number and is engraved by Mr. T. Cole, who is now working in Italy for *The Century:* "A Story of Seven Devils" is one of Mr. Stockton's characteristic tales of humor and ingenuity; and "The Mystery of Wilhelm Ritter" by the late Helen Jackson (H. H.), is a tragic romance, the scene of which is laid among the Pennsylvania Dutch. Mr. James's "Bostonians" is continued. The new serial is Mrs. Foote's mining story. "John Bodewin's Testimony," the opening chapters of which give promise of a novel surpassing in interest the same writer's romance of "The Led-Horse Claim."

TO OUR READERS.—We cannot too strongly urge upon our readers the necessity of subscribing for a family, weekly newspaper of the first-class—such, for instance, as *The Independent*, of New York. Were we obliged to select one publication for habitual and careful reading to the exclusion of all others, we should choose unhesitatingly *The Independent*. It is a newspaper, magazine, and review, all in one. It is a religious, a literary, an educational a story, an art, a scientific, an agricultural, a financial, and a political paper combined. It has 32 folio pages and 22 departments. No matter what a person's religion, politics or profession may be, no matter what the age, sex employment or condition may be, *The Independent* will held, an instructor, an educator. Our readers can do no less than to send a postal for a free specimen copy, or for thirty cents the paper will be sent a month, enabling one to judge of its merits more critically. Its yearly subscription is $3.00, or two years for $5.00.

Address, *The Independent*, 251 Broadway, New York City.

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Medical Items.

OUR COLLEGE.—The Homœopathic Medical College, of Missouri entered, upon its 1885–6 term of instruction October 12. The class is larger than at any time for several sessions past. The *personnel* of the class is excellent. The harmony and working efficiency of the Faculty are excellent. Altogether the future of the College is hopeful and promising.

OUR MEDICAL SOCIETY.—The meetings are held on Monday evening of each week at 8 o'clock P. M., in the parlors of the Lindell Hotel. Our "country cousins" of the profession will always be welcome guests when visiting the city. At the last meeting in October, Mrs. Rebecca L. Ady, M. D., tendered her resignation of membership, which was accepted. The working force comprises about twenty members. Discussions are courteous, able and instructive.

THE "American Obstetrical Society" will hold its next annual meeting in connection with the American Institute, at Saratoga, in June, 1886. President, G. W. Winterburn, M. D., of New York City; Secretary, Everett Hasbrouck, M. D., Brooklyn, N. Y. Annual dues $2.00 for first year, and $1.00 annually afterwards.

A NEW RECTAL SPECULUM.—We have recently had such excellent results from the use of Dr. W. S. Shotwell's Rectroscope, in the treatment of rectal ailments, that we feel free to speak in favor of his instrument as being one of the most satisfactory it has been our necessity to employ. It is a rather new device, and possesses practical features not found in other rectal specula. We highly recommend it to all those who are about to purchase an instrument of this kind. and also to those who have failed with the speculums already in the market. Dr. Shotwell's address is Peoria, Ill., where one can be obtained, as well as his peculiar treatment for rectal diseases.

PRINCE BISMARCK AND HIS PHYSICIAN.—For the following anecdote the editor of that curious medley of disloyalty and servants'-hall gossip, miscalled *Truth*, is responsible:

"A good story is told of Prince Bismarck and his favorite doctor. It was at Karlsbad where they first met. The Prince feeling unwell sent for Dr. Schweininger, who began to put all sorts of questions to him. At last the Prince lost his temper, and exclaimed, 'What are you driving at, doctor?' Nothing disconcerted, the latter replied, 'I am at your orders, Prince; but if you wish to be treated without being questioned you had better send for the veterinary surgeon, who is accustomed to physic in that way.'".

PYRIDINE.—An interesting essay was recently read before the Academie des Sciences on pyridine in asthma. The writer claims it is the best palliative for use during the attacks known. A fluid drachm is poured upon a napkin and inhaled for twenty or thirty minutes three times a day. The relief, he says, is prompt and decided.

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BURNT ALUM AS A DRESSING MATERIAL.—The *London Med. Record*, April 15, 1885, says: In the *Vratch*, No. 3, 1885, p. 38, Dr. B. Goldfield writes that while searching for a cheap, safe, odorless, and non-volatile antiseptic dressing material, which could be conveniently used in poor peasant practice, he employed powdered burnt alum, and found the drug worthy of further trial. Burnt alum used alone gave satisfactory results in the treatment of numerous cases of syphilitic and scrofulous ulcers, and of frost-bite, as well as in dressing wounds after minor operations (such as opening phlegmons and abscesses, amputation of fingers and toes, etc.) In all the cases where the wound from the outside was free from putrefaction, it ran its course wholly aseptically under alum dressing. It proved otherwise in regard to wounds which, when they came under observation, were already in a putrefied condition; here alum alone was found quite powerless to destroy the offensive odor, etc. In view of the failure, the author decided to dress wounds, with a mixture of four parts of alum and one part of iodoform, and after an extensive trial he arrived at the conclusion that this combination not only forms a reproachless antiseptic dressing material, but gives still better results than idoform used alone. According to the author, the chief advantage of this styptic drying mixture of alum and iodoform is that granulations are less "juicy" and less inclined to bleed than in the case of iodoform alone.

NEW AND SUCCESSFUL TREATMENT FOR TAPE WORM.—Under the above title, Dr. Howard Ainkney, writing from Sharon Springs to the *Medical Record*, describes his experience with the oil of the pine needle, made from the *pinus pumilio*. A hall boy of the hotel had suffered for five years from tapeworm. He had been treated for four years in New York, but had never succeeded in getting rid of over four feet of links at a time. Dr. Pinkney, not being able to get any male fern, pelletierine, or pumpkin seeds, therefore tried the following experiment: The patient fasted from breakfast, and at 9 P. M. he was given one teaspoonful of the oil of pine needle in half a glass of milk. The following morning as there was no perceptible action of the medicine, the dose was doubled. This, the boy said, had a more agreeable taste. One hour later, he took a dose of castor oil, and in the course of two hours after that he passed an entire tenia solium measuring fifteen feet six inches in length, and one-half inch at its broadest part, gradually tapering down almost to a thread. To make sure that none remained behind, he was given two teaspoonfuls more, but no sign of any worm or part thereof passed. "This oil," writes Dr. Pinkney, "contains no turpentine, is fragrant in its odor, and, when mixed with milk, very agreeable to the taste. It produces no strangury, tenesmus or other unpleasant or distressing symptoms. The patient can generally pursue his ordinary avocation."

VAPOUR OF GLYCERINE FOR COUGH.—According to an account in the *Gazette Medicale de Nantes*, M. Trastour has employed with great advantage the vapour of glycerine whenever a distressing or frequent cough has had to be alleviated. The remedy is very simple in application. About fifty to sixty grammes of glycerine are heated in a porcelain capsule by means of a spirit-lamp; a large volume of vapour is thereby disengaged, and should be breathed by the sufferer. Glycerine in which carbolic acid has been dissolved may also be employed. The cough of phthisis and the irritation in the throat of many complaints afford proper trials for these remedies.—*Lancet*, December 6th, 1884.

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MANAGEMENT OF OLD AGE.—Old people will often be among your most profitable patients, and you will be frequently called upon to give advice in regard to the prolongation of life. In carrying this out, there are three ideas to be considered. I am now supposing that you are treating an old person with abundant means. The first thing is protection from all untoward influences. A large proportion of those who are said to die of old age, really die from the effects of exposure, and it must be remembered that the term exposure is relative. What in a young man may be nothing, may to an old man be a serious matter. One of the most perfect protections from cold is a buckskin jacket. Every person who is 75 years old, and whose physical powers are beginning to fail, should be put in a buckskin jacket, extending from the shoulders to the hips. There is no flannel, silk or anything else, which will compare with buckskin in preventing chilling of the body. Chilling of the surface in an old person means a rush of blood to internal organs, where from weakness of the vasometer system and the condition of the vessels, contraction cannot take place, and the congestion is even apt to be followed by pneumonia, or other inflammation must result.

These patients must be guarded especially against exposure to winds. Damp is feared by many and credited with causing many affections, but where damp has slain its thousands among the aged, high winds have slain their tens of thousands. This caution applies not only to old age, but to all cases in which there is a tendency to cardiac failure. High winds chill the surface, oppress respiration, and are exceedingly disastrous to the life of any person whose circulation is without power.

I need not say anything with regard to preserving the nervous system from all shocks. All accidents are of course to be carefully guarded against, and all excessive bodily or mental exercise. Remember, excessive is a relative term, and for the weak excessive may be very little. Rest is of great importance; indeed, old people should spend many hours in bed.

The next point is in reference to diet. The food should be light but nutritious. Stimulating food should be withdrawn. Meat should be used but sparingly. What we start with, to that we finally come in this life. Man, who begins on milk, should in the last years of his life make milk the chief article of his diet.

Finally, in regard to medicine. If your patient, approaching his eightieth year, can be made an opium eater, you will, in the majority of cases protract his life many months or years. In these cases the opium is to be used carefully, and in such a way that the patient cannot rapidly increase the dose of it. A number of years ago I was called to see an old man. He was thought to be dying at that time, but he is still alive at 84. For the past ten years he has taken an opium suppository every night, but beginning with one grain, he has now only reached two and a half or three grains. When he is restless, or there is a tendency to diarrhœa (for he has suffered with enteritis for a number of years), he takes two or three suppositories. Unless the patient has more than ordinary will power, it is essential that the opium be administered by some one else.—HORATIO C. WOOD, *Medical and Surgical Reporter.*

INCONTINENCE OF URINE.—Professor Bartholow points to four factors of incontinence of urine; acidity of the urine and relaxation of the vesical sphincter being the most prominent; spasmodic contractility of the muscular coat during sleep is the third factor, and the fourth, which is comparatively rare, is dreaming of a desire to urinate when the bladder is full (the brain being here at fault) For acidity of the urine, the persistent administration

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of bicarbonate of potash, or some other alkaline salt of potash, in an effervescent draught is advised. The incompetency of the sphincter is to be treated by half grain doses of aqueous extract of ergot and a quarter of a grain of nux vomica. Bromides should be given at night to diminish the contractility of the muscular coat of the bladder. Many of these patients are anæmic, and the administration of iodide is inpicated.

PUERPERAL MASTITIS.—In a recent number of the *American Practitioner*, Prof. Parvin contributes a very excellent article on this subject. Among the causes of inflammation of the breast he especially calls attention to the prevalent fissure of the nipple. For fissure the French use the word *crevasse*, and it is very expressive, for the great gap which is seen in some cases just at the base of the nipple, a crescent-shaped gap which may go on increasing until the sinuses of the milk ducts are opened, or still more serious destruction occurs. Now, these raw and abraided surfaces, these lesions of tissue, open doors for the entrance of disease germs, and the lymphatics are there in ample number to transport the germs, not only to the superficial, but to the deep parts of the gland.

The popular notion is that retention of milk is a cause of mammary inflammation. In opposition to this view we have the facts observed in galactocele, and in inferior animals, as, for example, in those sluts and cats whose puppies and kittens are cast into the nearest stream or pond, or in the cow who strays off and is days without being milked.

In this connecrion, Dr. Parvin thinks that the customary practice of drawing the milk from inflamed breasts in phlegmonous inflammation, "is evil, and only evil, and that continually."

In the way of prophylaxis, when the nipple, instead of being full rounded, is flat or almost cap-shaped, Dr. Parvin suggests to draw out the nipple by means of a bottle, in air exhausted with hot water. And then direct the mother to use traction on the immature nipple frequently every day.

The Professor holds, moreover, that the common application of astringent and stimulating washes, such as the various solutions of alcohol with tannin, and the like, are objectionable, because they interfere with the proper action of the sebaceous follicles of the structures concerned. Therefore, he directs a gentle daily washing of the breast, bathing the parts with a tincture of myrrh, or arnica; then smearing the nipple with vaseline.

After the confinement is complete, how soon shall we apply the baby to the breast? Dr. Parvin expresses the matter very clearly: "Let this application be made eight or ten hours after labor, and repeated once in six hours until the secretion is established, when the interval may be two hours at first in the day and four or five hours in the night."

Shall the infant nurse from the inflamed breast? Dr. Parvin says no, and we are sure that this is safe advice.—*Obsc. Gaz.*

OXYGEN IN THE TREATMENT OF LEUCHÆMIA AND PSEUDO-LEUCHÆMIA.—Kirnberger ("Dtsch. med. Wehnschr."; "Union med.") reports a case in which, after the failure of arsenical treatment, inhalations of oxygen produced a rapid increase of strength, with diminution of the swelling of the spleen, the white globules becoming less numerous, and the red globules regaining their normal proportion. After a few months a relapse took place, but, although the red corpuscles were diminished in number, the white ones were not increased—a condition termed pseudo-leucæmia. Finally, arsenic having failed, the inhalations led to a definitive cure.

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A COMPUTATION.—It is said that there are at present between thirteen and fourteen thousand qualified practitioners practicing homœopathy in the United States of America; and it is calculated that if the proportion of homœopathic to allopathic practitioners should increase in the same ratio during the next twenty years as it has in the last, homœopathists will then be in the majority. The allopathists will then no doubt all turn homœopathists in a body, to escape the unpardonable sin of being "a sect."—*Hom. World.*

CAPSICUM IN THE TREATMENT OF ANAL FISSURES.—In a recently published thesis Dr. Panzat (*Rkccoglitore Medtco*) has recorded a number of cases of fissure of the anus treated by the internal administration of capsicum. The remedy was given in doses of three grains morning and night. In most of the cases a cure resulted within a comparatively short period of time. The cases recorded were too few in number to serve as a basis for any definite conclusion; but the remedy being so simple, and the effects in certain cases so beneficial, the author concludes that a trial of it should always be made, and if at the end of a few days no improvement occurs, recourse may be had to forcible dilatation.

ARRESTING MENSTRUAL DISCHARGE BY THE INTERNAL USE OF VINEGAR.—In the *Russkria Meditziua*, No. 6, 1885, p. 128, Dr. Vekhames, of Saratov, refers to an article by Dr. W. C. Grigg, in the *British Medical Journal*, January, 1884, p. 56, and mentions an instance of the hæmostatic action of vinegar, taken internally. A strong and healthy lady, aged 24, with regular menses of six days' duration, once happened to be invited to a ball on the third day of a catamenial period. To make herself fit for dancing, she, at the recommendation of a lady friend, swallowed a glassful of vinegar. The catamenia at once ceased, and did not return for the remaining three days.

HEALTH COMMISSIONER STEUART very properly says: It is now a universally admitted fact that a large part of the mortality of the human race is due to the destructive work of the class of diseases known to be preventable, and hence classed as such. Is it not, therefore, the duty of state and municipal governments to put forth their utmost efforts in aid of this vitally important work? otherwise every death that might have been prevented will lie at the door of those who being in authority, have this great responsibility resting upon them.—*Health Journal.*

STRUCTURE OF MUSCLE.—Schafer, in his Histology, gives the following directions for preparing muscular fibre for microscopical examination: "Take a shred of muscle from a recently killed mammal, and on a dry slide carefully separate long pieces of muscular fibre (single fibres if possible), and stretch them out, keeping them moist during the process by breathing on the slide. Put a drop of scrum on the coverglass before placing this over the preparation. Study first with a low, then with a high power. Sketch all the appearances to be seen in a small piece of a fibre, focussing carefully the most superficial layers. Notice the oval nuclei immediately under the sarcolemma Then allow a little dilute acetic acid to run under the coverglass and watch its effects.

2. Prepare some fibres of frog's muscle in the same way, but mount in salt solution instead of serum. Notice the muscular substance shrinking away here and there from the sarcolemma, which then become distinctly

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visible. Sketch a piece of sarcolemma bridging across an interval thus produced.

To prepare muscalar fibre merely for the purpose of exhibiting the striæ, and not having in view the preservatton of the specimens, we (the Ed.) have found a very convenient and rapid method to be to take a piece of cooked meat, fresh or cured, as ham, and chew it until it is a pulp, and then spread some of this fibres of this pulp upon a gloss slide by means of a couple of needles, covering with a glass cover. With a half-inch or a four-tenths glass, many muscular fibres will be seen exhibiting the transverse striæ very satisfactorily. Of course the specimens will not have the beautiful appearance as those which have been prepared by an expert and mounted in balsam for preservation. We have a number of the latter twelve years old.

In another lesson Mr. Schafer says: Place in logwood a small shred of mammalian muscular tissue which has been stretched upon a cork and hardened in alcohol. When it is deeply stained, wash it in water and with needles break the fibres up in Farrant's solution into as fine fibrils as possible. Cover, and examine with a high power.

2. Tear off a small shred of the muscular coat of a piece of intestine which has been from 24 to 48 hours in (⅞ per cent.) bichromate of potash solution. Hold the shreds with forceps in a drop of water and fray it out with a needle. In this process many cells will be set free and can be seen with a low power. The preparation may be covered and examined with a high power. Sketch one of the cells. Then allow dilute logwood to pass under the coverglass and lastly a drop of glycerine.

In this last preparation Schafer exhibits the method of preparing to show the fibres of involuntary muscles which are not striated; the previous preparations will exhibit the fibres of voluntary muscles which are striated.

Epithelium.—Mount a drop of saliva and examine first with a low, afterward with a high power. Observe the nucleated epithelium cells, some single, and others still adhering together by overlapping edges. Measure three or four, and also their nuclei. Sketch one or two on the flat and one edgeways. Notice the salivary corpuscles, which are like white blood corpuscles swollen out by inhibition of water.

We will say, in addition to Schafer's instructions, that, if the tongue and inside of the cheeks be scraped with the blade of a knife, or like instrument, previous to placing the drop of saliva upon the tongue, the number of epithelial cells will be greatly

Blood.—We have not the space to copy Schaler's different methods of preparing blood for examination by the microscope. For merely exhibiting the corpuscles his method does not differ materially from that of other microscopists. Instead of giving any of his modes, we will describe our *off-hand* plan when we show the corpuscles to spectators, and then immediately after clean the slide. Tie a cord around the finger and prick it with the point of a sharp bistoury. Then take a couple drops of water from a two-ounce vial filled, having dissolved in it a *pinch* of common salt, and place the drops at the end of the slide; to these drops of water add a small drop of blood from the point of the bistoury, and mix. Touch the mixture slightly with a camel's hair brush, and draw the brush rapidly across the center of the slide. Place the slide under a quarter-inch glass, and there will be seen many very good specimens of red and white corpuscles. Not a few of the cells, however, will be found drawn out of shape by the action of the brush.

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AMŒBOID MOVEMENTS.—Make, says Schafer, a preparation of blood from the finger in the usual way. Draw a brush just moistened with oil around the edge of the coverglass to check evaporation. Place the preparation upon a warm stage, and heat this to about the temperature of the body. Bring a white corpuscle under observation with a high power, and watch the changes of shape it undergoes. To become convinced of these alterations in form, make a series of outline sketches of the same corpuscle at intervals of a minute.—*Cincinnati Medical News.*

VACCINATION AS A REMEDY FOR WHOOPING COUGH.—Dr. W. F. Entriken in the *Lancet and Clinic*, says for "over a quarter of a century he has been perfectly familiar with the practice" (vaccinating with vaccine lymph to cure pertussus,) and that he knows a number of regular physicians who practice it, and that moreover "Prof. Chapman taught it in Philadelphia in 1828." So confident is Dr. Entriken that vaccination will cure the whooping cough that he says he has "often, when the smallpox was near, and no journey was prospective, advised postponing vaccination till the child contracted whooping cough." "I have vaccinated, for this purpose," says the doctor, "several hundred children, and almost always with happy results, —usually a speedy cure." Unfortunately Dr. E. does not enlighten the profession as to *how* the cure is effected; he only says: "I think it best to give the usual treatment until the febrile stage has passed then vaccinate, the new disease set up by the virus will then usually arrest the nervous and other distressing symptoms, that are so apt to linger and perpetuate the morbid condition."

A writer in the *Lancet and Clinic*, however, seems to assume that it is an application of "bactero—therapy"—and that the "organisms" of vaccinia have a fondness for—as an article of diet, those of the whooping cough, and accordingly "go for" them, and devour them,—to the patient's relief.

We give our readers the benefit of the above, as one of the "new remedies" proposed, or, according to Dr. E.—one of the newly revived old remedies—somewhat like some of Park Davis & Co.'s new remedies, Jamaica dog-wood for instance. The curious will find an account of this new remedy in the secondary list of the U. S. Dispensatory for 1850, attributed to "Prof. Hamilton," in 1841. It is a little singular that if the process of *curing* whooping cough by vaccination was known and practiced by Prof. Chapman in 1828, and *especially* if it is, or was then, as sure a thing as Dr. Entrikin asserts it is —it has never come into general use. There is no more distressing malady than whooping cough, and none more obstinate in its resistance to *all* treatment at times, than whooping and if vaccination will even mitigate its severity, it will indeed prove a boon to unborn generations, empirical though it be.—*Tex. Med. Jour.*

SAN ANTONIO has commenced the erection of a city hospital capable of comfortably accommodating eighty patients. The grounds occupy a whole block. The building will have a frontage of 182 feet with a depth of 127 feet, and will be of the pavilion style. It will be a credit to San Antonio, which burg has grown into the excellent habit of doing things generally in city style. Let our Homœopathic friends look out now for their share in the hospital.

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MAD FROM JOY.—Men die from joy and become mad from sudden prostration. Twelve years ago Councilman Londrigon, of Jersey City, lost a city bond for $1,500. He could not recover it or procure a duplicate; but being in prosperous circumstances minded it not. Reverses have since brought him to poverty, and only by careful diligence has he been able to procure a livelihood. Last Saturday, his legal adviser, Mr. Stuhr, late Corporation-Attorney, found the holder of the lost paper which had never been redeemed. Londrigon was overpowered at this discovery, which was to him as life from the dead. His reason gave way; he was in a delirium of joy, which was followed by hallucinatiun. He saw in his ravings the image of the man that had kept his property from him, and made violent attacks upon it. So extravagrant are his paroxysms that it is believed that his madness is hopeless.

"NO CHILDREN ALLOWED"—The "Solid Comfort" will answer for the occasion to designate an elegant apartment house opened about two years ago in a suburb of Boston. It was finished with all modern conveniences and inconveniences. There were electric bells in a row at the door, so that the afternoon caller could ring up nine different and peaceful maid-servants before getting into communication with the family she came to see; there were fire-escapes and telephones, and elevators and speaking-tubes, and, in all probability, safety-valves and submarine cables. But the crowning joy of all was the fact that no children were allowed within its walls. It was built for the accommodation of childless couples, and to ten childless couples were the suites let. How great was the quiet and calm of that sheltered retreat, until one ill-starred morning, when the cry of an infant shrilly and piteously broke the stillness! Horror and indignation on the part of nine guiltless couples! And yet, so weak is humanity, that before the end of the second year there were children in seven of the ten families! The childless young couples were childless no more; and when the owner of the building complained to his friends of the unfair treatment he had received at the hands of his tenants, they all laughed in his face, and advised him to let his apartments to bachelors.—*The Sanitarian.*

LEPROSY NOT CONTAGIOUS.—The daily papers of November 25, contained an Associated Press telegram from Washington, D. C., stating that Consul-General Putnam, at Honolula, has sent to the Department of State an exhaustive article on the subject of leprosy, written by Dr. George L. Fitch, who the Consul-General says, has enjoyed rare opportunities to become thoroughly acquainted with the malady. For years he had charge of the Government Hospital and Leper Settlement on the island of Molokai. Dr. Fitch believes himself justified in saying that leprosy is heriditary, and cannot be communicated by one person to another under any circumstances.

CHOLERA DOES NOT ATTACK WORKERS IN TOBACCO—According to the *American Analyst*, cholera has failed to stirke a single one of the four thousand women employed in the National Tobacco Factory at Valencia, Spain, though the disease raged violently in that city; and the *Medical World* recalls that tobacco workers were also noticed to enjoy exemption from attack during an epidemic at Amsterdam. Such a suggestion as this could not be better studied than right here in Virginia, North Carolina, Kentucky and Tennessee. What is the observation of our readers in these States where tobacco factories are numerous.

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A NEW HÆMOSTATIC.—Dr. Morales, of Barcelona, has found hazeline an extract of witch-hazel), when locally applied, to act successfully as a styptic in hemophilic (?) patients when all other means, not excepting the thermo-cautery, have failed. Dr. M. is of the opinion that it acts by constricting the vessels as well as by producing coagulation.

Dr. Rothe, of Altenburg, has discovered a reliable hæmostatic in the infusion of *urtica didica* (nettle).—*R. B. D. in Lancet and Clinic.*

THE other day a Sanford, Fla., physician who suspected that some one was peeping through the keyhole of his office door, investigated with a syringe full of pepper sauce. He found his wife half an hour afterward with a bandage over her left optic, and she told him that she had been cutting wood and a chip had hit her in the eye.

ALLOPATHIC STUPIDITY.—It is plain that we cannot expect the rank and file of the profession to learn wisdom when the leaders are as dull as Dr. Bristowe confessed himself to be (*British Med. Jour.*) Dr. Bristowe is certainly one of the most enlightened and liberal-minded men in the allopathic profession, and yet he would appear not to know that it is possible frr a pewerful drug to harm when it is given to do good, however large the doses may be and however long continued, He says:

"I recollect, when the skin department of St. Thomas' Hospital was under my management, I determined in many cases to prevent, if I could, the recurrence of psoriasis in patients whom I seemed to have cured with arsenic." A very laudable resolution to take; but how did he propose to take it?—"I continued the arsenical treatment for months while the patients were apparently well!!!" And the result?—"Over and over again the psoriasis reappeared, even while the patient was under the full influence of the antidote."

And no wonder! If you give arsenic strong enough and long enough it will produce a skin disease of its own. But Dr. Bristowe fell under the fatal delusion of words. Arsenic is the "antidote" to psoriasis: he "gave if as the antidote:" how could the arsenic do anything else besides that which he prescribed it for? But strange as it may seem, drugs pay no attention to the notions in the prescriber's head; they have ways of their own which they will follow, sometimes much to the surprise of the physician, who only knows the names that have been given to them and not their actual properties.—*London Hom. World.*

THE article, "Traumatic Shock" on page 489, should be credited to *The Clinical Review*, Cleveland, Ohio; it is by J. A. Stephens, M. D.

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THE ST. LOUIS
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—AND—
CLINICAL REVIEW.

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Original Communications.

CAUSES OF SUDDEN DEATH AFTER MIDDLE LIFE.

Reprinted

BY J. MARTINE KERSHAW, M. D., ST. LOUIS.

The principal causes of sudden death in those beyond the age of 60 years, are heart disease and cerebral hemorrhage. I shall not undertake to enumerate all the various diseases of the heart that are likely, at any moment, to terminate fatally. Suffice it to say, that back of the heart trouble and back of the brain difficulty that may at any time result in cerebral hemorrhage, is the real cause of it all—arterial degeneration. True, a heart's wall may rupture, an abscess may eat its way through this organ and cause the immediate death of the patient, but the majority of cases are due to the degeneration of the circulatory apparatus, and this difficulty ordinarily begins as an inflammation of the arteries. Charcot believes that the cause of cerebral hemorrhage is the rupture of small miliary aneurisms that have developed from disease in the perivascular sheath of the arteries. Degeneration takes place from without inwards. This is a true periarteritis. Atheromatous disease

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of the blood vessels, after passing through several stages, leaves the vessels hard, inelastic, calcareous tubes. Spiculæ of calcareous matter projecting into the vessels obstruct the circulation, interfere with nutrition, and often lead to softening of the brain. Having arrived at a conclusion as to the cause of the many sudden deaths that take place about us, what are we to do to prevent such fatal results in those predisposed to the troubles under consideration?

A man of 65 or 70 years of age must expect nature to fail somewhat, but when he observes symptoms of disease and is told what they mean, it is neither comfort nor satisfaction to be informed that a better life forty years ago would have prevented the difficulty now present. I particularly refer to exposure, intemperance, dissipation, irregular hours as regards sleeping and eating, and excessive mental strain and worry. Alcoholic over-stimulation, however, is a potent factor in the production, and dilatation of the arteries of the brain. A heart made to work at full speed, by means of artificial stimulants, will, like the horse, or steam engine, break down from the wear and tear of over-work; while the vessels of the brain, like the outstretched piece of rubber, will snap and break when the tension becomes too great for it to longer withstand the strain. Most men of sixty years of experience would probably turn over a new leaf and try it again if they had the opportunity to do so, but as this is impossible, what are we to do with the individual as we find him? How shall we manage a weakened heart and brain, how avert the threatening symptoms and give him a new lease of life of five, ten, or fifteen years? A man having symptoms which point to apoplexy—red face, throbbing headache, numbness of arms and legs—comes to us to know how best to ward off or entirely prevent the development of disease. It is our business to tell him this, and to tell it clearly and distinctly. It is also our business to use me d

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cines and measures of a positively acting character to accomplish that which will ordinarily admit of little delay. All the short-cuts possible should be employed. A radical change in his habits of life must commonly be made. Most men protest against any abrupt change of habits or mode of living that is inconvenient, expensive or troublesome. They obstruct you constantly by means of weak excuses and petitions for delay. Such men usually throw away every life-plank held out to them and drift away to death, through sheer lack of will to stand up and make a manly fight for life. No doctor can do much for his patient who can not think and act positively in a matter of such grave importance. He must not only think and do himself, but make his patient think and act. Hesitation on the part of the physician, and procrastination and delay on the part of the patient, may mean death to the latter individual, while the employment of promptly-acting measures for relief, may mean improved general health, and many years of life. The general health of the individual should be built up if possible. A weak heart should receive support and perhaps gentle stimulation. An overacting, irregular heart should be regulated. A patient with such a heart should avoid stimulants as a rule.

As an organ it is overtaxing itself, and what is worse, it is over-charging with blood and straining the perhaps already weakened vessels of the brain. The subject should retire at a regular hour each night and obtain from eight to ten hours of sleep. When there is reason to suspect a change in the cerebral arteries, the patient should habitually sleep with the head high. The force of the heart's impulse upon the vessels of the brain is thus lessened, the quantity of arterial blood in that organ diminished, while the venous blood is permitted to flow away from the brain more easily. This is a simple and effective way of regulating the cerebral circulation. The patient

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should eat at regular hours. His food should be substantial, non-stimulating, and eaten slowly. He should never eat to repletion, but rather leave the table a little hungry. He should never think of business while eating. His stomach needs a surplus of blood to digest the food, and cannot afford at such a time to divide with the brain. Our patient should never get angry, certainly not during or immediately after a meal. A violent fit of anger and a full stomach will kill most men with weakened cerebral arteries who are past 60 years of age. Business worry should be stopped, no matter what the cost. Straining or lifting should be strictly avoided, as also bending of the body or neck. Moderate exercise should be taken every day. A man threatened with apoplexy should be moderate in everything, and, as far as physical exercise is concerned, slow to the extent of being positively lazy. As a remedial agent, electricity stands at the head.

Correspondence.

MRS. DR. PEARMAN'S LETTER.

SAINT LOUIS, Dec. 14, 1885.

PROF. W. A. EDMONDS, No. 2924 Washington Ave., City—

Dear Doctor and Editor: You know I am not given to indiscriminate flattery, rarely to any; but your "Potency" editorial in the last issue of the "PERISCOPE" calls from me a sincere appreciation of its timely publication, and fullest concurrence as to its sentiments.

The article is ably written, the propositions clearly stated, and the conclusions logical, incontrovertible, sensible, I too gave the high potencies a fair, unprejudiced trial, and the results were invariably *nil*. Your comments, that the high po-

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tency beliefs and the utterances of its advocates are retarding our progress, only too true. Almost every day, while defending my school of faith and practice, before the laity, I am compelled to state that only a trifling minority of our so-called Homœopathists are believers in the mysteries which I am called on to explain. I might add my hearty *Amen* to almost every conclusion you arrive at, but to enumerate would be to copy the article.

You should be proud of your product; it is certainly the most ably written article the "PERISCOPE" has ever contained. I am profoundly thankful for the clearness with which you have presented this whole subject.

Excuse my hastily written congratulations, and accept their sincerity for the expressions I would use had I more time.

Believe me, gratefully yours,

M. B. PEARMAN.

Selections.

ON THE SCRAPING (*RACLAGE*) OF THE UTERUS.

BY PROFESSOR TERRILLON.

The operative proceeding known as *raclage*, or scraping, as applied in certain uterine maladies, is not entirely modern: nevertheless, in view of the benefits we now obtain from its application it must be considered as one of the triumphs of recent surgery.

At the beginning of the century, Récamier found that in order to destroy certain fungoid growths, or polypi, in the uterine cavity, the cauterizations then in vogue would best be wholly abandoned and replaced by scraping or scratching. Thus arose the simple instrument called Récamier's curette. The operations were successful and many surgeons adopted them. Unfortunately, however, in that epoch when grave complications frequently followed upon slight traumatisms, Récamier's operation too often gave rise to phlebitis, peritonitis and purulent infection, so raclage of the uterus fell into disuse.

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Later, with the advent of antiseptics, it was perceived that the untoward complications of uterine raclage were attributed to the operator and not to the operation, and now the procedure has become very widely prevalent in Germany, though some of our French surgeons still hesitate about adopting it.

I will not refer in detail to all the affections for which raclage of the uterus may be practiced. But I wish to point out the indications for this operation in a class of cases in which the occasion for its use will oftenest occur, and in which it is of the very highest value —cancer of the uterus. From a clinical point of view, cancer of the uterus presents itself under three distinct forms; either the col only is invaded in its salient part by ulceration or vegetations, or the col, naturally short, is seized in its deeper portions and in the cavity. Or the body of the uterus is the primitive seat of the evil, and it becomes a question of cancer along the internal surface of the organ. In the first case there is no opportunity for raclage; ablation with the ecraseur or galvano-cautery is alone practicable. In the second case, where it is impossible to reach the limit of the evil, ablation is not to be thought of, and it is here that the use of the curette is indicated. In the third case, where cancer has invaded the cavity, there is possible, from a surgical point of view, but one of two procedures—total ablation, and curage, The first has a chance of success as a radical operation; the second is a palliative measure; it is the latter with which we have to do. The operation consists in fully removing all of the diseased parts until we come upon healthy tissues. And how do we determine which are the healthy, and which the morbid tissues? As cancer invades the uterus it softens it; and if, to the touch, the diseased parts appear indurated, it is because the tumor is found in mass. When we dissect this or scratch it, its tissue is found to be easily torn and does not resist under the instrument. It is altogether different in the healthy tissue of the uterus. This resists the blade, it speaks, so to say, at ever effort directed against it; it conveys to the hand of the operator a seusation as of elastic scraping. When we perceive this sensation we must stop. We need not exaggerate our fears as to carrying away too large a quantity of the tissues. Until uterine cancer has become geeatly extended, it involves but a relatively small portion of the thickness of the walls, and for a long while it is possible to take away the diseased parts without running risk of peritoneal lesions.

One of our patients furnishes an example of what may be done in these cases. It is of a woman of 50, pale, anæmic, greatly lacking in vital force, eating little, emaciated and discharging by the vagina

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a large quantity of reddish-white liquid. This was fetid, and in wetting her linen, made a spot having diversely colored circles from center to periphery. To the touch, the col, partly effaced, appeared partially open and covered with fungus vegetations to a considerable depth. The anterior and posterior vaginal walls were healthy, but the almost complete immobility of the uterus appeared to us a sure sign that the whole periuterine lymphatic system was involved. In such a case we could not propose cervicle ablation—the neoplasm extended too far upward for that—nor total extirpation, for the firmly set uterus could not be drawn down only with great difficulty; and besides this, the patient had a sub-peritoneal myoma.

So I practiced raclage. With the aid of some curettes similar to those of Récamier, but variously modified, I was able to withdraw considerable quantities of cancerous fungosities. After removing about a handful, the peculiar sensation communicated by the instrument informed me that it was rubbing against healthy tissue. The great cavity thus made, was stuffed with iodoformed tampons, and the patient directed to remain in strict repose. The tampons were changed at intervals of from 24 to 40 hours, and in about 3 weeks there was a very great amelioration in the patient's condition. She left the the hospital and resumed her work. At present she has very little vaginal discharge, the fluid has lost its fetid odor, her appetite has returned, she has gained in flesh and her pains are considerably lessened.

The benefits derived from such an operation are certainly very great. It is true they last only for a limited time. The patient's cancer will grow again—that is certain—but it is equally certain that the woman's life has been prolonged, and what is still more important, has been made comfortable. I need not cite further examples; it will suffice to state that the results in these cases are almost always satisfactory. The operatory manual of uterine raclage is easy and benign. When I say "benign" I mean that it is so upon the condition that we take the strictest antiseptic precautions. Before the operation the vulva must be made thoroughly antiseptic, and several vaginal injections should be made with weak bichloride of mercury. The patient should be purged on the evening before the operation, and this indeed is a general indication for all abdominal operations.

The raclage should be practiced with several curettes of different forms, and they should be long. At the beginning of the operation a curette with a cutting border should be used. Toward the end, when the instrument penetrates deeply into the cavity and we do not know the thickness of the healthy tissues which separate the uterus

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from the peritoneum, a curette with dull edges must be employed. The handling of both is easy. The instrument seems to almost bear within itself the proper indications of how to use it. It is necessary to scratch and scrape, that is all, and we have only to be careful in using the cutting borders There are fungus growths which are some what hard to detach, but these are the smallest of them. In such cases we rub the interior of the cavity quite vigorously with a sponge or a hard, cotton tampon. It is a curious fact that in this operation the patient generally loses but a few teapoonsful of blood. The fear of hemorrhage, which has prevented many surgeons from undertaking the procedure, is absolutely vain. The cancer of the uterus, which a touch of the finger will often cause to bleed and which often gives rise to streams of blood, may be scraped away by raclage without danger. The operation is always a rapid one, the cancer is soon destroyed, the hemorrhage is arrested as soon as the instrument reaches the hard but slightly vascular tissue of the uterine walls. Secondary hemorrhage is very rare, and in any case you have the powerful resource of the tampon. When the raclage, properly so-called, is terminated, we have only to apply the dressings to the cavity. In this matter the methods of surgeons differ. Some of them use the thermo-cautery for the whole surface. The method is rational; it destroys the fungus growth which may have escaped from the curettes and the sponges, and closes the vessels which the traumatism may have opened. These cauterizations, whose intensity and whose place of application may be exactly calculated, are infinitely superior to those which are directly applied, blindly and without previous scraping, upon the carcinomatous fungoid which is projecting into the vagina. Other surgeons introduce tampons moistened with a solution of chloride of zinc. I do not believe this plan to be of much service; the application has no action upon such cancerous vegatations as have been passed over, and it produces an extended eschar of quite a different character from that made by the actual cautery. When this humid slough becomes detached there remains a considerable wound, whose disinfection, by reason of its morbid products is always difficult. A few surgeons use carbolic washes; it is a good practice. The cavity thus purified and relieved of those fnngi which, after having been detached by the curette are not withdrawn by it or the tampon.

The after treatment of the wound is a more simple matter. Some surgeons do nothing for it, leaving the cicatrization to time or chance. But this method is an exaggeration of the let alone mode of treatment. The vagina is a place for the culture of organisms and they will develop there with the greatest facility in presence of the mixture of

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blood and pus which drips from the uterus for some days after the performance of raclage. There are operators who wash out the cavity daily, or several times a day, with some antiseptic liquid. This is better, But, in my own cases, I give the preference to iodoform dressings. I blow in a small quantity of the powder and cover the cavity with one or two tampons of iodoform gauze. There is no better disnfectant, and I cannot recommend its use too highly. Back of the first tampon I usually place a second, with a view to aiding the hemostatic compression and receiving the dripping secretions. The aseptic power of this dressing is so great that it does not need renewal oftener than once in 3 or 4 days. There is no risk to the patient, and no danger of the liquids becoming fetid.

Such are the rules to follow in prcticing uterine raclage. The intervention is simple in execution, and the after cares are not exacting. There is an exception, however. With a cancer developed in the interior of the uterine cavity, there may be—when the orifice of the col is small—a difficulty in making the curette penetrate to a sufficint depth. In such cases, too, there may be a trouble in applying the dressing. For the col we may use gradual, or rapid dilatation. Instantaneous dilatation with instruments, is not without its dangers, and I greatly prefer progressive dilatation. It is not only safer, but more sure and methodical. But we must carefully discriminate between our means of effecting the dilatation. Prepared sponge should not be used; it may become a source of grave complications. When it swells under the influence of humidity it is covered with irritating points which press into the mucous membrane and produce irregular bruised places which may easily become the exciting cause of a mortal attack of peritonitis. I prefer the hygrometric stalks of the laminaria digitata, whose surface is smooth, and which dilate without tearing. For dilatation of the col I would especially recommend graduated metallic dilators of different calibres. They should be passed cautiously into the cervical cavity and allowed to remain one hour. This manœuvre, if executed prudently for two or three days, will procure a dilatation quite sufficient to allow of the passage of the curette to the depth of the cavity. The further difficulty to be overcome—the dressing—is caused by our inability to carry the hot iron high enough into the uterus to effect perfect cauterization, All kinds of dressings in such cases seem well nigh impossible. The presence of a tampon within the uterus brings about contractions, pains and expulsive attempt on the part of the organ. In presence of this double difficulty I would advise that the raclage be performed with the greatest care, its work assisted by means of a small sponge mounted on a long han-

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dle: the careful washing of the cavity; and a light cauterization of the internal surface of the uterus with a temporary tampon dipped in a caustic solution. Finally, pieces of iodoformed antiseptic gauze should be placed within the vagina. Thus we will almost realize the conditions of the dressing before described, and will be doing the best that can be done under the circumstances.

In operating, if we do not go beyond the limits imposed by the thickness of the uterine wall, and bear in mind the proximity of the peritoneum, we may be certain that the result. will be always excellent. To this palliative operation, applicable in so great a number of cases, I see but two contra-indications, and these should be perfectly understood, If the cancer has gone beyond the uterus and invaded the neighboring organs, and if, in practicing raclage we risk the perforation of the uterine walls, we must abstain; the greatest care must be used at the start to ascertain the condition of the adjoining organs. The second contra-indication is given by the inflammatory symptoms which may exist all around the uterus. If this organ is rigid; if the vaginal touch indicates the presence of any appearance of a pelvic peritonitis, or acute or chronic phlegmon of the broad ligament, we must not attempt to interfere A general rule, which must be remembered, is to respect the uterus when its appendages are the subjects of attack.

I have said that complications were rarely found in the perform ance of raclage. This is true; at the same time they are not impossible. The most frequent are uterine colics which are often very painful. The presence of a coagulum within the organ is sufficient to start up its latent contractility and associated suffering. In patients who have undergone raclage, there is sometimes developed a phlegmasia alba dolens of the inferior members, a fact which is attributable rather to the cachectic state of the subject than to pheblitis of the uterine veins. This is, however, a complication which, although very painful is not dangerous and quickly disappears.

In certain cases we have perceived pelvic peritonitis as a result of operation. But this is a surgical fault, caused by too early a performance of the operation or a neglect of antiseptics. To avoid such accidents we should always insist that patients operated upon be kept perfectly at rest for eight or ten days. We should also watch the bowels. Whenever we touch the uterus or its appendages, the intestine, often irritated, becomes idle and paretic, and constipation gets to be almost absolute.

We are not to think ourselves disarmed against the uterine affections described, if, after a first intervention, the malady returns.

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Nothing stands in the way of a repetition of the operation, and it is always followed by benefit to the patient.

So much for cancer. But raclage is not exclusively applicable to malign tumors. Recamier employed it in removing from the uterus the small polypi, which, by their contact with the membrane, often produced uncontrollable hemorrhages. It may also be used in vegetating endometritis, and also to take away those shreds of the placenta which, after delivery, graft themselves upon the mucous membrane of the uterus and cause congestions and constant bleeding. In chronic endometritis, raclage gives us marvellous results, whilst its dangers are in no sense comparable with the many troubles of which this rebellious malady is the source in a large number of patients.—*General de Therapeutique.*

Translated in the Medical Abstract.

GERMICIDES.

BY A. MITRA, L. R. C. P., L. R. C. S.

The germ theory of disease, which was considered a few years ago only as a medical fad or fashion, has now assumed a serious position in pathology. It has modified the method of treatment of many important diseases, and has in fact shaped the therapeutic weapon of defence of many a physician and surgeon. It is not my business in this paper to examine a theory as to the truth of which the scientific and medical world is by no means agreed, and which is supported and contested by equally strong men. Granting a faith in the theory, I am concerned only with its practical applications. Some of my readers perhaps use carbolic acid as an antiseptic. Iodoform and Eucalyptus are used by some in tuberculosis, and sulphocarbolates and sulphites are used in septic diseases. These drugs are used in the hope of killing the germs ; it is proper, therefore, to examine how far they are competent to serve this end. Disinfectants and antiseptics, are however, sometimes used to disturb an organic compound which nourishes germs and ferments. Koch, the great German bacteriologist, has published in the reports of the Imperial Board of Health, for 1881, the results of experiments which he carefully conducted with the view of establishing the real value of disinfectants. His experiments were mostly conducted upon the spores of *anthrax bacilli.* The result is thus summarized by Amidon :—

" Koch has found that solutions of carbolic acid in oil or alcohol

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are absolutely inert in respect to their action on bacteric life, either on spores or bacilli. He took solutions of one and five per cent. of carbolic acid in oil, and also pure oil itself, and tested them with the anthrax bacilli and other micro-organisms, and found that bacteric life was arrested in the pure oil at the end of six days. The same took place in each of the carbolized solutions." Koch admits the germicidal value of phenol in aqueous solution in certain per centages. Delacroix says that ten per cent. of carbolic acid is required to destroy bacteric life. Koch's conclusions are fully confirmed by Wolfhügel.

With such facts before us we can easily see why many surgeons are disappointed with the results of Listerism, for it appears that 1 or 2 per cent. aqueous solution and carbolic oil are powerless to arrest bacterial life, especially in its *dauerform* or spore state.

Koch also found sulphurous gas as an inert substance in respect to its action on microbes. During the epidemic of Cholera in France, in June, 1883, Pasteur conducted a series of experiments for the purpose or ascertaining what may be considered effective disinfectant. His experiments showed that sulphurous acid, both in gaseou and liquid form, was perfectly inert in killing germs of splenic fever. Latterly Wynter Blyth conducted a series of careful experiments upon anthrax bacillus with the following results:

"A 1 per cent. solution of Calvert's carbolic acid, No. 1, in water, seemed to have no influence on anthrax spores, not even delaying their growth. Even after soaking twenty-four hours in a 10 per cent. solution of carbolic acid, the anthrax spores inoculated into a guinea-pig killed it in two days, with typical anthrax poisoning. Various carbolic powders were made into a paste with water; but though the anthrax spores were allowed to rest in the paste, even as long as twenty-four hours, no germicidal effect was noticeable. The sulphates of iron, copper, and zinc, which are reputed disinfectants, in no case exercised any destructive influence on the life of anthrax spores. Of chloride of zinc, Dr. Koch has given a very unfavorable verdict as a disinfectant and as a germicide. Mr. Blyth testifies no more favorably of it. He found that anthrax spores grew well after a month's sojourn in a 5 per cent. solution of chloride of zinc, and the addition of thymol in no way altered the result Perchloride of iron was experimented with in watery solutions of various strength, from 1 to 25 per cent,, but in no single case did a twenty-four hours steeping of the spores d stroy their vitality."*

*Lancet, Dec. 20, 1884,

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Lately I conducted some experiments upon bacilli in putrid meat and blood, exposing them to the influence of certain disinfectants. I labored under too many disadvantages to enable me to trustfully verify the above results for myself.

Among the British Surgeons, Duncan has shown* that spray is useless to render the atmosphere aseptic, a verdict not accepted by Cheyne Lister considers† that 1 to 3 per cent. solution is sufficient to destroy organic life. Such is also the belief of Miquel.‡

It has been found by many experimentators that corrosive sublimate in certain proportion is an efficient germicide, "being 250 times more powerful than phenol."§ Sternberg estimates that 1 part of corrosive sublimate in 20,000 has a germicide value.‖

The discovery of bacilli tuberculosis has inspired in many an antiseptic method of treatment, and results are published of marvellous success attending such tréatment. We are in the habit of seeing, in the wards of hospitals, consumptive patients with inhalers containing antiseptic substances. Arsenic, camphor, napthalim, creosote, carbolic acid, aluminum, sulphur, eucalyptus, bromine, ethyl, alcohol, boric and salycylic acid, resorcin and styrone, &c., have all been tried in numerous hands.

Then the antiseptic surgery of the lung is also suggested and has been practiced.¶ Though success has attended the trial of some physicians, as Kazansky, there is an equally large number of less fortunate physicians, as Hiller, whose experience has shown that antiseptics are entirely impotent to check the tubercular process, and this is not to be wondered at when we find that a large number of the so-called antiseptics are not powerful enough to kill the germs of phthisis. If corrosive sublimate is a trustworthy germicide a ray of hope arises in our mind that it may be effectively used in germ diseases. We are not, however, in possession of sufficient information and experience of reliable authorities to come to any definite conclusion. Corrosive sublimate is a great poison. and it is to be seen that the quantity required to kill the development of bacterial life does not produce toxic effects. In Hiller's patients corrosive sublimate was found useful, but they also received other treatment simultaneously. It is my impression that a bright future awaits for corrosive sublimate as a germicide agent. In surgical dressing in the treatment of parasitic dis-

* Edinburgh Medical Journal, April, 1884.
† Dublin Journal of Medical Science, August, 1879.
‡ Les Organisms Vivants de l' atmosphere.
§ Amidon Delacroix,
‖ Medical News, May, 1883.
¶ Gazette Med de Paris.

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infection, its value is already recognized. But as long as the whole question of the value of germicides is unsettled, I think it is not safe to place implicit reliance on them in the treatment of such an important disease as phthisis. It is only at the early stage of phthisis that the help of a physician is of great value, and it becomes discreditable to the physician and dangerous to his patient if that golden opportunity is lost by using blunt weapons in the attempt to kill the enemy.

I have one observation to make in connection with the subject which is well worth the attention of the profession in India. We now find that the germ theory is the pivot on which pathology of many important diseases turns. Rational therapeutics can only be based on correct notions of the etiology and pathology of diseases, otherwise it is empiricisim. The germ-theory is now occupying the time and energy of many of our professional brethren in Europe and America. Koch now claims to upset the treatment of such diseases as phthisis and cholera. Farran tries to protect people from cholera by inoculation. Tomassi-Crudelli finds in the field of his microscope germs of malaria, whicb is devastating our country. We in India enjoy many advantages to work in this department. We are not handicapped by Antivivisection Acts, we have opportunities of gathering unlimited experience of epidemic disease. Besides, it is probable that under varying conditions of soil and climate, the vegetable and animal organisms may have different life-history, as regards rapidity of growth and power of resistance to germicides. In short, modern medicine requires its contribution from the modern physicians of an ancient race which attempted to build medicine on a scientific foundation more than any other nation in the world.—*Calcutta Journal of Medicine.*

NERVOUS DISEASES.

BY B. F. NICHOLS, M. D.,

Physician to the department of the Digestive System, Howdra Hospital, Philadelphia, Pa.

In June, 1885, my attention was called to a remedy manufactured by the Rio Chemical Co.—Celerina.

The first case in which I used it was a lady suffering from nervous exhaustion; she complained of constant fatigue and loss of energy. A few hours spent in any kind of exertion sent her to bed for

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a day, her appetite was very poor, sleep disturbed and unrefreshing. On awakening in the morning she felt exceedingly tired and unable to rise without great effort—everything attempted was a task, almost impossible to accomplish. After eating, a feeling of discomfort, attended with drowsiness, came on, making life almost intolerable. After trying all the tonics and aids to digestion, I found no improvement. Celerina was prescribed, two teaspoonfuls after each meal in a wineglass of sweetened water. After taking it for three days she was very much improved—the tired feeling disappeared, she took pleasure in her duties, and became interested in everything, her appetite improved, no more drowsy feelings after eating; sleep sweet and refreshing. She took the medicine for two months and entirely recovered.

I have prescribed it in several similar cases, with uniform success, and have found no remedy which gives such rapid and permanent relief, in fact, I have not seen a single case of nervous exhaustion which did not readily yield to Celerina if properly administered.

Another class in which I have given Celerina, with marked success are those frequent and troublesome cases of spermatorrhea occurring in young men who have been addicted to masturbation, until all nerve power seems lost. Having had a considerable number of such I have found it difficult to break up the nightly emissions as the following cases will illustrate: J. G., aged seventeen years, a bookkeeper, had practiced masturbation since he was thirteen years, gave it up after a hard struggle, February, 1885—after giving up the habit he was surprised to find that emissions took place once or twice every night. He applied to me June 15th. I put him on ammonium bromide, thirty grains at bedtime; for several nights he had no emissions, but at the end of a week the emissions returned as bad as ever; I then put him on strychnia one twenty-fourth of a grain, three times a day, continued bromide at night; this treatment was continued for three weeks, with very little improvement. Phosophate of iron was then added to the strychnia; at the end of a week there was no improvement. In despair, I prescribed Celerina, two teaspoonfuls after each meal, and two at bedtime. After taking this for one week, had only had two emissions, he improved rapidly, and by the middle of September the emissions had ceased entirely, treatment was then discontinued. The patient has had no return of his trouble since. This case is one of several which were treated with Celerina, with same result.

I have treated some cases of professional men. One Dr. B., a physician with a large practice, suffered from an attack of nervous

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dyspepsia. Eating brought on severe headache, nausea, and acute pain in the epigastrium, he complained of being always tired. When he came to me he said he had tried all the remedies for dyspepsia without any benefit. I put him on Celerina, two teaspoonfuls every four hours, improvement began and progessed very nicely; he is now entirely recovered. Another case, a medical student, complained of constant fatigue, his brain felt tired, and he could not think; he said the lectures seemed to pass through his head as if it were a seive, his sleep was disturbed and filled with horrible dreams, when he awoke his mind was confused; appetite poor; digestion bad; felt irritable and cross, and everything seemed draped in a dismal pall. When he came to me he had been taking for some time quinine, iron and strychnia, with no improvement. I prescribed Celerina, two teaspoonfulls three times a day; he is improving very fast and I think will soon be entirely restored. From my experience with Celerina, I believe it to be a remedy that will meet the indications of all these cases where nervous prostration plays so important a part. I have used it in nervous headache, nervous dyspepsia, spermatorrhea, heart troubles, dependent on disordered nerve action, and many other troubles, dependent on an exhaustion of nerve force. And it has given a satisfaction I have found in no other remedy.—*Medical Brief.*

719 Spruce St., Philadelphia, Pa.

INDICATIONS FOR THE USE OF CYANIDE OF MERCURY IN DIPHTHERIA.

BY PROFESSOR ALLEN.

Untll within two years I have not met with cases of diptheria requiring the cyanide of mercury, although I have been on the constant lookout for indications for the drug, owing to its great usefulness in the epidemics in Vienna and in the south of Europe during the past few years. But within the past two years I have witnessed a few very clearly marked cases promptly cured by the cyanide of mercury, and in nearly every case the sequence of remedies was the same as in the following cases; or to be more exact, the early symptoms of the case required apis, and were followed by those requiring the cyanide.

A boy five years old was taken with swollen neck and rash covering the body and extremities. The tongue was furred, but not thickly so. The patient had a high fever, was very thirsty, and seemed in great distress, though there was very little difficulty in

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swallowing. Examination of the throat showed simply redness— no ulceration, no appearance of membrane. He received bryonia in water every two hours.

The next day the rash had extended over the limbs to the fingers and toes, and quite thickly covered the body; none, however, appeared upon the face. Both sides of the neck were swollen, the glands being infiltrated; tongue more thickly coated, and on the arch of the palate and uvula, both posterior tonsils, and extending upward to the posterior nares, was a thin, white membrane, bordered by intensely red, tumefied tissue. The thirst had disappeared and the boy seemed perfectly limp and apathetic. He would fall asleep easily, was roused easily, but complained of nothing. His urine had become very scanty; indeed he had passed but very little, once since my last visit, and that had not been saved. He received apis 6th in water every hour. I directed the parents to save the next water he passed and send it to my office. In a few hours I received a specimen which I found very dark in color and loaded with albumen; it contained blood and epithelial casts. The early appearance of the albumenuria alarmed me, and I immediately visited the patient again. I found him less drowsy, but in other respects about the same, pulse 125, soft. Apis was continued.

He had a very uncomfortable night, was restless, could find comfort in no position; he wanted to be laid in his crib, and immediately taken up again. On every change he would drop asleep for a few minutes and wake crying. He had very little difficulty swallowing. I found the membrane had extended uniformly to portions of the anterior surface of the uvula, and was now accompanied by considerable difficulty in breathing, as though the nose was stopped. There was a little acrid discharge through the nose. The neck was still more swollen and the glands somewhat larger. Pulse 132. Face puffy but pale. The rash was now fading from the body, but was still present upon the limbs. The tongue was less furred than on the preceding day, was quite red about the edges and at the tip. His skin was no longer hot and dry, and he was sweating profusely; indeed his mother and nurse worried lest they had kept him too warmly covered (the weather was mild); the perspiration broke forth on every slight exertion, even taking him out of his crib would cause perspiration to break out profusely on his face. The little fellow seemed perfectly limp. He was no longer drowsy, and had asked for water two or three times during the night. The condition had now completely changed, and Apis was no longer indicated. Although

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no membrane could be seen in the anterior nares—examination of the throat with the mirror was impossible—there seemed to be no doubt that the membrane had invaded the nose; the discharge was not bloody; the anterior nares were much excoriated and the upper lip was a little sore. There was still a great deal of membrane in the throat; indeed, I saw no special change in that respect. There was no increase in the swelling externally, and swallowing did not seem to hurt the little fellow, and curiously enough there seemed at no time throughout the case any great difficulty in swallowing, possibly due to the fact that the little fellow is very plucky, and rarely acknowledges being hurt by anything. He had passed water several times during the night, indeed had wet himself two or three times, and once or twice had passed some in the vessel; it was paler in color, but still loaded with albumen. At this time, owing to the very free perspiration, and to the excoriating discharge from the nostrils, I was, quite sure that some preparation of Mercurius was indicated. There were no indications for either of the iodides, The patient's pulse was extremely weak and soft. He seemed so exhausted that he could scarcely raise his hand without breaking into sweat; indeed, his profuse perspiration seemed the most distressing feature of the case. From this circumstance I determined to give him the cyanide, and prepared some pellets moistened with the sixth, a few granules in a half a glass of water, a teaspoonful once in two hours. The change that took place after the administration of this remedy was truly marvelous. Improvement began at once, and steadily continued. On the next day the patient was stronger, the perspiration was less in quantity and much less frequent, and the little fellow cried for bread and butter; his mother would not give it to him, and for three or four hours before my visit, he was much distressed because he could not have it.

He did not seem to want any other food. I told his mother to let him have it. He swallowed it without difficulty in my presence, and was allowed all the bread and butter he could eat, with plenty of butter. The membrane was now separating, the line of demarcation was well formed, and during the following twenty-four hours it came away in small detached peices, leaving a raw, granulated surface in many places. The swelling of the neck diminished, the urine became more abundant, and of a more yellow color and less albuminous. On the eighth day of his illness the albumen entirely disappeared from the urine, and the microscope failed to demonstrate any abnormal condition of the kidney. The throat seemed perfectly free from trouble, except that it still continued quite red. The glands contin-

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ued somewhat swollen, and the discharge from the nose was still thin and somewhat acrid, though diminishing day by day. The cyanide of Mercury was continued only two days. It then gave place to sugar of milk, and finally to two or three doses of Arum triphyllum, which removed the last trace of the soreness of the nose.

It may be interesting to observe that twice before I have noticed Mercurius cyanatus indicated where there was a tendency of the process to invade the nose.

The profound prostration associated with the breaking out of sweat at every effort will generally serve to indicate the drug.

Formerly I have had many cases in which the Apis symptoms would persist for days, or until convalescence was firmly established and there was no occasion for any other remedy, but in these cases the Apis symptoms entirely disappeared before the patient began to improve and a change of remedies became imperitive. In three cases now I have seen Mercurius cyanatus indicated after Apis.

As to the matter of diagnosis, of course it may occur to many that the case might have been one of scarlatina. The only symptom of scarlet fever, however was the rash. The characteristic tongue of scarlet fever was at no time apparent. The onset of the attack was quite different from what we usually consider characteristic of that disease; and there is in my mind no room to doubt that the case was purely one of diphtheria with the scarlet rash so often present in severe and particularly in malignant diphtheria. I have no doubt in my own mind that had not the case been promptly arrested by Apis, followed by the cyanide, the little fellow would have died. The outlook was extremely grave at one period.—*Chironian.*

MERCURIUS CORROSIVUS IN THE HANDS OF THE ALLOPATHS.

The history of the use of *Corrosive Sublimate*, or, as we prefer to call it, *Mercurius Corrosivus*, among the allopaths during the last twelve months or so is most instructive. The discovery having been made that this substance is one of the most powerful of all destroyers of living organisms, it was at once dubbed "*the* antiseptic" *par excellence*; and *Carbolic Acid* being at the time not a little discredited, *Corrosive Sublimate* rapidly came to the front. "Antiseptic" was its name, and the idea that it could do anything more than act as an "antiseptic" did not appear to have occurred to the allo-

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pathic mind. The scientific having decided that it was an antiseptic, it would be really impertinent on the part of the drug to do anything else than "antisept"—if we may be allowed to coin a word. This is just what happened with *Carbolic Acid*. *Carbolic Acid* was and is an antiseptic; it was and is used as an antiseptic; the idea being that when an agent is *used* as anything it must do that same thing and nothing else. If *Arsenic* is "used as a hæmatic tonic," it must restore the quality of the blood; if *Rhubarb* is "used as a stomachic tonic," it must act as a restorative of the strength of the stomach. Such is the inference—that the action of a drug depends on what it is "used as," and not on its own inherent properties. And so, when it has been decided that *Carbolic Acid* is an antiseptic, and when those who employ it say that they "use it as an antiseptic," nobody imagines that it may possibly have another action besides that of destroying germs, and that the germ destroying power may not be the explanation of its good effects when they ensue. In spite of the fact that a large number of patients on whom Carbolic Acid has been "used as an antiseptic" have died with hæmaturia, and that others have died from its use with symptoms of blood poisoning which it has been difficult to distinguish from the symptoms of ordinary septicæmia, *Carbolic Acid* still continues to be an "antiseptic," and the word "antiseptic" is thought to be a sufficient explanation of its action.

And now the new antiseptic agent, *Mercurius Corrosivus*, is behaving in the same unseemly way as its brother germ-destroyer, *Carbolic Acid*. It has been "used as an antipseptic," and the users have forgotten that the drug was not bound to do only that for which they used it. It was most irritating to have the unruly substance behave as it has always done, and not as it was expected to do by the antiseptic surgeons. These offended dignitaries could hardly believe their experience at first; and the *Lancet* published in February last (28th) an editorial note on what it thought fit to term "*Alleged* (!) Dangers in the Use of Corrosive Sublimate as an Antiseptic Agent." This is of such extreme importance that we reproduce it entire:—

"Dr. Fraenkel, of Hamburg, draws attention (Virch. *Arch.*, 99 ii.) to an almost unsuspected danger arising from the too free use of corrosive sublimate as an antiseptic agent. His remarks are in the first place based upon a case recorded by Stadfelt, of death with dysenteric symptoms following upon intra-uterine injection of a solution of sublimate (1 in 1,500) after adherent placenta, and are supported

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by the results of post-mortem examinations of surgical cases in which this solution was employed. In all these cases (fourteen in number) severe ulcerative lesions were found in the large intestine, but Dr. Fraenkel admits that in only two of these could the lesion be said to have caused the death of the patent. The appearances presented by the diseased bowel resembled those of acute dysentery —viz., more or less extensive areas of necrosis of the mucous membrane, with intense surrounding inflammation. He combats the notion that the intestinal lesions depended on septicæmia, mainly on the ground that in no case were any other of the lesions characteristic of septicæmia or pyæmia present, nor did the cases run the clinical course of blood-poisoning. Although the paramount value of corrosive sublimate as an antiseptic must be admitted, its employment is nevertheless not free from risk. Its immoderate use as an external application is liable to excite the diptheritic like inflammation of the large and sometimes of the small intestine, which is recognized clinically by tenesmus, colic and bloody stools. But so far the renal changes supposed to be characteristic of sublimate poisoning have not been observed in surgical practice. The intestinal affection is most liable to occur in individuals whose nutrition is defective, or who are very fat, especially those with fatty hearts; and particularly if the sublimate has been in contact with large exposed and absorbing surfaces, as the peritoneum or uterus; therefore care should be taken to use only the weakest solutions consistent with their antiseptic property, and especially not to use them too frequently as intra-uterine injections."

It is scarcely credible that the destructive power of *Corrosive Sublimate* should have been "almost unsuspected" by a man of the standing of Fraenkel, though we are not astonished at the editor of the *Lancet* quoting this experience as betokening merely an "alleged danger." The editor of the *Lancet* is not remarkable for his sagacity. But let us look at the facts. *Corrosive Sublimate* is used in what might seem a weak dilution—1 in 1,500—more attenuate,in fact than our 3rd decimal--as "an antiseptic." Probably it *did* kill a few germs and minute living organisms, and so it *may* have fulfilled the intention of its users. But not only did it kill the germs—it killed the patients, fourteen in number. How many others it has killed before and since when "used as an antiseptic" it is impossible to say. This "antiseptic" produced dysentery, diphtheritic ulceration, and symptoms of blood-poisoning. What is to be said of this action? Has it any bearing on the sphere of its curative powert? It is used

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in states of blood poisoning, and it will cause death with the symptoms of blood poisoning. Is there any relation between these two facts? "Oh no!" says the allopathist, "it acts as an antiseptic." It causes ulceration, and it is used for the same condition; surely there is a hint of homœopathy here? "Not at all," says the allopath, "it is used as an antiseptic." But if it is an antiseptic only, how is it that it kills so many patients as well as the microbes? "That I cannot tell," says the allopath; "all I know is that it is 'used as an antiseptic.'"

It is amusing to see how ready "our friends the enemy" are to adopt our practice as soon as they can get a colorable excuse. *Corrosive Sublimate* has now become a fashionable "antiseptic," and it can now be used for all cases of ulceration, such as homœopathists have been in the habit of curing with it for generations past, without any suspicion of flirting with homœopathy. In this way it has been adopted for the treatment of ulceration of the eyes—as an "antiseptic" lotion, of course. But the curious part of it is that in using homœopathy in this way (even though they dub the treatment "antiseptic") they are obliged after killing by their stupidity a large number of patients, to dilute it to an almost unheard of extent. We understand that at Moorfields, a solution of 1 in 50,000 is the favorite strength. This is in point of attenuation somewhere between the 2nd and 3rd centesimal dilutions of Hahnemann. But though there is nothing produces ulceration so surely as *Corrosive Sublimate*, and nothing produces such rapid cures, according to our clumsy imitators, this is not homœopathy—it is "antiseptics."—*Homœopathic World.*

NOTES ON AN EPIDEMIC OF INFLUENZA IN AUSTRALIA.

BY W. R. RAY, M. D., MELBOURNE.

For the past four months we have been going through a very severe time with an epidemic of influenza. In Quain's "Dictionary of Medicine," an epidemic of a similar nature is reported as having taken place in 1847, which is divided into three groups, having the following symptoms:—

(*a*) Ordinary feverishness, frontal headache, sore throat, raw feeling 'mid sternum, irritable cough, and great prostration.

(*b*) Pulmonary complications, pleuritis, bronchitis, and pneumonia.

(*c*) Gastro-intestinal troubles.

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These several varieties have been well illustrated in this last epidemic. In addition there have been severe rheumatoid pains of an intermittent character, with excessive prostration and long-protracted convalescence. It has been very prevalent over all the colonies, although the general features have remained the same. The general impression is that it is due to an unusual amount of foggy weather, so much so that by popular consent it has been called "fog-fever." However, meteorological evidence goes to show that there has not been an unusual amount of foggy weather; neither has there been an excessive rainfall. I might mention that the time of the year was winter, which lasts from June to Sepember. The special features of the epidemic have been (*a*) cough; (*b*) prostration; (*c*) pulmonary complications; (*d*) cardiac syncope.

Cough has been dry and paroxysmal, sometimes causing vomiting, and generally without any appreciable irritation or inflammation of the mucous membrane.

Prostration.—This was very excessive, equally severe in the robust and the feeble, some cases taking six to eight weeks before any signs of rallying showed themselves.

Pulmonary Complications.—Pleuritis, dry and with effusion, pleuro-pneumonia, broncho-pneumonia, and bronchitis; the two first mentioned being the most prevalent. With the old school treatment these lung complications have been very fatal, deaths taking place in twelve, twenty-four, or thirty-six hours. In some cases there would be some hepatic disturbances, followed by pneumonia, and characterized by great tendency to relapse. In a few cases there was inflammation of the air-passages followed by epistaxis and gastro-intestinal troubles, and after the acute symptoms had vanished severe frontal pains would appear.

Cardiac depression, almost amounting to syncope; pulse almost imperceptible, pallor of face, perspiration standing out in beads on the forehead. But in most of these cases there was some antecedent history inducing cardiac weakness,—such as excessive tea-drinking, use of tobacco, or rheumatism.

The medicines which were found to be the most useful were aconite, gelsemium, arsenicum, and arsenicum-iodatum, bryonia, camphor, kali bichromicum, lachesis, phosphorus, and sulphur; but gelsemium and arsenicum-iodatum covered by far the greatest number of cases.

In conclusion I might add that I believe our treatment has been markedly satisfactory, in that the "regulars" lost a great

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many cases, while, as far as my knowledge of my own work and that of two of my colleagues goes, not a case was lost to homœopathy.—*The New England Medical Gazette.*

A Case of Dysentery.—Abhoy Charan Ghosh, aged 45, was admitted into the Out-door Dispensary on the 15th of May, 1884.

He was suffering from dysentery for 1 month. Griping, tenesmus, and straining during stool, and passing a few drops of blood after each stool, were the accompanying symptoms. After taking a powder prescribed by an old school physician he vomited bile and passed bilious stools mixed blood. The stools became more frequent than before. *Nux v.* 6 was prescribed.

On the 18th, he reported that the pain in the bowels was much less, but the number of stools was almost the same. *Canth.* 6.

19th. No more pains in the abdomen. The number of stools as well as the blood and mucus became less. *Canth.* 6 was continued.

21st. He had improved much, still there was some blood with the stools. The same medicine was contined, and he was advised to take gandhal (Pæderia fœtida) soup for diet.

23rd. He reported that there was no more mucus and blood with the stools, and had no other complaints except his weakness. Medicine was discontinued.

On the 27th and 31st, reports were received that he was doing very well.—*Calcutta Journal.*

Authority.—In the time of D'Alembert and Rousseau there was ample ground for the ridicule so frequently indulged in by those and other distinguished writers. "The following apologue," says D'Alembert, "made by a physician, a man of wit and philosophy, represents very well the state of that science: 'Nature is fighting with disease; a blind man, armed with a club—that is the physician—comes to settle the difference, He first tries to make peace; when he cannot accomplish this, he lifts his club and strikes at random; if he strikes Nature, he kills Nature.'"

At the time, however, when D'Alembert wrote, the art of medicine was enveloped in mystery and empiricism, beside fraud and imposture. "Until a comparatively recent period the doctrines and precepts of Hippocrates were followed reverentially, and the most degraded attention was paid to authority and established routine."

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This folly has been properly castigated by Moliére, in his "L'-Amour Médecine," in the dialogue maintained between the physician Tomés and the maid Lisette:

"*M. Tomes*—"How is the coachman?"

"*Lisette*—'Very well; he is dead.'

"M. *Tomes*—'Dead?'

"*Lisette*—'Yes'

"*M. Tomes*—'That is impossible.'

"*Lisette*—'It may be impossible, but it is so.'

"*M. Tomes*—'He cannot be dead, I say.'

"*Lisette*—'I tell you he is dead and buried.'

"*M. Tomes*—'You are mistaken.'

"*Lisette*—'I saw it.'

"*M. Tomes*—'It is impossible. Hipprocrates says that such diseases do not terminate till the fourteenth or twenty-first day and it is only six days since he was taken sick.'

"*Lisette*—Hippocrates may say what he pleases, but the coachman is dead.'"—*Albany Medical Annals.*

Dyspepsia and Diet.—In nine cases out of ten, dyspepsia is the result of a stomach trying to digest what it can't. All that a person needs then is to select what agrees with him, and he has but little trouble with dyspepsia. The modern stomach has become a somewhat fastidious organ. Thousands of men go through life, examples each day of some prandial self-abnegation. For most men dyspepsia is the penalty of conformity to the eating habits of the majority; and a want of disposition or enterprise to undertake a trial of simpler foods than those around them consume, probably determines a continuance of their unhappy troubles. I have for some years past been compelled by facts which are constantly coming before me, to accept the conclusion that more mischief in the form of actual disease, of impared vigor and of shortened life, accrues to civilized man, so far as I have observed in our own country, and throughout Western and central Europe, from erroneous habits in eating than from the habitual use of alcoholic drink, considerable as I know the evil of that to be.—*Sir H. Thompson.*

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THE ST. LOUIS
PERISCOPE
—AND—
CLINICAL REVIEW.

VOL. VIII. ST. LOUIS, MO., DECEMBER, 1885. No. 12

Editorial.

DR. E. C. FRANKLIN.

Professional and social circles in this city have recently been startled by the announcement of the sudden and unexpected death of Dr. Franklin. Returning to his residence about mid-day, after making his morning professional rounds, he enquired for messages, mail matter, etc., etc., sat down to his desk and expired immediately.

Information received through his son, Dr. N. L. Franklin, renders it probable that he died of heart failure, as he had for the past few months repeatedly complained of symptoms of a cardiac nature.

He was born in Long Island, N. Y., and at date of his death was about 63 years of age.

He had recently been appointed by Government as a member of the Medical Board of Pension Examiners, and was Secretary of the Board. He was the first editor of the ST. LOUIS PERISCOPE, and an ex-President of the American Institute. His life had been one of great activity and industry, in the varied departments of medical and surgical practice, professional literature, college and society work During the late civil war he was a surgeon in the Union army. As a

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surgical practitioner and surgical author, he held a prominent place in competition with the brightest and ablest men in the profession. He was for a long series of years Professor of Surgery, and Dean in the Homœopathic Medical College of Missouri. About seven years since he accepted an appointment to a surgical professorship in the medical department of Ann Arbor University, Mich., which he relinquished about two years since to resume his residence and surgical practice in this city.

Dr. Franklin's personal and social graces brought him many friends and admirers, while his ardent, impulsive, aggressive nature, brought occasional bitter enmities, in the strifes, competitions and conflicts of life-work. While cherishing a lively recollection of his commendable, excellent qualities, whether of personal grace, social warmth or mental and professional strength, let us perform the last sad rite in behalf of the dead by burying in the very depths of oblivion the foibles and mistakes incident to our common humanity.

RESOLUTIONS OF RESPECT.

A special meeting of physicians was held yesterday at the residence of Dr. Walker, to take action with reference to the death of Dr. E. C. Franklin. Dr. Edmonds called the meeting to order and nominated Dr. T. G. Comstock, Chairman, and Dr. W. John Harris, as Secretary.

The chair appointed Drs. Walker, Kershaw and Edmonds as a committee to draft resolutions of respect to the deceased.

During the absence of the committee remarks were made by Dr. C. Gundelach, Dr. W. J. Harris, Dr. Alice B. McKibben, Dr. Wm. Morgan and Dr. T. G. Comstock, eulogistic of the pleasant, social and professional relations enjoyed with their deceased brother.

The Secretary read a note from Dr. C. H. Goodman, regretting his inability to attend.

The Committee on Resolutions presented the following:

WHEREAS, It has pleased Almighty God in his mysterious providence to suddenly remove from his family, his large circle of trusting patients, and from his professional brethren, Dr. E. C. Franklin, who was distinguished as a physician and surgeon during the war and in times of peace, and

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WHEREAS, It is due the memory of the deceased that the physicians of the city of St. Louis bear testimony to his high professional attainments and social qualifications—

Therefore be it Resolved, That while we, here assembled, bow in humble submission and reverence before the Heavenly Father, who has taken from the profession one of its most respected members, we also bear willing testimony to his great worth in all the relations of life, but especially as a valuable and useful member of the profession.

Resolved, That in the sudden removal of Dr. E. C. Franklin the community has been deprived of a worthy and estimable citizen.

Resolved, That we respectfully extend to the bereaved widow, and to other members of the family our sincere sympathy and condolence in their great sorrow.

Resolved, That we attend the funeral in a body, and that a copy of these resolutions be engrossed and sent by the Secretary to the widow of the deceased.

Resolved, That these resolutions be published in the daily papers of this city, and also in the medical journals.

On motion of Dr. Walker, the chair appointed the following members as honorary pall-bearers: Drs. Walker, Edmonds, Gundelach, Cummings, Kershaw and Comstock.

The chair also appointed Drs. Harris and McKibben as a committee on floral offerings.

T. G. COMSTOCK, M. D., Chairman.

W. JOHN HARRIS, M. D., Secretary.

RESOLUTIONS ON THE DEATH OF DR. E. C. FRANKLIN.

Keport of Committee appointed by the St. Louis Society of Homæopathic Physicians and Surgeons:

In the death of Dr. E. C. Franklin, the Homœopathic School of Medicine loses a true friend and a strong, untiring, vigorous worker. He was an aggressive man and fought bitterly and pertinaciously for homœopathy and its rights as a school of medicine, and so well and successsully did he labor that his name was a tower of strength wherever it was known. He did much to spread hómœopathy in St. Louis and the surrounding States. He it was who first opened the doors of the City Hospital to our students, and accomplished that

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which had hitherto been deemed impossible. He possessed great executive qualities, and planned and organized several societies. He founded the Western Academy of Homœopathy; was once President of the American Institute and the Missouri Institute, and of innumerable local societies. He was Dean of the Homœopathic Medical College of Missouri for a number of years, and held the same exalted office at Ann Arbor University for several years. Dr. Franklin was a man of powerful intellect, a fine presence, and possessed of rare social qualities. His marked individuality and strong animal magnetism made him a man to be felt and recognized wherever he might be. In society he was an accomplished, cultured gentleman, with few equals and no superiors; in the sick room he was strength itself and carried hope and assurance with every word he uttered. Few physicians were more successful, and as a surgeon his fame was world-wide. During the civil war he was a surgeon of volunteers, and had charge of the Island City Hospital in North St. Louis. As a teacher, author, surgeon and gentleman, he was always in the front, and died there—great in life, great even when the cold hand of death came upon him.

WHEREAS, An all-wise providence has removed by death a late friend and colleague, Dr. E. C. Franklin,

Therefore be it Resolved, That in the death of Dr. Franklin the homœopathic medical profession loses a valuable and active worker.

Resolved, That in the death of Dr. Franklin the community is deprived of a useful and reputable citizen.

Resolved, That a copy of these resolutions be engrossed and presented to the family of the deceased.

MRS. H. TYLER WILCOX, M. D.,
A. H. SCHOTT, M. D.,
W. C. RICHARDSON, M. D.,
W. A. EDMONDS, M. D.,
J. MARTINE KERSHAW, M. D.,
Committee.

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PAINFUL ACCIDENT.

A few days since, Van H. Pearman, a second course student in our College, and, by the way, the reputed "son of his mother," met with a most painful and perilous accident by falling face foremost into a cauldron of hot water. It gives us great pleasure to state that under close and skillful care, at the hands of his doctor mother, with Drs. Ordway and Campbell in consultation, he is progressing favorably, with the hope of resuming his place in the class after the holidays. In the management of this case we have been much impressed with the perfect success of the local dressing used—Tannin, dissolved in sulphuric ether, in such proportions as to form the consistency of simple syrup, and applied directly to the parts. Before the application the patient seemed bordering on convulsions, from sheer pain. Immediately after the application the pain ceased, and has not returned. It dried rapidly and formed a *flexible, non-contractive* coating over the parts, equal in the atmospheric exclusion to Collodion, without the sense of stiffness and contraction attending the latter application. Possibly a "true healer" would have preferred to give the "indicated remedy and wait." The patient doubtless thinks "the end sanctified the means."

Book Reviews.

AN ABREVIATED THERAPY. THE BROCHEMICAL TREATMENT OF DISEASE. By Dr. Med. Schüssler, of Oldenberg. 12th Edition. Translated with the addition of a Repertory, by J. T. O'Connor, M. D., late Professor of Toxicology and Materia Medica in the New York Homœopathic Medical College. Philadelphia: F. E. Boericke, Hahneman Publishing House. 1885.

The fact that SCHUSSLER'S little book of "Tissue Remedy," Theory and Practice, has reached the 12th edition in a period of ten years, would seem to be substantial evidence of its merit and popularity. We still have in his book the "Twelve Tissue Remedies;" no more, no less, in any or all the editions. If we understand him we have never been quite able to appreciate his *theory* as *homœopathic* though his *practice* seems eminently satisfactory and successful. We take it, that while *toying* over his theories as to molecular, atomic

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tissue defects and vices, he squares his therapeutics by the law of *similars*. We are daily becoming more and more confirmed in the idea that any system of medical practice to be a scientific and practical success, must be founded upon a rigid, exact *simiology*. Biological, histological, pathological conditions and processes are matters of keenest interest and importance in a scientific point of view, but must forever remain subordinate to a correct grouping of objective and subjective *signs* or *symptoms* in the prosecution of the clinical art. The book is gotten out in the publishers' best style, and will in nothing disappoint the patrons of former editions.

VENEREAL MEMORANDA; a Manual for the Student and Practitioner. By T. A. Morrow, A. M., M. D., Clinical Professor of Venereal Diseases in the University of the City of New York, &c., &c. New York: Wm. Wood & Co.; pp. 332; 1885.

The enterprising publishers are sending out a series of "pocket editions" which must prove of very great use to the profession. In the volume before us the subject named in the title page is treated plainly, thoroughly, concisely. We do not remember to have seen a more satisfactory book for a very long while. It is brimfull of the very best and latest views as to etiology, symptoms, diagnosis and treatment. The mechanical get-up is excellent. We very cheerfully recommend this handsome little book.

CUTANEOUS MEMORANDA. By Henry G. Pifford, A. M., M. D., Clinical Professor oi Dermatology in the University of the City of New York. Third Edition. New York: William Wood & Company. pp. 268. 1885.

We have here a companion (pocket edition) to the one just reviwed on Venerial. Indeed the subjects treated in the two volumes touch, necessarily at so many points, as to lead in many instances, to a repitition in one of what has already been said in the other. Whilst obscurities and perplexities in etiology, diagnosis, classification and treatment, have heretofore brought much opprobium upon the profession, it must be confessed, even by the worst skeptics, that much progress has been made in the whole department of Dermatology. We heartily welcome the little book now in hand, as well calculated to help on the good work of a better understanding of skin diseases.

THE PRESCRIBER: A DICTIONARY OF THE NEW THERAPEUTICS. By John H. Clark, M. D. Edinburg, Physician to the London Homœopathic Hospital, and Lecturer on Materia Medica to the L. H. H. Medical School, Editor of the "Homœopathic World," &c., &c. London: Keen & Ashwell, 74, New Bond St.; Simkins, Marshall & Co., Stationers Hall Court. New York: Boericke & Tafel, 145 Grand St. 1885. Duodecimo; pp. 187.

This is a pocket edition, reference book, waich we find well arranged for convenient use, either in the office or at the bed side of the patient. It will be found to answer much the same uses and purposes as Johnson's Therapeutic Key, with the advantage, while full and complete, of being smaller and more portable. We think that the members of the profession who purchase and use it, will be pleased with it, and will have no reason to regret the investment.

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A TREATISE ON THE BREAST and its Surgical Diseases. By H. I. Ostrom, M. D. Second Edition. New York: A. L. Chatterton & Co. 1885.

We have here a 477 page treatise on the surgical diseases of the human mammæ. It is an elaborate account of their etiology, symptoms, progress, results and treatment. Upon first viewing the volume as to its size and the subject or subjects to be treated, we were inclined to estimate the spread of *butter* a little out of proportion to the slice of *bread*. But upon looking through it, we confess we do not see what subjects might be excluded, and how the treatment of any one might be condensed, so as to render the size of the book less. The great frequency of breast troubles, whether acute or chronic, their obstinacy, their occasional violence and frequent tendency to malignant results, render this class of troubles of the very first importance to both patient and practitioner. The publishers have done their work fairly well; though not quite up to the mark of their usual excellence. Altogether the book is a good one and may very properly find a place in every physician's library.

A TREATISE ON THE DECLINE OF MANHOOD; Its Causes and the Best Means of Preventing their Effects, and Bringing About a Restoration of Health. By A. E. Small, A. M., M. D., Pres. Hahnemann College and Hospital. 3d Edition—Revised and Enlarged. Chicago; Duncan Brothers. pp. 112. 1885.

Dr. Small as a teacher, author and practitioner, is one of our oldest, ablest and most painstaking workers. In the literary effort now under notice, while treating the very important subject freely and thoroughly, he has accomplished his task much to our liking, in the avoidance of anything like a certain prurient, immoral *aroma* which often prevades books on such subjects. In fact, so free is it from any such objection, it might be safely placed in the hands of the laity, as a means of either prevention or correction in the matter of such troubles as are here so faithfully portrayed. In short, the author has produced a good book; and the publishers have done well.

CLINICAL NOTES OF UTERINE SURGERY; With Special Reference to the Management of the Sterile Conditions. By J. Marion Sims, A. B., M. D., late Surgeon to the Women's Hospital, New York. New York: William Wood & Company. 1873. *Paper cover*, pp. 400. Price $1.00.

We have here a reprint of the old edition of 1869. Well printed, on good paper, at the remarkably low price of one dollar. The views and practices of this distinguished, original thinker, have now been so long and so prominently before the profession, as to render anything like a critical notice or review in this place, out of place. The point to be made is in favor of a cheap edition of a valuable book.

THE NORTH AMERICAN REVIEW.—Gen. Beauregard will give a history of the Shiloh Campaign in the January number of the North American Review. He claims that Gen. Algernon Sydney Johnson acted only as a corps commander at Shiloh. Gen. Beauregard emphatically asserts (contrary to the common belief) that he was the sole commander on both days, and without naming them, controverts the reports of Grant and Sherman as to the nation's forces being taken by surprise. Canon Farrar has an article on the Church in

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America in the January number of the North Amertcan Review. The Marquis of Lorne, Col. Ingersoll, Millionaires Astor and Carnegie, an Irish Member of Parlament elect, John Boyle O'Reilly, Cassius M. Clay, Sir John MacDonald, and Frank B. Sanborn have articles in the January number of the North American Review.

THE JANUARY CENTURY.—Conspicuous among the varied features of the January *Century* are the short stories. "Trouble on Lost Mountain," by Joel Chandler Harris (Uncle Remus), is even more powerful than his longer character novelette, "At Teague Poteet's," the scene of both being laid among the moonshiners of northern Georgia. Lost Mountain is a neighbor of the Kenesaw mountain of Sherman's Atlanta campaign; and that its people are curiously individual with a bent for humor and dramatic action, is most artistically revealed by Mr. Harris, and also by Mr. Kemble, who supplies the character sketches. In the other short story of the number, "The Cloverfield's Carriage," by Frank R. Stockton, the humorous motive is the desire of a negro coachman who had left his former owners in order to make his freedom appear a reality, to recover his former dignity as a trusted servant of the family. Mrs. Mary Hallock Foote's new serial of Western life, "John Bodewin's Testimony," in the third part points strongly to dramatic situations. Mr. James's "Bostonians" asumes new and interesting phases as it approaches the conclusion, which will be reached in the next number. In the War Series we have General John Pope's pungent and personal description of "The Second Battle of Rull Run," which in its fighting, its depressing results, and its controversies was one of the most remarkable events of the war. Few of the war articles have been so fully illustrated with map and pictures; and the "Recollections of a Private," describing "Two Days of the Second Battle of Bull Run," is replete with incident and attractively illustrated.

Medical Items.

OUR thanks are due to Messrs. Otis Clapp & Sons, Boston, Mass., for their beautiful Calendar for 1886.

IT was a brave man who declined to be vaccinated on the ground that he was not to be cowed by any living man.—*Boston Transcript.*

THE opinion held by Cloverdale physicians that "raw cow's milk is better for children than boiled," is very gratifying, as a raw cow gives much more milk than a boiled one.—*Cloverdale Reveille.*

Dr. Edmonds:—I send you this that you may know Homœopathy is growing in grace out West. I trust my Alma Mater of the Homœopathic Medical College of Missouri is prospering. L. HENDERSON, M. D., Class '77 and '78.
Salem, Oregon.

COURTESY is a powerful aid to him who gives and him who receives. Treat even a base man with respect, and he will make at least one desperate effort to be respectable. Courtesy is an appeal to the nobler and better na-

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ture of others to which that nature responds. It is due to ourselves. It is the crowning grace of culture, the stamp of perfection upon character, the badge of the perfect gentleman, the fragrance of the flower of womanhood when full blown.—*Chironian.*

How to Keep Children Quiet (*Sanitarian*)—An old lady used to say that "the best way to keep children quiet is to give them something to make a noise with." The certain way to keep the nerves quiet is to give them a little healthy action, and nothing is medecine to them better than laughing and romping, even though it may be a little boisterous. Let us get all the honest pleasure we can out of this vacation, always remembering that,

"Pleasure's not a sin,
But sometimes sin's a pleasure."

Lemons for Malaria.—Dr. Crudelli, of Rome, gives the following directions for preparing a remedy for malaria, which may be worth trying, as it is said to have proved efficacious when quinine has given no relief. Cut up a lemon, peel and pulp, in thin slices, and boil it in a pint and a half of water until it is reduced to half a pint. Strain through a linen cloth, squeezing the remains of the boiled lemon, and set it aside until cold. The entire liquid is aken fasting.—*Scientific American*, June 27, 1885.

How I Treat A Felon.—Seeing the article on page 100 of the May Journal, reminds me of the way which I have used the application of salt for the last six years: I take the salt, without parching it, saturate it with turpentine, and apply it.

This application can remain on the finger several days, by moistening the salt twice a day with the oil of turpentine.

In the forming stage of a felon, I wrap the finger, commencing at the tip and extend a little above the felon, as close and tight as I can get with the surgeon's silk isinglass plaster, and then apply the salt and turpentine. Let the wrapping remain on two or three days.

This is probably the best way to abort a felon.—*Ga. Eclectic Medical.*

Reading on the Cars.—And we see little children wearing spectacles in school. Here is a reason for it: Every street car you enter is filled with fathers of little ones. Each of these fathers, to save half an hour's time, is reading the morning newspaper For years these fathers have ridden from one to three miles in this jolting vehicle, with the light changing at every turn of the wheels, and with the focus of the eye adjustiag itself to the print with like rapidity. If there were a sliding-glass made for reading on the street cars, with visible mechanism so subtle that the focus could be self adjusted with every trembling of the object—say a wheel should fly back and forth like the ballance-spring of a watch—would not the reader in the car begin to understand the task which he puts on the muscles and nerves of his eyes when he opens a newspaper in a moving car? He may possibly be not wearing out his own eyes, but he is wearing out his future children's, and this beyond the chance of a doubt.—*St. Louis Globe Democrat.*

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COCAINE IN BURNS.—Dr. Weiss writes: On December 25th, I was called to Professor L———. An atomiser which he was using had exploded. the hot steam badly scalding the Professors's lips, nose, eyelids, cheeks, and forehead. Pain was so intense that I apprehended general convulsions. I sent for sundry topical remedies, amongst them a two-per cent. solution of hydrochlorate of cocaine. In the meanwhile I covered the injured parts with pieces of cloth dipped in olive oil; on the top of these I applied ice-water compresses, renewing them every minute' without affording the slightest relief. When the medicaments arrived, I touched the injured parts with a hair pencil dipped in the cocaine solution. I had scarcely finished when all pain had entirely vanished witnout any return. At my visit in the evening I found the patient quite easy and in good spirits.—*The Practitioner*, June 1885.

GOOD COFFEE.—Mrs. Carson, in a lecture says: It is one of the simplest things in the world to make a cup of good coffee, and this can be accomplished by applying a little common sense. If you put boiling water on coffee and do not let it boil, you have all the good qualities preserved. One reason dyspeptics cannot drink coffee is because it is boiled. The style of coffee pot is a matter of fancy. I have made as good coffee from an old tomato can as I have ever supped from a cup filled from the finest French coffee urn. We should take lessons in this matter from the Turks and Arabians, who grind their coffee to a fine powder. When the coffee is ground as fine as possible, put it in a little bag of unbleached muslin, which should be tied tightly enough to prevent the escape of the grounds. If you use a cup of ungrouhd coffee you can make over a quart of very strong black coffee. In making coffee many people sacrifice flavor for strength. Bitterness comes from boiling. When boiling water is placed on the bag of ground coffee it should stand at least three minutes before serving.

POSTAGE ON MAGAZINES.—The absurd incongruity of the present postal law in regard to the mailing of monthly publications, need only to be stated to be apparent to all.

All weekly publications are delivered by mail free of postage to all subscribers in the county in which they are issued, except when delivered by letter carriers, and at the rate of one cent per pound to all other subscribers; monthly publications are delivered to all subscribers outside of the city in which published at the rate of one cent per pound—but to all subscribers in the city in which published the charge is one cenf per copy—if weighing less than four ounces. For example, G. W. McCalla, of Philadelphia, can send 1600 copies of *Words of Faith* all over the country from Bangor, Me., to Portland, Oregon, and have them deliveren by carriers, for the same amount that he can have 100 copies delivered in Philaelphia. It costs four cents to deliver one copy of *The Century* four blocks from its office, and for the same sum *four copies* will be carried 4,000 miles and delivered by carrier. Why should the Government treat it as an offence to be visited wiih a penalty for publishers of monthlies to obtain subscribers for the same in the cities where issued, and at the same time confer an unlawful gratuity on weekly publications? The Government has no authority either in right or justice to perform mail service gratuitously for any one. If the Government delivers a publication

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free, it must also deliver the contributions sent to the publication free, as the one is as necessary to its welfare as the other. It is certainly unrighteous for the Government to levy an unfair tax on a monthly publication in order to confer an unlawful gratuity on its *weekly* neighbor, even though the latter may take it as a bribe to assist in returning to Congress the membor who voted for this perversion of public funds.

The question naturally arises, why have not the publishers of monthly magazines had the law amended? The larger magazines being almost always sold in the cities through news agencies, they are not pecuniarily inconvenienced, and there has been no united action on the part of smaller publishers. If one or two of the larger houses will only call attention to the subject, and suggest some plan of united appeal to Congress this winter, they will do no injury to tbemselves and confer a valuable favor on their poorer brethren.

It would be an estimable boon especially to swall benevolent and religious publications. Why should the government deliver the New York *Police Gazette* at one cent per pound, and ehaage one cent each (one fourth of the subscription price) for *Baby Land?*

AMERICAN INSTITUTE OF HOMŒOPATHY, 1886.—Programme of the Bureau of Materia Medica. History of the Homœpathic Materia Medica.

1. Introduction—A. C. Cowperthwaite, M. D., Chairman.

2. The state of Materia Medica at the close of the 18th century—H. C. Allen, M. D.

3. The efforts of Hahnemann for Materia Medica improvement, especially his introduction of the healthy vital test—G. W. Winterburn, M. D.

4. The works on Materia Medica issued by Hahnemann, their composition and value—S. Lilienthal, M. D.

5. The addition to Hahnemann's works on Materia Medica by his disciples—H. M. Hobart, M. D.

6. The present state of the Homœpathlc Materia Medica, and measures for its improvement—Charles Dake, M. D.

7. The influence of the Homœopathic Materia Medica on that of the Old School—Anna M. Warren, M. D.

HOMŒOPATHIC HOSPITAL, W. I.,
NEW YORK, Dec. 26, 1885.

Dear Doctor: Permit me to thank you in behalf of the members of the Staff and myself for the copy of the PERISCOPE regularly sent to us. Let the good work go on. With the compliments of the season, and the best wishes for your health and prosperity, I am

Yours fraternally, T. M. STRONG.

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