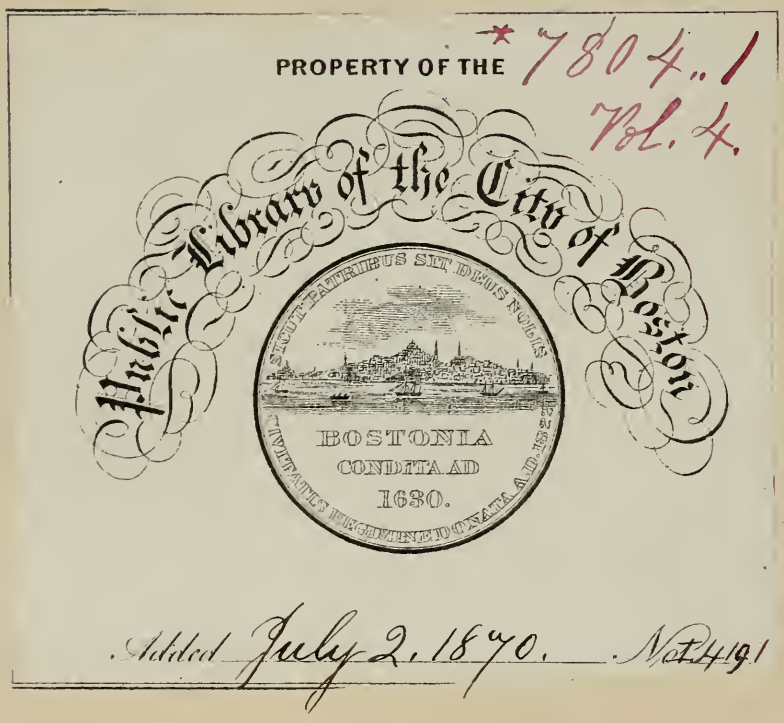

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VOLUME IV.

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A Monthly Journal

OF

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

VOLUME IV.

"Die milde Macht ist gross."

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IRIS VERSICOLOR.

A Sketch read before the Mass. Hom. Med. Society, Oct. 14, 1868.

BY CONRAD WESSELHOEFT, M.D., OF BOSTON.

This drug at first promised no very decisive results, but further acquaintance has convinced me that it will be one of the most useful remedies in our new materia medica. I have made several provings of it upon myself and have obtained a number from others, with dilutions as well as with considerable quantities of the tincture, and also with the root of the plant. While my own observations coincide perfectly with those collected by Dr. E. M. Hale, I have been enabled to add a few new peculiarities, and perhaps, to fill up a few vacancies by procuring some provings from females.

Beginning with the head, numerous experiences point to the applicability of *Iris* to a certain form of "sick headache," characterized by dull, throbbing, or hammering, and also shooting or acute boring pains in one side (generally the left, or passing *from right to left*) of the forehead, with nausea. The headache, if beginning in the morning grows more violent in the afternoon and towards night, but is generally present and most severe in the afternoon and towards evening, aggravated by violent motion, but relieved by moderate exercise in the open air; such, at least, was my personal experience.

Another peculiarity of the headaches is their paroxysmal character, coming in *repeated attacks through the day*, or appearing at

intervals of many days, so as to become periodical; according to the experiences of other provers, the pains of the head are aggravated by *cold air and by coughing.* In regard to the throat symptoms, the *Iris* rivals the heroic remedies of the older materia medica, and certainly seems to exert much of its primary effect upon the superficial as well as the deeper structures of the palate and pharynx. The smarting, burning sensation in the soft palate and fauces is excessive, and makes the throat feel larger, like a burning cavern. Inspiration of cold air relieves the pain, while expiration increases it. The throat looks bright red, injected, and is dry. Spasms of the pharynx while swallowing food are very common. This does not produce a strictly catarrhal inflammation of the mucous membrane, but rather an acute pharyngitis with paralytic weakness of the pharyngeal muscles (like *Aconite, Belladonna, Gelseminum* for instance). It has salivation in common with many drugs of the old and new materia medica.

This form of inflammation is probably also excited in the stomach; there is excessive nausea and retching with *eructation of much tasteless gas,* and *burning in the region of the fauces;* vomiting and diarrhœa are also present.

Rather more prominent than the former are the abdominal symptoms, manifested by severe rumbling of gas, excessive watery discharges, preceded by soft and more substantial evacuations, and intense aching cramp-like pains. These, together with the excessive nausea and also vomiting, point to the use of *Iris* in cholera-like affections, in which it has already proved useful in the hands of practitioners. Next to this, the *Iris* also corresponds to certain forms of dysentery, in producing bloody mucous discharges with severe tenesmus, and prolapse of the rectal mucous membrane. But it also appears that the *Iris* exerts its first influence upon the small intestine, as indicated perhaps by the excessive watery discharges, and that the dysentery symptoms are in fact a sequel to the former; the action upon the colon exists together with that upon the small intestine, as the bloody mucous discharges apparently do not set in till after the colic and watery diarrhœa have existed for some time.

The left side of the abdomen also appears to be principally

affected, or, if the pains begin on the right side, they often pass to the left.

The head symptoms, which must be referred to again here, considered by themselves, do not exhibit very striking indications for "sick headache," unless regarded as proceeding from the intense gastric and abdominal disturbance. Those varieties of headache, caused by *Iris* independently of gastric and abdominal disturbance, are not marked cases of genuine "sick headache," which, pathologically speaking, is an affection of the brain and its envelopes with *secondary* gastric disturbance.

In a case of regular but excessive menstruation, *Iris* caused the *menses to appear several days later and diminished in quantity.*

That the *Iris* will prove to be an important remedy in several forms of rheumatism or rather neuralgia, is confirmed by Drs. Burt, Rowland, and by my own trials. *Iris* causes marked attacks of sciatica of the left side; severe, sudden, shooting pains in the course of the left sciatic nerve, causing lameness *especially on motion;* this appeared after every dose in my own case. It seems that the pains caused by *Iris* are seated particularly in the nerves; though, on the other hand it evinces a marked affinity for all the joints of the body, especially those of the extremities, without decided affections of the muscles; and as a general thing is indicated for neuralgic affections. As far as it is possible to discern at present, pains resembling the sciatic twinges in the *left* sciatic nerve, also appeared in the *right* shoulder.

Like the cranial and abdominal pains, those of the knee joint also pass from the right to the left knee; and, if an inference can already be drawn, *the pains pass from right to left; or from the right upper to left lower portions.* Moderate *motion aggravates the sciatic pains exceedingly,* while violent motion makes no perceptible difference.

In the air passages, *Iris* produces and also relieves a short dry cough, caused by excessive tickling in the larynx, especially if the cough was preceded or accompanied by dry, smarting, or burning sore throat.

This sketch does not claim to exhaust the scope of the action of *Iris,* being intended merely as an index to the general sphere of its pathogenesis.

In connection with this proving as well as others, the conviction forces itself upon me that a proving upon the healthy is only one half of the task; its verification in sickness constitutes the other, — and by far most difficult half. Though we are justified in administering an unknown drug to healthy volunteer provers, we must not and cannot do so in disease without danger of injury to our patient, and herein we differ in practice from allopathists and eclectics. In order to explore the scope of a new drug, which is to become a remedy in disease, we must previously have obtained certain *guiding points.* These are secured first by provings upon healthy subjects. But a proving upon healthy subjects alone, be it ever so exhaustive, is still imperfect and of questionable value till after an equally exhaustive clinical test, by which alone the true *simile, i. e.* the true homœopathic relation between drug and disease can be brought out.

It is not to be expected that even with the greatest care we can always produce pure drug symptoms in the healthy; there are too many other influences constantly acting upon the organism, which, during a proving necessarily becomes morbidly susceptible to all influences; therefore the only means of verifying our provings* *is the clinical test.* This constitutes the true proof of the proving, and is to the latter what the proof is to a sum in arithmetic. Having gained the guiding points, we are justified in making the clinical test.

The "Organon" teaches that if a remedy which is capable of producing certain morbid symptoms in a healthy person, is applied in a case of natural disease corresponding in its symptoms with those of the drug, that disease will be certainly, speedily and gently cured. This is true; upon this truth rests our name as physicians; but practically this truth is most difficult to realize, and the test is not always crowned with success, owing to unavoidable imperfections and uncertainties in our provings. On this account Hahnemann

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* The word "proving" is derived from the German *pruefen*, and has not the same literal meaning; pruefen means to test or try, while to prove means to verify something previously asserted; but the latter word has by use acquired the same meaning as pruefen.

has been frequently and unjustly reproached by friend and foe, who did not and will not see that his great aim was to do away with this very uncertainty in medicine; even now there are those who cannot forgive him for not perfecting his whole system to such an extent as to render it an infallible cure-all, even in the hands of the humblest. Hahnemann foretold the way to perfect the materia medica and stated what could and would be done when the materia medica shall have been perfected. No one was more deeply impressed with its imperfections, and hence he was ever careful to impress it upon others by the frequent use of the phrase when alluding to the materia medica — "as far as known at present."

None saw more clearly than he the importance of clinical observations; and owing to this very importance he insisted that such observations should be left "only to masters in the art of observing." Though we cannot all be masters, it is nevertheless our duty to prove our "proving" upon the sick; until that is accomplished neither *Iris* nor any other new remedy will be really available. Years must elapse before we shall dare to place our new drug among the veterans of the materia medica.

When testing a newly "proved" remedy in disease, symptoms will often be observed to arise which did not appear in the proving of the healthy; again, some symptoms of the disease corresponding to the proving upon the healthy, will be cured; and thirdly, some will be cured which did not appear in the proving upon the healthy. These are the points where the mastership in the art of observing should come into play, and they illustrate Hahnemann's significant demand. For the sake of security we may cast aside the new symptoms arising from a drug administered in disease; but the cured or modified symptoms whether corresponding to the primary "proving" or not, should be jealously noted and preserved, together with the *conditions* under which they occurred.

We want more masters in the art of observing; we cannot replace mastership by the rather crude empirical method of the present day — in vogue, not among "eclectics" only — of boldly trying medicines in disease, without even a trace of previous knowledge as a guide. Hence many years must pass before the new remedies

of our materia medica will equal those of the old; but we must not precipitate matters by adding too much new material; we have enough to do for the present in re-proving our present material and in applying the clinical test.

OBSERVATIONS ON HEMORRHOIDS.

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

THE results of the homœopathic treatment of hemorrhoids and cognate affections of the rectum and anus, are peculiarly gratifying. Positively, because they show a much greater and more uniform success than we should have been justified in expecting in affections so liable to constant mechanical aggravation. Comparatively, because they show that our specific remedies have power over conditions which the other schools of medicine treat only by palliative dietetics, or by the destructive procedures of surgery, but do not pretend to cure.

The efficacy of *Nux vomica* and *Sulphur*, *Sepia* and *Lachesis* in these affections and the indications for their employment, are already well established by the experience of our school. *Hamamelis*, *Collinsonia* and *Æsculus* have proved useful in many cases, and are being zealously studied. Passing these remedies, I wish to speak first of IGNATIA, which I have found indicated, and of exceeding efficacy in many cases of hemorrhoids.

The symptoms which indicate *Ignatia* are quite numerous. The evacuation of fæces is difficult, because of a seeming inactivity of the rectum; the prover cannot make a violent effort to expel them, without danger of eversion and prolapsus of the rectum. After stool, painful constriction of the anus; recurring pains in the anus, compounded of soreness and spasmodic constriction, or pressure. Moderate effort at stool causes prolapsus ani. After stool a violent stabbing stitch from the anus upwards into the rectum. Bleeding after and during stool. I have regarded the symptoms of the stitch upwards into the rectum as a characteristic indication for *Ignatia* in bleeding hemorrhoids, where other symptoms at all corresponded; and I do not remember to have failed in any case in which this indication was present.

A perusal of the symptoms above recited may suggest to some reader the cognate malady "fissure of the anus"; in which also *Ignatia* is a valuable remedy. *Nitric acid, Platina* and *Plumbum* may be likewise indicated, and have been of service in the treatment of "fissure of the anus." But I make particular mention now of GRAPHITES, which I have several times used with success, and particularly in a recent and very painful case. The direct indications are found in the following symptoms. Burning and bleeding during stool, pressure and burning and sharp cutting stitches in the anus. Soreness at the anus, and smarting on contact; bleeding from the rectum, with sharp, stitching pain. Prolapsus ani, with sensation as though the sphincter had lost its contractile power, and were paralyzed.

The following cases illustrate the action of *Ignatia* and *Graphites* respectively:

1. Mrs. B., aged thirty-three years, mother of three children, the oldest of which was born six years ago. After her first confinement, she had hemorrhoids, which have been growing worse ever since. Tumors prolapse with every stool and have to be replaced; they are sore, as if excoriated. Much hemorrhage with every stool.

Both hemorrhage and pain are worse when the stool is *loose.* Dull, dragging pain all around the pelvis, constant tenseness and frequent spasmodic constrictions of the anus, followed by a sharp stitch from the anus upwards into the rectum. She is nursing a child thirteen months old.

May 12, 1860. I prescribed *Ignatia*^{200} three powders; to dissolve a powder in four ounces of water, and take two drachms every four hours.

May 28. Bleeding has ceased; the tumors prolapse, but return themselves; no more pains; bowels regular. But she is very weak; perspires easily and always profusely when she sleeps. I ordered her to cease nursing her baby and to take a more nourishing diet, and gave *China*^{200} eight powders; one every night and morning.

July 6. Is strong and well. No signs of hemorrhoids.

May 10, 1868. The hemorrhoidal trouble has not returned although Mrs. B. has since had another baby.

2. Mrs. H. T.; aged twenty-nine years; has two children; has been subject to hemorrhoids for several years. For the past year they have been very troublesome. Profuse bleeding with every stool. Tumors prolapse; are at first soft; but soon become hard; they have to be replaced, but prolapse again from exercise in walking. Sharp stitches from the anus upwards into the rectum.

Dec. 27, 1867. *Ignatia.*

Jan. 6, 1868. Decided improvement, in that pains have ceased. The bleeding is slight and infrequent, and the tumors return spontaneously.

Feb. 20. Entirely well.

There was no return of the hemorrhoids during pregnancy, although their first appearance had been during her first pregnancy. Two months after confinement, which occurred in May, Mrs. T. applied to me for relief from a trouble which her physician, after examination, pronounced to be "fissure of the anus"; and for which he recommended forcible dilatation. The pain during an evacuation was a very severe, sharp, cutting pain, which was followed by constriction and aching for several hours; especially severe at night, so that she could get but little sleep. By her physician's advice, she had been using small enemata of water; retaining them as long as possible, and then voiding them without effort. I recommended a continued use of these enemata and gave *Graphites*^{200} in solution; a teaspoonful every four hours. I should state that I verified the diagnosis of "fissure." Within three days the pains had entirely ceased; an evacuation after enema was painless. The enemata were continued for a fortnight, and could then be dispensed with. There has been no return of this trouble.

Our French colleagues speak highly of *Ratanhia* in fissure of the anus; and, at a recent meeting of the French Homœopathic Society, Dr. Rafinesque, alluding to Dr. Ozanam's paper on *Paeonia*, reports a case of fissure in which *Paeonia*^{3}, used both internally and externally, effected a prompt and enduring cure. Atrocious pain accompanied and followed each defecation; after an hour or or two of relief, the pains would recur, and last twelve hours, preventing sleep or rest, and compelling him to walk the floor nearly all night. Dr. Cretin reports a similar, though less severe case, cured by *Paeonia*^{3}.

EXPERIMENTS WITH THE HIGHEST DILUTIONS.

BY WM. H. HOLCOMBE, M.D., OF NEW ORLEANS, LA.

My practice has always been mixed; partly homœopathic, partly empirical. I do not believe that the law "similia similibus" is the only law of cure. I do not always give the smallest dose first, but frequently give very material doses — I sometimes alternate remedies. I am called a mongrel by allopathists and by ultra-homœopaths. I accept the name — I give all kinds of medicines in all kinds of doses. I look before and behind, to the right hand and to the left, welcoming everything, trying everything, retaining the useful regardless of its source.

I have been giving some of the highest dilutions, carefully watching the result. Sometimes I have seen no effect: sometimes relief, but I was doubtful of the causative influence of the drug: sometimes brilliant results. For the benefit of those unbelievers who are unwilling even to *try* the highest dilutions, I will give a few cases in which I felt compelled to attribute the result to the medicine.

1. A gentleman, far gone in consumption, came to the city to consult me. The most striking symptom was *a profuse night-sweat.* It had lasted for four or five months. He had taken quinine, tannin, and elixir vitriol — I gave him *China, Phosphoric acid,* and *Veratrum,* in succession, without the least effect. I then gave *Silicia*^{6,000th} attenuation. The next night the sweat was much less. In two or three nights it disappeared. He staid in the city a month, and no sweating recurred. The consumption is progressing towards its usual end.

2. A case of chronic headache (coming in paroxysms) which has resisted every thing. The pain is intense, with vomiting and *great sensitiveness of the whole nervous system. Iris* (low) and *Platina*^{30} had done more good than any thing else. Never relieved under six or twelve hours. Sent her *Belladonna*^{2,000}. Relieved entirely in an hour and a half. Same remedy acted promptly in a similar case.

3. Nursing sore-mouth, very bad, of several weeks' standing,

with *dryness, roughness, and burning sensations;* cured in a week by *Arsenic*^{8,000th} attenuation, without local application.

4. Bilious autumnal dysentery, severe case, one week duration; stools every half hour. Noticed a peculiar symptom. *The least motion of the body,* — raising the arm or even bending the toes, — *produced a disposition to go to stool.* This is a characteristic of *Bryonia.* I gave the two-thousandth attenuation. When I called the next morning, I was amazed to find the whole disease gone.

5. A lady came from the country with total aphonia, and hoarse, smarting, suffocating cough. These symptoms followed pneumonia, and had lasted six weeks. I gave her *Sulphur*^{10,000}. In two days her voice was perfectly natural and her cough improved. Another case of aphonia from cold disappeared in two hours after *Sulphur*^{10,000}.

Besides these cases, I have verified the efficacy of *Lachesis*^{2,000} in tickling bronchial cough; of *Arsenicum*^{8,000} in chronic intermittent fever; of *Veratrum*^{2,000} in watery diarrhœa; of *Pulsatilla*^{10,000} in flatulent dyspepsia; and of *Rhus tox.*^{2,000} in chronic rheumatic and paralytic conditions.

These experiments have convinced me that the attenuations hitherto made have not exhausted the curative power of drugs used on the homœopathic principle.

When these higher dilutions do act they seem to act very quickly and thoroughly.

I beseech my professional brethren to lay aside all prejudices and supply themselves with the highest dilutions, so that we may discover by combined observation the precise value and sphere of these preparations.

REPORT OF THE LEOPOLDSTADT HOMŒOPATHIC HOSPITAL, IN VIENNA, FOR THE YEAR 1867.

BY DR. M. EIDHERR.

Translated from the "Algemeine Homœop. Zeitung," by H. L. H. Hoffendahl, M. D., of Boston.

From the tabular statement, it appears that seven hundred and twenty-three patients were received during the year. Of this number, six hundred and eleven recovered, thirty-seven were relieved,

nine were transferred, twenty-eight died, and thirty-eight remained under treatment. The proportion of deaths was 4.3 per cent. Excluding those cases that in the present condition of medical science are considered incurable, such as phthisis, perforating ulcer of the stomach, acute yellow atrophy of the liver, cancer of the liver, etc., the ratio of mortality is reduced to 2.2 per cent.

The average mortality of tuberculosis, compared with the total of deaths, was 61.1 per cent; of typhoid fever, 10.3 per cent; of pneumonia, 4.5 per cent; of peritonitis, 6.4 per cent.

Report of treatment. — *Anæmia.* In two cases, this disease was the result of repeated profuse uterine hemorrhage. One case was cured with *China* alone, and the other with *China* and *Ferrum met.*[6]

The third case occurred in a woman of fifty, in very reduced circumstances, who had, during the previous four months, suffered from repeated attacks of intermittent fever. There was marked dropsical swelling of the lower extremities, of the hands, and of the abdomen; respiration short and difficult; auscultation showed that the lungs were intact; position and size of the heart normal, but the sounds were propagated to the jugular veins. The spleen was enormously enlarged, its lower border extending to the left ilium; the liver extended one inch below the margin of the ribs. Appetite good; moderate thirst; weakness, and sleeplessness.

The patient received nourishing diet and *China*[6]; one drop was given every two hours. After three weeks' treatment, the patient demanded her discharge, as she was obliged to work to support her children. At this time the anasarca had disappeared, the size of the spleen had diminished by two fingers' breadth, and the liver scarcely protruded below the border of the ribs.

Apoplexy. Four cases were received. In two cases, death ensued speedily. In the other two cases, there was a slow recovery under the use of *Arnica*, *Causticum* and *Cocculus.*

Congestion, cerebral, occurred in young, robust girls. When there was oppressive headache, pulsation of the carotids, sparkling of the eyes, congestion of the skin, frequent pulse and restlessness, *Gelseminum*[6] was given, with effect. In one case, where the meninges appeared to be affected, *Apis*[6] was useful.

Intermittent Fever. Of eight cases, two were quotidian and five tertian, presenting no peculiarities worthy of notice. One case was irregular and complicated with bronchitis. *China, Phosphorus* and *Nux* were required for its cure.

Rheumatism. Most of the cases were acute, and generally, many of the joints were attacked. Affection of the heart was noticed in only two cases out of one hundred and twenty-eight treated. There were no deaths. The principal remedies were *Acid. benzoic., Antim. tart., Bryonia, Colchicum, Ledum, Ranunc. bulb., Pulsat., Silicia and Sulphur.* Concomitant symptoms required *China, Ferrum met., Phosphorus* and *Spigelia.*

Scurvy. Two cases. One case ended fatally, occurring in a woman of seventy, who had been living in extreme poverty, and was almost moribund when brought in. In the other case, the gums only were affected, and recovery took place under the use of *Carbo veg.*

Typhoid Fever. Fifty-eight cases; six deaths. Most of the cases ran a mild course. Cerebral symptoms were present in but few cases, but abdominal lesions and diarrhœa were frequent. Pneumonia supervened in three cases. Profuse uterine hemorrhage occurred in two cases, which ended fatally. Intestinal hemorrhage also occurred. Of four pregnant women, only one aborted. *Acid. phosphoric.* was the principal remedy, sufficing alone for the treatment of several cases. *Arsenicum* came next, being used especially in cases of hemorrhage. *Calc. carb., Rhus, Bryonia, Pulsat.* and *Chelidonium* were used less frequently. *Sabina* and *Secale* were used effectually for threatened abortion.

Otitis. One case, following scarlatina; was cured with *Apis.*

Conjunctivitis. Treated with *Bellad.* and *Euphrasia.*

Odontalgia, of rheumatic origin, was cured in one case with *Staphysagria;* in another with *Rhododendron; Parulis* from carious teeth required *Merc. sol.*

Simple Angina was treated with *Bellad.* More severe cases, with suppuration, called for *Merc. sol.*

In *Diphtheritic* cases, *Iodine* and *Bromine* were used.

Diseases of the Heart. The most common lesion was insufficiency of the bicuspid valve, following attacks of rheumatism.

There were also four cases of dilatation and hypertrophy of the left ventricle with considerable disturbance of the circulation, and, in two cases, albuminous urine, œdema of hands and feet, and bronchial catarrh. *Aconite* was used only when there was a congestion as well as increased action of the heart; *Spigelia* when there was a tending to nervousness; *Phosphorus* when there was implication of the respiratory organ; *Arsenic* for albuminuria, œdema of limbs, and asthmatic attacks; *Tart. emet.* for incipient œdema of the lungs; *Carbo. veg.* in one case of great dyspnœa with cyanotic discoloration of the surface; *China* and *Ferrum* for anæmia.

Diseases of the Organs of Respiration. Catarrh of the Larynx required *Hepar* and *Spongia.*

Bronchitis and Bronchial Catarrh. Aconite was used in recent cases, when there was high fever, short and quick respiration, with no dulness, on percussion. *Bryonia* when the cough was dry, short and painful, the tongue coated and appetite lost. *Phosphorus* when the respiration was short and painful, with crepitant râles, pressure over the sternum and difficult expectoration. *Ipecac.*, when, aside from the bronchial affection, the digestion was also troubled, as shown by a thickly coated tongue, nausea, vomiting and loss of appetite. *Nux.*, *Pulsat.*, and *Hyoscyamus* were less often used.

Pleuritic Exudation was treated with *Sulphur* and *Calc. carb.*

Pleurisy, if there was no complication, was treated with *Aconite* and *Bryonia*, and *Sulphur* if there was exudation. In reduced subjects, with disease of the lungs, *Arsenic*, *Calc.*, *Carbo veg.* and *Phosphorus* were given.

In *Laryngitis*, *Bellad.*, *Hep. sulph.*, *Spongia*, *Iodine* and *Carbo veg.* were used with success.

Pneumonia was treated almost exclusively with *Aconite* and *Phosphorus.*

Diseases of the Digestive Organs. Cancer of the Stomach in one case was considerably relieved by *Arsenic* and *Lacerta agilis*[30], so that nausea, vomiting and œdema of the legs disappeared entirely.

In *Dysentery*, *Merc. corr.* was the favorite remedy. In one case of perforating ulcer of the stomach, death ensued within twenty-

four hours from the time the patient was first taken. In hemorrhage from the stomach *Acid. phos.*, *Arsenic.*, *Carbo veg.* and *Ipecac.* were used.

A case of *Erysipelas* with inflammation of the lymphatics was treated with *Apis*, *Merc. sol.* and *Lachesis*. *Mastitis*, in a nursing woman, required *Bellad.* and *Merc. sol.* Another case, caused by a blow, was treated with *Arnica* and *Merc. sol.* *Parotitis* was treated with *Bellad.*

A case of *Acute yellow Atrophy* of the liver was treated with *Nux*, *Bellad.* and *Arsenic.* But the patient gradually sank, and died the seventh day, with typhoid symptoms.

Icterus was treated with *Bryonia*, *China* and *Nux vom.* In *Peritonitis*, *Bryonia* and *Sulphur* were the principal remedies. Cases of *Albuminuria* after scarlatina, and cases of *Bright's Disease*, were treated with *Apis* and *Arsenic.*

The New England Medical Gazette.

BOSTON, JANUARY 1869.

In beginning another volume of the *Gazette*, we have no new promises to make, and can only assure its readers that in the future, as in the past, every effort will be made to render the journal of practical value to the profession. The retirement of the senior editor from the post which he has so ably occupied since the *Gazette* was first issued, is a loss only to be compensated by greater effort on the part of the present incumbent, in which we ask the aid and support of the profession.

While we have no ambition to increase the dimensions of the *Gazette* by admitting valueless or impractical articles, yet through the liberality of the publishers, we shall be enabled to give additional pages whenever a press of important matter shall render it desirable.

Our Cause in Boston. — Fifty-seven homœopathic physicians in Boston, are enumerated in the last homœopathic directory. This is an increase of one hundred per cent in the last ten years, and we

leave our allopathic friends to compute the number at the close of this century, if the increase continues in the same ratio. Boston has also two homœopathic medical societies, which meet semi-monthly. The State society meets here twice a year, at which sessions nearly one hundred physicians are in attendance. The Homœopathic Dispensary has been in quiet but successful operation for ten years, and is supported by a permanent fund already exceeding $20,000, which is yearly increasing, to become the nucleus for a hospital.

Four public institutions in the city are entirely under homœopathic treatment, while several others are partially so. A college and hospital are separately chartered, and are only waiting for the proper time to commence operations. In fact, everything betokens a brilliant and successful future for homœopathy in this city.

All that is required is earnestness, energy and unity in our ranks to make homœopathy the dominant school here as well as elsewhere.

CORRESPONDENCE.

A FEW HOURS AMONG THE HOMŒOPATHS OF NEW YORK.

NEW YORK, Nov. 24, 1868.

Dear Gazette: Would you like a word from the metropolis? Desiring a little respite from professional care, I left the "City of Notions" and yesterday, before the grey of morning, found myself landed in the streets of New York, for streets only are the hospitable welcome which the New Haven Railroad offers to weary travellers on arriving here! A few hours of quiet sleep refreshed me after the night of jolting in the cars, and I was awakened by a call from some of my professional friends who were aware of my intended visit.

Well, what is there to see, interesting to a homœopathic physician? "In the first place, there are more than two hundred physicians of our school, any and all of whom you would be glad to meet, while some are the best fellows that ever trod shoe-leather. Then there is the college, in full and successful operation; three dispensaries, each doing an immense business; the ophthalmic hospital, which you must not fail to visit; Smith's pharmacy, which is a sort of headquarters for physicians to drop in at; Radde's pharmacy, whence issue so many publications; and various smaller pharmacies, each interesting in their way."

SMITH'S PHARMACY. This is a large establishment and does an extensive business, which the elder Smith has been years in forming, and which will probably eventually be continued by his sons. The elder of them, Henry M. Smith, is well-known to the profession, and is an earnest, whole-souled, hearty worker in the cause of homœopathy. The place is well worth visiting. "Up stairs and down stairs and in the — chamber," are to be found the various kinds of appa-

ratus required in producing the material used by our physicians. Alcohol is doubly distilled, sugar of milk thoroughly purified and prepared for use, pellets manufactured by the hundred weight, and all the triturations, attenuations, etc., etc., carefully made.

New York Homœopathic Medical College.—Here we found assembled between sixty and seventy students. I have visited a good many lecture rooms before, but it has rarely been my good fortune to see such a collection of earnest, intelligent and attentive students. Professor Allen was addressing them on the bones of the lower extremities, and in his hands, the dry bones became eloquent. It was one of the most thorough, suggestive and interesting lectures, I have ever heard, and when the youthful lecturer closed, Shylock's expression came to my lips, "How much more elder art thou than thy looks." From Professor Morgan, I also heard a valuable lecture on practice, which would not fall amiss on the ears of practitioners. I have not time to speak of the other lecturers, Barlow, Dunham, Paine, Beakley, Kellogg, and the Smiths. Altogether the college is a success, and if its progress in the future, equals that of the past, it will attain a position, of which we may well be proud.

The New York Ophthalmic Hospital. — A year and a half ago, this hospital by the vote of the trustees passed from allopathic to homœopathic hands. It was fortunate in selecting for its physicians, such earnest, accomplished, thorough men, as Drs. Allen, Bacon, Liebold and Wetmore. They have done an immense amount of work, and in their hands, the hospital has more than doubled its former extent and usefulness. Already the building is found much too small, and it is proposed to erect a new and more commodious one. In the few moments I was present, Professor Allen three times performed Stilling's operation for opening the lachrymal duct, and these, with several other operations, were performed by surgeons here, in the most skilful manner. There is some talk of establishing an ophthalmological quarterly in connection with the hospital. There is no doubt of the desirableness of it and of the ability with which it would be conducted, although pecuniarily it might not pay. Why could not the Gazette add a few pages in this department to advantage?

Allen's Ophthalmoscope. — I must not omit mentioning the very neat, compact, and inexpensive ophthalmoscope arranged by Professor Allen. It is manufactured by Tiemann, and if any physician desires an instrument, he should not fail to get this particular one.

The Dispensaries. — I have had only time to visit the one at the college. There was no lack of patients here, and I was informed at the other two Dispensaries, the crowd is often immense, employing a large force of physicians several hours every day.

The New York Medical Club. — By the kind invitation of Professor Paine, I met the club at his house last night. It is composed of about twenty-five physicians, who meet semi-monthly at each other's houses. Important medical topics are discussed, and any subject, which will conduce to the advancement of homœopathy, receives here an earnest consideration. After the business of the club iscompleted, a collation is served, and the social festivities commence.

Here every one is bound to do his best for the pleasure of the whole, and the harmony and good-will, which this club has engendered, show how successful it has been in this respect, for the last two years.

Personal Items. — If I were to speak of the individual members of our profession in New York, my letter would make a volume. I cannot however, close without referring to at least one or two.

John F. Gray. — Few men living could command the respect, which I felt as I stood in the presence of this noble pioneer and veteran in the cause of homœopathy. Perhaps the first in this country to adopt its principles, for more than forty years he has battled for its success, and now though time has made its marks upon him, yet he is hale, hearty and vigorous; and where in early life, he stood alone, a leader, to-day he has the satisfaction of seeing whole regiments enlisted, and earnestly serving in the same cause.

Carroll Dunham, is a name respected in both hemispheres. Of wide scientific attainments and broad culture, his conscientious devotion to his own convictions and the liberality with which those of his brethren are entertained are worthy of our emulation. Our school is fortunate in having a Code of Medical Ethics, prepared by so masterly a hand.

P. P. Wells. — I was pained to learn that for nine weeks, this well known physician in our ranks, had been confined to his bed with a severe rheumatic fever. I have to-day visited his sick room, and find that same clear intellect, determined energy and enthusiastic love for our cause, which has always characterized him. I know your readers will with me, sympathize in his suffering and hope for his speedy recovery.

As you will see, New York gives no uncertain sound in our cause, and the progress, which homœopathy is so rapidly making here, is but indicative of its position throughout the country. Videtur.

CLEVELAND CORRESPONDENCE.

Dear Gazette. — Cleveland is fast becoming notoriously homœopathic. Few words are more familiar to the public eye than this allopathically much hated word. And this occurs in a way in no manner offensive to professional taste. We have homœopathic pharmacies and homœopathic insurance companies, homœopathic hospitals, homœopathic colleges, homœopathic journals, homœopathic societies, homœopathic doctors, and homœopathic fairs; and they are all duly noted and commented on by the daily press, whose conductors are ever anxious to give us a just recognition.

Now, speaking of fairs, reminds me of the very brilliant and successful one the ladies have just been holding in behalf of our new hospital. On a distinctly avowed homœopathic basis we have started a hospital which at present contains fifty beds, and we asked and received the most earnest and whole-souled support that could possibly have been given us. In fact, we have given the ladies full charge of the hospital, and they have succeeded in the course of a few weeks in putting it in a condition we had hoped to see it enjoy

only after years of labor. The "Ladies' Homœopathic Fair" was a great success. It called out the best our city could afford of its wealth, industry, influence, and beauty; and you may trust me in saying it was a proud day for Homœopathy. And we had five just such days and nights, — for Cleveland's

> ——— "capital had gathered then
> Her beauty and her chivalry, and bright
> The lamps shone o'er fair women and brave men.
> A thousand hearts beat happily,"

and the result was our receipts were over $2,000. Each day, the ladies gave a public dinner, and sumptuously fed hundreds of hungry souls. N. B. — This is figurative, for souls are not fed with such substantial things as chicken pies, roast turkeys, oysters, etc., etc.

The hospital was opened with formal public services a few days before the fair, but I have no space to give you an account of it. Our college, which is connected with the hospital, is enjoying unusual prosperity. Our class now numbers over seventy, and the cry is, "Still they come." Our clinics have been very full and varied: A large number of important surgical operations have been brought before the class. Our surgical staff is now made up of four professors. So far, we have had amputation of the leg, amputation of the foot (Chopart's operation), exsection of the femur, trephining, castration, urethrotomy, urethoplasty, removal of cataract (modified linear extraction), operation for fistula lachrymalis, and phimosis. The beauty of the whole thing is, our hospital as well as college is homœopathic. The class, by sections, daily visits the wards, and notes the prescriptions and progress of the cases under treatment.

This may be a seemingly boastful statement, but it is a true one, and should rejoice all lovers of our school; and if any city can show a better record, we are content. We have put $35,000 into the college and hospital enterprise, and are bound to win. T. P. W.

Cleveland, November, 15, 1868.

REPORTS OF SOCIETIES.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

[We shall hope hereafter to give each month a carefully prepared abstract of the proceedings of this large and active society. — Ed.]

Nov. 9, 1865. — After transacting the business of the Academy, the scientific session opened. The essayist of the evening, Dr. Walker, being detained by severe sickness in his family, subjects of general interest were considered.

Dr. Talbot related a case of a woman, aged forty, who had for many years been subject to severe attacks of epilepsy. Tubercular phthisis gradually developed, suspending almost entirely the epi-

leptic attacks. The progress of this disease was in turn arrested upon the appearance of a tumor of the left ovary. Effusion into the abdominal cavity ensued; and, with the rapid increase of the size, the patient became so much reduced that, for many weeks, her death was daily expected. About nine months after the first appearance of the ovarian tumor, the quantity of fluid had become so great, that it was thought advisable to perform paracentesis. About fourteen quarts of a thin semi-purulent liquid were withdrawn. Considerable abdominal inflammation and pain followed, from which she gradually rallied, and was more comfortable. On Friday last, just three months after the first operation, between four and five gallons of a somewhat thicker and more purulent fluid were removed in the same manner. The patient has since been quite comfortable.

The ovarian tumor has not apparently increased in size. The phthisical condition remains about the same as a year ago, vomicæ of considerable size exist in both lungs, but the cough has been greatly ameliorated by *Drosera*, with occasional powders of *Calcarea*.

Dr. Ahlborn related a case of ovarian disease, in which paracentesis was performed every three or four months for over four years. The amount of fluid withdrawn gradually lessened toward the latter part of her life, but it became thicker and more purulent and had to be removed more frequently.

At the autopsy the walls of the sac were found to be enormously thickened, and, together with the tumor weighed forty-two pounds.

Dr. Woodvine reported a case of large pulsating tumor of the abdomen, situated in the left hypochondriac region. It is quite hard and sensitive to the touch. The patient is much emaciated, no appetite, unable to take liquids; tongue, bright red and glossy; urine, scanty and high colored. Considerable doubt exists as to the pathological character of the disease.

Dr. Angell inquired if the pulsations were of an aneurismal character.

Dr. Ahlborn thought that the situation would preclude the probability of such an origin. The descending aorta rarely or never becomes aneurismal below the diaphragm, while the renal artery would not form an aneurism of the size of this tumor.

Dr. Humphreys inquired if the tumor is sufficiently low down to be caused by an aneurism of the internal iliac artery.

Dr. Woodvine thought it was not.

Dr. Talbot did not consider the pulsation would necessarily indicate an aneurism. A tumor resting on any large artery would transmit pulsation. The symptoms in this case might indicate carcinoma, although non-malignant tumors are sometimes founded in this region. He mentioned a case of movable kidney which occurred in his practice eight years ago and which had been treated by various physicians for enlarged spleen, ovarian tumor, and cancer of the stomach! The woman had been suffering severely from dyspepsia from which she recovred under homœopathic treatment.

Dr. Humphreys reported a case of vaginismus which had been under his treatment for a few weeks past, and for which he had sought the

appropriate homœopathic remedy, but thus far without success. He wished advice in relation thereto.

The local applications of *Calendula*, *Hydrastis*, *Carbolic acid and Argentum nit.* were recommended, and Sims' operation was suggested.

November 23d, 1868. Dr. J. Heber Smith of Melrose was elected a member, and P. K. Guild of Jamaica Plain proposed for membership.

Dr. Humphreys reported further on the case of vaginismus, which he had successfully relieved by Sims' operation.

Dr. D. G. Woodvine read an able paper on "Entozoa," for which the thanks of the Academy were presented, and a copy solicited for publication in the *Gazette.*

Dr. Squier asked if the propagation of intestinal worms in human beings was conducted in the same manner as in horses and other animals as stated by Mr. Haserick, in Nichols' Journal of Chemistry, namely: by the eggs being deposited and the worm developed outside the sphincter ani, and then returning to the intestine immediately after leaving the egg.

Dr. Woodvine was not aware that such was the case with regard to the development of the eggs in human beings. He felt convinced that the worms did leave the intestine and migrate to other persons, while sleeping in the same bed with the one affected. He considered that they entered at the anus and that the disease was often extended in this way. He now has a whole family under his charge affected with pin-worms, where the affection from the regular order in which it advanced, evidently proceeded from one individual, who was known to be affected previous to her entering the family.

Dr. Ahlborn stated that many physicians considered that the symptoms usually attributed to worms were not owing to their presence, but that the presence of intestinal worms was symptomatic of certain conditions of the system, which produce the other and common symptoms attributed to the worms. He stated that a dilute solution of *Carbolic acid* was useful in clearing the intestine of pin-worms. Also that the ecchinococcus and cysticercus cellulosæ were the only entozoa found in the liver and its ducts.

Dr. Woodvine remarked that the ascaris lumbricoides had been found in the gall ducts and in abscesses of the liver. For the removal of tænia he generally finds it sufficient to give ʒ ij., of English etherial oil of male fern, after a fast of twenty-four hours.

BOSTON HOMŒOPATHIC SOCIETY.

We have as yet received no report from this Society.

NEW JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Society was held at Jersey City, Nov. 18th. The President, J. J. Youlin, presided.

From the Bureau on Surgery, a report was presented by E. Cook Webb, M.D., of Orange, on a case of enlargement of the bones of the wrist. A cast in plaster was produced, and a history of the case

given. A few doses of *Silicia*[3], cured the patient. Considerable discussion ensued upon the use of *Silicia* in diseases of the bones. It was recommended for curvature of the spine, long bones of the arms and legs, and especially for children with crooked legs.

T. B. Mandeville, M.D., of Newark, from the Bureau on Practice, presented a very able paper upon tubercular meningitis.

In the discussion which followed, the indiscreet and pernicious use of sugar was remarked upon. It was contended that many of the diseases from which children suffer are caused by sugar in some form or other. It vitiates the acids of the stomach — thins and acidifies the blood; depresses the nervous system, and in many other forms produces injury, disease and even death.

Dr. McNeil, of Hudson City, from the Bureau of Obstetrics, presented a verbal report recommending a better education of women not only in their office of mothers, but with regard to what they ought to know and be able to do in emergencies at confinements, when the accoucher is absent or is unable to attend; also recommending the profession to teach the ladies of their patrons so far as is necessary, so that they would be able to tell when a physician is really needed, and in simple cases to be able to perform all needed work, in case he does not arrive in time.

There were several other interesting statements made by physicians present, which will all appear in the published annual proceedings of the Society. The discussions upon the various subjects brought before the Society were of a very entertaining and instructive character.

The necessity of a competent short-hand reporter for the meetings of the society is so apparent, that it was determined one should be employed in future. The next meeting of the Society will be held in Trenton, in January next, when a public address will be delivered by Dr. Rockwith, of Newark. It is very important that every homœopathic physician in the State should identify himself with the Society, not only for his own good but for the good of his patrons, and for the advance of our science. The meetings are becoming more and more interesting and instructive, and are well calculated to increase the usefulness of the members, as well as to develop and promulgate the truths and benefits of the homœopathic law of cure.

From the accumulation of documents, anatomical and surgical specimens, etc., it is deemed important that we have a librarian and curator. The President named Doctors Rockwith and Mandeville.

The present working organization is as follows;

Bureau of Materia Medica — J. D. Annin, M.D., O. F. Lund, M.D. and W. McGeorge, M.D.

Bureau of Surgery — E. Cook Webb, M.D., T. Y. Kinne, M.D. and Younglove, M.D.

Bureau of Practice — A. Kirkpatrick, M.D., Richards, M.D., and F. B. Mandeville, M.D.

Bureau of Obstetrics — McNeil, M.D., C. F. Fish, M.D., and G. W. Bailey, M.D.

It is the design of the Society to apply to the New Jersey Legislature the coming winter, for an act of incorporation.

THE EASTERN DISTRICT HOMŒOPATHIC MEDICAL ASSOCIATION OF NEW JERSEY.

The monthly meeting of this Society was held at Newark, on Wednesday, the 4th of November, 1868.

It was well attended, and the discussion of cases occurring in the daily practice of the members was spirited and interesting. The Society though small, is earnest, and doing good service to the cause of Homœopathy in that part of the State.

ITEMS AND EXTRACTS.

A GENUINE case of trichinæ in pork recently occurred at Burke, Vt.

PURE carbolic acid applied directly to the bites of serpents or to other poisonous wounds is said to prove curative. It is worth remembering and trying.

IN Belgium a thin sheet of lead is placed over flesh wounds and held in place with adhesive plaster. The lead is then kept cool with water.

THE intimate connection between magnetism and electricity was discovered in 1820, by Hans Christian Oersted, of Copenhagen.

IT is stated that a recent analysis of Liebig's Extract of Meat made by Dr. Hemmerich, shows that it abounds in potash salts. The effect of this preparation administered in small doses is to increase the number and strength of the heart's contractions. Given in large doses it destroys life with all the appearance of paralysis of the heart.

M. DELAUNIER, of Paris, has invented a new method of destroying fire-damp. By passing strong currents of electricity through a copper wire broken at intervals and joined by very fine gold wire, soldered to it, the gold wire becomes red hot, and will ignite sulphur placed around it, which communicates the flame to the fire-damp if it is present. The apparatus is of course used before the descent of the miners into the mine.

"HOMŒOPATHY GOING DOWN." — The city of Lowell ten years ago could hardly support *one* homœopathic physician, but luckily homœopathy "got a good Holt" there, and now, with but a slight increase in the population, *eight* physicians of our school find sufficient occupation in that place. It is very evident that homœopathic medicine is "going down" faster and faster in Lowell, but in what manner we leave our allopathic friends to calculate.

VACCINE VIRUS. — One of the most reliable homœopathic pharmaceutists in this country made arrangements to receive a monthly supply of virus in glass tubes hermetically sealed. The enterprise proved unsuccessful and has been abandoned. It was with very great difficulty that the virus could be made to take, and the vesicle was irregular, inflamed, and made a bad-looking sore. A smooth well-formed crust from a healthy child is the safest for vaccination.

Chilblains. — The following "simple yet efficacious" remedy for this troublesome affection may not be inopportune to some of our readers, even if its homœopathicity is questioned. "Dissolve a table spoonful of saltpetre in half a cup of boiling water; when cool enough to apply comfortably, sponge the afflicted parts freely, and wet cloths in it, and wrap round them. If they have broken and are bleeding, apply borax dissolved in water in the same proportions; when that has healed the skin, try the saltpetre. It is said to be infallible. Chapped hands can be healed by bathing in a solution of borax. Burns, also, are relieved by it. It is a great relief to all stinging pains of the flesh."

"The Complete Steam Atomizer" as arranged by Codman & Shurtleff, seems the ultimatum of convenience, durability, portability and compactness for the purpose intended; and as to cheapness we do not see how so perfect and extensive a piece of machinery can be made for *six dollars*. Wherever frequent and continued medical inhalation is employed, this apparatus is invaluable. Their hand atomizer for local application is one which no physician should be without.

The Nature of Eschars. — At a recent sitting of the Academy of Sciences of Paris, the question treated was whether the matter which fills up the gap made by a sharp instrument, and forms what is called a scar, is of the same nature as the tissue that had received the wound. To ascertain this, Dr. Dubreuil made an incision across the muscular mass just below the left shoulder of a guinea pig. There was no loss of blood; the wound was closed by means of two stitches, which, however, were immediately undone by the animal itself. Six months later the creature was killed and the muscular portion subjected to the operation was examined with the minutest care through a microscope; no trace whatever of the gash was perceived. Hence the muscular fibre had been completely regenerated.

Success of Tracheotomy in Croup. — In four Paris hospitals, in May 1868, nineteen cases of croup appeared. Tracheotomy was performed in seventeen of these cases; four were successful; thirteen of the patients died. In one case, which terminated successfully without tracheotomy, the oleo-resinous extract of cubebs had been given. In eight cases the operation was performed by M. Barthez.

Dr. Krackowizer (Am. Journal of Obstetrics) has operated by tracheotomy for croup fifty-six times, with the following results: deaths, forty; recoveries, sixteen.

Causes of Death. — Asphyxia during operation, 1; granulations from cicatrix, 1; infectious diphtheria, 3; exhaustion and pulmonary œdema, 4; scarlatina, 1; descending croup and bronchitis, 30; total, 40.

Dr. Jacobi has saved by the operation, 13 out of 60 patients.

If the operation is resorted to in the early stages of the disease, the percentage of successful cases rises as high as from twenty-seven to forty-five per cent. — *N. Y. Medical Record.*

Medical Properties of Silk. — Silk, so common as an article of wear, possesses peculiar medicinal properties. In Pomet's History of Drugs it is said silk was in his time used as a medicine by reducing the pure part of a cocoon into a powder. Silk thus prepared has, as affirmed, "the virtues of cleansing the blood, making the spirits brisk and heart pleasant." Neumann found that but few materials afforded an equal quantity of volatile alkali. Tournefort obtained from fifteen ounces of silk two drachms of volatile salt; this, which was called the spirit of raw silk, when rectified with some essential oil, was the medicine formerly celebrated under the name of "*Guttæ Anglicanæ*," or English drops. The volatile alkali obtained from silk was then supposed to be of a different nature from that contained in any other substance, and it consequently was held to possess virtues peculiar to itself.

Old School Medicine. — We thank our neighbor, the *Boston Medical and Surgical Journal*, for digging up the following, — one of the foundation stones, we suppose, of old school medicine. This is undoubtedly one of the methods of treatment which has given rise to the oft-quoted term, "Time-honored in medicine":

"*A Novel Prescription for Gunshot Wounds.* About the year 1665 and 1666, Richard Wiseman, who had served in the armies of James I. and Charles II., as surgeon, advocated the following formula for gunshot injuries: 'Boil in two pounds of oil of lilies, two new-whelped puppies, till the flesh fall from their bones; add some earth worms in wine. Then strain, and to the strained liquor add two ounces of turpentine and an ounce of spirit of wine."

Sulphurous Acid Spray in Toothache. — A correspondent sends the following case:

"For the sake of those, who like myself suffer from decayed teeth, and who have or may yet experience the agony felt when the nerve is first exposed and pressed upon during mastication, allow me to say, that for two days I suffered acutely from the above cause, and in vain applied *Aconite, Chloroform*, etc. I got one of Kemp & Co.'s Spray Producers, filled the bottle with *Sulphurous acid,* applied the nozzle of the instrument to the hollow of the tooth, gave three whiffs, and was in one minute cured; for though exposed to damp daily since, and obliged to chew on the affected side, I have not felt the least shadow of pain since that application several days ago." — *Homœopathic World.*

REVIEWS AND NOTICES OF BOOKS.

The Materia Medica in its Scientific Relations, is a logical and forcible pamphlet of forty-two pages, published by Judd and White, of New Haven, Conn. The author, who is anonymous, divests the materia medica of all its correlated branches, and considering it as "that branch of knowledge which determines and teaches the properties of medicines, * * * * including all the effects which they produce on the human system *in its normal state.*" The argument followed is, that "the development and study of the science must be by processes

which are (1) inductive; (2) separate; (3) without regard to practical utility; and (4) definite." In clear and terse language, the author elaborates his thought, closing with the following:

"But the central idea or ideas, which suggested the application of the principles to the facts, are due to one, destined, we suppose, to take a rank not yet fully accorded to him, as the peer of the most eminent observers and philosophers of every science, and of all time."

Acknowledging the truth of all he has said, we await from him a continuation of his task in the practical application to our own materia medica of the great principles he has enunciated. J.

Hufeland's Art of Prolonging Life. Edited by Erasmus Wilson, M.D. Philadelphia: Lindsay & Blakiston.

It is quite astonishing, after all the pains taken to disseminate hygienic and sanitary knowledge, even among the common people, that such a book as this of Hufeland's is as well adapted in style, and as necessary in matter at the present time, as though it had not been written seventy-five years ago. The soundness of reasoning, good sense, and simplicity of rules for proper living, are admirably adapted to instruct; and though a little behind in the Materia Medica, that we consider quite a pardonable fault, since a new and better system of medicine has obtained since his time.

Hufeland was a warm friend of Hahnemann, and the same candor and liberality which he exhibited during his life, are to be found on every page of his book. Much of the volume is intended for non-professional readers, and the true physician would be more valued, and would practise more satisfactorily in any family, which had carefully studied this book. For example, on page 282 we find: "Be ingenuous with your physician, and give him a true account of your past life, so far as it may relate to the disease; and forget no unfavorable circumstance, especially when the case is stated in writing. Avoid, in particular, all reasoning on it, which is a common fault, or of giving any representation according to a preconceived opinion, but merely relate what you have observed, in as unprejudiced a manner as possible."

On the other hand, the sentence immediately following this, is well worthy the consideration of physicians.

"Make choice of a physician in whom you can place confidence, but none of those who deal in arcana, who are too talkative or inquisitive, who value themselves above others, or who endeavor to make the conduct of others appear in a dubious light; for this always betrays ignorance, a bad head, or a bad heart; in short, none of those who are fond of prescribing strong, powerful medicines, or who, according to the common saying, will either cure or kill."

Every physician should own a copy of this book, first to read himself, and then to loan to his more intelligent patients.

It is for sale by Otis Clapp, Boston. Price $1.25.

Practical Electropathy. C. H. Halsey, Chicago, Publisher. Price 25 cents. — This is well called a "practical" work. It contains,

in its thirty-six pages, more concise and clear information in regard to the various kinds of batteries and galvanic instruments, and the methods of using them in different diseases, than any other work we have seen. It will well repay perusal.

Classified Catalogue of Medical Works published in the United States and Great Britain. Boston: James Campbell.

This little pamphlet gives the title and price of nearly all the modern medical publications. It is very convenient for reference, and will be sent gratuitously, by mail or otherwise, on application to the publisher.

"The Sexes Here and Hereafter" is the title of a book in preparation by that thoughtful, as well as elegant writer, Wm. H. Holcombe, M.D., of New Orleans. It will be published by Lippincott, in the Spring.

Elm Island Stories. Lion Ben; Charley Bell. By Rev. Elijah Kellogg. Boston: Lee & Shepherd.

A breezy, wholesome, series, filled with stirring incident and healthy instruction, which will not fail to attract the fancy of the boys and girls of our physicians.

A. J. Tafel, of Philadelphia, has in press and soon to be published, a monograph on Diarrhœa, by James B. Bell, M.D., of Augusta, Me.

Œsophagotomy for the Removal of Foreign Bodies, with a History of the Operation. By D. W. Cheever, M.D. Boston. James Campbell, 1868.

This carefully prepared monograph, besides the author's experience in three cases, two of which were successful, while the third "illustrates the fallacy of diagnosis, and confirms the innocuousness of the operation," contains clearly and concisely the opinions and experiences of the surgeons who have written on this difficult operation. We would suggest whether compression after the operation, so successfully used by Guattani in his experiments on dogs as reported on page 51, might not be worthy of trial, and in addition would recommend the application of the cold compress and *Calendula* lotion. The publisher has done his work in a most satisfactory manner.

Contributions to Dermatology. By S. Durkee, M.D. Boston. David Clapp & Son, 1868.

This unpretending little volume of seventy-six pages treats of Eczema, Impetigo, Scabies, Ecthyma, Rupia, and Lupus; diseases most frequently met with in practice, and which every physician should thoroughly understand. There is a great amount of information, the result of the author's long-continued and careful observation and study, crowded into these pages; and though we might disagree with him in regard to treatment, yet we are sure that every homœopathic physician could read this book with advantage.

James Campbell, of Boston, will, in a few weeks, issue a reprint of Rüdinger's superb Atlas of the Ear, edited by C. J. Blake, M.D., which will be a great acquisition to our literature on this subject.

TO CORRESPONDENTS.

D. H. Jr. — Your communication will appear very soon.

S. C. M. — Your observations on the "Use of the Thermometer in Disease" are very valuable, and we shall be glad to have your later experiences added.

C. D. — With you we have never believed in the ocular demonstration by the spectroscope of the presence of *Stront. carb.* in the 200th attenuation. It seems to have been merely a spectral illusion.

A Physician, whose good opinion is worth having, referring to our colleges writes, "What fools our fellows are making of themselves in Philadelphia!" It is generally thought wise to close the door on family jars, but these institutions have seen fit, injudiciously we think, to exhibit their grievances and ill-feelings far and wide. When institutions or individuals send out circulars for the purpose of restoring their own character or injuring that of others, the public will be likely to recommend Dogberry's well-known soliloquy.

Later advices from the Philadelphia colleges indicate approaching peace and possible consolidation. If the best men of both colleges would unite and continue in one faculty, they could make an institution of which the profession might well be proud.

W. R. B. — We shall be very happy to receive from you "the report of any interesting cases of orthopedic surgery treated successfully by new and improved apparatus."

E. U. J. — "Who is the best Aurist in Boston?" Dr. Angell, who has devoted so much time to diseases of the eye, has also given considerable attention to affections of the ear. Prof. E. H. Clarke, of Harvard Medical School, has, perhaps, the most extensive reputation in this specialty of any New England physician.

F. H. K. — Although you have given an excellent reply to a scandalous circular addressed to the readers of the *Gazette* by one who has been expelled alike from a church and a medical society, still it cannot properly be admitted to these pages from which personal controversy has been and will be carefully excluded. The circulars and anonymous letters which this man has been accustomed to send forth, so far from injuring those intended, only recoil upon the head of their author. Had we stated anything incorrect or unjust in regard to him we should have been but too happy, when properly apprised of it, to make suitable corrections; but since he has chosen this method of attacking the *Gazette*, as well as members of the Society, he invites and will receive the consequences thereof from all high-minded men.

H. B. C. inquires, "Is there no way of stopping the constant hatching of half-fledged homœopathic journals in this country?" The easiest and most effective method is for the profession to give their entire support to able and well-conducted journals, and the half-fledgling will soon die of starvation.

R. E. S. — The simplest, and perhaps the cheapest, ophthalmoscope is Prof. Allen's. It is made by Tiemann, New York. Price $3.75.

PERSONAL.

Professor Wm. Tod Helmuth, of St. Louis, Mo., has returned from a four months' tour in Europe, every moment of which, he writes, was crowded with pleasure and profit. We hope he will give our readers some of his professional experiences and observations abroad.

Prof. P. P. Wells. — We are pained to learn that this stanch supporter of our cause, who has been sick with rheumatic fever three months, but from which he was slowly recovering, has had a relapse and is again very seriously ill.

William B. Garside, M.D., formerly of Lexington, Mass., has removed to Brooklyn, N. Y., where he devotes himself to the treatment of diseases of women. He also has charge of this class of diseases in the Brooklyn Homœopathic Dispensary.

Removals. — H. Ahlborn, M.D., from 3 Mt. Vernon Pl. to 76 Charles St. Boston.

Wm. Bushnell, M.D., from 23 Kneeland St. to 115 Warren Avenue, Boston.

Giles M. Pease, M.D., from 636 Tremont St. to 77 Dartmouth St., Boston.

B. de Gersdorff, M.D., has returned from his European tour and removed from Salem to 58 Pinckney St., Boston.

J. U. Woods, M.D., from Medford to Holyoke, Mass.

J. C. W. Moore, M.D., from Andover to Worcester, Mass.

W. W. Darling, M.D., from Claremont, N. H. to Newport, N. H.

S. H. Boynton, M.D., from Skowhegan, Me., to Rockland, Me.

J. Esten, M.D., from Rockland, Me., to San Francisco, Cal.

J. H. Osborne, M.D., from Brooklyn, N. Y., to Newton Corner, Mass.

Prof. Wm. S. Helmuth, M.D., from 312 S. 10th St. to 1904 Spruce St., Philadelphia.

Marriages. — In Chesterfield, N. H., Nov. 11th, by Rev. J. Hall, J. C. W. Moore, M.D., of Andover, to Fannie S., daughter of the officiating clergyman.

In Jamaica Plain, Oct. 8th, P. K. Guild, M.D., of that place, to Miss Carrie S. Lincoln, of Charleston, S. C.

In Boston, Dec. 14th, Frederic D. Flagg to Elizabeth Hall, daughter of Benjamin H. West, M.D., of Boston.

Deaths. — In Brooklyn, N. Y., on Friday, Nov. 20th, Joel Bryant, M.D., æt. 55. He was one of the earliest converts to homœopathy, and was the compiler of that useful little volume, Bryant's Pocket Manual.

In Billerica, Nov. 5th, of cancer of the stomach, J. Bowers, M.D. He was a brother of B. F. Bowers, M.D., of New York.

In Falmouth, Mass., Dec. 4th, 1868, of typhoid fever, J. B. Tubbs, M.D., æt. 47. He was in very extensive practice, and his loss will be deeply felt in that section, as he was the only one of our school in a range of sixteen miles.

BOOKS AND PAMPHLETS RECEIVED.

Hufeland's Art of Prolonging Life. Philadelphia: Lindsay & Blakiston. Outlines of Physiology, by John Marshall. Philadelphia: Henry C. Lea. Two Cases of Œsophagotomy, by D. W. Cheever, M.D. Boston: James Campbell. Contributions to Dermatology. Silas Durkee, M.D. Boston: David Clapp & Son. Practical Electropathy. Chicago: C. S. Halsey. The Robbins Process for Preserving Wood and Lumber. Publications of the Massachusetts Medical Society. Enucleation of the Eyeball, by B. Joy Jeffries, M.D. Introductory Lecture to the Students of the Medical School of Harvard University. Annual Report by the City Registrar of the Births, Marriages and Deaths in the City of Boston. The New Orphan Houses on Ashley Down, Bristol, by George Müller. James Campbell's Classified Catalogue of Medical Works. Globe Mutual Life Insurance Messenger. Classification of a few of the "New Remedies," by Temple S. Hoyne, M.D. St. Louis: H. C. G. Luyties. Elm Island Stories, by Rev. E. Kellogg. 1. Lion Ben. 2. Charlie Bell. Boston: Lee & Shepard. Atlantic Monthly, Our Young Folks, Every Saturday, and Atlantic Almanac for 1869. Boston: Fields, Osgood & Co. Third Annual Report of the Poughkeepsie Homœopathic Medical and Surgical Dispensary.

The following exchanges: — Am. Journal of Homœopathy, November; The Homœopathic World, November, December; The Ohio Med. and Surgical Reporter, September; Boston Med. and Sur. Journal, from Vol. II. No. xi. to Vol. II. No. xx.; The Homœopathic Sun, Nos. 1. and 3.; U. S. Med. and Sur. Journal; Medical Investigator; Am. Hom. Observer; Hahn. Monthly; Monthly Record of Five Points House of Industry; Little Wanderers' Advocate; Boston Journal of Chemistry; Am. Journal of Hom. Materia Medica; The Pacific Med. and Sur. Journal; The Guardian of Health; The Medical Record; The Medical News and Library; Our Dumb Animals; Bulletin of the Boston Public Library.

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ENTOZOA.

BY D. G. WOODVINE, M.D., OF BOSTON.

Read before the Boston Academy of Homœopathic Medicine.

I PROPOSE to discuss the subject of intestinal worms, by considering the origin and development of those which most frequently occur; their relation to a certain class of diseases, and the best manner of keeping the system free from them; but not, at this time, the mode of exterminating them after they have obtained a lodgment in the human body.

The two species met with in private practice more commonly than all others are the ascaris lumbricoides and the oxyuris vermicularis; the former known by the name of round worm, the latter by that of pin worm.

There is still another species which has occupied the attention of the profession considerably of late, and which, from its fearful effects, will be likely to command their attention more or less in the future. I refer to the trichina spiralis. This worm was first discovered by Owen in 1835 in human muscles taken from the dissecting-room, and so named by him from its being as fine as a hair and always coiled up more or less in a spiral form. Prof. Leidy, of Philadelphia, discovered it in pork, and has given to it in its encysted state the name trichina affinis. From Kuchenmeister's suggestion in regard to the similarity of anatomical structure, this worm has until recently been considered the larva of the trichocephalus dispar; but from observations made by Leuckart, published in 1866, this was proved to be incorrect. Leuckart maintains that the trichina spiralis, as found encysted in a muscle, is the

immature form of a small nematoid worm. It is incapable of generation even when not encapsuled, except after being introduced into an intestine. If it be encysted, the capsule is dissolved, after being swallowed, and the parasite remains in the intestine, where it rapidly grows to three or four times its former size, and within two days attains its sexual maturity. By the sixth day the female contains an abundance of minute young, which it begins to throw off viviparously. These perforate the intestines and at once commence to migrate to the muscular structures. Here they grow, but do not generate others. A female trichina may remain in the intestines for three or four weeks or even longer, and may, it is estimated, give birth to from two hundred to two thousand individuals. But while these find their way to the muscles, trichinæ that have been swallowed never pass beyond the intestine, and in six or eight weeks at farthest they will all have died and been discharged from the intestinal canal. From four to five weeks may be stated to be their average life. This interesting view of Leuckart is at present received by most naturalists.

The ascaris lumbricoides is an inhabitant of the small and large intestines, and is sometimes found in the stomach. In appearance, it resembles the common earth worm, and varies in length from two to twelve inches. Kuchenmeister maintains that the sexes are in different individuals; the male is distinguished during life from the female, by being bent round like a hook, and sometimes exhibits, at a short distance from the tail, a pair of white delicate projecting hairs, the external organs of generation. The female is slender and spindle-shaped, having a constriction at the outlet of the generative canal, which is at about one-third of the distance from the head to the tail. The females are the most numerous. Sometimes they are evacuated singly, at other times in large numbers, being entangled in a knot. In regard to the origin of this species, we are without any certain knowledge. "In Europe," says Bilharz, "as far as I can remember, they ascribe the ascarides and oxyuri to bad flour and bread; and in Egypt the common people, who feed principally on vegetables, and indeed, for the most part, on raw leaves and roots, are especially troubled with round worms. People who eat largely of

vegetables, and live in low and damp districts, are said to be troubled with ascarides most frequently. It has been suggested by some authors that they have their origin in the intestinal mucus.

Dr. Stokes thinks they are the result of spontaneous generation "the result of one organization taking place within another — the production, in fact, of a distinct being." Hunt and Marcy say: "The theory of Bremser and others is, that intestinal worms are formed by the presence of semi-assimilated nutritious matter in the digestive tube. Food taken into the stomach under ordinary circumstances, is converted into a substance fitted to supply the waste and wear and tear of the living body; and when this process is not perfected, it is not taken up by the absorbents, and is then converted into animal substance; this theory explains why worms so frequently occur in cases where the assimilating powers are weak, in persons who have great appetites and weak digestion, and in children with diseased mesenteric glands." This theory stands in opposition to the belief of the best helminthologists and the most enlightened naturalists of the present day.

The ancient dogma, *omne ex ovo*, so many times rejected by naturalists in their desire for an easy explanation of the presence of these parasites, has never been successfully assailed, and will ultimately be found impregnable. It is not reasonable that any living individual or species could form itself, or be formed from lifeless matter, except by supernatural manifestations. Prof. Leidy says, that independent of such manifestations or agency, "the most prolonged and closest observations, and the most carefully conducted experiments, have not led to the proof of a single instance of spontaneous or equivocal generation, even of one of the simplest of all living beings; but, on the contrary, they all lead us farther and farther from, or entirely disprove it, and thus involve the whole subject in obscurity." That food in a semi-assimilated condition, with the presence of mucus in the intestines, may be a nidus favorable to the development of parasites, I do not doubt.

I am indebted to the valuable treatise of Marcy and Hunt for many suggestions in regard to the symptoms produced by these inhabitants of the alimentary canal. Intestinal worms cause many

of the spasmodic or convulsive diseases. By irritating the nerves of the primæ viæ they may produce chorea, catalepsy, tetanus, paralysis or convulsions. From the same cause we may have consumption, chronic spasmodic cough, dysentery, remittent fever, pleuritic and rheumatic pains, also, in children, hydrocephalus.

The presence of worms is commonly indicated by the pale and leaden color of the face, alternating with flushes of fever; dull and heavy appearance of the eyes, surrounded with a bluish circle; pupils, dilated or contracted; tumid condition of the lower eyelid and upper lip during sleep; itching in the nostrils and picking at the nose; dry spasmodic cough, and palpitation of the heart; foul breath; irregular and depraved appetite; abdomen swollen and hard, accompanied with constipation or diarrhœa; evacuations unnatural, slimy, fetid and accompanied with colicky pains in the abdomen, and borborygmus; disturbed sleep, during which the patient grinds his teeth, is inclined to lie on the stomach, and screams out as if frightened; general debility, loss of muscular tonicity, convulsions, and paralysis.

We know but little more of the origin of the oxyuris vermicularis, than of the ascaris lumbricoides. We have no proof that they live outside the body for any length of time. They exist, male and female, in the rectum and lower part of the descending colon, and are sometimes found in the stomach and small intestines. Kuchenmeister says, "they are apparently capable of an active migration, even when mature and sexually developed; they prefer performing these migrations at night. They migrate from the child affected to others, sleeping in the same bed. That pinworms crawl out of the rectum into the vagina of little girls is a fact known to the oldest surgeons." The females are the greatest wanderers and one pregnant female escaping from its place of development, into another intestinal canal is capable of infecting it; thus a whole family, especially among the poorer classes, where parents and children occupy the same bed, become victims of oxyuri.

The conditions of the system which favor the development of the round worm, may be said also to favor that of pinworms. The female is much larger than the male and apparently exists in

much larger numbers. The old idea, that the male could scarcely ever be found, was, however exploded by experiments of Zenker. He examined diarrhœal fæces and mucus, spread upon a glass plate and held up against the light. Thus he discovered large numbers of the male worm, by the aid of a lens and even with the naked eye. They are very small and thread-like, and may well be called thread-worms, as they sometimes are. The oxyuri vary in length from one-fourth of an inch to an inch; they move with great celerity, and when touched, contract to nearly one-half their usual length. They are of a yellowish white color, and are very common, being often discharged in incredible numbers.

The symptoms that indicate their presence are irritation and intolerable itching and pricking pain with swelling at the anus. Sometimes the rectum is inflamed, and bloody discharges with tenesmus follow. The itching and pricking occur particularly at night. If certain kinds of food, especially carrots, onions, fruits and the like, are eaten profusely, they make the worms restless and the itching will continue during the whole day. After puberty, this intolerable itching sometimes results in sexual irritation and self-abuse, especially in the female, where the worms have crawled out of the rectum into the vagina. Leucorrhœa is another result in this last case. Some may feel disposed to take advantage of the fact that worms produce sexual excitement, to justify themselves in the practice of evil habits; but if any are disposed to hide their guilt behind such a plea, their position is a false one. They seek to make the occasion of their self-abuse its cause. It is true that cases of self-abuse, occasioned by irritation from parasites in the rectum or vagina, require of the practitioner a leniency and consideration not applicable to those arising from a depraved state of morals. We should remember that in all cases of evil habits the legitimate cause is in the culprit. The guilt lies in a neglect or unwillingness to use the will in combating external influences.

It is possible that this itching, and pricking pain in the rectum may be accounted for by observations recently made by Mr. E. C. Haserick a chemist of Lake Village, N. H., with whom I have had an interview. Mr. Haserick claims to have made a new discovery in regard to the manner in which, some intestinal worms, in horses

and other animals are propagated. He has observed that light and air are necessary to accomplish it, and the female avails itself of such means, finds its way to the lower portion of the rectum, protrudes the vulva beyond the sphincter ani, while it holds on, or grasps the mucus membrane within and discharges its eggs around the anus; these are hatched, in the short space of five or six hours, and make their way into the rectum. He has applied many remedies to destroy the larvæ, but without success, until he made the simple application of lard around the anus. This he has found efficient in every case. By renewing the application two or three times a day for a week the surface is completely protected, and the egg has no nidus for development; consequently, as the worm is short-lived, in the space of eight days the animal is freed from parasites. Encouraged by his success with animals, Mr. Haserick, supposing worms in children to be propagated in the same manner, recommended the use of lard in the same manner, and, as he reports, with equal success. I shall endeavor to investigate this matter, in a manner that will prove the truth or fallacy of this statement. Some observations which I have already made induce me to believe Mr. Haserick is right about the propagation of worms in animals.*

I desire now to make a few deductions from what has been said about parasites, in their relation to disease. We have seen that they produce a variety of diseases. It is well known that when a practitioner has taken the totality of the symptoms of his patient, he seeks in the Materia Medica a corresponding drug symptom, so

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*After many attempts I succeeded on the 15th, 16th and 17th of January, 1869, in satisfying myself that the method by which the oxyuris vermicularis propagates, is by depositing the ova outside the sphincter ani, and around the edge of the anus, where, in the space of a few hours, the worms are hatched and make their way into the rectum. In order to ascertain if the ova are thus deposited, I directed the parents of the child afflicted with the oxyuri, a few minutes after a paroxysm of itching and pricking pain in the rectum had subsided, to take a piece of damp black silk and wiping the anus of the child with it, fold it and send it to me. To the naked eye nothing appeared on the silk more than a little mucus. This I placed in a microscopic cell and under a one-fifth objective found that, on several occasions, I had succeeded in obtaining large numbers of the eggs, thus confirming the observation of Mr. Haserick.

that the law of similia may be applied to the cure of the disease. After repeated trials, in some cases, he finds his efforts to aid nature in throwing off the disease unavailing. He asks, why the failure here? The drug has been chosen in accordance with the law of similia and he looks with Hahnemannian faith for an early modification of the disease. The expected relief does not come; nor can it, until the obscure cause has been removed. An effect may continue for some time after the cause has been removed, especially where that cause has been so long present as to extensively debilitate the system. But in most cases where the exciting cause has been removed, there will be no trouble in bringing the system into a normal condition by the application of drugs in accordance with the homœopathic law.

In the treatment of chronic diseases, it may often happen that we can ascertain the present condition of the patient and yet may prescribe in vain the remedy called for by the symptoms. There is a large class of diseases, the phenomena of which indicate at once their cause; we are generally successful in curing them. The reason for this success is a knowledge of the phenomena, cause and appropriate remedy. Not so in regard to the class of diseases mentioned as the effect of parasites. We are to remember that, although all these symptoms may occur from other causes they may also be produced by parasites whether fully developed or not; and when the proximate and more common causes have been explored without avail, we should at once proceed to seek the more remote. The way to the desired information may be difficult, laborious and unpleasant, but if we finally succeed all the labor and annoyance is well rewarded. Our success in the treatment of a certain class of diseases, whether simple or complex in their character, will be generally, in proportion to our success in finding out their causes. That there may be diseases, the cause of which we can never know during the life of the patient, no one will for a moment doubt. The cause may be parasites in some stage of development. When the cysticercus cellulosæ finds its place of development in the brain, we have various spasmodic phenomena, but who can make a correct diagnosis? When the distoma hepaticum produces inflammation and suppuration of the liver, and the inflamma-

tory process extends to the lungs, producing cough, the hectic flush and emaciation, who is wise enough to correctly understand the cause? When a group of ascarides lumbricoides becomes entangled in a ball in some pendant portion of the intestine, producing ulceration of the mucus coat and abscess of the integument, are we not put to our wit's end? The lungs and heart sometimes furnish a lodgment for the cysticercus cellulosæ; and their development produces irritation and inflammation. It might not be too much to say, that in many cases where the six hooked embryo has been deposited in the lungs the inflammatory action may not always result in throwing out plasma which forms the cyst; but on the contrary, give rise to suppuration and its concomitants, which are the phenomena of a certain class of diseases difficult to treat, and which frequently terminate fatally. The cysticercus cellulosæ in the heart would have a tendency to obstruct its valvular action and perhaps produce hypertrophy.

We have positive proof that some parasites are brought into the system in the food we eat, and often in a way so subtle that it is no wonder that cautious naturalists have been driven to account for their presence by the indefensible theory of spontaneous generation of animals of low type out of semi-assimilated food in the digestive tube. Hence they conclude that the mysterious presence of other parasites admits a similar explanation.

Considering prevention better than cure, may we not ask with propriety, what means we can use to prevent their introduction into the system? Water, by the revelation of the microscope, is known to be frequently inhabited by animalculæ; these, on account of their exceeding minuteness may not appear of much importance; but we know that the impregnated egg may be there, and give rise to a thing of life. Water should be thoroughly filtered for drinking purposes, and no faucet should be used to draw such water from the hydrant without a proper filter. Another vehicle for the introduction of parasites is found in vegetables and fruits, especially those eaten raw; such as celery, lettuce, radishes, onions and all kinds of fruits usually taken as a dessert. They should be cleansed well, and thoroughly masticated. Let the germs of parasites be removed; or, if by accident they enter the mouth let them there be destroyed by crushing before reaching the stomach.

Meats and fish should be well cooked, if we wish to keep the system free from tæniæ and trichinæ. The superficial observer may say there is no use in this, it is only the meat that is infected with the cysticercus cellulosæ, such as measly pork, or with the trichina spiralis, oftenest found in that uncleanly animal, that will need to be thoroughly cooked. It may be true, that pork is a most fruitful source of parasites, but not the only one, and who is able under the present laws of our markets, to tell whether he is buying good meat or bad? Some may feel disposed to argue that the indigestion produced by thoroughly cooked meat, will in the end be worse than the effect of the parasites in the intestinal canal. In my opinion, meats well and properly cooked would be less evil in their consequence than those that are only partially cooked, or such as have not been subjected to a temperature of 212 degrees. Government should provide competent inspectors of all slaughter-houses, so that the masses might in a great measure be protected from the dangers to which they are now exposed, from disease or infected meats.

I have no suggestions to make about the treatment for parasites, as every physician should be well acquainted with the remedies known to be the most efficient.

PARALYSIS OF THE LOWER EXTREMITIES FROM THE ABSORPTION OF ARSENIC. — CURE BY SECALE CORNUTUM.

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

A WOMAN just past the climacteric, had a hard, sensitive tumor in one of the breasts. It had been noticed for several years, but for a year or two had rapidly increased in size, and became very painful at the time the menses used to appear.

I gave her *Conium, Hydrastis, Phytolacca* and several other remedies, without any apparent effect. By the advice of friends she went to New York city, and placed herself under the care of a notorious "cancer-doctor," who applied a "yellowish salve" which enucleated the tumor — the process requiring several months.

About a month after returning home and ceasing to use the "salve," a peculiar torpor or deadness was felt in the great toes. This torpor extended to the whole foot and ankle joint. The feet seemed large, heavy, and could be moved only by moving the whole limb. The gait was therefore a shuffling, or as if the feet were dragged along by the lifting of the legs. No pain, contraction or cramp. A slight numbness was also felt in the hands, but not to the same extent as in the feet. On being consulted relative to the cause of the paralytic symptoms, I had but little hesitation in ascribing it to the slow absorption of arsenic, which doubtless formed a chief constituent of the caustic paste used by the quack who removed the tumor.

The symptoms of the case also accord with those observed in slow poisoning by arsenic.

After using *Arnica* and *Rhus*, each a week, without any result, the paralysis increasing all the time, a careful study of the symptoms led to the selection of *Secale*, which was prescribed in the form of ethereal tincture, ten drops every four hours.

On the second or third day after commencing its use, some improvement was observed. This improvement continued, slowly but surely, until a permanent cure resulted, after about two months use of the *Secale*. After the first week the medicine was given at longer intervals, until one dose a day only was given the last week.

This case was peculiarly interesting to me, as I had heard of several cases where complete and permanent paralysis of the lower, and in one case the upper extremities, resulted from the removal of "cancers" by some charlatan. It is probable that the cause of the paralysis in all these cases, was arsenical poisoning.

Other cases might not yield to *Secale*, because the symptoms and pathological condition might not be the same; but it is my conviction that this is the most appropriate antidote to the paralyzing effects of arsenic on the nervous system.

A CASE FROM PRACTICE.

BY CIRO S. VERDI, M.D., OF CLEVELAND, O.

A YOUNG man was brought to me on the 15th of January last, while I was practising in Washington, D. C., in a fearful condition, and apparently beyond medical aid. He was thirty-two years old, nervo-bilious temperament, six feet in height, with narrow chest, and emaciated to the last degree; every mark of intemperance and vice were visible in his face.

Symptoms — Fever every afternoon, lasting about eight hours, followed by night sweats, leaving the patient very much exhausted; pain in the bones, sore throat, with redness and swelling of the submaxillary glands, considerable cough, fetid breath, complexion peculiar to syphilitic cachexia. Orchitis of the right testicle, with much pain; stricture of the perineal portion of the uretha, which gave the patient much trouble in urinating. There was no discharge perceptible. These were conditions produced by syphilis, which he had contracted two years previous, while in the army, for which he had taken mercury *ad libitum*, and was seemingly cured by that drug. He continued, however, in his dissipated habits until within a few months of the time he came under my care. He was suffering from constitutional symptoms (syphilitic) which were devouring him inch by inch. Hectic fever and complete enervation were rapidly carrying him to the grave.

He was also laboring under great despondency, had sleepless nights; loss of appetite and tremor. He had taken *Mercury* and *Potass. iodidi* in great quantity, so much so that I was at a loss whether the mercurialization was not worse that the syphilitic virus. Under the same difficulties, I thought it proper to treat my patient on physiological principles, or as the famous Doctor Brown would have said on "a physico-vital principle." Considering that the patient was already suffering from great enervation and general physical debility, produced by a poison in his blood, and the complications arising from large doses of medicine and debauch, I thought that a treatment differing from the general rule was necessary. The vital force being very low necessitated strength; and if successful in accomplishing a vital re-action, I was confident that

I should obtain a good result. I convinced my patient of the necessity of giving up all efforts at business and of adhering strictly to my directions.

Treatment. — 1st, a warm bath every morning, containing *Nitric acid* and *Alcohol*, and in the mean time to keep quiet in bed: ℞. *Aconit. nap.* 3d dil. gtt. xvj; Aquæ distill. ℥ij. M. One teaspoonful to be taken every hour during the paroxysm of the fever.

When free from fever the following prescription was given: ℞. *Nucis vom.* 3d dil. gtt. viij; Aquæ distill. ℥ij; also ℞. *Cinchonæ rubræ* 3d dil. gtt. xvj; Aquæ distill. ℥ij. M. One teaspoonful to be taken every hour alternately, until the fever returned, then have recourse to *Aconite* again. A hop poultice was constantly kept on the testicle. This treatment was continued for several consecutive days, when the fever, together with the night sweats, had completely disappeared. The diet consisted only of milk and bread, three times a day, for the entire week. This completed the treatment of the first week. Seventh day, finding my patient without fever, better appetite, a fuller and almost regular pulse, general appearance unmistakably improved, sleep also obtained, I got him out of bed, and ordered a more generous diet, consisting of cream and chocolate in the morning, beef tea at noon, and milk and bread at night, with an occasional cup of hop tea during the early part of the evening. Treatment the same, except *Aconite*; baths continued. Eighth, ninth and tenth days; constantly improving. On the eleventh day I removed the dressing from the testicle, as the gonorrheal discharge had been fully re-established, and the organ became gradually smaller. From the eleventh to the fourteenth day, I gave *no medicine*, as I desired to obtain the full development of the medicine which had been taken. Diet and bathing during this interval the same, with hop tea at night.

Fourteenth day. — I found my patient still growing better; he said he slept well, his strength was fast returning, and the appetite was all he desired. Gonorrheal discharge free; testicle much smaller. I left the following prescription: ℞. *Acid. phosphor:* 6th dil. gtt. xvj; Aquæ distill. ℥ij. M. ℞. *Arsenic. alb.* 6th dil. gtt. xvj; Aquæ distill. ℥ij. M. One teaspoonful every two hours alternately. I now ordered fresh air and gentle exercise in a carriage. Diet, still more

generous, viz: rare beef-steak, eggs, and milk and bread at night.

Twentieth day. — I saw the patient, who was getting along in every respect as well as I could reasonably expect; I left him no medicine.

Twenty-sixth day. — The patient came to my office, and felt better, and was fast recovering. He has been six days without medicine; I thought the time had arrived when the specific treatment was indicated, on which I kept my patient for fourteen days. I ordered: ℞. *Phytolac. decand.* gtt. xvj; Aquæ distill. ℥ij M. One teaspoonful, to be taken every two hours. Good nourishing diet, exercise in open air and bathing.

Fortieth day. — The case proceeded well, and the patient was perfectly restored to health. The testicle was reduced to almost the natural size, and the gonorrhea had ceased entirely.

One word about this interesting case. It is my firm opinion, and I base it upon similar results from many cases which I treated during my service in the Balfour General Hospital, U. S. A. at Portsmouth, Va., that a broken-down constitution, laboring under secondary syphilis, with many enervating circumstances, should be treated in a palliative way at first, and particular attention bestowed upon the recuperative power of the system. It is only after the system has recovered its vital force, that we are justifiable in using syphilitic specifics, like *Merc. Hahn.*, *Arsen.*, *Phytolac. Stillingia*, *Kreasote*, *Sulphur*, *Kali iodid.* etc. It also requires systematic treatment for a long time to eradicate the disease.

A CASE TREATED BY ARSENICUM.

BY J. HEDENBERG, M.D., MEDFORD, MASS.

I HAD for years known by sight, T. M., a middle-aged Irish laborer, whose distinguishing mark was a thickened, everted and ulcerated lower lip, which was much of the time covered by plasters, or still further disfigured by washes of nitrate of silver.

Last May, he accosted me in the street, desiring to know whether I could do anything for his lip, which had troubled him for eight or ten years, and was always much worse during the hot weather.

He informed me he had consulted two of the allopathic physicians of the town, and was then applying a wash ordered by one of them, which proved to be *Arg. nit. gr.* x; Aquæ ℥ij. I told him if he would call at my house, I would give him some medicine for the lip. On the 25th of May, he called and received a package containing twenty powders of *Arsenicum*, 3d decimal trituration, and was directed to take three per day. Knowing that so simple a prescription would never satisfy him, and also to prevent any injurious application, I ordered one drachm of simple cerate, and directed him to apply it by smearing over the lip or upon thin linen, as might prove to be most convenient, telling him to report to me in one week.

I never heard from him till December 4, when I was called to see a child sick of scarlatina. The father of the child met me, and said: "Doctor, I have sent for you, because you had such good luck with my lip." I did not remember the case, not recognizing him. He said "the *salve* healed it right up, and I had no occasion to come to you again." The lip appears healthy.

This case is not reported as cancer of the lip, and without saying a word as to the diagnosis, it is evident that his medical advisers had regarded it as serious enough to require active treatment externally and internally.

Commenting on this case, Dr. Sanguine will say the pathogenesis of *Arsenicum* so clearly indicates it, and there are already so many well authenticated cures recorded as to render it a work of supererogation to record a single additional case.

Dr. Doubtful will say if such cases never got well without *Arsenicum*, it would be a perfectly clear case; while possibly our allopathic friends will claim the cure with equal propriety, and on the same ground as one did in a case of scarlatina, given up to die with suppression of urine. I was called in the afternoon, prescribed *Apis mel* 6th decimal in water, and gave orders to report to me, even in the night if the boy passed any water, or there was fulness in the region of the bladder. At midnight my door bell was rung and a messenger announced that the boy had streamed off quite a quantity of urine. From this dated convalescence. The Doctor who had been discharged saw the father and claimed the cure, saying,

"you know those homœopathists give such little doses, you cannot believe those had anything to do with it. It was the medicine I had given for several days."

In the present case, "several days" might read several years. Should they admit over-stimulating the lip, they would undoubtedly claim that it was a healthy and curative reaction when all medication was suspended and deny that the *Arsenic* had anything to do with it. Unfortunately, however, for this theory, there had been frequent intermissions during the treatment in which such curative reaction might have occurred, but did not.

Lastly, T. M. did not smoke.

CAPSICUM ANNUUM.

BY DAVID HUNT, JR., M.D., OF WORCESTER, MASS.

CAN cayenne pepper in toxical doses produce an inflammation of the derma?

On Wednesday, November 18, I was called to see Mrs. T., American, aged seventy-four; I found her sitting up, dressed, but from her neck to her knees she was covered with a papular eruption; it was accompanied by an intense itching and burning, worse at night, but towards morning she would grow quiet and sleep from five until eight or nine o'clock, continuing more comfortable all day until the nightly aggravation again occurred; on first waking from sleep she would be confused for a few moments. Her pulse was eighty or eighty-four; (I counted the quarter minute.) By inquiry I elicited the following history:

On Friday, November 13, she went out to a butcher's cart and stood some time in her slippers. On Saturday she found that she had taken cold; had some difficulty in breathing, and soreness of the chest; she is subject to this form of cold, and during the previous attacks has been slightly delirious at night, otherwise is a remarkably strong, healthy old lady. Saturday night, for the cold, she took one teaspoonful of pure cayenne pepper in solution. Sunday morning, at her request, her son gave her two more doses of a teaspoonful each; the last of these doses was followed by

vomiting and purging; as soon as this ceased, in the afternoon, she commenced treatment again, and took two doses of at least a teaspoonful each. About the size of the doses that she prepared for herself there is some doubt; she stated that they each contained two teaspoonfuls, but her son says they contained but one. After these doses there was no vomiting or purging, but she began to pass a great quantity of urine, which she could not wholly control. Monday her skin began to burn and itch, and Tuesday upon helping her to bed, her daughter, Mrs. P., found the eruption as I have before described.

Thursday I found the papular eruption filled in with a bright erythematous redness, and on this afternoon, I believe, vesicles commenced forming; they were most abundant wherever the perspiration would be confined, as in the folds of the axillary region, where the bindings of the skirts would come, etc. She had passed but a small quantity of high colored urine since yesterday. This afternoon she had a chill which lasted some time, perhaps half au hour, or an hour, during which she lay before the fire warmly covered; after the chill her skin burned and itched more than before. Mrs. P. (her daughter and nurse) informed me that after having her hands in contact with the patient's skin they burned and tingled for some time, so that she had repeatedly soaked them in water to ease them; her brother, Mr. T. notices the same facts in regard to his own hands. The eruption has spread upwards to the scalp, and downwards to the soles of the feet; and is accompanied by considerable intumescence, but the features are not much disfigured; the swelling consisting more of a bagging of the cheeks and neck; the left side of the face was more affected than the right, and the left ear was twice the size of the right, which was but slightly enlarged; there was no peculiarity of position to account for this, and it did not hold true of the body. Friday, Saturday and Sunday she steadily grew worse; the remedies, which were *Acon.*, *Bell.*, *Camphor* and *Rhus tox.*, seeming to have no effect; the pulse did not exceed one hundred at any time, while under my observation, and was of fair volume and strength until Sunday.

Sunday, Dr. Nichols saw the case with me; at the request of Mr. T. (the patient's son), Dr. S., old school, was also present.

Dr. S. regarded it as a case of erysipelas. Dr. Nichols agreed with me that it was a case of poisoning by capsicum.

All day Sunday she was drowsy; Monday she lay comatose all day; I gave a hopeless prognosis; then Dr. W., old school, was called; he regarded the case as erysipelas, and thought that saline draughts and bathing in soda-water would give about one chance in a thousand, but in spite of this the patient died Tuesday or Wednesday; I cannot say which day, as I received no other announcement than that in the daily paper of Wednesday.

I excluded erysipelas for the following reasons: up to the second day of the eruption there was scarcely a fever symptom, her pulse for the first four or five days did not exceed ninety, and at no time while under observation went above one hundred; there were no premonitory rigors, there was scarcely any depression, and Thursday, the fifth day, she was out in the kitchen and partook of a boiled dinner; which, on my questioning her during my call, she said did not distress her in the least; there was no sore throat, no swelling or tenderness of the lymphatic glands of the neck, but she did have soreness all over like rheumatism, that made her dread walking much; up to Sunday she acted and appeared as a person might, affected with a troublesome but not severe urticaria; she looked very much like a bad case of rhus poisoning; the eruption appeared first as distinctly papular, then the papules were filled in with the erythematous redness, then vesicles appeared that did not change their character, excepting that where the perspiration was confined, the skin was raised and broken just as if the parts had been scalded. The perspiration was so acrid that it caused the hands of any person brought in contact with the patient's body to burn and tingle decidedly; I experienced the sensation repeatedly, and Dr. Nichols also felt it on Sunday, although it was not at that time as decided as it had been two days previously. Mrs. P., who is a strong, healthy, and anything but a fanciful lady, besides complaining often of the tingling sensation, had a distinct papular eruption developed on both hands, which disappeared in a day under the use of cold water, upon her restraining herself from direct contact with the patient.

I think that the vomiting and purging on Sunday, and the in-

crease of urine afterwards, were nature's efforts to eliminate the capsicum dissolved by the alkaline juices of the liver and pancreas, and that the cessation of the vomiting and purging and afterwards the almost suppressed action of the kidneys, threw the work of eliminating the pepper, and perhaps some urea, upon the skin; that the perspiration, rendered acrid by this cause, inflamed the derma and produced a pathological condition similar to erysipelas; in fact it was but an advance on the process that causes the glowing of the skin from capsicum, which is mentioned in Stille's Materia Medica, the United States Dispensatory, and I believe in King's American Dispensatory.

I have not been able to find an instance of erysipelas vesiculosum covering the whole body. Wilson, speaking of the simple form says, that cases are on record of its covering the whole body, but that they must be exceedingly rare; he does not describe one.

Hahnemann's Materia Medica contains the only record that I have been able to find of an eruption caused by cayenne pepper taken internally.

The New England Medical Gazette.

BOSTON, FEBRUARY 1869.

One of the most important discoveries of modern medicine, and which, if fully substantiated, will eradicate a very troublesome as well as common affection, was presented at the meeting of the Boston Academy of Homœopathic Medicine, on January 25, 1869.

Dr. D G. Woodvine exhibited under the microscope, some beautiful specimens of the ova or eggs of the oxyuri, or common pin worms. By careful investigation, he has ascertained that these eggs require light and air to hatch them. For this purpose, they are always deposited outside of the sphincter ani, where in a very few hours they are hatched, and the worm then makes its way into the bowel. Now, by keeping the parts for an inch or two around the anus covered with a thin layer of lard, the oxyuri cannot deposit their eggs, and as the life of the animal does not exceed seven days, they can be wholly

exterminated in the most severe and troublesome case in that time. The amount of suffering which may be saved by this simple discovery is incalculable.

Dr. Woodvine first had his attention directed to this subject by the observations of a Mr. Haserick, of New Hampshire.

Liberality in Medicine.—In another place we give Prof. Wilson's criticism, and Dr. Holcombe's reply thereto, of an article which appeared in the last number, upon "Experiments with the highest dilutions," from the pen of the latter. While we disapprove of dogmatism in every form, and especially deprecate the arrogant and dictatorial spirit which has often been exhibited in our school, we consider that any man of honesty and ability, who has the patience to carefully investigate and the courage to announce fairly deduced conclusions, is fully entitled to respectful consideration at our hands, however much we differ from him.

We heartily approve the spirit of Dr. Holcombe, who says, "the sphere of argument and combat is disagreeable to me, and I had rather give you some more cases from practice." From the broad field of candor, integrity and liberality, which Dr. Holcombe occupies, we shall gladly receive any of the fruit of observation and research.

The Situation.—Never has there been a more eventful time in the history of homœopathy than the present. For nearly three quarters of a century its principles have been clearly set forth, and though they have been derided and misrepresented, and its practitioners abused and vilified, yet steadily, like the mighty glacier, has it advanced onward, onward, with nothing to arrest its progress.

Based as it has been, entirely upon its merit, upon the cures it has performed, the common people, whenever they have seen, have believed and accepted it gladly; physicians, who know the most about it, have in their daily practice tested and proved its power; while those who practically know nothing of it, are yet obliged to quail before it, to pretend a knowledge, which they do not possess, and even to claim that they apply it "when the case requires it." Its most bitter opponents have retired to the strongholds of the colleges and public institutions, whence they continue to hurl threats and anathemas at such as dare to think differently from their teachings.

But these positions are not so impenetrable as they have seemed. There are men connected with these colleges, who, despite the odium, are willing to practically examine homœopathy; and to

examine is to believe. Thus recently Dr. Reith, one of the ablest men in Aberdeen, Scotland, has examined and adopted homœopathy, and though he has been temporarily displaced from his position, there is a prospect that this very unjust procedure may serve to introduce homœopathy into the college at Aberdeen.

In the Michigan University, the professors stand trembling, and wondering how much longer they can keep homœopathy out, against the will of the people.

Everywhere our own ranks are filling up, men of talent and education are joining us, and it only remains for us to wisely improve our opportunities, in order to become the dominant school of medicine.

Our colleges should be improved and better sustained; hospitals and dispensaries should be established in every city; our societies should all be put to their greatest working capacity, and our journals should be fully awake to the importance of their mission, and become the medium through which leading minds can communicate with the profession.

In some of these ways, there is work enough for every one of us to do. If we have faith in our principles, if we would see them advance, if we would have the whole world benefited by them; let us work, earnestly, diligently work for that end, and never in any manner seek to pull down, where another is faithfully trying to build.

Additional Pages.—With the January number of the *Gazette*, there were *four*, and in the present number are *sixteen* extra pages of reading matter; and yet we are happy to say that the editorial drawer is still well filled with material from some of our best physicians. Nevertheless, all this and more will be required, and we again urge our *confreres* to send us their most valuable thoughts and experiences.

CORRESPONDENCE.

HOMŒOPATHY IN GREAT BRITAIN.

Liverpool, Dec. 28, 1868.

Dear Gazette: Since you desire it, I hasten to give you a brief account of Homœopathy in Great Britain in general, and in Liverpool in particular.

I believe the liberal basis on which the *Gazette* is established, is the right one for this age and for the true progress of homœopathy, whose prosperity and extension it seeks, and I wish you great success in the enterprise. It would have been more gratifying to me to review my sojourn in your great country during a part of last sum-

mer, and of my delightful visit to the Annual Meeting of the American Homœopathic Institute at St. Louis, in June; but my object in this communication is *not* to comment on the state of Homœopathy in America or in New England, but on its present position and future prospects in *Old* England. In passing, however, I may be permitted to say that I returned home from America with a very deep sense of the exalted intelligence and high *morale* of my brethren of the homœopathic school in America, and with a most gratifying impression of the very distinguished social and national position which homœopathy holds in the United States of America. I deeply regret that I cannot write in like manner of homœopathy in Britain, yet I can with truth affirm that it is making decided progress, though that progress resembles that of the tortoise rather than of the hare. A brighter political era has dawned of late in Britain, and I doubt not that the great contest now going on in relation to *religious* equality will be followed ere long by the question of *medical* equality, and the gross injustice now perpetrated by medical societies (alias trades' unions) against homœopaths will be put down by the mighty power of public opinion. It is a searching time in Britain now for all systems and societies, and assuredly these are behind, as well as *opposed to the age.* I shall briefly speak of three things in this paper. First, The hindrances to homœopathy. Second, Its success notwithstanding. Third, The need of cordial union of all the homœopaths in extending the system and in converting their allopathic brethren.

The hindrances to homœopathy in Britain are of a general and especial kind. All new truths are very slow in gaining a footing here. Indeed, it may be said that they are looked upon with *suspicion*, and often with dread, as likely to disturb the social relations and to upset the regular and quiet, harmonious arrangments of our forefathers. But, in reference to homœopathy, there are special hindrances from the power of the medical profession generally, whose prestige homœopathy is supposed to undermine, and whose learning it is supposed to undervalue. During the early planting of homœopathy in Britain, viz., in 1834, by Dr. Quin, of London, little more was done by the profession in the way of opposition than to employ the shafts of ridicule. The small dose here as everywhere else, was and is the ever ready subject of satire with small wits, but as the system extended, and popular approval became more manifest, and as medical men here and there, few and far between, became converted to the new system, and openly avowed their faith in it — the opposition of the so-called "regulars" assumed a more organized character, the medical societies took the matter up and passed laws to exclude all homœopaths and all who consulted with them, and all who consulted with those who consulted with them."

In January, 1859, now ten years ago, the Liverpool doctors, who had heretofore been very lax in their opposition to homœopathy, began in right earnest the work of persecution. Not satisfied with the expression of individual and isolated contempt, they rallied in large numbers at the Medical Institution, and passed a memorable law, of which I trust some of them may live to be ashamed of, and better still grieve for.

It runs thus, and stands first by way of dignity: "The Liverpool Medical Institution shall consist of persons registered under the Medical act, or entitled to be registered, but no person practising homœopathy shall be eligible either as a member of the Institution or as a subscriber to the library, and any member or subscriber *who may become* a *practitioner* in homœopathy, shall cease to belong to the Institution or to the library." Here you have a law passed against us by ninety-six members, leaving a minority of twenty on the side of free inquiry and fair play;—a law worthy of the days of the inquisition.

Here it may be well to state, that Dr. Drysdale, the well-known editor of the *British Journal of Homœopathy*, who had been settled in Liverpool since 1841, and the writer of this paper, both members of the Institution for many years, strenuously opposed the passing of the law, and that on two successive nights, but all to no purpose; a foregone conclusion had been arrived at, and homœopathy was to be "stamped out, like the cattle plague" by this great device. But like all such attempts to stay the progress of truth, it only recoiled in the production of greater union amongst the homœopathic laity, and the result was the erection of a handsome building as a dispensary, and the patronage of the corporation and Mayor, the latter taking the chair at the annual meetings, as in the case of the other charities.

Notwithstanding the above, there are only eight avowed homœopathic practitioners in this town, and two in Birkenhead; two or three others are covertly or inquiringly practising it. When we consider the spirit of persecution awaiting any avowed homœopathist here from his professional brethren, and that he is so frequently brought in contact with them, we need not be greatly surprised at the slowness of our progress amongst the profession. It is in the great world of London that most progress is being made at present. I am credibly informed that there are about forty inquirers, chiefly medical students, who visit the London Homœopathic Hospital, and the dispensaries there have been the means of converting many practitioners; so that it may be said truly that the number of avowed and unavowed converts in London, during the last ten years, has doubled.

The most recent converts of eminence in Great Britain, are Dr. Reith, Physician to the Royal Aberdeen Infirmary, and Dr. Dyce Brown, late Assistant Professor of Materia Medica and Medical Jurisprudence, in that University. At present he is medical officer to the Aberdeen General Dispensary. These converts have unitedly published a most excellent pamphlet, calculated to influence the profession in Scotland and England.

Dr. Reith gives a very impressive history of his conversion, and justifies most ably his adoption of the homœopathic law. And Dr. Dyce Brown adds an Appendix, with a list of medicines used by allopaths, and points out by parallel columns the harmony between the physiological action of each medicine and its therapeutical or curative effects.

But I must draw my remarks to a close; and in stating the hindrances to the adoption of homœopathy by the Medical Profession. I must not omit the theories which accompany, and with which it has been overlaid by our great master. Doubtless these have proved stumbling-blocks to many everywhere, but specially in Britain, as the practical mind of Britain is greatly opposed to the visionary and wild theories of the German mind; and the psora theory, the dynamisation theory, etc., of Hahnemann have repelled many inquirers on the very threshold.

Lest I should be misunderstood, I think it right to state that I believe there is a measure of truth in every one of Hahnemann's theories,— now called "the absurdities" of Hahnemann by many; — but it is greatly to be regretted that his theories are so blended with the great law of *similia* as to be confounded with it by the allopaths and many have been repelled from practising homœopathy on that account.

Let it be duly considered that allopathy has undergone a great change since the days of Hahnemann, so that the sweeping assertions respecting its horrors and cruelties are not so literally true now as they were then. Homœopathy has directly and indirectly so modified allopathy in Britain that many of those known as the advanced school of medicine, practise a mixed homœopathy wittingly or unwittingly, and indeed they owe their success to this fact; others try to outbid the homœopaths by the small quantity of medicine they administer, and make their boast of it believing that the popularity of homœopaths arises from the small dose, leaving nature undisturbed, and not from administration of medicine on the divine prinple of *similia similibus curantur*. They are in the habit of boasting that they are almost homœopathic; in fact, "we even give less medicine than the homœopaths." It is not surprising that these men remain where they are, if not blessed with high moral principle. This leads me to remark, that in every profession there are three classes of men whose ruling passion may be thus described:

1. Those who love respectability most.
2. Those who love gain most.
3. Those who love truth supremely.

Out of the latter class homœopathy must be recruited at present in Britain. Some of the second class may join our ranks,— the fewer the better, here and everywhere; but the largest class in every profession is the first, and here our status forbids a large accession of these. But "*magna est veritas et prevalebit.*" Again wishing all homœopathists, in America as well as in Britain, that cordial union, and, as far as possible, unanimity,

I subscribe myself, yours faithfully,

JOHN MOORE, M.D., M.R.C.S

WESTERN MEDICAL ITEMS.

CHICAGO, Dec. 5th, 1868.

Dear Gazette: To fill a vacant niche in your valuable columns, I will give you a little Western gossip.

SOCIAL SCIENCE ASSOCIATIONS. — There has just closed, in our city, a most important gathering, viz: The Western Social Science Association. The principal discussion of interest to the medical man was upon the management of the insane. Dr. McFarland, Superintendent of our Insane Asylum, advocated the distribution of these subjects among suitable families. If this plan is to be adopted, why allow the insane to be sent to an asylum at all! The effect of the agitation of this question will no doubt be an increase of asylums in the State, in which event will any of *our* physicians be appointed trustees or superintendents? All social questions should interest physicians, yet I was sorry to see but few M.D.'s at these meetings. Why do not our physicians "enter the lists" for public positions?

If we are to be *the* profession by and by, why not commence to supersede the "regulars" in public places of trust and honor? This lethargy ill becomes professed progressive medical men. I am pleased to note that a new asylum is to be chartered in New York, and that two of the trustees are homœopathic physicians.

Speaking of science associations calls vividly to mind the interesting sessions of the American Association for the Advancement of Science, which were held in this city in August last. The chief points brought out, in a medical way, were the facts that fluorine exists in the brain, and phosphoric acid in butter.* The phenomena of such a protracted "heated term" was also discussed, but not explained satisfactorily.

Notwithstanding many of the members of the above Society were prominent allopaths, quite a number of our physicians gained admission to membership. The next session is to be held in Salem, Mass., and I hope that many of your readers will join it, and show that they are naturalists, as well as scientific practitioners.

THE MICHIGAN UNIVERSITY has not yet admitted Dr. Hempel to teach Homœopathy within its walls. Our friends show much backbone in this fight, and still "stick," and will stick until they get their rights. Dr. Thayer, their chosen leader, is a regular Napoleon to

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* By the way, speaking of butter, I have seen the statement that the Massachusetts Homœopathic Medical Society declared that butter contains no element of food essential to the economy. I look upon the statement as a joke, but the press thinks the Society was in earnest.

NOTE BY THE EDITOR.—We are surprised to see how extensively this ridiculous *canard* has been circulated. It was first published in a New York paper, and has since been copied by the press throughout the country. From H. L. CHASE, M.D., President, and L. MACFARLAND, M.D., Secretary of the Society, we have an official denial that any such action, or even any action at all has ever been taken by the Society on this subject.

fight. Success will crown their efforts. Affairs do not seem to me to suit the *Observer*, as it keeps up a continuous "fire-in-the-rear." It can see nothing but a "branch at Detroit."

The Supreme Court will decide next month, whether the Regents must comply with the law or not. I expect they will be forced to comply. Then the Regents will try to get the law repealed. I am pleased to see the *Nation* fire a broadside of common sense into the obdurate brains of the managers of the University.

The Colleges.—All our colleges in the West are flourishing. They have in the aggregate about one hundred and fifty students. Strange to say they seem to flourish in inverse ratio to the amount of "self-blowing" they do. The "St. Louis" has had two journals lauding its merits, nevertheless it has the smallest class, smaller this year than last. The "Cleveland" has a sprightly organ, but it does not directly vaunt the college; the result is a good class. Additional reasons for this are the *vis a tergo*, — the State law prohibiting physicians, minus the usual appendage, M.D., from practising in Ohio; — and the *vis a fronte* — the finest homœopathic hospital in the country. The "Chicago," without any organ, has as fine a class of men as I have seen outside of a medical society. They have the appearance of being mature students. I am of the opinion that much of the present inferior talent in our ranks found its way there by the blowing done by our colleges. The inducement is for young and immature minds to rush into medicine. A college, like a physician, can be advertised — "puffed" — to its detriment. The reputation of both must develop and extend gradually. I think it a good thing that our best colleges have no organs. They should all resort, when necessary, to the proper means of advertising, viz: the leading journals. It is out of the sphere of a journal to "puff" a medical college. Although there are two medical periodicals in this city, neither of them stoops to college laudations.

Medical Journals. — I have always liked the *Gazette* for its dignified, independent tone and position in these matters, and I must speak a good word for the journals of this city. They are entirely independent of all parties, cliques or institutions, but are conducted solely in the interests of the science of homœopathy.

The United States Medical and Surgical Journal is one of the most carefully edited and thorough medical journals ever issued in this country, and can only be compared with the first number of the *Boston Quarterly*, edited by the lamented Becker. The profession appreciate the efforts of both the editor and publisher by their extensive subscriptions

The *Medical Investigator* is one of the most wide-awake, racy and independent journals in our ranks, and has become the leading medical journal in the West. It is taken by the great mass of homœopathic physicians. It goes to all the libraries, and exchanges with all the leading allopathic, eclectic, scientific, agricultural, religious, masonic and secular journals of our country. Its influence must be immense. The ideas of its contributors have a chance to influence the press, — the controllers, moulders and in many instances the founders of popular opinion.

Our Medical Society here has under consideration, the question of annually publishing a volume of reports, comprising essays, papers, cases, discussions, etc. Every paper, case, etc., presented to the society is fully discussed and the discussions carefully taken down *verbatim*, by the secretaries. Although many of these papers and discussions are published in the *Medical Investigator* still a vast amount has already accumulated on the hands of the publishing committee. This society has a regular "bill of fare," and every member knows just what is to be up each evening, and comes prepared to offer well digested thoughts and experiences. Written communications take precedence of all other matter, and they are fully discussed, and the substance of the discussion is returned to the physician sending the case for his subsequent revision.

By these means the society is benefited, and the physician gets the opinion of quite a number of active practitioners. After the regular reports, papers and discussions thereon are disposed of, voluntary reports are called for. A goodly number are always presented as each member seems to come "loaded." I give you the plan of working in this successful society, so that it may stimulate other societies to greater usefulness. Have they a medical society in Gotham? I am glad to see Boston so wide-awake. I read the discussions of the Academy with great interest and profit. Although this city numbers quite three hundred thousand inhabitants, we have only about fifty physicians of our school, good, bad and indifferent. There is a steady increase in our ranks of about one each month, and the new comers are first-class men, some of them women; none others need try to get a foot-hold here.

All of our physicians seem to be doing well financially, and I am pleased to add are, as a rule, students, earnest workers in medical science.

You will no doubt have a chance to test the ring of our best metal, at the next session of the American Institute. Select your largest hall for that occasion, for we are coming *en masse*.

Yours for medical progress,

Encephalon.

QUESTIONS, ETC.

My Dear Gazette, — Dr. Holcombe's article in your last number has been perused with mingled pain and surprise. His name has been too long an honored one in our school, to have the smallest shadow rest upon it. That he should stain his own professional reputation, is much more to be regretted than any personal assault that might be made upon him by friend or foe. Who tortured him into that sad confession? Did some half converted allopath, or some half instructed student of homœopathy, say, "I do not believe that the law of '*similia similibus*' is the only law of cure?" Was it a bigoted eclectic, who, when called a "mongrel," proudly exclaimed, "I accept the name; I give all kinds of medicines in all kinds of doses?" Did William H. Holcombe say this? And if he did, is he to be considered any longer an exponent of the homœopathic school? Are not

these voluntary declarations, a precursor to a more open apostasy from all that we, as a school, hold dear? Is it more than another step for Dr. Holcombe to stand abreast of the notorious J. C. Peters? Is this the legitimate fruit of so many years of study and experience with homœopathic theories and practice? If this thing can be done in a dry tree what are we to expect of a green one? Can we stand up any longer before a class of students and expound the precious doctrines of the master; can we continue to inspire them with the truth of our divine law; can we hope to make them intelligent and enthusiastic followers of the teachings of Hahnemann, and yet allow such a position to be held by one so long regarded as a "light" of our school, without protest? Shall we still laud the virtues of our attenuated remedies; shall we continue to lengthen the long list of cures we are making with high and yet higher dilutions, only in the end to confess, that all that homœopathy amounts to, is, that it is refined allopathy and modified eclecticism? What an impotent conclusion! Let Dr. Holcombe speak for himself. It is sad for one who has so long admired him, to declare that he no longer represents homœopathy.

T. P. Wilson.

Cleveland, Ohio, January 4th, 1869.

ANSWERS, ETC.

Dear Gazette, — I am "surprised," but not "pained," at Dr. Wilson's criticisms. "Surprised," because I am to-day a purer Homœopath, and a higher dilutionist than I ever was before, and because the very article which excites the indignant pity of our Purist, details cases cured by Fincke's ten-thousandths, selected by Guernsey's Key-notes!! Not "pained," because I appreciate too well the truth and power of my own just, liberal, rational and high position on the therapeutic question. I cannot give a better definition of a homœopathic physician than that embodied in a paragraph from one of my own pamphlets, which at one time received Dr. Wilson's flattering and special commendation before his class:

"A homœopathic physician is one who uses the *surgical*, *obstetrical*, *mechanical* and *chemical* measures of the Old School; who in the *vital or dynamic* sphere is guided by the homœopathic law; and who, *beyond its natural and necessary limitations*, is an *empiric* and *eclectic* in the most liberal and enlightened sense of these words."

If, with that record, Dr. Wilson succeeds in reading me out of the homœopathic school, I shall have to content myself with remaining an humble member of the school of nature.

Yours, truly,

W. H. Holcombe.

New Orleans, La., Jan. 14th, 1869.

REPORTS OF SOCIETIES.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

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

December 14, 1868. At the close of the business session, a paper on Dysmenorrhœa was read by Dr. Squier. During the remarks which followed the reading of the paper, Dr. Woodvine stated that he had succeeded in relieving dysmenorrhœa in persons of light complexion and scrofulous diathesis, with *Kali carb*

Dr Talbot has found *Ammon. carb.* of benefit in persons of nervous, sanguine temperament, when the pain is cramp-like, confined to the uterine region, and occurring, for the most part, before the flow. Pallor of the countenance is also an indication for this remedy, while a flushed face more frequently requires *Puls.* *Collinsonia* is of benefit. especially in persons of constipated habit.

Dr. Humphrey finds *Cauloph.* useful in some cases. He has, with considerable success, inserted a piece of gum elastic catheter into the uterus and by retaining it there, during the flow, has allowed the discharge to take place through this.

December 28, 1868. Dr. Gregg read a very interesting paper on "Croup and its treatment." He followed his paper by some remarks on the subject. He does not know why the alternation of remedies is not just as well, and in some cases better than the administration of a single remedy. He has never yet seen a case of croup, that he could call a "one remedy disease," as an *Aconite* croup, or a *Hepar* croup, but he has obtained the most direct and favorable results by alternating *Acon.*, *Brom.* and *Hepar*, in the order named, and of about the third decimal attenuation, at intervals of from fifteen minutes to an hour, according to the severity of the symptoms.

Dr. Talbot asked how Bonninghausen's plan of giving these different remedies in succession at certain intervals, differed materially from that of alternation, which Dr. Gregg had just related. While he deprecated the indiscriminate alternation and unnecessary multiplication of remedies in treating any case, yet he thought it extremely unwise to attach to homœopathy any rule, by which its practitioners should feel themselves confined to the use of the single remedy, in all cases. If physicians find better results from using one, two or three remedies either in alternation or succession, they are bound by their duty to their patients to use them. Experience and not theory can alone determine this.

Dr. Walker stated that he had treated one case of croup successfully by placing a pot of water on the stove, and dropping into it, every few hours, small portions of *Bromine*. He generally relies, however, upon *Kali bichr.* and *Tart. emet.* in true croup.

Dr. Gregg has used in some cases vaporized *Iodine* with benefit.

Dr. Ahlborn has seen very good results follow the inhalation of *Bromine*, as well as *Iodine* in croup.

Dr. Angell believed that many cases of croup, exhibited a tendency towards spontaneous recovery. He was the more inclined to this opinion from the fact that homœopathic physicians everywhere obtain a most astonishing success in the treatment of this disease, while using the most diverse remedies. Dr. Williamson of Philadelphia used to teach that *Hepar* was an unreliable remedy in croup, while many physicians of great experience regard this almost as their sheet anchor. Others depend chiefly on *Tart. emet.* or *Spongia* or *Iodine*, or *Bromine*, or *Kali bichr.* and are equally successful, while still others rely wholly on *Ipec.* or *Bry.* This uniform success could scarcely be accounted for, except upon the supposition that careful nursing and a tendency to spontaneous cure had sometimes a good deal to do with the recovery.

The thanks of the Society were presented to Dr. Gregg, and a copy of the paper requested for publication.

Annual Meeting.

January 11, 1869. The following members were present. Drs. Ahlborn, Angell, Boothby, Butman, H. B. Cross, Fuller, Geist, De Gersdorff, Gregg, Humphrey, Macfarland, Packard, Pease, Russell, Shattuck, Squier, Talbot, Whitney, Willis, Woodbury, Woodvine, Sanford, Pierce, Cutler, Walker, Farnsworth, Hedenberg and Hodgson—28.

The Secretary and Treasurer read his reports.

During the past year the Academy had held sixteen sessions; the average attendance of members had been fifteen. The largest number present at any time was thirty-two, that being on the 23d of March, and the smallest number nine on the 5th of May and the 9th of November.

Drs. Bushnell, Thayer, Angell, and Russell, have served as presidents during the year.

The scientific sessions of the Academy have been of a very interesting and profitable character. Papers have been read before the Society by Dr. C. H. Walker, on "The Climate of Florida for Chronic Diseases"; Dr. I. T. Talbot on "Cancer of the Breast"; Dr. J. H. Woodbury on "Pathological Changes observed in the Larynx"; Dr. D. G. Woodvine on "Entozoa"; Dr. A. F. Squier on "Dysmenorrhœa," and Dr. S. Gregg on "Croup and its Treatment." We have the promise of several interesting papers by other members of the Academy, and the indications are, that during the present year, the sessions will exceed in usefulness and interest, those of any previous term.

The regular subjects that have been under discussion during the past year have been "*Iris versicolor*," "*Renal Colic*," and "*Angina Pectoris*."

The Treasurer's report showed that at the beginning of the year 1868, there was:

Cash on hand	$14 21
Received from various sources	43 00
Total	$57 21
The expenses for the year have been . . .	50 55
Balance in the treasury	$6 66

On motion the reports were accepted, and ordered to be placed on file.

On the regular order of business being taken up J. H. Woodbury, M.D., was elected President for the ensuing term of two months, and A. F. Squier, M.D., Secretary and Treasurer for one year.

At the scientific session, Dr. I. T. Talbot, related the following case, accompanied by a pathological specimen. A gentleman aged sixty-three, of cancerous family history, had, last spring, what was supposed to be pneumonia. The voice was suddenly and entirely lost. The aphonia continued, although his general health was improved by a short residence among the Green Mountains. During the autumn he was under the charge of one of our oldest and most noted Boston physicians for several weeks. During this time some preparation of phosphorus was used, but the aphonia increased and a constant and severe dyspnœa followed. He had considerable discharge of thick ropy mucus and great irritability of the stomach. When Dr. Talbot first saw him, in addition to the aphonia, dyspnœa, and salivation, there was considerable difficulty in deglutition, the ingesta being apparently retained in the upper part of œsophagus for a few moments and then ejected by regurgitation. If any food succeeded in reaching the stomach, it was almost immediately vomited, together with a large quantity of ropy mucus, similar to that flowing from the mouth. There was increased size and firmness about the larynx, and the only sound he could make was a kind of grunting noise, and even this required considerable effort. His general appearance suggested cancer, and although no tumor was visible or could be felt in the region of the stomach, the hardness of the abdomen and peculiar sallow or straw-colored appearance of the skin, taken in connection with the family history, gave rise to a suspicion amounting to probability that such was the nature of the case. *Arsenicum* was at first administered, which entirely relieved the dyspnœa, and afterwards *Conium* greatly alleviated the irritability of the stomach, enabling him to retain the greater part of his food. Nevertheless, the case went on to a fatal termination without the aphonia being materially benefited.

At the autopsy the stomach presented signs of disintegration, which if wholly *post mortem* were certainly of unusual degree. The bronchial glands and the apices of both lungs were filled with melanotic deposits; a portion of the lower lobe of the right lung was solidified, and contained small masses which the microscope showed to be encephaloid. The whole larynx was greatly increased in size and firmness, the cricoid cartilage behind being entirely ossified, and the

arytenoid cartilages firmly and immovably fixed upon their articulations. The mucous membrane throughout was much thickened, opaque and rough. The epiglottis was indurated, rough and much thickened at its base. Its free extremity was firm, and rolled back so as to form, when closed upon the glottis, a sort of pouch, in which the food might lodge. The false vocal cords were somewhat thickened, while the true cords showed this change to an extreme degree. Starting from the base of each arytenoid cartilage was a cartilaginous process or cornu, inclosed in the fold of mucous membrane, covering the cord, and extending about one-half its length, being probably a cartilaginous metamorphosis of the yellow fibrous tissue of this cord.

Dr. Angell read a paper on Gonorrhœal Ophthalmia.

This form of inflammation frequently terminates unfavorably, as far as the structural integrity of the cornea is concerned; and of all forms of purulent ophthalmia, this oftenest results in complete loss of function of the eye. There exists in this disease, a great tendency towards perforation of the cornea by ulceration, and Lawrence, Stelwag, Desmarres and Wecker were cited as authors whose statements corroborated his own in this respect.

In the rapid development of the inflammation, the pain and swelling of the lids to an extreme degree are among the most characteristic diagnostic elements. Perforation of the cornea has been known to occur in twelve hours after the commencement of the disease. From the tendency of the affection to a rapidly fatal termination, a most active course of treatment is required. These prompt and energetic measures in the commencement,—during the first twenty-four or forty-eight hours,—would accomplish more towards saving the eye, than a week of the more judicious treatment at a later stage of the disease.

He applies at once a compress, kept constantly cold with ice water, day and night, and gives *Acon.* internally, until the inflammation is somewhat reduced, which generally occurs in about twenty-four hours. He considers that the disease is caused by contagion of gonorrheal matter, and never occurs as a metastasis of inflammation from the penis to the eye. The right eye is more frequently affected than the left, which probably arises from the circumstance, that the right hand is more often used as a carrier of the contagion. He read the history of a case of this disease, treated by himself, in which there was extreme swelling of the lids, chemosis and ulceration of the cornea. The treatment by continued applications of cold, by means of small bags filled with ice, and *Acon.* internally, reduced the inflammation. Afterwards, by putting the patient on a full diet, and applying *Sol. arg. nit.* fifteen grains to an ounce of water, and *Merc.* and *Macrotin* internally, the patient speedily recovered, and now enjoys perfect sight.

Dr. Angell thinks it worthy of remark that when the conjunctiva is in a highly inflamed and carnified state, the application of such a solution of *Arg. nit.* produced no pain, but after the inflammation was much reduced, an application of one-third of that strength caused exceeding suffering.

On motion, a vote of thanks was presented to Dr. Angell for his paper, and a copy requested for publication in the *Gazette*.

After some discussion of the paper, Dr. Talbot inquired if scarlatina was prevailing in and about the city.

Drs. Packard, of South Boston, Farnsworth, of Cambridge, Pierce, of Charlestown, Cutler, of Chelsea, Willis, of East Boston, Hedenberg, of Medford, and Macfarland, all reported but few cases as compared with last year, and these generally of a mild character.

Dr. Woodbury stated that at the "Home for Little Wanderers," there was a period of about five or six week during which every new patient that came in, (thirty-five in all), was attacked by scarlatina, and that with two or three exceptions, it was confined to the new patients who entered during that time. All the cases were of mild grade; and all, with but one exception, entirely recovered. Some of the cases occurred within forty-eight hours after patients entered the institution.

Dr. Gregg asked the President what was the duration of the stages of invasion and incubation in scarlatina.

Dr. Woodbury replied that there was some doubt upon that point. Usually this period is thought to be from six to ten days, but these cases would indicate a much shorter period.

Dr. Gregg fully agreed with him in regard to the uncertainty of this period, and thought that there was quite as much reason to doubt the contagiousness of scarlatina.

He considered the contagion of scarlet fever to bear the same relation to the disease as the contagion of typhoid fever did to the production of that malady. He though it was not a contagious disease in the same sense as variola. The miasm, or, if it be so termed, the contagion of typhoid seems in some instances to bring to a crisis the lurking pre-dispositon in the system, and thus it becomes the exciting cause. In the same manner he considered the contagion of scarlet fever to act, but in a still more active and decided manner.

In support of this opinion, he had known many instances where isolated cases had occurred in large families, and nearly every member had been in immediate contact with the patient. Again many others where, so far as human observation could discern, the individual had not been subjected to the influence of the contagion at all, and yet had the disease severely.

This discussion naturally leads to the consideration of the prophylactic properties of *Belladonna* in scarlatina. In many instances he had administered this remedy with a view to prophylaxis. In some cases the disease did not occur in those to whom it was given, but in the majority of cases it was otherwise, the disease spreading to other members of the family with the same facility as if they had not taken the *Belladonna*.

He had seen an equal number of isolated cases of the disease in families where the *Belladonna* had not been given as in those where it had. He consequently regarded the prophylactic powers of *Belladonna* in scarlatina as wholly theoretical and unreliable.

At the close of the scientific session the members partook of a bountiful collation, and the occasion was one of the most social and pleasant character.

NOTE. — Arrangements have been made for the presentation of Papers before the Academy, as follows:

Monday, Jan. 25, by B. DEGERSDORF, M.D., "Observations regarding Homœopathy and Homœopathists in Europe."

Monday, Feb. 8, by WM. F. JACKSON, M.D., "Observations on California; its climate, etc."

Monday, Feb. 22, by A. BOOTHBY, M.D., "Intestinal Obstructions."

Monday, March 8, by GEO. F. BUTMAN, M.D., "A Certain Form of Gonorrhœa."

Monday, March 22, by C. H. WALKER, M.D., "Observations on certain New Remedies."

Monday, April 12, by H. L. H. HOFFENDAHL, M.D., "The Colpeurynter in Uterine Hæmorrhage."

Monday, April 13, by S. WHITNEY, M.D., "Observations on Homœopathic Pharmacy."

THE BRISTOL COUNTY HOMŒOPATHIC MEDICAL SOCIETY

Held its regular quarterly meeting in Taunton, at the office of Drs. Barrows and Hayward, on Wednesday, January 27th. This is an active and energetic society, and will do much for homœopathy in that portion of the State.

THE CONNECTICUT VALLEY HOMŒOPATHIC MEDICAL SOCIETY

Held a meeting at Lyndon, Vt., on Thursday, January 28th. J. H Jones, M. D., of Bradford, Vt., is the Secretary, and we shall hope to receive a full report of the meeting.

THE NEW-YORK STATE HOMŒOPATHIC MEDICAL SOCIETY

Will hold the annual session at Albany, commencing on Tuesday, February 9th, 1869. These sessions are always well attended and very interesting, and we doubt not many of our readers will make a special effort to be present.

REPORT OF THE HOMŒOPATHIC DISPENSARY IN LEIPSIC FOR THE YEAR 1867.

During the year, 3,430 patients were under treatment, including 451 remaining from the previous year, being an increase of 338 over the number treated in 1866. The total number treated at the Institution during the twenty-five years of its existence, is 45,826.

Of the 2,979 received during the year, 847 were discharged cured, 324 much improved, 810 appeared but once, 647 absented themselves, 39 left town, or had other treatment, 5 died and 307 remained under treatment.

Of the five fatal cases, one case of pulmonary consumption was under treatment for ninety-nine days; a rachitic boy of two years died of pneumonia after ten days' treatment; a man of sixty years, in twenty days, of gastric ulcer; a boy of fifteen months, in twelve days, of intestinal atrophy.

Ninety-seven domiciliary visits were made; eleven physicians and medical students visited the Institution during the year.

Allgem. Hom. Zeitung, Nov. 23, 1868.

OBITUARY.

Died, in Vienna, on the 23d of November, 1868, of pneumonia, Dr. William Fleischmann, Physician at the Hospital of the Grey Sisters in Gumpendorf; Knight of the Order of Francis Joseph, of the Papal Order of St. Gregory, of the Bavarian Order of Michæl, of the Saxon Albrecht Order, of the Prussian Order of the Crown, of the Lucca Order of Louis, Member of the Medical Society of Vienna, of the Homœopathic Central Society, and of many other learned societies.

Thus we have lost another of our most valued ones. During his long life he worked for homœopathy in every direction and with the greatest success. His reward was the high estimation of his clients and the devoted esteem of his colleagues.

A Vienna journal speaks of his death as a deeply felt loss to many sufferers, "who trusted to him with confidence, owing not only to his skill as a physician, but to his qualities as a man, his fine understanding, humane heart, spotless and reliable character, and ripened experience. In spite of his advanced years and bodily infirmities, he was, until his last illness, indefatigable in his devotion to his profession, both at the Hospital of the Sisters in Gumpendorf, and in his extensive private practice. All with whom he came in contact, will keep him, in grateful, lasting remembrance. *Sit ei terra levis.*"

Allgem. Hom. Zeitung, *Nov.* 30, 1868.

ITEMS AND EXTRACTS.

The Castor Bean — Ricinus communis — grows in California.

The largest chemical laboratory in the world is in Berlin.

Diphtheria. — An acidulated solution of Pepsine is said to be a ready solvent of the false membrane in diphtheria.

Glanders. — Two pupils of the Veterinary College of Lyons, MM. Cristeau and Kaener, have discovered the presence of bacteri in the pus and the blood of glandered animals. They have also ascertained that an exaggerated proportion of leucocytes exists in the blood of the animals.

New York Hom. Med. College. — It is the design of the managers of this Institution to have as large and efficient a Faculty as is connected with any other college in the country. During the past month two special lecturers have been added, viz: F. S. Bradford, M.D., on Diseases of Children, and I. M. Ward, M.D., on Diseases of the Respiratory Organs. This is a step in the right direction, and if it is evident that the college takes the broad ground of benefiting the profession rather than one or two members thereof, it will command and receive a hearty support.

New Origin of Scald-Head. — M. Saint-Cyr, professor of the veterinary school at Lyons, has discovered a new disease in the cat. This

is nothing more than the scald-head (*tinea favosa*) of man, and explains how children, who play freely with cats, may contract scald-head without apparent means of contagion.

Check Reins are a great check upon the intelligence of horses. Without them this noble animal will keep his way safely in a country road in the darkest night. He will also travel farther and with less fatigue without this unnecessary restraint.

A Toledo (O.) doctor, who pretended to make astonishing cures by "animal magnetism," has been arrested, and six electric batteries with which he kept up the necessary supply, were found on his person.

Extract of Beef. — Liebig has made a reply to the thesis of Dr. Kemmerich, of Bonn, who attempted to prove that the extract of beef was a poison. He states that the experiments were improperly conducted, inasmuch as the rabbits, into whose stomachs the beef tea was injected in large quantities, are graminivorous animals, and yet were not injured by a moderate quantity; while a dog, a carnivorous animal, was actually benefited by as much broth as its stomach could contain.

The New York Homœopathic Hospital. — An earnest effort is on foot, to at once establish this institution on an extensive scale. With energy and well directed exertions, it will certainly succeed. Indeed it is wonderful that in a city of eight hundred thousand inhabitants and with more than two hundred successful practitioners of homœopathy that no hospital furnishes to the poor this treatment which so many of the rich employ. In a short time, we shall hope to record a different state of things.

New Source for Indigo. — In England, the second hand blue postage stamps, are bought up for the indigo contained in the coloring. A Frenchman has just patented a process for extracting the indigo from blue rags.

Antidote to Carbolic Acid.— In poisoning with this acid, the best antidote, after the stomach pump, is large doses of olive or almond oil, with a little castor oil. Oil is a solvent, and consequently a diluent of carbolic acid, and may be used to stop the corrosive effect of the acid when its action on the skin is too violent. — *Exchange.*

A Problem for our Allopathic Friends.— New York city has doubled its number of homœopathic physicians every five years for the last forty years. At present it has over two hundred practitioners of this school. If the ratio of increase continues the same, how many allopathic physicians will there be in New York at the close of this century?

The Philadelphia Colleges.— We learn that the Homœopathic Medical College of Pennsylvania and the Hahnemann College of Philadelphia have made arrangements by which the two colleges will be united. "This has been brought about for the purpose of advanc-

ing the cause of homœopathy generally, and the trustees of the new institution will be guided in the choice of name, etc., only by considerations as to what will be for the best good of the whole cause. Both colleges, however, will preserve their separate organizations till after their annual commencements in March next." We are glad to note the "returning reason" of our Philadelphia brethren, and hope that a harmonious and able faculty will be selected from the abundant material which that city affords, and that a college will be established which will command the respect and confidence of the entire profession. We are sure that we speak the wishes of the hundreds of its alumni in hoping that the name and legal existence of the first chartered homœopathic college in the world may be continued.

The Canard about Homœopathy in Russia. — *The Allgemeine Wiener Med. Zeitung*, it seems, was the first in Germany to publish the libellous statements about the prohibition of Homœopathy in Russia. From this source it was copied into various German non-medical papers, but they, all of them, readily published a contradiction as soon as it was shown to them that the statement was false. The *Allgemeine Wiener Med. Zeitung* alone has remained silent, although Dr. V. Meyer, editor of the *Allgem. Hom. Zeitung*, as long ago as Oct. 25th, sent to the Vienna Journal proofs of the falsity of the statement and requested it to publish a contradiction. Now, therefore, in the last number of the Hom. Zeitung, Dr. Meyer, publicly declares "that the editor of the Vienna Journal proceeded with very little caution when he inserted this libel, and that he is possessed by a party spirit, which deprives him of the courage to publish the truth and acknowledge the falsity of his report." Certain Journals in this neighborhood would be none the worse for a similar admonition. H.

REVIEWS AND NOTICES OF BOOKS.

Proceedings of the Homœopathic Medical Society of Ohio. Fourth Annual Session, held in Columbus, Ohio, June 9th, 1868.

This little pamphlet contains some very good thoughts from some very good men, but it is rather shabbily put together, and we venture the opinion that it does not contain the best thoughts of the best men of our school in Ohio. If the profession in that State would all pull in one direction as hard as some of the individual members do, what would they not accomplish?

Practical Homœopathy for the People, Adapted to the Comprehension of the Non-Professional, and for Reference by the Young Practitioner, Including a Number of Most Valuable New Remedies. Eighth Edition. By J. S. Douglas, A.M., M.D. Chicago: C. S. Halsey.

This little book, designed to disseminate among the people a better knowledge of homœopathic practice, is written by one who has devoted over forty years to the study as well as the practice of medicine. In his intercourse with the best and most progressive physicians of the day, and in the performance of his duties as a teacher of medicine, the reading of the latest practical works, and the habitual

proving of new remedies on himself and others, the author has anxiously labored to collect practical information and apply it to the treatment of disease. The fact that this work has already reached the eighth edition, shows that the public appreciate the plain, simple, common-sense teachings of the author.

About one hundred of the most usual affections are briefly described, and the most appropriate remedy, and in some cases two or more remedies, are given. Then follows a materia medica, giving the "characteristic indications of many of the more frequently required drugs," fifty-two in number. In this manner the novice has double instruction in selecting the proper drug.

This book is not designed to make homœopathic physicians of the laity, but simply to aid them when in trouble. On the other hand, the author clearly does not intend it for the use of allopathic physicians, for he says:

"It is greatly to be regretted that so many allopathic physicians are dabbling with homœopathic remedies, and pretending that they can practice homœopathy where it is appropriate as well as we, without any of the study or knowledge necessary to use the remedies with any success or credit to the system. When by their bungling misapplication of these beautiful remedies, they fail of success, or, by giving them in allopathic doses, do serious mischief, they pronounce homœopathy not adapted to such cases. As well might a bungler, after spoiling a board and mangling his hand by attempting to use a saw, pronounce a saw not adapted for use."

A Manual of Pharmacodynamics, by Richard Hughes. Second Edition, with Alphabetical Index. London: Henry Turner & Co.; New York: William Radde. — Entirely different from the preceding is this book, by one of the talented editors of the *British Journal of Homœopathy.*

He says: "I write especially for practitioners of the old school, who desire to acquaint themselves with and furnish themselves for our practice." . . . . And moreover I wanted to have always before me, the mind of our confreres wedded to old notions, bristling with objections to anything new, and requiring explanations to the fullest degree."

Hence he adopted the familiar style of letters. His plan is, in examining the various substances of the homœopathic materia medica, to briefly refer to the substance, state the origin of its provings, and then endeavor to distinguish its pharmacodynamic centres or spheres of action whence radiate the entire pathogenesis of the drug. Its relation to other drugs, and the most commonly used doses, are also given. The following extract will convey a more correct idea of the plan:

"We use in our practice, both kinds of hemp, the *Cannabis Indica* and that which grows in colder climates. The difference seems to be that in the former is developed a resin, which has powerful neurotic properties. I shall take the latter first.

Cannabis Sativa.

"A tincture is prepared from the flowering tops and upper leaflets. Hemp was proved by Hahnemann, and its pathogenesis appears in the "Materia Medica Pura." See also an account of its morbid anatomy from Morgagni, in the "*British Journal of Homœopathy*," vol. VI, page 507. From the symptoms produced, three groups have led to practical results — those of the urinary organs, the eye and the lungs.

"1. *Cannabis* appears to produce excessive irritation of the mucous membrane of the bladder and urethra, including the prepuce. The latter is dark, red, hot, and inflamed; there is much burning in the urethra, painful and difficult micturition, chordee, and mucous discharge. In one often cited instance, observed by Morgagni, the urine had to be drawn off by the catheter; but afterwards could not even thus be evacuated, on account of the instruments becoming clogged with mucous and pus. These effects have led to the successful employment of *Cannabis* in many similar urinary disorders, but especially in *gonorrhœa*. I have the highest opinion of it as a remedy for this disease, after acute inflammatory symptoms (if present) have been subdued by *Aconite*.

"2. *Cannabis* is credited by Hahnemann with the production of a pellicle upon the cornea. Whether this symptom be a true one or not, it is certain that the medicine has some effect in removing such specks when left behind by strumous ophthalmia.

"3. Another somewhat questionable effect of *Cannabis* is 'inflammation of the lungs,' with delirium and vomiting of green bile. It is recommended by Dr. P. P. Wells in cases presenting these complications, to promote absorption of exudation limited to the lower portion of either or both lungs. The cough is frequent, teasing, hard, sometimes dry, sometimes even incessant.

"Besides these affections, Dr. Quin once cured with *Cannabis* a neuralgia of long standing, sympathetic of uterine disorder showing itself in menorrhagia. Taking the hint, I have lately given it with much relief in a case of menstrual headache.

"The first-named action of *Cannabis* assimilates it to *Apis*, *Cantharis*, *Copaiba*, and *Teribinthina*; the second to *Euphrasia;* the third to *Sulphur*, *Phosphorus*, and perhaps *Lachesis*.

"It is generally agreed that for gonorrhœa the mother-tincture of *Cannabis* is required in frequent doses of from one to ten drops. In other affections the high dilutions seem efficacious."

It will be readily seen, that while this book would be a new and wonderful revelation to allopathic physicians, which they could understand, and which might lead them to use with some degree of intelligence the homœopathic medicines, to the homœopathic practitioner, it is but a guide-board, pointing to the rich mine of the materia medica, and telling him where he can find and work its richest veins of ore. To both homœopaths and allopaths we can recommend it. Both can employ it for useful and legitimate, though widely different urposes.

TO CORRESPONDENTS.

A. J. T.— Thanks for the items of news. They follow the heavier articles in a journal as acceptably as a dessert does a substantial dinner.

L. B. G.— Much obliged for your good opinion of the *Gazette*, and also your promises of aid. We shall spare no pains to retain the former, and shall hope you will keep the latter.

A. E. S.— Your report was very acceptable, as will be any experiences derived from your Institution. Don't forget the meeting of the American Institute in Boston next June.

W. M.—You will see by another item that there is a prospect of harmoniously blending the two Philadelphia colleges into one.

C. B. C. of Middlebury, Vt., writes, "Homœopathy in this town and vicinity is flourishing. Four years ago, I came here, and there was scarcely a homœopathic family in this town; now there are but few of the best families who are not our warm friends. Here as elsewhere the most intelligent adopt our system first."

H. M. S.— Many thanks for the splendid list of subscribers you have sent. We hope the *Gazette* will carry to them a pleasure equal to that which their support brings to us.

E. G. C.— We do not believe that science should be monopolized by either sex and we shall welcome any really valuable observation, quite as heartily from one of your sex as from one of our own. It is true that there are positions in the profession which women can better fill than men; and the most noble and liberal members of the profession are willing to assist "women of the right order of mind" to such positions.

S. L.—We hope in future you will write your communications only on one side of the paper. Otherwise it occasions great confusion among a mass of manuscript in a printing office.

PERSONAL.

Constantine Hering, M.D. — We regret to learn that this noble veteran in our cause was, in the early part of this winter, so dangerously ill with acute bronchitis, that his life was despaired of for some days. He has now fully recovered, and resumed his accustomed labors.

Henry M. Smith & Brother. — The old and familiar firm of J. T. S. Smith & Son no longer exists. At the beginning of the year, the elder Mr. Smith, so long and favorably known to our physicians, retired from active business. For a quarter of a century or more he has been identified with the rise and progress of homœopathy in this country, and while we shall miss his oft seen name, we have the assurance that his sons are his worthy successors.

Dr. Charles Bailey, of Pittsfield, has returned from his anticipated trip to Cuba, the insurrection there interfering with his arrangements. He has seen somewhat of the country, however, in the twenty-eight days of his absence, having been in twenty-two States and travelled 5,000 miles.

Dr. Paul Munde, son of Dr. Charles Munde, formerly of Northampton and now U. S. Consul at Würzburg, Germany, has been appointed Second Assistant and Tutor in the Obstetric Department of the Würzburg University. This University is one of the oldest in Europe. It was founded in 1403, and in the Medical Department has about three hundred students.

Eliphalet Clark, M.D., of Portland, Me., was thrown from a sleigh on Monday, January 18, breaking his clavicle and injuring him internally. We learn this from a daily paper. Will some of the Portland physicians report the result of his injuries?

Prof. Carroll Dunham of New York, sailed for Nassau, N. P., on January 28, for a six weeks absence. He is suffering from a cough following capillary bronchitis, and we hope this trip may entirely restore his health.

L. M. Lee, M.D., formerly of Randolph, Mass., has resumed practice at Dorchester, Mass.

Edward W. Avery, M.D., of Poughkeepsie, N. Y., is the Secretary of the Alumni of the New York Homœopathic Medical College. He desires the addresses of all the graduates.

Prof. G. W. Barnes of Cleveland, we learn, continues seriously ill.

Marriages. On December 10, 1868, E. T. Smith, M.D., of East Corinth, Vt., to Miss Elizabeth Halley of Newbury, Vt.

In Norwich, Ct., December 17, 1868, James H. Kimball, M.D., of Lynn, to Miss Julia A. Bill of Norwich.

On December 10, 1868, B. J. Burnett, M.D., of Mt. Vernon, N. Y., to Miss Louisa G. Watts.

Deaths. On December 29, 1868, Mary Bolles Krebs, æt. 3 years, daughter of Anne S. and Francis H. Krebs, M.D., of Boston.

Professor William Fleischmann of Vienna, died in that city, on November 23, 1868.

The death of Dr. Fleischmann will be sincerely regretted by the profession in this country, especially by those of us who have been recipients of his kind attentions, and were cordially welcomed by him at the Hospital in Gumpendorf, with which he was so long connected, and where his place will not be easily filled. H.

BOOKS AND PAMPHLETS RECEIVED.

The following journals for January, viz:

The Medical Investigator [A wide awake practical and valuable journal]. United States Medical and Surgical Journal. The Homœopathic Sun [Its motto might well be "It shines for all"]. American Journal of Homœopathic Materia Medica. The Hahnemannian Monthly. American Homœopathic Observer. The Homœopathic World [The best popular Journal of Homœopathy ever published]. Boston Medical and Surgical Journal, numbers 21 to 25 inclusive. The Medical Record, Nos. 69 and 70 [One of the best allopathic medical journals, neither bigoted nor abusive]. Monthly Record of Five Points' House of Industry. Boston Journal of Chemistry [A physician cannot spend fifty cents better than in subscribing for this paper]. The Guardian of Health. Our Dumb Animals. Littell's Living Age and Every Saturday [Two excellent journals for the lighter non-professional reading of physicians]. The Monthly Homœopathic Independent for December and January. The Western Homœopathic Observer, October, November and December numbers [We are glad to see these St. Louis Journals once more]. Pacific Medical and Surgical Journal, December, 1868.

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ALCOHOLIC GARGLES IN DIPHTHERIA.

BY H. L. H. HOFFENDAHL, M.D., OF BOSTON.

The number of this journal for October 1867, contains a translation, made by me, of an article by Dr. Von Grauvogl on the treatment of diphtheria with alcoholic gargles. This treatment is based on the theory that the diphtheritic membrane has its origin in the presence of a certain vegetable parasite, which is most rapidly destroyed by diluted alcohol.

The theory of the cryptogamic origin of diphtheria and of various other diseases, although it has many supporters, still rests on a very uncertain foundation. But the satisfactory results reported by Dr. Von Grauvogl, and by several other observers who applied his method, determined me to try this treatment in the first serious case that came under my observation. Such an opportunity occurred recently, as will be seen by the following report:

Case 1. Jan. 3, 1869. Called to see Miss Bertha D., 10 years old, of delicate habit, very subject to troubles with her throat, and always quickly prostrated by disease. She was living with her parents at the St. James Hotel, where there had recently occurred, under other treatment, several severe cases of scarlatina, one ending fatally. The child herself had had scarlatina two years ago. Found merely general febrile symptoms, quick pulse, pain in limbs and back, and nausea, nothing abnormal in the throat. *Aconite*[1] every hour alternately with *Gelsem.*[1]

Jan. 4. The patient had passed a very restless night, with high fever and nausea. On examining the throat, found some swelling

and redness of tonsils and a few small grayish patches. *Bry.*[2]—. *Kali bich.*[2] alternately every hour. A weak solution of chlorate of potassa as a gargle.

Jan. 5. Patient had passed a worse night than the previous one, high fever and great restlessness. Prostration from want of sleep, and great difficulty in swallowing beef tea, which was ordered to be given frequently. Tonsils deep red, so swollen as to meet, and prevent a view of the posterior wall of the pharynx. Grayish exudation covering the greater part of the tonsils and uvula. Same treatment, with the addition of inhaling the steam from an infusion of hops every few hours.

Jan. 6. Morning.—Another very bad night. Pulse one hundred and twenty, great prostration and inability to swallow. Tonsils and soft palate nearly covered with exudation. Impossible to obtain a view of the pharynx. Continued treatment.

Four P. M.—Sent for in haste. Patient rapidly growing worse. Pulse one hundred and forty, weak, prostration extreme, somnolence, and occasional starting up and trying to leave the bed. The case appeared to me quite desperate, and I determined to try Grauvogl's treatment as a last resource. Commenced at once with gargles of a weak solution of brandy,—fifteen drops to a tablespoonful of water,—seeming most grateful to the patient. This was to be used every hour. *Arsenic.*[2], every hour; occasional steaming with the hops; and beef tea, to be given in small quantities, occasionally.

Half past nine P. M.—Decided improvement. The patient was delighted with the gargle, as it gave her great relief every time she used it. She had begun to expectorate bloody mucus and shreds of lymph in considerable quantities. On inspection the diphtheritic patches were found to be loosening in several places.

Another symptom appeared to-day, showing the virulence of the diphtheritic poison. During the previous night the patient accidentally bit her lip, causing a very slight excoriation. This at once spread into an ugly looking ulcer, half an inch in length, and a quarter of an inch in breadth, which was soon covered by diphtheritic membrane, while the lip was swollen to thrice its natural size.

Jan. 7. Morning.—The patient's improvement appeared to me to

be astonishing. During the previous night she had enjoyed refreshing sleep for the first time since the beginning of her sickness. She would sleep for about an hour at a time, then, with an energy and courage scarcely to be expected in a child of her age, she would herself call for her gargle and steaming, then expectorate profusely, and then quietly sink off into another refreshing sleep.

Inspection showed that the uvula and one tonsil were entirely clear of membrane, some shreds still adhering to the other. The swelling of the tonsils had subsided so much that a clear view was obtained of the posterior wall of the pharynx, which was found to be entirely covered by a diphtheritic deposit, thick and flocculent, but apparently loosening in every direction. Expectoration of bloody mucus and shreds of lymph was very copious, and also bloody sanious discharge from the nostrils. Continued *Ars.*[2] every hour, brandy gargle every hour, and steaming when the patient called for it. As the beef-tea still caused great distress in swallowing, milk was substituted for it, and taken quite freely through the day, with relish.—Pulse one hundred. At half past nine the tonsils were entirely clear of membrane and only a superficial layer remained in the pharynx. Pulse eighty.

Jan. 8. Patient slept several hours at a time during the night, but on awakening, would herself call for the gargle and an occasional steaming. On inspection of the throat, only a few slight traces of membrane were found. Copious discharge still from throat and nose, the sore on the lip had cast off its membrane, and looked like a simple ulcer with destruction of the mucous membrane. This ulceration granulated and slowly healed from the edges; it annoyed the patient for several days after every other symptom of the disease had disappeared. Continue *Ars.*[2] every hour, gargling and steaming when called for by the patient, which was only three or four times. Made no further visit to-day as the patient did not seem to require it.

Jan. 9. Patient had slept nearly all night. No trace of membrane left. Could swallow with ease, and was put on beef-steak and roast beef, which she took with relish. Discharged from treatment as convalescent.

I deviated from Grauvogl's treatment in two respects. He uses the sixth dilution of *Arsenic* from fear of a medical aggravation. I

used the second, which I generally carry in my case, without observing any bad effects. I also employed steaming with an infusion of hops, because I have, in many cases, found it very grateful to the patient, allaying nervous irritability and expediting the separation of the membrane. In this case the steaming helped to make the patient more comfortable, but no impression was made upon the progress of the disease until the brandy gargle was used.

By way of comparison I will give a short summary of another case which came under my care recently, and was treated *without* the brandy gargle.

Case 2. Mrs. G. aged 30, in robust health, having had no illness since childhood. Having suffered two days from fever, general uneasiness and sore throat, she sent for me November 18, 1868. Found patient quite feverish; pulse ninety-six, tonsils moderately swollen, and covered with diffuse patches, also some patches on posterior wall of pharynx. *Kali bich.*[2], and *Bry.*[2], alternately every hour; and uses a weak solution of chlorate of potassa as a gargle.

Nov. 19. Patient had passed a restless night. The membranes were found to be gradually spreading over the tonsils and fauces. Larynx intact. Same treatment, with the addition of steaming with my favorite infusion of hops. Under this treatment the disease went through its regular course until November 22. Then the membranes began to separate, until the throat was entirely clear on the 26th, when I discontinued my daily visits. But the patient was troubled for some time with the usual sequelæ of diphtheria. There was great general prostration, lasting for weeks, partial paralysis of the extremities, paralysis of the muscles of deglutition, so that, for a long time, on attempting to swallow liquids, they were regurgitated through the nose. Also dimness of vision, so that it was impossible to sew or even to read for more than a few minutes at a time. The patient was put on *Phosphorus* [2], and *Ferr. mur.* in five-drop doses, three times a day. When last seen, January 16, 1869, that is just two months from the time of the commencement of her illness, her limbs were fast regaining their strength, the power of swallowing was nearly restored, and vision was almost normal, but she was still far from well.

Thus we have here a case of medium intensity, in a mature, healthy woman, with moderate constitutional symptoms. The formation of the membrane not prevented by the treatment, but running its regular course, and lasting for ten days. Then very slow recovery, and sequelæ troubling the patient for two months.

But in case 1, the disease, occurring in a delicate child, at once assumes a grave form, with alarming general symptoms. On the third day the membrane has invaded every visible part of the throat. Now the brandy gargle is used, and there is a decided change for the better in four hours. The next day the membrane is rapidly disappearing, and in four days the patient is well,—no sequelæ. This almost immediate improvement from the moment the gargle was used shows very plainly that the rapid recovery could not have been accidental, but was the result of the treatment.

This is the only case I have to report, and proves but little by itself. But I hope that it may induce others to use Grauvogl's treatment and publish the results. I can find but one writer on this subject in our journals. Dr. Zwingenberg, of Brandenburg (*Allgem. Hom. Zeitung*, vol. 77, no. 1), reports that he treated all his cases, during a severe epidemic of diphtheria in his neighborhood, according to Grauvogl's method, without losing a case. But under the treatment of the old school there were many deaths. He also used the alcoholic gargle as a prophylactic, with the best results.

Since writing the above, I have had the opportunity of treating another case in the same manner, with an equally favorable result. This case occurred in a family that had, several years before, under other treatment, had four of their children attacked by diphtheria, and three of them died. The patient, a healthy boy of six years, had feverish symptoms for several days.

Jan. 31. A few slight patches on the tonsils, considerable fever.

Feb. 1. Patient had scarcely slept all night, and appeared very sick and prostrated. One mass of membrane extended over both tonsils, the uvula and visible part of pharynx. On account of the child's tender age it seemed rather hopeless to induce him to use a

gargle. But by perseverance we overcame his opposition, and he used it steadily every hour during the day, *Arsen.*[2], being also given once an hour. At the evening visit the membrane was beginning to loosen.

Feb. 2. Patient had passed a quieter night, membrane had disappeared from tonsils, and, to some extent, from pharynx. Continue treatment.

Feb. 3. Membrane all gone except a little fragment attached to the posterior surface of uvula.

Feb. 4. The patient was convalescent.

This case was in every respect of a milder type than the two others. But there was the same rapid disappearance of the membrane, and immediate yielding of the constitutional symptoms, as soon as the brandy gargle was used.

Note by the Editor of the Gazette. — Since perusing the manuscript of this article, we have applied the proposed treatment in a case of scarlatina, accompanied by severe sore throat, with gray-colored, ashy deposits covering both tonsils. The sore throat began on the second day of the eruption, and there was considerable glandular swelling and great prostration; and as the patient, a boy of eight years, was of a highly scrofulous diathesis, the symptoms were altogether alarming. Weak brandy and water were used as the gargle, and proved very grateful to him. The relief was immediate, and his improvement rapid. The swelling of the glands diminished, and in two days the deposit was entirely removed from the tonsils. This method is well worthy of trial.

PROGRESSIVE MUSCULAR ATROPHY.

BY GEORGE F. BUTMAN, M.D., OF BOSTON.

Muscular atrophy, or, as it is sometimes called, wasting palsy, is a disease which was unknown until the present century. Sir Charles Bell, was the first to call attention to it. He remarks that the disease is an obscure one, but probably arises from defective nutrition. It is more likely however, that it arises from reflex

action; since, so far as we are able to discover, the nerves are found to be sound and healthy, even in the affected muscles.

In 1853, M. Cruvelhier read his researches on this singular disease before the Académie de Médicine at Paris; and so graphic was his description that in Europe it has since been called Cruvelhier's atrophy. Dr. Brown-Séquard in his work on the Physiology and Pathology of the Nervous Centres, page 156, remarks: "Reflex changes in nutrition ought to be known as being amongst the most frequent causes of many diseases. An irritation starts from an excitable part of a nerve, it reaches the nervous centres and thence, being reflected to a more or less distant part of the body, it produces either a contraction of a blood vessel, and, through this, effects a diminution of nutrition, or it acts directly upon the tissues, and produces an alteration of the interchanges between them and the blood." Again, on page 163 of the same work under the article Muscular Atrophy by a Reflex Action, he says: "My friend and pupil, M. Clément Bonnefin, is now collecting facts of this kind, and already he has observed a great many; he has found a very striking one in which the atrophy was due to a neuralgia. Farther on, he says: "I have seen two cases, one of sciatica, having produced an atrophy of some of the muscles of the leg; in the other, the pain, starting from the cicatrix of a wound on the left forearm, has caused atrophy of both arms. In several of the cases of muscular atrophy collected by Dr. W. Roberts, there is sufficient evidence that this condition of the muscles has been caused by reflex action. That the paralysis of atrophied muscles is not the only cause of atrophy is shown by the fact that this state of the muscles has often existed without paralysis, and sometimes even when there were convulsions in the muscles."

Again, on page 176 of the same work, speaking of the influences of the nervous system upon nutrition and secretions, he says: "If I had time, I would show that most of the morbid changes which have been attributed to paralysis, do not belong to it, but are the results of irritation upon either the nervous centres or the nerves; and that the effects which are truly the consequences of a paralysis are due only in an indirect way to the absence of

nervous action; atrophy of muscles for instance, is chiefly due to the state of rest."

Dr. Garratt, in his work on the Medical Uses of Electricity, says, "wasting palsy is not a self-limited disease, but it is rather a chronic affection, and that in its profoundest signification; its tendency is to death."

The invasion of this disease is insidious, its premonitory symptom being fatigue. It has been known to attack children as well as adults. It is first discovered by a diminution of muscular power, when there is found to exist a wasted condition, continual quivering of the affected parts, and cramping pains, extending from the shoulders to the wrists. The disease, in the commencement, generally attacks the muscles of the shoulders and arms, and then extends to the other muscles of the body. When, finally, the facial muscles are attacked, the case rapidly proves fatal. Sometimes the features are so completely changed that the person affected cannot be recognized.

A very noticeable feature of the disease is the condition of the hands, more especially the thumbs, which have an appearance not unlike claws. This is occasioned by the muscles connecting the first and second metacarpal bones giving way while the lumbricales contract; at the same time the interossei, thenar and hypothenar muscles are atrophied, thus leaving a large hollow place in the ball of the thumbs; the extensors and flexors are then implicated, although the former are most liable to an attack. When the latter muscles are the seat of the disease, the fingers are drawn in and the hand is unable to grasp or hold.

As remarked before, the muscles of the shoulders are by preference attacked first; the trapezius after the serratus magnus, then the rhomboideus; next the muscles which connect the scapula with the thorax are seized; it then spreads to the deltoid, the biceps, and lastly to the muscles of the arms and hands. The muscles of the shoulders having become atrophied, the scapula is left without protection, the humerus is brought to the surface and the acromion and coracoid processes become very prominent. The arms now remain useless at the sides, and the patient is entirely dependent upon others for food and assistance. If the disease becomes gen-

eral, the muscles of the lower extremities are affected, and the case soon proves fatal.

On dissection, the wasted muscles appear of a pale yellow color, wasted as to a few fibres, reduced in volume to mere thin cords. Fatty degeneration of muscular tissue takes place at certain stages of the disease and fills up the parts, making the limbs look plump and natural. If, however, the fat is eliminated as fast as formed there is a marked emaciation.

The following case is a perfect type of progressive palsy, or muscular atrophy: Mr. ——, age thirty-seven, with black hair, dark complexion, nervous-bilious temperament, weight, when in health, one hundred and forty pounds, belongs to a healthy family with no appearance of a chronic disease. The symptoms showed themselves in the summer of 1862, commencing with what was supposed at the time to be a rheumatic affection of the muscles of the shoulders, brought on by taking cold after over-exertion. The tonicity of the muscles decreased until the arms hung powerless at the sides. The other muscles of the body were more or less similarly affected. In this way the case went on with variable results, sometimes seeming to improve and then relapsing to the old condition, each relapse however leaving the patient in a state more difficult to rally from. He was most of the time under the care of one or more physicians.

He came under my charge in August 1867. At that time, he was in as bad a condition as when ill five years before. I found him on the bed, very much emaciated and greatly prostrated, excessively nervous, with no appetite; bowels constipated, and with complete loss of muscular power. He was entirely dependent upon others in his wants. The muscles of the back were very much atrophied, while these of the arms and hands had the appearance of a band of ribbons. The muscles of the lower extremities, in a great degree partook of the same atrophied condition with the upper extremities. There was a continual quivering of the atrophied parts, cramps in the feet and legs, with a painful aching of the muscles of the shoulders and arms. There was dimness of vision, especially of the right eye. The case looked anything but encouraging. An injection of warm soap-suds was given to relieve

the constipation, and to gain time to study up a remedy to meet the case.

Under *Calcarea carbonica* I found the following symptoms: depression of spirits; weeping mood; dim-sightedness; constipation, stools scanty and hard; nightly lacerating and drawing pains in the arms; sudden faintness of the arms like paralysis; numbness, (the German expression is "extinction" or "dying off") of the hands when clutching something; numbness of the fingers and dying off of the same; want of mobility of the fingers; heaviness of the legs, cramps of the legs, also emaciation; visible quivering of the skin; drawing, lacerating pains in the right arm from the shoulder to the hand; deadness of the hands when grasping anything. These symptoms covered the case completely.

I therefore prescribed *Calc. carb.*^{3}, a powder every three hours at first, and afterwards at longer intervals. He immediately began to improve and has continued to do so without any relapse up to the present time. The muscles have resumed their natural size and position; and with the exception of a slight awkwardness of the fingers, he has the appearance of one in perfect health.

CLINICAL EXPERIENCES.

BY THOMAS F. POMEROY, M.D., OF DETROIT, MICH.

Dr. Holcombe's "Experiments with the highest dilutions" in the Jan. No. of the *Gazette* attracted my attention, and greatly excited my interest. They have led me to briefly relate a few cases of my own which may be of interest, particularly because their relation will add somewhat of justification of his course and of force to his ideas as expressed in the first portion of his communication, viz, "I give all kinds of medicines in all kinds of doses." How low down the Doctor goes with his 'material doses,' does not appear, but how high up, is quite satisfactorily manifest; yet after all he may do himself great injustice in accepting the somewhat opprobrious title of "mongrel" from "allopaths and ultra-homœopaths." I think his statements made in that communication, and his evident candor, show his purpose to arrive intelligently at the truth, and

that he has done so. His experience has carried him higher up than I have yet dared, and probably lower down, towards allopathy.

On or about Sept. 17, 1867, a miserable little fellow was put under my care; he was about sixteen months old, and had but very recently lost his mother, a victim of consumption. A scrofulous constitution had evidently been his inheritance. I cannot accurately describe his appearance; when first I saw him, his face was that of a little old man, shrivelled and dried up, expressive only of premature suffering; the cranium was enlarged, the anterior fontanel still unclosed, the eyes and mouth drawn down, and the latter open with a semi-idiotic expression; the neck thin and scrawny, as if it was only a stem to attach the head to the trunk, which exhibited a corresponding appearance of emaciation. The abdomen was greatly enlarged both anteriorly and laterally, and considerably indurated; the spine had a decided lateral curvature; and the legs, the appearance of which completes this picture of the objective symptoms which this distressed and distressing little patient exhibited, were mere sticks,—appendages wholly disproportionate in size, even to his greatly emaciated body. Besides all this, the little fellow was undergoing dentition, with all this deficient supply and misappropriation of the proper element for the production of teeth.

The diagnosis was not difficult with this history and condition present, the treatment did not admit of a great deal of doubt;—not nearly as much as its result. I gave him *Calcarea carb.*[6]. October 15, repeated the same prescription, also on November 30. Improvement began within three weeks, and has continued to the present time; all of the symptoms above-enumerated had disappeared by the 1st January 1868, and he is now, and has been for months as well and as hearty and robust a boy as you would wish to see. He has since required less medical attention than children of ordinarily healthy constitution.

This case exhibits the lower attenuation phase. His sister, who was some years older, and, of scrofulous constitutional taint also, manifested principally in enlargement and induration of the cervical glands, was cured of these by *Brom.*[200], administered April 4, May 12, and June 10, 1868, and occasionally, for a few months more, after

having used *Iodium and Calc. c.*[6], with no benefit. The *Brom.*[200] was prescribed at the suggestion of our friend and colleague Dr. Carroll Dunham, of New York; and to him belongs the credit. But I have cured several cases of chronic diarrhœa, in persons of various ages, one over sixty-five, with *Podoph.*[200], (where in the lower attenuations, it being manifestly the remedy indicated, it failed to produce other than palliative effects,) and other chronic conditions with two-hundredth dilutions, sufficiently to illustrate the truthfulness of Dr. Holcombe's statements and deductions. I however use mainly in my practice the twenty-first centesimal, going lower or higher as my judgment or convenience may indicate. I confess that I am somewhat skeptical as to those very high attenuations; and I am wholly set against "doctoring" with crude drugs *a la* allopathy. I believe most firmly that the correct application of the homœopathic law demands imperatively a greater or less degree of attenuation for the exhibition of its best effect,—we might say, its legitimate results. The necessity for toleration, as well as for patient investigation on the part of the friends and exponents of homœopathy is equally apparent, and these conditions should be fulfilled intelligently and without any preconceived notions or belief. It is only thus that we can hope to truthfully, and successfully illustrate the superiority of our system of therapeutics over all others, and to confer those benefits upon our race that are inherent in it.

DETROIT, January, 19, 1869.

PROFESSOR LOOMIS' OVUM AND BULLET FORCEPS.

BY I. T. TALBOT, M.D., OF BOSTON.

THIS instrument was introduced to the profession in 1853 by its worthy and talented inventor, whose death occurred the following year. Unfortunately he was induced to obtain a patent on it, hoping thereby to secure any pecuniary benefits which might arise from his invention; but, as is usually the case when a patent is applied to surgical instruments, it cost him no little expense and trouble during his life without receiving any remuneration, and the invention was very generally neglected by the profession after his death.

The patent having now expired, it seems very important that so valuable an instrument should be generally known to the profession.

There is perhaps no position in which the accoucheur finds himself so much embarrassed as when, in cases of abortion, the placenta, partially detached, is retained within the uterus.

The hemorrhage which ensues, frequently to an alarming and dangerous extent, often continues for days or even weeks, until the patient is completely exhausted. As many means of relief as the fertile invention of accoucheurs could devise, have been suggested; warm baths, cold baths, injections of every variety, ergot, the tampon, dilatation with sponge tents, a vast number of surgical instruments, etc., etc., all of which have proved ineffectual.

In order to remove an ovum or placenta under such conditions, an instrument is required small enough to be easily introduced into the uterus, through the partially dilated os uteri, and yet sufficiently large and strong to detach, seize and hold the placenta or ovum,—objects difficult to combine in a single instrument. These are perfectly accomplished by Prof. Loomis' forceps, represented in the following drawing:

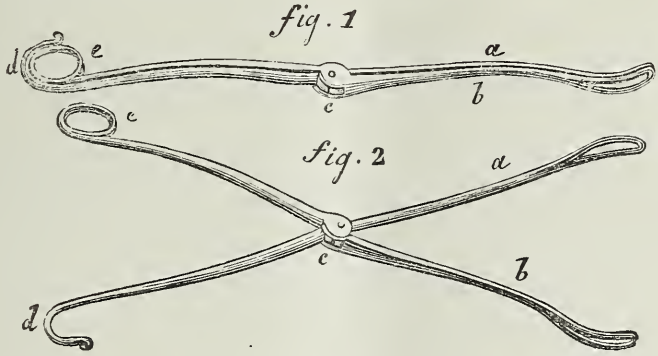

Figure 1 represents the instrument as closed, the two blades *a* and *b* closely fitting together. In this position, the instrument is not more than a half inch in width, and a third in thickness, and can easily pass the partially dilated os uteri. The blade *a* has the power of rotation, as well as opening, at the joint *c*, so that, when in the closed state it has entered the cavity of the uterus, by slightly opening and rotating the movable blade, the curved portion of the blade passes along in close contact with the internal surface

of the uterus, detaching the placenta or ovum, and, on compressing the handles, holds it firmly, so that it may be withdrawn with the instrument. The practical use of this instrument has fully proved its great value. Figure 2 represents the instrument opened.

By changing slightly the curve of the blades, Prof. Loomis considered this instrument adapted to the extraction of bullets or similar foreign bodies, which have penetrated to deep or vital parts, where it would be impossible to reach them by means of an incision. When closed, the instrument is very small, and might follow in the track of the bullet without danger of wounding any vessels. On reaching the bullet, the end of the blade may be passed alongside of it, when the rotary motion encloses the bullet between the blades, and it can then be easily withdrawn. The use of the instrument, however, for this purpose is, I fear, quite theoretical, but its practical value has been proved in a large number of cases of retained placenta in abortion.

At my suggestion, Codman and Shurtleff have recently manufactured and have for sale a supply of these instruments.

INFLUENZAS.

BY C. NEIDHARD, M.D., OF PHILADELPHIA.

THESE epidemic colds, affecting a whole community during winter, —these manifestations of an unknown world, are (as is now generally conceded) not merely the effects of cold weather, but are caused by some deleterious agent floating in the air, generally the product of a damp, moist atmosphere. They fasten themselves upon the mucous membrane of the nose and throat with a desperate grasp. However carefully we may study the symptoms (which is no easy task with our sixty remedies for fluent coryza, forty remedies for sneezing, and forty-five for obstruction of the nose), the true characteristics for each particular case, with all our seeking, are often difficult to discover.

In a long course of practice I have always been able to mitigate the symptoms, but hardly ever to arrest their progress, if once fully established. Old women's remedies, herb teas, which of

course generally act on the homœopathic principle, have often been equally successful with ordinary homœopathic remedies.

If we were better acquainted with the nature of the specific poisons in the atmosphere affecting the mucous membrane in this powerful manner, we should be better able to meet them by the specific homœopathic antidote.

We may study the characteristic symptoms with intense earnestness. Some have fluent coryza with, and others without sneezing. There are cases accompanied by headache, whilst others are without it. Again, the discharge from the nose also differs; it is watery, thick, or greenish; in some cases there is a complete obstruction. Nevertheless we are often able to only relieve these symptoms with a well chosen homœopathic remedy. We are contented if the natural course of the disease can be abridged from one to two weeks.

But the specific method, when arrived at its full development, ought to be able to annihilate them, not only at the outset but during any stage of their progress, by the proper antidote. There must be some general remedies, perhaps not to be given in too small doses, which will antidote these poisons in the air, attacking the mucous membrane with such severity. Dr. Salisbury found sixty-five (65) definite morphological characteristics and bodies in a drop of blood, and he made over thirty-five thousand (35,000) examinations of blood, some of these examinations, extending over half a day's time. We shall probably one day know, what definite changes in the blood co-exist with a cold. In that case the specific method can be directed against them.

Regarding the treatment of these affections, it is generally known that a good dose of *Camphor*, given at the very outset of the influenza, will often arrest its progress, but not during the second stage. The same favorable result has been observed of a mixture of vinegar and alcohol. These facts are too empirical; we ought to be able to give scientific reasons for this beneficial action of these remedies.

My own experience I will here communicate. One of my students once made a proving of *wood naphtha* and obtained a complete fac-simile of a severe cold in the head — running of the

nose, violent sneezing, etc. Ever since then I have employed this remedy in colds of the head, giving several drops of the first dilution at a time. As usual, it has not relieved all cases. *Allium cepa* is the best remedy when the eyes are affected with the coryza, and when the cold has a tendency to extend to the mucous membrane of the larynx. For catarrhal inflammation of the eyes with redness of the conjunctiva and sclerotic coat of the eye *Phytolacca decandra* deserves attention. For similar cases *Euphrasia* is often presented. For headaches over the eyes, so common in severe colds, *Lycopodium* and *Sulphur* are indicated. *Arsenicum* holds the first place where the discharge is thin, watery and very abundant, excoriating the skin. *Silicia* and particularly *Silicate of lime,* in many scrofulous patients, with thick yellowish discharge is also a remedy of great power. To these symptoms may be added, as an indication for the application of *Silicia,* obstruction of the nose and loss of smell. When the disease has reached the bronchia, various remedies come into play; these must be selected with great care; and, as the mucous membrane is the seat of the disease, in not too small a dose.

In the diphtheritic cold, affecting the schneiderian membrane and the mucous membrane of the throat, the latter being merely covered by a veil-like membrane in a much slighter way than the actual diphtheria, the *Chloride of lime* is of the highest importance, as it will cure such cases more thoroughly than any other remedy.*

Another remedy of superior efficacy in a common cold is the *Ammonium phosphoricum,* of which I have made a proving on myself and others. The characteristic symptoms for its exhibition are the following: sneezing with excessive running from the nose and eyes *only in the morning;* after which a deep rough cough supervenes with greenish expectoration; then again the sneezing, as before

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* In the meetings of different medical societies, diphtheria forms a frequent topic of their discussions and many remedies like *Apis mellifica, Carbolic acid* and others are mentioned as having been useful in this disease. Few have as yet ventured to try the *Chloride of lime.* Still, my later experience confirms me in regard to its superiority over all other remedies in this disease. I would like to see it fully tested by others also.

Were it not for the difficulty of making people prove a medicine with such a disagreeable taste I would long ago have instituted provings with it, which are absolutely necessary for the verification of its action *ab usu in morbis.*

mentioned; coldness at the least draught of air; rose-colored sediment from the urine.

I trust that this article may induce other practitioners to give their experience in this annoying complaint.

EPIDEMIC INFLUENZA.

BY JAMES B. BELL, M.D., OF AUGUSTA, ME.

THE present epidemic of influenza, so prevalent throughout the most of New England, has been characterized in this section, by the following symptoms:

Rawness and scraping in the pharynx, *worse toward evening.*

Hawking of mucus in the morning.

Fluent coryza, *with great dulness of the head, and sleepiness, more during the day, and after meals.*

Blowing of blood from the nose, *profuse hemorrhages from the nose and mouth.*

Much sneezing, frequent alternation of fluent and dry coryza.

Sensitiveness of the region of the liver, with stitches there.

Hoarseness, rawness in the larynx and trachea. Cough, excited by tickling in the chest, generally dry in the evening and night, with mucous expectoration in the morning and during the day, aggravated by *talking and laughing;* by crying (of children); by lying on the back or *left side.*

Much fever and thirst.

These symptoms are all found in the proving of *Phosphorus,* and this proves to be the remedy for the *genius epidemicus. Phos.*^{200} has accomplished all that could be desired in nearly every case in which I have used it; reducing the duration of this "self-limited" affection, from the usual time of two or three weeks, to the more agreeable space of three or four days.

In a few cases I have used *Pulsatilla,* the indications for which were, great obstruction of the nose with cough; worse at night and when lying down, and better in the open air. All these were women and female children.

The hemorrhages have been very profuse and alarming, in some cases, but have not returned after the first dose of *Phosphorus.*

Of course, very few cases have presented all the symptoms of the epidemic; but, these once obtained, indicated the remedy in every case, unless contra-indicated by other symptoms.

The pathology of the epidemic has so evidently involved the liver, that, among our old school friends, the calomel bottle has not been idle.

The New England Medical Gazette.

BOSTON, MARCH 1869.

We insert in this number of the *Gazette* an article from the pen of a well-known and forcible writer, on the subject of "Women as Physicians," not because this journal is to be the organ of "reform" in this direction; but, inasmuch as the "leading social problem" of the day, whenever it impinges on the profession, is of special interest to physicians, we, as members of the progressive school of medicine, are quite ready to listen to any clear or well deduced argument on this subject.

But it seems to us that the question is not, whether it is proper for women to practise medicine; nor whether they are mentally or physically competent to do so; nor yet whether we are willing to allow women to enter the medical profession. These questions have been taken out of our hands and decided by the three hundred women already in active and, in many cases, successful and lucrative practice in the United States. It having been settled then, that women will practise medicine, and that the public will employ them, it should be considered whether the profession shall aid these women to a thorough medical education by giving them access to the colleges, societies, and all the honors, privileges and amenities of the profession, or refuse these essential means of education and strength, throw obstacles and discouragements in their way, and ignore them; or, in the fact of their undoubted success, give a tardy and ungracious recognition of their merits. Is it right, is it liberal, is it generous in the profession to compel them, unassisted and unwelcomed, to walk a path in which many a strong man, aided by traditional, hereditary and professional rights, often falters and sometimes fails altogether?

It is a question too for our school to decide whether we will pur-

sue towards women as physicians the same course of ridicule, detraction and opposition, which our opponents have seen fit to extend to us.

Homœopathic Literature. — We see it stated, that in the United States there is one eclectic medical journal for every *two thousand* of its practitioners; one allopathic journal for every *one thousand* of that class, while the homœopathists sustain a journal for every *five hundred* physicians. This is significant, and serves to corroborate what has often been asserted in regard to the more than average intelligence of the exponents of homœopathy. It also evidences their assiduity and enthusiasm in the cultivation and improvement of medical science through the acknowledged powerful medium of periodical literature. But the difference is not so great in the relative number of journals as in the use made of them. There are very few homœopathic physicians who do not take one or two allopathic, and twice as many homœopathic journals, all of which are read with care and attention. This fact contributes greatly to the progressive character of our school, and the leading members of it are, and will be, those who read the current medical literature most extensively and carefully. To make that literature still more valuable, and still better worthy the attention it receives, should be the ambition of every member of our school.

CORRESPONDENCE.

WOMEN AS PHYSICIANS.

To the Editor of the New England Medical Gazette:

I am not a homœopathist; indeed, I do not think I am any sort of an *ist* at all. I am only one of those who desire to stand in the current of God's providence and take all the blessings its successive waves may bring. I think the *main current* holds the *main truth* of both theory and experience; but it often grows sluggish in the pleasant meadows, and needs the reformatory influence of the mountain streams that dash into it here and there with such invigorating hurry. I thank homœopathy then for many a stout push given to the slow stream. I thank it for the stress laid on diet, water, exercise; for the dependence placed upon natural laws, and for many new medicines brought into use. I have heard some physicians insist that our Pharmacopœia owes literally nothing to Hahnemann and his followers. I do not know what the books might say, but I do know practically that we are greatly indebted to homœopathy for new remedies. I cannot tell what the Egyptian mysteries with the sign of Jupiter prefixed may have hidden from my profane eyes; but I do know that I now use

Aconite where I once used *Nitre*, *Belladonna* where I had nothing, and *Mercurius* and *Lachesis* where I once grasped wildly at a blue pill.

Now these things had led me to believe that Hahnemann meant to be the prophet of reform. I hoped that the homœopaths would seek the sympathies of progressive people, who alone can impart vigor to new movements; and I have been a good deal surprised at the attitude of its medical society towards women. When it was proposed, not long ago, that Mrs. Mercy Jackson should become a member, the debate was very entertaining to those of us who knew the woman. One young man thought that the whole proper duty of the sex was to bear and rear children! Why, Mrs. Jackson had brought thirteen into the world and reared them carefully before he was born, and had been actually pressed into the medical profession by the demands her believing neighbors made upon her time and sympathy! She was not a rich woman. If her whole life was to be spent for others, why not for a remuneration, like that of the physician? And here was certainly one young man not altogether fitly reared, although his mother might not be a doctor!

Let us look the question in the face for a few moments. The best physicians are the most sympathetic men. In women sympathy is active; — we all know what tricks it plays them in hysteria. There are a great number of common diseases which men and women can treat with equal success; but when we come to diseases special to a sex or unusual in themselves the case is different. After the experience of La Chapelle, Charriere and a host of others I suppose all educated men will admit their capacity as midwives. The opposition which Dr. John C. Warren encountered when he brought Mrs. Alexander from Edinboro', forty years ago, has come to an end.

Gestation is a process of life and health, not a symptom of disease. The majority of women need just a little help from an intelligent woman at the moment of parturition, and then nothing but leave to get strong in peace. For perplexed cases there should be highly educated students of both sexes until the strength and education of women have been proved by long experience to be equal to all emergencies. In the face of death, prejudices disappear and sex is forgotten; but in the healthy flow of daily life intrusion is readily felt to be impertinent.

My own opinion is that the reformation of female criminals and the annihilation of female diseases can only be brought about by women themselves. After a great deal of experience, I am convinced that no woman who has led an impure life *can be herself*, that is, be in a normal condition, in the presence of a man; no matter how sacred his motive in seeking her, she cannot be completely undisturbed. Women who are familar with her usual aspect see the immediate change when he approaches. This remark is not irrelevant. What is true psychologically is also true physically, and for the same reason. Whatever the occult sexual laws may be that determine the matter, it is certain that the diseases popularly known as women's diseases create a morbid activity of the senses in the purest women. This is openly admitted fact in hysteria, and it is equally true of all uterine diseases. A woman's pres-

ence in the sick chamber is the only presence possible without some complication of symptoms, some aggravation of the disorder. This complication and aggravation lie outside the patient's will; they may be an extreme mortification to her, but they will have to be considered nevertheless.

The first reason then for educating women as physicians is the desirableness of offering them relief pure and simple, — relief free from unwonted excitement or perplexing disturbance. Another is to be found in the fact that a vast amount of female diseases is merely simulated. It is not the less disease because it is neither functional nor organic and is only the outgrowth of pampered imagination or false living; but men, themselves a disturbing influence, rarely discover that it is simulated. They pity the patient. They cannot tell, as women can, that a mental stimulus, a moral purpose or a moved nature will do more than medicine. But a still stronger reason may be found in the impossibility of any man's penetrating the mysteries of an organism which he does not share. Possessed of an immense plexus of nerves of which he knows nothing, women are sensitive to a thousand pains and responsive to a thousand remedies of which he cannot dream.

I look for a time when women, educated to the care of women, — men, educated to the care of men; and both trained thoroughly in general anatomy, shall supplement each other's deficiencies in a way not now considered possible, and medicine, as a science, will move forward with gigantic strides. But until women are educated as thoroughly as men, physicians will feel no respect for the testimony they bear. But women have already done much for the science of medicine. Let these facts speak for themselves.

Madame Françoise, the midwife of Catharine de' Medici, lectured ably to *students of both sexes.* James Guillemeau was a French surgeon of eminence, who died in 1613; but the obstetrical observations which gave value to his books were contributed by Madame Perronne.

Louise Boursier Bourgeois, born in 1580, published a book on the "True Causes of Uterine Hemorrhage," which produced an entire change in the practice of her day.

It was to the Countess de Cinchon, and the influence which she used at every court in Europe, and finally at the court of Rome, that the world owed the use of Peruvian bark, and consequently of quinine. Its early name, "Jesuit's bark," showed one step of her process.

See "Anastasis Corticis Peruviani, seu Chinæ Defensis." Genoa, 1661.

Madame Breton patented a system of artificial nourishment for infants, in use in France as late as 1830.

At the early age of twenty-four, and in the year 1736, Elizabeth Blackwell, of London, published a work on medical botany. It was in three volumes, folio, well illustrated, and was the first of its kind in any country.

Madame Ducondray, born at Paris in 1712, was the first lecturer who used a mannikin, which she herself invented and perfected.

Physicians persist in ignoring this fact, although it was publicly approved by the French Academy of Surgeons, Dec. 1, 1758.

Morandi, born at Bologna in 1716, and Bèhéron, born at Paris in 1730, invented and perfected the use of wax preparations to represent diseases. Bèhéron's collection was purchased by Catharine II. of Russia, and went to St. Petersburg. Hunter acknowledged his obligations to her. Morandi's collection at Bologna was visited and perhaps purchased by Joseph II. She was professor of anatomy at the university.

Lady Mary Wortley Montagu introduced inoculation into Europe in 1721, and the intelligent observation of a farmer's wife led Dr. Jenner to his experiments with vaccine matter.

The history of similar contributions to medical science is too long to be written here. Doubtless many other facts survive, if I had time to collect them. My attention was first drawn to them by Dr. H. I. Bowditch, who sent me a book upon the subject, published at Paris in 1840.

When we consider the persistent opposition of men, and the want of general education, have we any reason to be ashamed of the record? CAROLINE H. DALL.

141 Warren Avenue, Feb. 1, 1869.

PROFESSIONAL EDUCATION OF HOMŒOPATHISTS.

MR. EDITOR, — In a recent number of that energetic and generally cheerful journal, the *Medical Investigator*, there appeared a letter from that veteran in our cause, Dr. Gray, of New York, who fears that we are losing our status from lack of education in the arts and sciences.

The editorial comments on these remarks are rather doleful, and portend a dismal future.

Now if the effect of these writings should be simply to urge our physicians to greater efforts and higher attainments, it would be very well, but if they tend to discourage those who have labored, and still are laboring bravely in the advancement of our cause, and serve to put a weapon in the hands of our adversaries, with which they will not fail to smite us "hip and thigh," then I must deprecate any such unguarded, or rather such unjust or incorrect statements.

I happen to have an extensive acquaintance among homœopathic as well as allopathic physicians, and while the professional earnestness, energy, effort and *esprit de corps* is more marked in the former than in the latter, while they are more pains-taking, self-sacrificing and consequently more successful physicians, they are in a great many cases better educated professionally. Why, within a year, six homœopathic physicians were spending an evening together, and in the course of conversation, it was discovered that these men, after a careful education at our best American colleges had, all of them, spent a considerable time in the university of Vienna, and some of them had spent years in the best medical schools of Europe. Now I doubt if six allopathic physicians could *accidentally* meet in this manner in any

city in this country who had followed a better curriculum of professional study.

Then, too, in regard to our journals, see what an advancement has been made. Some of the early publications of our school exhibited, in the most absolute defiance of King's English, the greatest ignorance of our most rudimentary sciences. Now, *tempora mutantur*, a physician must write at least with tolerable correctness of style, and with a thorough knowledge of his subject, to gain entrance to our best journals.

Popular and clap-trap journals give way to scientific publications, and the change in this direction was never greater than within the past three years. Let these valuable adjuncts of the profession press on bravely to the "mark of the high calling," and do all in their power to elevate the standard of education, but never by carping or lugubrious criticism throw discouragement on honest, earnest endeavor in that direction. DR. GOODCHEER.

Hopeful Valley, December, 1868.

REPORTS OF SOCIETIES.

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

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

JANUARY 25, 1869. A paper was read by Dr. De Gersdorf, entitled "Observations on Homœopathy and Homœopathists in Europe."

Dr. DeGersdorf stated that the Academy must not expect from him any elaborate and statistical essay upon purely scientific facts, but that his remarks would consist of observations made while on a tour of recreation and pleasure in Germany; they would be chiefly of a personal and confidential nature, to be spoken of only among professional brethren as indications showing the tendency of the scientific tide abroad.

Numerically and statistically, the progress of homœopathy in Europe could not be compared with its advance in America; still its influence could be seen in the modified therapeutics and more liberal tone of the old-school teachers and practitioners; and, in conversations which he had held with many of them, the true homœopathic principle of administering remedies could be noticed cropping out, although not acknowledged by them, even if they discerned it. From this and other facts, it was evident that there had been a decided intrinsic gain in homœopathy in Germany during the past few years.

The homœopathists, as well as all other practitioners in Germany, are compelled to hold diplomas from the allopathic schools of medicine, since there are none existing under homœopathic control. It results from this, that, as a rule, those who do run the gantlet of old-school philosophy without receiving wounds mortal to their pre-established convictions of the truth of homœopathy, at least show the scars

of the conflict in the physiologico-pathological tendency of their ideas, and in a seeming desire to mingle this system with the purely homœopathic. This holds true, for the most part, in the case of the younger members of the profession, — the older, more closely following the true symptomological system. Still, as a class, they are all devoted and firm in their principles, with decision and self-reliance, characteristic of the Germans, and nowhere have the old school barriers been attacked with more boldness or success than in Germany. Homœopathy has, by its brilliant and unequivocal success, been fairly forced upon the old school. While visiting one of the large medical institutions of Berlin, he had been impressed with the truth of this fact by noting the very modified form of treatment used, as compared with that of a few years ago; and this change showed the principle of homœopathy to be gradually but surely working its way to the ascendant.

In conversing with many of the lay citizens, he had noticed that they always spoke in praise of their physicians just in proportion as they more or less closely approximated to a homœopathic mode of treatment.

In many of the smaller towns, and in nearly all the larger, homœopathic pharmacies and dispensaries had been established, mostly since the time of his last visit home, some eight years ago.

The homœopathic physicians were all finely-educated and intellectual men. Nearly every one possessed some peculiar notion as regards the theory or practice of the system, to which he adhered with a pertinacity purely Teutonic.

On the 29th of August, he had attended a meeting of the Central Homœopathic Society of Germany. The meeting was not large; there being but about thirty-five or forty members present. The discussions were marked by a close adherence to the scientific merits of the subject under consideration; and all remarks on outside issues were suppressed by the chair, with a promptness and decision not usually seen in similar bodies on this continent, yet not unworthy of imitation.

Among the proceedings of the society, the reading of a paper on Hydrophobia, by one of the members, — a Polish physician, was particularly worthy of note, being a very clear and impartial analysis of about twenty cases, all caused by the bite of one mad wolf. This paper will doubtless soon appear in print.

Dr. De Gersdorf addressed the society upon the condition of homœopathy in America, and also, being upon the Bureau of Foreign correspondence of the American Institute, upon the subject of arranging for a World's Convention of Homœopathists, as suggested at a late meeting of the Institute. A committee was appointed to consider and arrange the matter.

A vote of thanks was presented to Dr. De Gersdorf for his paper, and a revised copy requested for publication in the *Gazette*.

In the discussion which followed, upon the effects of homœopathic remedies in sea-sickness, Dr. De Gersdorf said, that at the earnest solicitation of his father (one of the oldest homœopathic provers), just before embarking for Germany, he had administered to each of his party a dose of Jenichen's high potency of *Cocculus*, and yet not

one escaped that disagreeable *compagnon du voyage.* He considered that it resulted primarily from a cerebral disturbance, and he had no faith in the power of homœopathic remedies to prevent or cure it. He had heard of the administration of ether and chloroform, but knew nothing as to their effects.

Dr. Woodvine wished to recall the attention of the Academy to a subject which had been discussed at the time of the reading of his paper on "Entozoa," November 23, 1868, namely, as to whether the oxyuris vermicularis is propagated in human beings in the same manner that intestinal worms in horses are said to be by Mr. Haserick of Lake Village, N. H. Since then he had corresponded with, and received a visit from Mr. Haserick and had learned the manner in which he pursued his investigations. It was to wipe the anus of the horse with a woolen cloth, and upon microscopic examination of the substance removed by the cloth, the ova of the worm were found in large numbers. Dr. Woodvine had since tried the same plan with children affected with pin worms, causing the anus to be wiped with a woollen cloth immediately after the paroxysm of itching and biting at the anus. Upon microscopic examination, the cloths showed none of the eggs. But when a piece of moistened black silk was used in the same manner, a large quantity of the eggs were found adhering to it, some of which he exhibited to the Academy under the microscope. He stated that Mr. Haserick considered the paroxysms of itching and biting at the anus, as caused by the worm attaching itself to the mucous membrane just inside the sphincter ani, while depositing its eggs exteriorly. These eggs hatch in a few hours, and the worm makes its way into the rectum.

Dr. Woodvine thought that the observations of Mr. Haserick correctly elucidated the mode of propagation of intestinal worms in horses, and that his own experiments conclusively proved that their mode of reproduction is similar in human beings. Mr. Haserick has since stated to him that he had *seen* the animal in the act of depositing on the anus the mucous fluid in which the eggs were found, and he thought there could no longer exist any doubt that this was really the method of propagation of intestinal worms in horses, and of the oxyuris vermicularis in man.

Dr. Woodvine has made several experiments with these ova and finds that light and air is required to hatch them, and by covering the anus and the parts around with a thin layer of lard the oxyuris is unable to deposit its eggs. As the life of this animal does not exceed seven or eight days, by keeping the lard constantly applied during this time, and thus preventing propagation, the person can be entirely freed from this troublesome parasite.

February 8, 1869. — Dr. W. F. Jackson read a paper entitled Observations on California, its climate, etc.

He alluded to the annoyances of sea-sickness the various measures used in prevention and treatment. Both from observation and experience he was convinced that the boasted homœopathic remedies, *Cocc. Iris* and *Nux*, were of little, if of any use. Brandy seemed for a time to produce amelioration; but in champagne he found the greatest comfort and satisfaction. He considered that no amount of pre-

paration by way of dieting or of taking physic could be relied upon. Some persons are constitutionally liable, and for such the only hope of relief is a recumbent posture and liberal doses of champagne.

After a delightful voyage he arrived at San Francisco on the 15th of February, 1868, and was much pleased at the wonderful developments which have taken place during the past twenty years. From a series of barren sand-hills, occupied by a few soldiers and squalid Mexicans, it has become a city of 125,000 persons, boasting of untold wealth, beautiful buildings, wide streets and energy enough to carry it through any obstacles which man or nature may present.

There are practically three seasons in California, though generally the year is divided into two, the wet and dry. The wet or rainy season commences generally about the first of November and continues until the first of February. During this time rain generally falls on about four out of every seven days. From the first of February until the first of June the weather is delightful. Occasional rains take place, and every thing is as green and as fresh as nature can make it. From the first of June till the first of November not a drop of rain falls, and the country becomes as sere and dry as the desert of Sahara. During the rainy season the roads become almost, if not quite, impassable. And in some parts of the country the doctors are obliged to ride on horseback through such ways as would be deemed here too dangerous to encounter. In the dry season the dust becomes so deep and annoying as to make them wish for rain again. Indeed no one of us can imagine the danger and difficulties of a country doctor's life in California.

During the dry season the westerly winds prevail, causing the light dry sand of San Francisco to blow about in such quantities as to make a residence there extremely uncomfortable. The wind strongly resembles our March ones, though perhaps not nearly as cold. The inhabitants of San Francisco now seek the mountains and other places of resort, and the residents of the mountains and inland cities leave a temperature of 100 to 120 degrees to enjoy the cool bracing winds of San Francisco. By this interchange of residence the general health is promoted and people are enabled to withstand the effects of a climate which would otherwise prove too much for their constitutions. It is claimed by old residents of California that people rarely get sick, but if they do so it requires a long time to recover, and that a change of residence greatly facilitates that end. However the various springs and other places of curiosity are well patronized.

One great drawback to a large portion of California is the want of good water. The soil is so impregnated with various alkalies that the water is not fit for culinary or drinking purposes. San Francisco is partly supplied by beautiful water from the base of the coast-range of mountains, but the prices charged are exorbitant. Stockton is supplied by an artesian well, but the water is objectionable both from its taste and odor. Sacramento is supplied by the river which runs in front of it; but the water, sold by the barrel, is so muddy that it requires days for a proper purification of it. These difficulties will be obviated in time so far as the great cities are concerned, but the country must ever labor under this serious objection.

He had noticed a singular fact, viz: that, although the State abounds in plants and flowers in the greatest profusion, yet very few of them are used in medicine. The only one of which he had heard any favorable mention, was the *Grindelia*, or, "stick-weed." This composite plant (of which he showed a specimen), has considerable reputation as a remedy in asthma, but in what variety of the disease it was most beneficial he could not ascertain.

He had satisfied himself on one point, with regard to which there had been some dispute lately, namely: as to whether the Rhus toxicodendron was a shrub, or a climbing plant. He had seen acre after acre of this plant growing as a shrub from six to twelve feet high; and the climbing variety, or Rhus radicans, was often running over it like a parasite.

The *Chili bark* (a specimen of which he exhibited), was a drug which he thought would be found useful in catarrh and inflammations of the throat. Its powder was a powerful sternutatory; and the bark, when chewed, produced a burning, constrictive sensation in the fauces, almost exactly resembling the feeling experienced in severe catarrh. He had obtained from the bark a gum which he had prescribed for catarrh a number of times, and with apparently good result. The bark grows in South America, and is there used for washing the hair, and also the clothes. It produces a fine lather with water, and does not leave the hair so dry as after washing with soap.

The doctor also exhibited several other specimens not of particular interest to the medical profession.

The mortality reports of San Francisco showed that ten *per cent.* of all deaths were from consumption, and seven *per cent* more from other pulmonary diseases. The statements made by Californians that the majority of deaths from this disease occurred among those who came there with it, he did not believe to be wholly true. It may be so to a certain extent, but he knew of several cases which originated there, and the surgeon of the steamship informed him that many more persons came from California with consumption than went there with it. When the fact is taken into consideration that the young males form a much larger proportion of the inhabitants there than here, it is fair to conclude that the percentage of deaths from pulmonary diseases would equal that of Boston if there were there the same proportion of females and aged persons.

Of the other diseases, intermittent fever, gangrene of the lungs, rheumatism and small-pox, — besides the ordinary colds and bronchial troubles, — formed a large proportion. It was noticeable that the diseases of infancy and childhood, and those which are regarded as of little importance here, are in California of a much more serious character, and oftener prove fatal. The very large proportion of infant deaths was also remarkable.

He thought homœopathy to be in a very favorable condition in California. There are nineteen of its practitioners in the State, seven of whom are in San Francisco. Mentioned in the order of their seniority as residents, the San Francisco physicians are: Drs. Cushing, Eckel, Geary, Dinsmore, Floto, Albertson, and Griswold. He

regretted that there was not more harmony among them, and thought that by well-combined effort they might effect much more than they are now doing, both for the cause and for themselves individually.

In conclusion he thought that the climate of California was not adapted to invalids, and especially to those suffering with pulmonary diseases; and, as for the other conditions of comfort and enjoyment, he thought that it would be folly to leave any of the Eastern or Northern States to seek them there.

In the succeeding discussion Dr. Jackson said that he had heard of persons having variola there with the marks of the previous occurrence of the disease plainly visible upon them.

On motion of Dr. DeGersdorf a vote of thanks was passed to Dr. Jackson for his paper, and the satisfaction of the Academy expressed that he did not find the climate of California so favorable as to prevent his return to Boston. A copy of his communication was requested for publication in the *Gazette*.

BRISTOL COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The quarterly meeting was held on Wednesday, January 27, at the house of Drs. Barrows and Hayward, Taunton, Mass.

The President, G. Felix Matthes, M.D., of New Bedford, in place of an inaugural address substituted a few notes upon epidemic remedies. He stated that the medicine which was specific in one epidemic might be absolutely injurious in another epidemic of the same disease, hence the importance of local societies and of a constant medium of communication between physicians.

Dr. Lewis G. Lowe, of Bridgewater, presented a paper upon bromide of ammonium. In an epidemic of pertussis which prevailed in E. Bridgewater during the summer and fall of '67, he had found this medicine invaluable. In grain doses, 1st dec., given just before a paroxysm, it rarely or never failed to modify the complaint materially.

Dr. E. Sanford, of E. Attleboro', presented a paper upon spinal paralysis, setting forth the prominent symptoms and the medicines which have been found most serviceable, for which the thanks of the society were tendered him.

The attention of the society was called to the peculiar form of angina with hepatic complication which was then prevalent in that immediate vicinity. *Gelseminum* had been found curative where the disease was ushered in with headache and sore, congested eyes; *Bryonia*, in constriction of chest; *Baptisia*, in some instances where the pain was most severe in the back and legs.

Dr. Jones had noticed a peculiarly mottled or striated appearance of the throat, in which he had found *Hydrastis* and *Belladonna* serviceable.

Dr. Ira Barrows, reported a peculiarly interesting case of powerless labor, which had recently occurred in his practice. After the rupture of the membranes, (which occurred on Monday, before the os uteri was fully dilated), there was no uterine contraction whatever. There were evidences of death of the child on Saturday, and a speedy delivery

was effected by means of the crotchet, it having been found impossible to apply forceps.

A second child was found and an effort was made to excite uterine pains. Massive doses of ergot were given with no effect. Instruments were again resorted to for the delivery of both child and afterbirth. Flooding followed which was arrested by means of ice applied to the abdomen and ice tampons; still there was no apparent contraction of the womb. The patient had a steady convalescence.

Dr. Barrows also reported two interesting cases treated with homœopathic remedies: —

1st. Chorea, with tenderness of spine, twitching of face, eyes, etc. He gave *Belladonna*, no improvement; *Hyosciamus*, no improvement; spent six months at seashore, returned unimproved, gave *Nux vomica* twelfth centes., slight improvement; gave 1st decimal, three drops once a day, improvement rapid; entirely cured in three months.

2d. Chronic headache, coming on in the afternoon and lasting into the night; drawing pains in both arms, frequent micturition; grew better towards morning, worked about house in forenoon. *Cuprum met.* and *Veratrum alb.* were selected and given at different times, in attenuations from first to twelfth. No relief was obtained and the patient passed into allopathic hands. Under this treatment the attacks grew more frequent and more severe. After an allopathic trial of more than a year, the patient returned to Dr. Barrows, who was called in the midst of one of her severest attacks; *Cuprum met.*^{400} was given; relief followed in half an hour. A few doses of the same, at intervals of a few hours, relieved most of the symptoms, and *Veratrum alb.*^{400} completed the cure.

The meeting was conducted upon the conversational plan, and many valuable ideas and suggestions were interchanged which the secretary was unable to record. J. W. Hayward, *Secretary.*

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The regular quarterly meeting of the Society, was held at Temperance Hall in Worcester, Feb. 10, 1869, the President, Dr. Nichols, in the chair.

After transacting the necessary business of the Society, Dr. Hunt exhibited and commented upon a very interesting specimen of a fœtus a few weeks old.

Dr. Chamberlain showed some very beautiful pharmaceutical preparations: benzoated lard and zinc ointment.

Dr. Chamberlain stated that he had found *Rumex crisp.* the best remedy in many hard cases of army-itch, where other remedies had failed. He asked if high dilutionists had been successful in the treatment of prurigo.

Dr. Slocomb replied that he had treated a family of four or five persons at various times, covering a period of perhaps six months, at the end of which time every vestige of the disease had disappeared, and has not since returned.

Dr. Whittier spoke of a case in his practice, where the child, born at the seventh month, lived but a few moments. The liver filled the

whole upper part of the abdomen, and weighed seven ounces, and the spleen one and a half ounce.

Dr. Whittier then, according to previous appointment, read a very interesting paper on Acute Rheumatism, its Causes and Treatment. The Society tendered him a vote of thanks for his paper and requested a copy for publication in the *Gazette*.

In the discussion following the reading of the paper, Dr. Whittier said he had not found the use of acids beneficial, as a general thing, though he allowed his patients plenty of lemonade.

Dr. Chamberlain spoke of a case where a rheumatic patient ate a dozen or fifteen lemons and got well.

Dr. Nichols had known of others who gave up medicine, ate one or two dozen lemons and got well.

Dr. Chamberlain has given *Acon.* and *Verat.* and used vapor baths in some cases with good success.

Dr. Sibley gave one drop of tincture of *Rhus* in water to a patient sick with rheumatism; it produced a violent aggravation for a short time, but the patient soon got well. This patient had previously been under allopathic treatment for six weeks.

Dr. Chamberlain wished to know whether in children, rheumatism had a tendency to produce endocarditis. Dr. Nichols thought it had.

The Society then adjourned to dine, with other invited guests, at the house of the President.

In welcoming his guests, Dr. Nichols said that, at first he had thought of inviting them to the Bay State House to dine with him, but it seemed more fitting that this house which, for more than three quarters of a century, had been a sort of head-quarters for the old-school practice, and where, oft-times, even in this very room, the old Worcester County Medical Society had met to partake of the hospitalities of its former owners, should still, though in new hands, continue to offer its festivities, though its partakers were men of the new school of practice; for the old things have passed away, and all things have become new. Dr. Nichols spoke of the great changes that had been developed during the twenty years of his practice in the city. At the outset, but one other practitioner of the new school was to be found in the county, and he in a remote town; while now, there were located, and in regular practice in the county, some twenty representatives of the new faith.

After giving the President a hearty vote of thanks, the Society again repaired to the hall.

Afternoon Session. — Dr. Chamberlain read a very interesting and instructive paper on Phlegmonous Erysipelas, in which numerous cases from his practice were cited. After the reading of the paper, Dr. Chamberlain was tendered a vote of thanks, and requested to prepare a synopsis of it for publication in the *Gazette*.

Dr. J. C. W. Moore, of Worcester, made application to become a member of the Society.

Adjourned. C. C. Slocomb, *Secretary*.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

We have received from the Secretary, Dr. H. M. Paine, of Albany, an extended report of the last meeting, but from lack of space we must defer an abstract of it till our next number. The meeting was a very interesting one.

VERMONT HOMŒOPATHIC MEDICAL SOCIETY.

The Annual Meeting will be held in Burlington, Vt., on Tuesday, June 1, 1869. H. M. Hunter, M.D., St. Johnsbury, is the Secretary.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The twenty-second session of this association will be held in Boston, commencing on Tuesday, June 8th, 1869, and continue four days.

It is just a quarter of a century since the Institute was organized; and it has grown from a small fraternity to an association of nearly one thousand members, scattered through the length and breadth of our country. Its bureaus, embracing the various branches of medical science, afford a field for every member of the profession to labor in and the results of this labor must be of immense advantage to our cause.

The approaching session will undoubtedly be the largest ever held. Every homœopathic physician in good standing should become a member.

Blank applications for membership can be obtained of the General Secretary, I. T. Talbot, M.D., Boston, to whom they may be forwarded, when properly filled, before the next session.

The Bureau of Organization, Registration and Statistics is desirous of completing a register of the homœopathic physicians of the United States. As this list will comprise, aside from the members of the Institute, only those who by sending their names and addresses show an interest in having it correct, every homœopathic physician is requested to forward at once his addresss to the chairman of the Bureau, H. M. Smith, 105 Fourth Avenue, New York.

BROOKLYN HOMŒOPATHIC DISPENSARY.

The usefulness of this institution is rapidly increasing, as will be seen from the fact that during the past year 9,807 patients have been treated and 22,187 prescriptions have been dispensed.

The following gentlemen comprise the Staff for the year 1868–69: —

Clark T. Hamilton, M.D., *House and Visiting Physician.*

A. E. Sumner, M.D., Melville Bryant, M.D., Geo. W. Bowen, M.D., J. L. Keep, M.D., *Consulting Physicians.*

Dr. Hamilton will have charge of the departments of Surgery and of the Eye, Ear and Skin.

W. B. Garside, M.D., will have charge of the departments for the treatment of Diseases of Women and of the Throat and Lungs.

The services of all these gentlemen are given gratuitously, with the exception of the House Physician, who devotes his entire time to the institution.

The Dispensary is open daily, from 1 to 3 P. M., and the house physician is in attendance. Surgical cases are treated on Mondays, Wednesdays and Fridays, from 2 to 3 P. M. Diseases of the Throat, Lungs, and Digestive organs, on the same days. Diseases of Women, and of the Eye, Ear and Skin, on Tuesdays, Thursdays and Saturdays.

Chas. A. Townsend, *President.*
James R. Cowing, *Secretary.*
A. E. Sumner, *Medical Director.*

The rooms of the Brooklyn Dental Infirmary are located in the same building, and are open on Mondays, Wednesdays, and Fridays, from 11 A. M. to 1 P. M., when competent dentists will be in attendance, for the purpose of filling and extracting teeth, and treating all diseases of the mouth, for the poor, gratuitously.

W. H. Atkinson, M.D., D.D.S., *Surgeon.*

ITEMS AND EXTRACTS.

Hydrophobia, if we may believe the papers, is appearing in various parts of the country.

Phthisis and Bright's Disease. — It is said that patients cured of phthisis are apt to die of Bright's disease.

Measles prevailed at Newton Centre, Mass., during the early part of February to such an extent that the schools were closed.

Influenza. — There has been, in Boston and vicinity, an unusual amount of this affection, accompanied by considerable pharyngeal inflammation. It has best yielded to *Arsen.*, *Phyt.* and *Merc.*

Dr. Gallupe, of Bangor, writes that this affection is prevailing very extensively in that vicinity. *Merc.* and *Dulc.* have proved efficient remedies.

Carbuncle. — Dr. James Paget recommends frequent change of air in cases of carbuncle. If the patient is not too low he should go often into the fresh open air.

Scarlatina. — Sweet oil applied to the skin, softens it, and prevents soreness and cracking during the desquamation period of scarlatina.

Poisonous Hair Dyes. — The *Lancet* says that Mrs. Allen's World Renowned Hair Restorer, which is advertised as free from any injurious substance, is found by careful analysis to consist of acetate of lead, sulphur and glycerine. These active poisons produce their legitimate results and we find paralysis, lead colic, and insanity to follow their long continued use. Physicians connot too strictly forbid them to their patients.

Rheumatism. — In the Royal Medical and Chirurgical Society a paper was recently read on the treatment of Rheumatic Fever by

mint water, (expectant?) in comparison with the use of alkalis, lemon juice and blisters. This paper was based on observations in twenty-five cases, and closed with the inference "that the rheumatic process runs its course under the expectant treatment as favorably as under treatment by drugs." Still further, it says: "Although advocates of the strictest hygienic treatment, we doubt the value of specific drugs." In the discussion which followed, various speakers seemed extremely sensitive, and differed from these views in terms ill-befitting the dignity of the Society.

Death from Arsenic. — The *London Lancet* is very justly indignant that some one in Scotland has died from excessive use of arsenic, applied by a quack for the purpose of curing a cancer. The quack was prosecuted, and, had the jury been composed of "regulars," would undoubtedly have been convicted. As it was, the jury did not think the quack altogether to blame, since the patient had used a much larger quantity than he had ordered. Of course such cases do not occur with the "contemptible homœopaths," but we would inquire if they do not frequently follow the prescriptions of these same indignant "regulars," either through the mistake of the physician himself, the apothecary or the patient. We believe in equal, exact justice to all, but we do not believe science is advanced by hounding down one man for doing precisely what others acknowledge to have done, and for which they claim immunity.

Fatal Injection of a Nævus with Perchloride of Iron. — The same Journal, from which the above was taken relates the following:

"Professor Santesson of Stockholm, has added another to the list of recorded fatal cases caused by this procedure; an infant, aged eight weeks, was brought to him, with a nævus on the cheek." As it was too extensive to render success by vaccination probable, it was resolved to use the perchloride. Eight or ten drops were injected part in a vertical and the remainder in a transverse direction. On slowly withdrawing the syringe "the child suddenly ceased to scream, and was observed to be cyanotic and breathing with difficulty. Convulsive movements followed, but, in spite of all restorative measures, in a few minutes the child was dead." The mother had the satisfaction of knowing that her child died, *secundem artem*, in the hands of a "regular" professor, and, so far as heard from, no criminal prosecution has been instituted. We hope there are not many homœopaths so ignorant or so culpable as to inject perchloride of iron into the distended vessels which form a nævus.

Morphia in Luxations. — The subcutaneous injection of morphia is recommended in cases of luxation, which cannot be reduced without resorting to some narcotizing agent. Four cases are reported — two of luxations at the shoulder joint, one at the elbow-joint, and one at the knee, — in which reduction seems to have been facilitated by injecting morphia subcutaneously. The following are given as the chief advantages of morphia over chloroform. 1. The amount of narcosis necessary for muscular reaction can be obtained more rapidly,

and with greater safety, from morphia than from chloroform. 2. Morphia does not, like chloroform, cause loss of consciousness, and this is an important matter for the operator. The latter agent, when administered to spirit-drinkers, — a class of individuals supplying a very large contingent to cases of luxation, — is apt to cause excitement rather than complete stupefaction. In cases of this kind, there is no surer narcotizing agent than morphia. 3. The subcutaneous injection of morphia is generally justifiable, even in cases where chloroform is contra-indicated in consequence of organic disease. 4. The personal assistance required for the administration of chloroform can, with the subcutaneous injection of morphia, be dispensed with.

Restoring Interrupted Nerve-power. — Some interesting experimental researches have been reported to the French Academy, on the effects of the resection of certain nervous trunks. Clinical facts have frequently shown that, after wounds which have changed or destroyed a portion of nerve, sensibility becomes restored in the integuments where this nerve terminates. The authors of these experiments have made resections of nerves in dogs, and after a certain time have seen sensibility reappear in the tegument where the ramifications of the nerve spread, and in the peripheric end of the nerve itself. Cases have frequently occurred in surgical practice, where after removing a portion of the nerve, its power has been gradually restored.

Remedy for Venomous Bites. — In Perry's Expedition to Japan, mention is made of the following, for which popular opinion in the east claims considerable efficacy. "This is a paste made by moistening the powder of *Ipecachuana* with water, and applying it to the external injury. Some wonderful effects have been reported from the use of this simple means in various cases, of not only bites from venomous serpents, but of stings by the scorpion and various poisonous fishes."

Novel Application of Electricity. — Dr. Poggioli read a paper at the late sitting of the Academy of Medicine of Paris, on "The Physical and Intellectual Development of Youth by Electricity." He remarked that De Candolle had quoted experiments to show that vegetation is much richer and quicker in its growth when electrified than otherwise. Seeds subjected to the action of this fluid would yield better produce than others, and in a shorter time. Starting from these data, Dr. Poggioli conceived the idea that a similar capacity might be proved to exist in the animal kingdom, and especially in the case of young subjects. He informed the learned body that, in 1853, he had read a paper to the Academy of Sciences, showing that the energy of certain faculties might be shown to be in proportion to the electric development of the regions in which they reside; and he now thought himself in possession of facts which might prove highly interesting in a hygienic, scientific and even social point of view. He could adduce five instances of children, varying between the ages of four and sixteen, having all obtained a remarkable development, both in a physical and an intellectual sense. Among these, there

was a child who might be considered a phenomenon of deformity and stupidity, but who, under the influence of electricity, grew three centimetres in a single month, and has since been always first, instead of last, in his class. From this Dr. Poggioli concludes that the electric fluid exercises a direct influence over the physical and intellectual development of young subjects; and he proposes that, by way of experiment, the last six pupils of each class be taken in a lyceum or college, and subjected to his electrical treatment. — *Scientific Opinion.*

Correspondence is going on in the London *Times* and other papers on the subject of allowing school children, convalescent from scarlet fever, to ride in public conveyances. One writer draws attention to the fact that both the authorities of the school and the parents would be liable to punishment under the sanitary act of 1866, for sending a child by a public conveyance before the period of danger to others has passed. But we should be very glad to be informed at what time that period does pass. If the disease depend upon germs in the blood or in the tissues, when does the germinal matter cease to be given off by the breath or secretions? — *Med. Times and Gazette.*

Borax. As borax and carbon are somewhat analogous, it is not surprising that the biborate of soda should possess some peculiar value as a detergent. It never injures the texture of linen. A large handful of refined, pulverized borax to about ten gallons of water, saves the women of Holland and Belgium nearly half their soap. A stronger solution is used to stiffen laces and cambrics. It softens the hardest water and is used for the hair and teeth. In hot countries, with tartaric acid and bicarbonate of soda, it is used as a cooling beverage. Our Western supplies of this valuable salt have been little drawn upon, and the retail price in Boston is high.

Homæopathy in Michigan. — The regents of the State University of Michigan, are making themselves unwisely conspicuous by their opposition to a professorship of homœopathy. The Legislature, some years ago, passed a law directing the regents to create such a professorship and to appoint a professor, but they refused to comply; and, after exhausting every other remedy, the homœopathists of the State have brought the matter before the courts on a writ of mandamus to compel obedience to the law. In opposition to them, it is contended that the act of the Legislature is unconstitutional, and that the regents have supreme authority over the expenditure of the moneys intrusted to them. However this may be, it is certain that the number of adherents of the homœopathic system of practice is large enough to entitle them to the same consideration as the men of other schools; and, if the State undertakes to teach medicine at all, it is bound to give them an equal chance. This is understood to be the position taken by Dr. E. O. Haven, the President of the University, (a brother of Dr. Gilbert Haven, of *Zion's Herald.*) The University is at Ann Arbor, and is one of the best endowed in the whole country. — *Springfield Republican.*

Physicians, like the great mass of mankind, may be divided into three classes: first, those who are always looking out for something new, and expect benefit from every change; second, those who are clutching at the old, and see only destruction in revolutions; and third, which is by far the largest class, those who devote themselves principally to their bread and butter; and, so long as they have a good supply, are satisfied, whether the world moves backward or forward.

REVIEWS AND NOTICES OF BOOKS.

Transactions of the Homœopathic Medical Society of the State of New York, for the Year 1868. Volume VI. Albany: Van Benthuysen & Sons' Steam Printing-house.

The munificence of the Empire State gives us, as Senate document 77, a volume of 736 octavo pages, printed and bound in very respectable style and profusely illustrated by lithograph. More than any thing else, does it exhibit the patience, energy and hard work which the indefatigable Secretary, Dr. H. M. Paine, has given, in accumulating from such diverse sources so extensive a volume. A glance at the Table of Contents shows 125 different contributions, divided into four general heads. The first includes the Proceedings of the Annual Meeting and the Address of the President, Dr. Cornell. The second consists of fourteen papers, on various subjects, contributed by honorary members, and coming from all parts of the Union. Section third is made up of reports from twenty-eight county societies, with papers and communications presented at their various meetings; and lastly, we have "miscellaneous papers."

Some of these contributions are original, some interesting and others curious. A considerable part of the book is merely documentary.

It may be that the book would have been reduced in volume more than in value, had its issue been a charge on the funds of its authors. We know that it is irksome and ungrateful work to cull out only really valuable articles, to pare down redundant sentences, to reconstruct phrases, to guess at a writer's meaning after several careful readings of his article, and to make clear sentences out of very confused and unmeaning ones; and yet all this must be done with the miscellaneous papers of a medical society before a volume can be published which will confer credit upon the society. That a great deal of this has been done in this volume is apparent to every one at all conversant with such work; that a great deal more could and should have been done, undoubtedly no one knows better than the Secretary himself.

The New York Society is evidently in a very prosperous condition, and if its volumes continue to improve as they have already in the six years during which the State has published them, we shall have a series of publications of which both the State and the country may well feel proud.

Diseases of Children. By J. Lewis Smith, M.D. Philadelphia: Henry C. Lea.

The importance of a better understanding of the diseases of infancy is shown by the terrible mortality of the first five years, of the first year and of even the first month. One third of those born in the city of New York are supposed to die in less than five years. Fifteen *per cent.* of the children born in England die in the first year and more than four *per cent* in the first month. Our author, who is Physician to the Infant's Hospital at Ward's Island, New York, and Curator to the Nursery and Child's Hospital in that city, has had abundant opportunities for studying the diseases of childhood with all the difficulties of treatment arising from filth, crowding, foul air, congenital disease, swill milk and other causes of infantile murder, to say nothing of allopathic medicines. He states that the foundlings of that city, amounting to several hundred a year, were formerly fed by hand entirely, and that the consequent mortality "nearly reached one hundred *per cent.*!" An octavo of six hundred and twenty pages, (a systematic work, covering the whole ground,) by an independent thinker, with such opportunities for observation, is a book of some moment. It ought to save hundreds of lives, and we believe would have done so if directions for judicious homœopathic treatment had been incorporated in the book.

Outlines of Physiology, Human and Comparative. By John Marshall, F. R. S. With additions by Francis G. Smith, M.D. Illustrated by numerous Wood-cuts. Philadelphia: Henry C. Lea.

This solid octavo of 1,026 pages, is intended for laymen as well as medical men; a text-book for a most thorough course. It not only illustrates anatomy by drawings, but aids in the prosecution of its study by the dissection of inferior animals. Large as the volume is, its bulk would have been doubled but for rigidly keeping to general principles. One result of this is that its sixty pages on reproduction, though taking the whole range from polyp to man, would be unobjectionable reading to a miscellaneous audience. It is well brought up to the present time. Its bulk might be considered an objection to its use in colleges, but an education ought not to be called truly *liberal* in which less is taught, or, at least, placed within reach of the student. For the medical student, it appears to us to be an excellent text-book, though much more of a collateral nature is needed in a complete work on physiology. This would, however, naturally make part of an extended course of anatomy, pathology, chemistry and psychology.

A Conspectus of the Medical Sciences: comprising manuals of Anatomy, Physiology, Chemistry, Materia Medica, Practice of Medicine, Surgery, and Obstetrics. For the use of Students. By Henry Hartshorne, M.D. With three hundred Illustrations. Philadelphia: Henry C. Lea.

Seven complete treatises in the space of 1002 pages duodecimo, averaging therefore one hundred and forty-three pages each! Its prime use is for daily and hourly consultation during a course of lec-

tures, perhaps also for "cramming" previous to an examination. It might also find a place in the gig of the practitioner to be used in extraordinary emergencies. Next to its furtive presence in the "green-room" its worst location might be in the library of a layman. Its chemistry is too old, and its botany open to correction. In a school where it should be recognized by all the professors as a syllabus of their lectures, it would render the student a most efficient service. We doubt if any studious physician who has access to larger and more comprehensive works would be satisfied with the study of this.

Essentials of the Principles and Practice of Medicine. A Hand-book for Students and Practitioners. By Henry Hartshorne, M.D. Second Edition, Revised and Improved. Philadelphia: Henry C. Lea.

This is an enlargement upon part five of the hand-book. To a considerable extent it consists of the same words, on a page of about the same size. The matter is quite differently arranged, however, and has (what the other has not) an index and two hundred and fifty-one formulas, which latter would of course be valueless to a homœopathic practitioner. These books, published by H. C. Lea, are sold by E. P. Dutton & Co., Boston.

A Rational Treatise on the Trunkal Muscles. By E. P. Banning, M.D. New York: W. A. Townsend & Adams, 1868.

This book published in handsome typographical style, contains a great many valuable suggestions, which every physician could peruse with benefit.

The author has however marred the book from beginning to end, by an egotism and a laudation of Dr. Banning and Dr. Banning's apparatus, which would lead one to think it was designed for an expensive advertisement rather than a scientific treatise.

Epitome of Homœopathic Medicines. By Wm. L. Breyfogle, M.D. Philadelphia: F. E. Boericke.

This little epitome of three hundred and eighty-four pages, is very conveniently arranged for reference, and will be of value to the homœopathic physician if used as a guide-board to a more comprehensive materia medica.

The Western Homœopathic Observer, conducted by Wm. Tod Helmuth, M.D., of St. Louis, comes to us in a new dress, and is now one of the handsomest and most readable journals of our school. There is a degree of energy, earnestness and originality about it which is quite refreshing, and if any of our readers wish to know what is going on in the West they cannot do better than remit the year's subscription, a dollar and a half to the publisher.

In commencing a new series of this journal, we wish it had been entirely devoted to surgery, and surgical matters; we have no purely surgical journal in our school, and there is no person so competent to conduct one, as Dr. Helmuth. We are sure the profession would gladly sustain such a journal both by contributions and subscriptions.

PERSONAL.

F. R. McManus, M.D., of Baltimore, is about to leave for a trip of a few months in Europe.

Eliphalet Clark, M.D. — Dr. C. H. Burr, of Portland, in response to the suggestion in the last number of the Gazette, writes that "Dr. Clark was thrown from his sleigh on January 18th, striking upon the right shoulder and producing a fracture of the right clavicle in two places. The concussion was severe, and caused insensibility for several hours. When he was sufficiently recovered, the fractured portions of bone were put in apposition, a pad placed in the axilla, and the arm and shoulder confined in the desired position by adhesive straps. No bandages were used. The strap answered every purpose, and proved much more comfortable and satisfactory than the old way of binding in cotton cloth. A severe cough added to his discomfort, and prostrated him so much as to cause his friends many apprehensions as to the result. Everything seems favorable now, however, and there is reason to hope that within a few weeks he will again be employed in the active duties of his profession."

Dr. Brown-Séquard, so says the *London Lancet*, has declined the Chair of Comparative Pathology at the Paris School of Medicine.

Removals. — Henry N. Avery, M.D., from Poughkeepsie, N.Y., to No. 10 East Twenty-eighth Street, New York, where he forms a partial partnership with Prof. D. D. Smith.

E. W. Avery, M.D., assumes the practice of his brother in Poughkeepsie, N. Y.

Prof. D. D. Smith, M.D., has resumed practice at No. 10 East Twenty-eighth Street, New York.

Wm. G. Graham, M.D., from Canton, Ohio, to Kansas City, Mo.

Chas. Newport, M.D., from Holyoke, Mass., to California.

G. H. Smith, M.D., from Sycamore, Ill., to Holyoke, Mass.

Married. — On Feb. 22, George F. Butman, M.D., to Miss Eveline D. Hill, both of Boston.

On Jan. 19, Jacob Reed, M.D., of Grand Rapids, Mich., to Miss Charlotte R. Cumming.

TO CORRESPONDENTS.

H. S. wants to know "if there is any practical value in the velocipede." We think pecuniary profit will go to the maker and vender; exciting pleasure to those who use this expensive toy; and physical benefit to the expert rider, who gets from this a suitable amount of exercise in the open air, which he would not otherwise obtain.

C. H. B. — Many thanks for your good opinion. We go a step further, and what you say of editors, we would recommend to all physicians, viz., that they "should be homœopathic in their preferences and tendencies; should have faith in accurate prescriptions; should be able carefully to analyze cases; and prescribe according to characteristic symptoms."

T. F. P. — We regret, with you, the spirit of intolerance, dogmatism and denunciation which has often been exhibited by eminent physicians towards others of slightly different opinions. We hope that homœopathists will set an example of reform in this respect, and consider "that great toleration must be exercised where the *purpose* is in the right direction."

C. S. V. — We fully commend the motto, *In certis, unitas; in dubiis, libertas; in omnibus, charitas;* and in the doubtful things, "we have not much to fear from error so long as truth is left free to combat it."

H. K. B. — The Transactions of the last session of the American Institute of Homœopathy are not yet published, but are going through the press with all the care and accuracy which the Secretary can give them.

E. G. C., H. S., R. M. C., and others. We do not propose to continue the discussion as to the merits or demerits of the positions assumed by Dr. Holcombe and Prof. Wilson. Our readers are abundantly able to form their own judgment. But if you will send anything of real value to the profession we shall gladly insert it in the *Gazette.*

J. C. W. — Codman & Shurtleff import, as well as manufacture, every variety of surgical instruments, and you can rely entirely upon their statements.

"Professor Dr. G. M." — We have not received your pamphlet; but, from the tone of your letter, fear that its extensive circulation would not tend to elevate the position of homœopathy among the educated classes, who are most capable of judging of its merits, and whom we most desire as adherents. The plan you propose for making converts smacks of charlatanry.

BOOKS AND PAMPHLETS RECEIVED.

The following exchanges for February: —

The Homœopathic Sun; New York. The Ohio Medical and Surgical Reporter; Cleveland, O. American Homœopathic Observer; Detroit, Mich. The Medical Investigator; Chicago, Ill. The Western Homœopathic Observer (for January and February); St. Louis. The Homœopathic World; London, Eng. The Homœopathic Quarterly (for January); Buffalo, N.Y. El Criterio Médico (for January and February); Madrid, Spain. The Medical Record; New York. Boston Medical and Surgical Journal. American Eclectic Medical Review (for January); New York. Pacific Medical and Surgical Journal; San Francisco, Cal. Nashville Journal of Medicine and Surgery (for January and February); Nashville, Tenn. Boston Journal of Chemistry. Our Dumb Animals; Boston. Little Wanderers' Advocate; Boston. The Monthly Record of the Five Points House of Industry; New York. The Guardian of Health and Education; Boston. Littell's Living Age; Boston. Every Saturday; Boston.

Tænia Solium; by D. G. Woodvine, M.D.; Boston. The Origin of Homœopathy; by D. B. Whittier, M.D.; Fitchburg. Classification of a Few of the New Remedies, according to the Parts of the Body Acted Upon; after the plan of Bonninghausen; by Temple S. Hoyne, M.D; Luyties, St. Louis. Constitution and By-Laws of the Boston Homœopathic Society; 1869. The Half Yearly Abstract of the Medical Sciences; H. C. Lea, Philadelphia. Personalbestand der Königlich Bayerischen Julius-Maximilians-Universität; Würtzburg. Svapnia, or Purified Opium; by Dr. J. M. Bigelow; Detroit. Braithwaite's Retrospect of Practical Medicine and Surgery; Townsend & Adams, New York. Diseases of Children; by J. Lewis Smith, M.D.; H. C. Lea, Philadelphia. Essentials of Practical Medicine; by Henry Hartshorne, M.D.; H. C. Lea, Philadelphia. Conspectus of the Medical Sciences; by Henry Hartshorne, M.D.; H. C. Lea, Philadelphia.

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PATHOLOGICAL APPEARANCES OBSERVED BY THE AID OF THE LARYNGOSCOPE.

BY J. H. WOODBURY, M.D., BOSTON

Read before the Boston Academy of Homœopathic Medicine.

It is not the purpose of this hastily prepared paper to give a systematic view of the diseases of the larnyx, as revealed by the laryngoscope; nor, at present, is it possible to do so. The pathology of the larnyx has gained a rich prize from the use of the mirror: new types of disease have been discovered, of which no trace can be found upon the cadaver, or in which the last stages only of development are there discernible. This has been made possible by the fact that it corrects our previous ideas and impressions upon many of the physiological relations of the air-passages, and of the parts surrounding the entrance to the larynx. The therapeutics of laryngeal diseases is, so to speak, newly created: on the one hand we have gained new and established indications; on the other, local treatment has passed out of the condition of deceptive groping into that of reliable manipulation.

Before proceeding to the description of pathological appearances, I will briefly recapitulate the anatomical structure of the healthy larynx, as shown by the laryngeal mirror. The image of the larynx shows the right vocal cord of the person examined at the left of the observer, and *vice versa*, just as a direct view would. But the vertical order of the parts is reversed. Those which stand in front—*e.g.*, the tongue, the epiglottis, the anterior extremity of the

vocal cords, the anterior wall of the trachea, etc.—are seen in the mirror above, and at the same time somewhat forward. All those parts which lie behind are seen below and behind in the mirror, as — for example — the arytenoid cartilages, the posterior extremities of the vocal cords, and the commencement of the œsophagus. Thus, supposing ourselves possessed of a glass of sufficient size, and comprehensive enough to take in at a single view all the different parts of the larynx, (which, however, is rarely or never the case), we should see, at the uppermost part of the mirror, the base of the tongue, with its papillæ; next below appears the region between the tongue and the epiglottis, then a portion of the upper surface and edge of the epiglottis, then the glottis widely opened. Through this appears, first, the anterior wall of the larynx, and the commencement of the trachea: under favorable circumstances, we may see below the protrusion of the epiglottis, the inner surface of the thyroid cartilage, the cricoid cartilage, and frequently three or four tracheal rings. We see the entire length of the vocal cords, the ventricular bands or false vocal cords, and sometimes the whole length of the trachea, even to the bifurcation.

In a healthy condition, the epiglottis is of a pale salmon or buff color, about the same shade as the conjunctiva: the same is true of the interior of the larynx below the glottis, the cricoid cartilage, and the tracheal rings. The interior of the pharynx, above the glottis, is a pale rose-color, like the gums. The vocal cords are white, with a gray shade, and glisten like a tendon. The commissure between the arytenoid cartilages is whitish-yellow, and the mucous membrane of the trachea is pale-red.

The larynx has a great interest to the physiologist. Aside from its function in the utterance of vocal sounds, — the most wonderful performance of animal mechanism, — in its intimate relations with respiration it is concerned in the acts of swallowing, vomiting, strangling, and coughing.

In ordinary quiet breathing, the glottis is half open; the arytenoid cartilages stand erect, with their apices well apart; the epiglottis is depressed backwards, so that it covers nearly the entire entrance to the larynx; and only a small portion of the vocal cords is visible. A horizontal elliptical space between the epiglottis

and the arytenoid cartilages is left open for the admission of the air. A slight dilatation and contraction of the glottis occurs at each respiration; and, as the respiration is deeper and quicker, or as the necessity for air is greater, will all those parts which stand in the way of its admission be involuntarily separated from each other. Every change of form in the glottis is the result of quick and sharply-defined movements of the arytenoid cartilages.

Johann Müller has described the larynx as a musical instrument, composed of a two-lipped membranous pipe (the glottis), with a wind-chest (the trachea), and a mouth-piece (all those parts which lie above the glottis). It is yet an open question, which is the original producer of the tone, — the air, or the vocal cords; or, more definitely, whether the tones arise from the regularly recurring interruption of the current of air passing through a tube of a certain caliber, thus throwing the air itself into musical vibrations, or whether the expelled current causes the vocal cords to vibrate musically themselves, like reeds of wind-instruments, — the vibrations being thus imparted to the air. There is good ground for supposing that both conditions are requisite, and act together for the production of the voice. The actual requisites for the formation of tone are, — approximation of the arytenoid cartilages, tension of the vocal cords, and a current of air of a certain intensity and rapidity. Alterations of one or more of these factors disturbs the vocalization, and produces hoarseness or aphonia, which are, to a great extent, two phases of the same phenomenon, differing only in intensity. These different factors have, however, within certain limits, a compensating capacity, so that any alteration caused by an altered tension of the vocal cords, may be counterbalanced by an increase or diminution of the expelled current.

We pass now to the consideration of some of the pathological changes produced in the larynx by various diseases, as seen by the aid of the laryngoscope. No clear idea of these could be obtained before the introduction of the use of the mirror. The most simple alteration is congestion, or hyperæmia. This occurs either from slight irritation, or as a concomitant of other diseased conditions. It occasionally leads to a hæmorrhage of slight extent either into the tissues, or from its surface. The blood in this case is either

mingled with the secretions in the form of streaks or clots, or it is diffused through them, imparting a brownish color. The more chronic forms of hæmorrhage occur in connection with anomalous menstruation, with suppressed hæmorrhoids, in scorbutus, in tuberculosis, &c.; the acute are generally produced by some form of local irritation. A slight degree of hyperæmia, sufficient to give the vocal cords a rosy tinge, and to deepen the color of the surrounding parts, may be produced by long-continued examination with the laryngeal mirror, or by smoking. This effect is of course transient. It is evidently produced by its quality when surcharged with the smoke of tobacco, — or by the more rapid passage of the air, and also by the effort made to produce and sustain certain movements and positions. A more intense hyperæmia may be produced by long-continued speaking or singing in the open air. The throats of many of our stump-speakers would exhibit fine illustrations of this affection.

I have now under treatment a case of this description, where hæmorrhage to a considerable extent has existed for a long time. It is passive in its character, merely a slight oozing, but sufficient in the aggregate to greatly reduce the patient's strength, and bleach his countenance to a hue of extreme pallor. His whole larynx is of a deep-scarlet color, and numerous small hæmorrhagic points are visible, from which the blood has exuded slowly but constantly for a long time. By the frequent and persistent use of the persulphate of iron, this hæmorrhage has been finally stopped, and the gentleman is now fast recovering his former strength and color. The chief source of the hæmorrhage was from a small point near the base of the right arytenoid cartilage. This was touched each day with a strong solution of the persulphate; and the same remedy was applied to the whole throat for a quarter of an hour, twice a day, with an "atomizer." This has been continued for several weeks, with the effect of greatly diminishing the local congestion, as well as stopping the hæmorrhage.

Akin to this is a varicose condition of the veins of the pharynx and laryngeal mucous membrane, from which also hæmorrhage sometimes takes place. A very marked case of this kind came under my observation within the last few days in a patient who was

sent to me for examination by a physician of this city. There was a slight hæmorrhage from the throat, particularly noticeable in the morning, or when the throat had been at rest for some time. On examination, a most decidedly varicose condition was revealed, and the source of the hæmorrhage at once made apparent.

One of the most common diseases of the larynx is catarrh, which exhibits here all of its well-known general characteristics of redness, tumefaction, and increased and altered secretion. In many cases not only the mucous membrane, but the tissues lying beneath it, are affected. The redness is sometimes, though rarely, equally distributed; it generally presents the appearance of a network of injected vessels upon the diseased mucous membrane. It is of all shades, from pale rose-color to the deepest red of the buccal membrane. The swelling depends partly upon the greater fulness of the vessels, and partly upon the infiltration of the tissues. The secretion is not perceptible with the mirror, except when it has lost the serous character which it presents in excessive discharges from the nose and eyes, and has become muco-purulent. It is then to be seen in considerable quantities in such localities as present a safe lodgment for it. The laryngoscope has revealed to us the fact that individual portions of the larynx may be the seat of the catarrhal inflammation, separately or in various combinations, while other portions remain comparatively free; but to give a detailed description of these morbid appearances and combinations, would fill a volume, and be altogether foreign to the purpose of this paper. Suffice it to say that this disease presents a rich field for laryngoscopic research, and nowhere is its utility more fully demonstrated than in the observation and treatment of the protean forms of laryngeal catarrh.

In croup and diphtheria, but few observations have been made. Stärk describes the case of a young lady which presented the ordinary symptoms of croup: the laryngeal mirror showed a thick exudation, deposited beneath the vocal cords, and also upon the interior of the larynx, which so far diminished the diameter of the laryngeal space as to cause frequent attacks of suffocation. A ring-shaped, compact, and viscid mass, of greyish color, was found at some points; it was hard, like an eschar, and streaked with

blood. The disease extended below the cricoid cartilage, but the upper portion of the larynx was normal. A cure followed the repeated cauterization of the diseased parts with a strong solution of nitrate of silver.

Semeleder reports a similar case, where the epiglottis and the entrance to the glottis were, in places, denuded of their mucous membrane, and covered with greyish-yellow shreds; the vocal cords were yellow, but below them, as far down as could be seen, the trachea was lined with a dirty, dingy, greyish-yellow deposit, contracting its space. Here and there it hung in shreds from the sides of the trachea, and was detached by a short spasmodic cough; it was about one line in thickness, and through it the surface beneath could be seen, having a deep, bluish-red color, and a spotted, uneven appearance. The diagnosis of diphtheria was easily made, and it appeared that the process had commenced above and extended downward. A post-mortem examination, two days afterward, showed that the exudation had been thrown out as far down as the bifurcation of the trachea.

Ulcers in connection with advanced tuberculosis are by no means uncommon. At a meeting of the Academy, I read a report of a case of this kind, sent me by Dr. Whitney for examination: the patient died a few weeks later in New Hampshire, and an autopsy fully confirmed the diagnosis which I had made with the laryngoscope.

Passing over a large number of other affections peculiar to the larynx, I propose to glance rapidly at a few secondary affections accompanying acute diseases.

A large number of patients sick with measles were examined in Prof. Hebra's ward in the Vienna General Hospital, to decide the question whether the disease occurred in the larynx in the form of flecks, as upon the skin, or as an evenly diffused redness and swelling; in short, whether there was a catarrh or an exanthem in the larynx. An evenly diffused redness was always found upon the mucous membrane of the larynx, and upon the vocal cords a yellow or reddish-yellow hue. This redness extended into the trachea as far as the fourth ring, beyond which it was never observed.

Dr. J. Neüman, of Vienna, has given us the results of his exam-

ination of a few cases of variola, the effects of which in the air-passages, he says, do not materially differ either in intensity or distribution from those exhibited by the mucous membrane of the mouth. In one case, which terminated fatally, the mucous membrane of the pharynx and trachea was completely deprived of its epithelium, and covered with a layer of pus half a line in thickness, beneath which the reddish-brown mucous membrane of the trachea, greatly swollen, was thickly eroded with the pits of variola. These alterations extended into the bronchi as far as the divisions of the third grade, while the mucous membrane of the smaller branches was swollen, and of a dark-red color.

In four cases of erysipelas of the face, — three primary and one intercurrent with a contused wound of the fingers, — Dr. Caswell, of Providence, found an inflammatory redness and tumefaction of the epiglottis, and in the entrance to the larynx down to the vocal cords; there was no oppression, no alteration of the voice. With the desquamation of the skin, the inflammatory redness of the larynx also vanished. Lewin found, in the post-mortem examination of an erysipelas patient, a general tumefaction of the laryngeal walls, and intense redness of the vocal cords. He also asserts that acute skin diseases may also give occasion to the development of neoplasms in the larynx. This statement is, I think, not well supported.

A great number of the inflammatory affections of the mucous membrane of the larynx, as well as of the submucous tissue and cartilages, occur in the different stages of typhus. Rühle has given this class of cases more attention than any one else, and I will briefly mention some of his observations. In several cases he found erosions upon the vocal cords, which healed, however, upon the subsidence of the fever, without leaving any trace; croupous and diphtheritic deposits were also frequently found, especially upon the posterior wall, above the musculus transversus. He twice found serous and sero-purulent infiltration of the submucous tissue. Œdema of the entrance to the larynx and of the vocal cords — in some cases so great as to render tracheotomy necessary — was frequently seen at the climax of the fever; and ulceration of the mucous membrane was by no means uncommon. These changes

he deems due to the constitution of the blood in such patients, and its feeble circulation.

Emmert ascribes the laryngeal ulcerations of typhus to the decubitus of the patient, as most of them are found at points which are subject to pressure, as upon the lateral edges of the epiglottis, and at that point upon its under-surface which lies upon the apices of the arytenoid cartilages. The same is true also of the situation of laryngeal ulcers in tuberculosis. Lewin draws attention to this fact in a paper on this subject, and shows that certain portions of the larynx are, by their anatomical nature and by their physiological function, subject to ulceration, and particularly mentions the above-named parts. The seats of laryngeal ulceration are the same in tuberculosis and typhus, but the conditions of the two are very different. In the place of the congestion and hyperæmia of typhus, we more frequently find anæmia of the larynx in connection with ulcerated spots. Semeleder attaches great value to this combination as a prognostic indication of the presence of tuberculosis.

I wish to mention another form of laryngeal ulceration in connection with tuberculosis. This consists of small infiltrations of the mucous membrane, generally sharply bounded, of a dull, grayish color, upon which the ulceration commences in the form of points. These afterwards become confluent, the ulceration at the same time extending in depth. Besides these, decubital ulcers are, as before remarked, very frequently found in tuberculosis.

In this disease the vocal cords are frequently found indented; or small filaments or shreds may be seen hanging from them, and, as the patient begins to lose ground, croupous or diphtheritic exudations cover the walls of the trachea and larynx. In tuberculosis these ulcers are very rarely healed, but are prone to extend superficially, though they seldom produce perforation. Tuberculosis can, in some cases, be detected in the larynx by the laryngoscope before its existence can be demonstrated by physical signs in the lungs. The laryngoscopic indications of tuberculosis are anæmia, infiltration, and ulceration upon the points where there are numerous glands, as on the base of the epiglottis, and upon the anterior side of the arytenoids, even in cases where typhus and syphilis can be left out of the question; also where there are flat ulcers upon the

vocal cords, and upon the points of the vocal processes. Lewin says the subsequent development of tuberculosis has always verified his diagnosis where, in the incipient stage, these ulcers were found to exist.

Syphilis is developed in the larynx in a great variety of combinations. Of fifty-six syphilitic persons examined by Gerhardt and Roth, eighteen were affected with some form of laryngeal disease. Forty-four of these cases had primary syphilis, and, of these, eleven had disease of the larynx ; the remaining twelve had the later forms of syphilis, and, of these, seven had laryngeal symptoms. These observers say that, when the appearances of constitutional syphilis pass beyond the simple, indolent swelling of the lingual glands, laryngeal affections are almost sure to occur. They mention, as the most frequent form of the earlier laryngeal diseases in syphilitic patients, the papillary formations, which are uneven, whitish, flat, or pointed projections of various sizes, and unequally distributed over the laryngeal mucous membrane. Czermark, Türck, and others have seen growths of the cellular tissue resembling condyloma; also tumors with broad bases and other irregularly formed excrescences upon the vocal cords. Extensive loss of substance is characteristic of syphilitic ulcers of the larynx, and their cicatrices upon the vocal cords frequently produce permanent loss of voice. They possess no peculiar characteristics except, perhaps, this excessive loss of substance; and even this they share with lupous and cancerous ulcerations, but, with tuberculosis, only exceptionally. They proceed from various causes, — the superficial, from broad condyloma; the more deeply seated, from a suppurating perichondritis. There is also frequently found in connection with syphilis a sclerosis of the mucous membrane and submucous cellular tissue. This sclerosed membrane is frequently destroyed over a great extent of surface, or the ulcerative process may extend in depth, causing extensive loss of substance, necrosis, and the loss of pieces of cartilage.

Though many topics upon which I designed to write are still untouched, it would be impossible to give them all even a passing notice, without swelling this paper to the dimensions of a large volume.

ACUTE RHEUMATISM.

BY D. B. WHITTIER, M.D., FITCHBURG, MASS.

Read before the Worcester County Homœopathic Medical Society.

It will not be necessary for me to dwell upon the most common symptoms of this disease. I will briefly mention such peculiarities of treatment, in cases of my own, as the service of my untrustworthy memory shall supply. The locality in which I reside has not been visited by an epidemic of acute rheumatism for a number of years, and the proportion of cases in my practice has been quite small. I cannot, therefore, speak of late epidemics, or give the result of a large experience. I consider the causes of acute rheumatism to be chiefly three: the *first* and most potent, the exposure to extremes of temperature; *second*, the sudden and continued suppression of a profuse perspiration, natural or excited; the *third* cause I attribute to the neglect of the "great unwashed," a class whose cuticles are seldom, if ever, visited by the purifying properties of soap and water.

By this neglect, the skin, one of the great emunctories of the human economy, is debarred the healthful discharge of its office; consequently, by the failure of this wise provision of nature, effete matter, which should be excreted, is retained in the circulation, and produces a rheumatic tendency. I am aware that some authors do not consider perspiration an eliminative effort of nature, and that the worst cases of rheumatism occur in persons who perspire most. They, therefore, would not have perspiration encouraged, but rather treated as a morbid action, and held in check. But my limited experience leads me to conclusions opposite.

The inflammation in acute rheumatism is specific; and the three manifestations of it are determined by the anatomical structure upon which it locates. They are muscular, articular, and neuralgic.

This disease, in the majority of instances, is confined to the male sex, unless the neuralgic variety be an exception. It may be complicated by metastasis to the heart, to the brain and its membranes, or to the uterus; and the attack is most likely to be made upon the weakest of these parts, or to that most susceptible to dis-

case. Where there is no metastasis, the disease generally yields readily to treatment.

Preventive treatment consists in those measures which promote the general health of the patient. The most important of these are,— abstinence from stimulating diet and beverages, particularly alcoholic liquors; the use of the silk shirt, and white woollen flannel; dry feet; and the proper and uniform protection of the body.

To local treatment I have been led to ascribe as much importance as to the internal. My chief methods are, the use of moist heat, applied either by means of vapor baths, or wet-sheet packs. Either of these may be general or local. If the patient be able to pass through the ordeal of a general vapor-bath, it is preferable; as it is the quickest and surest process of relieving the skin by profuse perspiration, equalizing the circulation, lowering and softening the pulse, and imparting a comparative degree of comfort by abating pain, muscular rigidity, and heat. But, whether the patient be able to take the prescribed general vapor-bath, or not, the local bath will be required; for, notwithstanding the amelioration produced by a general bath, the distressing symptoms are liable to recur and demand its repetition, or a continual use of the application. The local bath is generally administered in bed. The part affected is supported over a pan of boiling water placed on the bed. A doubled flannel is laid over the whole. If the degree of heat be greater than can well be borne, a part of it may be allowed to escape by raising the covering. When this has again caused relief of pain, or has been borne without relief as long as it comfortably can be, remove the bath, and apply the local hot pack medicated with the same remedy which is used internally, or the cloth may be moistened with water only.

The general bath is not to be used oftener than once or twice a day; but the local bath and pack may be used in frequent alternation, or from one to four times a day, until the severity of the pain and the inflammation have subsided.

The internal treatment varies according to the variety of the disease. When the inflammation is seated chiefly in the muscular

structures, we have the peculiar pains of diseased fibrous tissue. These are tearing, sticking, and aching, combined with the burning heat and restlessness of acute inflammation. I find no remedy better adapted to this condition than *Aconite* tincture, two or three drops in water. If, with the use of *Aconite*, there is great redness and turgescence of the parts, I alternate *Veratrum viride* with it. *Actæa racemosa* has, I believe, a partiality for the muscles of the neck, chest, back, and uterus, and will be found admirably adapted to rheumatic affections of these parts. It affords prompt relief to that torture which compels to restlessness, even though the motion causes great pain. It is particularly indicated for the wandering and shooting pains so liable to occur in diseases of muscular, and nervous tissue. While I am not able to give specific and never-failing indications of this remedy, I am nevertheless confident that its use in this and kindred diseases will be found satisfactory and worthy of confidence. I follow *Aconite* with this remedy; or, if no great febrile action is presented, its use may commence the treatment. I employ from the tincture to the third dilution. *Nux vomica* will relieve numbness, paralytic indications, and muscular stiffness in convalescence.

Articular rheumatism is confined to the joints and contiguous parts, attacking principally the synovial membranes and the ligaments. The pains are sticking, sore, and stinging,—characteristic of rheumatic inflammation of serous membranes.

After the administration of *Aconite*, the remedies for this form either with or after the local means, are,—*Bryonia*, *Rhus. tox.*, and *radicans*, indicated by their well-known characteristics; for gouty complications, *Rhus tox.*, *Nux. vom.*; for periosteal rheumatism, *Phytolacca*; in case of metastasis to the heart, *Aconite*, *Actæa*, *Cactus grand.*; and, in metastasis to the uterus, *Actæa*, and *Caulophyllum*.

In neuralgic cases, the greater proportion of the morbid influence is spent upon the nerves and their membranes. The pains of nervous tissue are sudden, stabbing, and shooting paroxysms of exceedingly acute pain, following the course of the nerves in the region affected, wandering from one locality to another. They chiefly affect the female sex. *Actæa racemosa* is pre-eminently the

remedy for this form of the disease. Ample testimony could be furnished respecting its homœopathic relation, and its efficacy in this as also in the other manifestations of rheumatism. An acquaintance with its pathogenetic and clinical records cannot fail to convince of its applicability. In the provings of *Actæa*, the pains are almost always characterized as "sharp, cutting, perfectly neuralgic, wandering, burning in lines, hot, and paroxysmal." To these indications may be added valuable clinical observations. Prominent among them are those of muscular pains, rheumatic neuralgia; great nervous excitement, and an ungovernable restlessness, worse during the night; muscles, sore, and worse upon motion. But perhaps a still more convincing proof has been found in the analysis of the urine during the proving of this drug.

By the test of litmus-paper, it was found strongly acid. Specimens treated with nitric acid yielded abundant crystals, of the "fine, satin-like lustre," so peculiar to nitrate of urea, under such conditions as indicate it largely in excess. The specimens were subjected to heat and acids and examined by the microscope carefully enough to determine the presence of uric acid.

Such are the results of my experience. It remains for more extended observations to confirm or refute them.

CROUP.

BY SAMUEL GREGG, M.D., OF BOSTON.

Read before the Boston Academy of Homœopathic Medicine.

THIS disease has been so well described by medical writers that it would seem superfluous for me to delineate all of its pathological peculiarities. I shall, therefore, confine my remarks principally, to my own views, observations, and experience in its treatment.

Croup is generally caused by exposure to damp air, to currents of cool air, and to sudden changes of temperature. I think I have noticed more attacks of croup during the months of April and July, than in any other months in the year, although it is liable to occur at all seasons. It would appear, however, that a certain predisposition on the part of the patient is necessary in order to de-

velop the disease; for all of the children of some families are constantly liable to attacks of the croup, while the children of other families, equally exposed to the same influences, are entirely exempt. And this peculiar predisposition in some families, and immunity in others, may be traced through many generations.

It is not always an easy task, in the early stage of an attack of croup, to designate a particular nosological term, as spasmodic, catarrhal, inflammatory, or true membranous croup.

The attack of spasmodic or asthmatic croup usually comes on suddenly in the night, after sleeping awhile. The child hastily springs up in a paroxysm of coughing, the voice husky, hoarse, with a labored, deep inspiration, and a constricted feeling, a sensation of suffocation, with inability to speak. Sometimes efforts to vomit, and indications of severe distress occur, without indications of fever or inflammation.

In such cases I generally rely upon the administration of *Hepar sulph.*, *Ipecacuanha*, or *Allium cepa*. We do not always see these cases in the early stage, and they may be changed into an inflammatory or catarrhal condition of the larynx, from improper treatment. In such cases it is, practically, a difficult matter to select the most certainly applicable remedy for each patient. For we cannot inquire for the peculiar sensations of the sufferer, being obliged to rely upon the objective symptoms for the indication of the remedy. When these attacks are followed by fever, inflammation, or catarrhal symptoms, I administer *Gelseminum* or *Aconite*, either alone, or alternated with other remedies which I think indicated at the time. These remedies I administer in the second or third decimal attenuation, to be repeated, or alternated every two hours, one hour, or every half hour, according to the urgent necessity for prompt action in the case. By the above course of treatment I have found no difficulty in restoring such patients in two or three days, or oftentimes in as many hours.

The attack of true inflammatory croup, to be followed by a membranous deposit upon the larynx, trachea, or fauces, is ushered in by a different train of symptoms. Generally, there is some indication of indisposition in the patient during the day, but not always. After the first sleep at night, the child arouses, coughs

with a hoarse, harsh, or barking sound; changes position, or springs up, and is somewhat oppressed for breath. If this is the first indication of disease, the patient goes to sleep, and, perhaps, if he does not cough, no other symptom may be noticed again that night, or during the following day; but, if the child coughs in this time, that peculiar sound will be noticed. After sleeping the first nap of the second night — it may be half an hour, it may be even three hours — the patient will wake in distress, spring up, and cough with a sharp, shrill, or barking sound. The inspirations are long and labored, suffocating, and attended with more or less febrile or vascular disturbance; with thirst, and hasty swallowing. If not arrested, these symptoms continue to increase. The oppression of the breath increases; the cough becomes more suffocating; the voice, husky or suppressed to a whisper. The patient is extremely restless; the countenance pale or livid, with a copious perspiration, and wild, distressed expression.

We are not, generally, called to see such patients, until the exacerbation of the second night.

When requested to prescribe for such cases, I give from one-half to one grain of the third decimal trituration of *Hepar sulph.*, and, in half an hour, give one or two drops of the third decimal dilution of *Bromine*, and, in half an hour more, give one or two drops of the third decimal dilution of *Aconite*, and thus continue the succession, at the same or even shorter intervals, until the cough breaks with a mucous râle, and the breathing is less labored; which condition I have always found to follow, unless the disease was accompanied by some other affection, such as idiopathic diphtheria, or has occurred as a sequel to scarlatina. All such conditions are dependant upon a poisoned state of the fluids, and must be met by appropriate remedies.

After the stridulous respiration has been relieved, and the cough breaks with a mucous râle, the same remedies may be continued at longer intervals, or may be substituted by *Tartar. emetic.*, *Phosphorus*, or *Sanguinaria.*

When there is much febrile or vascular excitement, or when there is much suffocative respiration, attended with a livid countenance, indicating a deficient oxygenation of the blood, much relief

is afforded by embrocations of cold water around the chest, and upon the breast.

When the disease has continued too long, before the application of suitable or specific treatment, or where its progress has continued in spite of all treatment, threatening asphyxia, either from obstruction in the glottis, from swelling of the mucous surface, or from coagulated exudation, resort should be made to tracheotomy; not that it can be considered a remedy for the disease, but only as a palliative, allowing respiration to continue, while time is afforded for the removal of the disease. But, where the respiration is obstructed by exudation upon the bronchial surfaces, the operation will afford no relief.

I have no doubt that many cases of croup may be relieved by a single remedy. But I have found it a difficult task to always select the best or the specific remedy, in each case of croup, in the early stage of the disease. I do not consider any single remedy better adapted to a case of croup than the successive administration of two or more well-selected remedies, and my experience is my only guaranty for my conclusion; for, during a practice of more than thirty years with homœopathic remedies, I have not lost a case of idiopathic or membranous croup, by death, that I have seen within forty-eight hours after the first attack of croupy cough.

BILIARY CALCULI AND STRANGE CONCOMITANTS.

BY A. LINDSAY, M.D., LACONIA, N. H.

THE case of Dr. Thomas M. Sanborn, who died at Lake Village, N.H., January 23, 1869, was a protracted and peculiar one. Some nine or ten years since, he first had slight attacks of dizziness, affecting his speech and locomotion; in a few minutes or hours, they would pass off. These attacks gradually grew more frequent and severe, requiring a longer time for recovery. At times he would be unconscious for a while; at others, would seem to know, but be unable to convey his meaning. At times he could not tell what remedies he wished, but could point them out when his family could

get him into the office. About five years ago he had a very severe attack of paralysis, confining him to his bed several months, but not affecting his mind so much as the previous slighter attacks had done. He gradually rallied from this; and, in six or eight months, was able to walk about the village, with the aid of crutches. Thus he attended to his practice during the summer and autumn of 1865. Then he again broke down, and continued gradually to fail, physically and mentally, to the end.

For the last six months he was mostly confined to the bed, sleeping during the day, but wakeful, muttering and shouting, all night. At times he would seem to know his friends, and try to speak to them; at others he would take no notice of anything. His appetite was good; he ate with evident relish all that was given him. Yet he showed great emaciation, especially of the abdomen. His bowels were regular till the last two months, when for seven weeks there was no movement whatever. Then diarrhœa set in for a few days, with dark-brown, thin, very offensive dejections, apparently attended with great pain and distress. With this exception, he never complained of any pain or uneasiness during his sickness.

Autopsy showed the gall-bladder perfectly free of bile, but crowded full of gall-stones. The duct was so distended with them that half its length or more would admit the finger. In all, we collected ninety-four; five of which were as large as robin's eggs, four or five not quite so large, the rest ranging from half the size of a robin's egg down to that of a grain of wheat. The liver was of natural size and healthy appearance, except the lower edge which was slightly congested and gangrenous. Of the omentum there was nothing left except a trace here and there. Of the colon, four or five inches of the arch, and eight or ten inches of the descending portion were constricted or collapsed to a mere string. There were some slight ulcerations about the small intestines. The spleen was nearly double the natural size. The organs of the chest were normal, and so was the stomach.

Now, were the gall-stones the primary cause of the paralysis? Although for the last year the symptoms have indicated softening of the brain, I am inclined to think that the biliary concretions had very much to do with it.

NOTE BY THE EDITOR OF THE GAZETTE. — It is unfortunate that the brain was not examined in this case, as the doubts in Dr. Lindsay's mind might have been solved thereby. These symptoms were certainly indicative of cerebral lesion, rather than of biliary calculi. Referring to treatment, Dr. L., in a private note, says, "Nothing worked so well as *Arg. nit.* in clearing the brain of the oppressed, confused feeling; and, during the last three months, nothing seemed to quiet and soothe but *Ignatia.*" This would still further confirm the conjecture of the cerebral origin of the disease.

A CASE OF TORTICOLLIS.

BY A. F. SQUIER, M.D., OF BOSTON.

Feb 11, 1869. — Called to see Fannie S., a little girl, four years old, in order that I might "do something immediately" for a tonic contraction of the sterno-cleido-mastoid and of the anterior edge of the trapezius muscles of the left side.

The difficulty, when first noticed about a week before, was but slightly developed, and had gradually arrived at its present condition. The head was inclined towards the left shoulder at an angle of about forty-five degrees; the chin turned from the median line towards the right. There was little tenderness of the contracted muscle on manipulation; the contraction could be partly overcome by a strong voluntary effort, and still more so by taking the head between the hands, and forcibly bringing it towards the median line, but not without pain. With the exception of enlarged tonsils and slight symptoms of worms in the intestines, the child appeared to be in perfect mental and bodily health; was quite cheerful, and played about during the whole day, as usual. The inclination was less marked in the morning, but became more and more decided as the day advanced, indicating the gradual relaxation of the opposing muscles of the right side from fatigue.

About a week before the contraction was first noticed, the patient had been terribly frightened; and, for several hours after, the effects of this shock to the nervous system were apparent in a

constant shivering and trembling of the whole body. This may have had some influence in the production of the trouble.

A few days before I was called, the child had been taken to the City Hospital, where an eminent foreign physician had informed the mother that but little could be accomplished towards a cure in less than three months. A stimulating embrocation was given, which, when applied, entirely removed the epidermis over the contracted muscle. A mixture was given, containing Cod-liver oil, Iron, and probably Quinine, which was always vomited immediately after being administered. Notwithstanding, there was not the slightest improvement in the condition of the contracted muscle; indeed, the disease continued to advance the same as it had before any treatment was applied.

I prescribed Boericke's two hundredth potency of *Nux vomica*, — six pellets to be given every three hours. In about four hours after the first dose had been taken, the child complained of pain and tenderness of the affected muscle, and the head was perceptibly less drawn down. The tenderness increased to an extreme degree during the night, so that a jar of the bed would cause her to complain. This gradually passed away by morning; and, when she arose, the head was perfectly erect, and moved with complete freedom in every direction. There remained for a day or two afterwards a slight distortion of the features, caused by the attempt made to bring the eyes and mouth on a horizontal line while the head was drawn down to the left shoulder.

The similarity which exists between this case and the effects of *Nux vom.* on the system are too evident to need extended comments. Not only do the symptoms correspond, but the actual pathological and anatomical conditions are identical, — that is, to the best of our knowledge. In each, an increased irritability of the spinal cord is the proximate cause of the spasm of the muscle; and, if we may so conclude from analogy, in each, the accompanying anatomical condition is that of hyperæmia of the cord. That *Nux vomica* should cure these conditions and symptoms will be a marvel to those who do not believe in homœopathy; that the two hundredth potency should be able to effect any therapeutic results will still be a matter of doubt to those who believe that the limit of divisibility

of matter is reached at the third or fourth centesimal attenuation, and that the summit of human perfection in analytical chemistry has been attained since the invention of the spectroscope. I submit the case exactly as it occurred, to the best of my knowledge; and will be glad to learn of any theory by which the cure can be explained except as the action of the medicine administered.

The New England Medical Gazette.

BOSTON, APRIL, 1869.

WITHIN the next two months, several of our largest medical associations will hold their annual sessions. Now, as good medical practitioners are proverbially poor legislators, we would suggest that the minimum of time should be devoted to the routine of business, and that a harvest of practical, professional results should be garnered at these meetings. The reading of long and worthless papers, by which the sessions are sometimes occupied, should be avoided; while carefully prepared reports and communications, from men who command the respect of the members, will receive their attention, and the discussions that will arise from their presentation will profit both the writers and the profession. The Secretaries should make a careful digest, not of the chaff, but of the wheat, of these meetings, for publication in the journals.

HOMŒOPATHY IN MADRID. — We learn from *El Criterio Médico* that homœopathy has been admitted to the almshouses of Madrid. But as physicians in Spain are forbidden to furnish medicines, they being obliged to make written prescriptions, and as the apothecaries do not keep the homœopathic preparations, the six homœopathic appointees find themselves hampered. The *Criterio* says that this question has been tried at law again and again, and it has frequently been decided that the prohibition of physicians dispensing their own medicines does not apply to homœopaths. The law is simply intended for the regulation of the sale of poisons; and, unless it can be proved that the medicine is given in a poisonous dose, it clearly does not come

within the intent of the law. But the opponents of homœopathy will not hesitate to warp the letter as well as the spirit of the law to suit their purposes. It only remains for the government which has taken this liberal step to see to it that its efforts are not thus thwarted.

Homœopathic Directory of the United States. — Since 1857, when Mr. Smith, of New York, published a Homœopathic Directory, there have been frequent calls for another volume, to be published with additions and corrections. Several persons have attempted to do this, but have given up the difficult and expensive undertaking. The American Institute of Homœopathy, through its Bureau of Registration, prepared a Directory, but the Institute had not the funds to devote to this object, and the publication seemed as distant as ever. To supply this want of the profession, the *Gazette* has consented to publish, in monthly instalments, the names, as furnished by the Bureau of Registration. If every physician will promptly respond to the circular of the Bureau, we may soon have an accurate and valuable Directory.

In our last number we intimated that members of the Institute would not be required to send their names. In order to make the list as accurate as possible, it is thought best *not* to thus except any one. Therefore every homœopathic physician is requested to forward at once his address in full, together with the source of his diploma or license, to H. M. Smith, M.D., 105 Fourth Avenue, New York.

Clinical Materia Medica. — Dr. Hirschel, of Dresden, has, in his *Zeitschrift für Homöopathische Klinik*, published a circular in the name of the homœopathic society of Dresden, calling upon all colleagues to assist in the formation of a Clinical Materia Medica. Each physician is to select one or more remedies, write out his clinical experiences with it or them, and send his paper to the editor of *any* homœopathic journal, who will transmit it to the Dresden society. A publisher has been found willing to engage in the matter, and several German physicians have already selected their remedies. Elb takes *Aconite*; Hirschel, *Bryonia;* Wipples, *Apis;* Villers, *Rhus*, etc.

It is hoped that the first volume will be published before 1870. Such a compilation of carefully-selected clinical observations would undoubtedly be of great service to the profession; and it only remains to be seen whether sufficient energy, perseverance, discrimination, and hard work can be combined to accomplish this. We shall be happy to receive any suggestions which may aid the undertaking.

CORRESPONDENCE.

LETTER FROM REV. C. A. BARTOL, D.D.

MAGNOLIA, FLORIDA, *March* 17, 1869.

DEAR EDITOR, — I send, at your bidding, a word touching health in this climate. Florida, or the Land of Flowers, is a territory which, in the shifting balance of land and water through long ages, has risen from the bottom of the sea. It is a broad, level sandbank, whose vegetation seems as if it sprang from an immense beach. A sort of Italy it is, without crossing the deep; though, like Italy itself, it has, this season, been exceptionally cold. Showers of rain have been unusually frequent and abundant, alternating with wintry snaps, that have brought frosts, ice, — one and a half inches thick, — and even flying flakes of snow. But the porous soil quickly soaks up the moisture that falls, and the sun as soon dries the air, so that healthy breathing is like a law of nature in this latitude. This same breathing is the most important circumstance of the physical life. One breath matters not so much; but the million taken every few weeks must affect every part of the animal frame. Accordingly, all diseases connected with the breathing apparatus, find a wholesale specific, throughout the region, in the very air.

Bronchitis and pulmonary consumption draw in from the atmosphere an indeed heavenly balm, worth more than all the balsams bottled up by empirics. Your own medical motto, that *the mild power is the great one*, is verified by the slow, but sure and deep, healing process. I know not that tubercular diseases can be cured even thus; but undeniably, in many cases, where the system was wasting away to unavoidable dissolution in the pinching North, decline has been arrested, and almost robust health rebuilt. To give in detail the many assurances from the subjects of illness on this point would occupy too much space. What one man, who lets boats on the river St. John's, told me, may suffice as one instance of a hundred. He declared he was so far gone in consumption, it was not expected he would live to reach his destination; while now he considers himself as strong as any man in Jacksonville. I learned that rheumatic affections are greatly softened, if not quite expelled, by what may be called this same sky-treatment, or *nature versus art*, as the physicians might style it.

It has been said, that any climate is good which one can be in, — that is, out of doors; and Edward Everett was accustomed to describe his walk, not as *going out*, but *going in*. Truly the boundless vault is better than any roof for us to be under; for it was meant that every person should respire nothing less than the infinite ether: and herein is the advantage of those parts of the globe whose temperature is so free from extremes, either freezing or scorching, as to allow this outside habit, from morning to night, without dangerous exposure. The changes of weather in Florida this winter have been as sudden and almost as great as in New England, only through milder ranges

of the thermometer, and therefore more easily borne. You will see, however, that, as the virtue of this locality depends on ability to embrace all opportunities of external exercise in walking, riding, or rowing, to be masters of the situation requires some degree of strength for voluntary locomotion at the outset. It is questionable whether such as are greatly reduced should undertake a journey to this distant shore in the probably vain hope of recovery. Examples could be cited to show that there is no magic or miracle, even in the soft breezes of this low peninsula, to restore from fatal complaints.

I have spoken of consumption and rheumatism. I suppose that neuralgia may be mitigated very gradually, although very limited observation would authorize no certain conclusion, especially in chronic cases. One man, whom I found fencing in his lot and building his hut in the wilderness, informed me that the bitter neuralgia he had endured in the Northwest had quite left him on these sunny plains and amid the smell of the pines. In my own experience of nervous pain and prostration, the difficulty, rooted for a twelvemonth so deeply, and seated almost in the brain itself, yields with pace so tardy — even to being imperceptible, like the shadow on the dial, — that I know not how much to ascribe to my going from one zone to another, how much to ocean-voyages, and how much to time and nature, God's instruments of healing, — his *materia medica* in every longitude of the world. The doctor sends his patients to far-off islands or springs, hoping doubtless that what the objective points do not furnish them they may pick up on the way. The sail to Fayal or Madeira is as good as Fayal and Madeira themselves. Going after the sulphur drinks, I am tempted to believe, is often better than getting the drink, as walking to and from the bath shares in medicinal efficacy with the bath we take. Let me say, in closing, how much credit is due to Dr. Rogers, of the St. James Hotel in Jacksonville, for his advice to the sick as to the proper conditions of coming hither, as well as for his skilful handling of them when they arrive; and the affectionate goodwill which turns the hotel into a home. He is no professor of homœopathy, but follows nature closely, and eschews drugging in his practice. I hope he may be able to carry out his plans for invalids still more extensively, to the common benefit; for the enjoyment of this climatic privilege has but just begun, and reliance may be placed on his fidelity in whatever he undertakes.

With great regard, I am ever yours,

C. A. Bartol.

REPORTS OF SOCIETIES.

THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

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

Feb. 22, 1869. — The Secretary announced that ill-health had prevented Dr. Boothby from completing his paper.

Dr. Hedenberg read the following notes of a case which recently occurred in his practice: —

Miss A., blonde, fell on the sidewalk, in Boston, on Saturday, Feb. 13, slightly bruising the right knee. On the following day it was quite sore, and towards evening an application was made of *Arnica* tincture, diluted with twice its bulk of water. On Monday there was great heat and smarting of the part, and by night an eruption had appeared, for which a prescription was made without seeing it.

On Wednesday morning, the wound was first seen. It then appeared as an oval, reddened, inflamed spot, about seven inches long by five inches wide: the central portion, for a space of about four inches long and three inches wide, was occupied by vesicles of large size, and very closely aggregated; these became smaller in size and more diffusely scattered as they approached the edge of the patch. On Friday, the central vesicles had discharged their contents, and there were a few spots of ulceration.

To-day, Feb. 22, the centre is dry: a few vesicles remain about the circumference, the contents of some of these having become opaque and yellowish. For the last two days the patient has had a fine papular, or rather miliary, eruption on a red base, covering the face, left ear, and other parts of the body, accompanied by heat and a prickling sensation, resembling that experienced in the knee preceding and attending the eruption there.

[To complete the history of the case, Dr. H. subsequently furnished the following: —

Wednesday, Feb. 24. — The knee was improving. During the past two days a few vesicles had appeared upon or rather beyond the circumference of the former eruption, and these were running their course. The centre showed in some places marks of ulceration, but was mostly dry, and covered with thick scales.

The eruption upon the face was disappearing; face looked less swollen and inflamed, and was covered with a fine powder, — the exfoliating epidermis. Patient said this eruption had appeared upon a large portion of her body.

The right ankle has been much swollen, pitting on pressure: this was subsiding. Several small boils afterwards appeared near the seat of the eruption.

This has been a case of great severity, with well-marked constitutional symptoms in addition to the usual local manifestations. Patient used the very language of the proving in describing the pain preceding the eruption on face and body, — "pricking pain;" and, as corroborative of the proving, I think the case worth recording.]

Two years ago this lady applied *Arnica* tincture to a sprained ankle, and there followed vesicles upon and between the toes, but not upon the other and more remote parts of the body. She has never had any of the skin diseases, except urticaria.

Dr. Hedenberg wished to call attention to the fact, that although nowadays almost every homœopathic physician has seen cases of eczema produced by the external application of *Arnica*, yet no allu-

sion to this effect can be found in any of our older works on materia medica. The only symptoms that he could find, which bore any resemblance to those of the cases in question, he had extracted from Jahr and Teste. They are as follows: From Jahr's Symptomatology:— "... *Pricking in the skin. Fine prickings in almost every part of the body, especially the nose, eyebrows, eyelids, even hands and fingers.*" From Teste's Materia Medica: — "Acute inflammation of the skin, adopting the following forms: — phlegmonous, erysipelatous pustules, or vesicles, which are filled with a clear liquid, that is either colorless, or else slightly tinged like amber."

Dr. Gregg said that he had observed eczema to occur quite frequently where *Arnica* had been applied externally, especially in those cases where it had come in contact with an abraded cuticle or open wound. Hence he had made it a rule never to apply *Arnica* where such conditions existed, always using *Calendula* instead.

The reason why we do not find allusion made by the older writers to the *Arnica* eczema, as we find it, is because their provings were made by the internal administration of the drug; and there is a manifest difference in the effects, according as it is applied in various ways. He had observed that the *Arnica* vesicles were generally filled with a sanious fluid.

Dr. Angell regarded the case as a most interesting one, and as possessing additional importance from its indicating the diverse actions of drugs when presented to the system by different channels, and as suggesting a new course of study and experiment to determine how far these differences extended in the case of other drugs.

Dr. Squier said that an account of the *Arnica* eczema from external application could be found in Hempel's Materia Medica, which almost exactly corresponded with the case related by Dr. Hedenberg.

March 8, 1869. — Dr. Butman being unable to be present, his paper on a certain form of Gonorrhœa was read by the Secretary.

It related to gonorrhœa arising from a concealed or "masked" chancre in the urethra, and denominated "virulent blenorrhagia." The existence of a urethral chancre was often overlooked or undiscovered, both from the mildness of the local symptoms, and from the fact that it might be communicated to the male without existing in the female with whom he had cohabited; the vagina in this case serving as a receptacle for the virus without the woman acquiring the specific local or constitutional symptoms. In support of this theory, he related a case from Ricord, fully exemplifying these circumstances, and alluded to the experiments of Cullerier which confirmed it. Another circumstance, which may render the discovery of the disease very difficult, is, that simple gonorrhœa may co-exist with urethral chancre, and by the severity of its symptoms wholly obscure, for a time, those of the specific disease, which are generally very mild.

As a means of diagnosis, he advised pressure with the fingers to be made upon the urethra; and, in case a chancre exists, an induration will be felt corresponding to its location. Inoculation of the virus into some other part of the body would produce a characteristic pus-

tule, in case it were derived from a concealed chancre; otherwise the experiment would result in a common sore only, which would soon heal. These indications, taken in connection with a rust-colored discharge, frequent hæmorrhage from the urethra, and but little pain during micturition, he regarded as diagnostic. The occurrence of the secondary syphilitic symptoms would, of course, be confirmatory.

He then related three cases illustrative of the disease under consideration. In the first, the symptoms of urethral inflammation had never been severe, but there was a copper-colored exanthem in the throat, which he considered syphilitic. He gave *Merc. precip. rubr.*[3] three times a day; the man returned in three weeks completely cured.

The second was one in which simple gonorrhœa was complicated with chancre of the urethra. There was also an eruption of the skin from the use of copaiva. *Clematis erect.* was given until the acute inflammatory symptoms and painful erections had subsided, and afterwards *Merc. viv.*[3] finished the cure in about ten days.

In the third case there was no pain in micturition, and but little purulent discharge, but there had been hæmorrhage from the urethra. *Merc. precip. rubr.* was prescribed, but the patient did not follow up the treatment, and in about three months returned with secondary syphilitic symptoms well developed. He had contracted no new contagion meanwhile. *Merc. viv.*[3] and *Sulph.*[3] in alternation, three times a day, cured this patient in about eighteen days.

In the remarks which followed the reading of the paper, Dr. De Gersdorff said that, in the second case, as read, there were no positive evidences of chancre, and he thought the rapid cure of the case would lend additional weight to the supposition that the case was not one of concealed chancre, but of simple gonorrhœa.

Dr. Hoffendahl had seen simple superficial ulcers of the urethral mucous membrane, by means of the endoscope, in cases of gonorrhœa simplex: it is true that there was no induration, but he considered that the long continuance of such a process would eventually be followed by induration, and then we should have in simple gonorrhœa what Dr. Butman considers to be one of the characteristic signs of urethral chancre.

Dr. Talbot exhibited a neuromatous tumor, which he had removed from the stump of the arm of a soldier.

The man had suffered amputation of the arm for injuries received from a bullet, and had afterwards been a prisoner in Andersonville. The stump, which was very irregular in shape, had ulcerated three times, and, on each occasion, a piece of necrosed bone had been discharged. The specimen exhibited formed a pediculated tumor at the extremity of the stump, which was very hard, painful, and tender. It was thought, at first, to be another portion of dead bone which had exfoliated, and the operation was requested for its removal. Upon incision, the knife came in contact with a hard, semi-cartilaginous body, which proved to be the enlarged bulbous extremity of the median nerve, forming a tumor about an inch in diameter, and accompanied by the brachial artery which turned up into its substance, and, after giving off two or three nutrient branches to the nerve and sur-

rounding muscle, ended abruptly in a cul-de-sac: the artery was much diminished in size. The patient made a favorable recovery.

Dr. Packard related a case as occurring in his own family in a boy aged twelve. About seven weeks ago, the boy first complained of severe pain in the right great toe, running up the leg, which kept him awake all night. Upon examination, a bright-red spot was found on the skin, over the first joint of the great toe. The foot was swollen, and there was intense pain, of a jumping or jerking character, in the toe. Petechial spots, resembling those found in typhoid fever, were noticed on the body and limbs. In six days after this, there was marked phlebitis of the foot and leg, with chills, fever, dyspnœa, and friction-sound of the heart, as in rheumatic pericarditis. On the sole of the foot there were three spots, of a dark-greenish color, about an inch in diameter. Dr. Talbot, who was called to the case, regarded these spots as indicative of gangrene. *Secale* was given internally, and a poultice of carrots was applied to the foot. Under this treatment, the green color of the spots became rapidly much less marked, but the swelling of the foot increased. Three days afterwards, an incision was made into one of these spots, and about a half-pint of pus was discharged. Meanwhile, the petechial spots had assumed a purplish hue, and were swollen, and fluctuating on pressure. Upon incision, many of these were found to contain pus. One, situated just below the crest of the right ilium, was opened some few weeks ago, and has continued to discharge ever since, with but two or three intermissions which will be mentioned hereafter. A number of slightly-raised tumors, about the size of a common walnut, situated beneath the skin, had also appeared. Some of these contained pus, which had to be evacuated, while others would dry up and disappear. One of these occurred over the left scapula, and occupied a space as large as a saucer; it must have contained a pint of pus.

About a week ago, the discharge from the abscess on the ilium suddenly ceased, and evacuations of pure, clear pus from the bowels supervened. This ceased in a day or two, and the discharge from the abscess reappeared. This alternation of the discharges from the abscess and the bowels has occurred twice since, and is quite singular, there being no evidence of any fistulous communication between the two. Defecation is accomplished without the slightest pain.

In all, he has opened about twenty abscesses. The right foot and leg are swollen to three times their natural size, and the scrotum distended with serum to the size of two fists. A trochar had partly relieved the latter difficulty, but it was still excessive.

The pulse, since the commencement of the disease, has ranged from 100 to 140. The appetite throughout has been excellent, even excessive; and the mental powers perfect. The tumors spoken of did not appear to occur particularly along the course of the lymphatics, but came indiscriminately on various parts of the body, as back, shoulders, nates, etc., always occupying the subcutaneous cellular tissue. The boy has always been remarkably healthy up to the time the first symptoms detailed were noticed.

Dr. Talbot said that he had heard of several recent cases of gan-

grene of the lower extremities; and some of the early symptoms in this case strongly indicated this disease. Pyæmia had evidently supervened, and the case was one of unusual severity.

THE NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY

Held its eighteenth annual meeting at Albany, February 9, 1869. Wm. H. Watson, M.D., the President, delivered the Inaugural Address. He paid an eloquent tribute to the memory of some of the most honored members of the Society, stricken down by death in the last two years. He mentioned the stately Vanderburg, the Nestor of our profession in the State; the scholarly Quin; the cultivated, liberal-minded, æsthetic Hull, among the early pioneers of homœopathy; together with Hubbard, Gray, Peterson, Potter, Merritt, May, Barker, Bryant, Matthews, George and A. A. Lewis, Mason, Wolcott, and Dunnell.

The Medical School of New York city is a great success. The public Hospital, having an ample charter, with the venerable poet, William Cullen Bryant, for President, ought to be put in operation. Numerous dispensaries are in successful operation in the metropolis, and in various parts of the State. Homœopaths ought to decline furnishing certificates, as attending physicians, for those life-insurance companies which refuse to appoint homœopaths as examiners.

It is a matter of regret that the State Constitutional Convention took no action on the report of its committee, On the Practice of Medicine and the Compounding of Drugs. A bill, advocated before the last legislature, to secure similar ends, also failed. It is to be hoped that we shall succeed better this year, as such a provision will enable the public — to ascertain not merely what practitioners are furnished with diplomas — but also who are really qualified. It would virtually establish an honorary degree, of which those only who were really qualified and meritorious could avail themselves. Such a law will yet prevail.

An Insane Hospital ought to be established by the State in one of the southern tier of counties, and placed under homœopathic control.

The State officers and members of the Legislature were, as heretofore, invited to attend the sessions, and to hear the Annual Address of the President.

There being a deficit in the treasury, the total expenses of the next year were limited to $405, and the annual dues raised from three dollars to four.

In the evening, Dr. Gray, of New York, in the chair, the President delivered his Annual Address, which was an able exposition of his subject, — The Medical Profession, its Duties and Responsibilities, and the Relation of Homœopathic to the Allopathic Branch. The evening closed with a collation at the Delavan House.

February 10. The officers for the next year were elected, as follows: Wm. Wright, M.D., of Brooklyn, President; E. D. Jones, M.D., of Albany, Corresponding Secretary; H. M. Paine, M.D., of Albany, Re-

cording Secretary; W. S. Searle, M.D., of Brooklyn, Treasurer. Among those nominated for election next year as Honorary Members was D. G. Woodvine, M.D., of Boston.

A semi-annual meeting is to be held in New York city on the second Tuesday (eighth) of September, and to be occupied only by professional discussions.

The Code of Medical Ethics, adopted by the American Institute of Homœopathy, in June, 1868, was adopted as the code of the Society at the suggestion of the Secretary of the Institute.

In the evening, Dr. Alexander Wilson spoke of the failure of the Anglo-Saxon race in America, in consequence of the few children born. This was due, he thought, in a small degree, to the elevation of the race, more to a commingling of races, and still more to crime.

Dr. John F. Gray was constituted a Committee on Education.

The attendance at this meeting was large, the papers and reports read were of more than usual value and interest, and general concord and good-will prevailed.

H. M. Paine, *Recording Secretary.*

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Although the Committee of Arrangements have not yet completed their labors sufficiently to permit a definite announcement, we are assured that no effort will be spared to render the session which is to open at Boston, June 8th, 1869, the largest and most important meeting of our school ever held. It will be a delightful occasion for a visit to Boston. We call upon the members in all parts of the country to contribute to its success.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The twenty-ninth annual session will be held at the Meionaon Hall, Boston, April 14, 1869. These meetings are always interesting and well-attended. Even those persons who cannot be present may contribute their mite by sending articles to either of the following committees: Clinical Medicine, J. Hedenberg, M.D., Medford; Materia Medica, H. L. Chase, M.D., Chairman, Cambridge; Obstetrics, J. H. Woodbury, M.D., Boston.

THE NEW JERSEY HOMŒOPATHIC MEDICAL SOCIETY.

This new and enterprising Society will hold its annual meeting at Newark, on Thursday, April 15, 1869.

THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE.

The degree of Doctor of Medicine was conferred on *twenty-six* graduates at the ninth annual Commencement of this College, March 3, 1869. Mr. Charles J. Mansfield, one of the graduates, delivered the valedictory address; and interesting addresses were also made by Rev. Stephen H. Tyng, D.D., and Prof. F. W. Hunt. The following were gradu-

ated: L. Arthur Clark, East Poultney, Vt.; Jas. J. Clark, Harrisburg, Pa.; Arthur B. Cossart, Westville, N. Y.; Chas. A. Dorman, New Britain, Conn.; Jacob M. R. Gedney, New York city; J. H. Gallinger, Concord, N. H.; O. R. Gross, New York city; Nelson Hunting, Lincoln, Ill.; Chas. J. Mansfield, New York city; Holmes M. Jernegan, New York city; Thomas J. Merryman, M.D., Centre Ridge, Ill.; John M. Miller, Melrose, N. Y.; Norton C. Ricardo, Hackensack, N. J.; Jas. Blake Robinson, Gardiner, Me.; Henry Saltzwedel, Brooklyn, N. Y.; Ferd. A. F. Seeger, New York city; Jas. T. Sherman, Newport, R. I.; St. Clair Smith, Throopsville, N. Y.; Alpheus D. Smith, Laconia, N. H.; Geo. H. Smith, Milton, N. Y.; Oliver Smith, Brooklyn N. Y.; Frank H. Thomas, Tacony, Pa.; Edward H. Spoooner, New York city; Samuel W. Thurber, Hardwick, Vt.; Gilbert R. Traver, London, Ont.; Henry Tucker, Lake Village, N. H. — Special Degrees: Garrett D. Crispell, Kingston, N. Y.; Nath. Green, Newport, R. I.; Thos. F. Pomeroy, M.D., Detroit, Mich.

THE HAHNEMANN MEDICAL COLLEGE,

Of Philadelphia held its second annual Commencement at the Academy of Music, March 3, 1868. Professor Henry Noah Martin, M.D., delivered the valedictory address. Speaking of the want of a homœopathic hospital at Philadelphia, he said:

"St. Louis, Cleveland, and other cities boast their homœopathic hospitals. The ladies of Cleveland have recently, by means of a fair, raised $2,000. New York and Boston are not inactive; the homœopathists in the latter city have already accumulated a permanent fund of $20,000, to be devoted to that purpose, and the ladies of Pittsburg have, by means of fairs, realized large sums of money to sustain a commodious homœopathic hospital, which has been established there by the munificence of her citizens. But that here, in Philadelphia, where the first homœopathic college in the world was established,—a fact which has come to the knowledge even of far-off and frigid Iceland,— here, towards whose generous hearts all homœopathic eyes and feet are turned, — that here, in this medical Mecca of the world, there should be no homœopathic hospital, is a burning shame, — a monstrous disgrace. But, gentlemen, this disgrace does not attach so much to our citizens as to ourselves. We have been divided, and our dissensions had well-nigh forfeited confidence in our ability to conduct to a successful issue so important a trust. We had no right to expect aid from a proverbially generous community while we were so ungenerous towards each other; but now all dissensions are healed, and 'peace reigns within our borders.' Our two colleges have consolidated, and our physicians are now nearly a unit in the support of the new institution. With a college whose corporation rests upon a sound foundation, and whose trustees and faculty are elected for life, thus giving it permanence and stability, there seems now nothing to hinder the accomplishment our of highest aspirations."

The degrees of the College were then conferred upon thirty-five graduates. Honorable mention was made of the following six, for the excellence of their theses, as follows: —

O. B. Bird, Philadelphia, Metastasis; J. M. Curtis, A.M. Wilmington, Del., Rheumatism; C. H. Goodman, A. B., St. Louis, Theory of Cure; C. B. Knerr, Fogelsville, Pa., Concussion of the Brain; W. B. Reed, Philadelphia, Cimicifuga; W. B. Trites, A. B., Manayunk, Pa., Sanguis Hominis.

The remaining graduates were as follows:

E. P. Brunner, Central Point, Pa.; F. W. Boyer, M.D., Pottsville, Pa.; Antonio Casanova, Cienfuegos, Cuba; C. C. Currie, Flemington, N. J.; J. M. Criley, Springfield, O.; A. C. Cowperthwait, Toulon, Ill.; J. P. Crooks, Pittsburg; H. R. Fetterhoff, Chambersburg, Pa.; E. E. Fisher, Canton, N. Y.; E. J. Foster, Waterbury, Vt.; W. B. Gilman, Philadelphia; W. F. Hathaway, Philadelphia; James Haylett, Montpelier, Vt.; J. E. Hardy, M.B.C.M., Norfolk, Va.; J. W. Hall, Albany, N. Y.; D. L. Jones, Bradford, Vt.; J. K. Lee, Etna, Pa.; G. W. Light, Columbus Grove, O.; W. F. Marks, Leesport, Pa.; S. Morrison, F.R.C.S., London, Eng.; J. Moore, M.D. Liverpool, Eng.; A. Noxen, M.D., Bloomfield, Ont.; A. Peltzer, Rheydt, Germany; W. A. D. Pierce, Leopard, Pa.; A. C. Rembaugh, Philadelphia; H. E. Reinhold, Williamsport, Pa.; S. Starr, Avondale, Pa.; D. C. Smith, Thompsontown, Pa.; W. C. J. Slough, Fogelsville, Pa.

The matriculants of the College during the last session numbered eighty-four; viz:

From Pennsylvania	44	From England	2
" New Jersey	10	" Maryland	1
" Vermont	4	" Dist. Columbia	1
" Ohio	4	" Missouri	1
" New York	3	" Texas	1
" Delaware	3	" Kansas	1
" Illinois	2	" Canada	1
" Virginia	2	" Saxe-Weimar	1
" Cuba	2	" Prussia	1

THE MISSOURI HOMŒOPATHIC MEDICAL COLLEGE

Held its annual Commencement at St. Louis, Thursday evening, Feb. 25, in Polytechnic Hall. The degree of Doctor of Medicine was conferred upon seventeen graduates, as follows:

James R. Reed, Pittsburg, Pa.; John Keck, Cairo, Ill.; D. L. Deyoe, St. Louis; D. G. Allen, Cairo, Ill.; S. C. Grant, St. Louis; O. G. Strong, Canton, Ill.; J. B. Williams, Centralia, Ill.; J. Wenz, New Orleans; Peter A. Aikman, Ontario; W. L. Hedges, Gerard, Ill.; J. A. Campbell, St. Louis; J. M. Taylor, Bloomington, Ill.; John Schmidt, Quincy, Ill.; James M. Kershaw, St. Louis; G. H. T. Johnson, Atchison, Kansas; J. Petros, Virden, Ill.; W. D. Foster, Hannibal, Mo.

Honorary degrees were conferred upon the following medical gentlemen:

Dr. Martin Mayer, Leavenworth, Kansas; Dr. I. T. Talbot, Boston, Mass.; Dr. C. J. Hempel, Grand Rapids, Michigan; Dr. C. W. Spaulding, St. Louis; Dr. W. H. Holcombe, New Orleans; John Moore, M.D., Liverpool, Eng.; R. E. Dudgeon, M.D., London, Eng.; H. R. Madden, M.D., London, Eng.; Richard Hughes, M.R.C.S., Brighton, Eng.

The prizes were awarded to graduates, as follows:

Dr. J. R. Reed, Pittsburg, for the best anatomical specimen; a set of surgical instruments, given by Prof. Franklin.

For the greatest proficiency in Chemistry, the "Mayer silver medal," awarded to Dr. J. A. Campbell, of St. Louis; given by Dr. Martin Mayer of Leavenworth, Kansas.

A silver medal, offered by Prof. Comstock, for the best examination in Obstetrics, was awarded to Dr. John Keck, Cairo, Ill.

After the candidates for the degree of Doctor of Medicine had made their final examination in obstetrics, they met together. Each was supplied with pens and paper, and a copy of the following questions: Given, a case of labor in a healthy primipara with cranial presentation. From the unusual distention of the abdomen, the case may be twins, or a single birth. The pains have been normal, but frequent and severe, for six hours or more: suddenly, without any apparent cause, they cease.

1. What must be the condition of the uterus which causes this cessation of the pains, and how will you express it in obstetrical language?

2. What is the rational treatment in such cases?

3. How would the labor most probably progress and terminate, after the treatment?

The answers were required to be given categorically in writing. Eight of the graduating class gave answers, and the following, by Dr. John Keck, won the prize:

1. This condition of the uterus is inertia, caused by the continued severe pains and non-rupture of the membranes.

2. Rupture the membranes at once, when the pains will come on again.

3. The labor will progress and terminate favorably, as in all ordinary cases.

The valedictory was delivered by Dr. N. D. Tirrell, Professor of Chemistry; and it was in reality a learned production, and listened to with the greatest attention by the large audience present.

A pleasant social reunion and banquet, given by the faculty, and graced by a fair representation of the city, closed the exercises of the evening.

ITEMS AND EXTRACTS.

Chicago supports four medical periodicals.

A Portland druggist has a notice in his window, "Twelve Emetics for one dollar." Cheap and pleasant!

Phenic acid has proved most successful in treating the so-called "mountain disease," (*mal de montagne*), which has been so fatal to the sheep and horned cattle of France.

There are one million more women than men in England.

A well-known physician used to say that roast beef, serenity of mind, cold-water baths. and an amiable and pretty wife, would make almost any man healthy, wealthy and wise.

Influenza. — Dr. Currier, of Middlebury, Vt., writes: "We are having a severe epidemic influenza. *Cham. Ars. Phos. and Sang.* prove valuable remedies."

Dr. Jones, of Bradford, Vt., informs us that scarlet fever, measles, whooping-cough, and typhoid fever, have prevailed very extensively in that section for a long time.

Whooping-cough, which has been unusually severe, has been met best with *Arnica*^{200} and *Corallium rubrum*^{30}, as indicated.

He has cured scarlet fever almost exclusively with *Arum tryphyllum*^{200}.

Lachesis. — For forty years the medical profession have been distributing the poison obtained from one poor Lachesis trigonocephalus. F. E. Boericke, of Philadelphia, has recently secured serpent number two of this variety; and physicians wishing to get the third trituration of *Lachesis* can now obtain it of him. Price, one dollar, ($1.00) per ounce.

"One of the Boston physicians has professional charge of a young gorilla with the lung fever. The pecuniary value of the young patient induces the greatest care of him."

We do not know as homœopathy has ever been tried by the gorillas; but we do know that, if they possess anything of human nature, they would be safer under its influence than under allopathic medication in lung fever.

Dr. N. L. Folsom, of Portsmouth, N. H., has invented a pair of surgical scissors for amputating the elongated uvula. No forceps are required to hold the end of the uvula whilst amputating it, which produces most of the distress of retching in the operation.

Dr. James Nordrop, surgeon to George IV., is dead. He had written many medical works.

Carbolic acid may be deodorized by mixing it in a crystallized form, with twice its weight of gum camphor, and adding whiting to the compound. In this form it is said to be valuable both as a disinfectant and as a protection to furs against moths.

Lady Murchison, who first induced her husband, Sir Roderick, to en-

gage in scientific pursuits, is dead. She was herself a very good naturalist.

A Western medical firm, whose method of cure is "the laying on of hands," has lately been fined for practising medicine contrary to law.

Cadmium is substituted for part of the zinc in the formation of the alloy known as German silver; and the result is a beautiful white metal, very hard, and susceptible of a high polish. Table articles made of this alloy closely resemble silver.

The sale of horseflesh as food increases in France, but by no means so rapidly as the more earnest advocates of the movement could wish.

Rational expectant treatment of disease is called, in England, the fashionable scepticism of the present day, which sees no virtue in drugs.

Poppies. — It is reported that the cultivation of the poppy will be introduced into Louisiana. A French gentleman at Natchitoches, it is stated, has announced his intention of planting in the spring of 1869 several acres of poppies, and manufacturing opium. It is asserted that an acre of poppies will make fifty pounds of opium, worth fifteen to twenty dollars a pound, at a cost of less than four dollars a pound for manufacturing, and that one man can cultivate three acres.

Beverages used by the Human Race. — Not less than 500,000,000 of the human race make use of an infusion of tea; more than 100,000,000 drink coffee; about 50,000,000 cocoa; and not less than 10,000,000 of the inhabitants of Peru, Paraguay, and Brazil use an an infusion of maté, guarana, or Paraguay tea, a species of holly. In England alone, there are over 100,000,000 pounds of tea consumed annually, and about half as much of coffee. About 100,000,000 pounds of tea are consumed in this country.

Quack Advertisements. — The following veritable specimen shows how closely a devotional (?) spirit and the greed of gain may be brought in juxtaposition: "Please write to me at once, all ye afflicted, the facts as they appear, and I will answer you promptly, and to the point, and state fully whether you can or not be saved. Do not give up, even though your family physician has done you no good, for I have saved thousands after all hope had fled and the grave was near. The wisdom and goodness of a just Providence will not withhold the noble means for the salvation or happiness of his suffering and erring children. *Also, if you expect a full and specific reply to your letter always inclose ten cents*: postage must be paid in advance."

Acupressure at the New York Hospital. — Since the first of December, acupressure has been employed at this hospital in two amputations at the shoulder-joint, in two of the thigh, and in one at the knee-joint, with complete prevention of hæmorrhage in every case. All the cases but one, which died of pyæmia, either have recovered, or are in a fair way to do so. — *Medical Record.*

A NEW NOMENCLATURE OF DISEASES, after almost incredible labor and painstaking, has just been completed in England, with Latin, French, German, and Italian synonymes. A uniform nomenclature, in which the same name shall always signify the same thing, is indispensable for the gathering-in of trustworthy statistical information. It should come into general use throughout the medical world otherwise statistical returns are not only worthless, but misleading. — *Watson's Address to the Chancellor of the Exchequer.*

THE HOMŒOPATHIC MEDICAL SOCIETY OF FRANCE meets in Paris on the 5th of April, 1869. We learn from the *Bibliothèque Homœopathique* that all physicians, without regard to school or opinion, are invited to be present at this session, to discuss the following subject: "The nature and extent of the relation between disease and medicine, and between nosological and therapeutical tendencies." This question is really older than all methods of medical practice, and, from its generalization, takes a place above the sphere of passion and the irritating interests of opinion. Could scientific men of different opinions be brought together with unprejudiced feelings, we doubt not that much good would result from this discussion; but we greatly fear that the invitation will not be accepted by men outside of the homœopathic faith.

PREVENTION OF PREMATURE INTERMENTS. — All the formalities in reference to the prizes bequeathed by the late Marquis d'Ourches have now been settled, and memoirs, etc., relating to it are to be sent to the Académie de Médecine, which has consented to act as adjudicator. The prizes are two in number: —

1. One of 20,000 francs, is to be given to the discoverer of a simple and popular method for the recognition, in a certain and indubitable manner, of the signs of real death. The express condition of this prize is, that the means in question may be capable of employment by the most ignorant.

2. Another of 5,000 francs, for the discovery of a certain and indubitable means of recognizing the signs of real death by the aid of electricity, or any other procedure requiring the intervention of a medical man; or by the application of knowledge, the use of instruments, or the employment of substances beyond the scope of ordinary persons.

If either or both prizes remain unadjudged, the funds devoted to providing for them, are to revert to the estate of the deceased.— *Medical Times.*

RESUSCITATION IN ASPHYXIA. — At a recent meeting of the Medico-Chirurgical Society there was an animated discussion on the best mode of resuscitating the drowned. Dr. Bain brought before the society his new ready-method, and supported its claims by the details of various experiments which he had made on the dead subject. This method of Dr. Bain's seems to be a modification of a plan introduced last year by Pacini. He proposes to raise the ribs and thorax by means of a hand of the operator placed in each axilla, with the thumb on the clavicle. Dr. Silvester directs traction to be made by the arms, which he uses as handles to open the chest. Dr. Bain states that

his experiments prove that more air can be introduced into the chest by his method than any other. — *Medical Times and Gazette.*

Prurigo. — Nearly all cases of prurigo arise from the Pediculus corporis. The insect differs from the other two species, which infest respectively the head and the pubes, in that it dwells on the under-clothing, and also deposits its eggs on the under-clothing. Hence, if the skin is ever so carefully examined, nothing is discovered, and even the shirt requires great care to discover the cause of the affection.

The nits are often found inside of the wrinkles or folds about the waist. Warm baths and washing the clothes have no effect whatever in killing the parasite. The only way to destroy the ova in the clothes is to bake them. It is also a good plan to grease the skin with very dilute citrine ointment, or indeed with any greasy substance, and this for the same reason that olive-oil or lard, *per se*, is a cure for the itch. An ointment containing the oil obtainable from stavesacre-seeds is a capital application. — *Eclectic Medical Review.*

Carbolic Acid Treatment in Surgery. — Dr. Kelburne King, of Hull, England, in a recent paper "On Carbolic Acid and the Antiseptic Treatment in Surgery," says: "Modern science shows that suppuration is not a necessary process in cases of those wounds which do not heal by first intention; granulation can occur without suppuration. Access of air is the most common cause of suppuration, not on account of the air itself, but of the germs which are contained in it. Carbolic acid diminishes or arrests suppurative action. The author had employed in different cases dressings of (1) solution of carbolic acid; (2) carbolic oil, proportion one to four; (3) carbolic putty, *i.e.*, whiting added to carbolic oil to a decided consistence. The author claims for the treatment,—1. That decomposition of discharges is prevented; 2. That it enables those parts injured beyond redemption to slough away without becoming foci for the formation of pus; 3. That it exercises a control over the formation of pus in the centre of wounds; 4. That it diminishes the chances of blood-poisoning; 5. That it is of signal service to the patient himself and to those surrounding him, as all fetor is absolutely prevented.

Washington Homœopathic Medical Society. — Mr. Anthony introduced in the Senate last month a bill to incorporate the Washington Homœopathic Medical Society. It names as corporators, T. S. Verdi, G. W. Pope, C. W. Sonnenschmidt, E. S. Kimball, and Jehu Brainerd, with power to hold real and personal estate to the amount of $20,000, and exempts the members thereof from liability to be mustered in the military service of the United States. The members thereof are authorized to practise medicine and surgery, collect their fees, etc., like those of other medical societies, and enjoy equal rights and privileges, examine candidates, admit members, etc. Referred to the District Committee.

We are glad to see our friends in Washington thus active. A good medical society in the District of Columbia will be a valuable adjunct to the cause of homœopathy.

REVIEWS AND NOTICES OF BOOKS.

A Practical Treatise on the Diseases of Women. By T. Gaillard Thomas, M.D. Second edition. Philadelphia: Henry C. Lea. pp. 648, 8vo. Sold by James Campbell, Boston.

A professor in the oldest medical college in America treats of the newest diseases known to humanity, and, in his own opinion, the most hopeless. "No department of medicine," says he, "has made more advances within the last few years than Gynæcology." Alas that the *Gyne* herself has made greater advances still, and, through ignorance, necessity, or defiance of the laws of nature, distanced the gynæcologist further than ever before! Dr. Thomas's opportunities for study during the thirteen years of his occupancy of that chair, in the largest and most denaturalized city in America, have been terribly abundant. His two hundred and twenty-five illustrations exemplify every form of what Dr. Ludlam, of Chicago, calls "crucifixions,"—not of the cervix only, but of every part of the reproductive apparatus; and, after the deduction of all those which the discoveries of homœopathy have rendered unnecessary, the catalogue is fearfully large.

The brevity of the book is noteworthy. All the diseases dependant on pregnancy are omitted; and the author's manner of getting through his subject may be seen in his chapter on Ætiology. His seven causes of female diseases in America are: Want of fresh air and exercise; Excessive development of the nervous system; Improprieties of dress; Imprudence during menstruation; Imprudence after parturition; Prevention of conception, and induction of abortion; Marriage with existing uterine disease. All these he dismisses in less than ten pages.

It is significant of the little power that allopathic medicine claims over these diseases that we notice but a single prescription in the book, and that in the last paragraph, — Iron, arsenic, and nux vomica, for chlorosis.

The Essentials of a Reliable Pathogenesis. By E. M. Hale, M.D.

This little pamphlet contains some excellent suggestions by one who has devoted a great deal of time to the study and improvement, of the materia medica. In order more definitely to define the relative value of symptoms, he proposes, in addition to the star, the cypher, and Italics, to annex the letter v to any symptoms, as many times as it has been verified by other provers; also, to represent the relative persistence of symptoms by "lower-case," "*Italics*," "SMALL CAPS," and "CAPS." Pathogenesis, which is the basis of our school, requires for its improvement the greatest care, thorough integrity, and indomitable labor. Whoever, by bringing these qualities to bear upon it, can render our materia medica more reliable, will be a benefactor to the race.

Transactions of the Fifth and Sixth Annual Meetings of the Western Institute of Homœopathy. Indianapolis, May 23d an

24th, 1867, and Milwaukee, May 21st and 22d, 1868. Chicago: Printed for the Institute.

This pamphlet of 150 pages, we are sorry to say, does not do justice to the able and energetic body which sends it forth. The lack of typographical and editorial care, which nearly every page evinces, would never be allowed by any one of the contributors in the issue of his own work. We know very well what an arduous and thankless task it is to properly edit the transactions of a medical association; yet no society should allow its seal to be placed upon a publication which does not reflect the true character of the source from which it emanates.

The Homœopathic Quarterly. Rollin R. Gregg, M.D., Editor and Proprietor. Buffalo. pp. 34.

This is well-printed on good paper. We wish we could say something better for our old friend and classmate, but we fear his Quarterly smacks strongly of egotism, if not of charlatanry. The homœopathic profession will hardly support such a journal as this appears to be.

The Medical Record: a Semi-monthly Journal of Medicine and Surgery. New York: Wm. Wood & Co., Publishers.

None of our allopathic exchanges do we welcome more cordially than this journal. Except on the subject of homœopathy, it is progressive as well as enterprising. The last number has a beautiful steel-plate illustration, executed by the new process of heliography, invented by Baron Egloffstein. To the naked eye, it has all the softness of mezzotint; but a good magnifier resolves it into the most delicate parallel lines, producing a really wonderful effect.

Proving of Carbolic Acid. By Drs. Bacmeister, Hoyne, Duncan, Hedges, and Boyce. Chicago: Keen & Cooke.

Although not a thorough and exhaustive proving, it brings together the experiences and observations of many reliable persons with this new and valuable article of the Materia Medica.

Elementary Course in the German Language. By Gabriel Campbell, M.A., Professor in the State University of Minnesota. Boston: Woolworth, Ainsworth, & Co. pp. 194. 12mo.

No living language is more desirable to the scholar than the German. To the student of homœopathy, it is little short of an absolute necessity. What pleases us particularly in this book is, that the beginning — and, in a language, "it is the first step that costs" — is made easy from the fact that so many familiar words are nearly the same with the English. We know of no other text-book that so systematically avails itself of this circumstance. "*Mein Vater hat Silber und Gold in Peoria*" is not hard to translate. A similar attempt to thread the mazes of the declensions of nouns, adjectives, pronouns, and articles, — which in German are as crooked as the streets of Boston, — deserves the careful examination of the teacher.

PERSONAL.

Caroll Dunham, M.D., of New York, has returned from Nassau, N. P., with his health entirely restored. We shall hope, in the next number of the *Gazette*, to give our readers some account of the climate and advantages of Nassau, from his pen.

Rev. L. E. Nollau, the founder and director of the Good Samaritan Hospital of St. Louis, died of cancer, February 20, 1869.

In establishing this hospital, he has exhibited an earnestness, devotion, and perseverance in the face of difficulty, such as has been seldom seen. Our school is greatly indebted to him for the brilliant success of homœopathy in this hospital, the result of individual effort. His confidence in, and loyalty to our science, his sincere and tender interest in individual patients, his sympathy for the suffering, his words of faith and good cheer for the despondent, did much to build up the extensive reputation which this hospital has acquired.

D. L. Jones, M.D., recently graduated from the Hahnemann Medical College, Philadelphia, has located in Bradford, Vt., where he will practise with his brother, J. H. Jones, M.D.

E. P. Angell, M.D., a graduate of the Hahnemann Medical College of Philadelphia, has formed a partnership in practice with his father, James Angell, M.D., at Galveston, Texas.

Prof. A. R. Morgan. — We hear nothing but praise of the course of lectures on Practice which he delivered in the New York Homœopathic Medical College; and, judging from a single one to which we listened, this praise is well-merited.

Prof. P. P. Wells, M.D., of Brooklyn, is slowly recovering from his rheumatic fever.

Removals. — James T. Alley, M.D., formerly of New York, to St. Paul, Minn., where he has so far recovered his health as to resume practice.

E. B. Whitaker, M.D., from Hinesburgh, Vt., to Gaysville, where he is associated with Dr. G. E. E. Sparhawk.

J. V. Daggett, from Cornwall, Vt., to Canton, St. Lawrence County, N. Y.

R. Walter Heurtly, M.D., from Newburg, N. Y., to Chicago, Ill.

TO CORRESPONDENTS.

J. A., Tex. — We are glad to hear from you, and would like a letter reporting the condition of homœopathy in your State, and also any interesting medical items pertaining to your section. Have you a homœopathic medical society in Texas?

R. E., N. Y. — The price of Loomis's forceps is ten dollars.

A. L., N. H. — Thanks for the communication and items. In the case of orchitis, after the remedies already used, we would recommend *Gelsem.* followed by *Nitr. ac.* The suspensory bandage should be worn by day, and the cold wet compress may be applied by night. Glad to hear that you are recovering from your attack of hæmorrhage.

S. L., N. Y. — As you will see, we have noticed the "appeal," and shall be happy to aid the object.

J. H. J., Vt. — Though we do not often use "high potencies" in our practice, still we are glad to receive the experiences of any careful observer in relation to them. By careful, dispassionate comparison of results, the truth can best be obtained.

J. P. D., Cal. — The Publications of the Mass. Hom. Med. Society have not been issued for the present year; but as soon as they are, we will forward them to you.

H. N. A., N. Y. — We fear you will not improve matters by reviving your former pamphlet. Better let it be forgotten.

H. S. S., N. Y. — We shall hope, in our next number, to have an article on the subject of artificial noses.

H. M. S. — Our homœopathic statistician does not always receive very clear answers to his very simple circulars. Thus the "Rev. J. A. Penniman, M.D.," graduate of the "Univ. of Penn.," leaves his "address in full" a blank; perhaps to be guessed at, or filled at discretion. Some are graduates of "New York," "Vermont," "Phila." "Cleveland," etc., and one is a graduate of "U. S." But Illinois bears the palm: "*Name in full*, — C. R. P.....; *Address in full*, — E. P....; *Graduate (or licentiate) of* — Many years' practice. Licensed by Internal Revenue Department.

I'm C. R. P., M.D. renown,
But my M.D. means Money Down.
Let younger scamps
Boast empty fame;
Give me my stamps,
I'll risk the name. C. R. P."

This reminds us of the poetical prefix which, it is said, medical students placed upon the sign of the notorious Dr. Lettsom:—

When patients comes or sends for I,
I physics, bleeds, and sweats 'em;
If, after that, they choose to die,
What's that to I? I. LETTSOM.

BOOKS AND PAMPHLETS RECEIVED.

The following exchanges for March:

The North American Journal of Homœopathy; New York. The Homœopathic Sun; New York. The Hahnemannian Monthly (for February and March, double number); Philadelphia. The American Journal of Homœopathic Materia Medica; Philadelphia. American Homœopathic Observer; Detroit. The Medical Investigator; Chicago. The Western Homœopathic Observer; St. Louis. The Monthly Homœopathic Independent; St. Louis. The Homœopathic World; London, Eng. Bibliothèque Homœopathique; Paris. (Vol. I. 24 nos., 1868, vol. II. 5 nos. 1869.) El Criterio Médico; Madrid, Spain. Boston Medical and Surgical Journal. The Medical Record; New York. The Medical Gazette; New York. American Eclectic Medical Review; New York. Pacific Medical and Surgical Journal; San Francisco, Cal. Nashville Journal of Medicine and Surgery; Nashville, Tenn. Boston Journal of Chemistry. Our Dumb Animals; Boston. The Little Wanderers' Advocate; Boston. The Monthly Record of the Five Points House of Industry; New York. The Guardian of Health and Education; Boston. Littell's Living Age; Boston. Every Saturday; Boston. Cincinnati Times.

A Practical Treatise on the Diseases of Women, by T. Gaillard Thomas, M.D.; Philadelphia, Henry C. Lea. New Elementary Course in the German Language, by G. Campbell; Boston, Woolworth, Ainsworth & Co. Transactions of the Fifth and Sixth Annual Meetings of the Western Institute of Homœopathy. Proving of Carbolic Acid; Chicago. Valedictory Address; by Henry Noah Martin, M.D. Petition to the General Assembly of the State of Indiana. The Essentials of a Reliable Pathogenesis, by E. M. Hale, M.D. Guilford Mineral Spring Water. Fourth Annual Catalogue of the Mass. Institute of Technology. Fifth Annual Report of the City Hospital, Boston. The Danish Islands; by James Parton. Thermometric Gateways to the Pole, by Silas Bent, St. Louis.

REGISTER

OF THE

HOMŒOPATHIC PHYSICIANS

OF THE

UNITED STATES.

THE following homœopathic physicians, residing in the United States, had, on the fifteenth of March, 1869, communicated to the Bureau of Registration of the American Institute of Homœopathy their names and residences, and the name of the college or body by which they were graduated or licensed. The list will be continued in successive numbers of the *Gazette* till completed. Physicians who are not yet on the Register are requested to send their names, with the requisite particulars, to the Chairman of the Bureau, Henry M. Smith, M.D., No. 105 Fourth Avenue, New York, and they will appear with the continuation of the list.

*** Names of the Members of the Institute are in SMALL CAPITALS.

D. T. Abell, M.D., Darlington, Lafayette County, Wis.
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Caleb Harlan, M.D., Wilmington, Del.
Jerome Harris, M.D., Woonsocket, R. I.
John T. Harris, M.D., Boston Highlands, Mass.
Nath'l O. Harris, M.D., East Haddam, Conn.
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THE

New England Medical Gazette.

No. 5.] BOSTON, MAY, 1869. [Vol. IV.

THE VOMITING OF PREGNANCY.

BY WM. H. HOLCOMBE, M.D., OF NEW ORLEANS.

I was called, two weeks ago, to a very distressing case of this kind; and the treatment, whether strictly homœopathic or not, was so promptly efficacious that it is worth recording.

The lady was pregnant last year, and suffered horribly for seven weeks under allopathic treatment. She was only relieved by an abortion. This time she had suffered for three weeks before I was called in. She vomited about every half hour in the twenty-four, and no nourishment had been retained for more than five minutes for a week or ten days. She was much emaciated, and greatly prostrated from want of nourishment and sleep. She was cold, trembling and wretchedly nervous and despairing.

I ordered *Nux*^{30} and *Platina*^{30} alternately, every hour, and injections of beef-tea and brandy every six hours.

I found her a little better the next day, but not enough so to satisfy me that I was on the right remedies. So I examined my case more thoroughly.

I found two peculiar symptoms, which I regarded as key-notes. She was always greatly worse on waking from her little naps of sleep. Indeed, she declared she had rather not sleep at all than to awake with such dreadful sensations. Secondly, she referred her nausea entirely to a strange trembling, like a mass of jelly, which reached from the umbilicus to the ribs, and over the gastric and hepatic areas. I felt this tremulous motion with my hand for a

long time. It was a quick sub-cutaneous quivering, almost without intermission. These symptoms belong especially to *Lachesis*.

I ordered *Lachesis*^{2000} every hour. When I went next day, I found my patient in ecstasies. She had slept half the night, had vomited only a few times, and the trembling sensations had almost disappeared. What a brilliant laurel this would be for *Lachesis*, if *Lachesis* alone had been used! But, alas! my spirit of empiricism had dictated an adjuvant in the shape of an injection at night of twenty grains of the *bromide of potassium*, and I cannot tell positively which effected the cure.

Afraid to drop either, and consulting the good of my patient in preference to my own pure homœopathicity, I continued the prescription — *Lachesis* ^{2000} — during the day, and a nightly injection of twenty grains of bromide of potassium. In a few days my patient was up and at the table, enjoying the pleasures of life, to the astonishment of her friends and to the glory of homœopathy.

I believe the *Lachesis* was the curative agent, — firstly, because I believe *Lachesis* in the higher and highest dilutions to be a remedy of astonishing value; secondly, because it covered my case homœopathically; thirdly, because, although the bromide of potassium is a good remedy for great nervous excitation, I have tried it several times before in the vomiting of pregnancy, and never with any decided result.

Nux^{30} and *Lachesis*^{30} have done more for me than any other remedies in the vomiting of pregnancy. *Ipecac.*^{200} and *Platina*^{30} stand next in my confidence. *Plumbum*, *Opium*, and *Tarentula*, all high, will repay careful study in difficult cases.

Nourishment by enemas of beef-tea, cream, milk-punch, etc., should be early and steadily employed.

AN ANOMALOUS CASE.

BY DRS. HOOPER AND ELDRIDGE, BAY CITY, MICH.

On the 1st of February, 1869, a married lady, aged twenty-seven, of a sanguine-bilious temperament, with dark hair and eyes, having a well-developed muscular system, but flaccid and somewhat attenuated, came to our office, and reported herself as having

been sick since the month of August, 1868. A month previous to her attack, she had been delivered of a healthy and mature child. There was nothing unusual about the labor, except that it was a very speedy one. Four weeks after parturition, she was taken with a violent hæmorrhage from the bowels, which rapidly reduced her strength, and at length assumed the form of a chronic, bloody discharge, in which a considerable amount of pus was frequently discovered. The discharge was indeed quite copious, but singularly unaccompanied by that excessive prostration which we should be warranted to expect from such a condition. There was no tenderness of the abdomen of any importance; but there was said to be felt in the right hypochondriac region a most remarkable movable tumor, about the size of a hen's egg, and in which, to use her own expression, she frequently felt a panting or fluttering.

She described the tumor as being somewhat hard, offering resistance on pressure, certainly not fluctuating. On the recurrence of the hæmorrhagic discharge, the tumor would disappear; a temporary costiveness would follow, and then it would again become troublesome. She had applied to an allopathic physician, but had obtained from his services no relief whatever. She continued to suffer in the same way, with an increase of weakness, and almost a total loss of appetite. A gentleman of intelligence in the neighborhood, who had studied homœopathy a little in the office of Dr. Nichol, of Canada, hearing some of the particulars of the case, sought to relieve the woman by administering *Nux vom.* For a time, she was not so much distressed; but, finding that the difficulty was returning, he induced her to call upon us. We were unable to discover the tumor of which she spoke, but found her, at her first visit, in other respects just as she had represented; also we noticed that her gums were of a dark-purple color, having considerable fungoid growth, and bleeding at times quite profusely; the breath emitted a fetid odor, and the mouth was considerably ulcerated. She complained of severe, burning pain in the stomach; was very restless at night, and the extremities were habitually cold. The capillary circulation generally was very much impaired. There were no hæmorrhoidal symptoms. We retired to our consultation-room, and, previous to any discussion, both our minds were turned to

Arsenicum. Our patient was therefore put upon *Ars.*$^{2\ cent.}$ four powders *per diem.*

The patient again visited us, February 8th, and presented the following condition: Absence of hæmorrhage and of pain in the hypochondriac region; slight chills for one or two days, but none recently. Enlargement in the hypochondriac region diminished in size, and not felt to be so troublesome. Gums much better in color; a greater density of tissue; the breath not so fetid; pulse, 82. *Ars.*^{2}, four doses *per diem.*

March 27.— Greatly improved in all respects. No diarrhœa; no hæmorrhage; gums perfectly natural; ulcers all gone; pulse normal; skin moist, warm and natural; nothing troubling her but slight symptoms of dyspepsia,—such as distress after eating a hearty meal,— in connection with more or less confusion of ideas. This dyspepsia was a difficulty of some years' standing.

Ars.$^{3\ cent.}$, *Nux*$^{3\ dec.}$, one powder of each per day.

March 31.— Dismissed cured.

Query.—It would perhaps be natural to suppose, from the objective symptoms or pathological condition observed affecting the gums and mucous membrane of the mouth, that this was a case of poisoning by mercury at the hands of the allopathic attendant preceding us in the treatment of the case; but, by rigid examination and a series of interrogatories, we satisfied ourselves that this was not the case. What, then, was the cause of this condition? We could not pronounce it a well-defined scorbutic difficulty; neither did it seem to partake of the nature of scrofula. It seemed to us probable that the condition in which we found the intestines, discharging blood and pus, arose from organic or structural changes, referable to the same origin — whatever that may have been — as the bleeding fungoid growths upon the gums and the ulcerated mucous surface of the cheeks. But we must confess that the case is not a little mysterious. The apparent relation between the disappearance of the tumor in the hypochondriac region, and the supervention of the hæmorrhagic phenomenon, and, *vice versa,* the reappearance of the tumor whenever the hæmorrhage ceased, admits of no ready explanation on this view.

Had there been a discharge of the contents of the tumor into the intestines, would there not have ensued, during the formation

of pus, the symptoms of purulent formation? These were entirely wanting; there were neither rigors, inflammation, redness, pain, nor even tenderness of the abdominal parietes. Is it not possible, notwithstanding the testimony of three or four intelligent but non-professional witnesses to the fact, that there was no tumor, after all, and that this peculiar symptom was imaginary? We are rather inclined to this opinion, but should be glad to read the views of our professional brethren on this singular and doubly interesting case.

APIS IN ACUTE BRIGHT'S DISEASE.

BY DR. LORBACHER, OF LEIPZIG.

Translated from the Allg. Hom. Zeitung of March 15, 1869, *by H. L. H. Hoffendahl, M.D.*

Case 1. — Clara M., four and a half years of age, in general good health, having formerly been affected for some time with impetigo of the face, without any other sign of scrofulous disease. She was taken ill at the beginning of last October, without known cause, but probably in consequence of taking cold from sitting on the cold ground. She at first complained occasionally of pain in the stomach. This was soon followed by vomiting of mucus, and sometimes of the ingesta, without any diminution of the appetite. Another physician considered the disease to be catarrh of the stomach, and adhered to this diagnosis even after there was diminution of the quantity of urine, and anasarca had set in. The œdema of the skin, extending quite rapidly over the whole surface of the body, induced the parents to seek my advice.

On examination, the child appeared well developed for her age, of an anæmic appearance, with œdema of the whole body, as stated above. At intervals she complained of severe pain in the bowels, extending along the course of the urethra, appearing and disappearing quite suddenly.

There was vomiting of mucus and sometimes of food after eating, without any reference to the pain. Tongue clear, taste natural, appetite good, discharges natural. The secretion of urine was diminished, and the urine bloody.

Physical examination revealed sensitiveness over the region of the kidneys, and considerable œdematous swelling and dullness on

percussion over the left kidney. Chemical examination showed the presence of albumen in large quantities, and the microscope detected the presence of many blood-corpuscles, as well as the other abnormal constituents of the urine common in this disease.

The diagnosis of Bright's disease was thus confirmed. *Apis*[4], two drops every two hours, was prescribed; also warm baths and nourishing diet. In five days it was reported that the secretion of urine had greatly increased, and the pain and vomiting had diminished. Examination of the urine showed a diminution of the albumen, and of the number of the blood-corpuscles.

Eight days later, pain and vomiting had nearly ceased. The œdema of the surface was very much less, the secretion of urine was copious, and the amount of albumen and blood-corpuscles was inconsiderable. *Apis* was continued in less frequent doses, and the disease was entirely terminated in five or six weeks, the albumen disappearing entirely from the urine, and the child regaining its usual condition of health.

Case 2.—Anna K., a bright, hearty child, three and a half years of age, with a slight disposition to catarrh, was passing through a light form of whooping-cough, but without affecting her general health. One evening, while at play, the child fell from a sofa, inflicting a blow on its head, and probably on its back. Some days later the wound on the forehead was shown to me in a state of suppuration. The proper applications were made to reduce the size of the scar, and the remedies for the cough were continued.

But the child gradually became less lively, was pale, and lost appetite; complained sometimes of slight headache, which the friends attributed to worms.

In about two weeks, there first appeared œdema of the face, particularly about the forehead and eyes. This was ascribed to the still suppurating wound, although it was difficult to trace a connection between the two conditions. In a few days this swelling disappeared, and the child seemed well.

But the œdema soon returned more prominently than before, and gave rise to a suspicion of the presence of Bright's disease. On examination, the urine was found to be of a bloody color; and, on boiling, a considerable quantity of albumen was discovered. Prescribed *Apis*[4], and nourishing diet. Already, on the third day, the

urine appeared more natural. Chemical examination every four days showed a gradual diminution in the amount of albumen. In two weeks no trace of it was left, and the patient was convalescent.

Case 3.—A boy five years old, large for his age, and generally in good health. For some time he had appeared languid and sleepy. He was growing pale, and lost his appetite, and complained sometimes of pain in his bowels and feet. The symptoms were ascribed to growing-pains, and to the presence of worms. Then appeared occasional chills, tendency to sleep, and œdema of the face, at first intermitting, but finally continuous, after exposure to cold air. On making the usual examination, the unmistakable signs of Bright's disease were found, although less pronounced than in the preceding cases. *Apis* was prescribed as before, and, in less than three weeks, the patient had quite recovered.

The sceptic may ascribe the cure in the first case to the use of the hot baths; but the following cases resulted just as favorably without them. In this disease the value of *Apis* is easy of demonstration; because, with the use of the test-tube, we can observe the rapid diminution of the abnormal constituents of the urine as soon as the remedy is used.

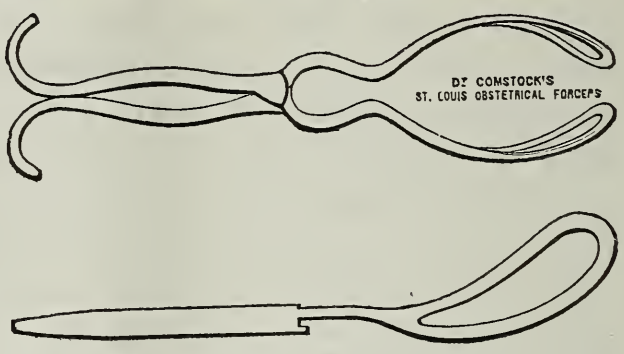
Note by the Translator.—*Apis* has for some time been my favorite remedy in albuminuria after scarlatina. *Apis*^{2} has generally been followed by speedy diminution of the œdema, and increase of the urinary secretion.

THE ST. LOUIS OBSTETRICAL FORCEPS.

BY T. G. COMSTOCK, M.D., PROF. OBST., HOM. MED. COL. OF MO.

For some years past, I have found it necessary to use the forceps in many instances, and the majority of these cases have been of primiparæ. In former years, I dreaded to apply the forceps in first labors, but experience shows no way of avoiding the use of the instrument. The forceps which I have generally preferred has been that of Davis, modified by Meigs; but, after a large experience in its use, I found it not only imperfect, but somewhat objectionable, the fenestræ being wider than necessary: hence, in the hands of the inexperienced, a rupture of the perineum was not an unfrequent consequence. I have tried several other instruments,—

viz, Hodge's, Simpson's, and the German forceps,—but I have found some objections to them all. After much reflection and carefully examining not only the above-named, but Elliot's, Bedford's, Radford's, Buzzell's, Wallace's, Bethel's, and others, I have devised a new forceps, which is a modification of all these. The blades are made of the best steel; are lighter than other forceps, and have a pelvic and cranial curve, which corresponds with the axis of the pelvis and contour of the child's head. They are more easily introduced, applied, and locked than others. Should it ever be desirable to apply the forceps when the head is above the superior strait, this instrument may be used quite as well as when it is in the inferior strait, and thereby obviate the necessity of ever employing Hodge's or Baudelocque's long forceps. It has been my fortune, or misfortune, to have had some extremely difficult cases of labor during the past year which required the forceps, and I have never found such satisfactory results from the use of any other as from this.



It will be noticed that I prefer the old English mortise-lock; and also, just above the lock, between the shanks, the blades are curved laterally, so as to make an opening or widening between them, forming a shank ring. This peculiarity I first noticed in the old Radford's (English) forceps, and it is intended to act as a purchase for the fingers in making traction, thus rendering the forceps more symmetrical, and practically more convenient, than the rings which serve the same purpose in Bedford's forceps.

I now offer this forceps to the profession, believing it to be superior to any other.

DIGITALIS IN HEART AFFECTIONS.

BY HENRY N. AVERY, M.D., OF NEW YORK.

It is extremely amusing, if not very instructive, to the homœopathic physician, to see our uncharitable allopathic brethren, while selecting many of their remedies upon the broad, well ascertained

law of *similia similibus curantur*, so ungenerous as, at the same time, to deny the existence of that law. We often see a long, exhaustive article upon the action of some important drug, which concludes by recommending its use in a class of diseases to which the homœopathic physician has applied it for years; and, what is more amazing, they will claim originality in its application. As an illustration of this, I would like to call the attention of the readers of the *Gazette* to one of their recent and most important discoveries.

Allopathic authorities have long used Digitalis as an arterial sedative and diuretic. Dr. Beck, in his Materia Medica, says, "When given in very *small doses*, it does not produce any very marked effect on the system. . . . Given in doses sufficient to bring the system under its influence, it operates first as an excitant, and afterwards as a sedative. . . . It develops its principal powers upon the circulation and upon the urinary organs. . . . The proper indications for its use are those conditions of the system in which it is desirable to impair the action of the heart, or excite powerfully the urinary secretions."

The late Dr. Gilman, of New York, says that "it is a very dangerous as well as a very uncertain remedy. It proved fatal in one case in the hands of *the most prudent* and one of the most skilful physicians I ever knew, — the late Joseph Parrish, of Philadelphia." Orfila "inferred from his experiments that Digitalis first quickens the circulation and then retards it, rendering it, at the same time, more or less irregular." Withering says, "It increases the urine, and reduces the pulse, even as low as thirty-five a minute." Saunders says, "The direct effect of small doses of the drug is to increase the strength and frequency of the pulse, and even to develop an inflammatory state of the system." Stillé says, "There seems to be scarcely any doubt that diuresis is a true medicinal result of the action of Digitalis, while slowness and infrequency of the heart's action, when the organ is not previously diseased, is the first stage of its poisonous effects. . . . When, too, it is considered how small a quantity will sometimes occasion alarming symptoms, the comparatively trivial effects of enormous doses are difficult to be explained."

The above quotations will show what action the best allopathic

authors attributed to Digitalis, up to the last few years. I will now cite a few passages from an article in *Braithwaite's Retrospect* for January, 1869, on page 73 of the American edition. It is from Dr. Archibald Reith, of Aberdeen. It tells quite a different story. It cites various cases in the practice of different physicians to show what new virtues have been found in Digitalis; and to us they will show with what assurance our brethren claim the discovery. Dr. Reith opens with the declaration that "there is good evidence that Digitalis has acted as a tonic to the weak and enfeebled heart."

He quotes from Dr. Ballard: "It certainly is not what any one would have expected, that a feeble-acting heart would be roused into normal action by a medicine like Digitalis, yet," etc.

Dr. Handfield Jones regards Digitalis as "a cardiac tonic."

Dr. Murray finds that "there is not a single disease or condition of the heart, attended by weakness, in which it may not be given with safety and benefit. When rapidity of pulse depends on cardiac weakness, Digitalis will reduce it. The weaker the muscular tissue of the heart, the safer will be the administration of the medicine."

Dr. Fuller finds that, "when the pulse is feeble and irregular, and more especially when, from any cause, its feebleness and irregularity are temporarily increased, Digitalis is, of all remedies, the most useful."

So great a mare's nest requires an additional article in the "Addenda" to the *Retrospect*, page 269. It is by Prof. Mackay, Queen's College, Birmingham; he gives a dozen cases. In a case reported by Dr. Handfield Jones, "the drug was given when the heart's action was certainly failing, with the effect of strengthening that action." Dr. Jones has another case of "dilatation and enfeeblement of heart," where the result was unequivocal. Dr. Stirling had a patient in great danger. "In spite of stimulants, diuretics and counter-irritation, the case seemed hopeless, when ten drops of tincture of Digitalis were prescribed every four hours, and, from a state of agony, she enjoyed comparative quiet in less than three days; the heart's action became daily stronger, as indicated by less tumultuous movement and by slower pulse."

Dr. Russell of the General Hospital, Birmingham, had a case in which "the heart's impulse was very feeble, the pulse was so fluttering as to be uncountable." Five-drop doses of the tincture in a week produced great improvement.

Dr. Gall is of opinion "that Digitalis is capable of increasing the power of the heart's impulses, and is especially useful in cases of disease of the organ of the left side, in which its action is very rapid and feeble."

Dr. Wilks remarks of a case of dilated enfeebled heart, that "this was just one of those cases in which Digitalis might be expected to do good." And Dr. Heyworth finds that "the effect of the remedy on the pulse was to increase its strength, to diminish its frequency, and to make it less intermittent."

Dr. Reith's explanation of this wonder is, that Digitalis has "a double property: it first excites the vaso-motor system, contracting the blood-vessels, this operation being followed by more or less reaction with paralysis from dilated blood-vessels." How wise a student of medicine would become by reading over such allopathic consistencies!

These quotations, showing what the best allopathic authorities now recommend, present a striking contrast to the doctrines of their professors a few years since. Certainly the clouds are breaking, and the light will soon shine through the darkness, so that all will be able to see. The sum of the whole matter is this: They have discovered the effects of the law *similia similibus curantur*, and know not what to do with it. Why, good brethren of *contraria contrariis!* the homœopaths have used Digitalis for years in the same affections that you are now making such a time over; and, if you desire any information on the drug, I would refer you to Hull's Jahr's Manual (Symptomatology), published many years since. And, after you have finished your Rip Van Winkle sleep, I trust you will awake wiser men and better doctors.

The New England Medical Gazette.

BOSTON, MAY, 1869.

We must congratulate the *Boston Medical and Surgical Journal* on having secured the services of so graceful and chaste a contributor as Charles E. Buckingham, M.D. His fluency, his exquisite irony, his playful fancy, which finds food for mirth even in so unpromising a subject as pin-worms, render him eminently qualified as a writer for a periodical devoted to the discussion of abstruse questions in surgery and medicine.

In a recent number of the Gazette we published a brief paper on Entozoa. This paper forms the staple of a communication from Dr. Buckingham to the *Medical and Surgical Journal* of April 8, and it is the concluding paragraph of this remarkable communication that has suggested the above modest tribute to the good taste, the purity of thought, and the earnest spirit of scientific investigation, which characterize Dr. Buckingham's writings.

As we linger for a moment over the passage in question, we cannot resist picturing to ourselves what a charming person Dr. Buckingham must be at his own fireside, if he carries into the sanctity of private life that almost morbid refinement of language displayed in his latest essay.

To be serious, we have never met in a reputable journal anything so coarse as Dr. Buckingham's remarks on our paper on Entozoa. A sense of decency, which even the reading of Dr. Buckingham's words has not blunted, prevents us from quoting them here. Really, if the gentleman furnishes further contributions in this vein, the *Boston Medical and Surgical Journal* should be sent to its subscribers "carefully sealed from impertinent curiosity," like those contraband books and prints advertised in certain New York papers.

State Homœopathic Medical Societies. — The middle of April witnessed the almost simultaneous meeting of three of these excellent institutions, which not only instruct their members by an interchange of experience, but also serve a much more important service

in the promotion of harmony among brethren whose individual interests may sometimes happen to clash, and whose views cannot be expected always to harmonize. Each of these meetings was a success.

Kansas has organized the sixteenth State Homœopathic Medical Society. The most western of the Central States made a good beginning at Leavenworth on the 14th ult., furnishing more than a dozen members to the new society.

Massachusetts boasts the oldest of the State Societies, which, on the same day, held one of its very best meetings. The uniformly pleasant feeling that prevailed gave zest to the Boston hospitality, which augurs well for the more important occasion soon approaching, when the homœopaths of the State are to play the host, and some of the guests will travel half the width of the continent.

New Jersey has recently organized a State Society. This met for the second time at Newark on the day after the meetings at Boston and Leavenworth. Without any apparent cause for coolness between the society and its President, it will be seen in the report on another page that the expression on the part of the Society took the tangible form of an ice-pitcher.

CORRESPONDENCE.

Nassau, N. P., March, 1869.

Dear Gazette, — The cough proved obstinate; and, as there yet remained many weeks of winter, it seemed best to seek speedy restoration in a change of climate. A warmer climate was chosen, for the following reasons: —

Special. 1st. The cough was aggravated by cold air and relieved by warm; 2d. Its persistence being due probably to exhaustion consequent upon overwork, recovery would be likely to be more rapid in a mild climate which should admit of being constantly out of doors. But, for this very reason, the climate should not be altogether tropical, lest its warmth enervate, and the ardor of the sun prohibit exposure and exercise.

General. The constitutional peculiarities of the patient in question are such that, during the heats of summer, he feels vigorous, and can make great exertions, whereas winter decimates his forces. I dwell on these considerations because they are such as determine my choice of climate for invalids, and I think they often guide me aright.

In this case my choice fell upon Nassau, rather than Florida or the West Indies. The climate of Nassau differs from that of New York in kind as well as in degree. That of Florida differs in degree only. Florida has a mitigated Northern or temperate climate. One ex-

periences there all the varieties of weather that befall New York, but the extremes are less. The winds have the same characteristics, — the south being warm and relaxing; the northeast damp, penetrating and chilly; the northwest dry, bleak, and unmerciful; — and they suddenly succeed each other, bringing rapid and wide changes of temperature. One needs fires in the house, but only for eight or ten weeks instead of thirty. The air is often sharp and frosty, but the ground is never cold, and therefore invalids can go out with a freedom they do not enjoy north of Maryland. If, then, one desire to escape only the extremes of the New York winter, and to find a region in which exercise, on horseback or on foot, with gun or at the oar, is safe and practicable at all times, no region could be better than Florida. There need be no housing because of winds, snow, mud, or cold; and hardly has one tired of the morning and evening fire, when the peach-blossoms announce, in February, the advent of spring, and in one short month thereafter blackberries are ripe.

But, in the present case, something more was needed. Warm air is sometimes, to an inflamed bronchus, what a poultice is to an inflamed surface; and an atmosphere suitable for this purpose is hardly to be found north and west of the Gulf Stream. One must seek it in the Bahamas or the West Indies.

Nassau (capital of the Bahamas, on the island of New Providence,) has a mitigated tropical climate, which may be compared favorably with that of Cuba, as the climate of Florida was compared with that of New York, but inversely. In Cuba the heat from 9, A.M., to 4, P.M., is intense. An unacclimated person may not, with impunity, expose himself to the sun's rays between these hours, even in winter. From midnight to 4, A.M., on the other hand, the air is very cold, and laden with moisture. These peculiarities of climate prevent both exercise and refreshing repose, and tend to relax and enervate the patient. Only, therefore, when a profound effect is desired, and one which can be produced within a short period of time, should a pulmonary patient be sent to Cuba. The climate is, to the diseased part, like a hot fomentation to a surface. It may be most salutary in its action, but it is hazardous to maintain that action long. In extensive subacute pneumonia or bronchitis, such as follows and complicates pertussis, the sudden transit to Cuba, and a brief sojourn there, are sometimes of great advantage; but the stay should not exceed six weeks, for by that time the climate begins to enervate. It would be well to then go north as far as Nassau for the residue of the winter, or at least until it were safe to cross to Florida or Georgia.

Nassau enjoys a *sub-tropical* climate. Rarely in winter is the ardor of the sun so great as to prevent vigorous exercise, unless for an hour or two at midday.

The nights are mild and uniform, and the dewfall is not excessive. No dread of malaria, as in Cuba, prevents the patient sleeping with open windows. The temperature is singularly uniform, the extremes, during the present exceptionally variable winter, being 65° and 84° at noon; and it has happened but once in a number of seasons that the mercury has reached the lower figure. Fire is never needed or de-

sired. The variations of temperature are easily met by slight variations of the clothing, which, in general, corresponds to that usually worn in New York in July and August. The prevailing wind is the northeast, but the south and the northwest are occasionally experienced, the former bringing a higher temperature and increased saturation of air, and the latter a dry, cool, bracing atmosphere. The island is a ridge of compact limestone of organic origin, scantily covered with soil. Drainage is good, and there is no malaria, nor any endemic disease. During the late war of the Rebellion, Nassau was a centre of blockade-running activity, and many cases of yellow fever occurred. They were confined, however, to foreigners; and the disease, although repeatedly imported, did not gain a foothold among the citizens. So far as my observation enables me to judge, the climate of Nassau is very favorable for cases of chronic pneumonia, bronchitis, and laryngitis, and of rheumatism. Singularly enough, I have known it injurious to several persons predisposed or subject to asthma, and who could live comfortably in New York or Boston. The habits and customs of the inhabitants are those of Englishmen, modified by climate and neighborhood, and by the curse of slaveholding. Many comforts are there obtainable for which one vainly longs in Cuba or in Florida. A considerable variety of food is to be had in sufficient abundance, and many kinds of vegetables and fruits are in market even in midwinter, which is another advantage possessed by this island over Florida.

Among its disadvantages may be classed the infrequency and the difficulty of communication with the continent. Once every month, a steamer of the line plying between New York and Havana touches at Nassau, bringing the mails and passengers from New York, and, a week later, she stops on her return from Havana. Invalids are often impatient of the long month which intervenes between the mails from home, and it is always a serious question how much a patient may be injured by such impatience. Again, the steamers are too large to safely enter the harbor of Nassau if the sea be rough; consequently passengers are generally transferred in the open sea to a small schooner, in which they make their way to land by a tiresome sail of uncertain duration; safe enough, but trying to irritable nerves, and very fatiguing to a feeble body. Were these disadvantages removed, Nassau would certainly present superior attractions as a sanatorium for the Northern States and Canada.

I believe, however, that the maximum of benefit would be attained by a judicious division of the winter between the several regions named: Florida, Nassau and Cuba. If, as will probably be the case next year, the communication with Nassau were by way of Savannah or Charleston, instead of New York, the patient could leave the North in October, avoiding the first cold of autumn, and spend six weeks at Savannah, then cross to Nassau and pass December, January, and half of February in that climate; after which it would be well to return to Savannah and take steamer to Florida, which the spring, already opened, would make a delightful residence until the middle of April or the first of May, after which it would be well to spend a few weeks

at Charleston or Richmond, reaching New York about the first of June. Or, if still greater heat were required during midwinter, the patient could spend a month in Cuba and then go to Nassau, and thence as above.

CARROLL DUNHAM.

REPORTS OF SOCIETIES.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

Twenty-ninth Annual Meeting.

THE meeting was held in the Meionaon, in Boston, on Wednesday, April 14, 1869, commencing at 10, A.M. The records of the last semi-annual meeting, and of the meetings of the Executive Committee, were read by the Secretary, L. Macfarland, M.D., of Boston.

The President, H. L. Chase, M.D., of Cambridge, then delivered the opening address.

After a cordial greeting, and congratulations on the present condition and future prospects of homœopathy, he called attention to the fact that the idea of disease as a tangible, material entity is rapidly passing away, and the dynamic theory is taking its place. Attention is turning from the material to the imponderable forces in and by which the material has its force and existence. By "forces" we mean the mutually interchangeable, imponderable agents, — heat, motion, electricity, chemical affinity, etc., — without which matter has no force *per se*. It is only while being changed or modified by these imponderable agents that force is made manifest to our senses. We can study the laws which govern the changes which the various developments of force make in matter. All the processes of nature are governed by inexorable laws. The discovery of these laws, and of the method of their application, constitutes the great distinctive difference between the savage and the civilized man. Our knowledge of these laws is obtained by the observation of facts, upon which a theory is founded. By the accumulation of other facts, that theory is sustained, modified, or made to give place to another. It seems to be an absolute necessity to the human mind to have some theory as a kind of central basis on which to rest, and from which to project itself in various directions into the unknown. But the same facts, viewed from different stand-points, give rise to different theories, exactly as the same object, seen under a variety of circumstances, produces entirely different images upon the retina; but, when these different images are compared with each other, the form of the definite object is impressed on the mind. So, different theories, carefully compared, result in the formation of laws.

Whilst the body, as to its materiality, is subject to the same general laws which govern all matter, and is, as a consequence, constantly undergoing that change which is continually taking place in matter, there exists, over and above this mere materiality, a certain other dynamic principle, — making itself known by its effects,—which we call the vital force, holding them, to a certain extent, in abeyance. This

force is only known in connection with organized matter. It would seem almost as though there were two forces, antagonistic at times, at work in the body,—an absorbent force, which grasps at everything, good or bad; and an expelling force, which, passing the good, seeks to drive out everything incompatible with life. Health is a harmony of the two; disease, the excessive action of the expelling force. Disease, then, is not a tangible entity, to be forcibly ejected. The buffy coat on blood, or the bile found in vomit, is not so much disease extracted. An assault on disease is generally an assault on the body. Disease may be but the effort of a vital force to overcome an arrest of the normal motions of the component particles of the body, — a conservative effort of nature.

The sun's rays are supposed to be dependent upon matter in an inconceivably minute division, and an equally rapid motion. Coal and petroleum are the sun's rays solidified. The work done by steam is done by the sunshine of past ages, and the light that cheers the cottage fireside shone thousands of years ago. It is not impossible that the unsolidified rays of the sun shall yet be converted at once into mechanical power as they fall. And that power, as we have seen, is the motion of inconceivably small particles of matter. Here we see, then, that no power is lost by the division of matter.

Nay, more: new power may be developed by division. Let a galvanic battery be made of two plates, zinc and copper, each fifty feet square, and a man could take the whole charge with impunity; cut each into five hundred pieces, and a battery might be formed of them which would kill an ox. This is a parallel to the potentization of medicine.

Homœopathy is the first attempt to bring this new power of matter under human control. It has achieved great success; shall it fail in our hands? Of allopathy I say nothing; we are doing a great work, and we cannot come down to contend with it. But we must keep up the standard of homœopathy, and lower it not a particle. If we do, it is death!

J. H. Kimball, M.D., of Lynn, having been duly examined and approved for membership, was by ballot unanimously elected a member of the Society.

The Treasurer, T. S. Scales, M.D., of Woburn, presented his report, which was accepted. The debt with which the Society commenced the year is all paid, and there are twenty-nine dollars in the treasury. There are outstanding bills sufficient to absorb this; but again there are one hundred and twenty dollars due from delinquent members, most of which will probably be collected.

The report of the Committee on the Library was presented and accepted. It appears that there is a book-case at the Dispensary Rooms, containing a considerable number of books. The important accession to the library, the gift of the late Daniel Swan, M.D., of Medford, is waiting to be properly catalogued. A book for this purpose has been recently obtained by the Committee, and it was thought

that these separate elements would soon be combined into an actual library.

The Committee on Publication reported that nothing had been published during the year for want of funds. Report accepted.

The report of the Committee on Pharmacy was read and accepted. In our practice one medicine cannot be substituted for another, as blue-pill may be for castor-oil; therefore there is a necessity for pure drugs. We have had for some time a good supply of pure tinctures, prepared under direction of the Committee, and sold by Dr. Whitney, at No. 3, Tremont Temple, but we have long met with much difficulty in obtaining pure alcohol. We have at last succeeded in procuring a satisfactory article of ninety-three per cent, which can be had at the same place for $3.50 per gallon.

Alvin M. Cushing, M.D., of Lynn, read a proving of Bromide of potassium, which was referred to the Committee on Publication.

Dr. Hedenburg, the Committee on Clinical Medicine, reported that he had received but one communication, — from Dr. Cushing, who had found that the prevailing influenza was benefited by *Arum triphyllum*. *Rhus tox.*, *Arsenicum*, and *Lachesis* had also been of service. *Pulsatilla* had been very efficient in drying up the milk on weaning, and he thought that a supply of milk could not be kept up while *Puls.* was administered. In spasms, with grinding of the teeth, he had used *Phytolacca* with success.

The President had found *Petroleum*[3] a remedy for the sore throat which follows scarlet fever.

Dr. E. P. Scales had found *Petr.* efficient in obstinate cracks in the ends of fingers.

Dr. L. G. Lowe had used *Petr.* for the papular eruptions of the face which sometimes occur in young men about the age of puberty.

The remark of an allopathic physician in Washington was quoted. He always expected to lose his diphtheric patients where kerosene was burned in the sick-room.

G. M. Pease, M.D., exhibited several surgical instruments, including a new mouth-speculum; a three-bladed vaginal speculum with probe; and Storer's modification of the two-valve speculum; also the double-lever tourniquet of Dr. Samuel Gross.

The President exhibited Dr. Chas. H. Allen's tongue-depressor, — very light, simple and cheap. Any one who can bend a piece of wire can make one. It consists of a piece of wood for the handle, with a stiff wire shaped like the letter U, opening from one end.

Dr. J. H. Woodbury, Chairman of the Committee on Obstetrics, reported several cases of eclampsia; one by Dr. H. B. Clarke, of New Bedford, in which the free use of chloroform seemed to save life after death appeared inevitable. It was administered for relief, only but the patient recovered. Rectal injections of chloroform failed to relieve and even incommoded the patient.

Another case of eclampsia before delivery was reported by Dr. Thayer, in which the attack was followed by phlegmasia alba dolens, hysterical spasms, strabismus and loss of sight. Now, after about a year, one eye is of very little service.

Dr. Woodbury read a report of five cases, in four of which *Bromide of potassa* exhibited the most favorable results. In the last case, which proved fatal, the remedy produced little effect. Under homœopathic treatment there has been less mortality from eclampsia of late years than under the allopathic practice, in which too much reliance seems to be placed on anæsthetics.

Dr. O. S. Sanders recommended *Hydrocyanic acid*[3] in eclampsia.

Two cases from Dr. W. B. Chamberlain, of Worcester, showed the value of *Phos.*[30] for mammary fistula. He thinks too much fluid is taken before the milk flows freely, and that holding the babe too much in the mother's arms tends to injure the breast.

The report was accepted, and referred to the Committee on Publication.

The Board of Censors reported four applications for membership, which were referred to the Executive Committee.

Attention was called to the very large photograph album presented to the Society by F. H. Krebs, M.D., of Boston, and members who have not already done so were requested to contribute their photographs.

Dr. Krebs read a paper entitled "Our Privileges." He noted the beneficial effects of a free government on medical progress, though in certain ways government has done more for homœopathy in Europe than here. Hahnemann, it is true, was often obliged to change his residence to escape the persecution of physicians and apothecaries. Prohibition of the physician's dispensing his own medicines is almost destructive to homœopathic progress. Here, though deprived of the support of governments of nation, States and cities, its practitioners are free to administer its smallest doses, and have the satisfaction of knowing that, if their patients must die, they die at least a natural death. It is no less satisfactory to know that a large proportion of the drugs furnished to allopathic hospitals are never taken. But this is only a negative advantage, and those who require the aid of public hospitals ought to have a choice of the mode of treatment they are to receive. The claim of homœopathy to equal rights cannot much longer be resisted. This change will result in a great saving of life; it will also save time in sickness, and diminish the sale of drugs, and particularly of quack medicines. It is time that our hospital in Boston was set in operation. He closed with a motion that a committee of five be raised to adopt plans to secure funds for this purpose. The paper was referred to the Committee on Publication, and the motion was carried. The Committee appointed by the President consisted of Drs. F. H. Krebs, I. T. Talbot, D. Thayer, J. T. Harris, and G. M. Pease.

Dr. Swazey gave notice of a motion of reconsideration, in order to open the matter for discussion at a proper time.

Dr. Thayer exhibited a croup membrane expectorated on the previous Saturday forenoon after the administration of Hepar [3] and [30] and *Spongia*. A new membrane was formed, and the patient died forty-eight hours after. Pulse one hundred and forty-four an hour or two before throwing off the membrane, but sunk to one hundred and twelve after it, and the breathing was relieved. The tonsils were not en-

larged. Age of patient, six years and nine months. The breathing sounded like the noise produced by sawing a very thin board.

At 1 o'clock, P.M., a recess of an hour was taken; and, on invitation, the members retired to the Social Hall, and partook of a collation provided for the Society by the Boston members.

Afternoon Session.

The election of officers for the ensuing year resulted as follows: —

George W. Swazey, M.D., of Springfield, President.

Henry B. Clarke, M.D., of New Bedford, First Vice-President.

Joseph P. Paine, M.D., of Boston Highlands, Second Vice-President.

S. M. Gale, M.D., of Newburyport, Corresponding Secretary.

E. U. Jones, M.D., of Taunton, Recording Secretary.

T. S. Scales, M.D., of Woburn, Treasurer.

Sullivan Whitney, M.D., of Newton, Librarian.

T. Harris, M.D., of Boston Highlands,
L. Macfarland, M.D., of Boston,
L. D. Packard, M.D., of South Boston,
George Barrows, M.D., of Taunton,
W. B. Chamberlain, M.D., of Worcester,
} Censors.

Dr. Thayer called the attention of the Society to the approaching meeting of the American Institute of Homœopathy, at Boston, in June next. The last two meetings were held at New York and St. Louis. The receptions given to the members was of the most gratifying character, and the hospitalities were on a generous scale. Boston has, in all time past, enjoyed an enviable character for large-heartedness, and the coming test must not impair it. On this occasion, Massachusetts expects every member of the Homœopathic Medical Society "to do his duty."

Dr. Talbot stated that the Institute met in Boston in 1847, and again in 1859. Both of these meetings were comparatively large and interesting. They had been made very pleasant to the members, and the remembrances of those meetings excite anticipations of no small amount of pleasure on the approaching occasion. This will probably be the largest gathering of homœopathic physicians ever held. It will be no light task for us, though an agreeable one, fully to meet the expectations of our guests. They will not be disappointed.

Dr. Swazey remarked that we, who are the guests of the Boston brethren to-day, are, with them, to play the host in June. The capital reception we are now enjoying must be repeated on a more extended scale. Boston, though by some accounted the *Hub*, will share the honor of the occasion with all the rest of the State, and will receive the hearty aid of all the *fellows* of the Society. He had no hesitation in saying that the approaching session of the Institute would be the most enjoyable as well as the most valuable one yet held. All the homœopathic physicians of the State will gladly do their part in making this meeting a memorable one, never to be regretted by those who leave their distant home and practice to spend four days with us.

No formal action was taken by the Society, but the subject was left as before in the hands of the Committee of Arrangements.

Dr. G. M. Pease exhibited a patient of the age of about four years, with little development of body or mind, and continual restlessness even in sleep.

E. U. Jones, M.D., of Taunton, delivered the annual address. It was on the natural evolution of the law, *similia similibus curantur.* The progress of therapeutics was traced from the earliest days, when the experience of one man was as valuable as that of another, and the sick were exposed in the public places, that those who had suffered in like manner, or had known of similar cases, might offer their advice. But experience, unguided by any positive law, is an unreliable basis for a science. Accident alone could discover new remedies, or new applications of well-known remedies. Consequently the prevention of disease became of importance, and general hygiene and physical culture were thoroughly studied and well understood.

The first therapeutic law, advanced by Hippocrates, was, *contraria contrariis curantur.* Guided by his genius, diagnosis and prognosis made rapid and wonderful advancement. The influence which this law had and still has, and the various attempts made to supersede it or otherwise explain the action of medicines, was rapidly sketched.

Not many years after the enunciation of the Hippocratic law, and in the time of Galen, there arose a sect whose law was, that similar diseases are cured by similar remedies. The progress and teachings of this sect and the influence which it exerted were explained, and the bearings which it had on the present homœopathic law made evident. The progress of the therapeutic art in the eighteenth century was particularly spoken of, and the different theories which then arose referred to. Among them was that of Samuel Hahnemann, resulting in the enunciation of that law to which we owe allegiance, — *Similia similibus curantur.*

The motto of the address was *Ars medica, est id quod est therapeuticum.*

Delegates from other State societies were here invited to take part in all discussions of the Society. Drs. Talbot and Lowe were appointed a committee to take the names of delegates.

Dr. Swazey moved a reconsideration of the vote to appoint a committee for raising funds for a hospital, which was carried.

Dr. Swazey said that the attempt to establish a hospital was commenced some years since. The establishment of a homœopathic hospital concerns not Boston alone, but the whole State, and the plan should be well considered.

Dr. Krebs thought the committee should first propose plans and estimates, and then the way would open to finish up the work.

After some further discussion, the former vote was affirmed.

The committee on delegates reported as present at the meeting, — Charles H. Burr, M.D., Portland, Me.; A. Morrill, M.D., Concord, and J. W. Drake, M.D., Dover, N. H.; and Virgil Thompson, M.D., and A. M. Woodward, M.D., both of New York city.

A report was received from the Consumptives' Home. It now

occupies four adjoining houses, and is open to inspection at all times. It is doing a work for which no other hospital furnishes facilities. The whole number received there has been 392. In the last year 152 were received; of these, sixty have died, three were cured and fourteen discharged, able to labor.

In the dispensary that occupies a room in this establishment, prescriptions have been made for 485 patients. Unusual efforts have been made to obtain results, and about eight-tenths of the cases have been reported, and mostly favorably.

At about half past four, P.M., the society adjourned. The meeting had been unusually well attended, about one hundred members being present.

L. MACFARLAND,
Recording Secretary.

THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

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

MARCH 22, 1869. — Dr. H. Ahlborn was elected President for the ensuing term.

The appointed reader for the evening — Dr. C. H. Walker — not being present, the Academy occupied the session in the discussion of new remedies, and the clinical experiences of the members in relation to them.

ANTENNARIA MARGARITACEA, or pearl-flowered life-everlasting. — Dr. Gregg related the accidental manner in which he became acquainted with its peculiar properties: He had been affected for several weeks with a slight bronchial and laryngeal inflammation, accompanied by severe paroxysms of coughing, with moderate mucous expectoration. He always had quite a severe paroxysm of coughing in the morning. One day, while passing through the garden of a patient, he picked some of the flowers of the *Antennaria*, and chewed them. The following morning he did not have his usual attack.

It immediately occured to him that its absence might be owing to the effect of the flowers which he had chewed the day before. The improvement lasted for several days.

He procured some of the flowers, from which he made a tincture, and of this took three or four doses at intervals of a few days, when the mucous inflammation, with its attendant cough, entirely disappeared. The cough had since returned, on taking cold, and the *Antennaria* had again cured it. He had used it in a great many cases of catarrhal inflammation of the bronchial and tracheal mucous membranes with very decided success.

It seems to be chiefly useful where there is much mucous expectoration, though good results have been obtained where the cough was dry, the disease possessing the same pathological character. The effects of the mother-tincture were much more satisfactory than those obtained from the attenuations. He had found no benefit to result from its administration in cases of phthisis; had not given it in whooping-cough, in the cough after measles, nor in asthma. He thinks,

however, that it will be found useful in the latter disease. It compares, in its homœopathic therapeutic range, with *Sanguinaria*.

Dr. Talbot has used the *Antennaria m.* with considerable success in cases of mucous inflammation of the air-passages, accompanied by cough with much mucous expectoration. He had found it particularly efficacious when the cough was of an explosive character, simulating whooping-cough. Good results had also been obtained when there was but little expectoration, though the cough was moist with accumulation of much mucus in the bronchi. With it he had also cured the cough following scarlatina. He thought it compared with *Drosera*, and assumed a position between that drug and *Corallium rubr.* He had always used it in the 1st dec. dil.

Œnothera biennis, or common evening primrose. — Dr. Russell had used it considerably in herpetic and eczematous eruptions, and in some instances with complete success. He had seen it produce very marked aggravations of the disease. He had never used it in psoriasis.

Dr. Gregg here remarked that in psoriasis he had obtained several cures with *Iris v.* In one very marked case, of three years' standing, a complete cure was effected by that drug. He used in the 2d dec. dil.

Phytolacca decandra. — Dr. Russell had used it with good success as a gargle in diphtheric sore throat, — meanwhile giving *Baptisia* internally. He had seen very good results from its application as a fomentation to gonorrhœal buboes, epididimitis and other inflammatory glandular swellings.

Dr. Sanford had lately used *Phyto.* in a case of inflammation of the mamma. The symptoms were redness, tenderness and nodulated indurations of the breast, with an acuminated appearance of the nodules. They were accompanied by chills, and every indication of a tendency towards early suppuration. *Phyto.* was given, and in about forty-eight hours almost every sign of inflammation had disappeared, and the child was nursing without the least discomfort to the mother.

Dr. Gregg uses *Phyto.* in those cases of pharyngitis in which there is much general mucous inflammation and swelling, not limited particularly to the tonsils. He almost invariably gives it in the sore throat remaining after scarlatina; but, if there is much swelling of the tonsils, he gives *Conium* in alternation with it. He had recently used *Phyto.* in one case of mammary inflammation, but without success, and was finally called upon to open three abscesses in the breast.

Dr. Humphrey related a case of inflammation of the mamma of a nursing woman, probably caused by pressure of the corset. In this case *Phyto.* failed to prevent suppuration, and he opened the abscess.

Dr. Bushnell had used *Phyto.* as a fomentation in a case of inflammation of the breast, which, at the time, exhibited a decided tendency to suppurate. Under its use the inflammation soon subsided. It returned in a week, and was again subdued by the *Phyto.*, and returned no more. Two years before, while nursing her first child, this woman had a mammary abscess, which continued to discharge for three months.

Dioscorea villosa. — Dr. Gregg had used it in many cases of what is commonly called "bilious colic," characterized by extremely severe remitting colicky pain in the bowels. In some of these cases he had been unable to determine the pathological nature of the affection; but in many others the pain evidently arose from peritonitis. He had seen several such cases cured by *Dios.* He commonly uses the *Dioscorein* in the second decimal attenuation.

Dr. Bushnell related the case of a female in his own family. The symptoms were severe, cutting, colicky pains in the left iliac region, running up to the region of the left kidney. The only position in which the pain was endurable was while sitting crouched up with the hands clasping the knees. At the suggestion of Dr. Woodbury, *Dios.* was given, and in five minutes the patient was asleep. The remedy was administered several times afterwards, though after the first dose there was no return of the pain.

Dr. Woodbury had used *Dios.* with astonishing success in cases of enteralgia. In one instance in particular its effects seemed almost miraculous. The case began with the common symptom of "bilious colic," viz, severe remittent, griping pain above and near to the umbilicus. In spite of every means which could be suggested, the case went on from bad to worse, and by the third day there was no longer any doubt but that it was one of acute general peritonitis. The symptoms were complete constipation, vomiting (not of stercoraceous matter), tympanitic distention of the abdomen, with the most exquisite sensibility to pressure. Towards the end of the fourth day, the patient presented all the symptoms of collapse, — great muscular prostration; pale, cold, clammy skin; vomiting; pulse reduced to thirty beats a minute, and the respirations to five. At this stage the administration of *Dios.* was begun. Almost immediate relief followed. The vomiting ceased; the skin resumed its natural color and warmth; the pulse and respirations became stronger and more frequent; and the horrible anxiety from which the patient suffered was succeeded by a peaceful calm. Under the continued use of the *Dioscorein*, all the symptoms of peritonitis passed away, and in a few days the patient was well.

Dr. Woodbury had also used the *Dios.* in many cases of dysentery, and with such rapid and complete relief to the griping and tenesmus that the patients inquired if he had not administered opium.

Dr. Sanford had given *Dios.* to a female afflicted with enteralgia, with primary symptoms very closely resembling those described by Dr. Woodbury. The pain had lasted for about an hour and a half, and was growing worse. In about half an hour after the first dose, the patient was free from pain.

Dr. Humphrey had given this medicine in one of the most severe cases of menstrual colic he had ever seen. The pain was paroxysmal, and at times the patient would be drawn up double by its severity. In addition to the administration of *Dios.* he had applied ice to the sacrum, and hot applications to the feet, — a measure which experience had taught him was of great value in these cases. The patient was almost free from pain in half an hour, and Dr. Humphrey was

inclined to believe that the medicine was chiefly instrumental in effecting this relief.

April 12, 1869. — Dr. Hoffendahl read a paper on the Colpeurynter in Uterine Hemorrhage.

The instrument was first brought to the notice of the profession during the winter of 1852–3, by Professor Carl Braun, formerly chief of the obstetric clinique at the Vienna Hospital. Professor Braun's instrument is more pyriform in shape than the American colpeurynter. It is so constructed that when dilated it forms an angle of about forty-five degrees with the tube. The tube has an internal lining of horn for about four inches, making it inflexible. Attached to the extremity of the tube is a body-band, by which it may be retained *in situ* after introduction.

Professor Braun recommends his colpeurynter in the following cases:

"1. In hemorrhage during the first stage of labor, when caused by placenta prævia, hydatids, or unavoidable abortion. Also in hemorrhage after removal of the placenta, when the fundus uteri is firmly contracted, and the source of the hemorrhage is in the lower segment.

"2. In transverse positions of the fœtus preparatory to cephalic version.

"3. In contracted pelvis with head presentation, to retard the rupture of the membranes, and to facilitate the extraction of the fœtus, whether by turning, forceps, or craniotomy.

"4. To induce or accelerate labor on the occurrence of puerperal convulsions.

"5. To retain intestino-vaginal hernia after reposition.

"6. To induce premature delivery on account of contracted pelvis or general disease of the mother."

Professor Braun's instrument is applicable to a greater variety of conditions than the American. It cannot be expelled by muscular contractions, and is also less apt to cause discomfort by pressure upon the urethra. On the other hand, our instrument possesses the advantage of being more easily applied than Professor Braun's.

Dr. H. had used the American colpeurynter "almost exclusively in cases of abortion with hemorrhage occurring in the earlier months of pregnancy, whether the placenta was retained or not, provided that internal remedies had failed. He regarded it as acting essentially as a tampon. When compared with the other modes of plugging, this was infinitely superior, being introduced without trouble and in a few seconds, perfectly filling the vagina when in place, and being easily and quickly removed. The old tampon is tedious in its application, and often insufficient to control the hemorrhage.

Dr. Hoffendahl related several cases illustrative of the use of the colpeurynter in abortion. In three instances expulsion of a three months fœtus had occurred, with retention of the placenta, contraction of the os, and much flowing and pain. Upon the application of the instrument the flowing and pain ceased; and, when it was removed, in from eight to twelve hours afterwards, the

placenta in each case was found to have been expelled from the uterus. In the fourth case the patient had aborted at the fourth month, and had retained the placenta for over three weeks. She was very much exhausted by repeated floodings, and there was an offensive sanious discharge from the uterus. The colpeurynter was applied during one of the attacks of hemorrhage, with the effect of immediately arresting the flow. Upon its removal six hours afterwards, the placenta was found, in a highly decomposed state, partly expelled from the uterus. It was easily removed, and the patient made a gradual and slow recovery. In the fifth case the patient had passed over her regular menstrual period, and, two weeks after, began flowing. This continued for about three weeks. The colpeurynter was then applied, and the flowing ceased, and had not returned up to the time of last hearing from the patient. He had used the American colpeurynter for the purpose of inducing premature labor; but it would not accomplish this result, and he had to resort to other methods.

Dr. Hedenberg said that he had used the American instrument successfully for this purpose. The patient was at the seventh month of pregnancy, and the operation became necessary in consequenee of excessive nausea and vomiting.

A vote of thanks to Dr. Hoffendahl for his paper was passed, and a copy requested for publication in the *Gazette*.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

We had hoped to give in this number of the *Gazette* an official programme of the approaching session of the American Institute. But neither the Committee of Arrangements nor the Executive Committee have fully completed their arrangements for the meeting. We can, therefore, give the general order of arrangements only, subject, perhaps, to some changes.

The place of meeting will be Horticultural Hall, Boston, — one of the finest halls in the country for the purpose. The usual preliminary meeting will be held at the house of Dr. Gregg, 35 Howard Street, on Monday, at eight, P.M. The Institute will convene at ten, A.M., of Tuesday, June 8, and hold four days. The usual opening exercises, together with the election of officers, and the reports of the Treasurer, Secretary, Committee on Finance, the Auditing Committee, the Committee on Credentials, and the Censors will probably occupy the first morning. On the first afternoon, reports will be received from the Bureau of Materia Medica, and the Committees on Nomenclature and Pharmacy and on a Homœopathic Dispensatory.

The second morning will be devoted to the reports and discussion of the Bureau of Clinical Medicine, and the afternoon to Obstetrics and Surgery.

On the third morning Surgery will be continued, and the Bureau of Anatomy, Physiology and Hygiene will report. In the afternoon, reports of the Bureau of Organization, etc., and of the Committees on Medical Education, Foreign Correspondence, and the publication of a Journal will be considered.

The early session of the fourth day is reserved for unfinished busi-

ness, new business, and the usual exercises preceding adjournment. Tuesday evening has been assigned to Prof. Ludlam's Annual Address, and the other evenings will probably be occupied in such a manner as will contribute to the comfort and enjoyment of the members.

THE WESTERN INSTITUTE OF HOMŒOPATHY

WILL hold its next annual meeting at Ann Arbor, Mich., on Thursday and Friday, May 19th and 20th, 1869. Arrangements have been made by which those attending the meeting who have passed over the Illinois Central Railroad will be returned free. Over the Grand Trunk Railway, between Port Huron and Detroit, double-journey tickets will be sold at single fare to delegates.

A large number of able papers is expected, and the meeting will undoubtedly be one of the most interesting which the Western Institute of Homœopathy has ever held. We hope that as many as possible of our Eastern friends will attend. The hearty Western welcome given last year to the American Institute at St. Louis will not soon be forgotten. Michigan will not be behind Missouri in hospitality. Three weeks later the American Institute will assemble in Boston. We have the promised presence of a large number of Western physicians, when Massachusetts will be happy to repay its social indebtedness.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW JERSEY

HELD its annual meeting at Newark, April 15, 1869. Dr. J. J. Youlin, of Jersey City, the President of the Society, occupied the chair. An interesting address was delivered by Dr. Rockwith, of Newark, on the History of Disease. Delegates from Pennsylvania and New York, with members of the clergy, were present.

At one o'clock a recess of two hours was taken, when the Society found themselves the guests of the Eastern New Jersey Homœopathic Medical Society. After partaking of a generous collation, speeches were made by Drs. D. McNeil, Hudson City, N.J.; E. M. Kellogg, New York; G. W. Richards, Orange, N. J.; H. D. Paine, New York; R. J. McClatchey, Philadelphia; and by Rev. Dr. Parker and R. Newton Crane, Esq., of Newark. Dr. Youlin was surprised with the present of a silver ice-pitcher, and responded in a graceful speech. The occasion was both pleasant and profitable.

After assembling at three o'clock, the following officers for the ensuing year were elected: President, Dr. J. J. Youlin, Jersey City; Vice-Presidents, Drs. Frank Nichols, Hoboken, R. M. Wilkinson, Trenton, and F. B. Mandeville, Newark; Recording Secretary, Dr. L. Dennis, Newark; Corresponding Secretary, Dr. F. A. Rockwith, Newark; Treasurer, Dr. E. C. Webb, Orange. The Board of Censors, and the Bureaus of Practice, Materia Medica and Obstetrics were elected. Delegates were appointed to the American Institute and various State Societies. The remainder of the afternoon was occudied in hearing the reports of the various Bureaus of Practice, Materia Medica, etc. A semi-annual convention was ordered to meet at the call of the President at Jersey City in conjunction with the New York State Society.

In the evening, the President of the Society, Dr. J. J. Youlin, delivered the annual address. His subject was the History of Medicine. Speaking particularly of the advance of homœopathy and of its progress in the State, he said that ten years ago there were only ten homœopathic physicians in the State, and there are now one hundred and fifty; and that one-third of the wealth of the State is in the hands of homœopathists. He claimed that, as homœopathy had been in practice for over thirty years, it was now firmly established. After some remarks by Dr. Mandeville, the meeting adjourned.

HOMŒOPATHIC MEDICAL SOCIETY OF KANSAS.

The following homœopathic physicians, fourteen in number, met at the office of Drs. Mayer and Edic, at Leavenworth, April 14, 1869: Drs. Richard Huson, Samuel K. Huson, W. B. Bolton, B. L. Davis, C. E. McCallister, J. A. Rubicon, G. H. P. Johnson, Lewis Grasmuck, William G. Hall, Joseph Feld, R. M. Huntington, — Stockham, Martin Mayer and John J. Edic.

Dr. Richard Huson was elected President of the meeting, and Dr. Edic, Secretary. Dr. Mayer offered the following resolution, which he supported in an able speech:

Resolved, That, in the opinion of this convention, the time has come when the cause of homœopathy demands that we should organize ourselves into a State society, and that we now proceed to form such an association.

This resolution was carried unanimously, after being ably advocated by Drs. Huson, Grasmuck, Stockham, Rubicon and Edic, and after reading letters from physicians in various parts of the State fully and enthusiastically indorsing the movement.

A constitution was drawn up and adopted article by article, and the following gentlemen were elected to their respective offices:

President, Richard Huson, M.D., of Lawrence. *Vice-President*, James A. Rubicon, M.D., of Atchison. *Secretary and Treasurer*, Martin Mayer, M.D., of Leavenworth. *Censors*, Lewis Grasmuck, M.D., of Weston; B. L. Davis, M.D., of Fort Scott; W. B. Bolton, M.D., of Topeka; R. M. Huntington, M.D., of Wyandotte; John J. Edic, M.D., of Leavenworth. *Orator*, C. E. McCallister, M.D., of Manhattan. *Delegates to American Institute of Homœopathy*, Martin Mayer, M.D., of Leavenworth; Samuel K. Huson, M.D., of Lawrence.

The Society then adjourned until the next morning.

On re-assembling, a committee was appointed to obtain a charter from the next legislature, and another to procure a seal. The Society then adjourned to meet in Lawrence on the first Wednesday in May, 1870.

THE HOMŒOPATHIC MEDICAL SOCIETY OF PENNSYLVANIA

Will hold its Annual Session for 1869 at Wilkesbarre, on Tuesday and Wednesday, May 18th and 19th. Delegates from other societies are expected to report.

Bushrod W. James, M.D.,
Recording Secretary.

THE MAINE HOMŒOPATHIC MEDICAL SOCIETY

Will hold its third annual meeting in Bath, at the office of W. E. Payne, M.D., on Tuesday, May 18, at half past one o'clock, p.m. The Annual Address of the President may be postponed until evening, and the public invited. Reports are to be presented by the Committees on Materia Medica, Clinical Medicine and Surgery, and previously assigned papers will be read.

Free return-tickets will be furnished. A full and interesting meeting is expected, and it is to be hoped that every member will make an extra effort to be present.

Winthrop, April 20, 1869. C. A. Cochran, *Rec. Sec.*

ITEMS AND EXTRACTS.

Poisoning by Nicotine. — It is asserted that animals poisoned by nicotine always fall down on the right side.

The Therapeutic Effects of Lupuline. — M. Hétu finds that the resin of hops, in the dose of twenty to thirty grains, produces often an intense headache; sometimes nausea, and even slight vertigo; and always a state of insensibility, lasting several hours, but without hallucinations such as hashish causes. Each time he found a subsequent and notable increase of appetite.

Crime-seed. — There are in London fully 100,000 children destitute of proper parental care.

Summer Course in St. Louis. — A special course of summer lectures has been instituted in St. Louis. It began March 22, and will continue till June. It consists of — Anatomy and Surgery, by Prof. Helmuth; Obstetrics and Diseases of Women, by Prof. Comstock; Practice of Medicine and Diseases of Children, by Prof. Luyties; and occasional lectures on Chemistry and Toxicology by an experienced and practical chemist, with clinical instruction at the Good Samaritan Hospital. Dr. Helmuth's first lecture of this course will appear in the *Gazette* for June.

REVIEWS AND NOTICES OF BOOKS.

Transactions of the Twenty-first Session of the American Institute of Homœopathy. New series. Boston: Alfred Mudge & Son. 1869. 8vo. pp. 600.

We trust it is not all partiality on our part, nor wholly the result of our laborious study upon it for several months, which leads us to think that this volume of Transactions exceeds, not only in scope but in importance, any other which the Institute has published. Of its typographical appearance we need not speak, since it is in the best style of a well-known Boston firm.

As this is but a continuation, in sections, of the new series commenced last year, the volumes of the two years may very properly be compared.

Section I., Proceedings and Miscellaneous Papers, is shorter than last year, — 128 pages instead of 160. The carefully prepared and valuable code of ethics was adopted at St. Louis just as it had been printed the year previous, and now stands as the authoritative guide in professional relations, sanctioned by one of the largest bodies of medical men in this country. The study of it cannot fail to benefit our younger physicians, and certainly will not harm their seniors.

The Annual Address, by H. B. Clarke, M.D., is, as heretofore, semi-popular, and is one of the happiest efforts of its kind. The list of members, which is larger this year than ever before, is arranged by States, and the geographical distribution of members is somewhat remarkable. Thus New York leads the list with 163; Pennsylvania follows with 83; Massachusetts comes next with 79 and Maine has 16 members; New Hampshire and little Rhode Island have but 7 members each; Vermont has but 3 members; while Connecticut, with a less number of homœopathic physicians by 16, has 19 members; Illinois has 39, and Ohio 38. The intervening State of Indiana has 6; Michigan has 11; Missouri, 18; and New Jersey, 28. South of the fatal line now washed out with blood, Maryland has 9 members; the District of Columbia, 5. Five of the former slave States are without representation in the Institute, and 6 have one each. This certainly denotes little medical advance in that section.

Of course this enumeration is not a just criterion of the comparative prevalence of homœopathy in these various States, although, to some extent, it may be indicative of the *esprit de corps* pervading different localities.

The Proceedings were fully and accurately reported by Mr. Charles E. Weller; and, though many portions might have been omitted without special loss, they are still of interest to the profession. The "woman question" dwindled down to very moderate proportions, occupying only the closing moments of the session; while the earnest and interesting discussion on pathological anatomy better employed the Institute. We cannot but hope that the discussion of reorganization, which for the past four years has seemed necessary to infuse new life into the Institute, has now been brought to a happy close; and we shall be disappointed if the next decade shall not exhibit the most satisfactory results from this laborious effort.

Instead of coming together empty-handed to consult at the annual meeting as to what is *to be* done, the Institute has one hundred and forty officers; each of whom has had some work assigned him for the year, which he is expected to perform for the good of the whole.

The six different bureaus embrace the entire range of medical subjects, and every physician, whether a member of the Institute or not, can through these bureaus contribute to the profession any valuable observations which he has made.

Sect. II., Materia Medica, contains 160 pages. Dr. Payne completes his proving of Lilium tigrinum; Dr. Wesselhoeft furnishes a thorough proving of Iris versicolor; and Dr. Hale's Ptelea trifoliata contains twenty-two provings of this American shrub. Dr. William-

son's paper on Materia Medica, Pharmacy and Therapeutics suggests several points of practical importance to the profession. Dr. Barlow's History of the Homœopathic Materia Medica gives an interesting review of the labors of some our most eminent investigators in this branch of medical science.

Sect. III., Clinical Medicine, has increased from 50 pages to 94, and in value the increase is even greater. Dr. Wells's paper upon Pathological Anatomy, while presenting the views of a certain portion of our school, will not lessen the study of it in any quarter. The Suggestions on Hydrothorax, by Dr. Cate, will be read with interest, though the purists will, as the author himself has done, question the orthodoxy of some of his prescriptions.

Perhaps there is no article in the whole book that will, by its matter or manner, do more to raise the character of homœopathy than Dr. Holcombe's Yellow Fever in New Orleans in 1867. It will be perused by allopaths, and, we trust, not without some enlightenment.

Sect. IV., Obstetrics, though the smallest in the book, will yet be read with interest by every practitioner. The article on Spasm and Rigidity of the Os Uteri shows Dr. Ludlam to be alike capable of acute observation and accurate delineation. Dr. Woodbury's experience in the occasional intra-uterine use of the forceps fully accords with our own; and we think that many lives, both of mother and child, might have been saved by the skilful and seasonable application of this instrument in retarded labor.

Sect. V., Surgery, singularly enough, contains the same number of pages, (forty), and the same number of articles (eight), as last year. They are all short, practical and valuable, and do great credit to this department of our school.

Sect. VI., Organization, etc., contains reports from thirteen State societies (including the Western Institute); twenty-two county or local societies; eleven hospitals; seventeen dispensaries; five colleges; and ten medical journals. These reports, though necessarily much condensed, are of great importance in showing the year's work. We hope the approaching session will find every institution under homœopathic care properly represented and reported.

Lastly the new Sect. VII., the joint production of the now consolidated bureaus of Anatomy, Physiology and Hygiene, is one of great value. Dr. Allen's short but eminently practical paper on Anatomy sharply contrasts with the psychical character of Dr. Frost's paper on Physiology. Dr. Dunham, whose writings are always welcome in either hemisphere, gives us a very elaborate paper on the Province and Medical Application of Hygiene. Atmosphere and Water, by Dr. Tirrell, and Alcohol as a Hygienic Agent, by Dr. Boyce, will attract attention. The book closes with two articles by Dr. Chase, upon the Formation of Sound Teeth, and the Shedding of Deciduous Teeth.

The size of the volume is increased from 450 pages to 600, exactly one-third; its instrinsic value must be determined by the profession at large.

PERSONAL.

Removal. — Ciro S. Verdi, M.D., from Cleveland to Mount Vernon, Ohio.

L. Sook, M.D., from Steubenville to Newark, Ohio.

Married. — In New York, on Wednesday, April 14, 1867, John S. Bassett, M.D., to Miss H. V. Civill, both of New York.

Martin Mayer, M.D., of Leavenworth, Kan., sends us an account of the organization of their State Society, and adds:

"It starts into active life under the most flattering circumstances. It has appointed delegates to the American Institute of Homœopathy, and one of us will travel more than sixteen hundred miles towards the rising sun to assure our brethren that we, on the outposts of civilization, are planting the standard of homœopathy and medical progress firmly upon our mountains and our prairies."

W. R. Reud, of Philadelphia, one of the six of whom honorable mention was made for the excellence of their theses at the recent commencement of the Hahnemann Medical College, appeared in our last number incorrectly, as W. B. Reed.

BOOKS AND PAMPHLETS RECEIVED.

The following exchanges for April:

The Hahnemannian Monthly; Philadelphia. The American Journal of Homœopathic Materia Medica (for March); Philadelphia. The Homœopathic Quarterly; Buffalo. The Ohio Medical and Surgical Reporter; Cleveland. The United States Medical and Surgical Journal; Chicago. The Medical Investigator; Chicago. The American Homœopathic Observer; Detroit. The Western Homœopathic Observer; St. Louis. El Criterio Médico; Madrid, Spain. Bibliothèque Homœopathique; Paris. The Boston Medical and Surgical Journal. The Medical Record; New York. The Medical Gazette; New York. Nashville Journal of Medicine and Surgery; Nashville, Tenn. The Missouri Dental Journal; St. Louis. The Leavenworth Medical Herald; Leavenworth, Kansas. The Pacific Medical and Surgical Journal; San Francisco, Cal. Boston Journal of Chemistry. Our Dumb Animals; Boston. The Little Wanderers' Advocate; Boston. The Monthly Record of the Five-Points House of Industry; New York, Littell's Living Age; Boston. Every Saturday; Boston. Cincinnati Times.

Also the following:

Digestion and its Disorders; F. W. Pavy, M.D., F.R.S.; Philadelphia, Henry C. Lea. Proceedings of the Homœopathic Medical Society of Ohio; Fourth Annual Session, Held in Columbus, Ohio, June 8, 1868. Report on the Yellow Fever of 1867; by William H. Holcombe, M.D., of New Orleans, La. Code of Medical Ethics, adopted by the American Institute of Homœopathy at its Twenty-first Session, held in St. Louis, June, 1868. A Brief History of the Homœopathic Materia Medica, by Prof. S. B. Barlow, M D., of New York. Homœopathy and its Practitioners in Chester County, Pa.; J. E. Jones, M.D., West Chester, Pa. A Contribution to the Study of Human Milk, by Prof. T. F. Allen, A.M., M.D., New York. Seventeenth Annual Report of the Directors of the New York Ophthalmic Hospital, for the Year 1868; New York.

HOMŒOPATHIC REGISTER.

(Continued from page 152.)

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THE

New England Medical Gazette.

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THE INSTITUTES OF MEDICINE.

ABSTRACT OF A LECTURE BY PROF. WM. TOD HELMUTH, M.D., ST. LOUIS.

Reported by Ambrose Everett.

The Institutes of Medicine are limited strictly to three branches, — Physiology, Pathology and Therapeutics. In a wider range there may be included with these not only whatever relates to the cure of the sick, but also all facts which have a close relationship with the phenomena of health as well as of disease: for a knowledge of every such fact is of service in forming a correct estimate of the nature and relative importance of morbid symptoms, and in devising means for their removal.

Our notice of Physiology must be limited to an outline only, together with a mere enumeration of some general facts which are accepted by the most enlightened authorities; and we, believers in the great principle of *similia similibus curantur*, are the more gratified to discover that, as we advance in these branches of science, we find more and more to confirm the views which we advocate. We are able to trace in physiology and pathology the operation of the law of homœopathy, and understand why the infinitesimal doses which we use serve to remove disease.

If the eminent masters in these departments could divest themselves of their preconceived notions, and examine without prejudice the law which was discovered, established, and applied by the illustrious Hahnemann, they would receive it with admiration, and acknowledge it with thankfulness.

By Physiology is meant the phenomena of health, — those pre-

sented in the healthy performance of the functions of the human organism. In other words, it is the science of life.

Pathology signifies a deviation from such healthy performance; it means the phenomena of disease.

Pathological Physiology includes Etiology, or the doctrine of the causes of disease.

By Semeiology or Semiotics is understood the signs or symptoms of disease.

Such signs as precede the disease are called *prodromic*, such as accompany the disease, *diagnostic*, and those from which an opinion is formed of the probable duration or termination of the disease, *prognostic*, signs.

By Therapeutics is understood the application of means for the removal of pathological conditions, with a view to the restoration of health.

In contemplating the animal organism, we are forcibly impressed with its apparent complexity, and with the mystery of its *modus operandi*. In all its phenomena, a formative principle and a unity of design are strikingly manifest.

A vital or governing principle has always been recognized. It is the foundation of the changes which organic beings undergo. In popular language, its synonyme is *life*. Of the nature of this power various opinions have been entertained. Even those who would deny its existence, unconsciously admit it to be a reality, generically distinct from everything with which they would confound it.

This principle was, by Paracelsus, called *sidereal spirit;* by Van Helmont, *arcticecis;* by Stahl, *rational soul;* and by Haller, the *vis inertiæ* or *nervæa*. By Providential arrangement, a knowledge of its nature is not necessary for practical purposes.

Physiologists are of three schools; viz, the Vital, Chemico-vital, and Chemical.

The Chemical sect explain the functions of life as they do the processes of inorganic matter, and believe both to be governed by the same laws.

The school of Vitalism believes that the laws which govern organic and inorganic matter are entirely distinct, and that organic

compounds differ from inorganic in elementary constitution, structural arrangement, combination of atoms, and in all their phenomena.

The vital principle belongs to the vegetable as well as to the animal world. It cannot be evolved or generated by inert matter; but, while plants combine the elements of inorganic matter into organic compounds under the guidance of the vital principle, animals can only appropriate organic compounds.

The actions of the vital force are the fundamental causes of the phenomena of health and disease. These conditions, as has already been observed, depend on various causes, many of which contribute to morbid action. As each part of the body has its definite peculiarities, these differences will explain the innumerable modifications of disease.

The influence of noxious causes is constantly resisted by the vital principle; and, when this principle is altogether withdrawn, a rapid destruction and decomposition ensue. When an individual of any species is in health, the organic compounds in any given part are always the same at each stage of existence. They are susceptible of modifications in accordance with difference of part, and at such different stages.

From the structure of the human tissues and organs, no idea can be formed of their vital qualities or functions; nor can the revelations of the most powerful microscope add to our knowledge on this point. Yet we can understand how certain results follow from peculiar modes of construction of certain organs, as, for example, that certain ends are attained by the mechanism of the eye, or by the position of the valves of the heart.

Organic structure consists mainly of tissues: of these, a cellular arrangement is a distinguishing character. Bichat classified the tissues into cellular, nervous, muscular, vascular, osseous, fibrous, erectile, mucous, serous, synovial, glandular, and epidermous or corneous. These tissues differ in structure as well as in function.

Vital actions are closely connected with the nervous systems; and, although we often hear of the term, nervous system, applied to the brain and the spinal cord and the nerves proceeding from them, there is another distinct system of nerves, not under the control of

the will, nor cognizant of pain. This latter system plays the most important part in disease. It is called organic, because it regulates the organization of parts; or nutritive, as presiding over organs necessary to the nutrition of the body; visceral, as being intimately connected with the viscera; and ganglionic, from the many knots or ganglions occurring in its course. It is also denominated trisplanchnic, because it is distributed to the organs in the three great splanchnic cavities, — the head, chest and abdomen. It is also called the great sympathetic nerve, because it establishes a sympathy between the different nerves of animal life. It passes along the side of the spine to the lower part of the trunk, communicating by a branch with each of the thirty pairs of spinal nerves, and with several of the cerebral nerves, and also sending branches in every direction.

Now, although this nerve communicates with the brain and spinal marrow, it does not appear to be under their influence. And these two sets of nerves mark the duplex constitution of the human frame into vegetative or organic life and animal life. By animal life is understood those actions of the body by which connection is had with the external world. It therefore embraces the organs of sense, which are not necessarily indispensable to the existence of the individual; while the contrary holds true in relation to the organs of organic or vegetative life, — those concerned in nutrition (including circulation and respiration), and those for reproduction.

These organic nerves are found in every blood-vessel, and therefore in every part of the body. Their invariable association with the nutritive vessels called capillaries plainly indicates an important duty to be performed by them, — the exercise of irritability. They are to receive, and react upon, impressions made by anything either within or without the body. This quality, however, of the animal organism must not be confounded with sensibility, which latter exists only in the nerves of the brain and vertebral column.

Irritability, nevertheless, must be the exciting cause of sensibility; or, rather, must precede it. This is well explained by a talented writer thus: "The brain is composed of matter deposited from the blood-vessels, and they are regulated in the manner and quality of their deposits by the amount and character of their

irritability; therefore, if the irritability be acted on vehemently (as in giving stimulants), the action of the blood-vessels — otherwise called their irritation — is vehement also, and they deposit a more than usual amount of brain-matter which possesses the property of sensibility; and in this way augmented sensation is begotten." It is important to bear this in mind, especially in connection with chronic disease. Irritation precedes sensation; sensation is built upon irritation.

Excessive cold, or any cause of disease whatever, makes its first impression upon that system of nerves which controls the capillary blood-vessels. These nerves are branches from the ganglia in some central portion of the body.

The first effect upon the capillaries is to occasion their contraction, or a diminution in diameter. This effort at resistance must be succeeded by lassitude or debility, the consequence of which is a dilated or relaxed condition of the vessels. In their endeavor to resist the morbid influence, the blood must be expelled from its containing vessels; and, in their secondary condition of relaxation, it must again flow into them, their calibres being increased.

Now, it is believed that such a series of changes may occur in every phase and kind of disease. From the long continuance of disease, the irritability may be entirely lost; or, in consequence of the relationship existing between all parts of the body, other irritations are established. For example, in chronic gastritis, the head sympathizes, and the symptoms of cerebral disturbance will vary according to the shorter or longer duration of the gastric affection.

It is all-important, therefore, to know how disease may be extended and vary itself by sympathy of one part with another. The extension may either be occasional or permanent. Thus chronic irritation of the stomach or liver may produce occasional flushing of the face and pain in the head. The recurrence of the symptoms may become more and more frequent until the brain becomes permanently affected.

But disease may extend and fix itself without the operation of animal sensation, and without the exhibition of pain. A chronic irritation of the digestive apparatus may occasion an increased

discharge from an external ulcer, without any increase of pain. An irritation of the stomach may act steadily and slowly upon the brain, and produce a morbid change of structure, of which the patient may be unconscious, — the fact only being revealed by autopsy, after a sudden death. These facts have an important bearing on diagnosis, prognosis, and treatment of disease, and should never be overlooked.

Although it is thus seen that distinct functions appertain to animal and organic life, yet a concert of action is necessary to attain the ultimate ends of their Creator; hence the sympathies which exist between the different parts of the organism, the distinct functions of the two classes of life (animal and organic) may be separately actuated, but still they co-operate and are bound together by an inseparable union.

Disease is propagated most readily from the animal organs to the organic viscera and inversely, but less readily from the latter to the former. In this latter arrangement, a wise provision of Providence will be noticed; viz, that, for the well-being of the organs of animal life, they are possessed of the ability speedily to signify their condition to those parts upon which they are dependent; while the structures belonging more especially to organic life are more independent in their condition, and have a less immediate relationship to those of animal life. Yet the influence of medicine is most strongly and promptly perceived in its extension from those parts belonging to organic to those of animal life.

Between all these organs, whether of animal or organic life, what are called sympathies exist, or impressions of some kind or other are communicated from one to other parts of the body. A knowledge of these symptoms must be attentively studied with a view to prognosis, diagnosis, and therapeutics. Such knowledge enables the physician to attach to each symptom its proper degree of importance; to discriminate those of minor from those of greater magnitude, and those which are primary from those which are secondary, or the idiopathic from the symptomatic. To the homœopathic practitioner, who prescribes upon a principle which requires a critical acquaintance with symptoms, such knowledge is of the highest necessity.

For suppose there be a group of symptoms, to meet which some three or four medicines appear to be so nearly adapted that a doubt exists as to the choice, an acquaintance with the morbid and healthy sympathies of different parts will materially assist the physician to eliminate the symptoms of minor import, and select the most appropriate medicine.

The phenomena of sympathies are infinite and complex. Morbid causes, acting at a distance from nervous centres, disturb them, and occasion derangements which differ according to the nature, as well as the violence, of the perturbating causes.

Sympathies which exist throughout the entire body are not so apparent when all the parts (as in a state of health) are acting harmoniously. But they vividly manifest themselves when that normal equilibrium is disturbed by a hurtful cause. Morbid impressions communicate a disturbed action from the part first affected to the brain and spinal cord, from whence unnatural conditions are excited in other parts through the medium of nervous power.

The function of sympathy, though belonging to animal life, is more important in its relationship with organic life; and the organic functions are dependent upon its proper performance. The result of its irregular performance must be disease.

The means by which sympathetic actions are accomplished has been attributed by different physiologists to different tissues, — the cellular tissue, the blood-vessels, the membranes, and the nerves. Some have supposed all the parts mentioned participate, while others have imagined that sympathy acts altogether independently of such connections.

But the nerves of organic as well as of animal life appear to be, in most instances, the means by or through which these sympathetic actions are effected; and whatever disturbs one of these two nervous systems disturbs the other, and, as has been observed already, upon the nature and force of these disturbing causes will depend the character and kind of sympathy displayed.

Several kinds or varieties of sympathies are recognized. One is remote sympathy, which signifies the transmission of impressions of whatever kind to distant parts. An example of this kind is

exhibited in pregnancy, when the uterus affects the stomach and the mammæ. So, too, hepatic disease causes pain in the right shoulder.

Secondly, we have continuous sympathy. This variety belongs to vegetables as well as animals; it may be produced independently of nervous influence. The impressions are extended without interruption to parts continuous with the point of impression. The contractions and dilatations of blood-vessels are an example of this variety of sympathy. They are effected by the fibres of the middle coat of the blood-vessels. Without this independent power, it would be impracticable for the veins to permit the passage of extra quantities of blood, when thrown upon them in unusual volume from some disturbance of the arterial system.

Instances of continuous sympathy are found in dentition, between the gums and the intestinal canal. It is because the mucous membrane is continuous from the gums to the rectum. Nausea from the smell or taste of disagreeable substances is another instance due to the same reason. So the itching of the nose or anus is often indicative of irritation of the mucous membrane of the stomach or intestines.

Continuous sympathy holds an important relation to the progress of disease and its treatment. Those tissues which have a similar vital constitution most readily sympathize with each other; and, although the secondary disease is generally similar in character to the primary, it is not necessarily so.

The structures most liable to take on inflammation are the mucous, venous, cellular, serous, ligamentous, dermoid, lymphatic, nervous, synovial, osseous, muscular and arterial.

It would be an interesting study to take up each one of these various structures, and examine the relative liability of each to yield to the assaults of morbific agencies, and also the order in which a disturbance in each one is transmitted to others by sympathy. It is only after such a study that the language of symptoms can be rightly interpreted by the physician.

GLAUCOMA, WITH SUBSEQUENT DEVELOPMENT OF CATARACT—SUCCESSFUL OPERATIONS.

BY H. C. ANGELL, M.D., BOSTON.

Mr. J. M., of Nantucket, first consulted me on April 4, 1868. He had lost his right eye some twelve years before from an inflammatory affection which, from his history of the case and the present appearance of the remains of the eye, I had no doubt was glaucoma. This disease always attacks one eye first, but very rarely confines itself to that eye alone. Sometimes only a few days or hours intervene before the affection becomes binocular, but often months and years elapse before the development of the affection in the second eye. Mr. M. now complained of attacks of pain and blindness in his remaining eye, and I saw at a glance that this was also a glaucomatous inflammation. He was just over one of the paroxysmal attacks peculiar to this affection, and was alarmed that his clouded vision did not leave him as usual, on the subsidence of his acute symptoms. The eye appeared slightly dull, the iris a little sluggish, and the ocular conjunctiva a trifle congested. Tension (hardness) of the globe slightly increased. Ophthalmoscopic symptoms negative, from a clouded condition of the media, probably the aqueous humor. Vision quite indistinct. He could merely read large print very near the eye, with convex glasses of eight-inch focus. Being only fifty-five years old, and wearing glasses of so high magnifying power, both in and out of doors, I inferred that the eye was hypermetropic, as is very often the case in glaucomatous diseases. An uncomfortable feeling in the eye, and a dull pain in the supraorbital region, with the loss of acute visual power, constituted the subjective symptoms. His general health was fair, though not quite as good, he thought, as formerly. I explained briefly to him the nature and probable cause of his disease, and informed him that, in my opinion, his safety lay in submitting to the operation of iridectomy; and, as he had but one eye, it was the more necessary to have the operation done at once, in order to make a successful result as certain as possible. He left me, and, as I afterwards learned, consulted one or two other oculists in Boston, who made a similar diagnosis, and gave him the same advice. A

few days later I was requested to perform the operation in New Bedford. I had the excellent assistance of Dr. Clarke and Dr. Sisson, of that city; and, after thoroughly narcotizing the patient with ether, a large iridectomy was made. The operation and convalescence were most remarkable in many respects. No pain in or about the eye has since been experienced by the patient; and, when he called on me a month later, he could read large print. Two months afterwards he could read print smaller than is used for this page with fluency. His hypermetropy was neutralized by a convex glass of six-inch focus.

In the month of August following, to my surprise, I received a letter from Mrs. M. relating the failure of her husband's sight again, and expressing her intention of bringing him to consult me once more. He came, August 26, 1868, when I found incipient cataract. The progress of the opacity had been unusually rapid. He could scarcely see sufficiently well to avoid articles of furniture in passing through a room. The cataract was apparently of the usual senile form, developed most towards the outer side, where the iridectomy had been made. I am positive that no wound of the capsule of the lens occurred during the operation for iridectomy, and that no shock to the eye could have happened from the too rapid withdrawal of the knife from the corneal incision. Speculating as to the cause, however, was now of no avail; here was the case, and what was to be done with it? I confess that the prospect of operating upon a glaucomatous eye for the removal of cataract, and upon the only eye, too, was not inviting. The prognosis was unfavorable. As the cataract, however, was still too imperfectly developed for removal, and probably would be so for many months to come, I saw no reason for definitely determining whether or not to operate. This could be settled when the cataract had ripened. I concluded also that it would be better not to express my doubts to the patient or his friends as to his final restoration to sight, lest the anxiety resulting might affect his general health, which was now very good. I therefore informed him that an operation was not indicated so long as he enjoyed sufficient sight to go about. When he had become quite blind, the cataract could be removed; and then,

if the operation did not prove as successful as we might wish, his situation would be no worse than before.

The patient was brought to me again about six months later, on April 12. He could now simply distinguish night from day, but this he *could* do, and this was something. It was certain now that the glaucoma had not at least progressed so far as to occasion blindness. But had it progressed at all? Was it cured, or only arrested by the operation? Had it progressed slowly since the operation, but sufficiently to render the removal of the cataract useless, — a disappointment to the patient and his friends? Was I about to earn the reputation of having operated twice on a patient with only one eye, and of having reduced him finally to total blindness? I examined the state of the patient's vision more carefully, and found that he could detect the flame of a candle in a dark room at a distance of fifteen feet. I found also that he could distinguish light-colored from dark-colored objects, when held in a strong light and quite near the eye. He separated quite readily in this way light-blue and light-yellow pieces of glass from others of a dark-brown and purple color. I concluded therefore that the fundus of the eye must be in a tolerably normal condition, and that if, after proper explanation of the circumstances which rendered the success of the operation more than usually doubtful, I should still be desired to operate, I would do so. The doubts as to success were not sufficient to deter the patient from a trial; and on the 17th of last April, just one year from the date of the iridectomy, I removed the cataract. I was fortunate enough on this occasion also to have again the assistance of Dr. Clarke and Dr. Sisson, the operation being, as before, performed in New Bedford. The patient not coming sufficiently under the influence of sulphuric ether to insure proper quiet, it was supplemented by an inhalation or two of chloroform, which effected the object at once. I had decided, for reasons which I have neither time nor space to enumerate at present to perform the flap operation, and lay the flap in the superior segment of the cornea, so as to have the wound covered by the upper lid. At the moment of operating, however, the eye seemed too deep-seated to make this conveniently practicable; and so I turned the edge of the knife, and made the usual downward flap. I also

withdrew and excised a bit of the iris before extracting the lens. The latter was readily accomplished; considerable cortical matter remaining behind, which I did not attempt to remove by the introduction of an instrument into the eye, for fear of inducing inflammation in an organ predisposed to it, and because I did not know the state of the vitreous humor, of which, fortunately, there had been no loss. The convalescence went on very satisfactorily, and in a few days I had the pleasure of hearing from Dr. Clarke that the operation would probably prove successful.

On the 21st of May, the patient visited me, walking into the room without groping at all. On placing a proper glass before his eye, he could distinguish large objects (pictures, etc.) across the room. Through a convex glass of two-inch focus he could read large print, of the size of the heading of the "Boston Advertiser," at a distance of twelve feet. With the same glass he could read a type smaller than that in which this article is printed, with ease and fluency, and read slowly a finer print than that used for the "Table of Contents" on the cover of the *Gazette*. This result was unexpected, and, under the circumstances, may be considered as very remarkable. I have not yet made an ophthalmoscopic examination, but presume, as the eye seems to be improving in visual power daily, that there is no reason why the acuteness of vision should not, in time, be as great as after the most successful operations in the most promising cases.

OBSERVATIONS ON RHUS VENENATA.

BY GEORGE F. BUTMAN, M.D., BOSTON.

RHUS VENENATA, dogwood, swamp sumach, poison sumach, etc., is a shrub, or even a small tree, from ten to thirty feet in height. It is a native of North America, growing in low meadows and swamps from Canada to the Gulf of Mexico. In this neighborhood, it generally blossoms about the first of June, and the odor of its flowers can be distinctly perceived some distance, especially in a damp day. When wounded, a milky juice flows from the plant, which may, according to Bigelow, be made, by boiling, into a beautiful and shining varnish. This species is much more poisonous

than Rhus Toxicodendron, and its volatile principle taints the air for some distance.

The idea of proving this congener of Rhus Toxicodendron (of which last, R. radicans is but a mere climbing variety) first suggested itself to my mind in the spring of 1865. My object was to discover, if possible, some antidote to its poisonous effects. It grew in abundance within a short distance of my residence in the town of Dedham, Mass., and I had been repeatedly called upon for a remedy for its poison. My neighbors, and even the members of my own family, had been poisoned by it. In some instances the sufferers were "a sight to behold": their heads were swollen to an enormous extent; some were blind for many days. Blondes appear to be more susceptible to its influence, as a general thing, than others. I have certainly seen the worst cases of poisoning amongst persons of that complexion. A singularity about the cases is, that, after being once affected by this plant, the effects of the poison will show themselves at about the same time of each succeeding year. Again, individuals who have been poisoned by Rhus Toxicodendron are more liable than others to be poisoned by this species; or as some have suggested, the R. venenata is "set to work" by the Rhus Toxicodendron. The farmers in that neighborhood, when going into the swamps where it abounds, generally carry a piece of roll brimstone in their pocket, as an antidote to its poisonous effects. The domestic remedy for poisoning by it is usually Triosteum perfoliatum, fever-wort, fever-root, wild ipecac, horse-gentian. This is said to be a certain antidote. I remember one very severe case, in which the patient entirely recovered in a few days through its use. So far as I have discovered, the best external application to relieve the intense burning itching is water applied as hot as can be borne, and *Lycopodium* administered internally.

Our knowledge of the medical effects of *Rhus venenata* upon the human organism is very limited. Dr. Hale, in his New Remedies, gives us our only extended provings of this drug.

The first knowledge he obtained of its medicinal virtues was by seeing or hearing of cases of poisoning, or being called to treat the same.

Dr. Bigelow found that, upon some individuals, its influence is

powerful, while others it does not affect at all; that it is more active in a warm than in a cold climate, and in hot days more than cold; that children are more readily poisoned than adults; that the effluvia, when combined with moisture, are supposed to be more apt to produce eruptions; that persons are more easily poisoned after, than before, a meal; that a state of perspiration favors the action of the poison; that the effects usually commence within twenty-four hours; and that the poison is seldom or never known to terminate fatally.

I collected the materials for my proving in the spring of 1865, — at the season when its poisonous properties are supposed to be most abundant, — from a shrub full twelve feet high, using the blossoms and adjoining leaves. These I macerated in strong alcohol. I will mention that I experienced some of the same symptoms, while collecting the material, that were developed in the proving; viz, dull, frontal headache, nausea, lassitude, and an augmentation of urine. I have never succeeded well by inoculation, having developed the effects of the poison in one instance only: having applied some of the expressed juice to a small abrasion upon the chin, the result was a small moist scab, with the characteristic burning itching, but it lasted only a day or two.

My proving of *Rhus venenata* developed the following list of pathogenetic symptoms:

Skin — hot and dry. Itching of the skin on various parts of the body. Eruption on the face, head and chest, resembling the rash in typhoid fever, disappearing on pressure.

Sleep. — Great restlessness. Sleep disturbed by dreams.

Mind. — Inability, at times, to connect one's ideas; forgetfulness; dull and stupid feeling.

Head. — Sensation as if the brain were pressing up against the inside of the cranium. Dull headache; sharp darting pains in the parietal bones of both sides. Sensation as if the head were bound.

Eyes. — Sensation as if the eyes were being pressed out of the head. Sharp pain in the right eye, extending to supraorbital region.

NOSE. — Dryness of the nose. After some days, both nostrils were completely filled with tenacious mucus.

FACE — flushed; felt as if burnt; enormously swollen, closing both eyes. The last symptom was from poisoning.

MOUTH. — Tongue coated white. Slight accumulation of viscid mucus in the mouth.

THROAT. — Dryness, with burning. Sensation as if the tongue were being pulled out by the roots.

APPETITE. — Loss of appetite.

STOMACH. — Continual nausea.

ABDOMEN. — Rumbling of flatus in the bowels, with pain in the back, extending from the lumbar region to the umbilicus. Pain in left side of the abdomen.

STOOL. — Fæces dark, hard, and small in quantity. Discharge of blood from the rectum after a stool.

URINE. — Desire to void urine often, but in small quantities. Burning in the urethra.

BACK. — Pain in the back. Sharp pain under the left scapula, extending through to the ribs.

UPPER EXTREMITIES. — Sharp pain in both arms, from the elbow to the index-fingers and thumbs.

LOWER EXTREMITIES. — Aching pains in the thighs, from the hips to the knees; pain worse at the knees, and on the left side.

FEVER. — Continual shivering down the back. General feeling of lassitude.

CHARACTERISTICS. — All the symptoms were increased on a damp day.

This proving was commenced October 19. It was discontinued, October 24, for two reasons, — first, to see if any new symptoms would be developed; secondly, to make a proving with dilutions. No new symptoms appeared however, and the effects of the drug passed off within ten days. In the commencement of the proving, one drop of the tincture was taken in three teaspoonfuls of water every three hours: the dose was then gradually increased to three teaspoonfuls.

The symptoms included under skin, sleep, mind, head, mouth, back, and stool would suggest that *Rhus venenata* would prove

useful in some forms of typhoid fever, more especially where *Rhus tox.* is indicated, but proves inefficacious. This would be especially indicated when there was great depression of the vital forces, combined with great stupidity.

It would not be difficult to fancy some connection between the severe typhoid fevers which often prevail in damp, marshy, or swampy towns, and the Rhus venenata which usually abounds in such places. Houses located in damp or wet situations are well known to be peculiarly exposed to typhoid fevers; and, as has been proved in numerous instances, moisture is a favorable medium for conducting the poisonous exhalations of the Rhus venenata.

The enormous swelling of the face in cases of poisoning with this plant suggests that it may prove useful in some forms of erysipelas. It should also be of value in some forms of rheumatism, as the proving developed a persistent pain from the hips to the knees, commencing with the first dose and continuing throughout the proving: the pains in the upper extremities, and more especially those of the chest, were of a sharp, darting character.

ARTIFICIAL NOSES.

The authentic records of rhinoplasty go back to the two Brancas, father and son, who lived in Catania early in the fifteenth century. Whether invented by the elder Branca, or by him learned from the Arabs, among whom this art is said to have flourished ages before, it is impossible to ascertain. Common fame carries the practice still farther east, to India, where noses were not uncommonly cut off as a punishment. The victims were often wealthy and powerful, and no prospect of repairing the loss would be neglected. The art was transmitted from one Italian surgeon to another, and at length became known as a specialty of Prof. Gaspar Tagliacozzi (Latin, Taliacotius), of Bologna, who died in 1553, at the age of sixty-four. From him it is called the *Taliacotian operation.* It has not essentially varied since the time of the younger Branca, except with improvements in ligatures and dressing wounds. An ample flap is taken from the forehead, if the whole nose be wanting; or, if the patient dread a scar so much as to be willing to sacrifice the

use of an arm for a considerable time, one of them is bound immovably to his head, a flap raised and engrafted for the purpose. This was the improvement of Antonio Branca, the son. It is called the Italian method; the other, still the more common, is called the Indian. The flap needed from the arm is four inches long, and not much less in width; that from the forehead must be nearly three inches long by two and a half in width at the upper end. The portion for the column is sometimes taken from the upper lip, or the length of the flap from above is increased for the purpose. In one instance of the Italian operation, Dr. J. Mason Warren, of Boston, was able to release the arm on the fifth day; making, Dr. Gross says, "an admirable cure."

The coarse allusion to this operation in Hudibras exhibits the crude notions in regard to it which prevailed in England some two hundred and fifty years after it was practised in Italy. We must not necessarily suppose that the poet really believed that a piece of meat, with its skin and subcutaneous tissues, could be cut out of one person, and be made to grow on the body of another; or that, if such a permanent piece of inarching were possible, the foreign morsel would still sympathize with the body of which its original constituents, long since changed by the processes of absorption and renewal, were once a part. But Butler does not violate the vulgar belief of his day. He represents Hudibras as having made a vow never to shave while monarchy lived,—just as an eminent divine of our day vowed to wear his beard till the repeal of the fugitive slave law. He compares the beard, of which the fate was to be contemporary with monarchy, to a nose cut by the learned Taliacotius from the superabundance of gluteal muscle of Nock, a porter. The piece could not, however, survive the porter,

> "But when the date of Nock was out,
> Off dropp'd the sympathetic snout."

In the "Tattler," No. 260, we find a most extravagant account of this operation, indicating a similar credulity in 1710, or three hundred years after Branca's day. The Taliacotian nose is not as substantial as "brawn." It is, in fact, too unresisting, too like a soft hat, and coupled with the unfortunate condition that there

shall be no indentation in it. In its tender age, it is kept skilfully stuffed into shape with oiled lint, and coddled with warm flannels; and, when all is done, it is but a substitute at best. But it is a real, living appendage, very necessary to the good looks of the face. Neither Paul nor Cicero, perhaps neither Cæsar nor Grant, could have succeeded without a nose. It is worth all it has cost, and that is not a little. No capital operation makes such drafts upon the time and patience of the operator. Twice, at least, the knife must be used; for, if the flap has been taken from the forehead, it was put on with a twist, afterwards to be remedied by a new incision. If taken from the arm, the final adjustment is a serious matter.

All this supposing that the incisions heal kindly. But, if the health of the patient fail under the operation, or erysipelas set in, or the case take some other unfavorable turn, all the labor and suffering have been in vain. The work must be abandoned forever, or renewed under less favorable circumstances than at first.

But in many cases no man would attempt rhinoplasty. The causes which destroyed the original organ may be still in full force; and a new one, well established, could not withstand them. Or, if not, the constitution of the patient may be such as not to hold out even the remotest prospect of a successful result. What, then, remains but to endure the deformity till a better state of health return, or till the marred visage be hid in the grave?

The phrase, "a nose of wax," suggests an answer. An article resembling the living member may readily be constructed of waxwork. Though far from durable, even with the most sedulous attention, it is invaluable while in good repair. If the unfortunate Peter Schlemihl, who had sold his shadow, was in ecstasies at a temporary loan of it, how much more would a gentleman who had parted with so important a part of his substance long for its replacement, even for an hour?

Ambrose Paré, who died in 1590, speaks of artificial noses of gold, silver, and even of what might be fairly construed as papier-maché. It has been reserved to these last days of India-rubber to perfect the artificial organ. Men carry with them every day worse-looking noses which were born with them than the best examples

of imitative skill. The rubber nose, though not so liable to be pressed out of shape as the Taliacotian, needs to be worn with more care, being chiefly held in place by a pair of spectacles, which, in conformity with the decision of Cowper's "Chief-baron Ear," belong to the Nose, and are in this case made to hold their place with unusual firmness. Oddly enough, we have however, here a practical refutation of lawyer Tongue's argument:

> "Again, would your lordship a moment suppose
> ('Tis a case that has happened, and may be again)
> That the visage or countenance had not a Nose?
> Pray, who would, or who could, wear spectacles, then?"

But in our case it is the spectacles which wear a nose, not the nose spectacles.

The nose is a vocal organ. In its absence, not a sentence can be agreeably spoken. The defective utterance is remedied by either the artificial organ, or the Taliacotian. The former is, on the whole, the cheapest, even where a choice is possible, and the result sure. This manufacture is becoming allied to the dental art, the material being the so-called vulcanite, now much used for the plates for artificial sets of teeth. The aid of a skilful painter is called in for the finishing process. So far as we are informed, Boston takes the lead in this newest application of the wonderful gum. The artist can replace the original nose, or invent a better. The Tattler's patients had to pay extra prices for extra noses: "Indeed, if a man had occasion for a high Roman nose, he must go to the price of it. A carbuncle nose likewise bore an excessive rate; but for your ordinary short turned-up noses, of which there was the greatest consumption, they cost little or nothing; at least the purchasers thought so, who would have been content to have paid much dearer for them rather than have gone without them." And if the vulcanite will "sneeze, smell, take snuff, pronounce the letters M or N" as well as the Taliacotian, the Tattler's Englishman, who "in the space of two years wore out five noses" by the irregularities of his life, would not hesitate to pronounce the nose which he could take off and put on at will the very best *for him* that he ever had.

The New England Medical Gazette.

BOSTON, JUNE, 1869.

The approaching session of the American Institute of Homœopathy bids fair to be the most important ever held by the new school of modern medicine. And it is fitting that the silver wedding of the Institute, the completion of its twenty-fifth year, should be celebrated with unusual regard to whatever will make the occasion either pleasant or profitable. Established in 1844, it is the senior of every other national medical body in America. It is the largest society of our school in the world, and among its members are found many of the leading homœopathic practitioners now living. It is, to a great extent, the representative of the six thousand physicians of this school in the United States.

Every indication now leads us to expect a larger attendance than at any previous meeting. The session is to continue a day longer than ever before; and elaborate reports are expected from all the bureaus and committees. The programme assigns to each its fair share of time, and it is hoped that earnest discussion will be elicited upon every important topic presented. The Committee of Arrangements have endeavored to condense into the four days as much of pleasure and profit as possible. While they wish the time of the sessions to be given to earnest work, they would have the fatigue lightened by enjoyable social intercourse between-whiles. The series of daily collations will allow the members to cultivate the acquaintance of men of similar tastes and common interests in the hour which is given to rest and refreshment.

The evening re-unions, in which the ladies will participate, will still more extensively increase the social relations; and here will be formed many new acquaintances that will prove treasures in the future, and will connect pleasant associations with the session held in Boston.

Our city now extends to us and them its civic hospitalities. This cheers the hearts of those of us who remember the day, now nearly thirty years agone, when the poet turned prophet, and "lifted up his voice against this lifeless delusion," and boldly predicted that in a few

years, if homœopathy existed at all, it would be "*by falling into the hands of the sordid wretches who wring their bread from the cold hands of disease and death in the hovels of ignorant poverty.*" Boston, we are proud to say, recognizes, for the first time, the importance of our position. By a nearly unanimous vote of the Board of Aldermen and Common Council, it has tendered a public reception to the members of the Institute. The sum to which this is limited ($2,500) is not a large one; yet it is all that was asked, and will better satisfy our friends than to have an extravagant sum lavished on them. Moreover, we hope to teach our allopathic *confrères* that $2,500 can give more solid and rational enjoyment than even a much larger sum has sometimes done, when its recipients were led to revel in champagne and its accompaniments. Our city will, we are sure, have no occasion to blush for the character of its guests.

At this meeting there will probably be a large accession to the list of members. At no period since the formation of the association have the applications for membership been so numerous as now; and we trust that the time is not far distant when there will be no respectable member of the profession who shall not be identified with the American Institute of Homœopathy.

CORRESPONDENCE.

New York, May 15, 1869.

Dear Gazette, — I was glad to see the editorial in the May number of the *Gazette;* for, though the offence of Dr. Buckingham is not definitely stated, yet I am quite content that it should remain unwritten. A medical journal cannot too sedulously cultivate a pure and elevated tone. And I regret to say that, even in some of our homœopathic periodicals, there occasionally occur such indelicate, vulgar and coarse allusions and expressions as should banish them from the office of every decent physician. It is, unfortunately, true that there are to be found some members of the profession who delight in ribaldry and obscenity; but we should not expect to see this crime committed, or even tolerated, by professors in our colleges, or editors of our journals. These are the men who, to a great extent, give color and character to the profession. These representative men should so teach and so write as not to demoralize their students, or disgust their readers.

Whether the publication containing the objectionable language is allopathic or homœopathic is nothing to the case. It is not a matter of sect, but of morals and taste. The record stands against the whole profession alike. But let homœopaths especially keep clear of the fault; for our school, being the progressive branch of the medical profession, has a right to take the lead also in æsthetics and morals.

Vindex.

REPORTS OF SOCIETIES.

THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

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

April 22, 1869.— Dr. Sanford related a case from his own practice in which the colpeurynter was unsuccessfully used to produce premature labor. The woman was in the fifth or sixth month of pregnancy, and the operation became necessary on account of uræmic convulsions. The colpeurynter was applied by Dr. Gregg, and remained in place ten hours. Before its application, the os was in a soft, flabby state; and after its removal the same condition was found, with no evidence of any tendency towards dilation.

Dr. Whitney then read a paper entitled Observations on Homœopathic Pharmacy. He intended to confine his remarks to such operations in homœopathic pharmacy as fall more particularly within the province of the practitioner, and especially to those relating to the preparation of the lower potencies in the form of solutions.

He considered that the preparation of homœopathic medicines was governed by the same fixed physical laws as control all other chemical actions. A substance which, in a crude state, is insoluble in water or alcohol cannot be made soluble by any amount of trituration with sugar of milk, or any other material; and a drug which, in its pure state, is insoluble in, or incompatible with, alcohol, cannot be made to form a perfect solution with that menstruum by any amount of dilution with water. The same holds true with regard to water, as a menstruum, as with alcohol. Hence the method of preparing many metals in alcohol, after carrying them up by trituration to the third or fourth potency, must result in something else than a true solution of the pure drug; and, if anything like a solution is formed, the metal must have entered into some combination which renders it soluble during the process. The solution cannot possess the original properties of the pure drug.

Again, take for instance *Nitric acid.* As it is usually prepared, it is diluted with water until it arrives at the third or fourth potency; then the next higher dilution is made by adding alcohol. Now, if pure nitric acid will combine chemically with alcohol to form ether, it is reasonable to suppose that the same affinities will be in force so long as the acid retains its original chemical composition, and we have, as the result of such a preparation, not nitric acid, but nitric ether.

As an example of another popular fallacy, take for instance *Phosphorus*, — a drug which is perfectly soluble in pure alcohol. This substance, we know, undergoes rapid combustion in the presence of atmospheric air. Now, it is usually dispensed by the physician by pouring a few drops of the dilution either upon pellets of sugar of milk, or into water. By this operation a large surface of the phosphorus is presented to the action of the air, oxydation takes place, and there is phosphoric acid, and not *Phosphorus*, prescribed for the patient.

From these facts it must be seen that the manner in which homœ-

opathic medicines are prepared and dispensed is of the greatest importance; and that a certain regard for the well-established truths of chemistry ought always to be had, if we wish to arrive at accuracy in our therapeutics.

In the preparation of the dilutions from the tinctures, the gravest mistakes are very often made. Take *Aconite* or *Bryonia* as an example: the addition of strong alcohol to the tincture causes precipitation of certain parts of the drug. Now, after a dilution has been carried up by weak alcohol to such a point that any precipitate, if present, is so inconsiderable as not to be appreciated by the eye, many physicians are in the habit of further diluting the medicine with strong alcohol. This must inevitably produce in the highly attenuated drug the same conditions that it does in the tincture; viz, precipitation of some portion of its constituents. From this it follows that dilutions should be made with such a menstruum as will not alter the chemical condition of the drug from that in which it exists in the tincture.

Upon being asked whether he regarded the reports of the effects of medicines, as false or imaginary, when those medicines were prepared by the methods he condemns, Dr. Whitney said that this evening he wished to consider the subject only from a chemical standpoint, and as a pharmaceutist, and that at some future time he might speak of it therapeutically.

May 10, 1869. — As there were but few members present, upon motion of Dr. Sanford the reading of Dr. Boothby's paper was postponed until the next regular meeting.

Dr. Whitney related a case, probably of gonorrhœa of the rectum. There were severe aching pains in the rectum, a constant milky discharge, and at every evacuation of the bowels the pain became intense. The anus and rectum as far as seen (to the extent of an inch above the sphincter), were dark red, tumid and very tender. The patient had had syphilis some time previously.

Dr. Woodvine related a case of inflammation of the os and cervix uteri, in which he had used *Argentum nit.* locally with good results. The os was one mass of ulcerations and was firmly adherent to the pelvis on the left side producing considerable lateral obliquity of the uterus. Upon using the uterine sound he found that it could not be passed beyond the os internum. From this he concluded that the inflammation was limited to the cervix; for, when the inflammation extends also into the cavity of the body, there is no impediment to the introduction of the sound and it passes readily up to the fundus, as in the healthy condition. In connection with the application of *Arg. n.* he used injections of *Calendula*, — one ounce of the tincture to a quart of water.

Dr. Woodvine said that in his hands the use of caustics in the treatment of ulceration and inflammation of the os and cervix uteri had never been productive of injury; but, on the contrary, he had sometimes found them valuable adjuvants to internal treatment. He uses the nitrate of silver in preference to other caustics, and applies it by means of platinum probes wet with a solution of the salt. This method has the advantage of being more easily used in cases of

intracervical inflammation; and he avoids the danger that there is in using the solid stick, portions of which sometimes break off and remain too long in contact with the parts, or act on places which they should not touch.

THE MAINE HOMŒOPATHIC MEDICAL SOCIETY

Held its third annual meeting at Bath, on Wednesday and Thursday, 19th and 20th ult. The President, C. H. Burr, M.D., of Portland, being absent, the Vice-Presidents, Drs. Eaton, of Rockport, and Williams of North Vassalboro', presided in the afternoon and evening, and Dr. Pulsifer of Waterville, President *pro. tem.*, the next morning. Dr. W. E. Payne, of Bath, from the Committee on Clinical Medicine, reported on epidemic influenza, scarlatina and measles. Dr. Gallupe of the same committee reported the cure, by medicine, of an ovarian tumor of twenty years' standing. Dr. Bell of Augusta, reported various surgical cases, among them cancer of the breast, encephaloid and other tumors; also on anæsthesia and on ophthalmic surgery. Clinical cases were reported by Drs. Payne of Bath, and Graves, of Saco.

The Officers for the ensuing year were elected in the evening, as follows: President, H. B. Eaton, M.D., Rockport; Vice-Presidents, W. L. Thompson, M.D., Augusta, M. S. Briry, M.D., Bath; Recording Secretary, Geo. P. Clark, M.D., Portland; Corresponding Secretary, S. M. Boynton, M.D., Rockland; Treasurer, Geo. P. Jefferds, M.D., Bangor; Censors, Drs. Gallupe of Bangor, E. F. Hincks of Thomaston, W. E. Payne of Bath, S. P. Graves of Saco, and H. C. Bradford of Lewiston; Delegates to the American Institute of Homœopathy, Drs. W. E. Payne of Bath, J. B. Bell of Augusta, N. G. H. Pulsifer of Waterville, and W. Gallupe of Bangor.

The Code of Ethics of the Institute was adopted and the delegates were instructed to obtain fifty copies. A committee was appointed to procure a seal. The next meeting was fixed for the fourth Tuesday of May, 1870, at Augusta. Dr. Thompson read the President's Address, which was followed by remarks from Drs. Bell and W. E. Payne.

On Wednesday morning Dr. Briry reported cases from practice. Dr. Thompson read a paper on influenza, and the subject of alternation of medicines was discussed and the meeting adjourned.

THE WESTERN INSTITUTE OF HOMŒOPATHY

Met for its seventh annual session at Ann Arbor, Mich., May 20, at ten, A.M. D. H. Beckwith, M.D. of Cleveland, was chosen President, *pro. tem.* The meeting was opened by prayer offered by J. D. Craig, M.D., of Niles, Mich. The chair appointed Drs. Ober, Cole, Sanders, Craig and Baker a Board of Censors. Dr. Craig presented the Address of Welcome in behalf of the Michigan Homœopathic Institute. Ten new members were admitted.

Dr. Hempel reported that the friends of homœopathy were divided as to the best means of securing a foothold in the Michigan University. He thought Ann Arbor not the best place for the homœopathic school. The legislature having receded from its imperative demand

for a homœopathic chair at Ann Arbor, he thought that the friends of the cause ought to proceed to establish a college elsewhere.

Dr. Craig reported three successful cases of treatment with high dilutions. One appeared to be of consumption in a child two years old, treated for two years with *Puls.*

Dr. Bartlett, of Aurora, Ill., had a patient who had used allopathic treatment for seventeen years for phagedenic ulceration of the os uteri. He used *Thuja* for four months, varying between the mother tincture and the 30th potency. Then he used the 200th for four months and she was cured. Recess.

At two, P.M., an invitation to a banquet at the Gregory House was accepted. Dr. Sanders responded to the Address of Welcome. Dr. Beckwith read a paper on longevity. He thought the present race but little inferior in longevity to any that preceded it, assigning to Methusaleh a little over two hundred years. Dr. A. R. Bartlett read a report on Anti-Natal Influences, attributing no small share of the miseries of the world to this source. Teaching physiology to women, and suppressing certain illustrated papers and sensational and immoral articles in the dailies, were among the remedies he proposed. G. W. Perrine, M. D., of Milwaukee, read a paper on the Intracapsular Fracture of the Femur. Dr. Hempel reported on the Correlation of Pathogenesy and Pathology. Dr. C. T. Harris, of Ann Arbor, reviewed four published lectures against homœopathy delivered in the University by Prof. Palmer. To the Professor's argument that there was not enough water on the globe to make a thirtieth attenuation, he replied that it would require but 3,000 drops.

Seven, P. M. Surgical cases were reported by Dr. Page, of Appleton, Wis., Dr. Craig, Dr. Cole, of Chicago, Dr. Sanders, Dr. Van Norman, of Ashtabula, O., Dr. Baker, of Davenport, Iowa, Dr. Perrine, of Milwaukee, and Dr. Duncan. Adjourned to the banquet at the Exchange, at which Hon. E. C. Seaman presided.

Friday, ten, A. M. A letter received from Prof. Palmer, asking an opportunity of answering the review of his lectures, was referred. A paper of Dr. Douglas, of Milwaukee, on Popularizing Homœopathy, was read and discussed. Dr. M. F. Page, of Appleton, Wis., read a paper on Malignant Erysipelas. Adjourned to visit the University.

Two, P. M. Drs. Hempel, Helmuth, and Ludlam were appointed a committee to consider the expediency of merging the Institute into the American Institute of Homœopathy. The Committee on Prof. Palmer's letter reported adversely to his request, for want of time. A paper of Dr. Bartlett, of Aurora, Ill., on Medical Education, was followed by a series of resolutions against the admission to a medical course of any one who cannot pass an examination in botany, chemistry, and all other studies necessary to a first-class certificate for a common-school teacher in Michigan. Also in favor of measures that would ultimate in the endowment of one first-class homœpathic medical university in America. Dr. Duncan reported on Bright's Disease.

Officers were elected, as follows: President, Dr. L. E. Ober, Lacrosse, Wis.; Vice Presidents, Drs. Bartlett, Aurora, Ill., Bowen, Fort Wayne, Ind.; Treasurer, Dr. G. W. Perrine, Milwaukee; Cor.

responding Secretary, Dr. S. A. Robinson, Laporte, Ind.; Recording Secretary, Dr. J. C. Duncan; Censors, Drs. Hempel, Beebe, Schneider, Craig and Marshall. The next meeting is to be at Chicago on the third Tuesday in June, 1870.

THE ILLINOIS STATE HOMŒOPATHIC MEDICAL ASSOCIATION

Held its fifteenth annual session at Chicago, May 18 and 19, 1869. The President, Prof. G. D. Beebe, presided. The address of welcome was by Dr. D. A. Colton, of Chicago; the response, by Dr. L. Pratt, of Wheaton. Dr. J. S. Mitchell reported on Crusta Lactea. Adjourned.

Two, p.m. Dr. Beebe reported on Orthopædy. An artificial eye was inserted by Dr. Beebe after a preliminary operation on the lids. Dr. Beebe read a paper expressing a preference of chloroform over bichloride of methylene. It was followed by extensive discussion of the merits of chloroform, the use of which was opposed by Drs. Mann, Barker and Temple, and advocated by Drs. Small, Miller, Cooke, Hedges and Foote

Eight, p.m. Meeting in the court-house. Dr. Pratt, of Wheaton, presided. Dr. J. S. Mitchell delivered a public address on Diet and its relations to health. Adjourned.

Wednesday, 10, a.m. Dr. Duncan read a paper on Medical Topography. It recommended the climate of California as probably the best in the United States. In the discussion that followed, Dr. Barker recommended high, dry altitudes for pulmonary diseases. From high altitudes the debate turned to high attenuations, which were attacked or defended by Drs. Jennings, Smith, Pratt, Hedges, Duncan, Ober, Moore, Temple, and others. Dr. Hedges, Physician to the Chicago Half Orphan Asylum, reported for the past year the average number of children to be seventy-five; among them had occurred fifty-six cases of ophthalmia, thirty cases of eczema and crusta lactea, and seven of erysipelas. There had been but two deaths, both infants, from meningitis and enteritis. The Hahnemann Medical College was reported as prosperous, but in great need of a better building. The reports of its probable suspension were pronounced unfounded. Dr. Small spoke on the treatment of cholera; he was requested to furnish his remarks for publication. Recess taken.

Session resumed at 2, p.m. Dr. Beebe presented a female patient with torticollis. He operated successfully by cutting the sternal portion of the sterno-cleido-mastoid muscle.

Officers for the ensuing year were then chosen, as follows: President, O. H. Mann, M.D., Evanston; Vice-Presidents, Drs. J. C. Burbank, Jacksonville, and J. Moore, Kankakee; Recording Secretary, T. S. Mitchell, M.D., Chicago; Corresponding Secretary, S. P. Hedges, M.D., Chicago; Treasurer, L. Pratt, M.D., Wheaton; Censors, Drs. W. C. Barker, Waukegan, E. M. McAffee, Mount Carroll, and G. W. Foote, C. A. Wilbur, and N. F. Cooke, of Chicago; Delegates to the American Institute, Drs. D. S. Smith, R. Ludlam, G. W. Foote, J. Davies, N. F. Cooke, O. H. Mann; Delegates to the Western Institute, Drs. R. Ludlam, T. C. Duncan, W. S. Baker, and S. B. Coe. A semi-annual meeting was voted to be held on the second Tuesday of November. Adjourned.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting of the Society was held, Wednesday, May 12th, at Temperance Hall, in Worcester. The meeting was called to order by the Vice-President, Dr. W. B. Chamberlain.

Dr. Hunt read a somewhat extended report of a case, still under treatment, of uterine hæmorrhage dependent upon heart disease, in which, in connection with the proper remedies, he used the colpeurynter with decidedly good results.

In the course of the discussion following the report of this case, Dr. Nichols said he would like to hear the opinion of physicians as to the homœopathic remedy in such cases of hæmorrhage, for he thought we ought to have remedies to stop hæmorrhage.

Dr. Brooks inquired if he meant all hæmorrhages.

Dr. Nichols said, "Yes, nearly all."

In the discussion as to the various methods of plugging, Dr. Nichols remarked that he had never resorted to it in any instance, and had never lost a patient for want of it. He related a severe case of uterine hæmorrhage that came under his treatment some years ago from allopathic hands. He stopped the hæmorrhage; then there came on enormous bloating; this passed off, the woman got well, and lived fifteen years.

Dr. Chamberlain mentioned a case of uterine hæmorrhage, that, at the time of coming under his treatment, had been going on for four weeks. He found the patient fainting and pulseless; the discharge dark and offensive. It was checked with *Creosote*[1] and *China*[30], and the patient recovered.

Dr. Underwood cured a case of uterine hæmorrhage with *Sepia*, where the flow was profuse and of dark color, the pains sharp and darting down the legs.

Dr. Whittier had used the spurred corn [maize fungus] in perhaps fifty cases of hæmorrhage, with good success; he had never failed to control it, except in a single instance. He would not expect good results from it, if the flow was watery.

Afternoon Session. — Dr. Hunt reported a very interesting case of poisoning from inhaling the vapors of sulphuric acid. The man had been under quinine treatment in allopathic hands for two months. *Pulsatilla* afforded most relief.

A committee was chosen to make arrangements for the formation of a library.

Dr. J. C. W. Moore, formerly of Andover, was elected a member of the society.

Drs. L. B. Nichols and C. A. Brooks were chosen as delegates to attend the approaching session of the American Institute of Homœopathy.

At four o'clock, P. M., the meeting adjourned.

C. C. Slocomb, *Secretary.*

THE VERMONT HOMŒOPATHIC MEDICAL SOCIETY

Holds its nineteenth annual session at Burlington, June 1, 1869. The notice was received since our last issue. This society has

wakened to new life, and we shall hope not only to find a considerable increase in its numbers, but also to receive a valuable report of the meeting for our next number.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE WESTERN DISTRICT OF NEW JERSEY.

This Society has just been organized under the most favorable circumstances, and numbers over twenty members. There are in that section of the State about forty homœopathic physicians, nearly all of whom will probably join the Society. We shall hope to have reports from time to time. H. F. Hunt, M.D., of Camden, has been appointed delegate to the next session of the American Institute of Homœopathy. R. M. Wilkinson, of Trenton, alternate.

THE MEDICO-CHIRURGICAL SOCIETY OF THE STATE OF KANSAS.

The recently-formed Homœopathic Medical Society of the State of Kansas, after mature deliberation, has decided to adopt the new name given above.

BUFFALO HOMŒOPATHIC FREE DISPENSARY.

Eighteen months ago, or more, thirteen Buffalo physicians contributed ten dollars each to found a dispensary. Four hundred dollars were given by other friends of homœopathy. Since November 1, 1867, $202.77 have been spent in running expenses, including rent, but not the services of attending physicians. The results have been as follows: patients, 1,292; office prescriptions, 692; visits, 2,278; deaths, 9; under treatment, 97; recoveries, 959; result unknown, 227.

State aid has been obtained, chiefly through the assistance of Dr. H. M. Paine, of Albany. The charity has also friends in Mr. Halsey and Mr. Appleby. At the annual meeting, held May 11, the following attending physicians were appointed: Drs. A. M. Kenyon, A. R. Wright, G. W. Lewis, E. G. Cook, A. T. Bull, H. Baethig.

THE HOMŒOPATHIC MEDICAL AND SURGICAL HOSPITAL AND DISPENSARY OF PITTSBURG.

The Third Annual Report of this institution shows continued prosperity and increased usefulness. The average number of inmates the first year was $13\frac{2}{7}$; the second, $18\frac{1}{4}$; the third, $19\frac{1}{4}$. It has in all had 382 inmates and has issued 5,954 prescriptions from the dispensary; of these last, 3,450 were during the year ending April 1, 1869. The hospital patients last year were 168; remaining from previous year, 24; admitted, 138; born, 6. There were discharged, 137; died, 11; remaining, 20. Nine of the eleven deaths were, one each from psoas abscess, cancerous tumor, gunshot, anasarca, cholera infantum, hepatic abscess, and three from consumption. Of the remaining two, one was brought in moribund. There were thirteen lying-in cases. The proportionate results were: Cured, 56.42 per cent; improved, 22.44; unimproved, 4.40; eloped or discharged for misconduct, 12.24; died, 6.50. The most frequent diseases were: Gastritis, 5; tuberculosis, 6; intermittent fever, 8; rheumatism, 12.

The donations and subscriptions amounted to $2,736, besides the aid furnished by the Ladies' Homœopathic Charitable Association, $1,470. The board of paying patients amounted to $867.

The medical faculty is as follows: Consulting Physician, H. Hofmann, M.D.; Medical Staff, Drs. D. Cowley, L. M. Rousseau, J. S. Rankin, B. F. Dake; Surgical Staff, Drs. J. C. Burgher, L. H. Willard, J. H. McClelland.

A HOMŒOPATHIC HOSPITAL FOR PHILADELPHIA.

A TEMPORARY organization has been effected, with Mrs. Jay Cooke at the head, to arrange for a fair to be held next autumn in behalf of a homœopathic hospital in Philadelphia. Provision is made for the storage of contributions of useful and fancy articles till the time of the fair. It is intended that a children's department with children's tables shall be a feature of the fair. Ladies who desire to aid the cause by the formation of circles of congenial persons for work and collection are requested at once to communicate with the secretary of the temporary organization, Mrs. Edwin Greble, 128 South 19th Street, Philadelphia. When a sufficient number of circles shall have been formed, a permanent organization is to be effected.

Why cannot the ladies of New England assist Philadelphia in this laudable enterprise? A handsome table might be supplied, and placed under the charge of New England ladies residing in that city. A hospital commencing with a fund of fifty or one hundred thousand dollars would soon grow to be an institution of great value to our cause.

HOMŒOPATHIC DISPENSARY FAIR AT CINCINNATI.

A MOST successful fair was held at Pike's Opera House, May 10 to 15, inclusive. All the appliances usually found at fairs for eliciting fun and funds were skilfully used by the ladies, and the result was a clear profit of between ten and fifteen thousand dollars for this noble object. Moreover, it brought the physicians in direct contact with each other, and taught them how to work harmoniously together for one common object. This effort has given a new impetus to the cause of homœopathy in Cincinnati, which, if followed up judiciously and earnestly, will soon make ours the leading and dominant school there.

ITEMS AND EXTRACTS.

Homœopathy is the orthodox medical faith in Brazil.

A skilful French surgeon has successfully removed a wen from the top of Patti's head.—*Exchange.*

The name of this "skilful French surgeon" should be recorded.

The papers report that Mr. Dickens's doctors have forbidden him to read for several months.

Dr. Mary E. Walker has a right to complain that republics are ungrateful, inasmuch as she has not received an appointment in the Treasury Department.

Where ignorance and bigotry, with their usual attendants, conceit and denunciation, become the accepted leaders of any science, Heaven protect its future!

A Novel Prescription for the Ague.—Sir Kenelm Digby, of England, wrote to Governor Winthrop, the second, of Massachusetts, in the 18th century, and recommended the following cure for the ague: "Pare the patient's nails; put the parings in a little bag round the neck of a live eel, and put him in a tub of water; the eel will die, and the patient will recover."

Iced Tea. — Perhaps few of our readers know what a delicious and refreshing beverage, especially during the hot weather, is made by the sudden cooling, with lumps of ice, of newly drawn black tea. By this process the theine and volatile oils, which pass off so rapidly under heat, are retained, and add much to the flavor and strength of the infusion.

The extremes of climate in California are well illustrated by the case of an editor in Alpine County, who rides to his office in a sleigh, the snow being five feet deep in some places, and writes behind a bouquet of flowers plucked in the open air, within sight of his window.

The First Medical Work in this Country.—Thomas Thacher, the first minister of the "Old South Church," Boston, Mass., was the author of the first medical treatise printed in this country.

Nutriment of Beer. — Prof. Liebig says that 1,460 quarts of the best Bavarian beer contain exactly the nourishment of a two-and-a-half pound loaf of bread.

Strychnia in Beer. — The *British Medical Journal* contains the following startling statement: "It is said that several large brewers are experimenting on the properties of strychnia, with a view of testing how far it may be used safely in bitter ales."

Drinking-Water in Italy a Cause of Stone. — We have it on the authority of a highly intelligent Florentine, of great medical accomplishments, that eighty per cent of the population are more or less afflicted with these diseases; and English residents, after but a few months' experience of Florence and its waters, have found themselves suffering severely in the kidney and bladder.

Powerful Voices. — Sir Duncan Gibb, President of the London Anthropological Society, claims for the Germans the most powerful voices in Europe. The voices of the Tartars are, however, more stentorian; while those of the Chinese and Japanese are of feeble compass and low power.

The First Lecture on Anatomy in this Country.—Soon after the settlement of Massachusetts, Giles Firman arrived from England, and his lectures on anatomy were the first scientific teaching of the New World.

His practice was very small or unremunerative, for he wrote to Governor Winthrop: "I am strongly set upon to study divinitie, my studyes else must be lost, for the physick is but a meene helpe."

Vesico-Vaginal Fistula. — Dr. Meadows has an article in the British and Foreign Medico-Chirurgical Review on a new mode of treating cases of vesico-vaginal fistula. He urges from rational grounds, fortified by two cases, that there is no necessity for keeping the patient decubitus after the operation; for that a successful event is as well secured when the patient is allowed to go about her ordinary business, the operation having been performed in the usual manner with interrupted silver suture.

Glyceride of Tannin. — Glyceride of tannin is a very valuable application in a variety of trivial but troublesome complaints. These are excoriation of the inside of the nose, with discharge of a thin sanious fluid; cases of sanious or purulent discharge from the ears, so commonly met with in weak or unhealthy children; chronic vaginitis of children; eczema, in which disease the itching, tingling, and burning so commonly present are at once removed. The eczema which occurs behind the ears of children is admirably treated with this remedy. Glyceride of tannin is an extremely useful application to the throat for a variety of purposes, not during the existence of acute inflammation, but during its subsidence.

Traumatic Fracture of the Larynx. — M. Frédit, in communicating a case which came under his notice, expresses his surprise that so little is to be found on the subject of fractures of the larynx in manuals of surgery. A man aged thirty, having engaged in a quarrel, was seized by the throat by a strong adversary, who, after throwing him upon the ground, kept him there some moments, with his hand on the anterior part of his neck. It was then found that the man could not rise, and was unable to speak, while his face was bloodshot. He was not seen by a medical man until the next day, when he was found with a cyanotic face, and laboring under dyspnœa. His neck was emphysematous, but no fracture could be perceived. On the third day after the accident, he fell dead while endeavoring to get into bed. At the autopsy, three fractures of the cricoid cartilage were discovered. The most considerable occupied the median portion of the cartilage, and was as clean as if cut by a knife. The others were situated on the right and left lateral portions. The left arytenoid cartilage was incompletely luxated, and there was considerable œdema of the glottis, chordæ vocales, and epiglottis. The sudden death seemed to have arisen from the displacement of one of the fragments of the cricoid and the corresponding arytenoid, one riding on the other, which completely obstructed the passage of air. — *Gaz. des Hos.*, *No.* 90, 91.

REVIEWS AND NOTICES OF BOOKS.

The Homœopathic Therapeutics of Diarrhœa, Dysentery, Cholera, Cholera Morbus, Cholera Infantum and all other loose Evacuations of the Bowels. By James B. Bell, M.D. Philadelphia: A. J. Tafel. pp. 168, 18mo.

We do not often find so much labor compressed into so small bulk.

The book contains 108 remedies, with their symptoms, aggravations, ameliorations and accompaniments. This aims to be exhaustive, embracing everything hitherto recorded, though compressed into the narrowest limits. This synopsis is generally followed by Dr. Bell's own remarks, confirming or contradicting what he has copied on the authority of others. These, and the Italics in the enumeration of the symptoms, convey the opinions of the compiler, and serve as a clew to what might otherwise prove an *embarras de richesse.*

The second part is a repertory, equally elaborate, containing a reference from every symptom and accompaniment to each remedy under which it is found. A young physician, who has already put together an amount of labor like this, may well hope by subsequent revisions of it to ultimately contribute not a little to the success of the whole profession in a class of diseases over which medicine has more power than over any other that is equally destructive of life. No homœopathic practitioner can afford to do without this little volume the coming summer. Dr. Bell is a firm believer in high attenuations, preferring "the twelfth, fifteenth, thirtieth, two hundredth, and often higher potencies."

THE SEXES HERE AND HEREAFTER. By William H. Holcombe, M.D., Author of "Our Children in Heaven," etc. Philadelphia: J. B. Lippincott & Co. pp 277, 12mo.

To those who look upon sex as mere anatomical structure, on which depend certain moral, intellectual and physiological consequences, this book will either seem as idle dreams, or radiant with new light. For Dr. Holcombe teaches that nought that exists in heaven or earth is sexless, whether it be matter or spirit, animal, vegetable or mineral. The opposite polarities of the magnet are sexes; so are the positive and negative electricities. "Sex is the universal form; love the universal power or force; and marriage the universal result." "These advanced truths are wrought as foundation-stones into the stupendous sytem of Emanuel Swedenborg." It is not ours to pronounce on the truth or error of this book: it belongs rather to the theologian to speak *ex cathedra* on it, but no one can read it without acknowledging the power and force, as well as the exquisite beauty and precision in the use of language, which the author exhibits on every page.

REPORT OF THE YELLOW FEVER OF 1867. By William H. Holcombe, M.D., New Orleans. Twenty-two pages, reprinted from the Transactions of the American Institute of Homœopathy.

The beauty of the style in which these pages are written, and the important facts they contain, justify an extra edition. The author claims for himself and Dr. Davis, with him at Natchez in 1853, the original idea that the virus of serpents was homœopathic to the prominent symptoms of yellow fever, and that subsequent experiments with *Crot.*^{30} and *Lach.*^{30} justified their expectations. Very few of our readers will fail to see this report, yet we cannot forbear quoting a few lines on nursing, at the crisis of the disease:

"Many a yellow-fever patient has lost his life by a current of cold

air, by sleeping uncovered, . . . by moving from one bed to another, by eating the least portion of indigestible food. The thread of life, already attenuated, has been sometimes suddenly snapped, even when the patient seemed to be doing well, by the communication of unpleasant news, by the discharge of an evening gun, or by a passing wail of funeral music."

Again, in the concluding paragraph: "A terrible epidemic is a severe test of the strength and truth of our system. All that incredulity, ignorance, bigotry, jealousy, and self-interest can do against us will be done. Vigilant and suspicious eyes are on us. Busy, and too frequently false, tongues assail us. Our enemies sneer; lukewarm friends begin to tremble; we feel the crushing weight of strange responsibilities. Apostles of a new creed and of new ideas, we fight, with apparently insignificant means, against the accumulated false doctrines and prejudices of all the ages. We are cheered and supported by our frequent successes, and by the voice of approving conscience, more grateful than the applause of listening senates. The battle ends; our friends rejoice; our enemies are quiet and silent. . . . We have gained a little against the mighty current we have breasted. We leave our work for the appreciation of nobler times and greater men."

Cases of Orthopedic Surgery, read before the Massachusetts Medical Society at the Annual Meeting, June 3, 1868. By Buckminster Brown, M.D. Boston: James Campbell. pp. 28, 8vo, 8 photographs.

Orthopædic surgery so often aims at orthopodic results that not a few, who ought to know better, imagine that the word is a bastard from the Greek adjective ὀρθός, *correct*, and the Latin noun pes, *foot;* instead of the Greek noun παῖς, παιδὸς, a child. It is, however, surprising to see Webster's Dictionary, from which half a nation must take its science, committing this blunder. It spells the word, as does Dr. Brown, substituting *e* for the diphthong *œ* ; it follows the same rule as it does in *hemorrhage*, *fetus*, *phenix*, *phenomenon*, and here with disastrous results. The art aims at *correcting* the figure of a deformed *child*, either by mechanical appliances or the knife. The enterprising Merriams must pardon this cut of our bistoury at a deformity of their quarto which evidently requires a surgical operation. It is a wonder that the editors, who made so free use of the accuracy of the lamented Robley Dunglison, should have failed to consult his dictionary here.

Dr. Brown's paper, here republished, concerns itself only with results of orthopædy, both operative and mechanical, introducing twenty successful cases in twenty pages. Fifteen of these are illustrated with photographs taken before and after the deformity was remedied, and exhibit the degree of perfection attained by this branch of surgery.

Photographs of Diseases of the Skin, taken from life under the superintendence of Howard F. Damon, M.D., Boston: James Campbell. Series II., Nos. 1–6.

Six uncolored photographs, illustrating alopecia, herpes, and ich-

thyosis. They may be enlarged to life-size by a lens of three or four inches in diameter, without losing much, if any, of their distinctness, and are of value as authentic specimens of the diseases they represent.

A Treatise on the Function of Digestion, its Disorders, and their Treatment. By F. W. Pavy, M.D., etc., of Guy's Hospital. Philadelphia: H. C. Lea. pp. 246.

This thin octavo aims at a great deal. The whole space might be given to deglutition, a hundred times as much to indigestion; and as for prehension, — defined as "securing our food," — what but an encyclopedia would suffice for this most difficult of arts? The truth is, that here we have a well-written treatise for laymen on a subject concerning which they ought to know more than they do, and to practise better what they already know. The first English edition of this book sold off so rapidly as to compel the issue of the second before the author could complete his original design of adding to the present volume an article on Food. This is to follow as a separate work. In completing his original design, we hope that Dr. Pavy will more concentrate his attention on the prevention and relief of digestive disorders by diet, which is certainly safer in the hands of the laity than allopathic medicines are. But, to do justice to the book, there is comparatively little of "treatment" in it; and of prescriptions, allopathic or otherwise, there are almost none.

The School and Field Book of Botany, containing First Lessons in Botany, and Field, Forest and Garden Botany. By Asa Gray. New York: Ivison, Phinney, Blakeman & Co. Pp. 236 and 386, 8vo.

Prof. Gray has furnished our schools with all their best text-books on botany ever since 1848. The *Botanical Text-book* is some ten years older still, but it has long since been replaced by the Lessons. This and the *Manual* were for older students only. *How Plants Grow*, written for children in the common schools, included studies taken from garden-flowers. This led to the preparation of a small volume of *Garden Botany* to accompany the Manual. So the college student needed last year three books, — the Lessons, Manual, and Garden Botany. The present work is smaller and cheaper than the Manual alone. It contains the Lessons, all the Garden Botany, all the Manual that would be of service to the student, and many Southern plants which are cultivated at the North. Practically, two volumes now embrace the whole curriculum of botany, from that for the common school to the university. The author, who has given the undivided energies of a whole life and a master mind to botany, has performed a great service to the world by placing all his hoarded wealth at the disposal of every inquiring mind, in a manner that seems scarcely susceptible of further improvement.

PERSONAL.

Prof. H. N. Martin, Philadelphia. — Our attention has been called to an error in the last volume of the Transactions of the American Institute. In the Report of the Hahnemann Medical College of Philadelphia, the name of Henry Noah Martin, M.D., Professor of Clinical Medicine, was accidentally omitted. This the Secretary regrets the more, since Prof. Martin has been one of the active members of the faculty from its commencement, and has labored diligently and earnestly for the good of our cause, not only in the college, but also in his private practice and in the journal he so ably edits.

J. R. Piper, M.D., of Washington, who is suffering from slowly-progressing lupus, writes us: "I have been able to attend to my business only about two months since last August. I went to Europe last year to consult Dr. Leutze, at Cöthen, in regard to the cancer on my face; came home sick, and was not able to attend to out-door business until January. In March I was again taken down with a very severe attack of illness, and my life was for a long time despaired of. I have fortunately recovered, and have been attending to business two or three weeks. The cancer has attained very formidable proportions, and is troublesome to dress and keep clean, bleeding a good deal."

Married. — At South Dedham, Mass., May 1st, 1869, F. M. Cragin, M.D., to Miss Mary E. Day, both of South Dedham.

Deaths. C. B. Currier, M.D., of Middlebury, Vt., writes us of the death from Bright's disease, of a favorite sister, Miss Abbie Currier.

William Knight, M.D., of Marlboro', Mass., died of pneumonia, on Sunday, May 23d, 1869, aged fifty years. He had been in active practice twenty-five years, thirteen of which were devoted to homœopathy. A member of the Massachusetts Homœopathic Medical Society, he was an earnest believer in this system, commanded a large and very successful practice, and to the last day of his life protested against the allopathic use of drugs. A skilful and reliable surgeon, for the last ten years he performed most of the surgery in a community of 15,000 inhabitants. With hereditary tendencies to pulmonary disease, he frequently said, "I have lived longer than I had a right to expect," and at the commencement of his last sickness felt that it would prove fatal. His death will be a serious loss to the profession and the community in which he lived.

Robley Dunglison, M.D., died April 1, 1869. Not merely the medical profession, but the literary world, regrets his death. For, while we best appreciate his labors in the judicious selection, definition, and orthography of the terms we use, so that all lexicographers defer to him in this department, his services in this direction extended far beyond the professional sphere.

Dr. Dunglison was born in Keswick, England, in 1798. He commenced the practice of medicine in London, 1819, but in 1824 came to the United States, at the solicitation of President Jefferson, to fill the chair of the Institutes of Medicine in the University of Virginia. In 1833, he became Professor of Materia Medica in the University of Maryland, and in 1836 Professor of the Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College of Philadelphia. The latter position he filled with great acceptance until very recently, when failing health compelled his resignation. As an author, Professor Dunglison was very successful: his Human Physiology, Dictionary of Medical Science, Elements of Hygiene, Materia Medica, and New Remedies have long enjoyed a high reputation among the standard medical text-books. He was a member and correspondent of numerous literary and scientific societies, both in Europe and the United States, and was universally esteemed as an honorable and upright man in every relation of life. Professor Dunglison was much interested in the instruction of persons deprived of sight, being Vice-President of the Institution for the Blind, and having published a large dictionary for the use of this unfortunate class of sufferers.

TO CORRESPONDENTS.

R. W. H., Chicago.—Send along some of your experiences.

C. B. C., Vt.—Thanks for your kind favors. We have adopted your suggestion.

E. C., "El Dorado," Kan.—How unfortunate for your town to be so much poorer than the name indicates, that you could not raise two dollars for the *Gazette!* Perhaps "good luck" will yet enable you to subscribe; and we hope each number will give you more value than the whole volume costs.

W. R., New York.—We are greatly obliged for the missing numbers of the "North-American," and the full file of the "Sun," whose rays we hope will penetrate many dark places.

H. S. S., N. Y.—Artificial noses, as you will see, have been "manufactured to order" for this number. Codman and Shurtleff and W. L. Macdonald, M.D., 41 Tremont Street, Boston, have had experience in the reconstruction of this prominent feature.

BOOKS AND PAMPHLETS RECEIVED.

Exchanges for May:

North-American Journal of Homœopathy; New York. American Journal of Homœopathic Materia Medica; Philadelphia. The Hahnemannian Monthly; Philadelphia. American Homœopathic Observer; Detroit. Medical Investigator; Chicago. Western Homœopathic Observer; St. Louis. Monthly Homœopathic Independent; St. Louis. El Criterio Médico; Madrid. Monthly Homœopathic Review; London. Bibliothèque Homœopathique; Paris. Boston Medical and Surgical Journal. Guardian of Health; Boston. The Medical Record; New York. The Medical Gazette; New York. Philadelphia University Journal of Medicine and Surgery. Buffalo Medical and Surgical Journal. Nashville Journal of Medicine and Surgery. Pacific Medical and Surgical Journal; San Francisco. Missouri Dental Journal; St. Louis. Boston Journal of Chemistry. The Atlantic Monthly; Boston. Our Young Folks; Boston. Every Saturday; Boston. Living Age; Boston. Our Dumb Animals; Boston. The Little Wanderers' Advocate; Boston. The Monthly Record of the Five Points House of Industry; New York. Cincinnati Weekly Times.

Also the following:—

Monograph on Dioscorea Villosa and Dioscorein; A. M. Cushing, M.D. Valedictory Address to the Graduating Class of the Homœopathic Medical College of Missouri; N. D. Tirrell, M.D. Third Annual Report of the Homœopathic Medical and Surgical Dispensary and Hospital of Pittsburg, Pa. Constitution and By-Laws of the Maine Homœopathic Medical Society. A Letter to Prof. A. B. Palmer, M.D., of the University of Michigan; Chas. J. Hempel, M.D. Code of Ethics, Constitution, By-Laws and List of Members of the American Institute of Homœopathy. Annual Address to the American Institute of Homœopathy at its Twenty-first Session; Henry B. Clarke, M.D. Report on the Yellow Fever of 1867; William H. Holcombe, M.D., New Orleans. Some Suggestions on Hydrothorax; S. M. Cate, M.D. Pathogenesis of Ptelea Trifoliata; E. M. Hale, M.D. Proceedings and Miscellaneous Papers of the Twenty-first Session of the American Institute of Homœopathy. Section I. No. 2. Report of the Bureau of Materia Medica, Pharmacy and Provings to the Twenty-first Session of the American Institute of Homœopathy. Section II. No. 2. Reports of the Bureaus of Physiology, Anatomy and Hygiene to the Twenty-first Session of the American Institute of Homœopathy. Section VII. No. 1. Diarrhœa and Dysentery; James B. Bell, M. D., Philadelphia: A. J. Tafel. Woman in Prison; Caroline H. Woods, New York: Hurd & Houghton. Fifth Annual Report of the Trustees of the City Hospital; Boston. Orthopedic Surgery; Buckminster Brown, M.D., Boston: James Campbell. Gray's School and Field Book of Botany; New York: Ivison, Phinney, Blakeman & Co. Photographs of the Diseases of the Skin; Howard F. Damon, M.D.; Boston: Jas. Campbell & Co.

HOMŒOPATHIC REGISTER.

(Continued from page 188.)

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SCOTT, JAMES L., M.D., Coatesville, Pa.
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Sparhawk, S. H., M.D., Morrisville, Lamoille County, Vt.
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Steele, John Andrew, M.D., Dixon, Lee County, Ill.
STEVENS, CHAS. A., M.D., Scranton, Pa.
STEVENS, GRENVILLE SMITH, M.D., Providence, R. I.
Stewart, David G., M.D., New Albany, Ind.
Stiles, Henry R., M.D., Brooklyn, N. Y.
Stockhaus, Alice B., M.D., Lafayette, Ind.
Stockhaus, G. H., M.D., Lafayette, Ind.
Stockwell, Alanson, M.D., El Paso, Ill.
Stowe, Chas. W., M.D., Au Sable, Iosco County, Mich.
Strong, D. O. R., M.D., Owasco, Cayuga County, N. Y.
Strong, O. G., M.D., Canton, Ill.
Sturm, William, M.D. Cincinnati, Ohio.
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REPORT ON CLINICAL MEDICINE.

BY W. E. PAYNE, M.D., BATH, ME.

Read before the Maine Homœopathic Medical Society.

Having received no returns, save in a single instance, from the circulars sent out in the early part of the year, to the several members of our society, I am consequently limited to my own personal observation and experience for my contribution to the report of your committee on clinical medicine.

It is greatly to be regretted that homœopathic physicians in general trust so much to memory, and give so little heed to a fundamental rule laid down by Hahnemann, and urgently enforced in both the Organon and Chronic Diseases, viz: to record symptoms at the bedside, and make constant reference to the record during the subsequent treatment. An image of the disease should be before the physician, either in memory or in manuscript, whenever the case is under consideration, that he may review it as often as necessary to satisfy himself that he has surely recognized those "striking, singular, extraordinary, peculiar or characteristic symptoms," which Hahnemann says are, above all others, to guide us in our choice of the remedy. Now, the memory of most men is too fallible to be trusted in a matter of such grave importance; for upon an accurate determination of this question depends the health, and often the life, of a fellow-being. Nothing should suffice, short of a careful record to which the physician may recur again and again, if need be, until the true remedy is discovered.

But another and far more important reason for preserving a

record of our cases is that it affords the means for the purification of our materia medica. When a drug symptom is clinically confirmed—and not till then—it becomes a part of an enduring materia medica. No man, however acute may be his discriminative powers, can without the aid of clinical records, separate the genuine from the spurious symptoms of our materia medica, as is abundantly evident from the unsatisfactory results of all attempts to sift them by mere study.

With these preliminary remarks, I proceed to give you, in a general way, the result of my own individual observation and experience the past year.

The principal diseases, in my circle, have not varied much in character from those of previous years, if we except the epidemic known as influenza, which prevailed so extensively throughout the United States.

INFLUENZA.

In the spring of 1868, the usual colds, incident to the changing seasons, were numerous. They were limited in some cases to a simple flux from the nasal passages, while in others the throat became inflamed, ranging in its pathological condition from simple engorgement of the mucous membrane of the fauces to the croupous exudative inflammation known as diphtheria; but in by far the larger number of cases, bronchial irritation, attended by a hard and painful cough, with difficulty of breathing, was the result. The summer and autumn months were marked by diarrhœa, dysentery and typhoid fever; while later in the year, and in the winter of 1868–9, there occurred an epidemic influenza or catarrhal fever, with the development and course of which you are all familiar. We have had also mild cases of scarlatina and, concurrently, parotitis, which for a time prevailed somewhat extensively.

The epidemic through which we have just passed has manifested itself in my practice in a variety of ways, apparently attacking those organs and tissues in which there was the greatest predisposition to disease. But nearly all cases, whatever may have been the form of disease ultimately developed, commenced with chilliness and prostration. The disease very soon, however,

showed its multiform tendency by attacking organs, or systems of organs, more or less remotely allied in texture and function. One fact, however, is worthy of note: the first localizing tendency was upon the mucous membranes, while other tissues and organs appeared to become involved by extension rather than inception.

One form was characterized by a highly irritated and inflamed condition of the mucous membrane of the nasal passages, eyes, and throat. Sneezing, fluent coryza, lachrymation, secretion of mucus about the fauces, pain on swallowing and a painful sensation at every inspiration, as if a stream of scalding water was being forced along one or both of the nasal passages, were the prominent symptoms. This stage continued unchanged, generally, from forty-eight to seventy-two hours, when, if not cut short by the appropriate remedy, bronchial inflammation ensued, attended by dyspnœa. It was followed by a hard, painful cough, excited by a troublesome tickling under the sternum, and great rawness of the chest, with headache, and bruised feeling in the abdominal muscles, painfully increased by coughing. If still unchecked, the parenchyma of the lungs often became involved, resulting in pneumonia; in other cases, pleuritic inflammation supervened.

In aged and feeble persons the disease proved very severe; many cases, and particularly those under exhausting treatment, terminated fatally. With such persons the fever assumed a typhoid type: cough hard and painful, with scanty expectoration, sometimes bloody; delirium, coma, rattling in the trachea and bronchial ramifications; labored breathing, colliquative sweat and speedy dissolution.

In other cases the disease seemed to avoid the air-passages, and make its way along the œsophagus into the stomach, and along the intestinal tract, producing vomiting and profuse watery evacuations as in cholera-morbus, or bloody mucus discharges, with tenesmus as in autumnal dysentery. And still other cases, in which the urinary organs were involved, were characterized by a constant inclination to urinate, with smarting and burning in the urethra, much increased whenever the urine was voided. I had, also, during the continuance of the epidemic, an unusual number of cases of leucorrhœa, profuse, and generally attended with smarting,

burning and itching. But the question whether they were really vaginal or uterine catarrh, originating in the prevailing epidemic, or whether the largely increased number of cases at that time was a mere coincidence, may be left for settlement to the accumulating observations and experience of the profession. Another fact I will here mention respecting the influenza symptoms: most of them were aggravated at night.

In my treatment of this epidemic, I have endeavored, as in all other cases, to discover the peculiar or striking symptoms of the case in hand, and to take those as my guide in searching for the remedy; and I have usually found, by a more extended comparison, that the drug which covered those symptoms well, covered the symptoms of the whole case. Where there was soreness of the throat, felt at the upper part of the left tonsil, extending thence across to the soft palate, along the left nostril, attended with a sensation at every inspiration, as if a stream of scalding water rushed along the nasal passage of that side, the opposite nostril at the same time being stopped; and continuous accumulation of irritating mucus about the throat, with hard, painful cough, and symptoms aggravated at night, *Gelseminum* [1] hastens a favorable crisis. Where there was a great degree of hoarseness, or complete aphonia, *Sulph.*^{6000} acted promptly and efficiently, even when *Carbo. veg.*, *Caust.*, and *Phos.* had failed.

In cases where a vesicular eruption appeared around the mouth (*hidroa*) *Rhus tox.*^{30} removed the symptoms promptly. I mention a single case to illustrate: a young man of retiring habits, with a pimply face (*acne punctata*), was taken after exposure with chilliness, headache, and oppressed breathing; with catching pains in right side of chest, cutting off the breath on making a deep inspiration, and with anxiety and apprehension that unless relieved, he would not be able to breathe long. At four o'clock, P. M., I gave a spoonful of a solution of *Bryonia*^{30}, to be repeated every three hours. The following morning very early, the father came for me, saying his son was no better; he had passed a very restless night, and he feared congestion of the lungs. On approaching the bedside, I noticed around the mouth a plentiful crop of vesicles, which had come out during the night. This at once suggested *Ars.* and *Rhus tox.* Both have the prolabial eruption; but the chest

symptoms were more fully represented by *Rhus tox.* than by *Arsenicum.* Therefore *Rhus* was selected, and given in the 30th potency. Prompt relief followed, and no other medicine was required. *Causticum*[30] proved effective in cases characterized by a sensation of great rawness of the throat and chest when coughing; and more surely was this remedy indicated when the paroxysms of cough were attended by an involuntary discharge of urine.

Aconite and *Bryonia* appeared to be better adapted to cases of uncomplicated pneumonia than any other remedies. In the stage of pulmonary engorgement, when the skin was hot and dry, with short and dry cough, soreness of the chest, great thirst, and extreme restlessness, *Aconite* worked well, generally changing the whole aspect of the case. But in cases where the expirations were shorter or more hurried than the inspirations, and with the cough attended by expectoration of pure blood, or blood-streaked mucus, and thirst for acid drinks, *Bryonia* proved to be the remedy.

One case of neglected cold, resulting in pneumonia of the right lung which had reached the stage of hepatization before I was called, passed on very well under the successive use of *Bryonia, Sulphur* and *Rhus tox.;* at least, the febrile symptoms abated, the appetite returned, and the digestive and assimilative functions were much improved; yet the hepatized condition of the lung remained the same, both in extent and density, as was evident in the unaltered bronchial respiration and bronchophony. Several remedies were used, among which were *Phos.* and *Bromine;* but neither appeared to touch the case, though used in the low as well as the high potencies; and not till *Kali hydriodicum* was used did the disease yield. Under the 200th potency, followed by the 30th, resolution commenced and proceeded rapidly to completion. I am unable to give you from the provings any indications for the use of this remedy, but refer you to the record of post-mortem appearances appended to the proving of *Kali hydr.* as given in the Symptomen Codex. The most striking symptom in the case, at the time of giving the *Kali,* was an abundant expectoration of white froth resembling soap-suds.

In cases where there was vomiting and diarrhœa, *Dulcamara* was the main remedy, especially in cases showing great inclination

to chilliness during the vomiting, and copious mucus, or watery yellowish evacuations, expelled with considerable force, with faintness when at stool. In cases without the vomiting, when the evacuations were watery, and of a greyish-white, sometimes escaping when attempting to emit flatus, *Phos. acid.* proved sufficient. When the urinary organs were affected, and there was tenesmus vesicæ, with intolerable cutting, burning pain in the urethra during the scanty flow of urine, *Mercurius aceticus* was the remedy, and afforded speedy relief.

SCARLATINA.

Cases of scarlatina have been scattered along throughout the year, yet the disease can hardly be said to have been epidemic at any time. Generally it has been mild, though in a few cases the anginose symptoms were strongly marked — showing diphtheritic deposits about the tonsils and soft palate; while in others, and especially in those where the eruption was scanty, or entirely absent, inflammation of the parotid and submaxillary glands was the sequel; the left parotid was usually involved, and in two or three instances proceeded on to suppuration; while, in still other cases, nephritic inflammation ensued. The cases under my observation have all terminated favorably. *Belladonna* alone was sufficient in simple cases, even where the anginose symptoms were severe, if the efflorescence was scarlet, smooth and uniform, the head hot, and the feet and hands cold till the eruption appeared upon them, together with great dryness of the throat and mouth, redness and swelling of the tonsils and soft palate. But in cases where the anginose symptoms increased as the efflorescence faded, with a large accumulation of tenacious mucus in the fauces, accompanied by salivation and offensive odor from the mouth, *Merc. sol.* exerted a decidedly curative influence. When, as the sequel, the parotids became involved, and especially the left, *Bromine* did better than any other remedy. When the urine became scanty and smoky in its appearance with dark epithelial or granular sediment, or there was a deposit of blood-corpuscles, *Arsenicum* or *Terebinthina* restored the urinary secretion to a normal appearance, and recovery followed without the consecutive dropsical effusion. I am unable to give you any distinctive indications for

the use of these remedies, or rather to say when *Ars.* should be used, and when *Terebinthina.* Nothing appeared in the few cases under observation to enable me to draw the line of distinction; therefore, when *Arsenicum* failed, I used *Terebinthina*; and I succeeded in all.

MUMPS.

Parotitis, though prevalent, has been mild, generally requiring but little or no treatment. In one case where metastasis to the testicles occurred, the right more swollen and painful than the left *Arsenicum* arrested the disease promptly.

ERYSIPELAS.

Several cases of vesicular erysipelas of the face and scalp, have come under my observation in the course of the year. In those where the eruption showed itself first on the cheek, preceded by chilliness and headache, and attended by burning and stinging in the parts, with inconsiderable itching, *Graph.* arrested the disease promptly; two cases, however, presented symptoms similar to the above in which *Graph.* failed, but *Euphorbium* succeeded; but *Rhus tox.* suited those cases where the inflammatory process commenced on the ear, gradually spreading to the cheek and forehead of the same side, then to the opposite ear, cheek, and side of the head, with blistering, burning, and itching.

CHLOROSIS.

An unusual number of cases of chlorosis in young girls from fourteen to twenty years of age, came into my hands. The general appearance was such as is found in all cases of this disease, anæmia — a waxy paleness of the skin; sensitiveness to cold, with cold feet and hands; quick and sometimes irregular beating of the heart, increased by motion; a rushing noise in the ears, and bellows or anæmic murmur of the heart and large arteries; headache; want of appetite, or a morbid craving for chalk, coal, slate pencils, pickles, olives, etc., and for strong acids; want of breath when moving or ascending; desire to lie down and sleep, with depression of spirits. In one case with the above symptoms, except the morbid craving, but with the addition of premature menstruation, and a constricted sensation around the hypochondria, as if girded with a band or cord, *Calc. carb.*[30] effected a prompt and permanent

change. I think, however, that neither scanty nor delayed menstruation contra-indicate *Calc. carb.* provided the other symptoms correspond. In cases of anæmia, the presence of a constricted feeling about the waist, would turn my attention to *Calc. carb.* though menstruation were delayed, scanty, or entirely absent. *Arsenicum* suited where excessive weakness prevailed with inability to remain long in an upright position; a feeling of sickness and a disposition to faint when rising up; beating pain in the head,—aggravated by moving about, and worse in the middle of the day; — chilliness and impatience.

LEPRA.

I will mention, in conclusion, two cases of lepra vulgaris, the termination of which interested me much; all the more, doubtless, on account of failure in some cases previously treated; furthermore the cure was accomplished here by what purported to be a very high potency of the drug used.

The disease, as is characteristic, commenced near the joints of the limbs — knee, ankle, and elbow — showing irregular circular patches, considerably raised above the surrounding skin, consisting of successive layers of grayish-white laminated scales of morbid epidermis, and varying in size from a half dime to a dollar. There was intolerable itching and burning in the affected parts at night, which could be assuaged only by scratching till the thick crusts were torn and bleeding.

The first case under treatment was that of an unmarried lady, some twenty-four years of age. The disease had then been under allopathic treatment for several months. This patient had a dark, dingy looking skin, dark hair and eyes. The disease, which at first was confined to the extremities, had now invaded the trunk and hairy scalp, and presented a repulsive appearance. *Graph.*[30], was given, one powder a day for three days, then blank powders for two weeks; and if no change, *Graph.* again for three days, and blank powders till again seen. At the end of a month there was no change which could be attributed to the working of the medicine. *Sulph.*[30] was substituted, subject to the same directions given for *Graph.*

In the mean time another case presented itself in the person of

a young girl, aged twelve years. The eruption, in this case, was still confined to the extremities, though several months had elapsed since it first appeared. But the crusts were thick and large, and the itching, at night, intolerable. I resolved to make a trial of *Arsenicum*, and begin with the highest potency in my possession. I accordingly gave what purported to be the 40,000th. The effect was prompt, and in a few weeks the eruption had disappeared without the use of any other remedy, or any other potency. My first patient returned at the end of two months, not only not improved, but more repulsive than ever. My success in the case of my young patient assured me in this. *Arsenicum* of the same potency was given; and, at the expiration of about six weeks, the patient presented herself, with scarcely any traces of the eruption. More powders were given, and the patient has not since returned, as she promised to do, provided the eruption re-appeared.

I have said that I gave what was declared to be the 40,000th potency of *Arsenicum*. This qualifying statement, as it implies something of doubt, may require a word of explanation. On entering the profession, I determined, as far as practicable, to test theories, and repeat such experiments as promised something for the sick, before deciding in favor of or against them. In pursuing this course, I early learned that many of the theories and speculations of the profession were fallacious; and, in seeking something better, I stumbled upon homœopathy. Applying the same test here proved to my mind the truth of *similia similibus curantur*. I found, however, uncertainty with respect to the dose, and the need of continued experimentation. I therefore supplied myself with a series of potencies, up to the highest then known to the profession: and have since added, from time to time, others, as they have appeared, until I have reached, in the case of some medicines, what is said to be the 100,000th. Now, it is well known, that to obtain these very high potencies in the way pointed out by Hahnemann, immense cost and labor, as well as a series of years, must be required. From such consideration, many have been led to question whether medicines have ever been carried up so high; and this doubt receives much support from the refusal of some of the gentlemen engaged in the manufacture and sale of high potencies to en-

lighten the profession upon their mode of preparing them. It is quite evident that the 100,000th attenuation has never been reached in the way prescribed in the Organon; and, if not in accordance with the only method known to and practised by the profession, by what method, then, has it been reached? This is a question that the physician has a right to ask; and as long as it remains unanswered, or is evaded, he may entertain doubts, without being amenable to the charge of unwarrantable distrust in the integrity of his recusant brother.

If I am asked what potencies I am accustomed to use, I reply that I allow myself the range of the whole scale. As long as I retain a reasonable degree of confidence that my remedy is well selected, I seldom abandon it until I have tried a variety of potencies, from the so called "high potencies" down to the third, or even the first.

AN INVOLUNTARY PROVING OF TARTAR EMETIC.

BY J. H. WOODBURY, M.D., BOSTON.

Mr. ——, aged thirty-five years, of lymphatic temperament, black hair and eyes, ruddy complexion and inclined to corpulency, addicted to high living and the excessive use of stimulants, had taken for fifteen days four grains, upon an average, of *Tart. emet.* in whiskey, administered to him secretly by his wife "to wean him from the love of intoxicating drinks," for which, unfortunately, he had acquired an uncontrollable appetite. Notwithstanding the drug had promptly produced its characteristic effect upon the stomach, the poor man had continued to drink until forced to take his bed by the exhaustion caused by constant vomiting and the consequent loss of nearly all the food taken, as well as by the peculiarly debilitating effect of the drug.

I was then called to attend him, and after learning the above facts from his wife, I proceeded to examine the patient whose case presented the following characteristics: He was lying on his right side, and any departure from this position was sure to be followed by an attack of vomiting. He complained of great weakness and exhaustion, was very despondent and apprehensive that he should

not recover. He dreaded above all things to be left alone, even for a few moments, lest "he should be dreadfully nervous and not know what to do with himself."

His countenance was unusually pale, and wore an expression of extreme anxiety; his tongue was covered with a thick, white pasty coating; he had some appetite for food which, however, was quickly rejected; his thirst was constant and insatiable. From the constant and long continued use of the drug, his stomach had become intolerant of both food and drink, and he had now a great disgust for whiskey which he believed to be the cause of his illness. He declared that the very thought of it produced intense nausea. His pulse had sunk from 78, its normal rate, to 60. While taking the *Tart. emet.* he had an attack of angina pectoris, from which he had formerly been a frequent sufferer, though he had for the past four years believed himself cured of it. Aside from this attack, which may have been accidental, neither the throat nor the thoracic viscera were affected by the use of the drug. He complained of a feeling of numbness and coldness in both legs. The right arm and hand and the great toes of both feet were cold to the touch. Cramp in the calves of the legs frequently awoke him from sleep; it was greatly mitigated by a lotion of Camphor water.

His breast, the anterior surface of the upper arms, the wrists, the hypogastrium, and the inner surfaces of the thighs were thickly covered with an eruption of bright red, small, conical, distinct, hard pimples, with an inflamed base like lichen simplex. The itching from this was intolerable, irritating him at times almost to frenzy. This began to appear on the fifth day of the use of the drug, and did not appreciably abate until three days after its discontinuance. The most careful examination failed to discover any traces of pustular development.

Arsenicum[6] produced a speedy improvement in all his symptoms; the nausea and vomiting ceased in a few hours; and the following morning he was able to take and retain some simple food. Under its continued use all the unpleasant effects of this powerful drug disappeared in a few days. During the fifteen days' use of this emetic, the patient's weight was reduced thirty pounds. This, however, he has now (two months later) fully regained; his appe-

tite is now good and his digestion perfect. A hæmorrhage from the bowels, (from which he had frequently suffered for several years past,) has ceased to trouble him, but whether this is due to the action of the drug or to his abstinence from intoxicating liquors I am unable to say. It is worthy of remark that the object for which the drug was given, has been at least temporarily secured, as up to this time the aversion to intoxicating drinks is as strong as ever.

Dr. Gray in his note to *Tart. stib.* in Hull's Jahr, says, "it is certainly a simillimum of variola and varioloid." Certainly no one could have examined this eruption without being impressed by its resemblance to the primary stage of these diseases, but here the resemblance ceased; for the fever, the pain in the back and head, which are the usual accompaniments of these diseases, were entirely wanting. About twelve years since, this gentleman was severely poisoned by arsenic in handling skins on which it had been used to preserve them; he constantly remarked the similarity of the symptoms in the two attacks; this furnishes another illustration of the close analogy between the effects of these two isomorphous drugs, upon the healthy organism.

SURGICAL MEMORANDA.

BY JAMES B. BELL, M.D., OF AUGUSTA, ME.

Read before the Maine Homœopathic Medical Society.

1. CANCER OF THE BREAST.

Six cases have presented themselves for treatment during the past year. In three cases the breast was amputated. The first case was of a lady of about fifty, a patient of Dr. R. R. Williams. She died in about four weeks of an organic disease of the heart. The cancer, occupying the left breast, was of scirrhous character. It was far advanced; so large and sensitive that an accurate examination of the heart was not possible. No post-mortem examination was made. Aside from the heart affection, the prognosis was as favorable as the average. The patient bore ether well, and the wound was healing kindly.

The next case was that of a lady from the western part of the State. She was fifty-three years of age, and of robust build, inclining to fat. The tumor, also scirrhous, occupied the right breast, and weighed three-fourths of a pound. The wound healed well by second intention, and the lady remains well. She took during the succeeding four months *Arsenicum* 200, *Sulphur* 200 and *Thuja.*200

The third case was a maiden lady of sixty-three, of very spare figure, and reduced vital powers. The cancer occupied the left breast, and was very large. The mass consisted entirely of the cancerous growth, as the natural breast was wholly undeveloped and the adipose tissue entirely wanting. By the urgent entreaties of the patient, I removed the breast, giving an entirely unfavorable prognosis. It was impossible to bring the parchment-like skin together, and an open wound was left about three inches wide. This granulated slowly, showing, after some weeks, cancerous granulations. The disease would undoubtedly have returned in the wound had not the patient died in about two months and a half of an acute catarrh of the lungs and general marasmus, the result, doubtless, of the cancerous diathesis. I do not think that in either case death was hastened by the operation, and it is certain that much suffering was saved by the removal of a painful and loathsome growth. In a case that came into my hands a few weeks ago, the removal of the breast was, for the same reason, considered advisable, but the lady declined the operation. The tumor occupies the left breast, is very large, and the patient quite fat. She is sixty-eight years old. The glands under the arm are not affected, and the prognosis is not wholly unfavorable, if she would submit to an operation.

In the case of another patient, an old lady of seventy, the tumor being of but three inches in diameter and of sluggish growth, I desired to try the effect of medication, without an operation. The case is one of true scirrhus, and the patient will submit to an operation whenever I advise it; but on account of a marked symptom, "*great itching of the swollen gland,*" I felt encouraged to give *Silicia.* I have given her, during six months, two doses of the 200th and two of the 6000th. The result thus far has been an

entire suspension of the growth of the tumor, a lessening of the hardness, and and a removal of the itching and some troublesome pains, with an improvement of the general health. The tumor is in the right breast.

The sixth case I will take the liberty to class as pseudo-scirrhus, as there is room for a reasonable doubt as to its being cancer. The patient was a gentleman of about sixty years. He had a small tumor in the left breast about one and a quarter inches diameter and half an inch in depth, the nipple occupying the centre of the tumor. It had attracted his attention only a few months previous, and had slowly increased and become painful, the pain being of sharp, stinging, twinging character. There was also an almost intolerable itching of the whole breast. He desired to be treated also for an ulcer of the right leg, over the upper end of the fibula. The fibula had been carious, and a part of it was removed under allopathic treatment; but the ulcer still refused to heal. It bore the character, however, of a simple ulcer, without any special characteristics, and was about three inches long and one inch wide. Guided chiefly by the itching of the swollen breast, I gave him *Silicia.* Two doses of 200th and two doses of 6000th were administered in the space of four months. All the symptoms began to improve at once after the first dose. When the improvement ceased, it was repeated, until the cure was complete, the ulcer being entirely healed and a faint trace only of hardness in the breast remaining. My own opinion is that the tumor was of a cancerous character.

One fact was observed in all these cases except the last. The tumor was of slow growth during the greater part of its existence, the period varying in the different cases from two to fifteen years, and not until it started up into its active and progressive state did the patient seek advice. I believe, therefore, we should be on the lookout for these incipient cases among our patients, in order that they may receive early medical treatment.

2. COLLOID.

The patient was a maiden lady of forty years, residing in Monmouth. About twelve years ago she observed a small tumor in the skin of the right thigh, about six inches below the groin. It had

grown but slowly until within a few months, when it began to grow rapidly, and was now as large as the head of a three-year old child. The surface was even, but discolored by tortuous veins. The skin was but slightly attached to the tumor. From this latter circumstance and from very distinct fluctuation, I was led to believe that the tumor was of a sacculated character and non-malignant. The limb was very much swollen, painful and nearly useless. The tumor was laid bare by careful incisions upon the grooved director which passed freely under the skin. It was found to lie deeply imbedded among the tissues of the thigh. The sartorius muscle passed over and partly through it, its belly being completely atrophied by the pressure. The adductor muscles as well as a part of the vastus internus were also closely attached to the under side. By careful dissection with the fingers and scalpel the tumor was removed intact in about an hour. The hæmorrhage was easily controlled by a few ligatures, some torsion and hot water. The wound was about nine inches long and healed well by second intention. The tumor proved on section to be true colloid cancer with places of scirrhous hardness. It weighed four pounds. There being absolutely no symptoms to prescribe for, as is too frequently the case in these malignant maladies, I have given empirically a few doses of *Silicia.* The lady remains well. It is now six months.

3. ENCEPHALOID.

A gentleman of forty-four years, of exceedingly robust build and fine physical proportions, totally free from any other ailment whatever, presented himself on account of a tumor on the right thigh. It first appeared about three years before, and had been twice removed by a noted allopathic surgeon without the use of anæsthetics. The tumor occupied the lower and inner half of the thigh. It was of irregular nodulated form, about nine inches in length, five or six in breadth, and projecting as much more above the surface of the thigh. Having been thoroughly purged for the last six or seven weeks, by a redoubtable "cancer doctor" in Boston, preparatory to "drawing it out," I gave him four powders of *Nux v.* ^{2000}, to take one every night at bedtime. When I visited him, four days afterward, at his home, ten miles from mine, he expressed

great pleasure at the effect of the powders, making him feel, as he said, much better in every way. The tumor was removed in the same way as the one last described, only in piecemeal, as it consisted of a multitude of sacs, from the size of a hazel-nut to that of an apple, each very tender and easily broken, and filled with brain-like matter. Every one that could be found was carefully removed, and they were found far round behind the femur and down almost into the popliteal space. The wound healed well by granulation. There was prolonged nausea and vomiting, lasting for several days, the result, as I believe, of the previous purgation and consequent derangement of the stomach. For anæsthesia I administered ether, followed by chloroform. I was indebted in this, and in the other operations to Dr. J. S. Hall, of Hallowell, for active and skillful assistance. This tumor was removed about three months ago, and there are as yet no symptoms of return; but I have reason to expect it. From the entire absence of any apparent cancerous diathesis, and from the tumor having always confined itself to this spot, I would hope much from amputation, and may resort to it in case of a return.

4. LOCAL ANÆSTHESIA.

Having had some doubts about the propriety of reducing the tissues to the freezing point, I have refrained from speaking of this matter until I was fully satisfied in my own mind. I am now convinced that we have in the rhigolene spray a safe and practical means of removing the pain of brief and superficial operations. It is chiefly applicable to the opening of abscesses, carbuncles, whitlows, etc., from which the poor patient shrinks with such fear and dread. It is delightful to a merciful man to cut freely into these sensitive things and have the patient, if it be out of his sight, ask whether anything has been done. Only one precaution is needful, and that almost self-evident. The spray must be slowly withdrawn after the operation, thus gradually and harmlessly thawing the frozen surface as is done by the application of snow to frozen members. In winter, the latter can be substituted in the thawing process.

5. NITROUS OXIDE GAS.

By the kindness of one of our dentists, I have had some expe-

rience in the use of the gas in brief operations not suited to the use of rhigolene. It is certainly a very pleasant and safe anæsthetic for such purposes, and very manageable. I recently performed the painful operation of extirpating one-third of an ingrowing toe-nail with entire success under the gas. The patient was a delicate young woman. I may notice here, in passing, a modification of the usual procedure, which I found very satisfactory. The hard and thickened toe-nail is difficult to cut through with the scalpel, rendering the operation longer and more painful. This is remedied by cutting nearly through the nail in the line of the incision to be made, with the edge of a thin file, such as dentists use. This is of course wholly painless.

6. MISCELLANEOUS.

There has been the usual number of the more ordinary cases. Fractures have done well under the usual treatment. Wounds of the face and elsewhere have healed quickly and without deformity with the use of *hot water, exact coaptation and dry dressing*. Ordinary whitlow has been prevented or relieved by *Diosc.*[15] One case with violent nightly pains, not relieved under allopathic treatment by laudanum, and with threatening necrosis of the phalanx was quickly cured by *Asa. fœt.*[200] Another, with necrosis of the tendon and much dark discoloration, recovered quickly without deformity, under *Lach.*[200 and 41,000]. Panaritium has found quick relief and cure from *Natr. sulph.*[200] Neither *Baryt. carb.* or any other remedy has had any effect in chronic hypertrophy of the tonsils, but thorough excision has given complete and permanent relief from the labored sleep, obstructed speech and respiration, and stooping shoulders. *Phosphorus*[200] has quickly stopped hæmorrhage after the extraction of teeth; but neither *Phos.* or *Lach.* were able to cure a large vascular bleeding tumor on the thigh of a lady of forty. It continued to grow, and was removed by ligature. Hydrocele has been pleasantly evacuated by the little exploring trocar.

A CASE OF MEMBRANOUS CROUP.

BY H. E. SPALDING, M.D., HINGHAM, MASS.

I WAS called, March 27, to visit Annie O——, aged sixteen months. I went immediately, and learned from the mother that on the night of the 25th, two days before, she put the child to bed apparently as well as usual, but before morning was aroused by a loud, croupy cough. She arose and applied the remedies commonly used in domestic practice for croup, with only partial relief. Still she thought the trouble would soon disappear; but the next night found the child still worse. The little sufferer passed a restless night, and morning found her worse in every respect. Her flesh was very hot and dry; dyspnœa increased and continuous; the voice hoarse and at times only a whisper; no appetite, and having eaten nothing since she was first taken sick.

At five o'clock, P. M., I found my patient with flushed cheeks; dry, hot skin; pulse quick and high; respiration laborious; the inspiration slow, with a deep, sonorous, grating sound, while the expiration was short and quick. The cough was not very frequent, but of the ringing sound, characteristic of croup.

I diagnosed the case as membranous croup, and prescribed *Acon.* and *Spongia*, with a wet compress upon throat and chest.

At nine o'clock, I found my patient sleeping, as she had been doing at intervals since my visit. She was bathed in a profuse perspiration, and lay with her head thrown back. The dyspnœa, if in any way changed, had increased; the respiration was abdominal; there was more rattling in the throat, and at times a decided whistle, seeming to indicate partially-detached membrane. The pulse was very weak and irregular, and there was a pinched look of the features. I felt that the case demanded prompt relief, and I determined to try inhalation, as the only method of applying a remedy to the seat of the disease. I placed a steam atomizer about three feet from the child as she lay in her mother's lap, and directed a spray of *Tinc. Ferri chloridi* towards the child's face. The effect was like magic. She had hardly taken the third breath of the vapor when she raised herself in her mother's lap, and looked

curiously at the instrument, breathing with comparative freedom and ease. The air in the room was in a few moments so filled with the vapor as to cause much irritation in the lungs of all present. The mother had to turn her face and cover her mouth and nostrils to shield herself from it. I expected momentarily that the child, with the spray coming directly into its face, would strangle; but instead of that she breathed it with apparent pleasure. The respiration meanwhile grew fuller and easier with each inhalation. Her face changed its pinched look of suffering to an expression of contentment; and, in short, her whole appearance changed "as in the twinkling of an eye." I watched the child half an hour and then left, giving directions that the spray should be continued all night. Instead, however, of using the officinal tincture, I ordered it diluted with from one to two parts water, according as the breathing seemed easy or oppressed. I also prescribed *Spongia*^{3} and *Sulphur*^{30}.

In the morning I learned that she had passed a night of comparative comfort. About two o'clock, A.M., she had vomited, throwing up quite a number of pieces of membrane, some of which were shown me. Her cough was still somewhat croupy, although not frequent; her respiration was quite easy. I ordered the *Spong.* and *Sulph.* to be continued, and the atomizer to be used at frequent intervals during the day. In the evening I found still more improvement. She had slept well, and had taken some food which she had till then refused. She coughed less, and not as croupy. Ordered the same treatment during the night as during the day.

29th. She had passed a good night, coughing very little. Treatment the same, except that the atomizer was used but little.

The following day, 30th, the child was quite well, with the exception of a slight, loose cough, which *Phos.* readily relieved. I should also state that on that day the entire chest and neck were thickly covered with a fine eruption. It was on no other part of the body, and disappeared during the day. I attribute this to the effects of the wet compress kept upon the chest.

What, it may be asked, is the ratio medendi? Is it homœopathic? Did the *Ferrum chloridum*, acting on the homœopathic

principle, produce an acute medicinal inflammation which overcame the morbid condition? Or, acting chemically, did it so astringe the mucous membrane as to prevent the secretion of plastic lymph? Or, again, did it act upon that already secreted, and by preventing its full development into false membrane, hold the disease in check, until it was removed by the efforts of Nature, aided by the remedies *Spongia* and *Sulphur*. These questions I shall not now attempt to answer, hoping that further observations may suggest a solution of the problem.

VOMITING OF PREGNANCY.

BY A. M. CUSHING, M.D., OF LYNN, MASS.

Dr. Holcombe's case, cured by *Lachesis*^{2000} slightly aided by twenty grains of bromide of potassium each evening would leave a doubt in the minds of some, as to whether *Lachesis*^{2000} alone would have performed the cure.

Query. Why did Dr. Holcombe give bromide of potassium, when he "has tried it several times" in similar cases, "and never with any decided result?"

Believing that each case must be treated regardless of any other *dissimilar* case, I submit the following:

Mrs. A. three years since, became pregnant with her first child. At six weeks, vomiting commenced, gradually growing worse for two weeks, when, under allopathic treatment, she was obliged to take her bed and remain seven months. After a natural labor she recovered her usual health. One year since she came to my office and begged for medicine to produce an abortion, being six weeks pregnant. I refused her request, but told her I was confident I could remove the nausea. Accordingly I gave her *Caulophyllum* tincture in water every two hours. At the end of one week she was much worse. For two weeks I gave her various remedies as directed by the books (mostly in the third decimal), when her condition was as follows: Has been confined to her bed one week; vomits every thing she takes, also vomits a greenish-yellow, bitter liquid, with a burning, sinking sensation at the stomach; tongue coated yellowish-brown; bowels costive. Prescribed *Merc. prot-iod.*

1dec. in water every two hours. The next day she was better; She continued the same medicine every three hours. The third day I found her sitting up; there was no vomiting. Fourth day: no vomiting; appetite good; is working a little around the house. She took no more medicine, and was quite well during the remainder of her pregnancy.

The New England Medical Gazette.

BOSTON, JULY, 1869.

THE twenty-second session of the American Institute of Homœopathy, exceeded in magnitude and importance the most ardent expectations of its members. A larger number were present than had been anticipated, and among them were many of the earliest advocates of our system, — men who had adhered to their principles through evil report and good report. Viewed either in a scientific or social aspect, this meeting was a great advance on any of its predecessors. Some fifty or sixty professional papers were presented, many of them were read, and all of them were referred to the Publication Committee. The animated and earnest discussions, conducted in the most courteous and profitable manner, gave interest and value to the session.

In a social point of view, the members were brought together in a very agreeable and friendly manner. Acquaintances were here formed which cannot but confirm and strengthen the amicable relations of the members. We have yet to see the first one who regrets his attendance. A somewhat extended report, which we give of the meeting and its festivities will, without doubt, be perused with pleasure by all our readers.

INTESTINAL WORMS. — The *Boston Journal of Chemistry*, one of the most enterprising and readable of our exchanges, complains that the GAZETTE, in referring to the recent discoveries in regard to the propagation of the Oxyuris, "gives the credit of this discovery to Dr. Woodvine, of this city," and quite ignores the claims of Mr. Hase-

rick and the fact that he published certain observations in relation thereto in the November number of that journal. By reference to the *Gazette*, we think it will be found that full justice has been done to both these parties. The first time this subject was mentioned, it was distinctly stated, in the report of the proceedings of the Boston Academy of Homœopathic Medicine for November 23, 1868, that Nichols' *Journal of Chemistry* had published the observations of Mr. Haserick on the propagation of intestinal worms in horses, and other animals. So much for the *Journal of Chemistry*. It did, however, perform an additional service by introducing Mr. Haserick to Dr. Woodvine, who had for many months been investigating the habits of the entozoa. They corresponded and had personal interviews, and whenever the subject has been mentioned in the *Gazette*, the name of Mr. Haserick has been given, so that it must ere this have become quite familiar to our readers. The *Journal* says, that we "give the credit of this discovery to Dr. Woodvine." We simply stated "that the discovery was presented at the meeting of the Boston Academy of Homœopathic Medicine on January 25, 1869," and that "Dr. D. G. Woodvine exhibited under the microscope some beautiful specimens of the ova of the oxyuris." Now, without wishing to detract in the least from the merits of Mr. Haserick in this matter, we are prepared to state that *Dr. Woodvine was the first to secure and exhibit the ova obtained in this manner from a human being.* Mr. Haserick's observations had been with horses, and it was merely a surmise on his part that the same was true of the oxyuris vermicularis. He had never been able to obtain the ova of the oxyuris vermicularis, *until he learned from Dr. Woodvine the proper method of doing so.* Furthermore, it is probable, that had not the discovery, or the completion of it, or whatever it may be termed, been published in the GAZETTE, the whole subject, as confined to animals, would have slumbered and been forgotten. Now, we hope the discovery will receive such thorough, practical application as shall rid the world of a most troublesome affection.

The Boston Medical and Surgical Journal corrects the report which has gained considerable credence, and which was supposed to be well founded, that Prof. O. W. Holmes had never seen much of practical medicine. From the statement in the *Journal* it seems that he was physician of the Boston Dispensary for nearly a year, in the Massachusetts General Hospital for three years, and was often called in con-

sultation during a period of more than ten years. We are glad to learn this, for, thinking the medical knowledge of this gentleman had been purely theoretical, we have not considered his medical opinions entitled to much weight. They now acquire increased importance, when he says, and the italics are his own, "I firmly believe that if the whole materia medica, *as now used*, could be sunk to the bottom of the sea, it would be all the better for mankind."

We print this month a double number of the *Gazette*, in order to give a more complete account of the meeting of the Institute, just held in Boston, Though our readers will miss our accustomed visit in August, we shall hope to come to them richly laden in September.

CORRESPONDENCE.

HOMŒOPATHY FOR INDIA.

WILTON, N. H., June 25, 1869.

MR. EDITOR, — I shall feel greatly obliged if you will allow the insertion in the *Gazette* of a few thoughts and suggestions on a subject which I feel to be of great importance.

Among the vast number of inhabitants in India, there are some twelve millions who speak the Mahratta language. Within this Mahratta territory there may be ten or twelve large towns or cities where there are military stations, and, in most of these stations, there are civilians and a civil hospital. The civil hospitals are open to Europeans not connected with the military department, and open also to such natives as may apply for medical aid. The European civil surgeon usually visits his hospital twice a day, night and morning, and, besides attending to the inmates of the hospital, gives such advice and instruction to the native apothecary in charge, as may be necessary to the sick who come to the hospital at that time of the day. Some of the apothecaries are skillful and attentive to their patients; and some of them do a good business for themselves outside the hospital, their medicines being provided by government. With the exception of Bombay, the European physician is very seldom called to visit the natives at their houses. They could not afford to employ him. Among the thousands of towns and villages, there are only some dozen towns where there is any resident European physician.

In most of the large towns there are natives without any medical training who have prescriptions handed down from father to son. Books containing such prescriptions are also published and consulted. A few even exhibit some skill in surgery, and people resort to them with more confidence than they do to the European doctor, or to those natives who have a European medical education. In small towns and villages there are generally no persons who even pre-

tend to any medical knowledge. Some shop-keeper, or some old woman, has a specific for some particular disease. There are travelling devotees, Fakirs and Gosavees, who play the quack to raise a little money. In offering their services to the sick, they are careful to take a sum of money in advance, and a promise of the balance when the patient gets well. These wretches succeed in securing the confidence of the people, and often greatly abuse that confidence. They are generally mere impostors, without the slightest knowledge of medicine. Practically, then, the people, with a very few exceptions, are quite destitute of medical assistance, or worse than destitute.

What, then, can be done for the natives of India, who are in this pitiable condition?

I have given this subject much thought, and have come to the conclusion that the homœopathic system of medicine alone can meet this great want. My reasons for this opinion are the following:

1. There is no prejudice against homœopathy on the part of the natives. On religious grounds many cannot be induced to take medicine in a liquid form. Homœopathy can accommodate itself to their prejudices.

2. The prejudice against allopathic medicine that, "though it may be suitable to European constitutions, it is too powerful and severe for us natives," does not exist towards homœopathic remedies.

3. While allopathic remedies are too expensive for the vast majority of the people, homœopathic remedies are so inexpensive as to be within the reach of all.

4. Allopathic remedies, in the hands of the inexperienced, are exceedingly dangerous. Some of the most formidable diseases in India are mere drug diseases. Homœopathic remedies, if not properly selected, do little or no harm. Only *time* is lost in exhibiting the right remedies.

5. The allopathic system of therapeutics (if it is a system) requires much practice, and a good memory to keep out of danger even, in the responsible position of a compounder or a physician. The science of homœopathy enables an intelligent person to reach the same degree of proficiency in a much shorter time.

6. While it is especially desirable that a homœopathic physician should receive a thorough medical education, in all its branches, yet it is a fact, attested by thousands, that without medical study, with only a book designed merely for domestic practice, and with good common sense in the treatment of common diseases, such is the success of lay practitioners that they often feel no need of calling in a professional man. And they testify that they have better success than the doctors of the old school, while practising in their families. Doubtless, so much domestic practice is to be condemned, where a homœopathic doctor is accessible; still, it shows what a precious boon such a domestic work is to those who are far from the reach of a medical man.

7. Homœopathy is fast gaining disciples where it is practised in India. Among the Europeans, such is the opposition and ridicule

that few proclaim their faith in homœopathy; but I have been surprised to find how many have with them a "Laurie" and a nice box of homœopathic medicine. Converts to this system are constantly being made where they have the opportunity of witnessing the effects of the infinitesimals. The natives readily accept it as the true system. One small domestic work has been translated and published, and is in the hands of some twenty or thirty native Christians who have received a little instruction on the subject, and who are now securing the good will of the people by going about like their Divine Master, preaching the word, and healing the sick. Another and larger work has been translated and prepared for the press, and funds are wanted to print it. Books can be easily translated and prepared for the press. The great want is funds for printing such works as are necessary to give the system to the Mahratta people, and suitable teachers to explain the subject and to instruct young men for the profession. There is no desirable opening for homœopathic physicians to engage in private practice. The country is too poor to support them. But native practitioners might be supported. They can live upon seven or eight dollars a month as comfortably as a European could live on one hundred and fifty dollars a month. What is, therefore, wanted is, —

1st. A medical school, and some one competent to teach in the Mahratta language. It would be popular among the natives generally. They would look upon it as an act of great benevolence, and we might expect from them some pecuniary aid.

2d. It should be a *Medical Mission School.* It would be highly prized by the missionaries of the American Board, now laboring among the Mahrattas. The native Christians would give it their hearty support. The native pastors, catechists and teachers, would gladly avail themselves of the instruction of such an institution. Such medical knowledge would give them access to all classes of the community, would do much to disarm opposition to Christianity, and render them more efficient in their work of making known the religion of Christ.

Have not the friends of homœopathy a great and a glorious field for Christian benevolence in India?

There is no kind of benevolence that would be as readily appreciated as that of relieving suffering. Would the establishing of one such school, by way of experiment, be too great an undertaking? If a competent person could be found, and one, also, who could go out approved by the Prudential Committee of the American Board, it would, doubtless, gladly make an appropriation to help such an institution. The subject of the establishment of a *Homœopathic Medical Mission School*, in connection with the Mahratta Mission, is most earnestly commended to the consideration of homœopathic physicians, and to the readers of the *New England Medical Gazette.*

I am, very truly yours,

A Missionary, *of the Mahratta Mission.*

REPORTS OF SOCIETIES.

THE AMERICAN INSTITUTE OF HOMŒOPATHY

Held its Twenty-Second Annual Session at the Horticultural Hall, Boston, from Tuesday morning, June 8, to Friday afternoon, June 11, 1869. It was a very full, very interesting and very harmonious meeting. There were in attendance about two hundred and forty members and delegates, and two hundred and twelve new members were elected.

First Day. — Tuesday Morning.

The meeting was called to order by the President, Henry D. Paine, M.D., of New York, at 10 o'clock, A.M.

The address of welcome was made by David Thayer, M.D., of Boston, Chairman of the Committee of Arrangements. He alluded to the origin of the Institute in New York, in 1844, just twenty-five years ago, when the number of practitioners on this continent was very small, and of whom less than thirty were in New England; in Massachusetts fourteen or fifteen; and in Boston eight only. Boston has now fifty-eight, Massachusetts three hundred, New England about seven hundred, and the United States about six thousand. He pleasantly recalled the prediction of the speedy dissolution of our school made by the poet-prophet, Oliver Wendell Holmes, in 1841. He glanced at the changes in our country since the meeting in Boston, in 1859: the end of slavery, the triumph of impartial suffrage, the spanning of the continent by the iron track, and the undergirding of the ocean with telegraphic cables.

The following officers were then unanimously elected to serve from the time of their election till (as fixed by a subsequent resolution,) the close of 1869:

President..... Reuben Ludlam, M.D., of Chicago.
Vice-President..... D. H. Beckwith, M.D., of Cleveland.
General Secretary..... I. T. Talbot, M.D., of Boston.
Provisional Secretary..... T F. Allen, M.D., of New York.
Treasurer..... E. M. Kellogg, M.D., of New York.
Censors..... Conrad Wesselhoeft, M.D., of Boston.
Wm. Tod Helmuth, M.D., of St. Louis.
H. N. Guernsey, M.D., of Philadelphia.
C. W. Boyce, M.D., of Auburn, N.Y.
L. M. Kenyon, M.D., of Buffalo.

During the session invitations were received as follows:

From the Mayor and Common Council of Boston to a reception at Music Hall, on Wednesday evening; from the Massachusetts Homœopathic Medical Society to a dinner on Thursday evening; from the Collector of the Port of Boston to a trip in the harbor; to the Institute of Technology; to the Rooms of the Boston Natural History Society; to the Public Library; to the Athenæum Library and Gallery of Fine Arts; to the School Ship; to the Bunker Hill

Monument; to the Consumptives' Home; to the Home for Little Wanderers; and to the House of the Angel Guardian.

The Institute offered their hearty thanks to the corporations and societies for their cordial and unbounded hospitality; and Drs. Beckwith and Thayer were appointed a Committee to make the necessary arrangements.

EXECUTIVE AND PUBLICATION COMMITTEE.

The Executive and Publication Committee reported that the Institute is in a more active and prosperous condition than ever before, and a greater interest is felt in it by the members and the profession.

A larger number of applications for membership have been made this year than in any previous year, and a greater amount of professional work has been accomplished.

There have been printed in the past year, under the auspices of the Institute, 879,200 pages.

The Committee had, in accordance with their specified duties, arranged the business of the meeting in such a manner as to economize the time of the session, and for this purpose, recommended the following resolutions:

Resolved, That with the exception of one paper from each bureau, to be selected by the Chairman thereof, all reports or communications requiring more than ten minutes in reading, shall be read by title or brief abstract, and may be called up again for subsequent reading at the pleasure or convenience of the Institute.

Resolved, That in discussions, no member shall be allowed to speak more than twice on the same subject, or longer than eight minutes at a time, except by a two-thirds vote of the members present.

The report was accepted and referred to the Publication Committee, and the resolutions were unanimously adopted.

A resolution was adopted fixing the time of election of officers on the last day of each session.

The President announced the following committees: —

On Credentials.

Henry M. Smith, M.D., New York; S. M. Cate, M.D., Salem, Mass.; J. F. Whittle, M.D., Nashua, N. H.; T. C. Duncan, M.D., Chicago; Henry B. Clarke, M.D., New Bedford.

Auditing Committee.

W. Williamson, M.D., Philadelphia; Carroll Dunham, M.D., New York; Lyman Clary, M.D., Syracuse; Henry N. Guernsey, M.D., Philadelphia; R. J. McClatchey, M.D., Philadelphia.

TREASURER'S REPORT.

The Treasurer, E. M. Kellogg, M.D., of New York, made a report, which was referred to the Auditing Committee, who examined and approved it. The following is a summary:

Cash Expended.

Balance due the Treasurer at last meeting	$90 52
Outstanding bills	310 86
Current expenses	401 04
Expended for printing	2,000 00
	$2,802 42

Cash received.

Dues, initiation fees, etc.	$1,466 00
Sales of Transactions and for extra printing	143 86
Donation to the Institute from Citizens of Boston	750 00
	$2,359 86
Balance due the Treasurer,	442 56

This outstanding debt was more than covered by payments into the Treasury on the following day.

COMMITTEE ON FINANCE.

The Committee on Finance reported that they were not prepared to recommend the increase of annual dues from three dollars to five; though the increased value of the Transactions might fully justify the increase, and the future interests of the Institute may yet require it. Among the resources of the treasury may be counted copies of the past Transactions, and other documents as follows:

Transactions at $1.00 per copy, for 1855, 14; 1856, 116; 1858, 12; 1860, 50; 1865, 32; 1866, 200.

Transactions at $3.00 per copy, for 1867, 355; 1868, 378.

Parts 1 and 2 for 1867, 300 at $1.00 per copy,

Parts 1, 2 and 7 for 1868, 400 at $1.00 per copy.

Making a total value of $3,721 for documents now for sale.

The importance of increasing the funds of the Institute was fully set forth, and several means of so doing pointed out.

The Committee also had the pleasure of announcing the receipt of *seven hundred and fifty dollars* generously contributed by distinguished citizens of Boston in aid of the Institute.

The report was accepted and referred to the Publication Committee, and a vote of thanks was presented to the Finance Committee for their zealous and successful labors.

A hearty vote of thanks was also tendered to the friends of Homœopathy in Boston, whose voluntary donation of $750 had done so much to extinguish the debt of the Institute.

NEW MEMBERS.

The Censors, now and subsequently reported the names of the following physicians who presented applications, accompanied by the requisite testimonials, and recommended that they be elected members of the Institute, and it was done.

Anderson, William D., M.D., New Haven, Conn.
Arcularius, Philip E., M.D., 43 E. 21st Street, New York.
Arthur, A. A., M.D., Vergennes, Vt.
Avery, Edw. W., M.D., Poughkeepsie, N.Y.
Baethig, Henry, M.D., Buffalo, N.Y.
Baker, Walter S., M.D., Cohoes, N.Y.
Becker, Benjamin, M.D., Cressona, Pa.
Beebe, A. G., M.D., Chicago, Ill.
Bennett, Hollis K., M.D., Whitehall, N.Y.
Bevin, Wm. A., M.D., New York.
Birch, George B., M.D., Hannibal, Mo.
Bishop, Herbert M., M.D., 87 Franklin Street, Norwich, Ct.
Bishop, R. S., M.D., Medina, N.Y.
Blair, A. O., M.D., Cleveland, Ohio.
Blaisdell, John M., M.D., Bangor, Me.
Bloss, J. P., M.D., Troy, N Y.
Bloss, Richard D., M.D., Troy, N.Y.
Boothby, Alonzo, M.D., 16 Staniford Street, Boston, Mass.
Bowen, G. W., M.D., Fort Wayne, Ind.
Bowman, Benjamin, M.D., Chambersburg, Pa.
Boynton, S. A., M.D., Cleveland, Ohio.
Boynton, Sumner H., M.D., Rockland, Me.
Bradford, Thomas L., M.D., Skowhegan, Me.
Bratt, Benjamin R., M.D., Reading, Pa.
Breyfogle, Charles W., M.D., Louisville, Ky.
Brick, Francis, M.D., Keene, N.H.
Brigham, G. N., M.D., Montpelier, Vt.
Briry, Milton S., M.D., Bath, Me.
Brown, D. M., M.D., West Medway, Mass.
Brown, Granville Curtis, M.D., Port Chester, N.Y.
Buck, J. D., M.D , Sandusky City, Ohio.
Burbank, J. C., M.D., Janesville, Wis.
Burr, Charles H., M.D., Portland, Me.
Carpenter, Charles H., M.D., 1 Fifth St., Troy, N.Y.
Chamberlain, C. H., M.D., Barre, Vt.
Cheever, Daniel A., M.D., Peoria, Ill.
Cleckley, Marsden A., M.D., Augusta, Ga.
Cloud, Charles R., M.D., Burlington, N.J.
Cloud, J. A., M.D., Cincinnati, Ohio.
Coburn, Edward S ,M.D., 70 Second St., Troy, N.Y.
Cochran, Charles A., M.D., Winthrop, Maine.
Cole, S. P , M.D., Chicago, Ill.
Colton, G., M.D , Barre, Vt.
Compton, J. Augustine, M.D., Muncie, Ind.
Cook, Charles P., M.D., Hudson, N.Y.
Corcoran, Luke, M.D., Unionville, Ct.
Covert, Nelson B., M.D., Geneva, N.Y.
Cragin, F. M., M.D., South Dedham, Mass.
Crispell, G. D., M.D., Kingston, N.Y.
Cross, Hiram B., M.D., 384 Broadway, South Boston, Mass.
Cross, William P., M.D., 379 Broadway, South Boston, Mass.
Curtis, Rinaldo I., M.D., Mayville, N.Y.
Cutler, William C., M.D., Chelsea, Mass.
DeDerkey, Francis F., M.D., New Bedford, Mass.
Delavan, J. Savage, M.D., 77 Columbia St., Albany, N.Y.,
Dennis, L., M.D., Newark, N.J.
Dorion, Charles N., M.D., Chicago, Ill.
Doty, Hylon, M.D., Margarettsville, N.J.
Dudley, Pemberton, M.D., Philadelphia, Pa.
Edci, John J.,M.D., Leavenworth, Kansas.
Ehrmann, Louis P., M.D., Louisville, Ky.
Elliott, Joseph B., M.D., Clinton Ave., Brooklyn, N.Y.
Flanders, David P., M.D. Belfast, Me.
Fletcher, William K., M.D., North Cambridge, Mass.
Foote, Leo W., M.D., Chicago, Ill.
Foster, Avery B., M.D., 137 High St., Providence, R.I.
Foster, Edward, M.D.,Marblehead,Mass.
Foster, James W., M.D., North Attleborough, Mass.
Fowler, Edward P., M.D., New York.
Freeland, James C., M.D., Fitchburg, Mass.
French, Alfred J., M.D., Lawrence, Mass.
Fuller, Hiram E., M.D., Lansingburg, N.Y.
Gale, J. A., M.D., West Medway, Mass.
Gardner, M. M., M.D., Utica. N.Y.
Gause, Owen B., M.D., Philadelphia,Pa.
Gifford, Gilbert L., M.D., Hamilton. N.Y.
Goedeoke, L., M.D., Belle Plaine, Iowa.
Goodwin, Edward,M.,M.D.,Toledo,Ohio.
Gottschalk, Wm. Von, M.D., 243 Westminster street, Providence, R.I
Gramm, Gustavus E., M.D., 2024 Frankford Roads, Philadelphia, Pa.
Graves, S. P., M.D., Saco, Maine.
Green, Benjamin F., M.D., Lynn, Mass.
Griffith, J. J., M.D.,19 Setter St., Frankford, Philadelphia, Pa.
Groot, S. I., M.D., 344 New York Avenue, Washington, D.C.
Guild, Phineas K., M.D., Jamaica Plain, Mass.
Gunter, George W., M.D., Natick, Mass.
Haeseler, Charles H., M.D., Pottsville, Pa.
Hall, John, M.D., 33 Richmond St., Toronto, Ontario, E.
Hamilton, Clark T., M.D., 186 Atlantic St., Brooklyn, N.Y.
Hawley, William A., M.D., Syracuse, N.Y.
Hayward, Joseph W., M.D., Taunton, Mass.
Hiller, Franz, M.D., Virginia City, Nevada.
Hinkley, A. S., M.D., 117 West Ellicott Street, Buffalo, N.Y.

Hoffendahl, H. L. H., M.D., 25 Somerset Street, Boston, Mass.
Holmes, E. B., M.D., Canandaigua, N.Y.
Holt, Edward B., M.D., Lowell, Mass.
Hoppin, Courtland, M.D., Providence, R.I.
Horton, A. E., M.D., East Poultney, Vt.
Hoyt, William Henry, M.D., Syracuse, N.Y.
Huebener, O. T., M D., Litiz, Pa.
Humphrey, Otis M., M.D., 496 Tremont Street, Boston, Mass.
Hunter, H. M., M.D., St. Johnsbury, Vt.
Huson, Samuel K., M.D., Lawrence, Kansas.
Jacobson, Edward H., M.D., Bethlehem, Pa.
James, Walter M., M.D., 1612 Pine Street, Philadelphia, Pa.
Jernegan, H. Mayhew, M.D., 110 4th Avenue, N.Y.
Johnson, I. W., M.D., Peoria, Ill.
Jones, Dan. L., M.D., Bradford, Vt.
Jones, J. H., M.D., Bradford, Vt.
Keith, Theodore S., M.D., Waltham, Mass.
Kennedy, E. H., M.D., Argo, Ill.
Kent, J. Emerson, M.D., 2100 Green Street, Philadelphia, Pa.
Kinne, Theodore Y., M.D., Paterson, N.Y.
Kirk, William V., M.D., Niverville, N.Y.
Kittinger, Leonard, M.D., Wilmington, Del.
Koch, John William, M.D., Quincy, Ill.
Kümmel, Ernst R., M.D., Milwaukee, Wis.
Leach, George H., M.D., Alton, Ill.
Lefever, Isaac, M.D., Mechanicsburg, Pa.
Lord, I. S. P., M.D., Poughkeepsie, N.Y.
Loring, Charles P., M.D., 141 High Street, Providence, R.I.
Lowe, Lewis G., M.D., Bridgewater, Mass.
Lund, O. F., M.D., Bergen City, N.J.
McAffee, E. M., M.D., Mt. Carroll, Ill.
McAffee, W. D., M.D., Rockford, Ill.
McGeorge, Wallace, M.D., Hightstown, N.J.
McLean, John, M.D., Simcoe, Norfolk Co., Ontario.
McMichael, L. D., M.D., Buffalo, N.Y.
Mansfield, Charles J., M.D., 62 W. 22nd Street, N.Y.
Marshall, A. V., M.D., West Cornwall, Vt.
Merrill, John C., M.D., Portland, Me.
Middleton, Melvin F., M.D., Camden, N.Y.
Miller, John M., M.D., Morrisania, N.Y.
Minor, John C., M.D., New York.
Moore, David F., M.D., Lake Village, N.H.
Moore, J. Clifford, M.D., Lake Village, N.H.
Moore, J. C. W., M.D., Worcester, Mass.
Moore, James Otis, M.D., Haverhill, Mass.
Morse, Martin V. B., M.D., Marblehead, Mass.
Mosman, Nathan A., M.D., Norwalk, Conn.
Mull, P. W., M.D., Ghent, N.Y.
Mott, Eliphalet, M.D., Paterson, N.J.
Packer, David, M.D., Chelsea, Mass.
Packer, Edmund H., M.D., 170 Merrimac Street, Lowell, Mass.
Page, Milo F., M.D., Appleton, Wis.
Palmer, George B., M.D., East Hamilton, N.Y
Parker, Hiram, M.D., Lowell, Mass.
Parsell, George H., M.D, Weedsport, N.Y.
Raue, Charles G., M.D., 121 N. 10th Street, Philadelphia, Pa.
Read, Herbert H., M.D., Windsor, Nova Scotia
Reud, William R., M.D., 207 S. 10th Street, Philadelphia, Pa.
Reynolds, Herbert, M.D., Bridesburg, Pa.
Reynolds, Porter L. F., M.D., Albany, N.Y.
Richards, George W., M.D., Orange, N.J.
Ring, Allen Mott, M.D., 126 Germain Street, St. Johns, N.B.
Rittenhouse, Samuel R., M.D., Reading, Pa.
Robertson, E. W., M.D., Cleveland, Ohio.
Robinson, Charles F., M.D., East Boston, Mass.
Rockwith, Frank A., M.D., 206 Mulberry Street, Newark, N.J.
Rorabacher, Miles, M.D., Litchfield, Mich.
Roseberry, Charles I., M.D., Easton, Pa.
Runner, Reuben C., M.D., Chillicothe, Mo.
Sage, William H., M.D., Unionville, Conn.
Sanford, E. W., M.D., Brookline, Mass.
Sanger, Thaddeus E., M.D., Littleton, N.H.
Sawtelle, Geo. B., M.D., Malden, Mass.
Schmidt, John, M.D., Quincy, Ill.
Seeger, F., M.D., 150 E. 54th Street, New York,
Seip, C. P., M.D., Canton, Ohio.
Skiff, Paul C., M.D., New Haven, Conn.
Slocumb, C. C., M.D., Rutland, Mass.
Smith, Amos B., M.D., Geneva. N.Y.
Smith, Charles C., M.D., Chicago, Ill.
Smith, Ezra P. K., M.D., Auburn, N.Y.
Smith, J. Heber, M.D., Melrose, Mass.
Smith, St. Clair, M.D., 155 Worth Street, New York.
Smith, Stebbins A., M.D., St. Albans, Vt.
Sook, Henry L., M.D., Newark, Ohio.
Spalding, Henry E., M.D., Hingham, Mass.
Spaulding, Ebenezer F., M.D., 4 Princeton Street, Boston, Mass.
Spooner, E. H., M.D., Reading, Pa.

Stearns, George W., M.D., New Bedford, Mass.
Stebbins, James H., M.D., Geneva, N.Y.
Steele, J. A., M.D., Dixon, Ill.
Stowe, T. Dwight, M.D., Fulton, N.Y.
Streeter, J. W., M.D., Chicago, Ill.
Strong, O. G., M.D., Canton, Ill.
Stuard, E. S., M.D., Covington, Ky.
Switz, Harman, M.D., Schenectady, N.Y.
Taylor, Ch. W., M.D., Newtonville, Mass.
Thayer, S. B., M D., Battle Creek, Mich.
Thomas, Amos R., M.D., 937 Spruce Street, Philadelphia, Pa.
Trites, William Budd, M.D., 4323 Main Street, Manayunk, Pa.
Tucker, Henry, M.D., Claremont, N.H.
Viets, E. W., M.D., La Porte, Ind.
Walker, Mahlon M., M.D., Germantown, Philadelphia, Pa.
Wallens, Miles W., M.D., Woodstown, N.J.
Ware, William G., M.D., East Dedham, Mass.
Weeks, Lorrain T., M.D., Laconia, N.H.
Wesselhoeft, George P., M.D., Brookline, Mass.
West, Benjamin H., M D., Boston, Mass.
White, Joseph N., M.D., Amsterdam, N.Y.
Whiting, Lewis, M.D., Danvers, Mass.
Whittaker, E. B., M.D., Gaysville, Vt.
Whittier, Daniel B., M.D., Fitchburg, Mass.
Willard, Ephraim S., M.D., 4 Garland St., Boston, Mass.
Willis, L. Murray, M.D., East Boston, Mass.
Wiltbank, C. J., M.D., 2132 Pine St., Philadelphia, Pa.
Woodbury, W. H., M.D., Chicago, Ill.
Woodward, A. M., M.D., New York.
Worcester, Edward, M.D., Waltham, Mass.
Wright, A. R., M.D., 162 Pearl St., Buffalo, N.Y.

Total, 212.

The Censors also reported the resignation of Walter Ure, M.D., of Allegheny City, Pa., which was accepted.

A recess was taken till two o'clock.

Tuesday Afternoon.

BUREAU OF CLINICAL MEDICINE.

The Chairman, H. D. Paine, of New York, presented the Report of the Bureau, accompanied by the following papers:

The relation of General and Special Pathology to Therapeutics; by P. P. Wells, M.D., of Brooklyn.

On Therapeutics; by J. C. Burgher, M.D., of Pittsburg, Pa.

Measles, with its Homœopathic Treatment; by W. H. Holcombe, M.D. of New Orleans.

Hydrocephalus cured by Morphine, by John Hartmann, M.D., of St. Louis.

A Case of Cerebral Disease, cured with Lachesis; by Wm. P. Wesselhoeft, M.D., of Boston.

Sciatica from Gold Poisoning; by J. Heber Smith, M.D., of Melrose, Mass.

Biliary Calculus; by E. W. Kellogg, M.D., of Southington, Conn.

Biliary Concretions; by Thos C. Fanning, M.D., of Tarrytown, N.Y.

Case of Insanity; by Edw. W. Avery, M.D., of Poughkeepsie, N.Y.

Some of these papers were read and all were referred to the Publication Committee.

During the discussion which followed, O. P. Baer, M.D., of Richmond, Ind., said that he had cured lead-poisoning by *Plumb.*^{200}, and would have used a high dilution of *Aurum* for the case of gold-poisoning.

C. Wesselhoeft, M.D., of Boston, thought that the symptoms, not the cause, should suggest the remedy.

W. L. Thompson, M.D., of Augusta, Me., had treated a cutaneous

eruption with *Rhus*. Each change of potency for a higher resulted in an improvement, but the disease persisted till it was cured by the forty-nine thousandth centesimal dilution.

Dr. Baer recited two cases of relapse of measles after they were considered virtually cured.

Dr. Thayer considered *China* an unfailing specific for biliary calculi. The presence of these calculi tends to dilute the blood, and life is often lost by obstinate hæmorrhage. People become unconscious of incessant pain, though it be very severe. Hence he was not surprised to find in the case of a patient who had bled to death the gall-bladder filled with a calculus, although she had complained of none of the peculiar pains indicative of this affection.

In discussing Dr. Burgher's paper on Therapeutics, Dr. H. D. Paine suggested whether there might not be a *genius epidemicus*, running through all the forms of diseases prevalent at the same time, rendering them amenable to some one medicine which would not reach the same symptoms at another time.

After further interesting discussion of the various papers and the transaction of some incidental business, the Institute adjourned to 8 o'clock, P.M.

Tuesday Evening.

Horticultural Hall was well filled with the members and others who assembled to hear Prof. Ludlam's Annual Address. His subject was "The Mutual Relations between Woman and the Homœopathic System of Medicine."

It was an able and interesting address and we regret that we cannot give it entire in our pages, and fear that any extracts will not do it justice. He referred to the proud position which Homœopathy had already attained and proposed to examine some of the causes of this success.

"There is no better evidence of civilization, the world over, than is to be found in the care bestowed upon the health, the comfort, and the welfare of woman.

"When we reflect upon the influence exerted to this end by the system we represent and practice, it is sufficient to arouse, on the present occasion, the most unbounded enthusiasm. Through it what blessings have descended, directly and indirectly, into every well-ordered household! There is no need of argument to demonstrate the admirable fitness of our remedies for the treatment of any especial class of diseases. It is a trite saying that "Homœopathy answers very well for women and children when they are ill." So it does. The experiment has been tried on a magnificent scale; and the result is that it would be impossible to destroy their confidence in this system of medical practice. All the laws enacted by all the medical sanhedrims in Christendom, all the opposition and ridicule of those who assume to control the rights and subsidize the resources of the healing art, would avail nothing against the settled reliance of the women of this and other countries upon the merits of homœopathy. And, if they are for us, who can be against us?

"Even in quiet old Boston something may have been said, in these latter days, concerning the rights of women. To our chagrin and discomfiture, we have been told that man has done little or nothing for the elevation of woman. The doctor, at least, should be exempted from this wholesale denunciation. For, from time immemorial, has he not labored for the well-being of woman especially? To whose comfort does he aim to contribute

most frequently and assiduously? Whose servant is he in sunshine and in storm, by day and by night, unceasingly?

"And if the profession in general should be accredited with so much of good, it must be conceded that our especial branch of it has additional and peculiar claims upon the sex. Against the pernicious habit of overdosing and maltreating our female patients, homœopathy has initiated a reform that will tell with wonderful effect upon the health of coming generations.

"It is scarcely possible to refer to a more striking instance of the influence and utility of medical reform than we find in the history of domestic works upon homœopathy. The names of Hering and Pulte, of Guernsey and Tarbell, of Small and Freligh, of Shipman and Douglas, are household words, the land over, and not in a few instances their volumes outrank the Old Testament Commentaries. "They builded better than they knew." They have sown good seed in good soil, and the harvest of blessing to suffering humanity is already at hand.

"Let me remind you of the important relation existing between woman and homœopathy in this matter of domestic practice. If this system of treatment had not been especially adapted to her needs and susceptibilities; easy of application and prompt in its effects; simple and harmless, but almost magical in its results, and of unquestionable utility; a ready and reliable resource, she would never have given it the sanction of her choice and her confidence. Given this demonstration, and the result is easily foretold.

However numerous and well-sustained the public hospitals, does any suppose that all "the Lord's sick poor" find admission to them, and relief through them? By no means. The women, who form the most efficient boards of managers, and who, in our day especially, are at the bottom of every charitable enterprise, are most of them armed *cap-a-pie* with our remedies; or, what is equivalent, they know where to get them and how to give them. Instinct and intelligence are the hinges upon which the prosperity of our school must turn. And they are mutually requisite to and responsible for the popularity of the homœopathic system of treatment. In woman we find these qualities sometimes developed in a remarkable degree. She is usually the first to recognize and call attention to the merits of homœopathy.

"Through a trick of legislation, the representatives of our school of medicine were generally excluded from the army service. The soldiers suffered, but the system gained greatly in consequence. While others were "scrambling for rank and pay, like apes for nuts," we were left to look after the families of the braves who were doing battle for the nation. Our professional responsibility and reputation were doubled thereby. As a result of the intolerance that kept us from the field and hospital, homœopathy found favor where otherwise it had never been tested. The mothers tried it and adopted it at home. The fathers and sons became disgusted with the old treatment while absent, and multitudes of zealous partisans flocked to our standard.

"But there are graver questions that grow out of this natural relation between woman and homœopathy. The line which separates tact from talent is an indistinct and arbitrary one. If she has the taste and the genius for it, is there any good reason why a woman may not properly qualify herself for the practice of medicine? Shall we recognize the peculiar gifts of which I have spoken, place a premium on their possession and exercise, and afterwards seek to limit her acquirements and to narrow the field of her usefulness? In either sex the possession of one talent does not imply the possession of all. In our calling, as in others, real merit is not an affair of gender, but of genius and industry.

"Now there have always been and there will always be female physicians. And their tribe is as certain to increase as it is to exist. We are chiefly concerned with the kind and degree of their qualification for the responsible office. Therefore, gentlemen of the Institute, while we are striving by every laudable means to raise the grade of qualification, we must help to elevate it for both sexes alike. We should recognize and encourage those medical schools which are now devoted to the education of women, and organize, endow, and support others, as they may be demanded by the growing popularity of our cause.

While the women introduce and defend us; while they entrust their own lives, and those of others, who are endeared to them by the ties of love and of friendship, to our care and keeping; while they continue to be the first to praise and appreciate, and the last to forget what we have done for them; while they throw their tact and influence and intelligence into the scale for us; while they support our efforts at home and abroad; and while, in this and other cities, they raise and contribute thousands upon thousands of dollars to extend a knowledge of homœopathy and its curative blessings to the poor and the needy, we should frankly confess that this is our sweetest recompense and our most lasting reward.

At the conclusion of the address the members and the ladies who accompanied them, were invited to the hall below, where the remainder of the evening was spent socially, as described in the account of the festivities.

Second Day.—Wednesday Morning.

The Institute assembled at 10 A. M.

Wm. Tod Helmuth, M.D., of St. Louis — a member of the Bureau of Surgery — being obliged to leave town, was called upon for his report.

This was upon the complete extirpation of the inferior maxillary bone, and was intended as a refutation of the statement made by Dr. Franklin and published in the Proceedings of 1868, p. 220.

By most careful investigation in the largest medical libraries he can find recorded but four cases in the United States of the successful removal of the entire bone at one operation, previous to his operation at Indianapolis, as reported in the Proceedings of 1867, p. 57.

He gave a full description of the operation with a detailed account of its history, and completely defended the Transactions from the aspersions cast upon them by Dr. Franklin.

The paper was referred to the Publication Committee.

THE BUREAU OF MATERIA MEDICA, PHARMACY AND PROVINGS.

The Chairman, Conrad Wesselhoeft, M.D., of Boston, presented the General Report of the Bureau.

W. E. Payne, M.D., of Bath, Me., read a paper on Collecting and Recording Clinical Provings. It urged this as the only way of separating the false from the true; the accidental from the normal.

A paper on Provings of Styllingia Sylvatica, by E. M. Hale, M.D., of Chicago, was presented and an abstract read.

Dr. Wesselhoeft approved the views of Dr. Payne's paper. He thought it difficult to arrive at reliable conclusions on the efficacy of remedies; — we need all the light we can collect.

Dr. Dunham thought highly of the organization of labor on the task of collecting clinical confirmations. On his motion it was

Resolved, That the Bureau of Clinical Medicine be requested to collect and report to the Institute clinical verifications of the symptoms contained in the materia medica, giving proper credit to the authors.

Resolved, That State Societies be invited to coöperate in this work.

Dr. Clary, of Syracuse, thought that provings by infirm people were of little value.

Dr Holt, of Lowell, thought the present classification of medicines was too confused. If you try the same drug on a hundred provers you will find two classes of symptoms: in the first there are a few symptoms which are found in nearly every prover; the other contains a large number of symptoms, some of which occur but once. Just so with the symptoms in every well-defined disease; symptoms which we call pathognomonic occur in nearly every case, while there is another and much more numerous class of individual symptoms which are only found occasionally in patients.

A. O. Blair, M.D., of Cleveland, thought Dr. Payne's scheme desirable, but difficult of execution. We must be careful how we rely on reports. A man tells us he has cut off a typhoid fever at the fifth day with *Baptisia tinctoria;* he has mistaken ephemeral fever for typhoid. Again, the pathognomonic symptoms are not all we want. There are cases in which the symptoms we want are rarely developed in a proving. And there may be specifics which have no known symptom in common with the disease which they cure. In a fatal epidemic called the black-tongue, (the tongue was blackened by outrageous doses of *Arg. n.*), he tried *Lachesis*, not from any correspondence of symptoms, but because he considered animal poisons the proper remedies for blood-poisons. It worked beautifully then, but since that time it has never done much good. And he had never seen the time when it would cure so many diseases as it did then. Hahnemann considered that there were two kinds of scarlet fever; that with a polished skin, cured by *Bell.*, is very rarely seen in this country. In the rough-skinned kind, which we have, *Bell.* is worse than nothing. *Lach.* is the true remedy for it, and *Sulphur* the prophylactic. Two-thirds of the symptoms of our materia medica ought to be expunged.

W. Williamson, M.D., of Philadelphia, said that such is the influence or power of the genius epidemicus, that medicines will often be found to act when the provings do not indicate them. But if the provings were carried far enough the symptoms would doubtless be found. They have been passed over as accidental when they occurred. *Lach.*, (as it is miscalled — for not the snake itself, but its virus is intended) is a remedy for blood-poison even when no symptoms indicate it.

G. W. Swazey, M.D., of Springfield, Mass., regretted some things said by Dr. Blair. He did not like flings at symptomatology, even as exhibited in the most minute symptoms.

Dr. Dunham could illustrate the importance of uncommon symptoms from a proving of his own. Dr. Hering doubted the genuineness of the peculiar ear-symptoms of *Tellurium* which he experienced, but which have since received ample clinical confirmation, and indicate the most valuable properties of the drug. Who can say that any of our provings are exhaustive? He gave *Lilium tigrinum* to a lady for heart-symptoms. It cured uterine symptoms without any proving to justify it. But the next year came that single proving by the schoolmistress which explained the unexpected cure. Comparatively few provers are females, and we know little of the uterine symptoms which our common medicines may produce.

The Institute then took a recess for dinner.

Wednesday Afternoon.

H. N. Martin, M.D., of Philadelphia, was much interested in the new effort to collect clinical provings. It was for this purpose that the *American Journal of Materia Medica* was established. We have sent out a large number of circulars to collect such facts, and scarce a single answer ever came back.

B. De Gersdorff, M.D., of Boston, thought that the provings on sick people, who were therefore sensitive, were the only reliable ones with high dilutions. Under Hahnemann's directions, *Calc. carb.* developed symptoms in him which had never been found before. Some good symptoms had shown themselves in him in sickness but never before.

F. R. McManus, M.D., of Baltimore, thought it wrong to denounce any of the numerous symptoms, without good grounds. He cured a patient with two doses of *Stan.*[30], administered on the single indication that she had *pain in her chest only when lying on her well side.*

NOMENCLATURE AND PHARMACY.

Dr. Williamson presented a long and very important report, suggesting such principles for naming new remedies as seemed most proper, and such changes in the names of old as were absolutely necessary.

T. F. Allen, M.D., of New York, thought it necessary to adhere to the strict scientific names of plants. These we find in Gray's works. Neither Wood's nor any other American botanical works except Gray's were authority.

F. A. Rockwith, M.D., of Newark, N.J., agreed with Dr. Allen. We must submit to the botanists for our nomenclature in their department. There is no safety in using the names of the European homœopaths — they are behind the age. A congress ought to reform the names of our remedies. Go to a druggist for *Hepar sulphuris*, and you are liable to get sulphate in the place of sulphide of potassium.

Dr. Williamson said the American Institute has more power to regulate the nomenclature than any other body in the world. It is twenty years in advance of any other.

THE COMMITTEE ON CREDENTIALS

reported that there were here represented one hundred and twenty-six homœopathic institutions, as follows:

State societies,	15
County societies,	47
Hospitals and infirmaries,	18
Dispensaries,	26
Colleges,	8
Journals,	12
Total,	126
No. of delegates,	161

THE COMMITTEE ON A HOMŒOPATHIC DISPENSATORY

Reported that there is no suitable work of the kind, and that one should be prepared and published. They had seen two or three pages of Dr. Lodge's proof-sheets but could not as yet recommend his plan. The following resolution was passed:

Resolved, That a Committee be appointed, consisting of gentlemen especially familiar with botany, chemistry, pharmacy and materia medica to report to the Institute, at its next meeting, a plan for a Homœopathic D spensatory and that Dr. Lodge be invited to submit the manuscript of his Dispensatory to this Committee and to take their suggestions into consideration before publishing his work.

BUREAU OF OBSTETRICS.

Dr. Woodbury, for the Chairman, presented the following papers:

Report of the Bureau; by R. Ludlam, M.D., of Chicago.

Report on Obstetrics; by H. N. Guernsey, M.D., of Philadelphia.

Operation for Imperforate Vagina; by J. H. Woodbury, M.D., of Boston.

Flexions of the Uterus; by T. G. Comstock, M.D., of St. Louis.

Anteflexion of the Uterus; by John C. Sanders, M.D., of Cleveland.

Ovarian Dropsy; by John Hartmann, M.D., of St. Louis.

Ovarian Tumor Cured; by W. Gullupe, M.D., of Bangor, Me.

On Sterility; by Ernst Hofman, M.D., of New York.

Dr. Hofman read some portions of his paper, but the question was raised if this was not a description of an instrument already patented and in the market. Dr. Hofman acknowledged that it was. The further reading of the paper was discontinued.

The reports of the Bureau were referred to the Publication Committee.

An animated debate followed the papers.

Dr. Woodbury had seen a woman who had bled to death under the care of a pupil of Dr. Guernsey, who conscientiously did nothing but administer remedies. She could have been saved by mechanical means; it is folly to object that they are not homœopathic while they conform to the teachings of common sense.

Dr. Holt would like to know what Dr. Guernsey would do with a woman who could not live long enough for him to open his medicine case.

Dr. Guernsey had had many cases of desperate flooding and saved them all by medicine. *Ipec.* will stop a constant stream of bright-red blood. But do patients never die when the tampon is used? Is it sound philosophy to plug the nares for epistaxis, or the anus for cholera?

Dr. Baer believed in high dilutions. He had gone up from the thirtieth to the two hundredth, and beyond. He had used no other mechanical appliance than his hand. In desperate cases he had seen wonders from *Ipec.*^{30} and *Bell.*^{30}. But experience and skill can prevent such cases, of which young physicians have the most.

Adjourned.

Third Day. — Thursday Morning.

OBSTETRICAL DISCUSSION. — CONTINUED.

Dr. Payne agreed with Dr. Guernsey as to the power of the homœopathic law, which extends beyond our present knowledge. But the beginner cannot carry the whole materia medica in his head. Rather than go home to consult his books, or lose his patient, let him use any means he knows. By all and every means save life. He had never used the tampon, and hopes he never shall. But he would, if necessary.

A. B Smith, M.D., of Geneva, N.Y., never uses the tampon. Flooding is always preceded by violent excitement, which should be calmed. He never forcibly removes the placenta, but irritates the os uteri with the finger, if necessary, or moves the placenta a little. He sometimes makes topical applications, — of persulphate of iron, for instance. Mechanical means may be absolutely indispensable, as in some uterine displacements.

The President's opinion was demanded.

Dr. Ludlam said that he, like Dr. Payne, found the usefulness of remedies to grow with his knowledge of them. But we are fully justified in using every expedient, regular, irregular, and defective, to save life. One who can always discharge his duty to his patient without expedient or mechanical aid must be possessed of extraordinary medical skill. We should err if we concluded that remedies are all-sufficient. A man who never needs a tampon, or any such appliance, should never tell his students of it. Men who have never lost a patient with puerperal convulsions have no right to say that there is no need of losing them. Perhaps not one man in five hundred has the skill in selecting remedies which Dr. Guernsey has. The rule for him will not apply to us. I am compelled to resort to extra-homœopathic expedients. If he needs them not, so much the better.

Dr. Williamson was called. He said we must by all means save life, and, if it may be, mitigate the ills we cannot cure. And there are even curable cases of which you cannot get control. If the patient be willing to follow your advice she may not be able. She may be poor and compelled to labor for a dependent family. Then it is useless to tell her to keep a horizontal posture. We may be able to do no more than give her a pessary or a supporter. May we never use mechanical remedies for mechanical disorders? May we not use a forceps to take gravel from an eye?

O. B. Gause, M.D., of Philadelphia: In pathological cases we have almost always a remedy. But the practitioner's very first case may be an exception. He must save life by such means as he can. Prof. Morgan demonstrated in one case that he could control the flooding by grasping the uterus through the walls of the abdomen There are, no doubt, cases in which the bandage is not required.

Dr. Beckwith thought Dr. Guernsey's paper beautifully written, but its teaching was bad, and might lead to the sacrifice of lives which could otherwise be saved.

Dr. Guernsey: I still adhere to my principles, and it seems that, however you practice, you agree with me. I claim no peculiar skill. I have done no more than others may do if they will apply the law of Hahnemann.

C. H. Haeseler, M.D., of Pottsville, Pa., had a delicate, anæmic, virgin patient whom he had known from childhood; she was sent to Philadelphia to a "gynecologist" who had womb on the brain. He applied the speculum, cauterized, and sent her home, where she died in two days. There is topical treatment for you!

BUREAU OF SURGERY.

The following papers were presented by the Secretary in the absence of the chairman:

General report of the Bureau.

Hypertrophy of the Thyroid Gland; by J. Beakley, M.D., of New York.

Dry-earth treatment of Ulcers; by J. Beakley, M.D.

Operative Surgery; by W. T. Helmuth, M.D., of St. Louis.

Stilling's Operation on the Lachrymal Canal; by T. F. Allen, M.D., of New York.

Cataract; by C. T. Liebold, M.D., of New York.

Report on Surgery; by J. C. Morgan, M.D., of Philadelphia.

Radical Cure of Inguinal Hernia; by M. Macfarlan, M.D., of Philadelphia.

Internal use of Monsell's Solution in Hæmorrhage; by M. Macfarlan.

Antiseptics; by A. G. Beebe, M.D., of Chicago.

Orthopædic Surgery; by L. H. Willard, M.D., of Pittsburg.

Cases of Ophthalmology; by J. B. Bell, M D., of Augusta, Me.

Cancer of the Brain; by S. J. Pearsall, M.D., of Saratoga, N.Y.

Surgical Operations; by G. M. Pease, M.D., of Boston.

No important discussion followed, and the papers were referred to the Publication Committee.

Dr. Allen thought that occlusion of the lachrymal canal could not be cured by medicine, though it is said that its stricture may have been benefitted by *Natr. mur.* and *Puls.*

Dr. Liebold had never seen a hard cataract cured by medicines. They are supposed to have been remedied by the application of phosphuretted oil.

Dr. Allen, on search, had found records of three cases of hard cataract supposed to have been cured. Some cases have certainly recovered of themselves. If Nature can cure them why cannot medicine? He had seen no record of a cure of glaucoma.

Dr. J. H. Smith, of Melrose, presented a case of what appeared to be cancer of the tongue.

Recess taken till two, P.M.

THURSDAY AFTERNOON.

BUREAU OF ANATOMY, PHYSIOLOGY AND HYGIENE.

The following papers were presented and referred:

Report on Hygiene; by C. Dunham, M.D., of New York.

Report on Physiology; by J. H. P. Frost, M.D., of Philadelphia.

Alcohol; by C. W. Boyce, M.D., of Auburn, N.Y.

Ventilation; by A. R. Morgan, M.D., of Syracuse, N.Y.

On the Origin of Lymphatics; by T. F. Allen, M.D., of New York.

Alcohol as predisposing to Syphilis and Gonorrhœa; by John Hornby, M.D., of Poughkeepsie, N.Y.

Inorganic Phosphorus always a poison; by A. J. Bellows, M.D., of Boston.

Little discussion followed the presentation of the papers. Dr. Baer thought the lymphatics were formed of protoplasmic materials, thrown out by the cells; and that the cells grew upward, a new cell forming at the base of an old one.

Dr. A. B. Smith said that the last volume of *Wells' Annual of Scientific Discovery* contained an article by Dr. G. H. Derby, of Boston, which established the fact that hot iron is permeable by carbonic acid and carbonic oxide.

BUREAU OF ORGANIZATION, REGISTRATION AND STATISTICS.

The report was presented and read by the Chairman, Henry M. Smith, M.D., of New York, and was accompanied by reports from the various homœopathic societies and institutions of this country. The report was referred.

WESTERN INSTITUTE OF HOMŒOPATHY.

L. E. Ober, M.D., of La Crosse, Wis., President of the Western Institute of Homœopathy, was introduced by Dr. Ludlam, who himself was one of a Committee of that body to arrange for merging it into the American Institute. Dr. Ober stated that the Western Institute was organized during the war, when the American Institute was dormant, and many felt that it was no longer needed.

Drs. Gause, Kenyon and Bigler, were appointed to confer with the Committee of the Western Institute, in relation to this subject.

THE NECROLOGIST'S REPORT,

By Dr. S. B. Barlow, of New York, was presented and referred.

THE COMMITTEE ON CORRESPONDENCE

Reported through the chairman, Carroll Dunham, M.D., of New York. The report was accompanied by a letter from Dr. John Moore, of Liverpool, a corresponding member of the Institute, who attended the session of 1868, at St. Louis. He gave an account of the progress of homœopathy in England.

Dr. De Gersdorff presented an interesting statement of the progress of homœopathy in Germany as observed during his recent visit.

PUBLICATION OF A JOURNAL.

The Committee on the Publication of a Journal, recommended that the project be abandoned, the wants of the profession being adequately supplied by the twelve now issued in this country.

Adjourned.

Fourth Day. — Friday Morning.

MEDICAL EDUCATION.

D. S. Smith, M.D., of Chicago, presented the report of the Committee on Medical Education. This consisted of a paper from the Chairman, C. J. Hempel, M.D., of Grand Rapids, Mich.; a joint paper from Drs. D. S. Smith and G. D. Beebe, and a paper from T. P. Wilson, M.D., of Cleveland, O. The report was referred to the Publication Committee.

Dr. Gause, of Philadelphia, wished more time could be given to the discussion of this matter. He represents the oldest of our colleges, now twenty years old. The further extension of the time and of the curriculum of study is so essential that this college has resolved to try the experiment of a three years' course without any corresponding increase of charges. The Chicago school intends to do the same. It is desirable to have a course so thorough that none need go for further knowledge to an allopathic school. He wished the report could be read.

Dr. D. S. Smith: The report is too long to be read here; it can be published, and next year, having read it, we can act more intelligently.

Dr. Burr offered a resolution, which was adopted, that a committee of five confer with representatives from our colleges to devise a more thorough and efficient plan of medical education.

The committee was appointed later by the President.

Dr. Morse said that the best men in every community are found to be the patrons of homœopathy. Such have most confidence in educated men. Some of our physicians are self-educated and have had too little of preliminary education. They ought to have at least the best which our schools afford, where, among other things, botany and chemistry should be taught.

Dr. Blair thought that the time required of students should vary with their advancement, and that they should have a good preliminary education.

S. S. Guy, M.D., of New York, thought the present standard far too low. The Professors often sacrifice themselves to the cause of education and have their self-denial charged to ambition.

AMERICAN INSTITUTE OF HOMŒOPATHIC PHARMACY.

Dr. H. M. Smith announced the formation of an American Institute of Homœopathic Pharmacy. It is to meet on the last Wednesday in June, at Cincinnati. It wishes a committee of conference with this body. It was voted that the committee on a Homœopathic Dispensatory be authorized to correspond with them.

ADMISSION OF WOMEN TO THE INSTITUTE.

Dr. Swazey called up the amendment of which he gave notice last year, adding the words *male and female* after the word *others* in the third article of the constitution. The question, he said, is different from that decided in the negative in New York in 1867, by the

closest vote ever taken in the Institute. That related to Mrs. Mercy B. Jackson. Members probably know how they shall vote without taking up time in discussion.

Dr. Morse thought it too important to be decided now, and moved its reference to a committee.

Dr. Dunham advocated this measure not from motives of gallantry nor from motives of justice, but simply with regard to the objects of the Association, among which the principal was the study of the materia medica. One half, perhaps two thirds, of the patients were women. Little or nothing was known of the effects of drugs upon women, and physicians never could know more until they had thoroughly educated women to study the susceptibilities of their organism to drugs. No one thought of the most important properties of Cyclamen Europæum till a woman brought a little bit of a proving of it. So of Lilium tigrinum; but for the proof of the schoolmistress we should not know its value. If we had a dozen thoroughly educated and accomplished women physicians, fully our equals, — and he believed the world was capable of producing such — who could become adjunct members of the Bureau of Materia Medica, there would come up in one year such a paper on the subject of provings as would make them glad forever that they had encouraged the measure.

Dr. McManus opposed the change,—women could be provers and not be members.

Dr. Shattuck moved the indefinite postponement of the question. Lost.

Dr. Guy would rather have the change made elsewhere than in Massachusetts. He hoped it would be settled on its merits without local influences to affect it.

Dr. Bellows thinks the action will not disgrace Massachusetts. Those who vote against it will be ashamed of their course.

Dr. Martin. I hope at least that it will be made *men and women;* for *males and females* do not necessarily mean human beings.

Dr. Talbot thought that as a matter of taste it might be better to keep an unnecessary clause out of the constitution, when a simple declaratory resolution would answer as well.

Dr. H. M. Smith moved the substitution of the following resolution in place of the amendment of the constitution offered by Dr. Swazey:

Resolved, That properly qualified physicians, men or women, are eligible to membership of the American Institute of Homœopathy.

Dr. Schneider moved indefinite postponement. Lost.

Dr. Wright moved the previous question. Carried.

The Chair decided that Dr. Smith's substitute was to be voted on. The question was put and carried, 85 to 32.

Dr. McManus. Is the next question whether the amended resolution shall pass?

Dr. Dowling. Certainly; I so thought, or I should not have voted for it.

Dr. Thayer. No. The matter is now closed, and Dr. Smith's amendment is passed.

Dr. Talbot considered that that vote simply substituted Dr. Smith's

resolution for Dr. Swazey's amendment of the Constitution. Persons might prefer that substitution who would vote against both.

Dr. Dowling said that he voted for the substitution of the resolution merely, but if it was thus adopted we are entrapped into a vote we did not intend.

Chair decided that the resolution has not been adopted and put the question, Shall the resolution presented by Dr. Smith be adopted? Carried, 80 to 45.

Dr. Martin. This is simply a resolution; a part of neither constitution nor by-laws.

Dr. H. M. Smith. The Institute now stands higher than ever before. We are the advance medical society of the world, and by this act we, more than ever before, command the respect of the progressive minds the world over. We need not quake before any medical association.

Dr. Thayer. In order to put this question to rest for ever I move to reconsider the action just taken. If this be voted down, as I hope it will be, that ends the matter.

Dr. McManus. We cannot so bind the Institute. We are but delegates for this year. This question must come up again.

Dr. Thayer. As there is considerable feeling about my motion, I withdraw it.

Dr. D. S. Smith. The mighty West must yet be heard at a time when it can be more fully heard and can speak more emphatically than it can here to-day. I give notice that I will move next year to rescind the resolution just passed.

Dr. Swazey. The East will not all be at the meeting next year, but it will not complain of the action there taken. But which ever way a question goes there must be a minority to smart under defeat.

Dr. Dowling wished to explain that he did not doubt the fair-dealing of the Boston members of the Institute.

Dr. McManus would explain that he was a woman's-rights man. He admires the sex for their delicacy and would not have them lose it; he does not know Dr. Mercy B. Jackson but would be happy to become acquainted with her. If she is a competent surgeon he would be willing to hold a tenaculum for her to tie an artery.

Dr. D. S. Smith desired to apologize for any hasty speech as to the feelings of the West.

Dr. Swazey. I hope Dr. Smith will tell us one little thing more to improve the feeling of the moment, — let him tell us that he will not keep this particular ball in motion. Now that the will of the Institute is so clearly expressed, he will not re-open the question. "Let us have peace."

Dr. D. S. Smith. Dr. Swazey asks me to say just what I cannot. I have been a member of this Institute nearly from the first, and I will do nothing to injure it. The men who come together next year must have a hearing on this subject if they wish.

A resolution was passed instructing the Necrologist to include in his list, so far as he may be able, all deceased homœopathic physicians of this country.

Dr. Watson moved that there be appointed a committee of nominations, one from each State represented, to nominate candidates for the election of to-day, and fix the time and place for the next meeting.

The Committee on the merging of the Western Institute, reported the following resolution, which was adopted:

Resolved, That we invite the Western Institute of Homœopathy to transfer its books, papers, list of members and assets to this Institute. Members of the Western Institute may become members of this Institute at its meeting for 1870, by presenting to the Board of Censors a receipt for the dues for 1870; or, upon the presentation of an authentic list of members whose dues are paid for 1869, and the money in hand; then, the individuals composed in such list shall be admitted to membership upon the usual vote.

Friday Afternoon.

Dr. H. M. Paine, advocated the endowment of the Margarettville Asylum for the Insane, by a joint-stock company. It is proposed to issue shares to the amount of $30,000 of which 25 per cent. is to be paid in. It is hoped yet to increase it to $50,000. Let all the friends of homœopathy take stock in it.

Dr. Blair had had occasion to call at the Ohio School for Idiots. What he saw there led him to think that the idiocy arose from violent attempts to cure eruptive diseases; all the children had a psoric taint. He was making investigations on this subject and asked the help of the Institute in this matter.

Dr. Kenyon moved that Dr. Blair be requested to pursue this subject further and report to the Institute. Carried.

Dr. W. E. Payne, wished to call attention to the fact that Dr. Hering is publishing his work on materia medica in the *American Journal of Materia Medica*. At the present rate it will take about twenty years to finish it. While the smaller articles will continue to appear in the regular issue of the *Journal*, it is proposed to issue, as extra volumes of the *Journal*, the larger articles, so as to get through about 1876. The extra volumes to be of about 800 pages, at $4 in paper, or $5 in cloth. If he should die, he will leave no man who can do it so well.

Dr. Martin: Dr. Hering is in receipt of a liberal income, but he expends so much on publications, and has so much company that he has nothing to spare on so expensive an undertaking, and he hoped members who felt an interest in the matter would give active aid.

ELECTION OF OFFICERS.

The Committee on Nominations reported, and their nominees were unanimously elected excepting that for General Secretary.

Dr. Talbot thanked the Institute for his long continuance in the office and the Committee for the honor of the nomination, but from inability to give the requisite time to its duties he must decline. If he might be allowed he would nominate one who desired it no more than he, and one who would do the work as well as he has, — Dr. R. Ludlam, of Chicago.

The officers elected were as follows:

President..... David Thayer, M.D., of Boston.
Vice-President..... J. J. Youlin, M.D., of Jersey City.
General Secretary..... R. Ludlam, M.D., of Chicago.
Provisional Secretary..... T. C. Duncan, M.D., of Chicago.
Treasurer..... E. M. Kellogg, M.D., of New York.
Censors..... F. R. McManus, M.D., of Baltimore.
L. E. Ober, M.D., of La Crosse, Wis.
G. D. Beebe, M.D., of Chicago.
W. E. Payne, M.D., of Bath, Me.
T. P. Wilson, M.D., of Cleveland.

The next session of the Institute is to be held in Chicago, commencing on the first Tuesday in June, 1870.

On motion of Dr. D. S. Smith, it was voted that the term of the officers elected shall commence on January 1st, 1870.

The following resolution was unanimously adopted:

Resolved, That the Secretary be instructed to publish the forthcoming volumes of the Transactions so as to correspond with the general plan followed during the last two years.

Dr. Blair, stated that his son, a homœopathic physician, had been recently appointed by Secretary Boutwell as Surgeon to the fine Marine Hospital at Cleveland.

Dr. Watson stated that it was known that President Grant was a believer in homœopathy. There are quite a number of medical officers of the Government known to be homœopaths.

The Bureaus and Committees were announced as follows:

Bureau of Materia Medica, Pharmacy and Provings. — Conrad Wesselhoeft, M.D., Boston; W. Williamson, M.D., Philadelphia; W. E. Payne, M.D., Bath, Maine; H. L. Chase, M.D., Cambridge, Mass.; S. B. Barlow, M.D., New York; E. M. Hale, M.D., Chicago; J. P. Dake, M.D., Salem, Ohio; G. E. Belcher, M.D., New York; J. L. Keep, M.D., Brooklyn.

Bureau of Clinical Medicine. — H. D. Paine, M.D., New York; S. M. Cate, M.D., Salem, Mass.; D. H. Beckwith, M.D., Cleveland; S. Gregg, M.D., Boston; P. P. Wells, M.D., Brooklyn; J. C. Burgher, M.D., Pittsburg; N. F. Cooke, M.D., Chicago; W. H. Holcombe, M.D., New Orleans; L. M. Kenyon, M.D., Buffalo, N. Y.

Bureau of Obstetrics. — R. Ludlam, M.D., Chicago; H. N. Guernsey, M.D., Philadelphia; J. H. Woodbury, M.D., Boston; T. G. Comstock, M.D., St. Louis; E. M. Kellogg, M.D., New York; J. C. Sanders, M.D., Cleveland; O. B. Gause, M.D., Philadelphia.

Bureau of Surgery. — W. T. Helmuth, M.D., St. Louis; G. D. Beebe, M.D., Chicago; B. W. James, M.D., Philadelphia; T. F. Allen, M.D., New York; C. T. Liebold, M.D., New York; M. Macfarlan, M.D., Philadelphia; J. J. Detwiller, M.D., Easton, Pa.; J. B. Bell, M.D., Augusta, Me.; N. Schneider, M.D., Cleveland.

Bureau of Organization, Registration and Statistics. — H. M. Smith, M.D., New York; H. M. Paine, M.D., Albany; E. B. Thomas, M.D., Cincinnati; T. C. Duncan, M.D., Chicago; R. J. McClatchey, M.D., Philadelphia.

Bureau of Anatomy, Physiology and Hygiene. — C. Dunham, M.D., New York; J. H. P. Frost, M.D., Philadelphia; T. P. Wilson, M.D., Cleveland; J. J. Mitchell, M.D., New York; C. W. Boyce, M.D., Auburn, N. Y.; A. R. Morgan, M.D., New York; J. H. Pulte, M.D., Cincinnati.

Orator for 1870. — Carroll Dunham, M.D., New York.

Alternate Orator. — E. M. Kellogg, M.D., New York.

Necrologist. — S. B. Barlow, M.D., New York.

Committee of Arrangements. — G. D. Beebe, M.D., Chicago; A. E. Small, M.D., Chicago; R. Ludlam, M.D , Chicago; L. W. Foote, M.D., Chicago; D. S. Smith, M.D., Chicago; E. M. Hale, M.D., Chicago; T. C. Duncan, M.D., Chicago; S. P. Cole, M.D., Chicago.

Committee on Medical Education. — G. D. Beebe, M.D., Chicago; C. J. Hempel, M.D., Grand Rapids, Mich.; D. S. Smith, M.D., Chicago; A. O. Blair, M.D., Cleveland; T. G. Comstock, M.D., St. Louis; H. B. Clarke, M.D., New Bedford, Mass.

Committee on Conference with the Professors of Medical Colleges. — H. N. Guernsey, M.D., Philadelphia; D. Holt, M.D., Lowell, Mass.; L. de V. Wilder, M.D., New York; N. R. Morse, M.D., Salem, Mass.; L. E. Ober, M.D., La Crosse, Wis.

Committee on Finance. — H. M. Smith, M.D., New York; E. M. Kellogg, M.D., New York; I. T. Talbot, M.D., Boston; W. Williamson, M.D., Philadelphia; E. B. Thomas, M.D., Cincinnati.

Committee on Foreign Correspondence. — C. Dunham, M.D., New York; T. S. Verdi, M.D., Washington; I. T. Talbot, M.D., Boston; B. De Gersdorff, M.D., Boston; J. Hartmann, M.D., St. Louis.

Committee on a Homœopathic Dispensatory. — Carroll Dunham, M.D., New York; W. Williamson, M.D., Philadelphia; F. E. Bœricke, M.D., Philadelphia; T. F. Allen, M.D., New York; H. M. Smith, M.D., New York; F. A. Rockwith, M.D., Newark, N. J.; J. J. Mitchell, M.D., New York.

Committee on Nomenclature and Pharmacy. — W. Williamson, M D., Philadelphia; C. Hering, M.D., Philadelphia; C. Neidhard, M.D., Philadelphia; Jacob Jeanes, M.D., Philadelphia; F. E. Boericke, M.D., Philadelphia.

Thanks were voted at different times to the officers who retired at the commencement of this session; to those who presided during the session; to Prof. Ludlam, for his address; to the Massachusetts Homœopathic Medical Society; to the Municipal Authorities of Boston; to the Collector of the Port of Boston; to the officers and teachers on the School Ship "George M. Barnard"; to the officers of the following institutions: Massachusetts Institute of Technology; Boston Society of Natural History; Public Library; Boston Athenæum; Coliseum; Consumptives' Home; Baldwin Place Home for Little Wanderers; House of the Angel Guardian; Bunker Hill Monument Association; and to the Press of Boston.

Adjourned to meet at Chicago, Tuesday, June 7, 1870.

I. T. Talbot, *General Secretary.*

THE FESTIVITIES OF THE SESSION.

PRELIMINARY MEETING.

On Monday evening, the preliminary meeting was held at the house of Dr. Gregg, one of the original members of the Institute, and one of the oldest practitioners of homœopathy in New England. These meetings have differed very much in character. But any one who was present in New York and St. Louis, must agree with us, that physicians coming together for the first time, many of them strangers, others friends long separated, are not in a suitably sympathetic condition for the immediate transaction of business. On this evening no business was attempted, but about eighty members were assembled, and the evening was passed in the most social manner. Old friendships were renewed and new acquaintances were made, and the bountiful hospitality of the host added to the enjoyment of the occasion, and brought the members into harmony for the more serious business of the week.

TUESDAY MORNING,

On the assembling of the Institute, a communication was received from the municipal authorities of Boston, inviting the members to a reception on Wednesday evening, in the Music Hall. Following this, came a courteous invitation to visit the Institute of Technology, at such time as might be convenient. This set the ball in motion, and during the session, various institutions of Boston vied with each other in extending their courtesies, evidently desiring that this body of distinguished visitors should be treated with hospitality during their stay. One of the committee to whom the invitations were referred to arrange the visits, facetiously protested that it was the hardest-worked committee of the Institute.

At one o'clock, the close of the morning session, an hour was taken for the first of that series of uniformly delightful

DAILY COLLATIONS,

Which were prepared in the lower hall by the well-known caterer, Mr. J. B. Smith, who understands the art of combining delicacy with abundance. No other beverages were provided than the best of tea and coffee and iced water. This hour of leisure and free intercourse was heartily enjoyed, and will long be remembered with pleasure by the members who daily participated.

At the close of the session on Tuesday, at four, P.M., many of the members repaired to the spacious building of

THE MASSACHUSETTS INSTITUTE OF TECHNOLOGY.

This was the first to extend its courtesies to the American Institute at this session. It is an advanced school or college, with a regular four years course, of which, however, the Latin and Greek classics make no part. The first and second years are occupied with studies which all the pupils pursue in common. In the remaining two years,

there are six special courses. Drawing, French and German, are taught. Every student pursues a course of practical experiments in chemistry.

Many of the medical graduates of our colleges are quite ignorant of both chemistry and botany, while surgeons often lack the skill of eye and hand, so fitly cultivated by the practice of drawing. Instead of the usual curriculum of the college, which, including its preparatory studies, consumes six precious years, we have here two years devoted to those branches which no professional man should neglect, and two years more, (if he can spend so much,) in the departments which best suit the genius or aims of the student. The fees for the first year are one hundred and twenty-five dollars, and one hundred and fifty dollars for each of the other succeeding years. The success of this Institute has been most satisfactory, and it now has one hundred and seventy-two students in attendance. The professors are men of distinguished ability. Those physicians who have sons or students to educate for the profession, should fully understand the merits of this institution. S. Kneeland, M.D., the courteous Secretary, will willingly impart any information regarding it.

Tuesday Evening.

At the close of the public address, the members and ladies were invited to the lower hall, where strawberries and ice cream in abundance were provided and partaken amid the flow of conversation and the ripple of laughter. Songs from one of our most gifted vocalists, Mrs. D. C. Hall, lent their charm to the entertainment. Another highly appreciated feature of the evening, was the recitation and singing of comic songs by our talented townsman, Mr. H. E. Barnabee. The hard-working, earnest young doctors were convulsed with merriment, while the grave old fellows forgot their dignities and honors, and joined heartily in the fun. Mr. Barnabee, is sure of a cordial welcome should he hereafter chance to meet any who were present on this occasion.

A humorous poem on the "Woman Doctor," by our esteemed colleague, Wm. Tod Helmuth, of St. Louis, was received with applause. The entertainment was characterized by hearty and unrestrained enjoyment.

THE BOSTON SOCIETY OF NATURAL HISTORY

Was visited on Wednesday morning, at nine o'clock. This society was organized (under another name) December, 1814. It was incorporated in 1831, but for ten years struggled with discouragement and debt. At first it occupied rooms in the Athenæum building in Pearl Street, and then the upper story of the Savings Bank in Tremont Street. In 1847 it bought the old Medical College in Mason Street, from whence it moved into its present elegant building in 1862. Its most munificent benefactor was Dr. William J. Walker, whose gifts and bequest have amounted to about $175,000. Its spacious rooms are crowded with specimens, and its collection of objects of natural history is one of the most extensive and interesting in the

New World. The department of ornithology contains about 10,000 species. It has a library of 14,000 volumes, a commodious lecture-room, a printing office, an herbarium, and a microscopical cabinet. This society has done much to cultivate the taste for the positive sciences.

The time devoted to the collation, on Wednesday, was abridged, in order to allow the members an opportunity to visit the

BOSTON ATHENÆUM,

Whose valuable collections belong to a corporation of over a thousand members. It owns a large and beautifully situated building on Beacon Street. The library consists of more than a hundred thousand volumes, besides about fifty thousand pamphlets, and one of the largest collections of newspaper files in the world. The Fine Arts gallery contains three hundred and fifty pictures, some of which are very rare and valuable. In the reading-room are taken one hundred and twelve periodicals, besides eighty-two newspapers, of which thirty-seven are daily. It is pleasantly located, and the favorite resort of the literati of New England.

A TRIP DOWN THE HARBOR

Was made on Wednesday afternoon, in a steam revenue cutter, placed at the disposal of the Institute by the kindness of Hon. Thomas Russell, Collector of the Port of Boston. The delightful weather gave an additional charm to the excursion, and most of the members availed themselves of this opportunity to view the fine harbor, as well as to visit

THE SCHOOL-SHIP "GEORGE M. BARNARD."

For vagrancy and misdemeanors, boys are sentenced to this ship instead of to a prison. Here practical seamanship is taught, and on alternate days all the boys are required to attend school. Kind but strict discipline is maintained, and most of the boys are greatly benefited by this wholesome restraint. The State owns another ship for the same purpose, the "Massachusetts," which is stationed at New Bedford. These vessels cruise together, from time to time, along the coast of Massachusetts, occasioning an active rivalry among the boys as to seamanship. From both these vessels, many graduate to whale ships, where they enjoy their first liberty. It is an interesting fact, in a sanitary point of view, that out of 1,714 boys committed to these vessels, there has never been a case of dysentery or typhoid fever.

WEDNESDAY EVENING.

As the guests of the City of Boston, the Institute received such an ovation as homœopathy, the progressive school of medicine, had never before enjoyed. The municipal authorities had appropriated twenty-five hundred dollars for the purpose. The best hall, the best organ, the best organist, the best band, and the best glee-club in Boston all contributed to render the occasion a memorable one. The floral decorations of tropical and rare plants were unique and tasteful

in their arrangement, and added greatly to the grace and beauty of the scene. The Mayor, Hon. N. B. Shurtleff, himself an allopathic physician, cordially greeted the city's guests by a brief address, to which the President of the Institute responded in a few well chosen words. A poem, by Mrs. Julia Ward Howe, was read by Prof. Sloan. Ample tables, laden with luxuries, were spread in the side rooms and in the lower hall. The large hall was well filled, and among the invited guests were many of the most distinguished citizens of New England. The rich tones of the noble organ and the fine singing of the Orpheus Glee Club gave great pleasure to all; while the inspiring music of the Germania Band tempted many into the mazy dance. It would be a difficult matter to find fifteen hundred brighter and happier faces than were there assembled. The refined and elegant pleasures of that evening, in the Boston Music Hall, will long be remembered.

The following is the Welcome to the Members of the American Institute of Homœopathy, by Mrs. Julia Ward Howe:

Unbar the gate, unlock the doors,
  And make the city's guests at home;
Dress for their feet the marble floors,
  And set your colors in the dome.

For these are soldiers of the good,
  Who with celestial arms maintain
A warfare free of guilt and blood,
  A conquest innocent of pain.

Truth, like a star in darkness hung,
  Views not the midnight depths with fear;
But utters, with unfaltering tongue,
  "The steadfast day of God draws near."

Grim superstitions slowly melt;
  Old Wont and Usage turn and flee
Whene'er their misty ranks have felt
  The charge of Thought's high chivalry.

Knights of Hygiene, the growing day
  Binds Nature in your plastic rule;
Your foemen throw their arms away,
  And seek the blessings of your school.

Pale forms from prison beds arise,
  And follow you with strength renewed;
While age and childhood lift their eyes,
  And sing the psalm of gratitude.

For sacred studies underlie
  Your helpful words and deeds of cure;
And Justice sets in honor high
  Your creed humane, your record pure.

THURSDAY MORNING

Presented quite a change from the brilliant scenes which the members had left but a few short hours before. Invitations were accepted to visit three charitable institutions, all under the medical charge of homœopathic physicians. The time was accordingly divided between them.

THE CONSUMPTIVES' HOME

And the Asylum for the Children of Consumptives occupy five houses, in Willard and Minot streets. The founder and trustee is Charles Cullis, M.D. These institutions are supported by the free offerings of the people. The present number of inmates is thirty-six. The whole number provided for since the commencement of this charity, four and a half years ago, is four hundred and fifty-two.

THE BALDWIN PLACE HOME FOR LITTLE WANDERERS

Is in the northern part of the city. It takes friendless children, educates them, and seeks out good homes for them at the West. Between three and four hundred are thus yearly restrained from crime and provided with employment. Besides the cost of the buildings, about $100,000 have been spent in this work in four years. It has fed and clothed more than two thousand children. No case of suffering has been left unrelieved. Rev. R. G. Toles is the superintendent; Dr. J. H. Woodbury, the attending physician; and Dr. O. S. Sanders, the consulting physician.

THE HOUSE OF THE ANGEL GUARDIAN

Is a Roman Catholic institution for boys. Rev. G. F. Haskins, the originator and founder, is at its head. He has for many years been a firm advocate of homœopathy. H. P. Shattuck, M.D., has been the attending physician for two years or more. The institution is located in the Highland District, formerly Roxbury. It is a large and commodious building, and provides a temporary home and education for more than three hundred inmates.

At four, P.M., the members, in compliance with a special invitation, voted by the Board of Trustees, visited

THE PUBLIC LIBRARY OF THE CITY OF BOSTON.

This occupies a large building on Boylston Street, near the southeast corner of the Common. It was founded in 1854, through the instrumentality of the late Joshua Bates, a London merchant, who gave more than $100,000 for its endowment. It receives ample aid from the city treasury. The library is divided into two distinct collections: the upper, in Bates Hall, contains books for scholars; the lower, for general readers. Books from both are lent to residents of Boston over sixteen years of age, and to pupils of the High and Normal schools. The number of persons registered for taking books is 11,596. The number of books lent in a single day has been as great as 1,813. The whole number of volumes is 144,120, some of them of very great value. Pamphlets are promptly bound. The sum spent for books in the last year was $15,544.04. A reading room is attached which contains about three hundred magazines, European and American, but no newspapers. Its fine arts collection contains gifts only.

THE COLISEUM

Was, at the time of the visit, in rapid preparation for the series of unequalled concerts, which began four days later. It is the largest audience room, probably, in the world, covering nearly three and a half acres, and capable of seating 36,000, with standing room for 10,000 more. Members who remained till the next week were able to testify that a single female voice could fill this vast space with song.

Rising like magic where once the waves rolled, far from the original shore of the peninsula, it is destined, no doubt, soon to disappear, as if sunk again beneath them.

THURSDAY EVENING.

By invitation of the members of the Massachusetts Homœopathic Medical Society, the members of the American Institute and a few invited guests, sat down to a sumptuous dinner in Horticultural Hall. At the table upon the platform were seated many of the most distinguished guests, while scattered over the Hall were men eminent in the various walks of life. The floral display was most beautiful, a conspicuous and crowning feature of which, was a fine specimen of the rarest of flowers, the night blooming cereus (*Cereus grandiflorus*), which burst into magnificent bloom during the evening, looking forth upon the audience, radiant with supreme beauty. Music lent its charm to the occasion, while the gallery was filled with ladies, eager listeners to the splendid tributes which were paid during the evening to homœopathy, and to the representatives of medical reform.

After the dinner had been partaken of, the President of the Massachusetts Homœopathic Medical Society, G. W. Swazey, M.D., of Springfield, extended, in the name of the Society, a cordial welcome to the guests of the evening.

He said: Coming, as you do, from nearly every State in the Union, you represent more than five millions of people, who are accustomed to turn to our system for help when sickness overtakes them. You have come as co-laborers, to work with us in the cause of homœopathy, and to rejoice with us in its unexampled progress throughout the land.

Now, for the third time since its organization, in 1844, we cordially greet the American Institute of Homœopathy in the City of Boston. In 1847, your then young society, composed of earnest, working men, held their fourth annual meeting in Boston. Fifteen octavo pages comprised the sum of its proceedings, instead of the six hundred presented to us last year. It was a day of small things then, when, like a man's hand, was rising the little cloud, which has since encompassed the whole land.

This quarto-centennial will be a marked era in the history of homœopathy in this country. Brighter hopes and higher aims are begotten in all of us, and new vows of devotion to our life-work of reforming the abuses of medical practice, take still deeper root in our hearts.

Gentlemen, let the festivities of yesterday indicate to you what influence your association has had upon the people in this region; and whoever has watched coming events by their shadows forecast, and can doubt the more glorious future of homœopathy, should question his own mental soundness. Recall its young life in 1844, and compare it with its present vigorous manhood. Then its power doubted, now believed in; then ridiculed by those who now practise it; then overlooked by the masses who now seek its breath of healing; then neglected by an enlightened community, who now delight in giving you, its representatives, a most hospitable welcome.

But I need not remind you of the flattering position you occupy, nor of the power you rightfully hold, nor of the fact that you are the first national medical association in point of time, as well as in progressive spirit. Let us mutually congratulate ourselves, that in our deep devotion to homœopathy, we are all of us as we ought to be, and where we ought to be, up to the *Hub* in it.

The regular toasts were presented by Henry B. Clarke, M.D., of New Bedford.

The first of these was the following:

The American Institute of Homœopathy: it celebrates to-day, its quarto-centennial anniversary. In view of the honor it has won in the brief period of twenty-five years, who can anticipate its centennial glory?

The President of the Institute, Prof. R. Ludlam, of Chicago, in reply said, that he was sure it afforded the members of the Institute the greatest possible pleasure to have received this recognition and compliment at the hands of the Massachusetts Society. As members of the profession, they had heard of the fame of these brethren; but this session had brought us to the homes of the Boston members, and had brought them very closely to our hearts. Of the fifty members who were connected with the American Institute at its foundation, twenty-five years ago, one-half were still living. Ten or twelve of these Nestors of the profession he saw present, — young men still, in feeling, in sentiment, in action, and in that which constitutes youth. Alluding to several of the eminent members of the society who had passed away, he said that no member of the homœopathic school who has ever belonged to the American Institute had been known to renounce his faith in its principles before going to a better land. He called the attention of the audience to the evidences of the growth and prosperity of the Institute, which were to be seen in the large addition to its numbers at this session, in the presence of so many men of prominence, influence, character and ability — so many of the representative men of the profession, and in the appearance and character of the annual proceedings which were brought forth in a style — thanks to the indefatigable secretary — which would do credit to any institution.

The President alluded, in a humorous manner, to the difficulty which they had experienced in finding time for the vast number of invitations which had been showered upon them, and the profuse hospitalities which they had met on every hand; last and not least of which was, the bill of fare of the Massachusetts Society.

The second toast was as follows:

Massachusetts: ever prompt to lend her honored influence to individuals or organizations striving for a more excellent way.

The Hon. Oliver Warner, Secretary of State, responded, in the unavoidable absence of Gov. Claflin. He said that he had known how difficult it was to fill the place of the Governor before an assemblage which desired to look upon the face of the Chief Magistrate of the State in which it had assembled; but he found a precedent in the fact that Deacon Seward once appeared for President Johnson, in New York, and represented him as a sort of lay delegate. He was proud to acknowledge himself to have been for a great many years a believer in the heresy of homœopathy; and he rejoiced greatly in the fact, so patent to all, that the old days of prejudice and vituperation in regard to the new school were fast passing away, if, indeed, they were not already ended. The foundation truths which they all loved and revered, stand as firm in Massachusetts as they ever did, or as they ever will. He welcomed all the evidences of progress in medicine, and he should also welcome the day when women should come to mingle in the labors of the profession, and bring their tenderness, their kindly sympathies and warm hearts to the alleviation of human suffering by the couch of pain. He concluded by thanking them for their presence in the Commonwealth.

The third toast was:

Boston: distinguished for her liberal hospitality. To-day she "opens wide her gates on golden hinges" and gives graceful welcome to the representatives of medical reform.

In the absence of His Honor the Mayor, Wm. G. Harris, Esq., President of the Common Council, responded. He said he must confess that this was the first time he ever took a sweat at the expense of the homœopathic fraternity. It was quite out of his line to have any connection with physic. When the reform in medicine first commenced it was thought to be decidedly wrong, and an alarming innovation, that a class in the community should have been educated to subdue disease so quickly; it was thought to be almost sacrilege that physicians should break up the common course of events, and that fevers which were entitled to a run of from fourteen to forty days, should be in any way arrested. In behalf of the city he would assure the gentlemen of the profession that in Boston, where liberty was born, where she was cradled, and where some gentlemen whom he saw before him had kept the cradle rocking, the homœopathic system would stand upon its merits; and the people welcomed gentlemen who had so nobly devoted their talent and their labors to the cause of humanity. He bade them God-speed in their great efforts, believing that they had worked out a reform which will be as potent in its influence as any which has preceded it. In conclusion, he gave the sentiment, To the members of this Institute, may your anticipations in regard to your social and professional life be fully realized.

Fourth Toast:

The President of the United States.

Hon. Charles W. Slack responded. This toast, he said, reaches the heart of every one of us who understands the true character of our simple-minded President, a man who is wholly devoted to the interests of the Union. The liberty and honor of our great republic are more resplendent to-day than ever before. You come to this oldest State in the Union with a new civilization dawning upon the republic under a flag which throws no shadow on a slave.

Quite a parallel might be drawn between our President and this institution. President Grant is a man who does his own thinking: you have done your own thinking. He is a man of peace and good sense, keeping his own counsel and breaking out from old lines of policy, and originating measures peculiarly his own: in that respect the President and this Society can be equally complimented. You experiment till you have come out right; he tried new means, against the opinion of older generals and contrary to the rules of the books, and at last won the approbation of the world by the courage with which he had followed out his purposes. Gen. Grant and this Institute have, one as a military man and the other working as a peace society, modified the opinions of the world. Gen. Grant by new measures gained the respect of every officer in the Union army; your new philosophy of cure influences the practice of those who do not accept your principles. I can remember when the old system gave us drugs without limit; but I saw in my own family how an honored allopathic physician mitigated year by year his treatment until I could scarcely perceive any difference between his practice and homœopathy. Allopathy has been greatly modified by your courage in establishing the truth discovered by Hahnemann.

Again, there is an analogy between the humane treatment which is practised by each. Some of the loveliest aspects of the President's character are shown in his treatment of his foes. Gen. Grant went to Vicksburg on the morning of July 3, 1863, to arrange the terms of capitulation. Driving up to an old mansion he found Pemberton and staff in possession. They were seated, while the conqueror of a larger army than ever surrendered to Napoleon stood for an hour in the presence of the men he had defeated, and no man offered him a seat. When, at last, he wanted a cup of water he went alone into the yard for it and then went back and gave them the terms of which we read. Not a particle of animosity seems to enter the heart of that man. Now this is Grant's character, and I submit that your humane treatment, by limiting the amount of suffering which burdens the human family and staying the duration of disease, shows that you have only one thought, — to eradicate pain. In giving to the family a system by which the gentler members of our households can minister with parental sympathy to the suffering of children, you have brought into many a house rays of sunshine that never came through the gates of science, as administered by the old school. The women of our land will stand by you.

And my last point of resemblance is in respect to the courage with

which you enunciate your truths, no matter what your opponents may say. You have stood by your guns faithfully and have not abated a shot upon the old system. I like this firm resolve to conquer, based upon a clear understanding of your power and the consciousness that you have attained the true method. And if errors occur, you frankly own the fact and gracefully retire from a wrong position. When Grant sent the name of Stewart to the Senate and found that there was a law against his confirmation, he acknowledged his error and withdrew the name. I can say, as a representative of the great republic, that she is always ready to give a cordial welcome to every new idea that benefits the human race and that you will go on from triumph to triumph till the whole land recognizes the beauty and grandeur of the new school of medicine. To-day the locomotive whirls over the continent from the Atlantic to the Pacific. A new era of prosperity has dawned upon our land, with an honest man in the presidential chair, and with important issues to impel him to grander deeds than those of the battle-field. You come garnering up the stock of human knowledge for the benefit of all the human family stretched between the oceans, and from the lakes to the gulf, and it will be the proud record of the future that, like this great progress in locomotion, so will be your experience in alleviating the sufferings of the human body. May we rejoice that we are able to celebrate this service accomplished for the benefit of the whole world.

Fifth Toast:

The Army of the United States, regular and volunteer: The world is astonished at its stupendous achievements. Liberty, humanity and science, join in grateful homage to the flag under which it marched to immortal victory.

Major-General H. W. Benham responded. He was not entirely at home nor entirely a stranger among homœopathists. One half of him was a full believer in homœopathy, that is his "better half." He had seen much of the practice in his own family, and though he accepted the medical advice furnished him by the government, which was of the other persuasion, his creed as to the new might be summed up in the words of the father in the Gospels: "Lord I believe; help thou mine unbelief."

Sixth Toast:

The United States Navy: Vicksburg! New Orleans! The Kearsage! Mobile! How the pulse of patriotism throbs as memory recurs to the gallant exploits which these names recall!

Admiral Henry Knox Thacher was called to respond, and said he hardly knew why he was called upon to speak in a company of doctors, unless it was that he had at various times prescribed pills, but, unlike homœopathic pills, they were very hard to take. He thanked the company for their appreciation of the navy. It was but just in estimating its achievements to take into account the means to which it had been limited, especially at first. With a long list of men-of-war, they had nothing adequate for blockading a port. Many of the vessels ran past them; and yet the results of the captures was a fund of some millions, that carries its beneficence into the families,

the father of which had lost life or limb in the defence of the country. Our navy is still in a deplorable state of weakness, and should we suddenly be plunged into war, the Atlantic ports would be greatly exposed, and San Francisco still more so.

Seventh Toast:

Reforms and Reformers: striving, as we do, to emancipate our profession from the errors which tradition and authority have fastened upon it, we have ready sympathy for those who seek to help mankind by urging the claims of freedom against all pretensions.

William Lloyd Garrison arose, and the audience raised a cheer which increased until every man was on his feet. When the applause had subsided, Mr. Garrison said.

I thank you with an overflowing heart for your kind demonstration. I felt gratified and honored with the invitation of your committee to meet and rejoice with you over the growing popularity of the homœopathic practice. And though I have fully enjoyed your elegant and tempting repast I can hardly say, with the London alderman, who was called upon to speak after feasting, "I am too full for utterance."

Though I am not one of the medical fraternity, I can give substantial evidence of my interest in your school; for homœopathy has been in my family for a quarter of a century as a regular practice. And I feel particularly happy on this occasion to see directly before me, my esteemed family physician, my valued friend (Dr. Geist); I can only say — may his shadow never be less.

I am able to say that I am not wholly unprofessional, for I have had one case under treatment. The patient was in a very desperate condition. The disease was chronic, of long standing and seemingly incurable. I believe I made a correct diagnosis of the difficulty. I think I got at the real symptoms. And, under God, I trust the right cure was found. And now, the patient, having changed his constitution, is presenting a fine, robust appearance. Of course, in all things we are merely instruments of a higher power. All events are of God, and to Him must be given the glory.

As an old resident of Boston, I was gratified at the hospitable reception given you by the city. It was well merited and handsomely done. Not the least interesting and curious feature of the proceedings was the welcome from the Mayor, one of our old school physicians. I know of no remark of his that called for anything but commendation, excepting what I thought was a slight, pleasant sarcasm aimed at the Legislature of Massachusetts for looking after the police of Boston. I think the Legislature fairly represents the Commonwealth, and neither the legislature nor the people would desire to meddle with any thing in Boston beyond seeing that the laws are obeyed. But in one very important matter, touching the peace, health, and happiness of the masses, Boston has defied the Legislature; hence only has arisen any proposition to interfere with the local police.

I have been very much gratified in observing here the banishment

of all that can intoxicate. It is a splendid example and I trust it will be followed. It is the great Bard of Nature who says:—

> "How far that little candle throws his beams!—
> So shines a good deed in a naughty world."

And this is truly a very good deed, — may its light spread wide. Let other public bodies go and do likewise. For, gentlemen, I am confident that medical practice, — and that of *one school* in particular, — has done much to aggravate the evils of intemperance by its prescriptions. I have full faith to believe that you will be careful when and where you prescribe alcohol to be taken into the human system, knowing well how dangerous and seductive it is to the passions and appetites of men.

I was exceedingly well pleased with Professor Ludlam's address on the Relation of Woman to Homœopathy. I am delighted to see women in the gallery to-night, only a little mortified that they are not on the floor with us. They are quite equal to the other half. "So God created man in his own image, in the image of God created he him; male and female created he them." They are to work together; let the vocation be in proportion to the adaptation of the person to follow it. I trust this noble body of men, to whom I feel drawn by the strongest ties, will set a noble example by recognizing the right of women to practise medicine.

I say I feel drawn to you. I know something of the early struggles of homœopathy, of the universal laughter it created, of the moral courage it required to stand up for it in the midst of a crooked and perverse generation. And a large majority of you have been obliged to give up your old practice, and for the sake of the truth and light vouchsafed to you, you have turned right about and accepted the new doctrine. And so I think you are an extraordinary body of men; and I say this without any desire to flatter.

And if there were nothing else to commend homœopathy, there is the vast amount of suffering it saves in administering medicine to children. The old practice was first to coax, then threaten, and then frighten the little sufferer, to get the potion down. Now nothing is more acceptable than the medicine, and its operation is as imperceptible as the laws of gravitation. The children alone would be justified in building to Hahnemann a monument higher than that on Bunker Hill.

Permit me, in closing, to offer the following sentiment: Everlasting gratitude and honor be to the illustrious founder of homœopathy; increasing success to the homœopathic practice throughout this country and the world; and "may you all live long and prosper."

Eighth toast:

> The Legal Profession: always ready to appreciate the progress of science, and to recognize the genius of all who contribute to its advancement.

The response was by William Whiting, Esq. He supposed that the reason why he was called upon to respond to this sentiment was that he happened to be a lawyer, and was present. Yet so profoundly did he respect and reverence the men of science, that it was

impossible for him to meet them, gathered on such an occasion, without testifying his homage. If on the face of the earth there were any who might justly be called the children of God, the name applies to the simple-hearted men of science. He looked upon the meeting held here in Boston as one of serious importance to the future of medicine in this country. The speaker reverted to the introduction of the homœopathic system in this country, remembering well when the name of Hahnemann was first whispered in the ears of a few select persons in this city. He had seen homœopathy sneered at, despised, and made the laughing-stock of men who should have known better than to receive any offering to science in such a spirit. But he had also seen the few first advocates of homœopathy propagate their views so successfully, that now almost every State in the Union was represented under this roof. It was a triumph, not for them only; — it was a triumph of which the country would yet be proud and the science, once despised, would yet master the field.

For the legal profession he could say, that he believed that it was filled with honorable men, who appreciated every contribution to science, from wherever it might come, and whatever it might be. Homœopathy differed from the old system, in that it had a principle and a law, and the objection often heard, that so small a dose is absurd, loses its effect, when one looks minutely into the works of God, and discovers how an infinitesimal of perfume travels a thousand miles on the wind, or how slight a quantity of oxide of gold or silver, applied to the lens of the eye, would destroy the sight. When he recollected the amazing changes which had taken place in organic chemistry since the advent of Hahnemann, it seemed to him that the science of medicine had been born upon his birthday. He could not doubt that the influence of this body of men had been most salutary upon the practice of the old school physicians around them; and from an extensive observation, he was satisfied that the use of the homœopathic remedies was being rapidly extended. He did not believe that there were ten old school practitioners in Boston, who would dare to show a corrected list of their daily remedies. The speaker paid a glowing tribute to experimental science, as the only certain means of attaining truth; and in closing, assured the Institute, that the profession for which he spoke was bound to give every man a fair hearing, and to settle all questions on their merits; and that it was a profession which welcomed to this city every man that could add the slightest particle to human knowledge.

Ninth toast:

Our Medical Colleges.

In response, Dr. D. S. Smith, of Chicago, said: I had supposed that Eastern men would first be called on. I am, however, happy to be selected as the representative of a city which, only a little while ago, was an open prairie without a house. But I am particularly solicited for information about our college. It is not an old one. I remember when I saw men spell out the words "HOMŒOPATHIC OFFICE," and wonder what they meant. Some thought that they indicated something good to eat. And they were right there. Our col-

lege has graduated about two hundred in all. It has sent out men who have become a power in the land; and it gives you now a President of the Institute whom you all consider competent to fill his post. I am proud to say that our colleges have a reputation in Europe. Men there inquire about them, and express the wish to come over and study at them.

Dr. Martin, of Philadelphia, was called. He said he was not prepared to represent the Hahnemann College. It was, through its predecessor now blended with it, the first college in the world that taught homœopathy. Already the solitary school has grown to be a band of eight colleges, which have this year graduated two hundred students and each of these will labor with enthusiam for our cause.

Tenth toast:

Our Medical Literature.

Dr. Dunham: Do you call me to respond to such a toast as this, Do you not recollect the conventional type of the devotee of literature — gaunt, pale, and with a wet cloth around his head to keep it in thinking trim? Do I look like that? After feeding a man as you do here in Boston, you ask him to speak for literature! Such is Boston cruelty. We have still in existence the old philosophical school of Pyrrho the Doubter, and it graduates doctors of medicine. Now, suppose a young graduate, with his honors fresh upon him, suddenly summoned home because his mother is sick. He comes, looks at her, and does nothing. His father cries, "Can you do anything for her?" He answers: "Professor John says, 'The principal office of the physician is to stand between the patient and his friends, and see that nothing is done.'" "Of what use, then," asks his father, "are all your drugs and medicine?" The young doctor replies: "Professor Oliver says, 'Were the whole *materia medica* sunk to the bottom of the sea, it would be all the better for mankind, and all the worse for the fishes.'" And so he stands helplessly looking on. How different these views from those of Hahnemann, who "could not think that the Creator had left the noblest of his creatures without relief in sickness." And so he wrought on in a chaos, searching till he found the law of cure, — *similia similibus curantur.*

Even now while speaking, two striking analogies meet my eye — the cereus, which has blossomed before us while we were sitting here, and the ladies, who have drawn in among us as the evening has worn away. Both give pangs to the heart, and both relieve heart-aches. And, without the power to inflict the suffering, they would be powerless to relieve suffering. Hahnemann discovered this relation. Instead of the impotent conclusion, that diseases must run their course, he sets us to seek and find the means of curing them.

Dr. T. C. Duncan, of Chicago, was called. He said the total number of homœopathic journals in the world is now twenty-four. Just half of these are in America: three quarterlies, a bi-monthly and eight monthlies. You know their character: in typography they are equal to the older journals of the allopathic schools; in intrinsic merit they far surpass them. Formerly our proffers to exchange with the allo-

pathic journals were rejected with silent contempt. Now, they willingly exchange with us. They quote us now, but they sometimes forget to give us credit.

Eleventh toast:

Our Hospitals.

Dr. E. M. Kellogg said: I have a profound question for the Bureau of Psychology, when it shall be established. Why, as I rise from my chair, do my thoughts all fly from me? I sat there with my thoughts all collected, but when I rose, something seemed to snap, and away they roll all over the floor, like beads when the string breaks.

This toast suggests to my mind the New York Ophthalmic Hospital. You were told last year how it suddenly forsook the allopathic ranks when the Trustees discovered, by mere accident, that they were, almost to a man, homœopaths. The legislature has appropriated $30,000 to it, and, on the homœopathic principle, takes it from the excise fund, contributed by the traffic in ardent spirits. The frequenters of those places get red eyes there, drinking a liquor therefore significantly called *red-eye*. They bring these red eyes to the hospital, and there they are cured by those contributions from the sale of red-eye. So red eyes are cured by red-eye — *similia similibus curantur!*

Dr. D. H. Beckwith, of Cleveland, said that he had watched Dr. Kellogg at the table and had been expecting that he would have some peculiar symptoms. Being himself a pretty good feeder, he professes to be able to judge of the matter. He had queried whether something would not come of all this eating, and had been on the lookout for a *hospital* somewhere, for the victims of Boston's profusion; but not a sign of that institution could he find. He used to think favorably of Cleveland till he saw Boston. And even now it has one advantage; it has a hospital on a beautiful hill. It is already furnished with thirty beds, and there is space to extend the number to two hundred. We have also a share in another hospital of six wards. It contains one hundred and fifty beds. There our practice is brought in competition with allopathy.

Twelfth toast:

Our Pharmacies.

Dr. H. M. Smith: Yes, it is an easy matter to call on "Smith," when you know not whom next to call out. You are pretty sure to find Smith in the party. I was warned that I was to speak for pharmacy. The empty tables show well that you acted wisely in postponing this disappetizing theme till after dinner.

Mr. Otis Clapp: In 1840, I was asked if I would take the agency of the *Homœopathic Pioneer*. I said yes, though I did not know what it was about. But I advertised it and obtained five subscribers. Soon I had a few calls for homœopathic books of which there were very few then published in English, and these few were found on my shelves. As the books made a demand for remedies, I soon found it necessary to supply a little case of medicine. While proceeding in

this humble way, a stranger called to borrow the *Pioneer*. I was at first unwilling to lend my only copy, as I might thus lose the sale of it. He returned on Saturday night, and asked the loan till Monday, and I willingly consented. On leaving, he handed me his card, and on it was "*O. W. Holmes.*" He invited me to hear his lecture against homœopathy. I went and heard him annihilate it. It has been annihilated a great many times since. When I found he was intending to publish the lecture, I wrote to him offering to publish it. He wrote back, expressing his regret that my offer came too late, as he had already arranged with another party. That annihilation was a fortunate thing for us. It led people to inquire who Samuel Hahnemann was Even to this day we do not comprehend the depth of Hahnemann's mind. I cannot close without bearing testimony to the truth of the lecture delivered in this hall night before last.

The following volunteer toast was offered by Dr. Kellogg:

Our indefatigable Secretary — a *fellow* who has been *wheel*ing about the *hub* and never got *tired;* he always *spoke* out clearly and boldly, not only in his own *Transactions* but also in those he printed for the Institute.

Dr. Talbot: Mr. President, as I am called in my official capacity, I rise for instruction in regard to a point of order. In the Transactions of 1866, '67, and '68, we read that ladies shall not be admitted to this body. But here they have been already admitted, and nobody seems even to object to it. Now, what am I to do about it? How shall I arrange it in the publications of this year! You have kindly referred to the *Transactions*. If they have increased in size, if they possess greater merit, it is because the best minds in the profession have contributed their best thoughts to them. These writings will live when we are dead. In all this quarter century the Institute has been but making a beginning. And a good beginning it has already made; and now, I trust a noble career is open before us. When I saw yonder magnificent cereus gloriously opening its petals upon us, I accepted it as an omen, that the Institute, after a long continuance in the bud, is, even now, blossoming into a splendid career of usefulness and beauty. Meeting year by year, may we be bound by new ties, to sustain each other, and to carry on our work. I wish I could tell you how joyfully we welcome these many friends who have made us so happy by their presence.

A voluntary toast to the New York Club was responded to by Dr. Dowling: In my childhood I became familiar with the marriage ceremony. My father is a minister in the City of New York. "*He* preaches; *I* practise." We children were often called in to see twain made one; and one clause, which always came in, is very applicable at this advanced hour. It was this: "I will not weary you with any lengthened remarks on this interesting occasion." Brevity is most acceptable here. I am happy to represent the commercial metropolis here. Boston and New York are rival cities. Both have magnificent harbors. You have your Common; we, our Central Park. Both can claim an interest in James Fisk, Jr. But you have the only Bunker Hill in the world. And you have the crookedest of

streets. I was greatly impressed with this on my first visit to Boston, six years ago. I remember that I never started alone, from any point, in any direction, without finding myself, after walking a quarter of a mile just where I started. It seemed as if the city had been planned by a man who was fuddled by some extraordinary cause of excitement. And, indeed, I was in somewhat in that state myself; for besides losing my way at every step, I was on my wedding tour; and . . . . . While I had an exalted idea of Boston at that time, let me also assure you that the memories of my second visit will not be dimmed by my first; In the name of the New York Club, let me express, in some faint degree, the unmeasured pleasure which has been given us by the efforts of the *fellows* around the *hub*.

The hour grew late, but not too late to call up other members; and we only regret that we cannot give the speeches of each one in full.

At midnight the company left the hall, the band playing "Home, Sweet Home."

Thus ended the jubilee festivities of the twenty-second session of the American Institute of Homœopathy.

The remaining Reports of Societies we are obliged to omit for the present.

ITEMS AND EXTRACTS.

Disraeli cures his gout by homœopathic treatment.

New Orleans has a "champion optician."

Contagious ophthalmia is prevalent in Berlin.

Wine is cheaper than milk in California.

Small-pox has appeared at Millbury, Mass., and seven of the public schools have been closed.

Warm Cod Liver Oil. — Dr. Betz finds warm cod liver oil often tolerated when the cold oil cannot be borne.

Dr. Paget has been re-elected to represent the University of Cambridge, for a period of five years, in the General Medical Council.

Liberality and Progress. — The following items speak for themselves:

"The Allopathic Medical Society of the District of Columbia voted, five to one, against the applications of Doctors Purvise and Augusta (colored), for admission to membership."

"The Pope has sent orders to the physicians of Paris, forbidding them to continue their attendance upon patients who, after three days' dangerous illness still refuse to confess."

Beer Drinking. — Dr. Cox, of Ohio, a physician of thirty years'

standing, asserts that beer is most pernicious to the physical constitution. The children of beer-drinking parents succumb readily to disease; and cases requiring surgical treatment, ulcers and sores, are much more difficult of management in beer-drinkers than even with consumers of whisky.

Massachusetts evidently does not intend to have the constitution of her children injured in this manner, at least till after the next election.

M. Nikles, Professor of Chemistry and member of the Faculty of Sciences, of Nancy, France, died a few days since, at the age of forty-nine years. His health had been previously good, and he was in the full vigor of intellectual activity. It is said that he was suddenly seized with a pulmonary affection, caused by some researches he was carrying on in the compounds of fluorine. Another martyr to scientific research!

Pigs the best Producers of Pepsin. — The strongest pepsin is obtained from young, healthy pigs, which are kept hungry, and then excited by savory food; while the influence of it is strong upon them, and the secretions are pouring out in expectation of the meal, the animals are killed.

Pepsin, like diastase, is rendered inert by a temperature of from 120° to 130° F.; and, therefore, very hot drinks are hurtful.

History of Vaccination. — The *Pall Mall Gazette* states that the Russian Government has offered a prize of 3,000 roubles (£400) for the best history of vaccination, by way of celebrating the hundredth anniversary of the introduction of that process into Russia by the Empress Catherine II. The prize is open to all European competitors, and the history may be written in any modern European language.

The Mortality from, and the Diminution of Abdominal Hernia. — Mr. John Birkett (*British Medical Journal*), in a paper read before the British Medical Association, showed that the death-rate from hernia, in the districts of London, averaged 149 per annum, and 826 in England. Prostration, peritonitis, and injury of the bowels were stated to be the causes of death.

The fatal results could only be averted by reducing the protrusion as quickly as possible by the taxis, and when that failed, by operation. Delay and violence in replacing the hernia were deprecated by him, as these circumstances produced many deaths annually.

Statistics of Inebriation. — Dr. McKinley, of St. Louis (*St. Louis Medical Reporter*) has compiled, after a very careful research, some very interesting and startling statistics of inebriation in the United States. From him the following items are extracted:

"Taking the population of this country at forty millions; of 300 men, 122 never drink spirits at all; 100 drink moderately, but not to intoxication; 50 are ephemeral drinkers; 25 drink periodically, called "spreeing"; and 3 are habitual inebriates. To every 178 who drink, 3 are confirmed inebriates; 25 are periodical drinkers; 50 are ephemeral drinkers. One confirmed inebriate to every 59½ of men.

Of 700 women, 600 never taste alcoholics of any kind; 30 taste wine occasionally; 17 taste ardent spirits; 36 drink ale or beer constantly; 14 drink ardent spirits periodically, and 3 are habitual inebriates.

"Predominance in confirmed inebriates of the sexes: 3 men in every 178; 3 women in every 100; 1 confirmed inebriate to every 33⅓ of women. Fewer women drink than men; but a larger proportion of them become habitual drinkers. Debauch drinkers rarely become habitual, but periodical, drinkers; the latter rarely become habitua inebriates, as the violence of their drinking is too great, and leads to disgusting satiety, and hence to intervals of sobriety.

Acute Rheumatism. — Valerian, administered in the form of bath, is of extraordinary efficacy in subduing the pain of inflammation attending acute rheumatism. The bath is made simply by taking one pound of valerian root, boiling it gently for about a quarter of an hour in one gallon of water, straining it and adding the strained liquid to about twenty gallons of water in an ordinary bath. — *Allopathic Exchange.*

Carbolic Acid. — The *Journal of Chemistry* says that two or three drops of carbolic acid added to a bottle of ink will prevent mould; and about thirty drops added to a pint of water used for making paste will have the same effect. Carbolic acid, however, is a poison, and should be used with care. It is very destructive to the lower orders of vegetable and animal life.

Academy of Sciences, St. Petersburg. — At the last reported meeting, MM. Zabeline and Wassilewski, read a joint paper "On the Influence of Chloride of Sodium on the Absorption of Tribasic Phosphate of Lime and Metallic Iron." This was a physiological paper, and the authors had conducted their experiments on dogs. The paper is full of interesting details, and its facts seem to justify these two conclusions: — 1. Phosphate of lime, when introduced into the stomach with caseine, is found to be absorbed in greatest quantity when the food contains much chloride of sodium. 2. Chloride of potassium, while it helps the organism to absorb iron more quickly than chloride of sodium, also assists in removing this metal through the secretions more rapidly than the former.

Sea-Sickness and its Cure. — Dr. John Chapman, of London, says, that sea-sickness is the result of an excitement of the nerves, and prescribes the application of ice to the spinal column during the voyage, as a means of deadening their irritability. The ice is to be broken in small pieces, and placed in a long India rubber bag, which is bound to the patient's spine by suitable bandages. A number of cases are cited in which this expedient has been tried, and, as the doctor claims, with perfect success. On the other hand, Dr. Fordyce Barker, of New York, says that "the horizontal position in the only approximation to a cure," and his directions to persons about to embark, are: — 1. To eat a hearty meal before going on board. 2. To get to bed before the vessel sails. 3. To eat regularly for the first two or three days of the voyage, but without raising the head. 4. To take

a laxative pill occasionally. [?] 5. Never to get up on an empty stomach. 6. To lie down at the approach of a storm or an unusually rough sea. It is certainly more comfortable to follow these directions than to wear an ice poultice on one's back; but which is the more effectual, can only be determined by experience.

Evidently neither of these doctors have yet learned the efficacy of homœopathic medicines in such cases.

Statistics of Ovariotomy. — M. Hoerberlé recently presented to the Paris Academy the statistics of the ovariotomies performed by him since 1862. He says that the gravity of ovariotomy is proportional to the complications which it offers. Sixty-nine operations by him — forty-five successful, twenty-four fatal — are thus analyzed: —

Cases without adhesions, 20; cured, 17; deaths, 3. Cases with slight adhesions, 16; cured, 13; deaths, 3. Cases with extensive adhesions, 33; cured, 15; deaths, 18.

The mortality of the operation is also proportional to the loss of blood, the duration of the operations, the length of the incisions, the weight of the tumors.

The causes of death were as follows: Septicæmia in seven cases; peritonitis in five cases; peritonitis and septicæmia in six cases; internal strangulation, intestinal tympanitis, enteritis, in one case each.

Within the past year, M. Hoerberlé has had great success in his operations; these results he attributes to new improvements in the method of operating which were originated by him. — *Western Journal of Medicine.*

Bites of Insects. — It would be well, says the *Journal of Cutaneous Medicine*, if we could follow some of our tormentors of the insect world through their daily life and discover their loves and their hates. Linnæus informs us that the seeds of the *Absinthium maritimum* are deadly to the flea, and we have likewise heard that the odor of the elder is equally obnoxious to other insects. It is said by the devotees of botany, that on a hot summer's day, the cattle may be seen to cluster round the elder for protection against the sting of flies; we have thought sometimes in our summer rambles, that the verdict of the wise was unproven. We entertain, however, a strong belief that the perfume of the chamomile is destructive of the *Acarus scabiei*, and we use it accordingly in our pomades for the treatment of scabies. Bazin was wont to recommend for the same purpose an unguentum anthemidis; and our Italian contemporary, the *Giornale Italiano delle Malattie della Pelle*, reminds us that an infusion of chamomile flowers has been recommended as a wash to the skin, for the purpose of protection against gnats. Gnats are said to shun the traitorous perfume; and if such be the case, it would be easy to convert the essential oil of the anthemis into an agreeable lotion like that of lavender or eau de Cologne.

REVIEWS AND NOTICES OF BOOKS.

How Plants Grow; a simple Introduction to structural Botany, with a Popular Flora. By Asa Gray, M.D. New York: Ivison, Phinney, Blakeman & Co. Boston: Wilde, Bowler & Co., No. 1 Cornhill. Square 8vo., pp. 233, with 500 wood engravings.

This little book for children, contains enough of systematic botany to enable a man to pass a respectable examination in any institution. The wonderful engravings which fill its pages, are from drawings by the best botanical artist that America has produced, Mr. Sprague.

Adventures in the Wilderness; or Camp-life in the Adirondacks. By W. H. H. Murray. Boston: Fields, Osgood & Co. Pp. 236, 12mo. Eight full-page illustrations.

Not a few physicians long for, and suffer for the need of, just such camp-life as Mr. Murray describes. And many, if they were to read the vivid description which he gives, would, for a few days or perhaps weeks, exchange their professional life for that of the camp. To those who would like to go but cannot, the perusal of this book would afford real pleasure.

Our New Way Round the World. By Charles Carleton Coffin. Boston: Fields, Osgood & Co. Pp. 524, 12mo, fully illustrated.

Some of our readers were made well acquainted with Carleton's graphic style and accuracy of statement during the war of the Republic, when his letters to the *Boston Journal* were eagerly read. This later series embraces a description of travel round the world, touching lightly upon the familiar scenes of England and France, but dwelling with an agreeable fullness of detail upon localities little known and of great public interest, such as the Suez Canal, India, China and Japan, concluding with California and the Pacific Railroad. Carleton offers the following suggestion to the traveller, which, if followed, is equal to a letter of credit: "The secret of travelling with comfort and pleasure is to take things as they are, making the best of them. The grumbler will do well never to leave his own fireside."

The National Sunday School Teacher; a Monthly, published under the auspices of the Chicago Sunday School Union. Chicago: Adams, Blackmer & Lyon.

The Manual; a Practical Guide to the Sunday School Work. By Edward Eggleston. Chicago: Adams, Blackmer & Lyon. 12mo, 108 pp.

The old rule — where there are three physicians you will find two atheists — does not, we think, apply to homœopathic physicians. Generally they are men of faith, and often of religious belief. The very nature of their profession cultivates this, and not unfrequently do we find them hearty supporters of the Sabbath School. To such as feel an interest in this kind of work, either parents or teachers, these books, apparently devoid of sectarianism, and cultivating the broad field of Christianity, must be suggestive and valuable.

THE ARK OF ELM ISLAND. By Rev. Elijah Kellogg. Boston: Lee & Shepard.

This lively continuation of the Elm Island stories, will be fully appreciated by our boys and girls.

PERSONAL.

DR. C. F. BECKER, of Cressona, Pa., writes that Scarlatina anginosa is prevailing in a severe form in that region.

MARTIN MAYER, M.D., of Leavenworth, Kansas, has, in consequence of the death of a Russian relative, had his name changed by the courts to MARTIN MAYER MARIX. He is about to leave on a tour to Europe.

WM. R. REUD, M.D., of Philadelphia, has been appointed physician to the Continental Hotel, Long Branch, where he will spend the summer months.

THE homœopathic physicians residing at NEWTON CORNER do not wish to be considered "in a corner" any longer. They would have it distinctly understood that the name of their post-office is changed to NEWTON.

WE have received, by mail, the last effusion of DR. BUCKINGHAM, "carefully sealed from impertinent curiosity." This is as it should be; and we trust that a returning sense of decency will prevent the Professor from ever again making such a disgusting exhibition of himself in print.

BOOKS AND PAMPHLETS RECEIVED.

Exchanges for June:

The Homœopathic Sun; New York. American Journal of Homœopathic Materia Medica; Philadelphia. The Hahnemannian Monthly; Philadelphia. American Homœopathic Observer; Detroit. Medical Investigator; Chicago. Western Homœopathic Observer; St. Louis. El Criterio Médico; Madrid. Monthly Homœopathic Review; London. Bibliothèque Homœopathique; Paris. Boston Medical and Surgical Journal. Guardian of Health; Boston. The Journal of the Gynæcological Society of Boston. The Medical Record; New York. The Medical Gazette; New York. American Eclectic Medical Review; New York. Philadelphia University Journal of Medicine and Surgery. Buffalo Medical and Surgical Journal. Nashville Journal of Medicine and Surgery. Pacific Medical and Surgical Journal; San Francisco. Missouri Dental Journal; St. Louis. The Canada Journal of Dental Science; Hamilton. Boston Journal of Chemistry. The Atlantic Monthly; Boston. Our Young Folks; Boston. Every Saturday; Boston. Living Age; Boston. Our Dumb Animals; Boston. The Little Wanderers' Advocate; Boston. The Monthly Record of the Five Points House of Industry; New York. Cincinnati Weekly Times. The Witness; New York.

Also the following:

A Review of Four Lectures on Homœopathy, by C. T. Harris, A.M., M.D.; Detroit. Ninth Annual Report of The Trustees of the Massachusetts Nautical School; Boston. Fourth Annual Catalogue of the Massachusetts Institute of Technology; Boston. Adventures in the Adirondacks, by William H. H. Murray; Boston: Fields, Osgood & Co. Our New Way Round the World, by Charles Carleton Coffin; Boston: Fields, Osgood & Co. Walter Savage Landor; A Biography, by John Forster; Boston: Fields, Osgood & Co. The Ark of Elm Island, by Rev. Elijah Kellogg; Boston: Lee & Shepard. The Manual of Sunday Work, by Edward Eggleston; Chicago. Adams, Blackmer & Lyon. The National Sunday School Teacher; Chicago. How Plants Grow, By Prof. Asa Gray; New York: Ivison Phinney, Blakeman & Co.

HOMŒOPATHIC REGISTER.

(Continued from page 228.)

WILDER, LOUIS DE V., M.D., 213 W. 38th Street, New York City.
Willard James P., M.D., Jacksonville, Ill.
WILLARD, EPHRAIM S., M.D., 4 Garland Street, Boston, Mass.
WILLARD, L. H., M.D., Allegheny City, Pa.
Williams, Albanus, M.D., Phœnixville, Chester County, Pa.
Williams, David R., M.D., Woodhull, Fond du Lac County, Wis.
Williams, Simon B., M.D., Waterloo, Iowa.
Williams, Thomas C., M.D., 567 N. 5th Street, Philadelphia.
Williams, William D., M.D, London, Madison County, Ohio.
WILLIAMSON, WALTER, M.D., 11th and Filbert Streets, Philadelphia.
WILLIAMSON, WALTER M., M.D., 11th and Filbert Streets, Philadelphia.
WILLIS, L. MURRAY, M.D., 274 Meridian Street, East Boston, Mass.
Wilmot, Silas G., M.D., Rawsonville, Ohio.
WILSON, G. H., M.D., West Meriden, Conn.
Wilson, N. B., M.D., Cleveland, Ohio.
WILSON, T. P., M.D., Cleveland, Ohio.
Winslow, Mrs. Caroline Brown, M.D., Washington, D. C.
Winterburn, Charles, 306 W. 35th Street, New York City.
Woodbury, Oliver A., M.D, Nashua, N. H.
WOODVINE, DENTON GEORGE, M.D., 739 Tremont Street, Boston, Mass.
Woodward, Calvin, M.D., Danville, Vt.
Woolsey, Gilbert R., M.D., Normal, McLean County, Ill.
Worthington, Anthony H., M.D., 52 Hanover Street, Trenton, N. J.
WRIGHT, ANDREW R., M.D., Buffalo, N. Y.
Wright, Henry Bliss, M.D., Fairbury, Livingston County, Ill.
Wright, John J., M.D., Fairbury, Livingston County, Ill.
WRIGHT, WILLIAM, M.D., 34 Fifth Street, Brooklyn, E. D., N. Y.
YOULIN, JOHN J., M.D., Jersey City, N. J.
Young, Goettlieb Mathias, M.D., Peoria, Peoria County, Ill.
Young, James A., M.D., Hopkinsville, Christian County, Ky.
Younghusband, L., M.D., Mount Clemens, Macomb County, Mich.
Younglove, John, M.D., Elizabeth, Union County, N. J.

Names received by the Bureau subsequent to March 15th.

Adams, Charles Frederick, M.D., Rutland, Vt.
Aikman, J. A., M.D., Decatur, Macon County, Ill.
Alling, David G., M.D., Silver Creek, Chautauqua County, N. Y.
Amoss, Edward Nancarrow, M.D., Wallonia, Trigg County, Ky.
Andrews, William, M.D., Newark, N. J.
ANGELL, EDWIN P., M.D., Galveston, Texas.
Angell, James, Galveston, Texas.
Angell, Richard, M.D., New Orleans, La.
Angell, Samuel Winter, M.D., New Orleans, La.
Armstrong, William P., M.D., Paris, Edgar County, Ill.
ARTHUR, A. A., M.D., Vergennes, Vt.
Austin, James H., M.D., Bristol, Conn.
BAER, OLIVER P., M.D., Richmond, Ind.
BAETHIG, HEINRICH, 339 Oak Street, Buffalo, N. Y.
Bahrenburg, John H., M.D., 919 Washington Street, St. Louis, Mo.
Baker, Daniel P., M.D., Little Valley, Cattaraugus County, N. Y.
Baker, J. Follet, M.D., Dover, Del.
BAKER, WALTER S., M.D., Cohoes, Albany County, N. Y.
Ballard, Edgar Abbott, M.D., 1354 State Street, Chicago, Ill.
Bancroft, Augustine A., M.D., DeWitt, Clinton County, Mich.
Bannister, Charles B., Eagle, Waukesha County, Wis.
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ASTHENOPIA AND HYPERMETROPIA.

From a forthcoming work on "Diseases of the Eye."

BY H. C. ANGELL, M.D., BOSTON.

Asthenopia may be defined as a condition of the eye in which it cannot be used continuously for near vision, even in the best light, without pain and confusion of sight, although for the first moment the patient sees with ease and distinctness. The eyes are sound in appearance, in movement, in visual form, in convergence of visual axes, but they rebel against all use, however moderate. After the least service upon near objects, they feel fatigued, full, hot, and sometimes become quite painful; the pain extending to the head, or following the branches of the fifth nerve.

It is not unusual for asthenopic eyes to show a slight hyperæmia of the conjunctiva, and sometimes we notice an enlarged and rather sluggish pupil. The dilated pupil is not due to any local disease, but to reflex disturbance of the ciliary nerves from irritation of the sympathetic. In these cases we find spinal irritation or disturbance of the uterine or digestive functions. The dilatation of the pupil is, when it exists, an additional hindrance to distinct vision for near objects, by admitting too much light and too many lateral rays, and by increasing the circles of diffusion. The ophthalmoscopic signs are usually negative. The media are clear, and there are no striking anomalies of refraction. Sometimes, however, there is to be observed a hyperæmic condition of the optic nerve, disc and retina, similar to the hyperæmic state of the conjunctiva. In rare instances, the optic nerve itself appears to be the principal seat of

the pain. I recall a case where the patient could not fix her eyes for any time even on distant objects, without causing severe and deep-seated pain of the globe.

The cause of this affection lies generally in that peculiar formation of the eye which renders it hypermetropic. Hypermetropia is by far the most frequent cause of asthenopia.

HYPERMETROPIA,

As we have already seen, is that condition of the eye in which its antero-posterior diameter is too short in comparison with the refractive power (convexity) of the crystalline lens. The rays of light consequently reach the retina before they are brought to a focus, forming circles of diffusion, and vision is indistinct. A convex glass, or spectacles, by supplementing the refractive power of the natural lens, enables the patient to focus the rays of light upon the retina, precisely as in presbyopia. In presbyopia, however, rays of light from a distance — that is, what are termed parallel rays — are brought to a focus on the retina without the use of accommodating power; while, in hypermetropia, the exercise of this power is always necessary, even for distant vision: and, in the higher grades of the affection, convex glasses are also necessary for all distances. A hypermetropic eye is generally smaller in all its dimensions than the emmetropic or normally refractive, and is probably of congenital and hereditary source.

Hypermetropia is divided by Donders into *facultative, relative,* and *absolute.*

Facultative is the slightest form, where the patient accommodates readily for all distances; presbyopia occurs rather early, and then asthenopic symptoms are apt to occur; while, in

Relative hypermetropia, although the patient can accommodate so as to see well at all distances, yet this is only accomplished through great efforts of accommodation, and by converging the optic axes too much at the same time. Such persons are almost certain to become asthenopic.

Absolute hypermetropia is a condition of the eye in which the patient sees distinctly only by the aid of convex glasses. Without spectacles no effort of accommodation, however great, will suffice

to bring rays of light from any distance to a focus before they reach the retina.

Generally speaking, the symptoms of asthenopia come on at an earlier or later age, in proportion to the grade of the hypermetropia, whether it be facultative, relative, or absolute. Even in the latter grade, a youthful eye, with its great power of accommodation, is able to see without the aid of glasses for a few years when circumstances favor.

The diagnosis of hypermetropia is rendered much easier when the patient is asthenopic. The asthenopia, in a vast majority of cases, renders the diagnosis certain. We may verify our surmises in regard to the existence of hypermetropia by allowing the patient to look at a distance, or at large letters, such as a normal eye would distinguish readily at twenty feet. If his vision is improved by looking at them through convex glasses of thirty or forty inch focus, he is hypermetropic. The emmetropic eye would not see distinctly under these circumstances. But it may happen that, although slightly hypermetropic, he does not see as well through the convex glasses, or he may even see as well, through concave glasses of thirty or forty inch negative focus, as in myopia. He is not myopic, however; but in looking through the concave glasses he involuntarily exerts all his power of accommodation; and when this power is considerable he overcomes, for the time being, his own as well as the additional hypermetropia caused by the concave glasses. Ordinarily, however, we find that a weak convex glass improves vision; if it does not, we may try the effect of paralyzing the accommodation by the instillation of atropine. We can then determine the whole extent of the hypermetropia, both latent and manifest. If after an hour or two we try our convex glasses again, we may find that whereas, previously he could only see well through convex thirty, he now sees best through convex twelve or fifteen. His manifest hypermetropia was only one-thirtieth; but his latent, being added, gives him really a hypermetropia of one-twelfth or one-fifteenth.

It is advisable, however, to avoid the use of atropine on account of the inconvenience which a strong solution causes the patient in the disturbance of vision for several days, and to this end the following method will be serviceable.

It will be remembered that a hypermetropic eye is *over*-sighted. The retina is too near the lens, and the latter cannot be made convex enough by any effort, however great, in severe cases, to bring the rays of light from near objects to a focus upon the retina. The eye is forever accommodated for a point beyond the object. Now, if we place before an emmetropic eye (of normal refractive power) a convex glass of eight-inch focus, it will be able to see brilliant type, No. 1 of Snellen or Jaeger at a distance of eight inches, for the rays of light coming to the eye through this lens are rendered parallel, just as they would be if they came from a distance or the *far* point of the eye. If we find, however, on applying this test, that the type can be distinctly seen through our No. 8 convex glass no nearer than at nine, ten, or eleven inches, we are sure that we have an oversighted or hypermetropic eye.

We may diagnose the affection also by means of the ophthalmoscope, using the direct image. With this we see the details of the fundus at a little distance, as in myopia, only in this instance we get our image uninverted. A movement to the right or left will produce a similar movement in the image, and not the reverse as in myopia. Approaching nearer, we find the field of vision unusually large, and the optic disc apparently small, but very distinct, just the reverse of what we notice in myopia. If we use the indirect mode of examination with the object-glass, we find the disc to appear larger than usual in other refractive states of the eye.

In the higher grades of hypermetropia we often find, especially in young children, a convergent strabismus. The accommodative effort of the eye is always accompanied by a slight convergence of the optic axes. These consentaneous movements in the normal eye are necessary for acute visual power in regarding near objects. For distance, no accommodation being necessary, no convergence takes place. With the relative or absolute hypermetropic eye all this is different. It is obliged to accommodate for all distances, and with accommodation comes convergence, and in course of time a periodic strabismus becomes fixed and permanent.

Spectacles for distance should not be prescribed for hypermetropia, if the patient can see well and without fatigue, as, after being used for distant vision, they become indispensable for all

time; but, for near vision, they should be ordered the moment asthenopic symptoms appear. In higher grades of the affection, where vision for all distances is imperfect, glasses which correct the *manifest* hypermetropia should first be worn; and later, when the eyes become accustomed to these, stronger ones should be prescribed, if necessary, so as to correct more or less of the *latent* defect also.

Formerly asthenopia was looked upon as a grave affection, and as a probable precursor of amaurosis, or some other disease fatal to sight. More recently it has been regarded as a symptom of general debility, arising from exanthematous or febrile affections, from over-work, mental troubles, dissipations, abuse of the eyes and like causes. All these, however, only express the occasional, or exciting cause. The primary cause is to be sought in a more or less faulty state of the refractive power of the eye, and the faulty refraction is a hypermetropia. We can now explain very readily the mystery of some eyes giving out upon the least abuse of over-work, or deterioration of the general health; while others bear any amount of fine work night or day, and, in failure of the general health, are the last to be affected. The first are hypermetropic, and have always required extra exertion of the ciliary muscle in accommodating for near vision; while the second are emmetropic, or as nearly this as possible, and, the apparatus of accommodation having always been used with moderation, its integrity is preserved. Some hypermetropic eyes escape asthenopia for a longer time also, on account of having been originally endowed with a wider power of accommodation. A youthful normal eye is sometimes able to read the finest type — brilliant — from three up to eighteen inches, while another may be able to read it only from four up to twelve inches; the first showing an accommodative power of considerably greater range than the second. Moreover, according to Graefe, there is considerable difference exhibited by different individuals in the impunity with which they may exert a great part of the accommodative power at their disposal. Some persons, for instance, are unable to use one half of this power for any length of time without injury, while others use more than three-quarters without fatigue. In the first, there appears to be a lack of energy in the

ciliary muscle; while, in the second, it is unusually vigorous. Hence it may follow that the more or less perfect optical construction shall in some instances give but an imperfect indication of the serviceableness of an eye for fine work. This, however, is certain, that the greatest amount of muscular energy, and the widest range of accommodation, cannot prevent an excessively hypermetropic eye from becoming asthenopic.

After middle age, the hypermetropic eye grows presbyopic also; that is, its power of accommodation decreases, and stronger glasses become necessary.

Asthenopia is sometimes the result of a high grade of myopia, which, from the necessity of holding objects very near the eye, occasions a weakness of the internal recti muscles. Great convergence of the optic axes being necessary, the internal recti are continually over-exerted, and finally become weakened, and refuse to perform their office without great and painful effort. Asthenopia arises also from anæsthesia and hyperæsthesia retinæ, and from astigmatism, and any causes which produce amblyopia. All these disorders however are, or will be, noticed in their appropriate places. The common cause of asthenopia is to be found in a deficient refractive power, due to original defect in size or shape, which renders the eye hypermetropic or oversighted.

Treatment.

The first and most important indication in the treatment of asthenopia is to relieve the painful and overworked ciliary muscle by supplementing the refractive power of the crystalline lens with suitable convex glasses. We have by no means finished our treatment, however, when we have prescribed convex spectacles for our patient. We must still keep him under our control, to determine whether the glasses are affording him the requisite relief; whether we have perhaps prescribed a too weak or too strong pair, and whether they are invariably worn for near objects, as directed.

Sometimes, when the affection is of long standing, and the whole eye seems to have been reduced to an extremely irritable and sensitive condition, we may have considerable trouble in finding glasses that can be worn with comfort; and yet, if the eyes are to be used

at all, the help of glasses is absolutely required. It may be necessary in those cases to completely paralyze the accommodation for some weeks by the instillation of atropine, simply for the purpose of resting the eye.

For the selection of glasses, I generally determine the amount of manifest hypermetropia, by permitting the patient to look at large print at a distance of fifteen to twenty feet, or where an emmetropic eye would see it with distinctness. Then I find the lowest convex glass through which he can read the print, and this determines the degree of manifest hypermetropia. In the great majority of cases of asthenopia, the convex glass will be about thirty-six or forty inches. Having determined this point, I prescribe, if the hypermetropia is thirty-six, a convex glass of thirty-inch focus; if it is fifty, glasses of about forty-inch focus, and so on. Wecker advises that the manifest and about one-fourth of the latent hypermetropia should be corrected by the first glasses presented. I notice, in looking over my records of quite a large number of cases of asthenopia, glasses of thirty-inch focus are prescribed oftener than any other; and the cases occur almost invariably in persons from fifteen to thirty years of age. I find nearly twice as many cases in females as in males; but this is probably not owing to a preponderance of hypermetropia in females, but rather to the fact that their occupation in general, and especially by artificial light in the evening, requires greater exertion of the accommodative power of the eye than that of males. Collegians and accountants, among the latter, are frequent sufferers.

It will often be necessary to change the glasses, after a few weeks, for those of greater refractive power, in order to cure the asthenopia. Sometimes, in asthenopia due to facultative hypermetropia, the glasses, after having served to cure the asthenopic symptoms, may be discarded. The patient should be particularly enjoined to use *invariably* his spectacles for near vision, and, whenever in any occupation his eyes seem fatigued, to rest a few minutes. In looking at distant objects, although he is obliged to accommodate, it is only momentarily as a rule, and need not, if discretion is used, fatigue the eye much.

Besides the asthenopia, we have also to treat the hyperæmia

which frequently accompanies it. This is spoken of elsewhere. There are occasionally also those symptoms of general debility noticed at the commencement of this article. These are of course to be removed as speedily as possible by internal medication, generous as well as prudent dietetic regulations, and change of air, if necessary. I know of no remedies so useful internally in helping to *remove the irritability* of the eye in these cases as *Macrot.*, *Spigel*, and *Gelsem.*, when other symptoms pertaining to the general health do not forbid their use. When there is irritability of the sympathetic, nervous dyspepsia, irritation of the uterus or kidneys, and sensitiveness of the brain and nervous system generally, these remedies are applicable. I do not know any particular subjective symptoms which would lead me to select one of these remedies in preference to the others, unless it be perhaps the single one of want of appetite, or simply an indifference to food. This points invariably to *Macrotin* in these cases. When the hypermetropia is very slight, and the asthenopic symptoms are evidently dependent on diminished energy of the muscular system generally, we may frequently omit the prescription of spectacles altogether, and depend wholly upon the restoration of vigorous health for the cure of the affection.

Muscular asthenopia and asthenopic symptoms due to irritability of the retina are noticed elsewhere.

STRANGULATED UMBILICAL HERNIA.

Mortification and Removal of Fifty-eight Inches of Intestine.—Recovery.

BY G. D. BEEBE, M.D., CHICAGO.

On July 10, 1869, I was called to see Mrs. J. B. Childs, of Lee Centre, Ill., who was temporarily in our city for a visit. While at the house of a friend she was taken with most violent pain in an umbilical hernia from which she had suffered since the birth of a child seven years previously.

On reaching the patient's bedside I found a large tumor at the umbilicus, the thin integumental coverings of which were greatly discolored, and were on the point of yielding to the pressure of a

considerable quantity of fluid within. The patient had vomited for two or three days; during the twelve hours preceding my visit the vomiting had been stercoraceous, with frequent hiccough. The skin and pulse did not indicate any marked peritoneal inflammation, but there seemed no apology for further delay in ascertaining the condition of the hernial mass.

A careful incision into the integuments liberated a quantity of dark, bloody serum, and revealed a mass of gangrenous intestine. With a grooved director the hernial sack was freely laid open, when I was startled to find so much of the intestine involved, and the entire mass was not only quite black, but at points was yielding and allowing the escape of fœcal matter. The situation was unprecedented, but a moment's reflection satisfied me that the patient's chances for life lay in removing the devitalized tissue, and pursuing such further steps as would subject her to the least hazard possible.

With the assistance of two or three of my colleagues whom I could hastily summon to my aid, I traced the gut to the hernial ring; finding sound tissue there, I divided it, and by a strong suture secured the sound extremity to the margin of the incision. Then with a pair of scissors I cut the intestine away from the mesentery throughout its extent until sound intestine was found at the opposite side. Here it was again divided, and the sound extremity secured as before. The mesenteric vessels, which were very numerous, as may be supposed, were closed by torsion; ice was applied until all hæmorrhage had ceased. This was the most protracted part of the operation. Then the hernia knife was brought to bear on the ring, which was freely enlarged. Making sure that the bleeding would not recur on the removal of the pressure maintained by the ring, the parts were now returned within the abdomen, leaving the two divided ends of intestine protruding from the abdomen, and lying side by side where they were secured to the integumental margin in such manner as to form an artificial anus.

The day following the operation the pulse rose to one hundred and twenty, and there was some disposition to singultus; but the cathartics, which had been administered by my predecessor in the case, were producing free discharges at the artificial anus, and in two days the irritation began to subside, and the digestive func-

tions became tolerably well re-established. An examination of the intestine removed proved it to be a portion of the jejunum, measuring *four feet and ten inches.*

As soon as I could feel some assurance of the patient's surviving the first operation, I began to prepare for the second, viz, the cure of the artificial anus. There were not wanting those in the profession who wisely shook their heads, and thought this operation should have been postponed for several months to enable the patient to regain strength, etc., and influences were brought to bear upon the patient to that end. But she seemed willing to rest her case in my hands; and, so soon as my instrument-maker could prepare the instruments from drawings furnished him, I was ready to proceed. A few days' delay was asked by the patient's husband on account of business.

On July 31, a clamp was introduced, the blades of which were oval, one inch and a fourth in length and three-fourths of an inch in width. They were fenestrated, leaving serrated jaws one-eighth of an inch wide. One blade was passed into each end of intestine until fully within the abdomen; great care was exercised that only the intervening walls of these intestines should be embraced by the clamp, and the blades were then approximated by a set screw in the handles until slight pain was occasioned. Instructions were given that, if nausea and vomiting occurred, the clamp should be loosened; otherwise it should be very gradually tightened during the next two days. On the third day, the presumption being that adhesive inflammation had united the two intestines, firm pressure was applied by the clamp so that the parts embraced might be caused to slough; and a free incision was made from one intestine into the other, through the fenestral opening in the blades. On the fourth day the clamp was gradually loosened and removed, and from that time the fœcal matter passed freely into the lower bowels and regular evacuations occurred in the natural manner.

A digital exploration revealed the smooth, rounded edges of the opening made by the clamp, and it now only remained to close the integumental opening. This was done by deeply-set quill sutures, on the eighth of August, and the patient departed for her home in the central part of the State, leaving my cabinet enriched by a pathological specimen, which is as highly valued as it is rare.

It is no less amazing than gratifying to witness the happy effects of homœopathic remedies in controlling the constitutional disturbances consequent upon grave surgical operations; and seldom have I seen those effects more happy in my hands than in the present case, where *Aconite* and *Arsenicum* played so important a part in controlling the inflammation, and preventing peritonitis and enteritis.

A CASE.

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

On October 10, 1864, I was requested to visit Mrs. C .E. N., aged about thirty-eight years. She gave me the following history: She had been always in good health, married ten years, but never pregnant. While travelling in France in 1854, she was attacked with what was then called acute peritonitis. She was confined to her bed several years. Partially recovering, she consulted Trousseau, who discovered the right ovary inflamed and somewhat enlarged. From this time, she was more or less unable to walk, and suffered much from a tumor, which gradually developed in the pelvis, between the uterus and the rectum, and which was pronounced by Trousseau to be an enlarged and prolapsed ovary.

In 1863 she came to New York, and placed herself under one of our most experienced gynecologists, who confirmed Trousseau's diagnosis, pronounced the case incurable, and advised a sparing resort to anodynes to mitigate severe suffering. I found Mrs. H. confined to her sofa; she had not left her room for a year. A firm, elastic tumor occupied the space between the uterus and vagina anteriorly and the rectum posteriorly, completely occluding the vagina, and rendering defecation very difficult. It seemed not to be adherent to the walls of either passage. Attempts at walking induced paroxysms of acute pain across the hypogastrium, in the sacral region, and around the right hip-joint; from here the pains extended down the groin and along the femoral nerve. The pain was relieved by flexing the thigh upon the pelvis; and always induced or aggravated by extending the thigh. Even without the provocation of motion there were frequent and severe paroxysms

of pain, as above described. The appetite was not good, and digestion feeble; but the general condition of the patient was good. Nervous sensibility very great. The pains had been ascribed to the pressure of the tumor upon the sacral nerves.

The patient had a dread of taking opiates, and had used them sparingly. I was requested to mitigate the pains, if possible, — no hope being entertained of a cure. With no definite expectations of accomplishing a radical cure, I prescribed *Colocynth* 200; a few pellets to be taken whenever a paroxysm of pain came on, and to be repeated every hour during the paroxysm. This prescription was based on the results of the Austrian proving of *Colocynth*, which confirm and amplify the provings of Hahnemann.

Nov. 1. — I learned that the paroxysms had been less frequent, much shorter, and milder; the remedy appearing to control them.

March 1, 1865. — The patient walked a half-mile to my office and reported that she had had no pain for a month. She could walk a half-mile daily without fatigue or pain, and had resumed the charge of her household after an interval of nine years. She thought the tumor had become somewhat smaller. Being about to sail for Europe, she desired some more *Colocynth*, that she might be provided in case pain should return.

June, 1869. — Mrs. H. has just arrived from Europe. I find her perfectly well. There has been no return of pain since 1865. The tumor disappeared from its position between the vagina and rectum in the autumn of 1865, and was plainly perceptible in the abdomen, about as large as a Sicily orange. It has since disappeared entirely, and nothing of the kind can now be discovered.

Was this really an ovarian tumor? No doubt appeared to be entertained by the eminent physicians who preceded me in the case. Did the *Colocynth* cause its absorption? The patient has no doubt on this point. Why should it not have done so? Because we have no record of any action of *Colocynth*, except on the intestinal mucous membrane, and on certain plexus of nerves? Fortunately, the action of remedies is not restricted to the measure of our imperfect *a priori* knowledge of them.

A reviewer in the *British Journal* takes exception to a statement of mine, that a remedy, when indicated by a well-marked group of

symptoms, will often remove not merely those, but also other groups apparently unconnected; in fact, the whole disease. This case is in point. And yet I can hardly doubt that, in such cases, a complete proving, were it possible, would show that the remedy does produce likewise these seemingly unconnected symptoms; in fact, a picture of the whole disease. Indeed, on examining the Austrian proving, we find Fröhlich reports two brief provings on women, both of which show the action of *Coloc.* on the ovaries. Had we well-instructed women-provers, how much more we should know of the action of drugs!

AURUM METALLICUM.

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

I HAVE never had much experience with *Aurum metallicum* in the crude form. I remember that, some ten years ago, its color was yellowish. But I have had some in the 12th attenuation, and have prescribed it in the following cases:

Mrs. W., of N., about thirty years of age, married, nervous-bilious temperament, and dark, sallow complexion, complains of a sense of fulness after eating, flatulency, tenderness over hepatic and gastric region, præcordial anxiety, depression of spirits, and melancholy, with thoughts of suicide. She has occasional paroxysms of pain in the chest, and especially in the region of the heart, with pain extending down the left arm. The pulse is feeble. Prescribed *Nux Vom.*[6] three times a day, half an hour before meals; continued prescription four weeks; gastric and hepatic disturbances relieved; chest pains and moral symptoms not relieved; prescribed *Aurum met.*[12] morning and evening; improvement was soon apparent. At the end of three months, the cure was evident. It is now about twenty years, and there has been no return either of chest, gastric, hepatic, or moral derangement. Was this a case of angina pectoris, of gastro-hepatic disease, or of the two combined? Would *Aurum* alone probably have cured?

Mary Doyle, an Irish woman, about forty years of age; has had a family of children; is a hard worker; and this is her story:—

"I have a pain in me heart which streaks away atween me two

shoulthers and edges down to me albow. It catches me suddently in me sleep, and I jumps up in a fright, wid a smithered feeling at me heart that you think I'd not live two minnets. It comes every two or three weeks. Sometimes, when I'm working I feels that crooshed, that I must set me right down. I'm better as soon as a heap of wind pours off of me stomach. The docthers have called it undisgestion of me vittles, and have give me a good deal of pills."

She remembered having it slightly and occasionally for several years, "but it grew worser afther I left the ould country." This was all I could learn of her. I gave her *Aurum met.*[12] morning and evening. Six months later and she had ceased to complain. It is now about ten years since she first took *Aurum*, and she has not complained of being either "smithered" or "crooshed," or of having pain "atween her two shoulthers" for more than nine years.

B. F., of V. F., about sixty years of age, dark complexion, nervous-bilious temperament, remarkably active, pulse ninety, called upon me for advice about ten years ago. For about twenty years he had occasionally consulted his physician, not oftener than four or five times a year, for paroxysms of flatulency, palpitation, and pains in chest. The paroxysms were not of long duration, and were usually relieved by eructation of gas. He had taken considerable digitalis, and some tonics. At the time he consulted me the paroxysms had increased in frequency and intensity, — occurring every two or three weeks, — when sleeping, walking, or riding. Violent constrictions of the chest, pain in the region of the heart, extending down the arm to the fingers, and palpitation, compelled him to sit up in bed, stop when walking or riding, seize the left arm and grasp it tightly. They lasted about half an hour, and were relieved by eructation of gas. As soon as the paroxysm passed off he felt as well as usual. No abnormal affection of the heart, valves, or arteries could be detected. Prescribed *Aurum met.*[12] to be taken morning and evening. The paroxysms were soon manifestly lighter and less frequent, and in four months they had ceased. Nine years after, he called for more *Aurum*; said he felt some shooting pains in chest, and feared a return of the old complaint. I gave him *Aurum.*[18] He is now about seventy years of age, and a member of our State Legislature. I saw him

last winter. He was well, hearty, and as active as a boy. Pulse ninety. He says this has been the rate of his pulse ever since he can remember.

If angina pectoris may be caused by dyspepsia, why should it not be of more frequent occurrence? If from abnormal condition of the heart, valves, or arteries, or from neuralgia, why should it be so suddenly relieved by eructation of gas? I am aware that a stomach distended with gas is occasionally the cause of the paroxysm; but we have also the fact that the stomach of the patient is often distended with gas when no paroxysm of suffering will be occasioned.

PARALYSIS AND DEATH FOLLOWING GONORRHŒA.

BY J. C. NEILSON, M.D., CHARLESTOWN.

In July, 1867, a man of twenty-seven years called on me for treatment of gonorrhœa. The case was a light one, and yielded to appropriate treatment, *Gels.*[1] being about the only drug taken into the stomach. Cold water and a weak solution of chlorate of potash were used a few times as an injection.

During treatment, some three weeks after being infected, I noticed a slight eversion of the lower lid of the right eye, with a watery appearance of the eye, and slight tremulous motion of the globe, and some obscuration of the vision. He complained that he had frequently to wipe that eye, but that there was no pain, and his general health was then and always had been good: he slept well; the functions were regular; the appetite good. He had exposed himself a second time to infection, but promised not to do so again, and, I believe, kept his word. In spite of all I could do, the palsy gradually increased; and three months after the infection, the buccinator nerve began to be affected. There was no pain, the motor nerves seeming to be the only ones involved. The general health, as yet, was not disturbed, and the gleet had ceased.

In March, 1868, his appetite became capricious; wandering pains commenced; and he complained of sleepless nights. Finding my treatment did no good, I placed him under the care of an eminent electrician, whose treatment he continued nearly ten weeks.

Finding no relief, his father removed him to a watering-place, and thence to the sea shore, moving from place to place and calling in the most eminent physicians of both schools.

In the autumn of 1868, I was called to see him at his father's house. Found him in bed, very much emaciated. The right side of face completely paralyzed, sight of right eye lost, no power of deglutition except while lying on the left side; fauces on right side filled with mucus, which drivelled from the mouth as a thick, ropy fluid. The paralysis was confined entirely to the right side, — the left fauces appearing natural. Some cough was caused by the secretions of the throat; mouth drawn to opposite side; mind clear; understands his condition thoroughly; has no hopes of living. He sunk gradually, and died in a few days. Autopsy not permitted.

I call attention to the above for the purpose of eliciting some information on the subject. In a somewhat extensive practice, I never met a similar case. Was the palsy consequent upon the gonorrhœa, or was it simply accidental? Is it not probable that the poison was absorbed, and by some law of sympathy affected the fifth pair? The patient was healthy, and very intelligent; and he assured me that the person from whom he contracted the disease was not a prostitute, but a lady who bore an excellent character, and a particular friend of his family. Both parties were married, and their respective partners were absent at the time of the accident. There was, from the first, no sign that the poison was mechanically conveyed to the eye, nor was there any evidence of concealed chancre in the meatus.

Note by the Editor. — Neither paralysis, nor any organic lesion of the brain often occur after simple, uncomplicated gonorrhœa; and in the few cases recorded, there has been reason to suspect a previous syphilis. The symptoms of this case strongly resemble those of intra-cranial syphilitic disease, which is not uncommon. Several monographs have been written on this subject, and Mr. Solly speaks of the venereal poison as "often putting its paw upon the dura mater." Physicians cannot be too circumspect in examining such obscure cases, especially where falsehood and deception are often used to conceal crime.

POISONING BY EUPHORBIA CYPARISSIAS.

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

HAVING met with a genuine case of poisoning by euphorbia in a very susceptible patient, I thought the clinical confirmation of the symptoms as given in the materia medica might be of value, and that this drug might prove to be of great service in erysipelatous inflammations of the face.

Mrs. L., while pulling up plants in a cemetery of this city, encountered a species of euphorbia; and her hands became covered with the milky, viscid juice, which transferred the poison to her face. At ten the next morning I was called to attend her, and found her right cheek much inflamed, and covered sparsely with fine vesicles filled with a thick white lymph; the erysipelatous inflammation was most marked in the malar region, being of a livid, or dark-red hue, and extending along the outer and lower margin of the orbit; at this time there was no eruption upon the hands or wrists. There were also frequent sensations of chilliness, which induced her to put a shawl about her shoulders, although in midsummer.

Mrs. L. could not tell me the name of the plant which had poisoned her, but she directed me where I might find it; promising to do so, I left her six powders of *Rhus tox.*[1] to take during the day. I then went to the cemetery, and found the plant she had described to me to be Euphorbia Cyparissias, L. In the pathogenesis of *Euphorbium*, "*chilliness of the whole body*," and "*erysipelatous inflammation of the face*," are among the most marked and characteristic symptoms.

On my next visit the face was nearly well, no apparent swelling, and no redness; but, on passing the hand over the cheek, a slight roughness was felt. I now found the right wrist somewhat inflamed, and abundantly covered with a miliary eruption. I left two powders of *Euphorb.*[200], since which time every trace of the poison has disappeared.

The New England Medical Gazette.

BOSTON, SEPTEMBER, 1869.

The subject of Medical Education has furnished food for thought and discussion to societies, conventions, and individual physicians. This agitation has, on the whole, tended to progress. Physicians receive a better education now than formerly; and yet this very advance displays the still greater wants and necessities of the professional man.

To the charlatan, who has but one remedy for all the ills that flesh is heir to, of what use is a knowledge of anatomy, physiology, chemistry, or pathology? What matters to him any education even, or what difference does it make, if, like Representative Morrissey, he spells city with two t's, so long as people will swallow his compound?

To the allopathist, who follows routine, and uses drugs empirically, giving the customary emetics, cathartics, etc., the same measure will apply in some degree; and his education aids him much less in the administration of drugs, than it does in acquiring the confidence of his patients through a knowledge of the natural course of disease, and in dazing the ignorant by the use of a certain amount of scientific twaddle.

To the homœopathist — whose duty it is to individualize each case, to carefully examine all the symptoms, and properly discriminate and classify them; to study the drug pathogeny, its relation to pathology and its similar symptoms of disease — are assigned tasks sufficient to tax the nicest discrimination, and the most carefully educated mind.

Charlatans may and probably will continue in their own untutored ways; but the allopathists need, for their own purposes, an improved education, and, after years of wrangling and discussion, they have at last, by the aid of the American Medical Association, settled down upon this easy criterion of scholarship, — "those can only be considered properly educated who go to colleges which charge at least one hundred and twenty dollars for a course of lectures." What a charmingly simple plan is this! Why, if they wish to elevate the standard, they need only increase the annual fees to two hundred, three hundred, five hundred dollars; and then what a perfect crop of

Sydenhams they would have if they could only make the fees one thousand dollars!

Now, as we have not always followed meekly in their steps, but have sometimes chosen paths of our own, let us look about us and see if some better course cannot be pursued than even this "royal road to learning."

In the first place, what is a medical education, and what does the diploma signify? Is it simply a receipt for so much money paid by a fond and indulgent parent? Is it something that can be won by the lucky turn of a die at the gambling-table? Or — of those who advocate an increase in the term of study, we would ask — is it simply a certificate that the person therein named is three, five, or even ten years older than when he first took up a medical book? We all know the lax discipline in medical classes, — that many of the lectures are "cut" entirely; and that many more are attended by listless students, who, in lecture-time, if not caricaturing the professor, may be doing worse. We all know that many get diplomas, which count as good as those of the best, who have spent the theoretical "term of study" in "society," in the billiard-room, or even in far worse places.

Now, would lengthening the term of study to five or more years remedy this defect? Would it not rather increase it, by making the rich and indolent student feel that he has a plenty of time, which must be disposed of in some manner; while the poor student, who is obliged to count every hour and every dollar which he spends, would find it necessary to devote himself meanwhile to other occupations, to teaching, or to some handicraft, in order to support himself while dragging out his time? All this is wrong. The title of *Medicinæ Doctor* should indicate, in the first place, that its recipient is an educated man in the general acceptation of the term, and, in addition, that he is "especially learned in the science and art of medicine." But how can this be ascertained, except by a series of rigid examinations? The first of these, in regard to his general and literary education, should be before he is allowed to enter the medical college. How many of the "raw recruits" of our schools come directly from the plow, the anvil, or the workshop! These are excellent places in themselves, but they are not the places best suited to fit one for a course of scientific study; and not unfrequently we find medical students whose simplest sentences hurl defiance in the teeth of grammar.

We remember, while a student in world-renowned, erudite Harvard, that we had a classmate from the Emerald Isle, whose rich brogue did

not conceal his woful ignorance. He seldom used pencil or paper, but sat doltishly through all the lectures from 9 A. M., to 2 P. M. One day, during Professor Cooke's chemical lecture, an unusual animation lighted up his countenance and he drew out his note-book and commenced writing "very hard." He was directly in front of us, and we could hardly avoid seeing his literary effort, which in the course of an hour evolved this notable sentence: —

wartut iS Kumpoz ov wun Pat oxegin & 8 pats Niturgin

A few weeks after this he received one of Harvard's honored diplomas!

The student once entered, what matters it whether he be one year or five in mastering the science and art of medicine? And his attainments can alone be determined *by rigid and public examinations.* The "Green-room" we consider the bane of the medical profession. Here the kind-hearted professor can gently cover over the faults and deficiencies of his halting pupil, while the "plucked" student feels that he has been unfairly dealt with. On the other hand, an open, fair, manly *concours* develops a thoroughness, a confidence, and a power in the pupil not otherwise attainable. These examinations should occur at different periods of the student's course. Thus Chemistry might be followed by Anatomy, Physiology, Pathology, Surgery, Materia Medica, and the Institutes of Medicine; and, when an examination had been satisfactorily passed in either branch, it should be considered final. But the examinations should not be, as at present, of a general character. Take chemistry, for instance. It is not sufficient that the student should understand some of the general principles of this science. He should be thoroughly instructed in organic and inorganic, analytical and microscopical chemistry. He should have accurate knowledge, especially of all those points which pertain to practical medicine; and he should render himself familiar with the more common manipulations of the laboratory. Anatomy, too, should require the student not only to discriminate between the femur and the fibula, but to tell at a glance every bone in the system. While he should be instructed in textural and microscopic, comparative and philosophical anatomy, he should especially acquire that knowledge of topographical anatomy which should enable him to describe every portion involved in an incision into any part of the human body. Let the same unmistakable thoroughness go through every department of medical science, and what difference would it make as to the time, or the amount of money paid? The one who could soonest master these

details should be entitled to the greatest credit. At the present time, when the subject of Medical Education is engrossing the attention of the profession, and especially since the American Medical Association has selected its educational test, let our school, by adopting a system of thorough public examinations or *concours*, at once assume a leading position in the cause of Medical Education.

Since writing the above, we have seen excellent articles on this subject, by the talented editors of the *Hahnemannian Monthly* and the *United States Medical and Surgical Journal*, which are well worthy of perusal. We hope the other editors of our journals will speak fully and earnestly on this topic, and we may hope at the next meeting of the American Institute to have some decisive steps taken which will greatly benefit our cause.

The Eclipse. — This proved a success. It appeared at the time appointed, continued the full term allowed, and performed the entire programme laid out by the astronomers. Unless that in Alaska, which has not yet been heard from, proves an exception, each body of scientific observers, that had a rendezvous in its central track, were peculiarly fortunate in their observations. New and better instruments were used than ever before. The spectroscope and polariscope brought out new facts concerning the red protuberances, the halo, and the sun's atmosphere; while photographs, taken with an exposure of a thirtieth of a second, dated automatically on the electric chronograph, and, afterwards measured under the microscope, will exceed in accuracy anything that the most sanguine dared hope. One result will be a further correction of the assumed distance of the sun, which is, up to this day, more uncertain than it is generally supposed.

CORRESPONDENCE.

Petroleum, West Virginia, July 25, 1869.

Dear Editor, — As for the "little letter to the *Gazette*, giving some general information desirable to the profession," I do not think this section affords much material of that sort.

I do not know of a practitioner of homœopathy within a radius of one hundred miles, except one at Marietta, Ohio. He, a Doctor Walters (a graduate of the Homœopathic Medical College of Pennsylvania), is a very intelligent and conscientious practitioner, and is building up a substantial business among the most influential people in the oldest city in the State of Ohio.

Society in Ohio is very different from society in West Virginia. They are the results of two different systems of civilization. Southern Ohio was settled by emigrants from New England. That portion of the Old Dominion now known as West Virginia was settled mostly by poor whites from the "sunny South."

The medical practice of West Virginia is decidedly primitive, — the physicians generally belonging to the oldest of the "old school."

Parkersburg, a place of about eight thousand inhabitants, is the largest city south of Wheeling; it is situated upon the Ohio River, at the junction of the Little Kanawha, and is an aspirant for the renown of being the capital of the State. This city has no practitioner of homœopathy. It is a growing place, and may possibly, in a few years, be regenerated by Northern energy, and rescued from that condition of stagnation which prevails in most Southern towns and cities.

Under the old régime no Northern man could be induced to plant himself here, and indeed to-day the social atmosphere is better adapted to those who are born and bred South. The time was, and quite recently, when no new-comer need hope for affiliation here without adopting the habits of the "chivalry." He should handle a "deck" of cards like an expert, and, above all other accomplishments, be fully posted in the aristocratic game called "poker." He should be able to toss off whiskey "straight" by the tumblerful and repeat; something of an adept in the mysteries of cock "and other" fighting; be able to damn a nigger manfully, to despise with unutterable contempt *legal* amalgamation, and be possessor of that power of endurance which would enable him to sit upon his hard-bottomed chair as long as the best of them, and to smoke like——like——well, like our illustrious President. If you know of any such, send him to Parkersburg. Fees are high, and the laws are rigid; whiskey is cheap, and so is life.

If West Virginia afforded any items of interest to the profession, I would gladly accept your invitation and send them to the *Gazette*, but "she don't." I forgot to mention that West Virginia abounds in myriads of the most robust and lusty fleas ever seen.

Yours, &c., M.

AN APPEAL

TO THE MEMBERS OF THE MASSACHUSETTS HOMŒOPHATIC MEDICAL SOCIETY FROM THE COMMITTEE ON MATERIA MEDICA.

By this time every member of the Society will have received a circular from the members of the Committee on Materia Medica. These circulars were all written; and, the number being large, the recipients will pardon the brevity of expression. The Committee could easily have had them printed, but feared that they would share the fate of printed circulars in general, and be thrown aside unread.

The object of this appeal is to inform the members of this Society that we expect action on their part, in place of the apathy experienced by this and other committees hitherto. As a rule, the majority of members of societies are passive, awaiting action from the few, upon whom is imposed the burden of collecting all important facts. The

Committee of Materia Medica feel disposed to make every reasonable exertion to secure valuable material for presentation to the Society; but it is perfectly evident to every one, that the value of such material, when collected by three such individuals, is little when compared with what might be collected through the united efforts of forty or sixty practitioners. In view of these contingencies, the Committee would feel constrained to discontinue its labors, unless active assistance is afforded by other members of the Society.

It is necessary incessantly to strengthen, by concert of action, the principles that bind us. Without such action, "Similia Similibus" is in danger of becoming a mere rallying-word of a party. It is the duty of this Committee to see that the truth, which our law of cure proclaims, shall be realized; hence we would urge that every one should furnish us with the most reliable clinical experience at his command.

It is to be feared that, as our materia medica increases in bulk, it may become unreliable unless the numerous provings, which we already possess be confirmed by practical clinical experiences. While we would not discourage the proving of new drugs, we would most particularly recommend verification of the material already in our possession.

In order to concentrate the efforts of the members of this Society on one point at a time, the Committee has decided to call upon practitioners to corroborate the provings of IGNATIA AMARA and of BAPTISIA TINCTORIA. The Committee desire that each physician should furnish well-observed clinical cases, *copied from his diary*, illustrating the action of the above-named drugs. The cases should be concisely reported, stating in italicized words the indications upon which the prescription was based. It is especially important to know what particular symptoms of the pathogenesis of the above medicines *led to cures in disease.* It should also be determined where, and under what conditions, prescriptions, carefully made according to "provings," *failed to cure.*

This is briefly the course to be pursued by the Bureau of Materia Medica of the American Institute of Homœopathy, so forcibly set forth by Dr. W. E. Payne, of Bath. All other societies should act in harmony with the principal association, and progress toward the same point. Therefore we exhort this State Society to co-operate with us in a body. If each member will furnish but one well-recorded case, confirming or disproving a symptom recorded in the pathogenesis of the above-named drugs, as much will be accomplished in a short time as would have required the lifetime of a single individual. What has been done hitherto was done by single individuals; but your Committee has not yet abandoned the hope that organized societies will work as a body. Such efforts alone give the weight of authority to a work.

Your Committee will accredit to each contributor the facts he may furnish towards the improvement and verification of our Materia Medica.

C. WESSELHOEFT, M.D.,
A. M. CUSHING, M.D.,
A. F. SQUIER, M.D.,
Committee of Materia Medica.

REPORTS OF SOCIETIES.

THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

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

May 24, 1869. — Dr. Squier exhibited a pathological specimen of partial stricture of the small intestine, and of fibrous degeneration of the pancreas which he had removed from the body of a patient of Dr. Gregg's.

Dr. Gregg was able to give but a very incomplete history of the case, as it had been under his charge but a short time. About a year previous to his death the patient had had inflammation of the bowels, and since then had never been well. Dr. Gregg first saw him during an attack of what was called "colic." There was then constant vomiting of the ingesta, complete constipation, and intense pain in the bowels. There was a slight distension of the abdomen, and at times a loud gurgling sound could be heard there. From the peculiarity of this sound, as well as from the other symptoms exhibited, he at once diagnosed incomplete stricture of the intestine. The painful symptoms were relieved by the medicine administered, and the patient was nourished by enemata of beef-tea. During Dr. Gregg's late absence from Boston, the patient had been attended by several different physicians, who administered cathartics. The vomiting and distress were very much increased by this treatment; and, upon his return he found the patient almost constantly vomiting, and very much reduced in strength. He gave him *Veratrum alb.* and *Kreasotum* in alternation every two hours, and for the four succeeding days he did not vomit at all, but was comparatively comfortable. Up to the time of his death, which occurred soon after this, there had been no evacuation from the bowels for about seven weeks, notwithstanding the various means which had been employed but too faithfully to effect this result.

Upon opening the abdomen the intestines were found not covered by the omentum, which had passed behind them and become adherent to some of their folds. At the points of adhesion it was very much thickened by re-duplications, and the addition of adipose tissue, being in some places as much as an inch and a half in thickness.

The stomach and intestines, as far as the middle of the jejunum, were dark-bluish in aspect, and very much distended with a dark chocolate-colored fluid, having a fæcal odor. At this point, as mentioned above, the omentum was much thickened and adherent to some folds of the jejunum. Here the gut was narrowed by what seemed to have been an atrophy or absorption of its walls, with but little, if any, inflammatory hardening. The constricted portion was about half an inch in length, with an external diameter of about a fourth of an inch, and the caliber of the passage was narrowed to the size of a knitting-needle. Below this point the small intestine was very much diminished in size, and empty. The colon was also much smaller than usual. Its transverse portion presented another constriction, similar

to that of the small intestine, through which the finger could with difficulty be forced. The mesentery, especially at its junction with the intestine, was much loaded with fat; and the glands, which are here generally abundant, were not seen at all, — at least, not in their natural condition, — having been apparently replaced by little nodules of fat. Upon other portions of the mesentery were seen little round whitish bodies, about two lines in thickness and from three to six lines in diameter. As they occupied the usual position of the mesenteric glands, and as nothing else corresponding to those glands could be seen, it was concluded that these bodies were the remains of the lymphatics of the mesentery. Similar bodies were noticed upon the intestines, especially upon the dilated portion above the stricture. The lower part of the colon and the rectum contained some lumps of perfectly formed fæces.

The pancreas was changed into a mere fibrous cord. It was about four inches long, and the intervening spaces between its extremities and the duodenum and spleen were filled up with fatty and areolar tissue. At its thickest part, which was the body, it was about half an inch in diameter; while the extremities of the organ were not more than three lines in thickness. It was extremely hard and unyielding, and its section presented a bluish appearance, as if from pigmentary deposit. Under the microscope it was found to consist of closely reticulated fibrous tissue, some fat globules, and a few nucleated cells, with one or two nucleoli. The liver, spleen, and kidneys were healthy. The peritoneum did not show evidences of inflammation.

Dr. Gregg reported a case of apparently a second attack of scarlatina in a child eight years old. About the middle of January last she had what was supposed by her physician to be scarlatina. During the attack there was sore throat. This was followed by desquamation of the cuticle, and a tonic contraction of the flexor muscles of one thigh. This last difficulty was exceedingly painful, but she is now almost entirely recovered from it. Some three weeks ago he was called to the child, and found she had scarlet fever again. The eruption was fully out, the body being of one continuous redness, while on the limbs it was more diffused. From the statements made by the family, he had very little doubt that the disease which she had in January was really scarlet fever, and that this was a second attack of the same. Dr. Gregg said that he had seen cases, occurring during an epidemic of scarlatina, in which a scarlet eruption would appear several successive times on various parts of the body in the same person; but he had never before witnessed a case in which the same patient experienced two distinct and well-marked visitations of the fever. He had had under his charge at one time a family of several children who were successively attacked with the fever; but in no two instances were the symptoms alike, nor was the time of the appearance of the eruption suggestive of any definite period of incubation or invasion. In some of the cases, the disease declared itself on the second or third day after the first child was taken; others were affected at later periods, varying from one to three weeks. From these facts, and some others which he

had stated before the Academy at a previous meeting, he thought that too much importance had been attached to the supposed fact that the disease has a certain regular period of incubation. He thought it might occur at any period from one or two days to as many weeks after exposure to its miasm, the time of its access being determined by the greater or less virulence of the poison, and the condition of the patient. He thought also that its contagiousness had been much overestimated, and that it was but little more so than typhoid fever.

Dr. Geist stated that at one time two members of his family had the disease, — one severely, the other but lightly; about a year afterwards the one who had had it lightly was again attacked, and had it quite severely.

Dr. Russell said that some twenty years ago, while in Waltham, he knew of several deaths from second attacks of scarlatina during a severe epidemic which prevailed at that time.

Dr. Burpee stated that he had a patient, a child, who had had three distinct and moderately severe attacks of scarlatina. Each one seemed to be about as severe and well marked as the others.

Dr. Humphrey had had a case of what he then considered to be scarlatina in a child three years old. Two years afterwards it was again taken with the usual symptoms of the disease, though no eruption appeared, and the child died in forty hours. He had always since been of the opinion that the first attack was not scarlatina, although it was accompanied by sore throat, and followed by desquamation. He thought it was very easy in some cases to mistake roseola for scarlatina.

Dr. Woodvine was also of the opinion that it was very easy to confound roseola with scarlatina. Between severe cases of the former disease and mild ones of the latter there exist but few, if any, characteristic differences in the appearances, or in the general course of the two diseases. Without wishing to state as his belief that scarlatina does not occur twice in the same person, he could not help thinking that it very rarely happened, and that the similarity between the two diseases above noted would account in part for the frequency with which it is supposed to occur. Flint admits that it may occur more than once, and cites the case of Dr. Richardson, who said he had it three times. The same author also gives two well-authenticated instances where the disease appeared twenty-four hours after exposure.

The discussion then turned upon the treatment of scarlatina.

Dr. Gregg said that he never gave *Belladonna* as a prophylactic now, and very rarely indeed found it indicated in the treatment.

Dr. Ahlborn said that, so long as the pathogenetic symptoms of *Belladonna* do not correspond with those of the disease, it was folly to think of it either as a prophylactic or curative agent. The effects of *Opium* much more nearly correspond with the peculiar congestive condition existing in this disease, and also with the subjective symptoms.

WORCESTER COUNTY HOMŒOPATHIC MEDICAL SOCIETY.

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

The regular quarterly meeting of the Society was held August 11th, at Temperance Hall, in Worcester; the President, Dr. L. B. Nichols, in the chair.

Morning Session. — Dr. George F. Forbes, of West Brookfield, read an essay on Dysentery. It contained some statistics, showing the superiority of homœopathic treatment over that of the old school. Of 146 cases treated by him in two epidemics, he lost only six; while of 167 cases treated by old-school physicians, 98 proved fatal. A very interesting discussion then followed upon the subject of the essay.

Dr. Nichols remarked, that many people could not take *Mercurius corr.*, without experiencing the effects of the crude drug.

Dr. Chamberlain said that, when he is well, drinking coffee will produce a mucous diarrhœa, for which injections of water of a temperature of 100° at first, and from that down to 70°, are very beneficial; it seems to wash away or neutralize that peculiar acid in the bowels. He also spoke of a case where there was very violent vomiting, and pain in the bowels. *Podophyllum* was given, and brought quick relief; hiccough came on and he gave *Carbo veg.*, which stopped it almost instantly.

Dr. Whittier, in a case of dysenteric diarrhœa of a typhoid character, in an old lady of seventy, gave *Baptisia tinc.* She was cured, and discharged at the second visit. In the bowel complaints of children, where it is desirable to change the diet, all agreed that condensed milk is much better than other kinds, if it can be had fresh, and without the sugar.

Dr. Chamberlain finds the "Imperial Granum" a most excellent article for gruels.

Dr. Nichols thinks, as a general thing, it is not good policy to change the child's diet. He inquired as to the practice of physicians in regard to stimulants, such as brandy, etc.; most of them do not use them. A few have sometimes used them to carry the patient over a certain point, thus allowing time for the medicine to act. He spoke of a case occurring in old school practice where the patient took three gallons of brandy in a single sickness! He asked, "What better stimulant have we than *Arsenic?*"

Drs. Brooks and Whittier spoke of *Phos.* and *Phos. ac.*, as being good in many cases.

Dr. Hunt exhibited a pathological specimen of carcinoma uteri. The patient had for a long time, been in allopathic hands, and the massive doses of morphia, etc. had utterly failed to relieve her pain and suffering, or to produce sleep; but while under treatment by Dr. Hunt, she was made quiet, and almost wholly relieved from pain by the use of the sixth attenuation of *Lachesis* and *Arsenic.* He also exhibited a very fine anatomical preparation, showing the effects of chromic acid in hardening tissues for dissection.

Dr. Chamberlain invited the Society to dine with him; the invitation was accepted.

Afternoon Session. — The Committee on Library reported progress. Through the influence of Dr. Whittier, some half dozen volumes of the Transactions of the New York State Society, covering the period since 1863, were presented, and have been received from the Secretary of that Society.

A vote of thanks was tendered the New York Society, and also to the Massachusetts State Society, for volumes of Transactions presented.

The Society gave Dr. Forbes a vote of thanks for his essay, and requested a copy for publication in the *Gazette.*

Dr. Hunt reported an interesting case of typhoid fever, of which he made a chart at the commencement of the case which proved very accurate throughout. Very valuable aid was rendered in the case by means of daily thermometrical observations.

Drs. Hunt and Sibley were appointed essayists for the next meeting.

THE VERMONT HOMŒOPATHIC MEDICAL SOCIETY

Held its nineteenth annual session at Burlington, June 1, 1869, C. B. Currier, M.D., in the chair.

The following physicians were elected members:

Drs. George Colton, Barre; A. A. Arthur, Vergennes; D. L. Jones, Bradford; James Hazlett, Moretown; E. J. Foster, Montpelier; J. G. Crowley, Shrewsbury.

A report was read from D. B. Whittier, M.D., delegate from the Massachusetts Homœopathic Medical Society.

The Committee on Epidemic Diseases reported that scarlatina and influenza had been the most prevalent. From the discussions that followed, it appeared that no part of the State was exempt from them.

Dr. Jones said that scarlatina had prevailed quite extensively in the Connecticut Valley. He had treated a great number of cases with *Arum triph.* The special indications were great coryza and scaly eruption about the nose. Whooping-cough and measles had been quite prevalent also, the former in an aggravated form. It was treated with *Coral. rubr.* and *Merc. sol.*

Dr. Horton reported a number of cases of scarlatina.

Dr. Woodhouse reported unusual success in the treatment of epidemic and acute diseases. Influenza had prevailed very extensively all over the State. The principal remedies were *Arsenicum*, *Camph.*, *Sang.*, and *Tart. emet.*

Dr. Currier had found *Camph.* a valuable remedy in the incipient stage of the disease.

Drs. Jones and Brigham read papers on high potencies, detailing many interesting cures.

Dr. Woodhouse thought that nature performed most of the cures which physicians claim. He had very little confidence in high potencies, or our provings. The latter, he said, were, in most instances, got up to order, and were valueless; his opportunities for observing the manner in which they were made warranted him in making the statement.

Dr. Jones said that he was careful to report only cases in which he had the most positive evidence that it was the remedy, and nothing else, that cured.

Dr. Colburn selected at random from his note-book several cases which had been treated exclusively with high potencies.

Afternoon Session. — The following persons were duly elected officers for the ensuing year: —

President, C. B. Currier, M.D., Middlebury.

Vice-President, J. H. Jones, M.D., Bradford.

Rec. Sec. and Treasurer, H. M. Hunter, M.D., St. Johnsbury.

Corresponding Secretary, A. A. Arthur, M.D., Vergennes.

Auditors, Drs. A. E. Horton and S. H. Colburn.

Censors, Drs. C. H. Chamberlin, G. N. Brigham, and C. W. Scott.

The discussion of high potencies was resumed.

Dr. Styles reported a case of gonorrhœa cured with *Cannabis* ^{6000}, after he had failed to cure it with the low attenuations.

Dr. Currier cured dropsy, following scarlatina, with *Digitalis* ^{2000}.

The society is free from debt, and in a flourishing condition.

There is considerable material of an interesting character in the possession of the Secretary, which will be published as soon as sufficient funds can be raised for that purpose.

Thanks were voted to the railroads for the favor of return tickets. The next meeting is to be at Montpelier, in June, 1870.

Drs. Brigham, Jones and Woodhouse are to furnish papers for discussion.

H. M. Hunter, *Secretary.*

THE MINNESOTA STATE HOMŒOPATHIC INSTITUTE

Held its Third Annual Session on Tuesday, June 1st, A. D. 1869, in the city of St. Paul, Minnesota. E. Cooley, M.D., of Faribault, the President, in the chair.

The board of Censors, after examination, reported the following named gentlemen to be duly qualified to become members and receive the diplomas of this Institute: Wilson A. Allan, Plainview; Dwight F. Brooks, Minneaskee; F. D. Chapman, St. Paul; Thomas B. Haslam, Chatfield; F. E. J. Canney, Minneapolis; John Horst, St. Paul; Chester G. Higbee, Red Wing; J. N. De Witt, Minneapolis.

Honorary Members. — George Hadfield, M.D., Cincinnati, Dr. Coles, Indianapolis; N. G. Burnham, M.D., Indianapolis.

The reports of Committees on Medical Surgery were read and adopted.

Second Day.

The President delivered the Annual Address. Subject: "What is Homœopathy?"

The following named gentlemen were elected officers for the ensuing year: —

President. — Wm. H. Leonard, M.D., Minneapolis.

Vice-Presidents. — John N. Wheat, M.D., Austin; Z. B. Nichols, M.D., Faribault.

Corresponding Secretary. — F. E. J. Canney, M.D., Minneapolis.

Secretary and Treasurer. — H. Wedelstaedt, M.D., St. Paul.

Censors. — C. D. Williams, M.D., St. Paul; P. Hatch, M.D., Minneapolis; T. R. Huntington, M.D., Minneapolis.

COMMITTEES. — *Materia Medica.* — Drs. E. Cooley, Faribault; C. D. Williams, St. Paul.

Clinical Medicine. — Drs. Z. B. Nichols, Faribault; W. A. Allen, Minneapolis.

Epidemics. — Drs. P. L. Hatch, Minneapolis; F. D. Chapman, St. Paul.

Surgery. — Drs. I. B. Haslam, Chatfield; I. N. DeWitt, Minneapolis.

Contagion and its Law. — C. D. Williams, M.D., St. Paul.

Publishing Committee. — Drs. E. A. Boyd, New Canada; C. D. Williams, St. Paul.

Executive Committee. — Drs. H. Wedelstaedt, St. Paul, T R. Huntington, Minneapolis.

The Fourth Annual Session is to be held in Minneapolis, the 1st Tuesday in June, A. D., 1870.

Business of much importance to the profession of the Northwest was transacted, and a brighter day is dawning upon us. The provings of *Æsculus Hippocastanum* and *Phytolacca* as given by Dr. E. Cooley, Chairman of the Committee, are of great benefit to the profession.

THE NORTHEASTERN HOMŒOPATHIC MEDICAL AND SURGICAL DISPENSARY.

No. 307 East Fifty-fifth Street, New York City.

This Institution is appealing earnestly to authors, writers, and publishers, for donations to the Dispensary Library. To the profession it appeals also for pathological specimens with their history, for the Museum. It is the aim of the authorities of the Dispensary to make it in every way a scientific institution, and one to which homœopathists can point with pride. The proceeds of the vaccine matter which it offers for sale will be applied to the expenses of the Museum and Library. Address Dr. F. Seeger, 307 East Fifty-fifth Street, New York.

EDITORIAL ASSOCIATION.

During the recent session of the American Institute of Homœopathy at Boston, a meeting was held at the residence of I. T. Talbot, M.D., 31 Mt. Vernon Street, on the morning of June 10, for the purpose of forming an Association to be composed of editors of homœopathic medical journals published in the United States.

The following gentlemen were present: W. Williamson, M.D., of Philadelphia; Carroll Dunham, M.D., of New York; I. T. Talbot, M.D., of Boston; F. W. Hunt, M.D., of New York; Henry N. Martin, M.D., of Philadelphia; T. C. Duncan, M.D., of Chicago; and Robt. J. McClatchey, M. D., of Philadelphia.

The meeting was organized by calling Dr. Dunham to the Chair, and Dr. McClatchey was appointed Secretary.

Dr. T. C. Duncan then stated the object of the meeting, urged the formation of an Association, as proposed, and pointed out the advantages that would be derived from it by editors and the profession in general. An expression of opinion as to the desirability and utility of such an organization was then had; whereupon it was

Resolved, That a committee of three be appointed to prepare a Constitution and By-Laws, to be hereafter submitted, and to devise ways and means for carrying out the object of the meeting.

The Chair appointed said committee, as follows: Drs. I. T. Talbot, T. C. Duncan, and R. J. McClatchey.

Adjourned to meet at the call of the Secretary, during the next session of the American Institute of Homœopathy.

ROBT. J. McCLATCHEY, *Secretary.*

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK

Will hold a Semi-Annual Meeting in New York City, on Tuesday, September 14. A large and interesting meeting is expected.

OUR MEDICAL COLLEGES.

As the lecture season approaches, and the annual announcements of the various colleges make their appearance, it may be worth while to examine the merits of these different institutions. It seems but a very little while since the Homœopathic Medical College of Pennsylvania, the first worthy of the name in our school, was established. Since then, *seven* others have been incorporated and organized, and are now in successful operation. We can give only a passing notice of each, and while we can laud no one of them to the skies, each has our most hearty wish for its success.

Starting from home, we will notice them in geographical order.

1. THE NEW ENGLAND HOMŒOPATHIC MEDICAL COLLEGE received from the State of Massachusetts a liberal charter, which has been legally cared for by its corporators, and the college will be put into active operation at such time as may seem most propitious. There is no doubt that before many years the profession of New England will imperatively demand a college which shall teach homœopathic practice.

2. THE NEW YORK HOMŒOPATHIC MEDICAL COLLEGE has had its charter rejuvenated by the last legislature, and for the tenth season asks the support of the profession. The venerable William Cullen Bryant is still the President, and the Board of Trustees is composed of leading citizens of New York. There have been some changes in the Faculty in the past year, and we miss the names of Dunham, Wells, Paine, Kellogg, Allen, Morgan, H. M. Smith, and Mitchell; while in addition to the remaining old Professors, Beakley, Barlow, D. D. Smith, and Hunt, we have some new names: James H. Ward, Avery, Laidlaw, Remsen, Mansfield, Tibbals, and Brinck. No doubt this new corps of professors will bring with them a great amount of zeal and energy. This college possesses advantages which should make it the first in America.

We have received a circular from F. Seeger, M.D., 307 East Fifty-fifth Street, New York, requesting all who desire to form an association of the Alumni of this college to communicate with him before October 1st.

3. The New York Medical College for Women. Although this is not nominally a homœopathic college, yet when we recognize in the Faculty such well-known homœopathists as Professors Andrews, Minor, Bradford, Allen, Lilienthal, Burdick, and Kellogg, we judge the others do not differ widely from them, and feel sure that the ladies who attend this college will be properly instructed.

4. The Hahnemann Medical College of Philadelphia. The two colleges of last year have been blended, or rather the *Homœopathic Medical College of Pennsylvania* has ceased to exist, even in name, and the newer college has with surprising energy taken the old place, which we trust it will more than fill. All the Professors of last year occupy their respective chairs, while a new Professorship of Clinical Surgery is ably filled by Professor Macfarlan. Professor Walter Williamson, so much respected and esteemed in our student-days, has again buckled on the harness, and will give a course of lectures on Hygiene and Dietetics. A course will also be given on Pharmaceutics by Dr. Boericke, and on Forensic Medicine, by Dr. Farrington. Not content with this, the college has secured the services of other eminent men in the profession. "During the winter Dr. Carroll Dunham, of New York, will give a course of lectures on the Principles of Homœopathy, and Dr. T. F. Allen, Surgeon to the New York Ophthalmic Hospital, on Diseases of the Eye; also, the following named well-known gentlemen will lecture: Drs. S. Lilienthal, of New York; Henry Minton, of Brooklyn; Sam'l A. Jones, of Englewood, N. J.; C. H. Haeseler, of Pottsville, Pa.; J. J. Detwiller, of Easton, Pa.; and Drs. J. K. Lee, and Rob't J. McClatchey, of Philadelphia."

While this college is making such efforts for its students, we feel sure the profession will liberally sustain it.

5. The Cleveland Homœopathic College retains the same able corps of Professors as the last year. They give, in addition, courses on Orthopædic Surgery, by Prof. Beckwith; Ophthalmology, by Prof. Wilson; Surgical Diseases of the Genito-Urinary Organs, by Prof. Biggar; Military Surgery, by Prof. Schneider; and Obstetric Instruments and Instrumental Delivery, by Prof. Sanders.

The Faculty propose for the consideration of the profession a change in the plan of study, by which the lecture season shall be divided into freshman, junior, and senior terms, each of twelve weeks, and succeeding each other. The systematizing and grading of medical studies would undoubtedly aid the student; but, after all, there is less in a plan than in the manner in which that plan is executed. In another place we have indicated some of our ideas on Medical Education. We feel sure that the college, with its continued effort at improvement, will elevate the standard of medical learning.

6. The Hahnemann Medical College of Chicago.—We have not yet received the announcement of this college, but from the facts that the dissensions of last year have been removed, and that the college is

sustained by an able Faculty, consisting of twelve professors, three emeriti, and three lecturers, eighteen in all, we augur well for its prospects. A few years of harmonious effort in the mighty city of Chicago, must make homœopathy the dominant school there, and its college one of the most famous in the land.

7. The Homœopathic Medical College of Missouri. — The eighth circular announces seven professors and eight lecturers for the coming session, and certain clinical advantages which it would be difficult to find in an eastern city. That homœopathy has made great strides in St. Louis, where it is comparatively new, is shown by the fact that sixty students matriculated in this college last year, of whom nineteen were graduated. We trust this college will be kept fully up to its past standard of excellence.

8. The St. Louis College of Homœopathic Physicians and Surgeons. — This is a new college, just organized; and that homœopathy in St. Louis supports a hospital and dispensaries, three journals, and two colleges, indicates either immense strength or great divisions in our ranks. We hope it is the former. At any rate we are sure that this college, with so much of force, vigor, and ability in its faculty, must succeed eventually. We can rarely find Professors of equal power with Drs. Helmuth and Comstock.

9. The Michigan University. — Last year we thought we had a Professor of Homœopathy in this University, where of right we should have one; but this year he has disappeared. We do not know whose fault it is, but fear it cannot all be put upon the shoulders of the Regents. Had the friends of Homœopathy been united in some proper course, they could have accomplished a great deal; but for the past year they seem to have been quarrelling among themselves, while the enemy (the allopaths) came in and seized the prize. Which of the two factions have the right of the matter we do not pretend to decide; but we may safely say that the dirty, vituperative, paper missals, which have been exchanged so freely, have done much to disgust the whole profession, and have sadly defiled the hands, if not the characters, of those who penned them. We know very well how provoking such scurrilous circulars are to the person attacked, but at the same time if he is conscious of integrity and purity of purpose, a dignified silence is his best defence. We hope wiser counsels will prevail in Michigan, and what has been lost by dissensions will be regained by earnest, hearty and united effort.

In looking at the whole educational field we are satisfied with our prospects. Our colleges are all laboring to do the best possible for the students, and if our physicians will but do all in their power to sustain these colleges, the commencements of 1870 will greatly increase our numbers and power.

THE AMERICAN INSTITUTE OF HOMŒOPATHIC PHARMACY

Held its second Annual Meeting at Cincinnati, June 30, 1869.

The following Pharmaceutists, having complied with the requisitions of the by-laws, were reported as members: — Geo. W. Backofen, Pittsburg, Pa.; F. E. Boericke, M.D., Philadelphia, Pa.; Otis

Clapp, Boston, Mass.; H. C. G. Luyties, St. Louis, Mo.; William Radde, New York; Frederic P. Smith, New York; Henry M. Smith, M.D., New York; A. J. Tafel, Philadelphia, Pa.; A. F. Worthington, Cincinnati, O.; J. G. Backofen, Pittsburg, Pa.; John Boone, Baltimore, Md.; C. S. Halsey, Chicago, Ill.; John W. Munson, St. Louis, Mo.; Matthew Seavey, Portland, Me.; G. W. Smith, Cincinnati, O.; John T. S. Smith, New York; Sullivan Whitney, M.D., Boston.

The Treasurer, Dr. F. E. Boericke, presented his annual report, showing a balance in the treasury of $76.25.

On motion, the dues for the current year were remitted.

The reports of the various committees were read and discussed.

The Secretary read letters from Dr. Sullivan Whitney, Mr. A. F. Worthington, Mr. Otis Clapp, Mr. J. G. Backofen, Mr. G. W. Backofen, Dr. E. A. Lodge, Mr. J. W. Munson, Mr. Henry Turner and Mr. M. Seavey.

Dr. Boericke spoke of the importance of being strict in admitting persons to membership; that a candidate should be qualified before he is elected a member of the Institute; and

On motion of Messrs. G. W. Smith and Boericke, Art. VI. of the By-Laws was amended, to read as follows: —

"The President, Secretary and Treasurer shall constitute an Executive Board, which shall also be an Examining Board, to receive the applications and examine the qualifications of candidates for membership, and report to the Institute, for election, at any meeting, such as may be found properly qualified."

The following were elected officers for the ensuing year: John T. S. Smith, New York, President; Henry M. Smith, M.D., New York, Secretary; F. E. Boericke, M.D., Philadelphia, Treasurer.

The Institute adjourned to meet in Chicago, Monday, June 6, 1870, on the day previous to the meeting of the American Institute of Homœopathy.

HENRY M. SMITH, *Secretary.*

ITEMS AND EXTRACTS.

A Sulphur Spring has just been discovered in one of the streets of Burlington, Vt.

Artificial Champagne. — Belgium Chemists manufacture a champagne which sells at a franc a bottle.

Ergot in Purpura. — Dr. Bauer in the *Deutsche Klinik* reports great success in the treatment of purpura hemorrhagica with *Secale cornutum.*

Curare. — Researches seem to have proved that *Curare* is a poison of the motor nerves; that muscular irritability is preserved intact, and that death from *Curare* poisoning occurs only from abolition of motor power in the entire economy.

American Opium. — Last year six hundred and forty pounds of

opium were made from poppies grown on six and a quarter acres of land in Addison County, Vermont.

THE MATERNAL ASSOCIATION of Paris is composed of aristocratic ladies who have agreed to nurse their own children. It numbers at present nearly 200 members.

FEMALE PHARMACEUTISTS. — A pharmacy has just been opened at Montpelier, France, by Madame Deumergue, Bachelor in Science. This is the first establishment of the kind in France under the direction of a woman.

THE "GOLDEN YELLOW" HAIR DYE is a a solution of arsenic with a mordant of the hydro-sulphate of ammonia. The lighter tints require that the hair should be bleached. This is done either with acids, alkalies, or some preparation of chlorine.

CURE FOR HYDROPHOBIA. —"The powdered root of the Alisma Plantago or water plantain, sprinkled on a slice of bread and butter, and eaten, is, in Russia, said to be an infallible remedy for hydrophobia in men or brutes." Probably not, but worth remembering!

MEDICAL FEES. — Prof. Scanzoni of Würzburg received thirty thousand dollars in gold for two visits to the Empress of Russia.

WOMEN DOCTORS. — A medical college is about to be established at Gothenburg, Sweden, where ladies above the age of seventeen may go through a complete three years' course. After graduation from this college, they have the right to establish themselves as physicians in any part of the kingdom.

DOCTOR'S ENGLISH. — We clip the following from "The Nation," which paper we doubt not many of our subscribers read regularly. "Every year scores of young gentlemen are sent out into the world, armed with medical diplomas, and licensed to heal mankind, butcher their mother tongue, and torment every sensible ALUMNUS."

HOMŒOPATHIC DISPENSARY IN SWEDEN. — A dispensary, under the direction of the well known Dr. Liedbeck, has been established in Stockholm.

HOMŒOPATHIC DISPENSARY IN AUSTRALIA. — Within a year a dispensary has been established in Adelaide, Australia, by Drs. Wheeler and Campbell, who hope eventually to enlarge it into a hospital.

NEW CEMENT. — A cement which claims many advantages, and is said to be especially adapted for sealing up vessels containing benzoles, ethereal oils, etc., is prepared by rubbing up finely ground litharge with concentrated glycerine. The liquid cement is to be poured upon the cork or stopper, or it may be applied with a brush.

HICCOUGH. — One or two lumps of sugar it is asserted will instantly relieve the most distressing case of singultus, no matter from what cause it arises.

NEW EXPERIMENT WITH QUININE. — The *New Orleans Journal of Medicine* relates the case of a hen which surreptitiously swallowed

fifty-seven grains of quinine mixed with flour and made into pills! The only effect produced upon the poor bird was an unsteadiness in her movements, as if somewhat intoxicated, for several hours. The *Journal* does not state whether it produced its usual prophylactic effects.

Monstrosities at will. — The recent researches of Professor Dareste of Paris, upon the production of monstrosities in chickens, etc., have brought to light a curious fact, namely, that by simply varying the action of heat or the mode of applying it upon the egg, almost every known case of monstrosity in chickens can be produced at will.

Rhus Radicans Versus Rhus Toxicodendron. — One of our exchanges gives us a very elaborate article on the "Dissimilarities of Rhus Radicans and Rhus Toxicodendron," in which the symptoms are shown to be totally unlike. Now as every botanist, from Gray down, who has practically examined the subject, and as every school-boy who has pulled the poison ivy knows, both the vine and the tree, the erect and the creeping forms, grow from the same root. Since so many dissimilarities have been discovered in this, would it not be well to make a careful analysis of the differences in symptoms produced by the upper and the lower branches of all our poisonous shrubs?

New Bust of Hahnemann. — We have just received from S. Stursberg, 182 Bowery, New York City, a small bust of Hahnemann, made by the sculptor Schubert, at Dessau, after the last Paris oil painting, now in the possession of Mrs. Dr. Moosdorf, of Coethen, Germany. It is about ten inches in height, and of a size convenient for any office or parlor, to which it would be a desirable and pleasing ornament. The striking and peculiar characteristics of this wonderful man are well brought out. It is sold at the low price of two dollars.

The Empress Eugenie has met with a rebuff from a man of little pills. She wanted a homœopathic physician, and wished him to come up the back-stairs, to spare the feelings of the regular allopath. The "similia similibus" man flatly refused the private ascent, to the infinite amazement of her majesty.—*Harper's Bazar.*

Royal College of Surgeons. — The honorary medal of this institution has just been unanimously awarded by the council to Mr. William Lodewyk Crowther, of Hobart Town, for his many and valuable contributions to the museum of the college. It is a handsome medal in gold, having on the obverse the arms of the college in high relief, and on the reverse Galen contemplating a human skeleton. The value of the medal, adds the *Medical Times*, is enhanced by the few occasions on which it has been awarded, and by the high character of the recipients. The first occasion was in 1800, when Professor James Wilson received it; in 1822 it was conferred on Mr. James Parkinson.

Sure Cure for Hydrophobia. — A Wisconsin paper relates that the parents of two children who had been bitten by a mad dog, having

been informed that the only way for them to escape death by hydrophobia was to be killed, proceeded to dispose of them. The little boy was put to sleep by an opiate and bled to death, and the little girl was smothered in a feather bed.

An Example Worthy of Imitation. — Francis Cutting, Esq., a wealthy citizen of San Francisco, California, having been restored to health by means of homœopathic medicine, determined to extend its benefits to the poor of San Francisco. He has accordingly fitted up a suitable room at No. 122 Geary Street, and employs a physician to be in attendance four hours daily to give medical advice and medicine, gratuitously to the sick poor of all nativities. Dr. J. S Beakley, formerly of New York, is the physician. We know of no method by which, for so small an amount of money, a layman can do such an immense amount of good.

The Anatomical Composition of the Ovum. — In the Belgian Academy of Sciences, a prize essay on this subject states that the ovum is in its origin a simple cell, whose nucleolus is the "spot of Wagner," and whose nucleus is the vesicle of Purkinje. Around this nucleus there is a cellular layer, a protoplasm, which completes the cell. But this primitive cell combines at a later period with a nutrimental deposit, under the form of highly refractive globules to which the author gives the name of plasma. These may combine with the ovum in different ways, according to the species of animal. Hence we have in the mature ovum two separate parts for consideration — the ovum-cell and the plasma.

A CURIOUS CASE.

Providence, July 14, 1869.

To the Editors of the Evening Post:

Having seen the article on "Macaronic Verse" in your issue of the 9th ult., I am induced to send you the accompanying poem, believing that it never has fallen under the eye of your well-informed contributor. It was written by a young lady about nineteen years of age, a patient of Dr. Barrows, of this city. She has been afflicted for the past nine years with spinal hysteria. Among the many curious phenomena attendant upon her case her poetical effusions are most wonderful, as this Latin poem will prove. She has written articles in French equally correct, though she has never studied either language. They were composed about seven years ago, while in a state of mental aberration, and entirely unconscious of what she was doing.

It has been a matter of great wonder to every one, whether to credit her with the authorship, or to regard it as a feat of mnemonics. If the latter, no one has yet been able to discover the author.

I remain, yours very respectfully,

A Physician.

Sed tempus necessit, and this was all over,
Cum illi successit, another gay rover.
Nam cum navigaret, in his own cutter,
Portentum apparet, which made them all flutter.

Est horridus anguis which they behold,
Haud dubio sanguis within them ran cold;
Trigenta pedes his head was upraised,
Et corporis sedes in secret was placed.

Sic serpens manebat, so says the same joker,
Et sese ferebat as stiff as a poker.
Tergum fricabat against the old lighthouse,
Et sese liberabat of scanty detritus.

Tunc plumbo percussit, thinking he hath him,
At serpens exsiluit full thirty fathom:
Exsiluit mare with pain and affright,
Conatus abnare as fast as he might.

Neque illi secuti — no, nothing so rash,
Terrore sunt muti, he'd make such a splash.
Sed nunc adierunt the place to inspect,
Et squamas viderunt, the which they collect.

Qui cunq non credat aut doubtfully rails,
Ad locum accedat, they'll show him the scales,
Quas, sola trophœa they brought to the shore,
Et causa est ea, they couldn't get more.

—*N. Y. Evening Post.*

Medical Education of Women. — Mrs. Fawcett, wife of the blind Cambridge professor, and a lady distinguished for her practical exertions in behalf of the improvement of the social and intellectual condition of women, expresses her doubts, in an essay just published, of the power of the new medical college for women, proposed by Drs. Elizabeth and Emily Blackwell, materially to raise the standard of female medical education. Indeed, according to English notions, the foundation of another degree-granting college, by increasing the competition, will tend still further to lower the standard. "We believe," writes Mrs. Fawcett, "that the best thing that could be done to promote the higher education of men and women in America would be for the State to withdraw the power of granting degrees from the numerous insignificant colleges which now possess it, and, as a substitute, found an examining university of the same character as the University of London. The transition of the colleges into solely educational establishments would be simple and easy; the standard of attainment would be immensely raised, and the value of a degree would be increased in proportion. It would be advisable, in a country so vast as America, that the examinations should be held for the convenience of students at various centres simultaneously." Such is the view of perhaps the most influential of the band of educated women in England, who are laboring to repair the educational and other deficiencies of their sex. The distrust of American degrees is not by any means, though, peculiar to them.

Abernethy Revised. — "Do you think, doctor," asked an anxious mother, "that it would improve little Johnny's health to take him to the springs, and let him try the water?" "I haven't a doubt of it, madam." "What springs would you recommend, doctor?" "Any springs, madam, where you find plenty of soap."

Action of Chlorine on Flame. — A correspondent informs us that Mr. Abbinett, of Dalhousie University, Nova Scotia, in the course of

inquiry into the nature and properties of chlorine, has discovered (?) that a stream of chlorine will cause a gas jet, or any other flame except a hydrogen one, to assume no less than three distinct and vivid colors, all visible at once, viz: green, purple and white. — *Scientific Opinion.*

Sensible Remarks on the Progress of Gynecology. — J. Matthews Duncan, Edinburgh, in his work on "Perimetritis and Parametritis," truthfully remarks with reference to the diseases of women: "Foolish and unscrupulous men have a peculiar tendency, easily accounted for, to cultivate the diseases of the sexual organs. And the history of the progress of gynecology in our day would, if truly given, cast as much disgrace on some individuals as honor upon others. Fortunately, its worse side will probably never be thoroughly exposed; for the fittest of fates — oblivion — awaits much that is now vaunted; the discovery and diligent treatment of diseases which do not exist; the use of treatments, the danger of which is greater than that of the diseases; the recommendation of remedies and operations regarding which little more is known than their names; the facile juggling with remedies of which it is the one sufficient recommendation to have a new name; the systematic concealment of disasters resulting from such treatments. Great progress is certainly being made; but 'blinding dust' is the chief result of many of its most notorious, if not famous, promoters." — *The Medical Record.*

REVIEWS AND NOTICES OF BOOKS.

Characteristic Materia Medica; By W. H. Burt, M.D., Lincoln, Ill. Philadelphia: A. J. Tafel. Pp. 460, 12mo.

This work is "neither a Text-book nor an Epitome; much less is it offered as a substitute for the Materia Medica." The author "has endeavored to collect those symptoms which, whether originally pathogenetic, or clinical only, have come to be regarded as characteristics and as key-notes by reason of their own prominence, or from the frequency of their mention by the best authorities." Unlike Teste, who arranged his drugs in groups based on pathogenesis alone, Dr. Burt arranges by themselves those remedies which produce similar physiopathological and pathogenetic symptoms. This classification must, to a great extent, be theoretical only, and probably sometimes fanciful; yet if it aids the student in comparing remedies which have intimate relations, and enables him better to study their differences as well as resemblances, even this grouping may be of service. The groups are fifteen in number, but differ slightly in the body of the work from the enumeration in the list that precedes. Many remedies are enumerated in two or more groups and are described in one only.

But we are not yet prepared to accord to the "key-note system" all the merit which is claimed for it. One of the leading doctrines of

homœopathy, from the time of Hahnemann to the present, has been that the totality of the symptoms of the disease must be covered by the totality of the symptoms of the drug in order to be completely homœopathic. The key-note system, as we understand it, and as it is exemplified in this book, seems to be that certain characteristic symptoms which are produced by the drug are special indications for its use. Thus Dr. Guernsey, in the last number of the *Hahnemannian Monthly*, tells us of a case of dyspepsia in which, among other symptoms, there was *sensation of great weakness in the abdomen*, which symptom led to the selection of *Phos.* The same characteristic symptom occurred in two other cases, one of bilious dysentery, the other of nymphomania. In all these cases a high dilution of *Phos.* effected a cure. Now we all know that this is a very common symptom in a great variety of diseases to which *Phos.* would not be applicable; in which case it would entirely lose its key-note character. In the case of dyspepsia, above stated, there were a very large number of symptoms. Why might not either of these other symptoms be taken as a key-note to some other remedy? Thus we might have had any one of forty remedies made applicable to this case, neither one of which would have done any good. That there are certain symptoms more important than others in the proving of drugs, no one will deny; and these have often been selected by Dr. Burt in his book, but we think they have been more carefully indicated by Dr. Lippe in his text-book.

The book is handsomely got up, as is usual with Mr. Tafel. We doubt not that it will prove a timely aid in many embarrassing cases, leading to the selection of the true remedy when otherwise it might be overlooked.

Self Enervation; Its Consequences and Treatment. By C. S. Eldridge, M.D. Chicago: C. S. Halsey. Pp. 64, 12mo.

No physician can peruse this little volume without finding in it many important suggestions, and many observations which his own experience must confirm. But we think the book has too much of the manner of those essays, to which the public are accustomed, which attribute a horde of common symptoms to this vice. This supposition, were it correct, would prove the vice almost universal with both sexes, — a proposition than which nothing could be further from the truth. That a great proportion of boys do, at some time of their life, learn the means of self-excitation may be quite true; but we believe that it is equally true, that not one in fifty pursues it to the extent of physical or mental injury. But the baneful effect of advertisements and popular treatises, written for the purpose of exciting the fears of timid and conscientious youth, are every day apparent. Now in the other sex, the advertisers to the contrary notwithstanding, this vice, we venture to say, is almost unknown, save to abandoned or diseased persons. In a practice of sixteen years, we have never met a single female patient whom we could suspect, from any sufficient evidence, to be a victim of this vice. We must deprecate the way which some physicians have of charging, in a sweeping, wholesale manner,

a great variety of diseases to a single cause, and especially when this cause carries with it obloquy or shame. Probably Dr. Eldridge, when he shall have seen more of professional life, will find reason to change his views in this respect. He must bear in mind that his attention is called to the one stray sheep, while the ninety and nine are safe in the fold of good habits.

Homœopathic Treatment of Syphilis, Gonorrhœa, Spermatorrhœa and Urinary Diseases. Compiled by J. P. Berjeau; revised with numerous additions, by J. H. P. Frost, M.D. Philadelphia: A. J. Tafel. Pp. 256, 12mo.

Another book on an old and mysterious disease, whose variations are past finding out. It has great conveniences for a text-book: dense, clear, with well arranged tables and an index. The American editor has added much to its value, and but little or nothing to its bulk. Each disease is described, and the treatment detailed; and this is followed by a summary of "symptomatic indications." Sixty-four pages are given to non-syphilitic diseases, and nearly as much to "characteristic effects and indications of the medicines" recommended. The bevelled edges and neat style of the book might well be copied in medical books treating of less repulsive topics.

Homœopathy. By O. E. Goodrich, M.D., Allegan, Mich. This is a four-page tract, designed for general circulation. It aims to give in a cheap form some general ideas of the author, history, principles, statistics and practical advantages of homœopathy. The price is $1.00 per hundred.

Across the Atlantic. By C. H. Haeseler, M.D. Philadelphia: T. B. Peterson & Brothers. Pp. 397, 12mo.

There is a good deal of fun in our Pottsville doctor and his "American friend" — his *alter ego*, or rather his *idem ego*, of course. We could scarce make the tour of Europe in more amusing company, had we time. But it suits our present purpose only to walk with him into the "Green Room" of the École de Médecine, at Paris. It is "carpeted with heavy Brussels tapestry"; and at the rear end three candidates confront three professors, "attired in deep-scarlet robes of satin, and crowned with black caps, glittering with broad and heavy gold bands." A long table, covered with green baize, stands between these two parties.

"At one examination that I witnessed, on the subject of materia medica, the table was covered with bottles and jars, filled with different medicaments, but without any labels to denote their contents. These articles the candidates were required to denominate and describe, giving their history, chemical reagencies, physical and medical properties, etc. At another examination on anatomy, which I saw conducted, the candidate was placed before an anatomical subject, into which a long knife, or catling, was plunged at hap-hazard up to the hilt, and he was then directed to enumerate and describe all the blood-vessels, nerves, muscles, and organs of the body that had been transpierced by the knife; after which he was asked to expose a given

nerve, or artery, or muscle; and, finally, to perform, on the subject before him, this or that man's mode of operation, for this or that pathological condition.

"After the examination is over, which generally continues about three hours, the audience is required to withdraw; a private conference is had between the three judges, the result of which is afterwards made known by a clerk to the assembled students in an adjoining room, by whom, if favorable, it is generally received with demonstrations of joy and satisfaction; if unfavorable, with long and thoughtful faces, and expressive silence." P. 96.

MANUAL OF ELEMENTARY CHEMISTRY. By George Fownes. Edited by Robert Bridges. Philadelphia: Henry C. Lea. Pp. 857, 12mo.

It is a striking evidence of the revolution in chemical nomenclature, that Fownes's Chemistry talks of sodium chloride, and mercuric and mercurous chlorides. In what was a very conservative work, OH^2 represents water; and plaster of Paris is calcium sulphate. These terms are not, however, the newest new, for *calcic sulphate* and *sodic chloride* are just now the ton.

The Chemistry of Professor Fownes has been a favorite for twenty years. It was his especial endeavor to present the facts of chemistry in the order in which they may be most easily understood. He includes in it the imponderables and the organic compounds; both of which are depths at the yawning brinks of which the student of the second quarter of this century would stand amazed. In their time, galvanism was where Galvani left it, and magnetism nowhere. The size of the book tells the story. Our old Fownes contains but 555 pages: it is not two thirds the size of the new.

The amazing advances of chemistry are evident on the bare inspection of the index. The list of acids, instead of being limited to fifty, extends to nearly four hundred. In the place of one alcohol, *sui generis*, we have a genus of alcohols, with thirty or forty species yet known, and perhaps as many more to be discovered. The use of symbols aids in the study of chemistry wonderfully, but the boundaries of the science enlarge more rapidly than do our facilities for traversing the field. No physician who desires to keep up even a moderate knowledge of chemistry can do without some of the more recent books, of which this is one of the most thorough and (if such a thing were possible) most readable.

DISEASES OF THE EYE. By Prof. J. Soelberg Wells, Kings College, London. Philadelphia: Henry C. Lea. Pp. 736, 8vo. Two hundred and sixteen wood-cuts, six colored plates.

This book aims to be exhaustive, and bring the subject of pathological ophthalmology up to date. The book is well written — exceedingly so, and the numerous illustrations are especially serviceable. Its descriptions of diseases are well drawn, clear, and concise. Prof. Wells has evidently little faith in medicine, and his prescriptions are cautious. But how much more valuable would his book have been, if suitable homœopathic treatment could have been added for each disease. Thus if, under the head of Hordeolum, in-

stead of nitrate of silver ointment, *Pulsatilla* had been recommended as a curative, and *Staphysagria* for a preventive, how much suffering from this very frequent affection would have been saved. It is time to determine how much of this cutting and searing and tanning of a delicate organ is really necessary.

THE OCCIDENTAL. Vol. I. No. 1. G. S. Walker, M.D., T. G. Comstock, M.D., Editors. St. Louis: J. V. Hogan. Pp. 32, 8vo. Monthly; $2 per annum.

That the public would be benefited by acquiring a better medical knowledge no one will doubt. And that this knowledge should be tempered with homœopathic principles all of our school will concede. Let us hope that this new candidate for popular favor, edited by such able men, will prove a success. This first number contains much practical popular information. The article on hair-washes should be read by every one who uses these nostrums with the view to changing the color of the hair. The baneful effects of those compounds known as restoratives are frequently seen by physicians. Paralysis of mind as well as muscle not unfrequently follows their use.

THE PRACTITIONER. *A Monthly Journal of Therapeutics.* Edited by Francis E. Anstie, M.D., F.R.C.P. James Campbell, Publisher, Boston. Price, $4 a year.

This English Journal is republished in very excellent style, and contains many articles well worthy of perusal; but, by the rule of contraries, we suppose *The Practitioner* is singularly free from many of the faults of practice, or indeed from practice itself, being mostly filled with articles of a speculative or theoretical character.

WALTER SAVAGE LANDOR, a Biography; By John Forster. Boston: Fields, Osgood & Co. Pp. 693, 12mo.

Wealth, genius, education, long life, — how many elements of happiness have we here! Can they result in disappointment, a solitary residence as a fugitive in a foreign land, and a lonely death? One word tells the story: all the bitterness of later years was the result of an ungoverned and ungovernable youth. For "it was the elder brother's misfortune in his youthful days that he alone should have wanted the healthful restraints which the others underwent of necessity. No care, with a view to a profession, had any need to find a place in his thoughts."

The poet was born at Warwick, in 1775, and died at Florence in 1864. His biographer, an editor and reviewer, but not the well-known essayist, early acquired the habit of loving him, and as he grew more unlovable, clung but the firmer to him. This volume, a noble tribute to his memory, honors its author even more than its subject.

THE SEVEN CURSES OF LONDON. By James Greenwood, the "Amateur Casual." Boston: Fields, Osgood & Co. Pp. 336, 12mo.

The "Amateur Casual" spent a night at a London Workhouse, taking exactly the fare of a poor rascal who had not two-pence to buy a right to a piece of floor elsewhere. Most of us know how he fared

there, as published in the Pall Mall Gazette. This book is the result of similar painful investigations. His seven curses, akin to the seven mortal sins and the seven last plagues, are: Neglected Children, Professional Thieves, Professional Beggars, Fallen Women, Drunkenness, Betting Gamblers, and Waste of Charity. This book is not pleasant reading, but there is a painful fascination about it. We must know the worst, if, as physicians, we would know how to best treat the evils which we encounter.

PERSONAL.

Professor E. M. Hale, M.D. We are glad to see that this indefatigable worker is in the harness again. He is now Professor of Medical Botany and Pharmacology in the Hahnemann Medical College of Chicago; and, if his success in this new chair equals his accustomed energy, the students of that college will enjoy superior advantages in this department.

William H. Holcombe, M.D. We are glad to see that his charming book, "The Sexes Here and Hereafter," has already reached the third edition.

Professor William Tod Helmuth, M.D. When Professor Helmuth resigned his professorship in the Homœopathic Medical College of Missouri, we did not think he would be allowed to remain silent long, and we see he has been elected Professor of Anatomy and Surgery in the St. Louis College of Homœopathic Physicians and Surgeons. He cannot fail to give reputation to his department of the College.

Mary J. Safford, M.D., a graduate of the New York Medical College for Women, has gone to Vienna to spend a year or more in the hospitals of that and other European cities.

Dr. Ladelci, a homœopathist, has been appointed Professor of Botany at Rome. — *Homœopathic Sun.*

Dr. Leon-Simon has been ordered by the Minister of Public Instruction to deliver public lectures on Homœopathy at the Sorbonne, Paris. — *Homœopathic Sun.*

Professor C. G. Raue is to edit the Annual Record of Homœopathic Literature, to be issued as early as practicable in 1870, by A. J. Tafel of Philadelphia.

Professor E. C. Franklin, M.D. We learn by a circular from this noted Surgeon that he has relinquished medical practice and will confine his attention to Surgery. He is prepared to visit patients in any part of the country. We see by the announcement of the New York Homœopathic Medical College that he will be permanently connected with that institution, to which we doubt not his extensive reputation will be a great addition.

C. S. Rodman, M.D., of Waterbury, Conn., has made a valuable report to the Scientific Club of that place on Lead in its Relation to Public Hygiene. In arousing attention to the danger from this common poison, he has done a good service to the community in which he resides.

J. J. Youlin, M. D., of Jersey City, N. J., has also been rendering a public service by his efforts in abating the Central Railroad nuisance, which consists of garbage from New York dumped near the line of the road for the purpose of filling a slough known as "Black Tom." The stench arising from it was horrible, and must have proved a very serious source of disease. Physicians cannot better use their abilities than by protecting the community from any impending danger, and it is a service not soon forgotten.

P. E. Johnson, M.D., of Alton, Illinois, who advertises in this number of the *Gazette* a situation for a physician, says, "Alton is a pleasant city, situated on the eastern bank of the Mississippi, about twenty miles above St. Louis. It contains fifteen thousand inhabitants, and with its rail and water facilities must always be a thriving and prosperous place."

W. Q. Mansfield, M.D., is at 822 Broad Street, Richmond, Va., where he has been settled since the close of the war.

H. F. Pahl, M.D., a graduate of the Hahnemann Medical College, of Philadelphia, has settled at Brenham, Texas.

E. H. Price, M.D., has recently settled at Chattanooga, Tenn.

Removals. — J. P. Dake, M.D., Vice-President of the Hahnemann Life Insurance Company has removed to Nashville, Tennessee, where he has resumed the practice of medicine. His office and residence are at No. 21 North Vine Street.

H. N. Keener, M.D., from Springfield, Ill., to Pana, Ill.

W. P. Wesselhoeft, M.D., from 42 Chauncy Street to 178 Tremont Street, Boston.

Henry C. Houghton, M.D., to 3 East 33d Street, New York.

William A. Bevin, M.D., from New York to Keyport, Monmouth County, New Jersey.

Deaths. — In Boston, July 17th, Lorana D., wife of Joseph Lloyd Martin, M.D., of Baltimore, Maryland, and sister of S. G. Cheever, Esq., of Boston.

Alden March, M.D., LL.D., died at Albany, N. Y., June 19, 1869, aged 74 years. A Massachusetts man, he received his medical degree from Harvard Medical School in 1820, and soon after became a medical teacher in Albany. Later, he was Professor of Anatomy in Castleton Medical College, and in 1839 became Professor of Surgery in Albany Medical College then established. This position he filled with great honor for thirty years up to the time of his death.

TO CORRESPONDENTS.

E. W. A., N. Y. — The "remarkable case" you send us presents only some of the varying symptoms of a hysterical woman. Such symptoms might be written out by the ream, and its value would be only damaged paper.

J. P., Paris. — Your kind favors will receive due attention. *Tarentula* has not gained the attention which it deserves.

O. C. — Your suggestion that we reprint "some of the works of the 'old master' — Hahnemann," is a good one. At present our pages are filled with original matter and some is left over. Should we have space we could not better fill it than with Hahnemann's letter to Hufeland on the "Necessity for Medical Reform."

E. G. C., N. Y. — The resolutions do not accomplish the object designed. They neither injure the publication named, nor benefit the Society. The publication cannot do much harm, and if unmolested will not long do good; the society can be much better employed than in attacking it by such inert resolutions.

E. A. B. — Minn. We hope you will send us some of those "valuable reports" made at the last meeting of your State Society. A resumé of papers and discussions adds greatly to the value of reports of society meetings.

BOOKS AND PAMPHLETS RECEIVED.

The following Exchanges for July and August:

The Homœopathic Sun; New York. North American Journal of Homœopathy (August); New York. The Homœopathic Quarterly (July); Buffalo. The Hahnemannian Monthly; Philadelphia. The American Journal of Homœopathic Materia Medica; Philadelphia. The Ohio Medical and Surgical Reporter (July); Cleveland. American Homœopathic Observer; Detroit. The Medical Investigator; Chicago. United States Medical and Surgical Journal (July); Chicago. The Western Homœopathic Observer; St. Louis. The Occidental (July); St. Louis. The Monthly Homœopathic Review; London. El Criterio Médico; Madrid. Bibliothèque Homœopathique; Paris. The Boston Medical and Surgical Journal; Boston. The Practitioner (July); Boston. The Journal of the Gynæcological Society of Boston (August). Guardian of Health and New England Medical Journal; Boston. The Medical Record; New York. The Medical Gazette; New York. American Eclectic Medical Review; New York. Buffalo Medical and Surgical Journal. Nashville Journal of Medicine and Surgery. Pacific Medical and Surgical Journal; San Francisco. Boston Journal of Chemistry. The Canada Journal of Dental Science; Hamilton. The Missouri Dental Journal; St. Louis. Braithwaite's Retrospect of Practical Medicine and Surgery (July); New York. The Half-Yearly Abstract of the Medical Sciences (July); Philadelphia. Littell's Living Age; Boston. The Atlantic Monthly; Boston. Our Young Folks; Boston. Our Dumb Animals; Boston. The Little Wanderers' Advocate; Boston. Monthly Record of the Five Points House of Industry; New York. The National Sunday-School Teacher; Chicago. The Witness; New York. Cincinnati Times. — *Every Saturday; Boston.*

The following College announcements:

The New York Medical College for Women. New York Homœopathic Medical College. Homœopathic Medical College of Missouri; St. Louis. St. Louis College of Homœopathic Physicians and Surgeons. Hahnemann Medical College of Philadelphia. The Cleveland Homœopathic College. College of Physicians and Surgeons; New York.

Fœticide, or Criminal Abortion, by Hugh L. Hodge, M.D.; Philadelphia. Anæsthetics, by Walter M. Jackson, M.D.; Chicago. Lead, in its Relation to Public Hygiene, by C. S. Rodman, M.D.; Waterbury, Conn. New England Conservatory of Music; Boston. Fourth Annual Report of the Helping Hand Association; New York. Jennerian Medication by Acupuncturation; Albion, Mich. Medical Communications of the Massachusetts Medical Society; Boston. Constitution and By-Laws of the Central New York Homœopathic Medical Society; Auburn. Homœopathy; its Nature and Relative Value; Aberdeen. To the Homœopathic Physicians of the State of Michigan; Grand Rapids. De la Combinaison de L'Homœopathie avec les autres Méthodes de Traitement; Paris. Etude Médicale sur le Venin de la Tarentule; Paris. Condition and Doings of the Boston Society of Natural History; Boston. City Documents; Lynn. Catalogue of the American and European Magazine Company; New York. Osteo-Sarcoma of the Inferior Maxillary, by E. C. Franklin, M.D.

Across the Atlantic; C. H. Hæseler, M.D., Philadelphia: T. B. Peterson & Brothers. The Seven Curses of London, by James Greenwood; Fields, Osgood & Co., Boston. Berjeau on Syphilis, etc., by J. H. P. Frost, M.D., Philadelphia: A. J. Tafel. Characteristic Materia Medica, by W. H. Burt, M.D., Philadelphia: A. J. Tafel. A Treatise on the Diseases of the Eye, by J. Soelberg Wells, Philadelphia: H. C. Lea. A Manual of Elementary Chemistry, by George Fownes, F. R. S., Philadelphia: H. C. Lea.

HOMŒOPATHIC REGISTER.

(Continued from page 300.)

Schell, Francis H., M.D., Oxford, Butler County, Ohio.
Schley, Charles C., M.D., Savannah, Ga.
Selfridge, James M., M.D , Oakland, Alameda County, Cal.
Shane, Smith C., M.D., Steubenville, Jefferson County, Ohio.
Shepherd, James S., M.D., Petaluma, Sonoma County, Cal.
Sisson, Edward R., M.D., New Bedford, Mass.
Slocomb, Christopher C., M.D., Rutland, Mass.
Slough, Frank J., M.D., Fogelsville, Lehigh County, Pa.
Slough, Wm. C. J., M.D., Fogelsville, Lehigh County, Pa.
Smith, J. Miller, M.D., Lafayette, Ind.
Smith, John E., M.D., Jackson, Mich.
Sook, Henry L., M.D., Newark, Licking County, Ohio.
Spooner, Stillman, M.D., Oneida, Madison County, N. Y.
Stout, Henry R., M.D., 35 Madison Street, Chicago, Ill.
Stumm, C. W., M.D., Piqua, Miami County, Ohio.
Thomas, Frank H., M.D., 3 E. 33d Street, New York city.
Thompson, John H., M.D., 40 E. 26th Street, New York city.
Thompson, Virgil, M.D., 234 W. 11th Street, New York city.
Trites, David Trainer, M.D., 4323 Main Street, Manayunk, Phila., Pa.
Trites, William Budd, M.D., 4323 Main Street, Manayunk, Phila., Pa.
Tucker, S. Giles, M.D., Hartford, Conn.
Underwood, Joseph, M.D., Quincy, Mass.
Waterman, R. W., M.D., Lafayette, Ind.
Way, Jacob H., M.D., Nebraska City, Otoe Co., Neb.
Weeks, Lorrain T., M.D., Laconia, N. H.
Weicht, William C., Angola, Steuben County, Ind.
Whiting, Lewis, M.D., Danvers, Essex County, Mass.
Whiting, Samuel C., M.D., Vincennes, Ind.
Wigand, Henry, M.D., Dayton, Ohio.
Woodruff, Francis, M.D., Ann Arbor, Mich.
Woodward, Alvin M., M.D., 47 S. Washington Square, New York.

Additional names, removals, and corrections.

Abbott, Jehiel, M.D., Westfield, Mass.
Avery, Henry N., M.D., 122 E. 27th Street, New York.
Bettelheim, B. J., M.D., Brookfield, Mass.
Foster, E. J., M.D., Montpelier, Vt.
Laine, Edmund R., M.D., Caldwell, Essex County, N. J.
Nelson, Hezekiah Wallace, M.D., Steubenville, Ohio.
Pease, Giles, M.D., 77 Dartmouth Street, Boston, Mass.
Pease, Giles M., M.D., 77 Dartmouth Street, Boston, Mass.
Rockwith, Frank A., M.D., 206 Mulberry Street, Newark, N. J.

Removals.

Brown, H. K., M.D., to Leominster, Mass., from Waterbury, Conn.
Dake, Jabez P., M.D., to Nashville, Tenn., from Salem, Ohio.
Ricardo, Nelson C., M.D., to Passaic, N. J., from English Neighborhood.

Corrections.

Stockham, Alice B., M.D., Lafayette, Ind., instead of Stockhaus.
Stockham, G. H., M.D., Lafayette, Ind., instead of Stockhaus.

Erasure.

Bowlsby, W. H., M.D., Brooklyn, N. Y.

BUREAU

OF ORGANIZATION, REGISTRATION, AND STATISTICS

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY.

The preceding Register of homœopathic physicians in the United States has been carefully prepared, and every name inserted which, in accordance with a circular sent to nearly four thousand physicians, was forwarded to the Bureau, with the requisite qualifications. Although not as extensive as it might easily have been made, the Bureau have the satisfaction of thinking that it is, to a great extent, free from the numerous errors which have abounded in all previous lists. No one will regret more than does the Bureau that the Register lacks the names of many of the prominent physicians of our school in various parts of the country, who neglected to reply to the circular. Such names will be added when correctly furnished. These should include the name in full, the post-office address (town, county, and state), the name of the college or institution granting the diploma, and also its date. They should be legibly written and sent to the chairman of the Bureau, Henry M. Smith, M.D., 107 Fourth Avenue, New York.

The Bureau hopes eventually to see the name of every reputable homœopathic physician inserted in this Register. It also desires to collect, and is ready to impart, any information possible, in regard to all the homœopathic organizations in the United States, such as colleges, institutes, state and county societies, hospitals, asylums, dispensaries, and medical journals. Reports of all these should be sent to the Bureau, at least annually.

It is also the special duty of this Bureau to collect all statistics pertaining to homœopathy, its history, including its rise, progress and present condition, and any facts which can in any manner aid the cause or be of service to physicians. Anything of this character may be sent to the chairman or to any member of the Bureau.

H. M. Smith, M.D., New York,
H. M. Paine, M.D., Albany,
E. B. Thomas, M.D., Cincinnati,
T. C. Duncan, M.D., Chicago,
R. J. McClatchey, M.D., Philadelphia,
} *Bureau of Organization, Registration, and Statistics.*

THE TWENTY-THIRD SESSION

OF THE

AMERICAN INSTITUTE OF HOMŒOPATHY

Will be held in Chicago, on Tuesday, Wednesday, Thursday and Friday, June 7, 8, 9 and 10, 1870.

I. T. Talbot, M.D., Boston, General Secretary for 1869.
R. Ludlam, M.D., Chicago, General Secretary for 1870.

THE

New England Medical Gazette.

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DYSENTERY.

BY GEORGE F. FORBES, M.D., WEST BROOKFIELD, MASS.

Read before the Worcester County Hom. Med. Society.

I DARE not hope to add much to the knowledge of the members of this Society; but we cannot become too familiar with a malady which, with the exception of consumption, numbers more victims than any other in the United States; while its virulence elsewhere is seen in the fact, stated by Watson, that in two years the British army lost, by dysentery alone, under the old school treatment, 4,717 men.

I propose to glance at the more common and prominent features of the disease, and its treatment, supplementing my own experience with facts from the records of others.

Dysentery consists of inflammation of the mucous membrane of the rectum and descending colon; while in the dysenteric-diarrhœa of some epidemics, the inflammation begins in the first portions of the colon, and even in the small intestines.

The characteristic symptoms of dysentery are griping pains in the abdomen, followed by frequent mucous or bloody stools, with straining and tenesmus. Some of the worst cases of this disease commence with the ordinary symptoms of diarrhœa.

The discharges of diarrhœa differ from the mucous and blood of dysentery, and should in all cases be distinguished. According to Watson, the tenesmus is usually the result of ulceration low down in the rectum; the ulcers may be either superficial or deeper

seated. According to Abercrombie, loathing, nausea, or vomiting of slimy or bilious matter, indicates an extension of the disease to the ileum, this vomiting often being excited by anything taken into the stomach. The higher the affection extends into the small intestines, the more violent the fever and the nausea or vomiting. In many cases of diarrhœa, we find tenesmus without blood, or the stools are sometimes bloody without tenesmus; such cases have been designated dysenteric-diarrhœa.

Most authorities consider dysentery epidemic rather than contagious; still some maintain that it is contagious, while others are in doubt. We all know that it rages epidemically.

The excretions are acrid and almost corrosive in their character, which may account in part for the ready destruction of the mucous coating of the rectum. The presence of pus in the excretions, however, does not always determine the existence of such ulceration. According to F. Humphreys, no chemical analyses of the excretions of dysentery have yet been made, — a field of investigation which might be occupied with great advantage to the profession. Very frequently, especially during the first week of the disease, we find a yellowish or greenish mossy substance on the surface of the discharge. Later in the disease, it appears more rarely. It always indicates, according to Dr. Thomas, an aggravation of the disease. The blood is seen either in streaks through the discharges, or it is more intimately mixed. The degree of commingling indicates the place at which the blood exuded; the more it is mixed with the discharges, the higher up must have been its source. Marcy thinks that if the small intestines are chiefly disordered, the evacuations will consist of dark, watery matter, mixed with blood.

The cause of dysentery, according to Eberle, is often unequivocally to be found in miasma. In low, marshy and damp situations, dysentery prevails more than in elevated and dry locations. The system is predisposed to dysenteric affections by want of ventilation, drinking impure water, alcoholic beverages, and especially by exposure to a sudden chill or night air. In warm climates, dysentery is apt to supervene upon hepatic congestion and disease of the liver, especially when the days are hot, and the nights are cool.

Hence, as a precaution against dysentery, those who are constantly exposed to the weather cannot be too careful to have the stomach and abdomen covered with flannel or silk, and especially in warm weather, the very time when many people remove their flannels. The use of good ripe berries and fruit of most varieties will be found safe to the healthy, and both grateful and salutary to the dysenteric patient.

In the nausea of some epidemics, I have advantageously prescribed a beverage of the water in which salt cod-fish has been boiled or soaked; it has often proved agreeable to the patient. Strong Java coffee, without milk or sugar, has proved beneficial in my experience. Humphreys says that the white of an egg, beaten up in half a pint of water, and sweetened with sugar, has been given with benefit as a drink. Some very eminent physicians of the old and the new schools rely, in large measure, on injections of a similar fluid, and they are really very comforting to the patient. Sitz baths of warm water are sometimes also of great service. Many years ago a Dr. Twining recommended injections of cold water; but, this being considered at that time too great a risk, he afterwards hastily advised ten grains acetate of lead to be mixed with the water! We shall find it important early in the epidemic to study the prevailing character or genius of the disease. This will enable us to fix on some one or more medicines corresponding to its epidemic character. These will be found applicable to almost every succeeding case, and the knowledge of them will save us from much perplexity.

I have found *Acon.*, *Arsen.*, *Bell.*, *Coloc.*, *Nuxvom.*, and *Rhus tox.* the most serviceable remedies; though *Merc. c. Bapt.*, and *Nit. acid.* are sometimes indicated. The characteristic indications of these remedies I need not enumerate; but I may say that we always think of *Aconite*, when we have high, inflammatory fever, full, quick pulse, hot and dry skin, and a congestive state of the bowels.

We know that *Arsenicum* is always indispensable when there is great prostration, violent burning pains in the abdomen, and through the rectum to the anus, and in some typhoid conditions.

Belladonna has proved the most useful remedy with me in all forms of dysentery, and I always prescribe it more or less through-

out the disease, but especially for women and children. It is of great service in the inflammatory varieties, with a determination of blood to the head; face red and hot; constant urging to stool and frequent tenesmus with slight discharges; fever worse at night, and intense thirst with sleeplessness.

Baptisia, according to Hale, is useful, "when there are violent colicky pains in the hypogastric region before stool, there being little or no fever. . . . . It is primarily homœopathic to diarrhœa, dysentery and acute mucous enteritis, and secondarily to constipation, with indigestion, torpor of the liver, and hæmorrhoids." Coe says, that "in the treatment of ulcerative inflammation of the bowels and stomach, and chronic diarrhœa and dysentery, its use should never be omitted; and it is useful in acrid fæcal discharges, and frequent, small and offensive stools." It is homœopathic to profuse, dark, fœtid diarrhœa, subacute enteritis and colics.

We look to *Colocynth* to relieve violent colic pains and griping when pains are mitigated by taking the least quantity of food or drink, and where there is little or no tenesmus.

Merc. cor. is required when there are very frequent, small stools of bloody mucus, or greenish stools mixed with blood, constant cuttings in the bowels, an an insupportable tenesmus.

Nux vom. is indicated by frequent, small, slimy stools, with tenesmus; when pieces of hard fæcal matter are mixed with bloody mucus; and when hæmorrhoids occur, together with aggravation of the disease, in the morning.

Nit. acid., says Hartmann, is the best remedy where there is constant pressing in the rectum, with no discharges, or only very light ones, or in constant and long urging to stool with no success.

Rhus is our reliance where typhoid symptoms appear, and the organic activity threatens to become extinct: when the patient becomes weak and emaciated with involuntary discharges at night, without pain or tenesmus.

Verat. album is indicated in dysentery with watery discharges, vomiting, coldness of the surface and of the extremities, great weakness, cramps in the calves, retention of urine, and cold sweat, with little or no tenesmus.

I am in the habit of giving these remedies from the 1st to the

4000th potency, but prefer the very lowest till an impression is obtained, then the higher.

In concluding this hastily written paper, I wish to make mention of the epidemics of dysentery in the locality where I reside; showing the treatment which I found very effectual in the first or inflammatory stage of the disease, and which not only promoted the comfort of the patient, but also saved, in my opinion, very many valuable lives.

About the middle of July, 1865, an epidemic occurred in the town of North Brookfield, Mass., of what may be denominated "bilious dysentery." The premonitory symptoms indicated derangement of the liver; the tongue was coated white, and there was nausea, and sometimes severe vomiting, followed immediately by violent purging of a bilious nature. This stage lasted from twenty-four to forty-eight hours. On the second or third day, the symptoms usually changed; mucous discharges, then bloody and bilious stools succeeded, with the usual tenesmus and acute pain of ordinary dysentery. From the third to the seventh day, the fever ran high, sometimes the pulse, being at 100 in the morning, would rise rapidly till, in the afternoon, it would reach 150 or 160. A decided change of all the symptoms was always manifested during the latter part of the sixth day or at the beginning of the seventh. In the majority of cases, the patient sank into a low or typhoid condition, and if not then promptly stimulated with whiskey or brandy, and beef tea, the extremities grew suddenly cold; then followed cold sweat and involuntary discharges of mingled blood and bile, and death occurred on the seventh day. If the patient were stimulated properly and the appropriate treatment were administered, he rallied a little. The discharges remained the same as before. The fever and pain subsided very much during the next seven days; and at the fourteenth day the febrile excitement subsided, and a crisis was observed,—a gentle perspiration; a very slow and tedious convalescence followed.

A similar epidemic occurred in West Brookfield the year following (1866), the symptoms being almost precisely like those stated above. I began the treatment in the first epidemic according to the usual method laid down in our books, and followed by most

homœopathic physicians. I gave *Belladonna* and *Colocynth, Baptisia, Mercurius,* etc., etc. After treating several troublesome cases unsatisfactorily with these and the other remedies recommended, I was induced to try, in a very painful and distressing case, a single dose, at night, of morphine and atropine. It was prepared in the following manner: Into half a tumblerful of water, I put a grain of sulphate of morphine and a grain of the third dilution of atropine. Of this I gave the patient a single dose of a dessert-spoonful. The next morning I found him, as well as his friends, overjoyed at the success of my prescription. He had had but two discharges during the night, and had slept comfortably. The pain and inflammation were reduced. During that day the man required six similar doses, and four the second; steadily diminishing the frequency daily till the seventh day, when one dose sufficed. The discharges became less in quantity and better in quality, and he gained strength from day to day.

After this I treated with these agents combined, nearly the whole number of patients brought under my charge during the first week of their sickness. During the day, the specific remedies indicated were employed with admirable effect. When typhoid symptoms manifested themselves, I found *Veratrum, Rhus, Bapt.* and *Podophyllum,* using them from the 6th to the 200th, the most serviceable in conducting the dysentery to a successful termination. *Belladonna* was the most useful in the inflammatory stage, and occasionally a case demanded the alternation of *Bell.* with the morphine mixture, at intervals of two hours. *Bell.* ^{200} seemed quite as effectual as the first or sixth. In some hard cases even a larger dose of the morphine mixture was employed beneficially. I began with enough to hold the dysenteric discharges in check, and no more.

Some may object to this, and maintain that it is not homœopathic treatment. My best defence is the results in these epidemics. I have, therefore, taken pains to inform myself in regard to the number of cases occurring in both towns during both epidemics. These I gathered by inquiries of families, the records kept by the resident clergymen, reports (private and otherwise) of other physicians, and from records kept by myself. As to the mortality of the disease,

I have relied mostly on the records of the town clerks, the sextons' reports, and the diary which I kept at the time. I am the more particular about this as I have been assailed through the public press by gentlemen of the other school, who allege that the statistics furnished herewith are incorrect, exaggerated and unreliable. My only reply is, that if the above authorities and their records are reliable and true, then the statements which I make are true, and cannot be gainsaid.

The whole number of cases occurring in both epidemics was three hundred and thirteen. Of these the "regular" physicians of these localities had under treatment one hundred and sixty-seven cases, ninety-eight of which they lost, showing a mortality of over fifty per cent. I am happy to report the treatment of one hundred and forty-six cases (some of these were rescued, in the last stages of the disease, from the heroic treatment considered legitimate by all "regulars" hereabouts), with the loss of only six cases, showing a mortality of about four per cent.

I may say that I have used the morphine and atropine as above in several cases of dysentery since those epidemics, with great success, while at the same time I have found that even the highest potencies of the medicines administered homœopathically as indicated by their provings, acted clearly, and sometimes powerfully on the diseased tissues.

Let me conclude with a single question, — why may not homœopathic physicians employ morphine, with or without the atropine, in the treatment of disease, as well as use a knife in an abscess or tumor, during treatment, with appropriate specific medicines?

Note by the Editor. — The result of Dr. Forbes' treatment seems to justify him in the course which he pursued in departing from the practice of our school. The question which he asks is one which we should not hesitate to discuss; and if the use of morphine will both relieve the suffering and expedite the cure, it is clearly the duty of homœopathic physicians to avail themselves of it. At the same time it may be well to inquire, if equally good and even more favorable results have not been obtained under homœopathic treatment without the use of morphine. Moreover, too much value must not be attributed to the morphine, since,

under allopathic treatment, where undoubtedly it was abundantly used, the mortality was proportionally greater. While we would not say that the physician should never, under any circumstances, administer morphine, we believe that the cases are very rare in which its good effects are not factitious rather than real. The physician who in his practice habitually resorts to extra-homœopathic courses, rather than to rely upon the law *similia similibus curantur*, will be apt to find that his platform has some rotten planks in it.

COMPARATIVE STUDY OF ARSENICUM AND PHOSPHORUS.

BY C. WILLIAM BOYCE, M.D., AUBURN, N. Y.

ARSENICUM.	PHOSPHORUS.
Burning pains in external and internal parts.	Burning in all parts of the body, like *Arsen.* Hot sensation goes from the spine to the head and then to the feet.
Fainting from weakness, with scarcely any pulse. Great weakness; sudden sinking of strength.	Great general nervous debility.
Great emaciation from deficiency of blood.	Great emaciation; lean, slender persons. Easily bleeding from all parts; small wounds bleed much; bleeding from internal organs. No distended blood vessels.
Religious melancholy; cannot rest in any place; changes continually; lying now here and now there; wants to be carried from one bed to another, or from one room to another.	Very irritable, and inclined to be angry; peevish.
Hates to be alone; is afraid when alone.	Full of fears when alone, and during a thunder storm.

ARSENICUM.

Aggravation: from cold in general; eating or drinking cold substances, particularly ice cream; when lying on the painful part; at night, and especially after midnight.

Amelioration: from warmth in general; from warm food; from moving the affected parts.

Headache after meals, relieved by cold water, and increased by removing the cold water; pulsation in the forehead, with nausea; slightly relieved by cold water and walking in the open air; tearing in the head, with vomiting on raising the head.

PHOSPHORUS.

Aggravation: from natural or artificial light; during a thunder storm; when alone; from changes of the weather; in the open air; in the evening, and at night before midnight; from lying on the left side.

Amelioration: in the dark; whilst lying on the right side; from being rubbed, and from mesmerism.

Headache aggravated from music, masticating, and in a warm room. Heaviness of the head and congestion, worse in the morning. Giddiness when rising from a seat, with headache and nausea, worse in the morning and after meals; sensation of emptiness in the head and giddiness, better in the air, and worse in the room. Stupefying headache in the morning when moving, worse when stooping, better after eating, better in the cold air; pain worse over the left eye, worse in the warm room, and better in the open air and after sleeping; congestion of the head, with burning, singing and pulsations in the head; red face and puffy swelling under the eyes, worse in the morning, when sitting, and in the evening in bed; inflammation of the brain, with pulsations and singing in the head;

Arsenicum.	Phosphorus.
	pulsation in the head, with stinging and burning, mostly in the forehead, with nausea and vomiting, lasting from morning till noon, worse in the warm room, and better in the open air.
Scalp painful to the touch; tinea capitis; white eruption, like bran, burns and itches, worse on fore part of the head, bleeds when scratched, and afterwards burns; burning, biting boils on the scalp.	Dry, painful heat of the scalp, causing to uncover whilst the rest of the body is cold; wants nothing on the head; dandruff; falling off of the hair above the ears in large spots.
Erysipelatous, burning swelling of the head and face, with metastasis to the testicles.	Tension of the skin of the forehead and face, as if the skin was not large enough; often one-sided, worse from change of temperature.
Pale face, or like earth, or bluish under the eyes. Face puffed or swollen; elastic, not hard, especially under the eyes. Distorted features and deathlike countenance. (Chlorosis.) Lips black, dry and cracked (cancer of the lower lip).	Countenance pale, hippocratic, or puffed and bloated under the eyes, or circumscribed red spots in the cheeks. (Hectic.) Freckles.
Inflammation of the eyes and lids, with burning pain. Burning in the eyelids, worse at night. Specks and ulcers on the cornea. Excessive photophobia.	Inflammation of the eyes, with pressing and burning. Burning of the eyes. Aversion to natural and artificial light. Agglutination of the lids in the morning. Tears flowing in the open air and in the wind. Cataract. Dimsightedness, like gauze before the eyes. Blue spots, or motes, floating before the eyes. Halo around the candle.

Arsenicum.	Phosphorus.
Burning in the ears, accompanying severe attacks of pain.	Hardness of hearing.
Pulling of the epidermis of the nose. Burning in the nose. Swelling of the nose. Hard tumors of the nose, with burning. Profuse fluent coryza of sharp corroding, excoriating water, with hoarseness and sleeplessness.	Oversensitiveness of the olfactory nerves. Nose red and swollen. Smell putrid, fœtid. Much discharge from the nose, green, and sometimes yellow, not viscid, but watery, without coryza. Blows much blood from the nose. Bleeding from the nose, often at stool (characteristic).
Toothache, which extends to the ear and temple, worse at night, worse when lying on the affected side, and relieved by the heat of the stove.	Pricking and stinging toothache, worse in the open air. Powerful effect on the teeth. In match factories, they lose their teeth. Toothache, which finally goes to the jaw-bone of the left side. The bone becomes enlarged, with fever and loss of appetite; increased salivation. The teeth become sore, and pus is discharged from them; they fall out, and pus is discharged from fistulous openings; hectic fever sets in, and the patient dies.
Bleeding gums.	Gums bleed from small causes. Swelled and easily bleeding gums. The gums bleed easily, always after washing clothes.
The mouth looks dry, blue and inflamed, the pain is burning. Stomacace, with burning. Collection of tough, bloody saliva. The discharge from the mouth is always fœtid and bloody.	The saliva is bloody mucus.
The tongue is dry, dark, and generally red. Tongue dry, brown	Dry tongue (when moist it is white); white tongue, coated with

Arsenicum.	Phosphorus.
and cracked. Tongue swollen, inflamed and gangrenous. Talks fast.	white mucus. Stinging on the tip of the tongue.
Burning in the throat. Difficult swallowing from constriction of the throat (œsophagus). Angina gangrænosa with aphthæ.	Dryness in the throat, day and night. Swollen tonsils and uvula in scarlet fever, when the patient cannot swallow from spasmodic constriction. Spasmodic constriction of the œsophagus; the patient cannot swallow. Burning in the œsophagus.
Taste bitter after eating and drinking.	Taste sour; also sweetish, or saltish; bitter after eating.
Violent unquenchable thirst, with frequent drinking and but little at a time. Desire for cold water; sometimes for acids and alcohol.	Great thirst, and want of something refreshing, wants cold drinks.
Aversion to food; the food is detestable, and it makes him sick at the stomach. Even the smell of food sickens him.	Wants to eat often, and immediately, on account of weakness; eating relieves; wants warm food. Hungry especially at night; weakness; he would faint if he could not get food at once.
Continuous vomiting of ingesta. Brown vomiting, with pain in the stomach (cancer). Green vomiting. Vomiting of blood. Burning pain and vomiting. Vomiting on raising the head. All the vomitings are rapid, and immediately after drinking.	Rising up of sour ingesta. Frequent empty eructations. Vomiting of what is eaten shortly after eating it; the food comes up in the mouth; all at once the patient has a mouthful of food. Vomiting tastes sour. Flow of water into the mouth (waterbrash). Vomiting of blood. Vomiting of bile, and of drinks as soon as they have got warm in the stomach.
Anxiety in the pit of the stomach.	Sensitiveness and great ful-

Arsenicum.	Phosphorus.
Eating ice cream or cold food causes distress. Cramps of the stomach, worse about 2, A.M. Burning in the stomach and pit of the stomach.	ness; burning and pressing in the stomach. The stomach is painful to the touch, and when walking. Inflammation of the stomach. Spasms of the stomach.
All kinds of induration, and cancer of the stomach.	The pylorus is too narrow, it will not allow the food to pass. Pain in the pylorus whilst eructating. Gnawing in the pylorus.
The abdomen is hard and bloated, with pain, cutting and burning. Putrid flatulency; everything is putrid.	Rumbling and rolling in the bowels. Stitch in the region of the liver. Incarcerated flatulence in left side. Flaccidity of the abdomen. Burning, as well as coldness, of the abdomen. Abdomen sore to the touch, and when walking. Paralysis of the lower intestine.
Very little constipation.	Very little constipation; constipation with small hard stools, expelled with great difficulty, as if the rectum were prolapsed.
Diarrhœa at night; stools, acrid, or bloody, or green, and always offensive, burning when passed, or involuntary. Diarrhœa after eating, with severe thirst; pain in the abdomen, and burning in the rectum.	Painless diarrhœa. Looseness of the bowels, and abundance of urine. Stools soft and like pap Stools often involuntary; often with yellow spots and burning; the stools are green or black, or they consist of mucus, often watery or bloody.
Burning in the hæmorrhoids. Burning and soreness of the rectum, with prolapsus; the prolapsus of arsenic remains out, and burns, is gangrenous and cracked, and cannot be returned.	Great discharge of blood from the rectum at stool. Discharge of mucus from the wide open anus, not only oozing, but running out. Stinging or itching in the anus. Spasms of the rectum.

Arsenicum.	Phosphorus.
Difficulty of micturition and strangury; suppression of the secretion of urine. Paralysis of the bladder. Urine, bloody and burning.	Urine too frequent, and too abundant. Frequent pale urine, either like curdled milk or brick-dust sediment. Fatty substance on the top of the urine. Burning in the urethra, with involuntary discharge of urine. While urinating, twitching in the urethra, smarting, cutting and burning.
Blue-red swelling of the glans penis with rhagades. Painful swelling of the genitals. Syphilitic erysipelas of the scrotum.	Increased sexual desire. Sexual desire in lean persons in tuberculosis. (*Phos.* is very seldom useful when the sexual organs are weakened, or the vital power is low.) Impotence when the debility is great. Involuntary emission of semen.
Catamenia too early and too profuse. Leucorrhœa, acrid, corrosive. Scirrhus uteri.	Catamenia too early and too scant. During catamenia, backache. Leucorrhœa, acrid, producing blisters. Cancer of the uterus. Polypus of uterus. Chlorosis.
	Breasts become inflamed like erysipelas. Ulceration of the breasts with burning and stinging.
Profuse, fluent coryza, of sharp, corroding, excoriating water, with hoarseness and sleeplessness.	Hoarseness and loss of voice. Painful loss of voice. Some kinds of croup, with burning pains in the larynx.
Dryness and constriction of the larynx, with burning. Bronchitis, with difficult discharge of mucus.	Dryness and burning of the throat. Soreness, roughness and burning of the larynx.
Cough on drinking or eating,	Cough worse in the evening

Arsenicum.	Phosphorus.
and when at rest after motion, also during a walk in the cold air. Cough with wheezing and tough mucus in the chest.	and at night; worse sitting and lying on the left side; dry, short cough, caused by tickling in the chest or throat, from talking or reading aloud, singing or laughing, and by cold air (in passing from one room to another, or into the open air). Cough, with stitches over the eye.
Expectoration in day without expectoration at night; mucus, frothy, or in lumps; salt expectoration. Hæmoptysis at night, with burning heat of the whole body.	Expectoration is bloody, frothy, or blood-streaked; rust-colored expectoration, sometimes purulent, often tough and white, or the mucus is cold; tastes either sour, salt or sweet. Much hawking of mucus in the morning. Great accumulation of scentless mucus. (In the cure of phthisis mucosa, *Phos.* is unsurpassed.)
Respiration oppressed, anxious and short. Oppressed, labored breathing when going up hill and when lying. Constriction of the chest, with anguish. Burning in the chest.	Tuberculosis and pneumonia. Respiration is oppressed, quick and anxious. Sensation of weakness in the chest. Anxiety in the chest. Constrictive spasms of the chest and difficult inspiration.
Palpitation of the heart, especially at night; often no pulsation at the wrists, with palpitation.	
Burning in the back.	Burning in the back. Spinal diseases. Pain in the small of the back when rising from sitting. Pain in back, as if broken.
Swelling of the arms, with putrid, black blisters. Discoloring	Trembling in the hands in every exertion. Burning in the palms

Arsenicum.	Phosphorus.
of the nails, or they fall off. Pains in the limbs, with burning. Hot shiny swelling of the feet, with black and blue blisters. Paralysis of the lower extremities.	of the hands. Pains in the soles of the feet, as if bruised. Trembling of all the limbs, as from exertion. Nightly tearing pains in the feet of pregnant women, driving them from bed.
Very little sleep. He falls asleep late. Sleeplessness, with restless tossing about. Sleepless anxiety and unquiet, as if hot water were coursing through the veins. The sleep is before midnight; or no sleep before midnight. Dreams about dead persons.	Sleepiness in daytime. Great drowsiness during heat of fever. Sopor, with open mouth, dry lips and tongue, which are black. Sleeplessness before midnight; goes to sleep late, and waking frequently during the night. Many anxious and vivid dreams.
Pulse small, contracted, frequent, weak, trembling, or intermitting. Frequent pulse in the morning (full in the morning only), and slow in the evening. (Fever in the morning and not in the evening.) In other fevers, one has small pulse.	Pulse generally accelerated, full and hard; occasionally weak and small.
General coldness, with parchment-like dryness of the skin, or with profuse, clammy perspiration. Chilliness without thirst (no thirst during a chill). Chilliness, with heat at the same time, or alternately with heat, or in walking in the open air. Coldness in all the limbs.	Chilliness, mostly in the evening. Chilliness is not relieved by the heat of the fire. General internal coldness. Chilliness generally before midnight, with great weariness, often accompanied with diarrhœa, with chills down the back.
Internal heat, with anguish, with burning, dry skin at night, or burning in the bloodvessels. Dry, burning heat, with coldness; the skin becomes as dry as parchment.	Dry heat, without thirst. Dry heat, with aversion to be moved, with swollen veins in the hands. Flashes of heat over the whole body, beginning in the hands.

Arsenicum.	Phosphorus.
Intermittent fever; first chilliness, followed by dry heat and perspiration; thirst during the heat only; drinks often, but little at a time; during the fever great restlessness and anxiety; tearing in the bones and joints; pain in the small of the back, and difficult breathing; headache during the fever, continuous after the fever and perspiration.	Moist heat in the afternoon and evening, with burning in the hands and in the face. Heat at night, with sleeplessness, and the heat runs up the back. Great drowsiness during the heat. Sopor, with open mouth, dry lips and tongue, which are black.
Perspiration is most when he first falls asleep.	Perspiration in the morning, followed by great debility, or at night; sweat sticky, most about the head, hands and feet, or only in the fore part of the body. When there is much perspiration, there is much secretion of urine. The perspiration often smells of sulphur. Clammy and sticky perspiration only on the head and palms of the hands, with discharge of turbid urine; better in the air, worse in the room.
Burning skin. Blue-black swellings; chlorosis and petechiæ; white miliary eruptions; urticaria; red pustules, changing to ichorous-burning ulcers. Eczema is either gangrenous or black and burning. Vesicular eruptions. Herpes, with violent burning, especially at night. Almost all kinds of ulcers; hard, high edges. The pus is acrid, fœtid or bloody.	Blood-boils; skin, burns; eruptions; pustules, or scaly red spots; yellow spots and freckles. Dry tetters. Fungus hæmatodes. Purpura hæmorrhagica.

REPORT ON CLINICAL MEDICINE.

BY J. HEDENBERG, M.D., MEDFORD, MASS.

Abstract of a Report made to the Mass. Hom. Med. Soc., Oct. 1868.

INFLUENZA. — Epidemic influenza has seemed to correspond with *Arsenicum* and it has been of the greatest use. The cough was invariably worse towards night and in the night; after the administration of *Ars.* this peculiarity ceased. *Dr. E. U. Jones.*

During January and February we had an almost universal epidemic of influenza characterized by much prostration of the vital powers, torpidity of the liver, and a tendency to terminate in tubercular phthisis. *Arsen.*, *Gelsem.*, or *Bapt.*, according to the condition of the liver and typhoid symptoms, in the earlier stages; and *Calc. carb.* ^{3}, and *Stann.* ^{3} in the later stages, satisfactorily controlled the disease. I consider *Stann.* $^{3 \text{ or } 4}$ an invaluable remedy in tubercular tendency, with loose cough and expectoration of a whitish, sweetish mucus, worse in the morning.

Dr. T. S. Scales.

WHOOPING-COUGH. — *Mephitis.* Cough inclined to hoarseness, oftentimes of a croupy character, without however, being dry, mucous râle, throughout upper portion of lungs.

Tartar. emetic. Cough, loose, with free and rather easy expectoration, a perfect catarrhal diathesis prevailing.

Bromide of ammonium entirely failed to produce the results expected. *Dr. Jones.*

My own observation agrees with that of Dr. Jones, as to the failure of the *Bromide of ammonium* to cut short or materially mitigate this disease. *H.*

In the case of a married lady, aged thirty, whooping-cough was complicated with carditis and pectoral rheumatism. The patient awoke at night with agonizing strangling fits, spasms of epiglottis, with agony and fear of suffocation; she would spring up in bed, struggling for breath. In the day time drinking cold water was always followed by cough. *Sambucus nig.*^{6} relieved the spasms at once. *Squilla*, as indicated by the aggravation from drinking cold water, promptly relieved the cough which remained after the spasmodic symptoms had been removed. *Dr. C. Wesselhoeft.*

MEASLES. — *Mercurius.* For the cough, often so obstinate, in the latter stage of measles, no remedy has proved so efficacious as *Merc.*

viv. or *Merc. sol.* ^{30} and ^{200}, when the following indications were present: moist barking cough, with some sound of moisture in the air-passages, though apparently no expectoration; the cough is almost convulsive, cannot be controlled, and occurs in frequent paroxysms, particularly from 9 A.M. till 5 or 6 P.M. In such cases, *Merc. viv.* has proved almost infallible, not only in the past year, but in most cases for several years. *Dr. C. Wesselhoeft.*

SCARLATINA. — *Phytolacca.* The angina and suppuration accompanying and following the fever were best met by *Phytolacca* given internally and used as a gargle. All suppurations showed laudable pus. *Dr. Jones.*

Dr. E. P. Scales sends a similar report of his experience with this remedy.

DYSENTERY. — *Merc. cor.*, *Arsen.*, and *Trombidium* were the most efficacious remedies.

Arsenicum corresponded in the past year not only to many forms of dysentery, but also to most forms of diarrhœa when accompanied by the following symptoms: burning in the abdomen; green, slimy, bloody discharges, with burning tenesmus; extreme thirst; patient calls incessantly for the coldest water, but only a sip at a time, when it seems before drinking as if a quart would not suffice. These symptoms were present in one very severe case accompanied by coldness of the body; stools like bloody water, especially in the night; brown tongue, pulse 112, very small and weak. *Merc. cor.* ^{200}, and *Ars.* ^{200}, had brought such relief in the first few days of the disease that the patient appeared convalescent; but, from some inadvertency on the part of the attendants, a relapse occurred, followed by the condition just described. *Ars.* ^{200} failing to relieve, *Ars.* ^{6} was given, with immediate relief. The case terminated in a perfect cure without another remedy.

Merc. corr. The indications for this are so well known as to require no further repetition; our experience with it is contained in a former report.

Trombidium has again proved its usefulness, and fills a place hitherto deplorably vacant in the materia medica, particularly for dysentery with the presence of the following indications: brown fluid discharges, with or without bloody streaks, occurring every half

hour; violent colic, causing the patient (a strong man) to scream with pain; severe tenesmus.

We have given elsewhere a report of several cases of dysentery cured with *Trombidium* indicated as above. *Dr. C. Wesselhoeft.*

HÆMORRHAGE. — *Hamamelis.* Two cases of hæmorrhage from extraction of teeth were cured by a single application of cotton saturated with *Hamamelis* tincture, with a few doses taken internally. In one patient, hæmorrhage always ensued one week subsequent to the extraction of a tooth. *Dr. Wm. Knight.*

FEVER. Under this head is noticed a change of type, or rather of the relative frequency of our fevers; a greater prevalence of bilious remittents, and a decrease in the number of cases of typhoid. *Baptisia* covered most of the symptoms of the bilious remittent. *Dr. Jones and Dr. E. P. Scales.*

Dr. E. P. Scales writes:

"Last autumn, during three or four months, we had an epidemic of bilious typhoid fever, commencing with chills, headache, backache, pain in the limbs, bad taste, offensive breath, dreamy, troubled sleep. Many of the cases had also slight sore throat; pulse full, but generally slow; bowels constipated, or with occasional dark, offensive stools. Soon the chills alternated with fever, usually with moist skin; or the chills and fever were simultaneous, with soreness of the flesh. *Baptisia* 1 and 2 cured all cases which came under my care. For particulars respecting *Baptisia*, see an article by E. U. Jones, M.D., in the *New England Medical Gazette* for February, 1868, which I most heartily indorse. I feel confident that the usual autumnal continued fever of this section can be perfectly controlled by *Baptisia tinct.*[3], given at intervals of one to four hours."

Last fall I had several cases of bilious remittent fever. They were entirely unlike typhoid fever, if by this we understand the enteric fever of Wood. There were no rose spots, no tympanites, no tenderness in the left iliac region. The fever was decidedly remittent, in one case nearly intermittent.

The patient in whom it was so markedly intermittent was born in Boston, and has always lived in the city or its immediate vicinity. He had a well-marked chill at 4 P.M., then heat till midnight, then profuse perspiration.

Cases of this kind, no doubt, are sometimes cited as instances of intermittent fever, originating in this vicinity. The fever continued in two cases nearly five weeks in spite of all remedies used. Dr. Gregg, in consultation, advised that a cold pack should be given daily, before or just as the febrile exacerbation was coming on. When this patient was seen by Dr. Gregg, the only apparent deviation from a healthy functional activity was a great dryness and complete inactivity of the skin, although the febrile paroxysm was very severe. The tongue was not foul, and the bowels were regular, with daily evacuations, something unusual for the patient, as she is habitually constipated, and depends upon enemas for the movement of the bowels. *Acon., Gels. Verat., vir., Gels. and Bry.* in rapid alternation, and the "rum sweat" had failed to induce perspiration. Three packs broke up the more grave symptoms, after which *Baptisia* and other remedies showed their power in promoting convalescence.

The case so nearly approaching an intermittent in form was most benefited by *Cedron* tincture, which stopped the chills.

I fully indorse the remarks of Dr. Jones in the *Gazette* on the relatively greater frequency of bilious remittent fever, and also on *Baptisia.* I did not see during the fall a single case of our usual typhoid fever. *H.*

DIARRHŒA OF PREGNANCY.—ARSENICUM.

BY S. P. GRAVES, M.D., SACO, ME.

Read before the Maine Homœopathic Medical Society.

February 23, 1867.—I was called to see a lady, twenty-four years old, light complexion, brown hair, blue eyes, the whole expression of the countenance extremely anxious. She was in bed, sitting rather than lying, with lower extremities drawn up, shoulders raised upon pillows, head bent forward, and arms pressing upon the chest; she presented altogether a most pitiable appearance. The pulse was quick and feeble; the tongue parched and white. She complained of confused feeling of the head; burning thirst; cold feet and hands; burning pain in stomach and bowels, with nausea and vomiting; increased by ingesta of any kind; drawing pain in the back (sacro-lumbar region), and bearing down in the lower part of the bowels, with diarrhœa, and a tendency to movement of bowels after taking the smallest quantities of food or

drink; from ten to fifteen evacuations in the day (twenty-four hours) of thin, watery or undigested matter, followed by tenesmus and burning at the anus; general prostration and uneasiness.

Observing that the more acute suffering of the patient was paroxysmal, inquiry brought out the fact that she was in the fifth month of gestation, also that the diarrhœa commenced about the time of conception. This complication led to some doubt for a time whether the alvine or uterine condition should receive the first attention; but as the preponderance of symptoms was covered by the remedy appropriate to the former, its use was decided on, and *Ars.*[30] was given — in powders, because of the effect of water upon the stomach, — one powder to be taken after each evacuation, until improvement or exacerbation was observed.

Early next morning I called again, and found the patient worse. On reviewing the case, the exacerbation seemed clearly attributable to the medicine. Instead of changing the drug, *Ars.* [30,000] was substituted, and used as the former had been, with direction to stop its use if any change was manifest in the patient's condition. Only three powders were taken in as many hours, when the change was so marked that no more medicine was taken. All the symptoms, uterine as well as alvine, abated or disappeared gradually; the appetite returned, and with well-selected diet alone the patient was able to walk out in ten days, though still weak and emaciated.

She continued well until some time in the eighth month of gestation, when, through fright from a runaway accident, labor came on, and the woman died in convulsions, after being delivered of a living child.

At my first visit, the husband had informed me that this patient had been under eclectic and allopathic treatment nearly four months for "chronic diarrhœa," and was so much reduced as to be unable to leave her bed without assistance. She died under allopathic treatment, having removed to a town some miles distant.

We find in the provings of *Arsenicum* excessive debility, emaciation, coldness of the limbs, with or without moisture, violent thirst, burning pain in stomach and bowels, diarrhœa after eating or drinking, — indeed, nearly every symptom observable in this case. But the striking similarity to a case of arsenical poisoning once under my observation was perhaps my chief reason for its selection.

One point about which I have not been able to satisfy myself is, whether the cure was the result of a suspension of the 30th or the exhibition of the 30,000th. Certainly my astonishment was no greater that the improvement followed so promptly and decidedly the exhibition of the latter, than that it did not follow the use of the former. But "what can we reason but from what we know?" Here, on the one hand, we know that exacerbation followed the use of the 30th; and we know just as well that permanent improvement followed the use of the 30,000th. And on the other hand we know that the curative effect is sometimes sure to follow closely upon an exacerbation, attributable to no other cause than the drug-effect of medicine.

Query. — Which was it in this case?

A CASE OF EXHAUSTION OF BRAIN POWER.

BY L. DENNIS, M.D., NEWARK, N. J.

THE patient is a lady aged 31; of quick intellectual perceptions; ardent, enthusiastic disposition; with a tendency to catarrh; physiological functions ordinarily normal. She has been a teacher thirteen years. For three years past, she has been distressed more or less with intense aching of eyes and head on using them in reading or in any occupation requiring close looking, also on vigorous or continued application of the mind. The duties of her calling at last became so burdensome that she was very much reduced in health, and at the close of each school year was unfit for any labor, physical or mental. In this condition the appetite failed, bowels became constipated, and leucorrhœa supervened. These symptoms were several times removed by *Gels.*, *China*, and *Sulph. ac.*

About nine months since, she was compelled to give up teaching entirely, after which the head grew very much worse. Strong light was intolerable, hence she was unable to walk on clear, bright days. Loud sounds were exceedingly distressing; the singing of a chorus giving her intense pain for days; and all music gave her pain, though she was passionately fond of it when in health. Ordinary social calls were too taxing. A confused feeling of the brain, with occasionally slight vertigo, resulted from any mental exertion. Rapid conversation set her brain to whirling and aching. Even the slightest interest in any physical employment, as the

simple operation of cutting carpet-rags or dusting a room, would produce headache. She now became nervous and wakeful at night; was annoyed by constant and unpleasant dreams, and unrefreshed by sleep. Her memory was somewhat impaired. She found great difficulty in controlling her thoughts; the mind, fastening upon some subject, would run on and on, in spite of her efforts to relax the hold upon it, and even though its operations were excessively painful. Though a devoted, earnest Christian, her fortitude and will now became impaired; and she feared to send for me again, while enduring these pains for several weeks, lest I should destroy all hope by telling her she had softening of the brain, which she regarded as incurable. Pulse normal and soft. Occasionally a little irritation of the urinary organs, so that micturition was more frequent than natural.

The absence of inflammatory symptoms excluded the idea of red softening; the diagnosis lay, then, between white softening and exhaustion of brain power. Of the former, the symptoms are prominently: gradual impairment of intelligence, weakness of memory, headache, vertigo, muscular debility, cutaneous hyperæsthesia, formication and numbness, slight partial paralysis, especially of the muscles of one side of the mouth, or of one eyelid, irritability of temper, nausea and vomiting, extreme sensitiveness to sounds, painful feelings in various parts of the body; later, more general paralysis, usually hemiplegic, and spasms or epileptiform convulsions. While of the latter, the symptoms are briefly: loss of brain functions, either gradually or suddenly, as by collapse, slight impairment of memory, ability to read and write for short periods only, power of thought and judgment unperverted, concentration enfeebled, sleepless nights, ringing in the ears, bears but little exercise, digestion unimpaired, heart apt to be a little irregular, frequent desire to urinate. These differ from the symptoms of serious cerebral disturbance mainly in the less marked and constant headache, unimpaired intelligence, non-occurrence of spasms, and absence of paralysis of motion and sensation. These decided the diagnosis in favor of exhaustion of brain power.

The patient was put upon *Phos. ac.*[2] every two hours, *Gels.*[3] at night, if sleepless. Improvement in all the symptoms was rapid for three or four weeks. Progress being then slower, *Calc. carb.*[3 dec.],

night and morning, was added. At present, after four months of treatment, the *Calc.* being for some time discontinued, and the *Phos. ac.* given at longer intervals, the patient reports that she can read fifteen minutes at a time several times during the day, make and receive calls, walk more than a mile at a time in the cool part of the day, and engage in ordinary household duties; that her sleep is quiet and refreshing, appetite and digestion good; and, with the exception of a slight tendency to constipation, all the physiological functions are normal.

RETROVERSION OF THE UTERUS.

BY C. S. SHELTON, M.D., JERSEY CITY.

Mrs. J., aged fifty years, quite fleshy, good health, who has never borne children, but still menstruates, found herself, on April 3d, unable to evacuate either bladder or rectum.

At 4 P. M. I found the hypogastric region greatly distended, and the suffering extreme; bladder not emptied for twenty four hours.

She was unable to trace her present condition to any cause; the daily routine of duties had been the same as on previous days By the use of the catheter she was soon relieved. I left her very comfortable, with instructions to send for me if she experienced further trouble.

The following morning I was called to give relief as before.

The inference was, that there was mechanical obstruction to the evacuation of those organs. Upon vaginal examination, the uterus was found retroverted, and so firmly impacted in the pelvic strait as to be immovable by the strongest pressure made with two fingers.

On her assuming the position on knees and elbows, I introduced two fingers of the left hand into the vagina, and two of the right into the rectum, and with the strongest force by this means was unable at first to start it from its position. But by long-continued pressure, at the same time combining a sort of a twisting, rotary motion of the fingers, with direct pressure, the uterus at last began to gradually recede, and passed beyond reach.

The bowels shortly after moved, and no further inconvenience was experienced.

The point of especial interest to my mind is the extremely low position in the pelvic strait to which the retroverted uterus was forced, and the firmness with which it was held in that position.

The New England Medical Gazette.

BOSTON, OCTOBER, 1869.

We are glad to observe that the trustees of our public libraries are beginning to realize the great and growing importance of homœopathy. The Boston Public Library has just placed upon its shelves a complete set of the *British Journal of Homœopathy*, twenty-seven volumes in all. This has, from the first, been a valuable publication, and contains a vast amount of information. Two or three periodicals of our school have also been ordered for the reading-room. The Astor Library in New York has recently devoted an entire alcove to homœopathy, and subscribes for several of our leading journals. As its funds are limited, we would suggest to publishers the propriety of furnishing copies gratuitously. It would be wise also for our friends to commit to the shelves of public libraries, for safe keeping and future reference, such rare works as are important rather in the history than in the present practice of homœopathy. It will not be many years before our libraries will be rivalling each other in their completeness in this department.

State Board of Health and Vital Statistics.— His Excellency the Governor, with the advice of the Council, has appointed Dr. Henry I. Bowditch, Dr. George Derby, and Warren Sawyer, Esq , of Boston, Robert L. Davis, Esq., of Fall River, Hon. Richard Frothingham, of Charlestown, Hon. P. Emory Aldrich, of Worcester, and William C. Chapin, Esq., of Lawrence, members of this board.

While we have no fault to find with any of the persons appointed to a work of such importance to the community, we cannot but feel that a physician should have been selected from our large and rapidly increasing branch of medical practice. It remains, however, for some of our physicians to so distinguish themselves in hygiene and social science, branches collateral to their profession, that the public shall demand their appointment upon this Board. Under such circumstances, we feel entirely certain that our eminently just and noble-minded Governor would be glad to accede to our claims.

Monument to Dr. Gram. — The New York State Homœopathic Medical Society has inaugurated a movement which will awaken the interest and command the support of every member of our school. It is to raise, by a dollar subscription, a sufficient sum to erect a suitable monument to Hans Burch Gram, M.D., the pioneer of homœopathy in this country.

Dr. Gram was born in Boston, in 1786. His father, Hans Gram, son of a wealthy shipmaster of Copenhagen, was Private Secretary to the Governor of Saint Croix; but while on a visit to Boston, he married, and resigned his position as Secretary. Offended by this proceeding, his father disowned, but did not disinherit him, and he lived the remainder of his days in this city. The record of his Boston life is not very complete, and at the time when his oldest child, the subject of this memorial, was born, his exact residence is not known; but later we find him, an organist by profession, living first on Cambridge Street, and then on Common Street, where he died in 1803. Two years later the widow died, and the son went to Copenhagen to secure the large property which his father had inherited. In this he was but partially successful, obtaining only enough to give himself a superior education. He thus fitted himself for the companionship, which he afterwards enjoyed, of the most eminent literary and medical scholars of Denmark. In 1825 he returned to America, and thenceforth made New York his home. He was dependent for support upon his profession to which he was an ardent devotee. His superior qualifications and professional reputation commanded the respect and admiration of the leading physicians of New York, who considered him one of the most learned and skilful men in this country. He became a member, and afterwards President, of the New York Medical and Philosophical Society. There was no position in the profession which he might not have attained, but for his knowledge of and belief in the principles of homœopathy as promulgated by Hahnemann, and which he justly thought were destined to make a revolution and reformation in the medical art. Soon after coming to New York, he published a pamphlet of twenty-four pages, setting forth this new law of healing. At first, this only excited the ridicule of his associates, but as one prominent physician after another examined and adopted the new doctrine, the majority, alarmed at this sudden invasion of new ideas, and revolt from all their former teachings, changed from warm admirers and friends to most bitter, persistent, unscrupulous enemies and persecutors. For nearly fifteen years he lived a martyr to these relentless persecutions, and died in poverty Feb. 18, 1840. His friend and

pupil John F. Gray, removed his remains from an obscure grave to his own lot in Greenwood Cemetery, Sept. 4, 1862.

As yet no stone marks the last resting-place of this noble pioneer. But the enthusiasm with which the suggestion of the New York Society has been received makes it certain that the homœopathists of America will raise a monument to his memory which shall be equally a tribute to the noble qualities of the man, and to the principles in the defence of which he sacrificed so much.

"Homœopathic Midwifery."—Under this title, the statement is going the rounds of the allopathic journals, that Professor Lewis A. Sayre, M.D., of New York, has removed a placenta in a case relinquished by a homœopathic physician; for which wonderful feat Dr. Sayre received a phaeton and pair of horses. Now, what this neglect, or ignorance if such it was, on the part of the first attendant has to do with homœopathy we do not clearly understand; nor do we see how Professor Sayre's skill or professional integrity can be greatly increased by parading through the journals the blunders of any physician of whatever school. Does this honorable physician wish to insinuate that this is a fair specimen of the midwifery of homœopathic physicians? Is Dr. Sayre so immaculate that he never made any professional blunders? As well might these be called fair specimens of his practice, which on the contrary we are happy to believe to be usually skilful and successful. We know of blunders—not one but scores—far worse than this, which have occurred in the practice of "eminent" allopathic physicians, and which, if our allopathic friends desire to publish them, we can furnish for their journals.

We have no wish to screen our school or its members from any just responsibility, nor do we wish them to rest under an unjust odium, when we know of so many cases of allopathic blundering which our friends have remedied without receiving—much less parading—the fee of "a phaeton and pair of horses."

CORRESPONDENCE.

DR. FINCKE AND HIS POTENCY MACHINE.

New York, 15 Sept., 1869.

Dear Gazette,—The Patent Office draws out information which neither the professional integrity of the individual, the solicitations of the profession, nor the mandate of the American Institute of Homœo-

pathy, have been able to obtain. We have often been told how the stalwart Jenichen labored and toiled to carry a few drugs up to the 10,000th potency; now it is difficult to understand how a man, not half as large mentally or physically as the aforesaid Jenichen, and who claimed to be engaged in an extensive practice, and who at the same time could give us such a plethora of words that even the State of New York, which usually prints everything that offers, hesitated about finding space to publish such a vast attenuation of ideas, could, without even the turning of his hand, produce medicines of the 100,000th or 200,000th potency.

The secret is out now; but the laws of the United States say that nobody shall be allowed to use it save the great Fincke. From the specification of the patent, your readers will see that the wonderful problem, like that of Columbus' egg, is quite simple when once solved. A glass tank is graduated to hold, say, 50,000 drams. This contains the vehicle, alcohol or water. From this the liquid is drawn by a siphon, which discharges it at the bottom of a vial holding, say, one dram. A drop of the medicine is put into the vial, and each time that one dram of the alcohol or water, whichever is used, has run into the vial, it is called one additional potency. When the whole 50,000 drams have run into the vial, and 49,999 drams have run over the top of it, the dram remaining is of "the 50,000th [Fincke] potency!" In this way, one could run the machine all night, and in the morning he would have a 50, a 100, or a 150,000th potency, all ready to be furnished to physicians at Dr. Fincke's published rates, viz: "$1 for the first thousandth potency, and ten cents more for each additional thousand." Thus "*Lachesis* ^{1,000}, $1 per vial; *Lachesis* ^{71,000}, $8 per vial." See "List of Dr. B. Fincke's High Potencies."

There is no longer any doubt. Dr. Fincke has discovered an original and easy way of reaching the high potencies. I am reminded of another method, recommended by one of our allopathic friends, which I think would be quite as efficacious:

"Take a little rum,
(The less you take the better,)
Put it in the lakes
Of Wenner and of Wetter.

Stir it well about,
(Mind you don't get groggy,)
Dip a spoonful out,
Into Winnepiseogee," etc., etc.

It only remains to be seen whether the profession will use medicines prepared in such a manner, and whether they will countenance a man who has behaved, in relation to his secret, so unprofessionally as has Dr. Fincke.

We have just had a semi-annual meeting of the State Society here, and though the number in attendance was very respectable, yet there were not as many scientific papers, nor so much of valuable discussion as there should have been. There was, however, a movement

started at the meeting for the erection of a monument to Dr. Gram by the homœopathists of America. Already the committee appointed have begun their work, which is certainly a commendable one, and one to which New England, we hope, will respond favorably. *

REPORTS OF SOCIETIES.

THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

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

September 13, 1869. — The society resumed its bi-monthly sessions. Dr. Squier exhibited a pathological specimen, consisting of a portion of the pulmonary artery, and the base of the right ventricle of the heart, which was removed from the body of a girl of ten years, a patient of Dr. D. Thayer. The semilunar valves had entirely lost their triplicate character, and become fused together so as to form a little cup or cone. The lines of demarkation between the valves were entirely effaced; they were rendered very stiff and unyielding by the addition of fibrinous material, and were nearly a line in thickness. Directly in the centre of this cone was an opening about one-fourth of an inch in diameter, through which the blood might pass to the lungs; little opposition to its regurgitation into the ventricle could have been offered, in consequence of the extreme stiffness of the altered valves, which, under considerable pressure, would retain their conoidal form, and the patency of the opening. At the autopsy, the tricuspid and mitral valves were found to be somewhat thickened, especially at their edges, by beads of fibrine. On the external surface of the heart was a large, smooth patch of fibrine, with two or three little strings of the same material hanging from the opposing surface of the pericardium.

The only history of the case which he had been able to obtain was, that the child had been slightly affected with heart-symptoms since birth. Some five years ago she had acute rheumatism, and since then the cardiac symptoms had been much worse. During the last few years, she had been subject to attacks resembling syncopal convulsions, during which she would fall down suddenly, become insensible, and the body would be affected by general convulsive movements. She would gradually recover, after remaining in this state for from ten to thirty minutes. Auscultatory signs could not, unfortunately, be obtained.

An interesting question arises in this case as to whether the abnormity of the valves of the pulmonary artery were congenital, or due to the attack of rheumatism. It seems to be a well-established fact, that endocarditis of the right side is of extremely rare occurrence after birth, and that in those cases it is always accompanied by the same disease in the left side. Rokitansky says: "An interesting exception to these relations is presented in the fœtus, where endocarditis is much more frequent in the right side; and many of the cases of contraction of the openings of the right side which are met with

in childhood and youth are undoubtedly congenital and of fœtal origin. There are, moreover, many anomalies of the arterial openings, especially of the right side of the heart and of its valves, which are commonly regarded as malformations (as, for instance, contraction and occlusion of this opening, and an abnormal condition of the trunk of the pulmonary artery), which are most probably the results of endocarditis, already existing in an early period of fœtal life, and which give rise to many arrests of structure within the heart." The same author, in speaking of congenital malformation of the heart, says: "These valves" (i. e. the pulmonary) "not unfrequently assume an abnormally inflated, annular form. . . ." This, so far as we can judge what is meant by the language, is exactly the condition existing in the specimen exhibited. From the facts just stated, and from the additional one, that there were evidences of heart-disease prior to the attack of rheumatism (though the exact nature of those evidences he was unable to learn), Dr. Squier considered that the abnormity shown was congenital, the result of fœtal endocarditis, and not due to rheumatic endocarditis.

Dr. Pierce related the history of a case of unilocular ovarian cyst, now under his charge. The case was of several years' standing, and had received almost every variety of treatment. At the Massachusetts General Hospital, a diagnosis of fibrous tumor had been given, and the patient was told that it would be inexpedient to operate for its removal. When she came under the charge of Dr. Pierce, she was suffering intensely from distention of the abdomen and pressure of the tumor upon the pelvic viscera and nerves, and from general debility consequent upon these sufferings. He, being convinced of the fluid nature of the tumor, evacuated its contents by a trocar and canula, and since then he has operated several times, having withdrawn in the aggregate over six hundred pints of fluid. The most complete relief follows the evacuation of the cyst; the operation being generally performed late in the afternoon, the patient is carefully bandaged and kept in bed until the next morning, when she rises and attends to her household duties.

Dr. Pierce asked the opinion of the Academy with regard to the expediency of leaving a permanent canula in the cyst, to be carefully plugged and the fluid withdrawn every day or two.

Dr. Squier referred to a similar case reported in the *Journal of the Gynæcological Society* for September, by Dr. Sullivan, of Malden, in which the retention of a permanent canula was followed by complete obliteration of the cyst, and a return of functional activity and perfect general health.

THE MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The semi-annual meeting will be held at Fraternity Hall, 554 Washington Street, near Kneeland Street, Boston, on Wednesday, October 13th, at 10 o'clock, A. M.

Subjects of Discussion. 1. The Influence of the Hepatic Function in Disease. 2. Rheumatism. 3. Bright's Disease. The various committees have been actively at work for the past six months, and

an exceedingly interesting and earnest meeting is expected. But it cannot be borne too strongly in mind by every member of the Society that he, individually, is expected to contribute his part toward the value and interest of the session. This may be done by the presentation of carefully prepared papers; by instructive reports of cases; or at least by responding, to the best of his ability, to the circulars of the different committees. Notice of all communications to be presented should be sent immediately to the Secretary, E. U. Jones, M.D., Taunton.

The meetings of this Society have usually been large and interesting, and its energy and activity were never greater than at present. The change of the place of meeting to a pleasanter and more commodious hall will undoubtedly add to the convenience and enjoyment of the members.

THE NEW JERSEY STATE HOMŒOPATHIC MEDICAL SOCIETY.

Reported by L. Dennis, M.D., Secretary.

The semi-annual meeting was held in Jersey City on Tuesday, September 14, at 3 P.M., J. J. Yonlin, M.D., the President, in the chair. There was a good attendance and a lively interest in the proceedings.

Eight new members were elected, and the Society now numbers forty names on its roll.

In a few preliminary remarks, the President stated that but a few years since there were less than a dozen homœopathic physicians in the State of New Jersey; whereas, at present, there are between one hundred and one hundred and fifty. In addition to the State Society, there are two District Societies, an Eastern and a Western; all three are in vigorous working condition. What is needed now is a charter, which shall put the State Society upon a footing of equality with that of the dominant school.

Dr. I. T. Talbot of Boston being introduced by the President was welcomed by the Society, and invited to participate in its deliberations. Similar courtesy was extended to Dr. White of Harlem, N. Y.

Dr. Rockwith, delegate to the American Institute of Homœopathy, being called upon to report from that body, declined in favor of Dr. Talbot, General Secretary of the Institute, who responded in some well-timed remarks on the necessity and duty of thorough and efficient organization. This includes the propriety of supporting local, district, and State Societies, and through them the American Institute. He reported the national body to be in a flourishing condition, having on its roll the names of nearly a thousand members. Since the Boston meeting, even thus early, numerous applications for admission next year have been made. The Bureaus are already at work, collecting and arranging material, and a still more interesting meeting is predicted at Chicago, in 1870.

Dr. Mandeville, delegate to the Pennsylvania State Society, reported it to be a live body, which extends fraternal greetings to their brethren of New Jersey.

In the report of the Bureau of Practice, R. M. Wilkinson, M.D., of Trenton, gave the following history of a case of sciatica: —

I. F., aged thirty-five, policeman, applied July 14, 1869, for relief from neuralgia of the sacro-sciatic nerve of the left side. He had been compelled to retire from duty a month previous. He was comparatively free from pain while walking; but in standing, sitting, or in bed, he was compelled to keep his leg flexed. I gave him one powder of *Kali bichr.*^{200}. Sac. lact. was then administered daily. In five days he had resumed his duties; the pain had left the hip, and was diffused throughout the entire limb. Pressure on the tibial nerve caused pain to shoot through the entire nerve to the hip. He continued the sac. lact. Shortly after this he had a three mile race after a malefactor, and the next day reported himself worse than he had ever been. He was given one powder of *Kali bichr.*^{50,000}. to be taken on going to bed. The next morning he awoke without any pain, and has continued well.

This is evidently a cure, for we are all aware what a refractory disease sciatica is. The selection of the remedy was principally based upon the location of the disease, on the left side, *Tellurium* being recommended for the same disease on the right side.

Dr. Dennis read a case of exhaustion of brain-power, gradually coming on for three or four years, in a teacher overworked; recovery progressing rapidly for the past four months under *Phos. ac.*^{2} and *Calc. carb.* $^{3dec.}$ with *Gels.* as an intercurrent for sleeplessness.

Dr. Rockwith suggested *Acon.* and *Kali brom.*

Dr. Pfeiffer thought *Phos.* indicated; he had frequently used it with benefit in troubles of the brain, especially in loss of memory.

Dr. Andrews inquired what would have been the effect of putting the patient upon a diet containing a large proportion of organized phosphorus.

Dr. Mandeville reported a case of entire paralysis of motion, with partial loss of sensation in the fingers and thumbs of both hands. The patient was a civil engineer; the cause of the affection was involved in obscurity. It first appeared, suddenly, in the third finger of the right hand. In the course of a month, it attacked successively the second, fourth, and first fingers. The left hand was then attacked, the disease following the same course. Later both thumbs became paralyzed, and here the disease seemed to remain stationary. Various homœopathic remedies, selected with the greatest care, were administered without benefit. Electricity afforded no relief. The patient has since been under the care of Dr. Carnochan, but without improvement.

Dr. Richards cited a case of acute and persistent uterine or abdominal neuralgia cured with *Sec. cor.*^{30}

From the Bureau of Materia Medica, Dr. W. McGeorge reported progress in the proving of *Rhus venenata*, and asked for volunteers in the work. Dr. Rockwith announced the formation of an American Provers' Society, and solicited aid from members.

Surgery. — A patient, with fatty tumor over the right shoulder, was introduced to the Society by Dr. Youlin, who stated that the swelling seemed to have diminished under the use of *Phos.*

Dr. Webb advised operation.

Dr. Rockwith called the attention of the Society to the use of wire gauze as a splint in surgical cases, and read the history of two operations for phimosis, one for adhesion of the nymphæ, and one for tumor of the orbit.

Dr. White of New York called the attention of the Society to the recent remarkable case in which Dr. Beebe removed fifty-eight inches of sphacelated intestine and saved the patient. The President stated that the September number of the *New England Medical Gazette* contained a full report of the case.

Dr. Rockwith read a paper giving some practical hints on the preparation and preservation of medicines; and on his motion a Bureau of Pharmacology and Collateral Sciences was voted. Dr. Rockwith was appointed chairman.

A committee of six was appointed to revise the constitution and by-laws of the Society preparatory to incorporation; and a committee of nine was appointed, with full powers, to obtain an act of incorporation from the Legislature.

The society, on its adjournment, was invited to the house of the President, Dr. Youlin, where a bountiful collation awaited them.

In the evening the members, by invitation of the New York State Society, visited New York, and participated in the meeting and collation of the latter society, at Cooper Institute.

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE WESTERN DISTRICT OF NEW JERSEY.

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

The Society met at the West Jersey Hotel, Camden, on Wednesday, August 18, at 11 A.M., D. R. Gardiner, M.D., President, in the chair. Four new members were elected.

The Secretary was requested to keep up a correspondence with the Homœopathic Medical Association of the Eastern District, and to transmit quarterly a synopsis of our discussions to that body.

The Bureau of Obstetrics, through its chairman, Dr. Wilkinson, made a report in writing. From this report we extract the following: "The successful obstetrician must be possessed of a fair share of patience; . . . he should never neglect his patient, but be careful not to be over-officious, lest he alarm her. He should endeavor to be calm, and always cheerful, for there is no time, probably, when there is so much need that the patient should have confidence in the physician as during parturition."

Dr. Hunt related a case confirming the importance of this confidence. During his absence at the meeting of the American Institute, one of his patients was attended, during labor, by a physician with whom she was not acquainted. Upon missing her accustomed physician, she became much depressed. After a tedious labor one child was born, and a second in twenty-four hours. The depression continued, and severe hæmorrhage ensued after delivery of the second child. The placenta was never removed. The hæmorrhage at length ceased, but she never rallied, and died in twenty-four hours after this

second delivery. During the interval between the birth of her children, she was made to get up and walk about. Opinion was freely expressed by some that possibly improper treatment had as much to do with the unfortunate termination as the want of confidence. The treatment was entirely disapproved of.

Dr. Tuller cited a case where a lady had been attended in eight confinements by a homœopathic physician, who gave ergot to bring on the after-pains, which were generally absent. In her ninth labor, in the absence of her physician, a stranger (allopath) was called, who gave her nothing to bring on the after-pains, and she died from hæmorrhage, the placenta failing to come away. He asked whether it would be considered sound homœopathic practice to give ergot, in crude form, in such cases.

The President stated he should certainly use the ergot in such cases, — should, in fact, do anything which would save life. He cited a case, where, after giving homœopathic remedies, which did not bring on the pains sufficiently, he delivered a patient who had a deformed pelvis, by means of ergot, and a vectis made to suit the pelvis. This case was the more remarkable, as the woman had lost three children, two being delivered by forceps, stillborn, and one by craniotomy. His practice was to knead the abdomen immediately after delivery, to bring on the after-pain, and detach the placenta.

Dr. McGeorge related a case of premature labor, where, after giving the appropriate remedies for an hour after delivery, and kneading the abdomen, the placenta failed to come away, and he had to introduce his hand and detach it. The child was only made to expand his lungs after a flagellation on the nates for five minutes, all other means proving useless.

The Bureau of Surgery reported through Drs. Ansten and Cooper. Dr. Ansten gave three cases.

Case 1. Was called by Dr. Pratt, to assist him in dressing a wound of the right elbow joint, in a man about thirty-seven years of age. The patient had been writing upon a platform in which a circular saw was running. He did not notice the saw, and inadvertently placed his arm upon it, resulting in a lacerated wound about four inches long, just inside the internal condyle, and penetrating the joint. There was slight hæmorrhage, but the man felt faint. Applied the interrupted suture. A dressing of rosin cerate, sweet oil, and six drops of pure carbolic acid was spread upon a piece of muslin and applied to the wound. Spiral reverse bandage was lightly applied, arm semi-flexed, and placed in a sling. Dressing was renewed every day for several days, then every three days. In twelve days, the wound had healed perfectly with scarcely any suppuration. Patient has complete use of his arm, no stiffness whatever remaining. There is some numbness of the ring and little fingers, the result of division of the ulnar nerve, but no difficulty in moving them.

Case 2. Chronic otorrhœa in a child ten years old, sequel of an attack of scarlatina. Discharge thick, yellowish, occasionally streaked with blood, aggravated at times by cold and change of weather: general health good. Gave *Merc. viv.* $^{3dec.}$ one-half grain in the morn-

ing, and *Aurum mur.* [6], one-half grain at night. Continued for sixteen days. Also used a wash for ten days of three grains *Hydrastin* to one pint tepid water. The patient is now entirely free from any discharge, has no pain, and hears better.

Case 3. Swelling of left mammary gland in a young married lady, with a child nineteen months old, still nursing; veins very prominent; capillaries engorged; pain of an aching character, occasionally shooting. Gave *Phos.* [1dec.] and, applied to the breast cloths dipped in hot water in which some *Phosphorus* was also dissolved Next day the pain was gone, and the swelling had disappeared.

Dr. Cooper gave the following case in writing: "Mrs. M., aged twenty-four, has suffered, at times, for five years past, with pain in right breast, caused by falling down stairs five months before first child was born. The breast gathered, and broke in four places. She has had three children, one of which she is still nursing; never had any milk in that breast. She has been blistered, which gave her relief for nearly a year. There are lumps in the breast, and several cicatrices; when she first applied the child to the left breast, there was such a pain she could not endure it. The pains are violent and come on without any warning; and then she has great difficulty in breathing. The right breast swells, and becomes sore to the touch; and at this time there is a swelling between the mammæ. She has also a partial paralysis of the right side, upper and lower extremities, during the continuance of the attacks, which generally last about four weeks. Always has taken plenty of laudanum. Gave *Bell.* [3] and *Arnica* [3]. Externally, applied *Arnica* tincture diluted, to the mammæ. At the commencement of the paroxysms to use hot baths. The patient recovered rapidly under this treatment, and is now entirely well.

Dr. Cooper related a case of otorrhœa cured with *Bell.* and injections of borax. In inflammatory stage of gonorrhœa, he gives *Aconite*, afterwards *Cannabis*, and uses injections of permanganate of potash, He also spoke of using pyroligneous acid as an injection in cases of a venereal nature, followed by gum-arabic water.

Dr. Malin reported the case of a lady who used successfully phenol-sodique to destroy the fetor of discharge in an encephaloid cancer it also removed the acrid sensation. He uses it as a hæmostatic. Also uses it in syphilis, in chancres especially; also in cases of ulceration of the os uteri.

Dr. Tuller reported a case in which the breast was swollen, of scirrhous hardness, purplish, with vesicular eruption and lancinating pains; pulse 100, night sweat, etc. Gave *Lachesis* [200], and afterwards, owing to the vesicular eruption and restless disposition, gave *Rhus rad.* [200]. She is now doing well; the breast is improving, and he expects the induration will be entirely removed in a month. Gave medicine three times a day at first, now once a day.

Dr. Hunt, chairman of the Bureau of Practice, reported that cholera infantum was then epidemic, and attacking chiefly those children who were reared by the bottle. He finds barley very useful as a dietary article. Those cases where the parents resort to carminatives, soothing syrups, anodynes, etc., are usually fatal; but he has not lost any other cases. He uses the lower potencies generally.

Dr. Ansten uses principally *Veratrum* and *Phos. acid.* in these cases. Dr. Wilkinson uses *Bell.* and *Helleb. n.* when the brain is much affected. Dr. Streets finds *Chamomilla* the main remedy. Dr. D. R. Gardiner thinks *Tartar. emet.* most successful where there is more vomiting than purging, with cold, clammy sweat.

Dr. McGeorge has used *Verat.*, *Tartar. emet.*, and *Arsen.* with uniform success. He uses high potencies and a single remedy.

Dr. Sturtivant uses *Bell.* and *Tart. emet.*

Dr. Brown communicated a case of metastasis of mumps to the brain, successfully treated with *Acon.*, *Bell.*, and *Nux.* The patient, a lad aged fourteen, having been exposed to the mumps, the parotid glands began to enlarge; at this time, it being winter, he engaged in snow-balling, and became very warm, perspiring freely, and then returned home. In the evening he complained of headache and fever, which rapidly increased. His mother administered some domestic remedy without avail, and spasms setting in, an eclectic physican was called. For thirty-six hours he was treated with emetics, cathartics, anodynes, anti-spasmodics, etc., without any beneficial effects. At this stage, Dr. B. was sent for, the other physician having given up the case. Upon examining the lad, he found considerable fever and headache, no swelling of the parotid glands, face swollen, of a purplish hue, eyes injected, wild look, stupid condition, humid breathing, very weak, frequent spasms. He came to the conclusion that there was a translation of mumps to the brain, and by administering the specific, the spasms would abate, the disease return to its natural location, and go on to a favorable termination. He had the child washed and his clothes changed, then gave him *Aconite* and *Bell.*, but the spasms returning gave *Bell.* and *Nux.* He had two spasms during the first hour, and none afterward. In three hours gave him *Bell.* and *Bryonia.* In about thirty-six hours, the mumps returned to the parotid glands, went through their proper course, and the lad recovered without any further difficulty.

The next meeting of the Society will be on Wednesday, November 17, at 11 A.M.

HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.

REPORT of diseases and number of patients treated from March 1st, till Aug. 16th, 1869, by Malcolm Macfarlan, M.D., at the surgical clinics during the summer course of lectures.

Entropion, 1; Ectropion, 2; Trichiasis, distichiasis, etc., 4; Hordeolum, chalazion, milium, 3; Blepharitis ciliar., acute and chronic, 10; Herpes, crusta lactea, 1; Conjunct. simplex, ac. and chron., 25; Conjunct. purulenta (blenn.), 2; Conjunct. granulosa (trachoma), 17; Conjunct. pustulosa and exanth., 8; Ecchymosis, 1; Keratitis superficialis, 5; Keratitis pustulosa, 2; Keratitis parenchymatosa, 1; Keratitis ulcerosa (ulcus simplex et perforans), 4; Pannus, 7; Macula, nebula, leucoma, 5; Staphyloma, 1; Iritis idiopathica (rheum.), 3; Iritis syphilitica, 2; Choroiditis (irido-chor.), ac. and chron., 2; Glaucoma, 1; Retinitis, 2; Anæsthesia ret. and atrophia nerv. opt., 1; Amblyopia (A. potatorum) and amaurosis, 3; Cataracta

incipient. 4; Cataracta dura, 3; Cataracta trauma. and secund. 2; Opacitas, 1; Anomalies of Refraction and Accommodation, 7; Diseases of muscles and nerves, 5; Affections of lachrymal organs, 3.

The following is a table of operations performed during the same period: For Staphyloma partialis (removed it, removed lens, united wound with sutures), 2; Cataracta dura (also iridectomy), 3; Phimosis palp. and epicanth. 1; Cataracta molles; discisio, 2; Strabismus conv. 2; Iridectomy (leucoma), 1; Strictura duct. lachrymal. 2; Removal of foreign bodies, 1; Tumors removed, 3; Cancer of breast, 1; Cancer of rectum, 1; Amputation of forearm for cancer of hand, 1; Amputation of superior extremity, 1; Amputation of inferior extremity, 2; Dislocations of superior extremity, 2; Dislocation of inferior extremity at hip joint, 1; Fracture of extremity, 5; Plastic operations, 3; Excision of loose spiculæ of bone, 2.

The above statement furnishes sufficient evidence that students need not go to allopathic colleges for superior surgical advantages.

There is reason to believe, that under the able direction of Professor Macfarlan, the surgical clinic of the Hahnemann Medical College during the coming winter session will not be surpassed by that of any College in Philadelphia.

Ample accommodations have been provided for the comfort of patients who may need to undergo operations. — *American Journal of Homœopathic Materia Medica.*

THE NEW YORK OPHTHALMIC HOSPITAL.

The increased success of this institution since it has been under homœopathic management has been very gratifying. Over thirteen hundred patients have been treated there during the past year. Aside from the number of free patients, there is room for a limited number of paying ones at the very moderate rate of seven dollars a week. This includes everything, board, medical and surgical treatment, attendance, fire, light, washing, etc. Those who can afford more will be furnished with private board and rooms elsewhere at various rates.

THE HOMŒOPATHIC FREE DISPENSARY, AT CINCINNATI.

This institution, under the medical charge of Dr. J. A. Cloud, seems to be prospering finely. Its monthly statements show a steady and rapid increase in the number of patients, "eighty-five per cent of whom have never used homœopathic medicine until treated at this institution."

DOLLAR SUBSCRIPTION.

FOR A MONUMENT TO H. B. GRAM, M.D.

The First Homœopathic Physician in the United States.

At a meeting of the New York State Homœopathic Medical Society, the undersigned were appointed a Committee to take such measures as they might deem proper for the erection of a monument to the

memory of the late H. B. GRAM, M.D., the first to introduce the practice of Homœopathy into America.

Many years have elapsed since his death; and, though kind hands have provided for his remains a suitable resting-place in Greenwood Cemetery, yet no tablet or monumental stone marks the spot.

The Committee, while they regret that so long a time has been allowed to pass without any such testimonial of respect, feel assured that every homœopathic physician, as well as every person who has been benefited by the reform in medicine inaugurated in this country by DR. GRAM, will, now that the opportunity offers, gladly aid in the erection of a suitable monument to his memory.

In order to allow all the friends of Homœopathy to unite in furthering this object, the Committee have fixed the sum to be contributed by each person at the uniform amount of ONE DOLLAR.

The success of this effort must, of course, greatly depend upon the interest exhibited by physicians, and their prompt co-operation, not only by themselves contributing to an object which appeals so strongly to every member of our school, but also by presenting this circular to their patrons. A little effort in this direction would insure the success of the undertaking, and erect a monument which, wherever homœopathy is known, would be alike creditable to the donors and to him whom we wish to honor.

> "The honors of a name 'tis just to guard;
> They are a trust but lent us, which we take,
> And should, in reverence to the donor's fame,
> With care transmit them down to other hands."

When the subscription has been completed, a pamphlet will be prepared and furnished to each contributor, containing an engraving of DR. GRAM, and also of the monument erected to him, a sketch of his life, and the names of the subscribers to the memorial.

To give uniformity to the names, the Committee would suggest that the title Dr., Mr. or Mrs., Master or Miss, should be prefixed.

All money, with the names and residences of the subscribers plainly written, should be sent to the Treasurer, H. D. PAINE, M.D., 229 FIFTH AVENUE, NEW YORK.

JOHN F. GRAY, M.D., New York.
L. HALLOCK, M.D., " "
S. B. BARLOW, M.D., " "
B. F. BOWERS, M.D., " "
CARROLL DUNHAM, M.D., " "
H. D. PAINE, M.D., " "
R. C. MOFFAT, M.D., Brooklyn.
I. T. TALBOT, M.D, Boston.
W. WILLIAMSON, M.D., Philadelphia.
G. E. SHIPMAN, M.D., Chicago.
W. H. HOLCOMBE, M.D., New Orleans.

Committee.

SUBSCRIPTION.

The subscribers unite in contributing to the erection of a monument to H. B. GRAM, M.D., the Father of Homœopathy in America.

ITEMS AND EXTRACTS.

Mazzini is sick at Lugano with cancer of the stomach, caused by smoking.

Watermelons are called cholera bombshells.

"Occupants of lots" in a cemetery in Liberty, Missouri, are summoned "to appear and prove ownership."

The physicians of Lewiston, Me., have decided that insufficient drainage was the cause of the typhoid fever which has been so prevalent in that city of late.

Gram Memorial. — More than one hundred names have already been sent to the treasurer.

Carbolic Paper.— Pagliari, an Italian chemist, has invented a kind of paper in which carbolic acid is so thoroughly incorporated that the paper, when used to pack animal substances, preserves the same in a fresh state without salt or any curing whatever.

A Sister of Charity, engaged in the hospital at Dieppe, France, it is reported, has just lost her life by a sad accident, having contracted a mortal disease from the virus remaining on a surgical instrument which she was cleaning after it had been employed in an operation.

Cinchona in India.— The cultivation of cinchona in India is being carried on with great success. A very large area of land in the Neilgherries, at the Punjaub and at Darjeeling, is now stocked with healthy vigorous plants.—*Medical Record.*

A Virginia patent medicine dealer has gone far beyond the wooden nutmeg trick. He went to St. Joseph, Missouri, with a liniment which he claimed would cure all earthly ills. He hired an old gentleman to crawl up on crutches, declaring that he had been a cripple for ten years. The quack pretended to bathe the limb of the hired cripple, who then threw away his crutches and ran across the street. The "doctor" soon had not a bottle of his stuff left.

The First Persons Vaccinated in America.— In July 1800, Dr. Benjamin Waterhouse, of Cambridge, Mass., submitted four of his children to the new process, and they were the first persons vaccinated.

A Correspondent of the *New York Evening Post* gives two recipes which are valuable, if effective. To kill cockroaches, Take equal parts of carbolic acid and powdered camphor, mix, and paint cracks and spots where they hide. The vermin come out to certain destruction. "Nothing more sublime in history." Number two: One part of carbolic acid and three parts of water applied to a dog will kill fleas at once. He has seen it tried.

Instantaneous Death by Hanging.—Prof. Haughton, of Trinity College, Dublin, an eminent scientific man and philanthropist, by a series of experiments in the dead house of the Medical College, has established the fact that if a certain ratio be secured between the weight of the criminal and the weight of the counterpoise, by the fall of which he was to be elevated, the poor victim died instantaneously and without the slightest muscular motion. The judicial authorities of Dublin have adopted Prof. Haughton's method, and on the first public hanging by it there were serious apprehensions of a riot, on the ground that a stuffed dummy had been substituted for the criminal. Since its adoption, public executions in Dublin have ceased "to draw."

The Sewing Machine is known to have produced permanent disease in many who have steadily used it. The continuous and fatiguing motion with the feet, while the operator is sitting in a cramped position, causes spinal irritation and not infrequently serious pelvic difficulty. We strongly hope that a remedy for this evil has been found in the Hall treadle, which at small cost can be applied to all sewing machines. By means of this, an occasional motion of either foot will produce a continuous motion of the machine. A notice of this useful invention is in our advertising pages.

Anecdote of Broussais. — The fiery Broussais, who at one time spoke of homœopathy as the greatest absurdity, and unworthy of the least examination, was shaken in his opposition by the force of truth, and exclaimed in one of his last lectures, before his numerous pupils. "I do not recognize in science anything but the authority of facts, and at present I am experimenting upon homœopathy." These words were received with a general murmur of incredulity; but the illustrious professor, striking his desk, repeated in a stronger and more indignant tone, "Yes, I am experimenting with Homœopathy.' This time, the smile faded away from their lips.

Granier's Conferences.

Therapeutic action of Digitalis. When digitalis kills, it does so, not by producing paralysis of the heart, but by giving rise to tonic contraction and spasm of that organ. It is hence a most valuable remedy in the treatment of dilatation, and dangerous only when administered in cases of hypertrophy. When the pulse is feeble and irregular, and more especially when from any cause its feebleness and irregularity are temporarily increased, digitalis is of all known remedies the most useful.

Digitalis, like other medicines, has a double action; it first excites the vasi-motor system, contracting the bloodvessels, this action being followed by more or less reaction to dilated bloodvessels. The primary action may be obtained alone by giving small doses, the secondary by large doses.

Hence, when given for the purpose of checking uterine or other hæmorrhages, large doses are not called for, and indeed would be injurious. — *Eclectic Medical Review.*

New Bed Covering! — The attention of medical authorities has been called to a new method of putting babies to bed, which is said to have come into use in France, and to be singularly healthy. The device consists in stripping the child of all its clothing, and imbedding it, except the head, in a cradle full of bran, precisely as fruit or fragile articles are sometimes packed for transportation. The advantage of the method is said to consist in its remarkable cleanliness, and the pleasant and equable temperature in which the infant's body is kept, from its inability to kick the clothes off.

The *Pall Mall Gazette* thinks that these privileges of comfort ought not to be restricted to children, and suggests that sojourners at the seaside may some day escape the terror of doubtful beds by taking their own bags of bran among their luggage. — *Advertiser.*

Death of Roget. — The telegraph announces the death in London of Dr. Peter Mark Roget, at the age of ninety years. He was graduated at the University of Edinburgh, and practised with great success in both Manchester and London. For many years he was Secretary of the Royal Society, and also a member of the Senate of the University of London. Although his literary labors commenced late in life, his writings cover almost every department of human knowledge. His work on "Animal and Vegetable Physiology," one of the Bridgewater treatises, was published in 1834. It was extensively circulated, and gave him his first general reputation as a writer. His last publication, and the one best known, is the "Thesaurus of English Words and Phrases." This work was projected fifty years before it was completed, but has since passed through several editions both in this country and Europe, and has proved to be one of our most reliable and useful books of reference, and will do more towards perpetuating his name than any other work of his long and industrious life.

The Cure of Hydrophobia. — We are indebted to Dr. Currier of Middlebury, Vt., for the following extract from a French newspaper. It adds another to the many methods of treating this horrible disease, and is well worthy of trial.

Dr. Buisson was accidentally inoculated with the saliva of a person dying of hydrophobia. He says: —

"On the ninth day, as I was in my chamber, I felt all at once a pain in my throat, and still a greater one in my eyes. My body felt so light that I thought that if I were to jump, I would be able to throw myself to a prodigious height, or that by holding on to a window frame, I could sustain myself in the air. My hair was so sensitive that it seemed to me that I could count each one of them without seeing them; my mouth watered constantly; the impression caused by contact with the air made me feel horribly, and I avoided all brilliant bodies. I had a constant desire to run and bite, not men, but animals, and all that surrounded me. It hurt me to drink, and the sight of water tired me more than the pain in my throat. I believe that a patient of hydrophobia can always drink by closing the eyes.

The fits came every five minutes, and I then felt the pain start from the first finger and run along the nerves to the shoulder. Thinking that I could not employ any curative means, I took a steam bath, not with the intention of healing but to suffocate myself. When the bath reached the heat of 57 degrees centigrade, all the symptoms disappeared as if by magic. Afterward, I never felt anything more. I have attended more than eighty persons bitten by mad dogs. All have been saved by this method.

When a person has been bitten by a mad dog, he must be made to take seven steam baths, one each day, — Russian, for instance, — of 57 to 63 degrees. This is a preservative remedy. When the disease makes its appearance, only one steam bath is necessary, raising the temperature hastily to 57 degrees centigrade, and afterward slowly to 63 degrees. The patient should be well confined to his room until completely cured."

Dr. Buisson's intention to commit suicide calls to mind a recent paragraph in the daily papers, to the effect that in Philadelphia a little girl, on being seized with the premonitory symptoms of hydrophobia, had her sufferings stayed "by the merciful interposition of poison, administered by the advice of some of the best-known physicians, and with the sanction of the child's friends." Let us hope that our "best-known physicians" will not next advise suicide and murder as a "merciful interposition" to the sufferings from cancer, consumption, and such other malignant and distressing diseases as they find impossible to cure, and troublesome to treat.

Diplomas For Sale! — We copy the following from the Chicago *Medical Investigator*.

Dear Investigator: — There is a man in Milwaukee who claims to be "an agent" for the procurement of diplomas for those in need of them. The Allopathic Society of this State lately held a session in this city, and the corresponding secretary read a correspondence carried on with this "agent," in which it appeared that the faculties of certain Allopathic colleges in New York and Philadelphia *would sell their diplomas, regularly signed and sealed, for any date the applicant wished!!* It occurred to me to try the same thing, and this is the result of my correspondence.

I wrote to him as if I was one of the "diploma hunters," and wanted one from a Homœopathic college, if possible, but one from *some* college any how. His reply was, that no arrangement could be made with a Homœopathic college; they would not sell at any price. He could get me an Eclectic diploma for $125; one from an Old School college in New York for $1,000; and from one in Philadelphia for $250. But from a Homœopathic college, thank God, one could *not* be bought.

Very respectfully, J. G. Gilchrist.

Owatonna, June 19th, 1869.

[Is it not a matter of regret that *our* colleges will persist in being so very *ir*regular. — Ed. *of Investigator*.]

REVIEWS AND NOTICES OF BOOKS.

Homœopathy: Its Nature and Relative Value. By Archibald Reith, M.D. With an Appendix by D. Dyce Brown, M.D. Aberdeen, Scotland.

This pamphlet, of one hundred pages, exhibits all the enthusiasm of new converts, combined with the strength of logical and well trained minds. Dr. Reith, as our readers know, was physician to the Royal Infirmary; Dr. Brown was assistant-professor of materia medica in the University. Both held high positions, and commanded the respect of their associates. Dr. Reith made careful investigations, and from an allopathic standpoint clearly proved, in his own mind, the truth of the homœopathic law, and to his surprise found that what he supposed was a new discovery was only following in Hahnemann's footsteps. With that professional integrity which characterizes a noble physician, he wished others to make the same unprejudiced observations as he had done, hoping to still retain their friendship. He says: —

"So far from seeking a rupture with my brethren, it has all along been my most anxious desire to keep on friendly terms with them. Knowing their traditional horror of homœopathy, I refrained from using the 'bad name' as much as possible (except when I had to condemn its errors), in order to remove their unfounded prejudices. I explained to them my views publicly and privately, met their objections, tried to remove their difficulties, and assumed a position midway between the old and new systems, in the hope of helping forward a reconciliation. In this hope I was encouraged by communications from medical men in all parts of the country. I conducted everything in the most free and candid manner. All in vain. Even small doses of regularly authorized medicines are as offensive to them as homœopathy."

No sooner did suspicion fasten upon him than he was hounded down by the cry of homœopathy. He was compelled to resign his position, the most base and sordid motives were imputed to him, and his professional character was assailed and libelled. It was then only that he published his first defence, and told some plain truths in regard to homœopathy which found a ready ear, and a second edition was soon called for.

In this he says: — "Homœopathy, however, is making rapid progress." And he cites the well-known strides which it has taken in various countries the past year. He refers to the constant and surreptitious adaptation of homœopathic practice by allopaths.

"I notice in the pamphlet the continual appropriation, by allopaths, of homœopathic doctrines and practices, without acknowledgment. The therapeutic opinions — nay, the doses — for which I was dismissed from the Infirmary here, have, within the last two months been reproduced in London, without reference to their homœopathic origin, by three of the leading physicians. This I shall show, if the fact is called in question."

"In conclusion, I would again urge my brethren in Aberdeen to throw aside all prejudice, and candidly investigate homœopathy for themselves. The younger men will be compelled, in self-defence, to examine it sooner or later; and such, I may add, is my confidence in the soundness of these principles, and also of the willingness of the profession to adopt every practical improvement in relieving human misery, that I do not despair of seeing — better than a homœopathic ward — the whole medical staff of our Infirmary warmly supporting the method of treatment which, under a hated name, they now decry."

The pamphlet is made up of facts and arguments which it would be well for every allopathic physician to read; and concludes with forty fine-print pages of matter selected by Professor Brown from allopathic authorities in materia medica, which abundantly proves, and at the same time illustrates, the truth of the homœopathic law.

The Science and Art of Surgery. By John Eric Erichsen. From the fifth enlarged and carefully revised London edition, with additions, by John Ashurst, jr., M.D. Philadelphia: Henry C. Lea. Pp. 1228, royal 8vo.; 630 illustrations.

This magnificent volume is something more than a reprint of the grand work (for those days) which Blanchard and Lea gave us ten years ago. It is increased in length, in breadth and in thickness; for the pages are wider, and longer, and more numerous by 232, and the amount of matter is nearly doubled. The old drawings, where there was no occasion for superseding them, have been re-engraved. The last ten years have not passed without advance in surgery. The mighty armies, beneath whose tread America has quivered, have left in their track ample material for the study and practice of surgery. New instruments, too, have been invented and new agents. These ten years have been virtually more than half the life of anæsthetics. Chloroform has certainly increased the number of operations by reducing their terror. The volume of surgical experience is enlarged fully as much as has the bulk of this standard work. Typography, too, has made its advances, and the Philadelphia house that has given us so many of our best medical books still keeps to the front. It has given us no better specimen than in the ample, clear, solid volume before us.

Diary, Reminiscences and Correspondence of Henry Crabb Robinson, Barrister at Law, F.S.A. Selected and edited by Thomas Sadler, Ph. D. 2 vols. Pp. 495,555, 8vo. Boston: Fields, Osgood & Co.

Should a physician open this book in the expectation of adding to his physiological or pathological lore, he would be disappointed by meeting, at the very outset, a reflection of one of the most buoyant and healthy natures ever created. Should he wish to increase his knowledge of English literature, or German metaphysics, he could not read a better book. Henry Crabb Robinson was born a dissenter,

with progressive and radical tendencies. He was educated in a German university, intimately acquainted with Wieland, Goethe, Schiller, and other leading minds of the German school; and he lived long in close personal friendship with Wordsworth, Coleridge, Lamb, Southey, Landor, Joanna Baillie, Mrs. Barbauld, and scores of other celebrities, including Lady Byron and Robertson, characters just now exciting unusual interest. His literary reminiscences are rich beyond comparison, and are recorded with singular modesty and clearness. He possessed an extraordinary memory, and his relation of incidents and conversations is quite wonderful as well as instructive and enteraining.

The Nation; New York: W. P. Garrison. Weekly, 20 quarto pages; $5 per year.

The *Nation*, of which we have been a constant reader from its very commencement, has just entered its ninth volume, and its fifth year. Its list of contributors comprizes the most vigorous minds of the country, and its reputation at home and abroad is unequalled. The busiest professional men are just the ones who cannot afford to dispense with the paper, since it is time-saving in its comprehensiveness and condensation.

Good Health; a Journal of Physical and Mental Culture, Boston: Alexander Moore.

A monthly of 48 well-printed pages, of readable matter,—Physiology, Medicine and Science, mixed and diluted, and rendered palatable to the public. That there is too much ignorance of physiology, hygiene, and the laws of "Good Health," no one doubts. How to remove this ignorance is yet a problem. If this Journal can solve it, we will shout it praises; but we were reminded, as we conned its pages, that especially to medicine the oft-quoted maxim applies, "A little learning is a dangerous thing."

Constitution and By-laws of the Homœopathic Medical Society, of the Western District of New Jersey.

Eight small pages can scarcely be spent better than this convenient little manual, of a body which meets four times a year, for mutual improvement and fellowship. We would suggest a great improvement by adding a list of members.

PERSONAL.

H. Ahlborn, M.D., of Lynn, has been suffering for some weeks from whitlow in its most violent form. For a time his life was in danger. We are happy to say that he has escaped with the loss of only a portion of the index finger of his right hand.

J. P. Dake, M.D., now located at Nashville, proposes to prepare and publish a history of the American Institute of Homœopathy, with a resumé of its transactions for the first twenty-five years. No one is more competent to this task than Dr. Dake. We trust that he will receive from the profession a help-

ing hand, and we anticipate a volume which will be an honor, as well as a benefit, to homœopathy.

Chickering & Sons. Our readers have become familiar with the name of this firm upon our advertising pages. We hope that many of them have the pleasure of listening to the tones of the beautiful instruments of which the Chickerings have already given *thirty-five thousand* to the musical world. As manufacturers, they are second to none; as business men, they are upright and reliable.

J. J. Garth Wilkinson, M.D., of London, has been visiting his friends in America. These number more than than he is aware in this country, and all deeply regret that they could not have seen more of him while he was here.

J. J. McAlmont, M.D., is settled at Hot Springs, Ark., fifty-five miles southwest of Little Rock. There are fifty-four different springs there, ranging from 95° to 150° Fahrenheit. They are recommended for chronic diseases, especially those of a rheumatic nature.

Prof. E. C. Franklin, M.D.— In our last number we stated, on the authority of the annual announcement of the New York Homœopathic Medical College, that Prof. Franklin was to be permanently connected with that Institution. A letter, however, from this gentleman pronounces the statement incorrect. He says, "I have no official connection with the New York school, and intend delivering my course on surgery, as usual, in the Homœopathic Medical College of Missouri." He fears that this report will be an injury to his own college, and a disappointment to the students of the other. The New York College should be more careful of its statements. We regret if we have done injustice to any one in republishing this item, but we credited it the more, since, a while ago, we saw in a St. Louis paper a card from several physicians in New York, inviting Dr. Franklin to come to that city, and followed by the statement that he had concluded to do so. New York surely would welcome an eminent surgeon of our school.

Prof. G. W. Barnes, of Cleveland, writes: "To the large numbers who resort to East Florida during the winter months for health and the pleasures of its genial climate I would commend Dr. A. C. McCauts, of Jacksonville, as a homœopathic physician of education and experience, and on whom they can safely rely in all emergencies."

Removals.— C. F. Geist, M.D., from 2 Franklin Square to 367 Columbus Avenue, Boston.

B. de Gersdorff, M.D., from 58 Pinckney Street to 136 Boylston Street, Boston.

Ernst Kümmel, M.D., from 27 Hanover Street to 405 Elisabeth Street, Milwaukee, Wis.

G. E. Gramm, M.D., from 2024 Frankfort Road to 1656 Vienna Street, Philadelphia.

A. H. Carvill, M.D., has settled at Auburn, Me.

Marriage. — At Boston Highlands, Sept. 7th, at the residence of the bride's mother, by Rev. James Freeman Clarke, Hamilton J. Cate, M.D., of Amherst, to Lydia W., daughter of the late Hon. William C. Starbuck.

Deaths. — In Boston, Sept. 11th, 1869, J. G. W. Pike, M.D., aged 39 years.

At Jericho, Sept. 1, Henry Moorehouse, only son of Dr. Henry M. Smith of New York.

In Boston, Sept. 19, Solomon D. Townsend, M.D., aged 76. Dr. Townsend was for many years a Surgeon of the Massachusetts General Hospital, and his uniform kindness and courtesy are doubtless known to many of our readers.

TO CORRESPONDENTS.

J. P. D., Tenn. — We have spoken to some of our leading physicians in regard to your plan, and all heartily approve of it.

C. E. S., Conn. — Many thanks for your kind opinions and expressions. *Your* "own personal efforts" can do more than you think for, to advance our cause. Send some communications for the *Gazette.*

C. C. S. — "There is no danger from Error so long as Truth is left free to combat it."

I. B., R. I. — Your communication is very welcome. Send the remainder and we will insert as soon as possible.

L. D., N. J. — Thanks for your favors so promptly rendered.

E. H. S., Pa. — Let us hear from you often.

C. F., Paris. — There has been no reliable directory of the homœopathic physicians of the United States published for several years. There should be one, but it publication is a very difficult and thankless task. The Register printed in the *Gazette* contains more than a thousand addresses, all of which are entirely reliable. We will forward one to you soon.

T. F. A., N. Y. — Give us an article on that or any other subject you choose.

BOOKS AND PAMPHLETS RECEIVED.

The following Exchanges for September:

The Homœopathic Sun; New York. The Hahnemannian Monthly; Philadelphia. The American Journal of Homœopathic Materia Medica; Philadelphia. American Homœopathic Observer; Detroit. The Medical Investigator; Chicago. The Western Homœopathic Observer; St. Louis. The Occidental; St. Louis. The Monthly Homœopathic Review; London. El Criterio Médico; Madrid. Bibliothèque Homœopathique; Paris. Allgemeine Homöopatische Zeitung; Leipzig, Vol. 79, Nos. 1–11, July, August, and September. Monatsblatt; Leipzig, July, August, and September. Revista Omiopatica; Rome, Vol. XV., No. 1. July, 1869. (With pleasure we welcome these journals to our exchange list.) The Boston Medical and Surgical Journal; Boston. Good Health; Boston. The Journal of the Gynæcological Society of Boston. Guardian of Health; Boston. The Medical Record; New York. The Medical Gazette; New York. American Eclectic Medical Review; New York. Buffalo Medical and Surgical Journal. Nashville Journal of Medicine and Surgery. Pacific Medical and Surgical Journal; San Francsico. Boston Journal of Chemistry. The Canada Journal of Dental Science; Hamilton. The Missouri Dental Journal; St. Louis. Every Saturday; Boston. Littell's Living Age; Boston. The Atlantic Monthly; Boston. Our Young Folks; Boston. Our Dumb Animals; Boston. The Little Wanderers' Advocate; Boston. Monthly Record of the Five Points House of Industry; New York. The Phrenological Journal; New York. The Nation; New York. The National Sunday School Teacher; Chicago. The Witness; New York. Cincinnati Times.

Also the following books:

The Science and Art of Surgery, by John Eric Erichsen; Philadelphia. Henry C. Lea. Diary, Reminiscences and Correspondence of Henry Crabb Robinson, Esq., by Thomas Sadler, Ph. D.; Boston. Fields, Osgood & Co.

THE

New England Medical Gazette.

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SPLINTS AND SURGICAL CASES.

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

Read before the New Jersey Homœopathic Medical Society.

In the treatment of fractures, I have used for several years, as a substitute for the ordinary method or the more complicated appliances, a splint made of closely-woven netting of galvanized iron or steel wire. It may be purchased in any hardware store in different degrees of weight and thickness. Of this I cut splint-shaped pieces of suitable size, and cover them first with a few turns of the roller, and then apply them in the ordinary manner of splints.

I have already used them in a great variety of fractures, even that of the lower jaw, and always with such success that I have not hesitated to rely upon them on every successive occasion.

One advantage which I claim for this material is its more perfect adaptibility to the form of the limbs or other parts of the body, not excepting even the mamma, where a firm support is sometimes required. Furthermore, its durability is an advantage. Again, its interstices offer a facility for the application of water or medicated liquids which no other material affords. Finally, it presents a neater and less cumbersome appearance than any other appliance.

Hitherto I have hesitated to mention this practice, but having learned from Dr. Peltzer, of Newark, that this mode has been in use for many years at the university of Marburg, in Germany, I have made bold to recommend it here for the trial of others; hoping they will find it equally satisfactory.

A few interesting surgical cases have occurred in my practice during the past year.

The first is a case of congenital phimosis, in the person of a married man who came to me with gonorrhœa. But our interest is not so much in the operation, which is simple enough, as in a speculative consideration which grew out of this case. This married man stated to me under the most solemn vows that he had never known any other woman than his own wife; and that, with the exception of periodical attacks of leucorrhœa, she did not complain of any diseases of the genital organs. I was compelled by him to examine his wife. This examination afforded not the least evidence or ground of suspicion of any communicable disease in her. She had never used professional or domestic treatment for her leucorrhœa, for it disappeared as suddenly as it came. The first speculative question which here arises is, whether the phimosis was the cause of his infection. If so, the case tends to show a hygienic ground for the Jewish rite of circumcision.

It sometimes becomes a matter of the greatest importance to decide upon the character of a genital flux in a married person. Some maintain that a gonorrhœal discharge may be engendered by the action of a less contagious secretion. This is most emphatically asserted by Bedford when speaking of the labia externa and their mucous and sebaceous glands. He says that these may, through some morbid influence, pour out an extremely acrid material, etc. etc., and which may produce gonorrhœa in the husband. But for the evidence that the urethra was the source of the discharge, I should not have hesitated to call this a case of balanitis or balanorrhœa.

The next point of interest in this case is that this malformation did not render him sterile. So small was the meatus of the prepuce that the urine could escape only in a fine stream; and as it issued more freely from the urethra it distended the prepuce like a sac. The same was the case in coition. A small part of the semen may have found exit at once, and the rest must have exuded more slowly, in a more passive state of the organ. Hence but little of it could have been left in the vagina. In some instances this illustration may not be unimportant in a medico-legal point of view.

Since the constant reproduction of virus by its retention in this sac made a cure of the gonorrhœa impossible, I decided first of all to remove the congenital malformation; and fearing more or less inconvenience in the after-treatment, I chose the least amount of cutting, and instead of circumcision I made a longitudinal slit through the upper portion of the prepuce. Of course before making the incision I had the pouch well cleaned of virus, using a free injection of Labarraque's solution. This prevented the unpleasant consequences which might be anticipated from the action of the virus upon the freshly-cut surfaces. The case improved rapidly without any further trouble, and I discharged my patient cured.

The second case is one of phimosis in a little boy five years of age. This child had been complaining of retention of urine for over four days. I prescribed for the patient without seeing him or suspecting the cause of his trouble. In a day or two he was brought to my office unrelieved, when I found an occlusion of the projecting portion of the prepuce, from adhesion of the mucous membranes.

Above this adhesion the prepuce was distended considerably with fluid. There was also subcutaneous extravasation in the scrotum. By means of a probe I succeeded in separating the united surfaces and discharging the fluid, which proved to be urine. I also evacuated the contents of the bladder with a catheter.

By introducing a little olive oil on the inner surfaces of the foreskin, I hoped to prevent the future disuse of the passage; but finding next day my expectations disappointed, I decided to resort to circumcision, in which operation I was kindly assisted by my friend Dr. Mandeville, who administered the anæsthetic. Finding this time that the whole surface threatened to become involved, I concluded to remove as much of it as possible, therefore retracted it till I could take hold upon the internal or mucous surface; and after compression and slight forward traction I removed the elongation by one oblique incision, so as to avoid the removal of the frænum præputii. After dividing the contracted membrane with a pair of scissors, I reunited the two surfaces by two or three equi-

distant sutures and the wound healed kindly in a few days. The artery of the prepuce though small, bled considerably, but the hæmorrhage was readily arrested. Dissection of the abscinded prepuce revealed throughout upon its mucous surface extensive granulation and interstitial adhesion.

Case third. A few days after the operation just related, a babe about three months old was brought to me with adhesion of the labia interna. The mother stated to me that the same had previously happened to her two other daughters, but at more advanced ages, (three and seven years respectively), and that an allopathic physician of some eminence (or rather of a large practice) had cut them apart with a sharp instrument. In this case I merely made use of the blunt end of a silver catheter, previously well oiled, and by gentle movements in the direction of the fourchette I succeeded in separating the adhering parts, causing no pain or bleeding. I afterwards introduced some lint well saturated with a glycerate of *Aconite*[3], which treatment proved sufficient.

The next and last operation of interest was in the case of a German boy nine years of age, who was brought to me with a tumor of the intra-orbital cavity. The parents could tell me nothing concerning the history of the case. They first began to notice that his eyeball seemed to grow smaller, and finally severe inflammation supervened. He complained of dimness of vision, photopsia, and dryness of the orbit, nor were they aware of the true cause until I had ascertained it by a close examination.

The tumor was of the size of a large pea, polypoid and somewhat pedicellate in appearance. Its location was but half an inch from the superciliary arch and very near the suture of the lesser wing of the sphenoid bone. In the undisturbed state the tumor was completely hidden in the orbital cavity, but yet showed by its lateral pressure upon the eyeball its tendency to an ultimate protrusion.

The violence of the concomitant inflammation made me doubtful of the propriety of relying upon internal treatment, particularly as such treatment would under any circumstance be but experimental, inasmuch as a specific drug pathogenesis was difficult to find. Neither did the delicacy of the surrounding structures warrant the

use of a ligature. I therefore resolved to extirpate the tumor. I seated the boy, unaware of my intentions, on a low stool before my chair. His head was secured between my knees, his hands were held by his parents. I exposed the tumor as far as possible by elevating the upper eyelid with the forefinger of my left hand; then with the right hand I passed the point of an ordinary tenotomy knife horizontally through the solid portion of the tumor. No pain or bleeding accompanied the incision. The cut was almost instantly followed by the protrusion of a steatomatous substance, thus revealing the true character of the tumor.

By means of a small horn spatula I succeeded in evacuating the contents, leaving the sac, a somewhat fibro-cartilaginous membrane. All things having thus far gone speedily and successfully, I proceeded to detach the remaining sac with small forceps, not however without some pain. Whether it was safer to allow the removal of this capsule by a subsequent suppuration in place of the more violent but quick procedure adopted, could only be learned by the termination of the case.

After bathing the eye with an arnicated lotion I raised the lids and secured them with two strips of adhesive plaster and a compressing bandage, and sent the patient home, furnished with a few doses of *Aconite.* I saw him again on the second day and found considerable swelling of the lids and adjoining integuments, with heat, and more or less pain. For this I prescribed *Apis mel.* and warm fomentations. The day after, all swelling had subsided. On the fifth day I removed the adhesive strips and found that all the vascular engorgement of the sclerotica and conjunctiva had subsided. I discharged my patient and did not hear from him again until a month later, when I learned that all had gone on well.

INFINITESIMALS IN PRACTICE.

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

One of the greatest hindrances to the advancement of homœopathy is the obstinate perseverance of the old school of medicine in ridiculing infinitesimal doses.

I submit the following cases as evidence of the efficiency of infinitesimals in curing disease, and their superiority over drug doses.

In 1842, I had a case of prosopalgia. Pain in the left side of the head, temple, malar bone and teeth. Profuse flow of saliva. Pain worse at night. Physicians had been consulted, and remedies tried, but skill and want of skill alike failed to afford relief.

I prescribed *Mercurius solubilis*$^{1\,2}$, three drops in half a tumblerful of water, a teaspoonful to be taken every two hours. This prescription relieved the pain and procured rest the first night. A few subsequent similar prescriptions effected a cure.

Mrs. S., of N., had nebulous opacity of the cornea; was nearly blind. She consulted Dr. R., of Boston; and, entering the Infirmary in Boston, was for several months under treatment by both Drs. R. and J. Not improving, she was advised to cease medication, to diet, exercise in the open air, and "wait for something to turn up." This is, in substance, her own report.

When consulted, I learned that the veins of the sclerotica had been injected; heat and burning in the eyes; profuse lachrymation; ulcers on the cornea and conjunctiva, and agglutination of the eyelids. The inflammation had subsided, and a white nebula nearly covered the cornea of each eye.

Prescribed *Merc. sol.*^{12}, to be taken daily, and water medicated with the same to bathe the eyes. In less than one year "something did turn up." The nebulæ were scarcely perceptible, and the patient's sight was perfectly restored.

During July, August and September, 1842, an epidemic dysentery prevailed throughout Bristol county, and I believe pretty extensively over New England. Of well marked dysentery I treated sixty-three cases. The majority of them presented the following symptoms: frequent discharges of bloody mucus, chilliness before the evacuations; urging to stool with tenesmus; worse at night; worse on movement; heat and burning at the anus after evacuation.

Prescribed *Merc. sol.*^{6} every two hours. In some instances the discharges were of putrid odor, and accompanied with nausea, vomiting, thirst, prostration, fainting when at stool. To such I gave *Arsen. alb.*^{6}. Of the sixty-three, one died.

I stated to a professional friend of the old school, the result of homœopathic practice in the epidemic, and advised him to try it. Although he had lost six patients out of eighteen, he said he had equally favorable results sometimes in his practice, but that it was his misfortune at this time to have all severe cases.

In 1845 I had a case of bronchocele. Mrs. D., of Valley Falls, R. I., about thirty years of age, married, tall, spare, general health good. Had enlargement of the thyroid gland fully the size of an ostrich's egg, which, extending from side to side of the neck, involved at its base the cellular tissue and lymphatic glands. She had consulted my esteemed friend, Dr. Miller, of Providence, who discouraged an operation, and directed application of iodine. It, however, continued to increase in size, as it had been enlarging for several years.

I prescribed, on one condition, viz.: that she should persevere, if necessary, in the trial of remedies, five years. To this she consented. I had had some experience formerly in the use of mercury, in the form of blue pill, and at times noticed after its use considerable swelling of the submaxillary and cervical glands.

Prescribed *Merc. viv.*[3], three times a week. In twelve months the cellular tissues and lymphatics became normal, and the tumor was soft to the touch. But as there had been no further improvement for several weeks I prescribed *Iodine* [3], alcoholic dilution. In six months the thyroid diminished in size about one third. Continued *Iod.* three months, sometimes omitting it a week. No further improvement. Gave *Merc. viv.* again three times a week. In six months the tumor was two-thirds gone. *Iod.* again three months. No perceptible diminution in size, but the tumor had a more flabby feel, showing that the absorbents were not idle. Continued *Iod.* a few weeks longer, but there being no further improvement, gave *Merc. viv.* again. Continuing this three or four weeks and seeing no effect, prescribed *Lycopod.*[6]. The tumor, under this new influence, diminished rapidly, and the cure was complete in less than four years from the commencement of homœopathic treatment. It is twenty years since she was cured, and she still lives at or near Valley Falls, R. I., in good health, and can tell her own story.

This may seem to have required a long time to effect a cure. Perhaps it was, compared with what Drs. Manson and Copland claim to have done with "Liquor Potassii Iodidi Compositus." But it shows as conclusively the power of infinitesimals to cure; and we are in no danger of producing, with these small doses, "palpitation, dry cough, marasmus, prostration of strength, swelling of the legs, tremors, painful hardness of the bronchocele, or diminution of the mammary glands," as witnessed by Dr. Coindet after giving large doses of iodine; nor did we feel compelled to watch for "specific ill effects of iodine upon the system," as advised by Dr. Watson after using Unguent. Iod. Compositum.

It has been very usual for my allopathic brethren, especially in the southern part of Massachusetts and in Rhode Island, to credit cures effected under homœopathy either to previous treatment under their own practice, or to "Dame Nature."

In 1845, W. P., of Pawtucket, R. I., about thirty years of age, house carpenter, called at the office of Dr. C. F. Manchester, and reported as follows:

Had been treated about three years for amaurosis. Had spent several months (I think fifteen) in the New York Eye Infirmary, under the care of Dr. Delafield; and also several months in Massachusetts under the care of Drs. Reynolds and Jeffries, but grew worse.

His eyes now had a dull appearance, with dimness of the cornea. He could discern light, but on approaching an object it appeared only in shadow. He could not distinguish a man from a horse, or a house from a load of hay. It seemed to him as if he was continually looking into a dense yellowish fog. Could grope his way along familiar streets by the aid of a cane, but had been unable to work at his trade for several years.

Dr. Manchester prescribed *Sulphur* 7 cent. in pellets, to be taken twice a week. In two months the patient had improved, and in one year he had so far recovered as to recognize persons, to work at his trade and to read coarse print, having taken nothing but infinitesimal doses of *Sulph.* and this occasionally omitted two weeks.

Was this great benefit to Mr. P. derived from treatment in the

Infirmary at New York, or subsequent treatment in Massachusetts; from time and the curative power of Nature or from infinitesimal doses of *Sulphur*?

In 1845 I was called to visit Mrs. C. J., of Pawtucket, a married lady, forty-three years old, tall, spare, delicate, and nervous. She had suffered for a long time with neuralgia, especially in her head, for which she had taken many drugs without relief, and now she wanted to try homœopathy. Her headaches usually came on in the morning and lasted until evening. The pains were over the whole top of the head, and worse from movement. Sometimes worse in the region of the right, and sometimes of the left, parietal bones. After the middle of the day the pain increased in intensity until evening, accompanied with vertigo, nausea, chilliness and frequent desire to urinate. The pains extended down the neck and arms, and across the chest with spasmodic drawing, which amounted almost to convulsion. At evening the pain subsided, and during the night she was able to take some rest.

It was about eleven A. M. when I called. I dissolved a few pellets of Jenichen's *Cuprum metallicum* ^{400}, in a gill of water, gave one teaspoonful, and sat down by her bed. After about fifteen minutes she appeared as if going to sleep, when suddenly looking up she said, "I have never taken this kind of medicine before." "What makes you think so?" I asked. "Because," she replied, "it is easing my pain; and it is the first dose of medicine I have ever taken that has done so." I directed her to repeat the dose once an hour until entirely relieved, and to re-commence taking it in the morning as soon as she felt the pain. Called the next day about eleven o'clock. She was freed from pain the previous afternoon earlier than usual, and thus far in the morning the pain had been comparatively slight. Prescription, continued two days. The pain being now confined chiefly to the top of the head, with still frequent desire to urinate, prescribed *Veratrum album* ^{200} to be taken in alternation with *Cuprum* every three or four hours. Continued these a week, at the end of which time, as all pains had ceased, discontinued medicine. In a week, however, the pain re-appeared, but *Cuprum* ^{400} promptly relieved it. Ordered a dose of *Cuprum* or *Veratrum*, sometimes the one and sometimes the other, to be

continued two weeks once a day. As the first dose of *Cuprum* relieved the pain, and there had been no return of it during the fortnight, medicine was again suspended. She kept along free from pain for about four weeks and once more the headache began to creep on. Ordered *Cuprum* with an occasional dose of *Veratrum* to be taken daily for a month. After this she ceased taking medicine and had no return of the pain for several years.

Since 1850 she has sent to me twice, and called once for "some of the headache medicine," "feeling a little as if she were going to have one of her old turns of headache." When she has had that feeling and fear, she has taken a few doses of either *Cuprum* or *Veratrum* — *Cuprum* when the pain was in the sides of the head, and *Veratrum* when on the top, — and has now been in comfortable health for over twenty years.

In view of all the circumstances attending this case, — the prompt relief repeatedly and uniformly following infinitesimal doses, the permanent cure which has resulted, and the failure of all previous remedies even to mitigate suffering, will the objector contend that either the drugs previously taken wrought the cure, or that the credit is due to *vis medicatrix naturæ* alone?

CYSTICERCUS OCULI.

BY CHARLES HAESELER, M.D., POTTSVILLE, PA.

I HAVE a young friend, T. B. I., aged twenty-one years, in the vitreous humor of whose eye a parasite has flourished for sometime. It was discovered four years ago by Dr. Gescheidt, of New York, who subsequently consulted upon the case with Drs. Parker, Detmold, Jacobi, Agnew, and others; all of whom distinctly saw the cysticercus, and, wanted to "go for him," as my friend says,— by an operation; but he could not "see it in that light," and resolved to give "the critter" a perpetual lease for bathing in the glassy liquid of his visual orb,— so long, at least, as he did not locate permanently between the retina and daylight.

The parasite has never been troublesome any farther than to occasion, at times, the appearance of dark spots while the patient looked at white objects. The patient's sight was weak and un-

steady four years since, which circumstance led to the examination of the eye, and the discovery above mentioned.

Recently, my friend informs me, he has several times distinctly seen it. While lying on a sofa, in the evening, gazing with half-closed eye at the gas-light, he saw the object moving across the field of vision. It appeared to him something like a common roach, with head, body and legs distinctly definable. On suggesting to him, that it might possibly be the eyelashes of the "half-closed eye" which in the dim light he mistook for the legs of the parasite, he affirmed that he was quite positive on the subject, and that what he saw were undoubtedly appendages of the body within his eye, which threw the shadow upon his retina. When a stronger light shines into his eye at a time when he happens to see the cysticercus, the latter, he says, assumes a shape more like that of a bed-bug — *i. e.*, it becomes rounder, with head and legs, however, still clearly visible. At length, when the full brightness of the gas is admitted, the intruder seems to draw in its head and legs, and becomes almost perfectly round in shape.

These observations were not all accurately made on one and the same occasion, but at several times, and in different degrees of light; for the floating of the parasite across the visual disc is so rapid as to be almost instantaneous. A curious feature about it is, that it always passes across the sight in the same direction, as we frequently see a fish in an aquarium, or a squirrel in the wheel of a cage, travelling for hours straight along, without once turning to try the opposite way. The direction of the movements of this encaged cysticercus is always diagonally across from the lower side of the inner to the upper side of the outer canthus. Mr. I. has a theory that no person can see the parasite as well as himself; because, whenever the pupil is dilated by means of atropia, for the purpose of making observations with the ophthalmoscope, so much light streams into the eye, that, he says, the fellow is irritated thereby, pulls in his head and legs, and cannot be seen with perfect distinctness.

This subjective history of the cysticercus naturally awakened a desire to obtain, if possible, an objective view of it. Accordingly I was permitted the other day to drop the necessary solution of

sulphate of atropia upon the interesting eye; and a few hours after, Dr. F. W. Boyer and myself made a careful and protracted examination with the ophthalmoscope.

Upon gazing into the illuminated eye there was visible, in the posterior chamber, a dark-brown, almost black, opaque spot, about the size of a pin's head. It was ovoid in shape, and fringed with innumerable cilia, so small, however, as to be visible only upon the closest scrutiny. Its permanent station appeared to be distant about a line inwards and downwards of the optic papilla; but ever and anon it would dart by a quick-flitting though irregular motion, sometimes directly across, and sometimes above or below the papilla to the other side; then immediately back again to its former position. My own impression was, that it was attached by a pedicle to the retina or choroid, by means of which it swung thus to and fro; though the pedicle, if any there was, could not be discerned.

Dr. Gescheidt, four years ago, prescribed dilute hydrocyanic acid to be dropped into the eye; but the patient did not fancy this application much, and only made use of it once. I advised bathing the eye with a very weak lotion of carbolic acid. The result remains to be seen.

CLINICAL CASES.

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

Chronic Pharyngitis. — Mr. B., a lawyer, had suffered for several years; his throat was repeatedly cauterized, leaving him in a worse condition than ever. I found much vascular congestion around the soft palate, and the whole pharyngeal cavity as far as could be seen was studded with small whitish ulcers surrounded by a grayish-white, firmly-adhering membrane; there was an accumulation of mucus in the throat in the morning, requiring much hawking to free the passages. Complexion sallow; cheeks frequently flushed; severe pains in right chest and liver. The chest was well developed, vesicular murmur distinct, and a full inflation of the lungs caused no pain, but there was soreness of the whole right side in the region of the liver, especially in the morning on

waking; dull aching under the right scapula, worse on motion; also acute pain in the right shoulder, extending down the arms to the fingers, making them tingle. At the same time an acute burning pain in the right chest between the third and fourth ribs, over the nipple; occasional sticking pains in the region of the kidneys as if from needles, with pain in urethra on urinating; urine scalding, and of deep color, with reddish sediment.

May 19. *Nux vom.*^{200}, one powder each night.

June 1. Throat symptoms better. *Hydrastis,*^{1} morning and night, to be used also as a gargle.

June 15. Throat much better, and chest symptoms improved. Continued *Hydrastis.*

July 1. Throat well. Still has pains in the chest and liver, and under the scapula. *Chelidonium*^{18}, dose night and morning.

Sept. Discharged cured.

Chronic Prolapse of Rectum.—Mr. N., age 27, nervous temperament, dark hair, blue eyes: has been troubled with prolapse of rectum for years. Seems to be a hereditary weakness, as others of his family have the same complaint; has a frequent, lumpy, slimy stool, bloody at times; much flatus; stool often unsatisfactory, passing nothing but flatus; empty eructations and distended abdomen; fæces often pass involuntarily while bending over; weakness in lumbar region; frequent urination; prolapse always with the stool and at times without stool; after sitting a long time at stool the prolapsed bowel becomes much swollen and difficult to replace; usually has four or five stools per day; health in other respects good.

Aug. 1. *Ruta*^{200}, one powder each morning.

Aug. 13. General improvement, continue *Ruta*^{200} as before.

Sept. 1. Nearly well; continue *Ruta*^{200}.

Sept. 15. Prolapse almost entirely gone, and stools more natural and usually but one each day. Shall continue *Ruta,* as it seems to promise a radical cure.

HYPOPHOSPHITE OF LIME IN RUPIA.

BY M. S. BRIRY, M.D., BATH, ME.

Read before the Maine Hom. Med. Society.

CASE 1. MRS. L., aged 34, light blue eyes and light hair, lymphatic temperament, after a pretty severe labor of six hours, gave birth to a healthy male child; the placenta came away a short time after the child, with a little more than the usual amount of blood; about an hour afterwards there was quite profuse hæmorrhage which was checked by the use of *Trillin.* She had a fair "getting up," with the exception of weakness; but she looked very pale, weeks after she was about the house. There was a large secretion of milk.

Some eight weeks after confinement a small sore developed itself on the prolabium of the under lip at the centre; it became very troublesome and increased in size. In a week or two more a small bulla came on the leg, and soon others made their appearance on the legs and arms; they were painful, with an inflamed space around them; in two or three days they would burst and ulcerate. The largest were half an inch in diameter, and about the same in depth. Some of them would crust over without secreting much pus, but the worst discharged freely, and for a long time. The patient at length became very much emaciated and so lame that she had to walk on crutches, or had to be carried from the bed to her chair. Part of the time the odor from the sores was very offensive.

This condition continued from July till December, with little change, some sores healing and others forming; sometimes she appeared a little better, then worse, till her endurance was nearly exhausted as well as the skill of her physician. All the medicines that seemed to be adapted to the case were given one after another without effecting a cure, or even mitigating the suffering. On the first of December, after reading an article in the *New England Medical Gazette,* on the use of hypophosphite of lime in abscess, by Dr. W. S. Searle, I concluded to try the remedy in this case. I procured some, made the 1st dec. trituration and gave three grains three times a day.

In one week there was a decided and marked improvement. At the end of the third week the sores on the legs and arms were nearly all healed, and the patient was able to work and make calls. She gained strength and flesh very fast.

CASE 2. L., aged nine years, with light hair and blue eyes, complained of pain in the right hip and knee for three weeks. He said it hurt him to step on that leg. January 10th, when called to see him, he was unable to walk, the pain was very severe; had slept but little the two nights past; no appetite, feverish. When standing, the right leg appeared longer than the other, and the foot turned in toward the other. There was also considerable cough, and the face had the appearance of constant pain. Was this a case of "hip disease"? It certainly had that appearance. Gave him some two-grain powders of *Hypophosphite of lime*, 2 dec. to take one every five hours.

January 13. Appeared better; continued the same medicine. Jan. 17, there was decided improvement; the same medicine as before. Jan. 22, found him able to stand erect, and walk without pain, the cough also better. Left him more of the same medicine. He continued to improve and in a short time was out, and remains well to the present time,—May 17, 1869.

The New England Medical Gazette.

BOSTON, NOVEMBER, 1869.

"*The Drift of Modern Medicine*," is the title of an address recently delivered before the British Homœopathic Society. Its able author, Dr. Pope, conclusively shows whither modern medicine is tending. When, in 1835, Dr. Jacob Bigelow delivered his lecture on Self-limited Diseases, and when, in 1860, Dr. Oliver Wendell Holmes discoursed on the Currents and Counter-currents in Medical Science, neither of these gentlemen, while uttering their diatribes against homœopathy, thought how rapidly they were drifting toward it. The very arguments which they used against it have done more for its advancement than the warmest eulogies of its most enthusiastic friends. Dr. Pope in his address demonstrates with brevity and force what its title expresses, "the drift of modern medicine." The human mind can

not long remain satisfied with a creed made up of negations, and the doubters of to-day will be the believers of to-morrow. It was thus, by proving the falsity of past ideas, that these gentlemen prepared the soil in which homœopathic principles have already taken deep root throughout the medical world. And while the opponents of homœopathy shrink with terror at this much dreaded name, yet they are almost unconsciously adopting its principles one by one. The "physiological provings" which are now arousing so much attention are, in a therapeutic point of view, but bungling attempts to follow the great principles established by Hahnemann. How many animals are tortured — and even to death,— and all to the least purpose! Prizes are offered, students are set to work, the chaff is all saved while the solid wheat drops through their coarse, untutored sieve. Dr. Pope has well cited Wilks, Beale, Chambers, Reynolds, Bence Jones, Hughes Bennett, Ringer, and Virchow, great lights in the medical profession, to show that they are all drifting in the direction of homœopathy. Within our memory, plain Thomas Watson, M.D., — now the knighted Sir Thomas, — wrote a volume on the Principles and Practice of Physic. In this, as Dr. Pope tells us, "blood letting, purgation, salivation, counter-irritation, the active and energetic administration of diuretics, diaphoretics, and other measures equally violent in their character, are commended as well worthy of reliance in our greatest difficulties, as adequate to meet cases of the most imminent danger." Now *Sir* Thomas says "the greatest gap in the science of medicine, is to be found in the final and supreme stage — the stage of therapeutics." Yet even this valiant knight, fearing lest his brother physicians should accuse him of heresy, supplements his observation just quoted by saying, "It seems to have been thought in some quarters that I had renounced my faith in physic, that I undervalued the resources and usefulness of the art. Such a notion is the very reverse of the truth. I am anxious to have the effects of remedies carefully ascertained and certified, just because I have so great faith in their real force. What I deprecate, and what I fain would see altered, what it is one great end of our society to do away with, is the vagueness of aim, the uncertainty of result, the merely tentative nature of too many of our prescriptions. Far from thinking that our warfare with disease is a vain warfare, I am only desirous that our arms should have the precision of our modern rifle, instead of the wild flight of the old-fashioned smooth-bore. Probably I have even greater reliance than many physicians on the virtue of drugs, of what used to be called simples, — a word I like because it

helps continually to suggest to one's mind the golden rule that their administration should be simple, that they should be mixed as little as possible with other substances which might confuse or vitiate the conclusions to be drawn from their actual operation."

Dr. Pope, after quoting evidence of the "drifting" of Sir Thomas, remarks: "This change of feeling as to the virtues of the methods of treatment hitherto in vogue; this consciousness of how little is really known regarding the natures of remedies in daily and long-continued use; this as it were tentative looking to experiments *in corpore sano* for a pure materia medica, marks the writings of every representative of 'modern medicine.' 'And as to the use of medicines,' says Dr. Chambers, 'with which it is a student's duty to be acquainted, do you not see that the safest guide to a knowledge of their effects upon a disordered body is the knowledge of their effects upon a healthy body, and that the most certain way of advancing the art of healing is to search out the essential action of physical agents?'"

Dr. Pope truly says: —

"The 'medicine of modern times' presents us, then, with a clearer physiology, a truer pathology, allows that the modes of medication generally adopted a few short years ago are erroneous, admits that the real knowledge of the action of drugs must be acquired *in corpore sano;* evinces considerably more than a suspicion that for certain tissues certain drugs have a specific affinity; and finally teaches — in a very rough and unsatisfactory way, certainly — that to hope for successful treatment, cases of disease must be individualized."

But we might continue these extracts till we had reprinted the whole pamphlet, which must be a telling blow upon the strongholds of allopathy. And while we have to thank the author for the copy he has sent us, we have still more to thank him for the service he has rendered to the profession.

But the "drift" is not all on the other side of the water. At the recent opening of the sixty-third session of the College of Physicians and Surgeons at New York, Prof. McLane delivered the introductory address before a crowded audience. After giving some excellent advice and reminding his hearers that "a cripple on the right road beats a courser on the wrong," he says:

"The present is a most auspicious time, for it is a time of searching inquiry and advancing liberalism in every sphere, when men are

getting long levers under the errors of the past, and toppling them over into the rushing tide of knowledge. We are already passing the stage of skepticism in which the 'expectant treatment' was the natural reaction from the absurd drugging of half a century ago, and a wise and rational therapeusis is becoming gradually but firmly established."

But, like Sir Thomas Watson, he fears the effect of his doubts, and diverts attention from them by a little gentle railing at homœopathy. He says: "In contrast with the rapid strides of scientific medicine, look at the halting steps of quackery." He then innocently propounds this question: "Taking homœopathy as the most popular and successful form of it [quackery], where is the follower of Hahnemann who is doing anything for the real advancement of science?"

When Gen. Grant was quietly and steadily drawing the circle more closely around the devoted city of Vicksburg, and as the month of June wore tediously away, and the stronghold of rebellion was slowly and almost imperceptibly yielding, how the opposition howled at his inefficiency, and by the most vindictive assaults sought to have him displaced. "He never has done anything there, and he never will! He is a quack, a pretender, a drunken imbecile!" Congress took the matter in hand, and almost completed his overthrow. A military deputation waited upon the President to induce him to replace "the inefficient, worthless Grant." The President listened to their representations until their motives became clearly apparent, when, his noble soul burning with indignation, he exclaimed, "Select from your own number a man who has ever shown the capacity to take Vicksburg, and I will then consider your proposition. Till that time I shall keep in his place the man whose lines are nearest to it."

Homœopathy has as yet no fear of being displaced.

CORRESPONDENCE.

New York, 20 Sept., 1869.

Dear Gazette: A word from the metropolis will show you that our cause is as actively alive here as ever. On Tuesday last we went to Jersey City, where the New Jersey Homœopathic Medical Society held its semi-annual meeting. This body is not large, but there were about thirty-five earnest, wide-awake men, who came together, full of works as well as of faith. The meeting, though short, was one of the most interesting and instructive we have ever attended. Four or five papers of moderate length and great excellence and two or three shorter ones were read. After discussing medical and professional

matters, attention was turned, as it should always be in a State Society, to the consideration of plans for the advancement of the interests of homœopathy in the State. The constitution of the society is to be revised, the standard for membership raised, and application made to the legislature for an act of incorporation. There is no society in the country which is doing more active work than this, and chief among its workers is its President, Dr. Youlin. Depend upon it, with such enthusiasm and activity as is shown by this young society, we shall yet hear more from New Jersey.

The City of New York is, in point of numbers, the great centre of homœopathy. By a happy coincidence the semi annual meeting of the State Society commenced at New York just after the close of the New Jersey meeting, and continued its session the next day. By this arrangement the members of both Societies were enabled to meet together, thus giving increased interest to the meeting.

It does one good to take by the hand such old and tried veterans as Gray, Hallock, Moffatt, Barlow, Ball, Bowers, Paine, and Dunham. These, and half a hundred more of earnest workers in our cause, were present at this meeting. What they said and what they did the reports of the meeting will probably tell you. But one little item, more than anything else which our profession has ever done in this country, binds in an act of justice, generosity, and affection all the followers of Hahnemann. It was a proposition to unite in erecting a monument to Gram, the first to introduce homœopathy into America. No matter what may have been — if any — his faults or his failings, death and the grave has covered them all now, and he stands before us as the pioneer in the great cause of the relief of human suffering. The appeal, which will be made alike to laymen and physicians, is certain to meet with a cordial support. VIDETUR.

REPORTS OF SOCIETIES.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

The Semi-annual Meeting was held in Fraternity Hall, No. 554 Washington Street, Boston, on Wednesday, Oct. 13th, about fifty members being present.

MORNING SESSION. — The society was called to order at 10.30, A.M., by the Vice-President, J. P. Paine, M.D. The following candidates for membership were unanimously elected: —

F. F. De Derky, M.D., of New Bedford; F. M. Cragin, M.D., of South Dedham; David Hunt, M.D., of Worcester; W. K. Fletcher, M.D., of Somerville.

During the progress of the balloting, Dr. I. T. Talbot, of Boston, reminded the society that in the absorbing interest of the closing hours of the last session, there was no recognition of the labors of the retiring officers; and on his motion it was

Resolved, That the thanks of this society be presented to all the officers of the past year, and especially to L. Macfarland, M.D., for

his faithful and unwearied attention to the duties of his office as Secretary, for the past three years.

Dr. Holt, of Lowell, referred to the fact that a certain man, claiming to be a homœopath, had posted flaming handbills around the City of Lowell, advertising himself as a homœopathic physician and medical electrician, and referring to two gentlemen, one of whom is a member of this Society, and the other is one of the present candidates for membership. The matter was satisfactorily explained so far as it relates to these two persons whose names were so used. A short discussion showed that it was decidedly the sense of this Society that great care should be exercised by its members that their names should never be used by other than reputable and responsible persons.

The report of the Corresponding Secretary, Dr. S. M. Gale, of Newburyport, showed that no letters had been received or written by him.

The Treasurer, T. S. Scales, M.D., of Woburn, reported that there were in his hands $177.92, and that all the bills due by the Society up to the present time, were paid.

The Librarian, S. Whitney, M.D., presented a report. The Library contains 340 bound volumes, catalogued, and properly arranged upon the shelves prepared for them. Several packages of pamphlets have also been presented to the Society, which have not yet been examined.

The report from the Committee on Publications was made by E. U. Jones, M.D., of Taunton. Everything is ready for the printing of the first volume of the Publications, but sufficient funds have not yet been raised to defray the necessary expense. The matter prepared for it comprises all the Proceedings of the Society, from its formation to the year 1860, such addresses of its Presidents as could be obtained, the history of the introduction of homœopathy into Massachusetts and other papers, which will make the volume an exceedingly interesting one. The first part of the third volume has been published, in pamphlet form. Since then, the same lack of funds has prevented any further issue. It is worthy of thought whether the regular appearance of the Society's Publications would not stimulate the members to present more thoroughly elaborated articles, and take more pains to forward to the various committees the necessary material for their reports.

Dr. E. P. Scales, of Newton, said that in some of the States, the State Government assumed the publication of the transactions of the different Medical Societies, and thus enabled them to present, every year, the material which was furnished by the members.

Dr. Holt, of Lowell, thought that the publication of this volume was important and very necessary to the welfare of the Society, and proposed that every member should agree to take one or more copies of the first volume, paying what might be needful.

Dr. Talbot, of Boston, in reply to a question of Dr. Morse of Salem, as to what had become of the subscription paper started two years ago for the purpose of this very publication, and as to the amount

subscribed, said the paper was still in existence, having upon it the five hundred dollars originally subscribed, but that, owing to deaths, removals from the State, and other causes, four hundred and twenty dollars of that amount was all that now could be relied upon. The labor which has been laid out on this volume should not be lost, but there is an immense amount of work yet to be done, in carrying it through the press. If the Secretary is willing to do this work, the least we can do is to put our hands into our pockets, and make up the necessary sum. Besides this, we have issued no publication for the past four meetings, and the preparation of the third volume will require a great deal of work.

Dr. Morse, of Salem, moved that the Publication Committee be authorized to publish the material in their hands, consisting of the early history of the Society, reports, etc., to be known as the First Volume of Publications, and that the members of the Society be assessed the sum of four dollars, in addition to the subscription already made, and be entitled therefor to two copies of the volume; — those having subscribed five dollars and upward, moreover to have one copy, and an extra copy for every five dollars subscribed.

Dr. Holt suggested that it might be hard to collect the assessment, especially from young members, and those not well able to pay, and moved to lay the motion upon the table till afternoon. Accepted by Dr. Morse.

Dr. C. Wesselhoeft, of Boston, from the Committee on Materia Medica, made a partial report, which was accepted.

Dr. Cushing, of Lynn, from the same Committee, stated that they had received but three letters in answer to the circulars sent out. Why will not the members answer these circulars? The principal excuses are that they have no time, or that they have nothing to say. If they knew how important each man's experience was to every other man and to the whole body of the profession, these excuses would not be rendered.

Dr. Hayward, of Taunton, from the Committee on Surgery, made a partial report, detailing several cases of interest. Report accepted.

Dr. Gale, of Newburyport, reported an interesting case of the extraction of a small glass bead from the ear, where it had lain for twenty-five years.

Dr. Woodbury, from the Committee on Obstetrics, made a report, and read a valuable paper on Uterine Polypus. Accepted, and referred to Committee on Publication. He also presented a letter from Henry M. Smith, M.D., of New York, asking the appointment of a committee to co-operate with other committees on Pharmacy for a uniform method in the preparation of medicines. On motion it was voted that our present Committee on Pharmacy be requested to confer with Dr. Smith on this matter.

At one o'clock, P.M., the Society adjourned to the room above the hall for refreshments.

Afternoon Session. — At two o'clock, P.M., the Society was again called to order by the Vice-President, and the report from delegates was called for.

Dr. Talbot, of Boston, reported that he was present at the semi-annual meeting of the New Jersey Homœopathic Medical Society. This is one of the most active and wide awake of our State Societies, though only two years old, and consisting of but thirty-five members.

Dr. Talbot was present also at the semi-annual meeting of the New York Society. This society is under the patronage of the State, which publishes all its transactions to the extent of 2,500 copies. The meeting had the fault which will be found in all societies in which the work is not well laid out — it dragged. One movement, however, was started there which will be of advantage to us. Dr. Gray was called up as the father of homœopathy in this country, which title he disclaimed, and said that it was due to Dr. Gram. He then gave a short history of him, and remarked that his original burial-place was in an almost unknown spot. Dr. Gray had, however, at his own expense, removed his remains to his own lot in Greenwood Cemetery, but no monument has yet been erected over him. The matter was thereupon taken up, a committee appointed, and circulars prepared, so that every physician in the country might have the privilege of subscribing a small sum to this object.

No delegates being present from other societies, Dr. Morse called up his motion for assessment.

Dr. E. P. Scales, of Newton, who during the recess had circulated a paper for subscriptions, reported that he had been able to increase the subscription one hundred and twenty dollars. There were many more members yet to be seen, and he thought the necessary sum might be raised. It would be difficult to collect the assessment, and a subscription seemed the most feasible.

Dr. Holt proposed that a circular be sent to each of the members to be returned to the Secretary, with the amount each was willing to subscribe.

Dr. Talbot moved as an amendment to Dr. Morse's motion, That the Committee be ordered to publish the volume; and if there be not enough money subscribed, the Society take such action in the future as it deem best. This amendment was accepted by Dr. Morse and the amended resolution was passed.

On motion of Dr. Cate, of Salem, Dr. Scales, of Newton, was appointed a committee to complete the subscription.

The society then proceeded to the discussion of the *Intercurrent Influence of the Hepatic Function in Disease.*

Dr. Gregg thought all disease to be of a dynamic character, and the liver, as well as all the other secreting organs, could be dynamically affected in any disease. It is doubtful whether the liver has any effect on disease, but is itself affected by the disease. Hence he considered any apparent disease of the liver, intercurrent or otherwise, to be, frequently, the effect of another disease, rather than the cause.

Dr. Cate remarked that though disease might, and often does, affect the different tissues of the body, yet these tissues, and especially the secreting ones, may themselves affect the disease. In every

case of disease, other organs, besides those primarily affected, may become involved, and by their derangement seriously influence tissues hitherto healthy. These secondary affections may subside with the removal of the original cause, but sometimes they do not. Thus the blood may become so vitiated in disease of the digestive organs, as seriously, and even permanently to impair the function of the liver. In such case, medicine must be directed primarily to the liver itself. Again, the secretions of the liver become vitiated, and affect the general system, and then the liver decidedly needs treatment. In chronic diseases the influence of the liver is very marked, and cannot be neglected.

Dr. Holt said that all zymotic diseases affect more or less the whole system, and thoroughly poison the blood. That poison may reach and disturb the action of any organ, as we often see it in typhoid fever. Sometimes the liver seems to escape this zymotic influence more than the other organs. In inflammatory diseases the liability of the liver varies very much; sometimes it is affected, but oftentimes — as in pneumonia — there is no disturbance noted. In either case, however, we should go according to the symptoms as they are presented to us. And, as in other organs of the body, we should take just as much notice of the liver as its apparent disturbance demands, and no more.

Dr. Cate thought that we should first endeavor to find what tissues were primarily affected, and what secondarily. Treat the primary symptoms first.

Dr. Gale had had frequent cases in which the indicated remedy did not seem to do what might reasonably be expected of it, but in which remedies acting upon the liver had brought about speedy cures. In erysipelas, *Belladonna* and *Rhus* had failed, and *Mercurius vivus* had wrought the cure. In rheumatism, *Bryonia* and *Rhus* had failed, even when all the symptoms seemed to point to them, and *Mercurius* had rapidly subdued the disease. He could not account for this, unless by the action of the *Mercurius* on the liver. Where the tongue is coated, and the breath foul, *Mercurius* was the remedy. In answer to Dr. Chamberlain, Dr. Gale said that he did not observe in his patients thus cured that they had easy perspiration on movement. One case of erysipelas treated by *Mercurius* was that of a lady who had lived in India.

Dr. DeGersdorff, of Boston, remarked that on this side of the water, the spleen was affected in fever and ague far more than the liver. In Germany the liver was the more seriously involved. Perhaps the miasmatic poisons are different. May not these two organs oftentimes relieve each other? After eating, the liver is usually increased in size, but sometimes it is the spleen. Should we make any difference in our treatment because of these different conditions? He has often observed to his astonishment the largest liver suddenly becoming small of its own accord.

Dr. Gregg, of Boston: The liver frequently overacts. It may do too much, as well as too little, and this through the efforts of the disease to relieve itself; we ought not, at such times, to pay attention to the

liver, unless it have some phenomena peculiar to itself. Disease is a dynamic force, and we only know of it by its efforts to relieve itself.

In answer to a question of Dr. Lougee whether there was not danger of allowing the liver to remain too long inactive in dysentery, — as he had found those cases in which the liver was torpid to be the hardest to cure, — Dr. Gregg thought that no notice whatever should be taken of it.

The further discussion of this subject was postponed, and the Society passed to the consideration of the second subject: *Albuminuria; How Affected by Carriage-riding.*

Dr. Talbot said that Bright's disease was now the fashionable disease, and many persons are reported as dying of this affection of the kidneys. It has been asserted that continued riding has served to produce it. Drs. Perry, Hoppin, Hull, and others who have driven a great deal have died of it, or have had it as an intercurrent disease. If we must ride, it becomes a serious question what kind of a vehicle we should use, so as to avoid as far as possible all injury to ourselves in any way. Are carriages with two or four wheels preferable? And how much power have we over this disease? Certainly many cases have been much relieved by such remedies as *Apis*, *Arsen.*, *Calc.*, &c.

Dr. Robinson, of East Boston, had always driven a great deal, but could assert that his health had been better, since he had walked more.

Dr. Chamberlain, of Worcester, thinks the influence of the riding depends as much on the form of the seat and its back, as upon the kind of carriage. He gives preference to four-wheeled vehicles, with side springs. He has had but few cases of this disease; these were treated by *Terebinthina* [1], *Nitric acid* [1], *Apis* [3], and *Mercurius corros.* [3]. Cases treated by his predecessor with *Nitric acid*, remain well to the present day, though they had had relapses at first from carriage-riding.

Dr. DeGersdorff: Is it understood by the gentleman that the mere mechanical injury of riding is able to produce this disease?

Dr. Holt: It is to be doubted if it would have that effect in a perfectly healthy constitution. Bright's disease generally co-exists with a tubercular diathesis; and anything which may affect that, may serve to determine the diathesis to any organ of the body. A patient, now under treatment and who may not survive this day, said, only a few days ago, that he had always ridden, never walked; he felt confident that if he had ridden much less, and walked more, he would not be in the desperate strait he now is. Heretofore his stomach has always been his trouble; now his muscles have completely failed him, and he cannot use his limbs. For himself he should in the future walk more, as being the best means of strengthening his general system.

Dr. Underwood, of Millbury, regarded the question as he would a matter of diet. "One man's meat may be another's poison." He has felt better since riding in a chaise, than formerly when using four wheels. He considered the constantly varying motion of the chaise, as far more conducive to health and comfort, than the pitching motion of a buggy.

Dr. Barrows, of Taunton, thought that the question of weariness or ease in riding depended quite as much on the gait of the horse, as on the kind of vehicle employed. It is better to change carriages frequently, and even to ride more or less on horseback.

Rheumatism, the third topic of discussion, was now taken up.

Dr. G. M. Pease, of Boston, gave the case of a lady whose family were subject to rheumatism. She suffered excruciating pain in back and legs, so that she could not turn in bed without severe pain; even pointing a finger at her would cause her to cringe and cry out. The attack having come on after wetting the feet, *Rhus*^{75,000} (Fincke) was prescribed. In three days the patient was about her work, well.

Dr. Gregg thinks we are too apt to ignore the recuperative powers which are inherent in the system, as well as the mental effect which the medicine, or the presence and assurances of the physician has upon the patient. If his patient gets well he is glad of it, but cannot say that he *knows* what has cured him. He does not believe in high dilutions, yet they, or the physician himself, may favorably affect the mind of the patient and a cure may result, as often does in the "laying on of hands." In reply to Dr. Barrows, he stated that he uses from the 1st decimal dilution, to the 6th.

Dr. Hunt, of Worcester, has a case of syphilitic rheumatism, which has been treated for some time and finally cured by the *Iodide of potassium*. This case had several relapses, and he would like to know whether members had observed in such cases, either aggravations or relapses after meat diet.

Dr. Green, of Lynn, did not know why the 30th dilution should be denied power, while we accord it to the 6th; nor why the 200th, if we grant power to the 30th. In a case of fever in a child which he recently had under his care, the 3d dilution of *Aconite* caused a severe aggravation, every time it was taken, but a dose of the 30th relieved the fever at once, and cured the case.

Dr. Talbot deemed it difficult to say when medicines do, or do not act, and we ought to be cautious as to our statements of wonderful cures. Lately he was called to a nervous boy in croup. He gave *Aconite* and *Hepar*, which he felt very sure would relieve. On his return home, he was again almost immediately summoned, as it was feared that the child would not live. He found him in a very spasmodic state, and bade the parents, if the boy was not soon relieved, to apply a jacket of ice-cold water. This the boy feared; the fear was sufficient, and the patient was soon well. High potencies may often act quickly and through the imagination, as the ice-cold jacket did. Dr. T. referred to the "Fincke potencies," so called, and described the manner of their manufacture. He said that a patent had been taken out for the method of potentization; and urged that no high potencies be employed, unless it is known how they are prepared.

Dr. Holt regarded the medicines prepared by Fincke as no medicines. In Dr. Talbot's case, there was simply medicinal aggravation. In referring tc rheumatism, he said it was at the best a difficult disease.

Dr. Wells, of Brooklyn, had suffered from it for a long time.

Ordinary cases of acute rheumatism should be relieved in from one to two weeks. If the patient has a dingy look, a dirty tongue, with easy perspiration, *Mercurius* is the remedy; if there be a dry skin, with ephemeral fever, *Aconite* is demanded. A sharp rheumatic pain behind the ear, caused by a draft of wind while riding, is cured in fifteen minutes by *Aconite.*

Dr. Underwood, of Millbury, was sorry to see so much variation among physicians regarding the dilutions used. He began with the low dilutions, and has gone gradually to the 200th, which he now uses altogether. He had recently a case of rheumatism, with high fever, great restlessness, and thirst, which in four days was cured by one dose of *Aconite* 200.

Dr. S. M. Gale had used the *Hamamelis* as an external application in rheumatism with excellent success, as had also Dr. T. S. Scales, of Woburn.

Dr. Chamberlain had often been called to patients to whom the *Hamamelis* had already been administered, and generally found the cases much relieved. In case of a boy with rheumatism of the heart, *Cimicifuga* in twelve hours relieved the sharp pains, which for twelve days and thirteen nights had prevented him from lying down. In lumbago he had found a bandage, padded behind, single in front, to be of great service.

Dr. Shattuck, of Boston, had had a very bad case of rheumatism, affecting every joint in the body; there was an inability to move, so that the patient had even to be assisted in urination. There was great and unremitting suffering. Nothing relieved. In consultation, Dr. Thayer recommended *Artemisia vulgaris*, which was given with the best success.

Dr. Whittier, of Fitchburg, thought that rheumatism was no exception among diseases, but required to be studied anew every year.

Dr. Thayer considered great dryness of the skin as an indication for the use of *Cimicifuga* in rheumatism.

Dr. Chamberlain called the attention of the Society to the use of the *Asclepias syriaca* in rheumatism, stating that Dr. Cate had recently cured a case with it. The following case was cured in his own practice by *Apocynum androsœmifolium.* An old man, who had suffered for fourteen years with great weakness, and stiffness of all the joints, difficulty in lying down, inability to sleep more than an hour at a time without becoming incapable of motion. The urine was scanty, about eight oz. in twenty-four hours, and filled with lithates. Unless it was passed every hour, it would be only with great difficulty and much delay that he urinated at all. The origin of the case was referred to calomel, while under allopathic treatment. *Causticum* gave no re ief. Gave *Apocynum androsœmifolium*, guided by the following paragraphs in Hale's New Remedies, 2d edition, p. 88. "In Rheumatism and rheumatic gout [*Apoc.*] is perhaps the most homœopathic remedy that we are yet acquainted with." "It seems to be absorbed into the system, and to penetrate into the innermost portions of the body, similarly to the rheumatic poison, and even to produce those critical evacuations from the bowels, skin, liver, and kid-

neys, which terminate an attack of rheumatism." It was given in tincture, increasing from three to thirty drops, every four hours. In two weeks he could sleep from two to two and a half hours, and could rise and sit with greater ease; urine increased; appetite better; mind more cheerful. In six weeks general dropsy came on. The medicine was then omitted, the dropsy disappeared, and in four months the patient was perfectly well.

Dr. Gregg has been for some years in the habit of using the *Asclepias* in the different forms of anasarca and albuminuria with better success than anything else.

Dr. Walker, of Chelsea, had found the alternate application of heat and cold, ice-cold cloths alternated with cloths wrung out of water as hot as the hand would bear, oftentimes to relieve suddenly certain forms of lumbago.

The session was an interesting one.

Adjourned.

E. U. Jones, *Recording Secretary.*

BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

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

Sept. 27, 1869. Dr. Hedenberg exhibited a large hæmorrhoidal tumor which he had removed by ligature. The ecraseur was recommended for the removal of hæmorrhoids.

Dr. Boothby then read an interesting paper entitled "Intestinal Obstructions." The essay related more particularly to obstruction by lodgment of foreign bodies in the appendix cæci, with the consequences. After giving an anatomical description of the cæcum, and its appendix, with their relations to each other and to the neighboring organs, he spoke particularly of the great liability of the appendix, in very many cases, to become the recipient of undigested masses which are traversing the intestine. This arises from the incomplete character of the valve which guards the mouth of that organ. He then read the details of six cases where death resulted from the lodgment of various substances in the appendix cæci. The cases all presented a marked uniformity in their progress as regards the obscure nature of the symptoms in the beginning, and the subsequent development of acute general peritonitis as the immediate cause of death. In none of the cases was a correct diagnosis made, or a knowledge of the nature of the disease ascertained until an autopsy resulted in finding in the appendix some foreign body introduced by the mouth. In some instances there were also accumulations of pus in and about the appendix; and, in one, strong adhesions and bands of lymph existed between the contiguous viscera and the abdominal walls, and under one of these bands a knuckle of intestine had slipped and become strangulated. In this case excessive vomiting and other signs of strangulation were present.

Dr. Talbot related a case which occured some years ago, of complete occlusion of the descending colon by inflammation excited by the lodgment of half-carpel or hull of an apple-core in the mucous surface.

The case terminated fatally in about two weeks. At the autopsy the occlusion was found a few inches above the sigmoid flexure and consisted of firm adhesions of fibro-plastic lymph, which yielded only to the edge of the knife. The hull was found partially imbedded in this lymph. Above the point of adhesion the bowel was enormously distended with gas, and near the occlusion was a considerable amount of fig seeds which, with senna and active cathartics had been given in the early stage of her sickness, without benefit, by her allopathic physician, and which probably only served to render the adhesions firmer. Treatment by persistent and enormous injections of water, similar to that related by Dr. Belcher in the last volume of the Transactions of the American Institute of Homœopathy, might possibly have proved beneficial; but the fact has come to be pretty well understood, that increasing the irritation by cathartics only serves to increase the firmness and rigidity of a spasmodic stricture.

Dr. Pierce read some notes giving additional particulars of the case of ovarian dropsy which he reported Sept. 13. The patient is fifty years old. Three years ago, while holding a child, a flash of lightning passed between her body and that of the child. She did not suffer from the symptoms of mental or nervous paralysis usually exhibited in such cases, but experienced a burning sensation extending from the right breast to the left ovarian region, and the abdomen was found to be blistered along the track and remained so for a long time afterward. From this time she suffered much pain at her menstrual periods, and soon after began to have a great deal of pain and commotion in the bowels whenever there was a thunder storm. At times she would have general spasms, and the abdomen began to enlarge. She continued in this condition until the first of Sept., 1868, when the abdomen had become enormously distended and her sufferings unendurable. She then consented to the operation of paracentesis, and Dr. Pierce removed at once by that means, sixty pounds of dark, reddish-colored fluid. She was much prostrated after the operation, and for many days her recovery seemed very doubtful. She rallied, however, and in six weeks it became necessary to again resort to tapping. In all, he has tapped her fifteen times and removed five hundred and fifty pounds of fluid. At the last operation, performed yesterday, the fluid withdrawn emitted an extremely offensive odor, but to-day the patient is quite comfortable.

The Committee appointed for that purpose reported that they had made arrangements for the presentation of Papers, as follows:

October 25th. Dr. George Russell, "*The Physical Indications of Longevity.*"

November 8th. Dr. H. C. Angell, "*Affections of the Lachrymal Apparatus.*"

November 22d. Dr. C. H. Walker, "*Trillium, Botanically considered.*"

December 13th. Dr. J. H. Woodbury, "*Catarrh.*"

December 27th. Dr. B. DeGersdorff, "*Coxarthrocace.*"

January 10th. Annual Meeting, *Report of the Secretary and Treasurer.* Refreshments at 9 o'clock.

Members are requested to furnish additional Papers at either of the above meetings, or inform the Committee of Arrangements of any Paper which they will be prepared to read, at any later meeting of the Academy.

THE CONNECTICUT HOMŒOPATHIC MEDICAL SOCIETY

Will hold its semi-annual meeting on Tuesday, Nov. 16, at 10 A.M., in Tyler's Hall, 330 Chapel street, New Haven. Besides the reports of committees and delegates, a paper on the physiological and pathogenetic properties of *Nux vomica* will be read by W. W. Rodman, M.D. Other papers, are expected. Members of the Society and delegates from abroad are cordially invited to attend. The meeting will undoubtedly be one of unusual interest.

MARGARETTVILLE RETREAT FOR THE INSANE.

A strenuous effort is being made to raise the sum of $50,000 to put this institution into a successful working condition. This is to be done by a joint stock company; and physicians are requested to subscribe, and thus become part owners of the establishment. It is hoped by some who are interested in the project that, besides paying the expenses, a liberal interest will accrue to the stockholders. At any rate, a successful institution of this kind would be of advantage to our cause. Dr. Hilon Doty, of Margarettville, N. Y., is the financial agent. Dr. Horace M. Paine, of Albany, can give any information desired regarding the institution.

BUREAU OF CLINICAL MEDICINE OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

CIRCULAR.

THE Bureau of Clinical Medicine earnestly solicits the aid and cooperation of the members of the American Institute of Homœopathy in carrying out the objects of its appointment.

It is made the duty of this Bureau especially to collect and arrange facts and observations relating to any epidemic or endemic diseases that may exist in the country, and to make a report of its transactions at the meetings of the Institute. Any authentic observations or experience in relation to such diseases occurring in any part of the United States, tending to elucidate their origin, history, symptoms or proper treatment, will be thankfully received and incorporated in the annual report, proper acknowledgment being always made for the information used.

Its field of investigation is not, however, restricted to the diseases named. All questions bearing upon practical medicine generally, in the various departments of etiology, pathology, diagnosis, therapeutics, etc., come properly within the province of the Bureau; and the communication of any facts calculated to illustrate obscure or unsettled points of theory or practice will add value and interest to its

reports, and aid in the improvement and diffusion of true medical science.

Reports of cases, especially such as are instructive, or illustrative of some practical principle, will be acceptable. At the same time more extended statements and elaborate discussions of subjects connected with the advancement of our art, in any of its branches, are particularly invited.

In all cases due credit will be given in the Reports of the Bureau, for facts and suggestions referred to or adopted, and papers of special interest will be presented to the Institute at length.

Communications intended for the Bureau should be sent to either of its members, at least a month before the time of the annual meeting.

H. D. Paine, New York.
S. M. Cate, Salem, Mass.
D. H. Beckwith, Cleveland.
Samuel Gregg, Boston.
P. P. Wells, Brooklyn.
J. C. Burgher, Pittsburg, Pa.
N. F. Cooke, Chicago.
L. M. Kenyon, Buffalo, N. Y.
W. H. Holcombe, New Orleans.

THE GRAM MONUMENT FUND.

Information received from different parts of the country indicate a general interest in the subject of the proposed Memorial to the late Dr. Gram and an earnest purpose on the part of the profession to erect a monument that shall be worthy of its object, and, at the same time, an unmistakable witness to the progress and present standing of the system which he introduced into this country.

It is too early to look for large returns of subscription lists; many physicians, who have been most successful in filling them up, still retain them for further additions. But the responses that have already reached the Treasurer are an earnest of the ultimate success of the enterprise.

The treasurer desires to acknowledge, through the medium of the *Gazette*, the subscriptions actually received by him, from New England, to the present time. Contributions from other parts of the Union will be reported in the different homœopathic journals according to locality. In New York and Brooklyn the work is proceeding with vigor, although but few returns have as yet been received. The same is doubtless the case in other cities. The total receipts are *two hundred and fifty-seven dollars.*

Dr. George Russell, 14 Lynde street,	Boston.
Mr. S. G. Cheever, 7 Tremont street,	"
Mr. T. B. Aldrich, 84 Pinckney street,	"
Dr. I. T. Talbot, 31 Mt. Vernon street,	"
Mrs. I. T. Talbot " "	"
Miss Marion Talbot, " "	"
Miss Edith Talbot, " "	"
Master Winthrop T. Talbot, 31 Mt. Vernon street,	"
Mr. Ira Bradley, 20 Washington street,	"
Mr. J. S. Clark, 124 Tremont street,	"

Mrs. S. Piper, 5 West Chester Park,	Boston.
Mr. William T. Piper, 5 West Chester Park,	"
Mrs. William Taggard, " "	"
Miss Caroline A. Taggard, " "	"
Dr. A. F. Squier, 664 Washington street,	"
Mr. S. A. Bancroft, 37 Lynde street,	"
Mr. Jacob P. Palmer, 162 Washington street,	"
Mrs. Susan T. Hillard, 62 Pinckney street,	"
Mrs. A. G. Farwell, 16 Beacon street,	"
Rev. C. A. Bartol, 17 Chestnut street,	"
Mr. Chester Guild, 2 Deane street,	"
Dr. Cushing Webber, 228 Washington street,	"
Mr. Julius A. Palmer,	Boxford, Mass.
Mr. G. W. Wright,	Duxbury, "
Miss Fanny A. Bowen,	Haverhill, "
Mr. Edwin W. Colburn,	Holliston, "
Mrs. J. H. Patterson,	Longwood, "
Dr. G. Felix Matthes,	New Bedford, "
Mrs. Sarah R. Morgan,	" " "
Mrs. Lydia R. Swan,	" " "
Mr. Lawrence Grinnell,	" " "
Mr. William Hathaway, jr.	" " "
Mr. S. Griffiths Morgan,	" " "
Mr. William Rotch,	" " "
Mr. Benjamin Rodman,	" " "
Dr. E. G. Morrill,	Salem, Mass.
Mr. Josiah Talbot,	South Dedham, "
Dr. William Pearson,	South Hadley Falls, "
Rev. George E. Fisher,	" " " "
Mr. Hiram Smith, jr.	" " " "
Mr. Broughton Alvord,	" " " "
Mr. Austin D. Wolcott,	" " " "
Mr. Maurice D. Thieme,	" " " "
Mr. Stephen C. Weld,	" " " "
Mr. John A. Smith,	" " " "
Mr. Ira B. Wright,	" " " "
Mrs. Charles Bardwell,	" " " "
Mr. John H. Preston,	" " " "
Mr. John Gaylord,	" " " "
Mr. S. G. Gaylord,	" " " "
Mr. Edwin C. Hanks,	" " " "
Mr. Harvey Carey,	" " " "
Mr. George G. White,	" " " "
Mr. W. F. Sanderson,	" " " "
Mr. George E. Lamb,	" " " "
Mr. Theodore M. Ellis,	" " " "
Dr. S. C. Morrill,	Concord, N. H.
Dr. Nathaniel Greene,	Newport, R. I.
Dr. Nathaniel G. Staunton,	" "

229 Fifth Avenue, New York,
October 20, 1869.

Henry D. Paine, *Treasurer.*

ITEMS AND EXTRACTS.

Homœopathy in Switzerland. — A large homœopathic hospital is about to be established at Lucerne.

Professor Boehm, of Berlin, died recently from the effects of a dissecting wound.

The Homœopathic Sun. — We have just received a notice that this journal, which was devoted to popularizing homœopathy, has been discontinued, Wm. Radde, the proprietor, having relinquished business.

The Metric System has been adopted in the Austrian Pharmacopœia. We hope America will not long remain behind Austria in intelligence and civilization.

A bronze Statue of Trouseau has been erected at the Hotel Dieu, and one in marble in the Hall of the Faculty of Medicine in Paris.

Carbolic Acid in Phthisis. — The spray of a weak solution of carbolic acid is recommended in the first stage of phthisis.

The St. Louis College of Homœopathic Physicians and Surgeons commenced its first course of lectures October 10, 1869.

Laryngoscopy. — Professor Von Bruns, of Tübingen, has received the prize of 20,000 livres, offered by Dr. Riberi, of Turin, for the best work on laryngoscopy.

Heavy Fees. — Dr. Magne, of Italy, receives 100,000 francs and traveling expenses, for removing a cataract in Lima, Peru. A magistrate in France paid Nelaton three thousand francs for a single visit.

The St. Louis Medical Repertory (an allopathic journal) has been discontinued because of the loss attending its publication.

Homœopathic Instruction in France. — Dr. Léon Simon's lectures on homœopathy, at the Sorbonne, are well attended. The hall is always crowded by an appreciative audience, and frequent applause rewards the lecturer. Dr. Arréat delivers also a course of public lectures on homœopathy at the City Hall, Toulouse.

"Fiat Justitia Ruat Cœlum," is the sounding title of a fierce attack upon the old Massachusetts Medical Society, by one of its members. As the *Boston Medical and Surgical Journal* very justly remarks, "When Greek meets Greek," etc. Homœopaths are requested not to interfere in this little family quarrel.

Lord Derby, who successfully carried through Parliament the bill for the abolition of slavery in 1833, has just died in England at the age of eighty. Had he firmly stood by his early principles during the late war of the rebellion, his name would have been warmly cherished, and his death deeply mourned in America.

Small-Pox is again making its appearance in the southern districts of London. Since the crusade against vaccination, children are not brought to the district vaccinators, in anything like former numbers, nor are the applications for lymph from private practitioners half so numerous as heretofore.

Heroic Medication. — We have been somewhat amused with the report of a case of disease and the treatment, as published in one of our Atlantic exchanges. The patient was a lady, and had bronchitis, intermittent fever, chronic hepatitis, chronic splenitis with great enlargement, ascites, anasarca, articular rheumatism of the knee, amenorrhea and chlorosis. She had been sick two or three years. In the course of the treatment she used the following remedies: sulph. quinia; aromatic sulph. acid; ext. veratrum vir.; ext. digitalis; ext. cimicifuga; ext. senega; ext. prunus virg.; tinct. aloes; elaterium; calomel; capsicum; powd. chimaphila; powd. uva ursi; powd. calamus; powd. cimicifuga; sulph. iron; podophyllin; nitro-hydrochloric acid; citrate of iron, quinia and strychnia; Vallet's pills of iron; Quevenne's iron; valerianate, lactate and granulated sulphate of iron; iodide and bromide of iron; sulphate and carbonate of magnesia; gentian; aloes; mineral acids; besides bathing the right side with nitro-hydrochloric acid, and painting the right side daily for three months with tinct. of iodine. Strange to say, the woman improved from the beginning of the treatment, and recovered entirely. We hope the enterprising doctor is a young man, so that he shall have ample time to make his mark in the world. — *Pacific Medical and Surgical Journal.*

REVIEWS AND NOTICES OF BOOKS.

Practical Chemistry for Medical Students. By William Odling. From the fourth London edition. Philadelphia: Henry C. Lea. pp. 261, 12mo; 70 wood-cuts.

This is a practical work for one who has already studied theoretical chemistry. It differs from some larger works in selecting its exercises with special reference to the exigencies of medical practice. The chemistry is rather advanced, as older chemists would view it, but hardly up to the mark of an enthusiastic young man. There is more on manipulation than is found in our college chemistries, and as much qualitative analysis as the medical student has time for. In fact the book may be called a condensed work on Qualitative Analysis and Toxicological Chemistry, with an appendix on Animal Chemistry from a medical point of view. Practitioners who have not recently left college will be apt to find much in it that is new to them. James Campbell, Tremont street, has this volume on sale.

Handy-Book of Ophthalmic Surgery. — By John Z. Laurence, F. R. C. S. Second American Edition, revised and enlarged. Philadelphia: Henry C. Lea. pp. 227, 8vo.

The enterprising publisher of Solberg Wells has here given us

another first-class work in style and character, but of less than one-third the size of the former. It is a quite natural desire to possess the whole that can be said on a given subject; those who cannot be content without a treatise as nearly exhaustive as possible, must go to the larger work; but one who wishes only to be able to lay his hand on those things which he needs to know, may find the smaller work even more useful than the larger. The Jewish hyperbole of a beam, or rather a stick of timber, in the eye, finds its nearest credible parallel in the broken iron hat-peg, represented of full size on page 91, "three and three-tenths inches in length and weighing twenty-five scruples." This mass of iron, so the book says, lay unsuspected in the eye of a drunken old sinner of seventy-three, from ten to twenty days, and after he had been under the surgeon's care for a week it was at last discovered and dragged out, leaving the eye good and sound!

In the article on Foreign Bodies in the Eye, some very useful directions are given for their removal. To evert the upper lid, he recommends the following simple method: "Its free border should be held by the left thumb and forefinger, and be drawn downwards and forwards; the right thumb-nail, or a probe, is then applied over the attached border of the tarsal cartilage, and serves as a fulcrum on which the eyelid may be everted by the left hand. The loose conjunctiva of the upper palpebral sinus may be still more completely exposed by forcing it downwards with the probe. A spill of blotting-paper is very useful for removing particles which are loose on the eye." Although, to the experienced and skilful, this is a very simple operation, yet even a physician who attempts it for the first time will find it no easy task. Perhaps the most simple directions to persons suffering from motes in their own eye, is to draw the upper lid over the lower, and by pressing it firmly for a moment, the irritation of the cilia will cause a sudden flow of tears, which, on being allowed to gush forth, will frequently wash away the foreign substance. The old-fashioned eye-stone, soaked in vinegar and placed under the eyelid, was a barbarity of the old-school practice, against which we need not caution our readers. A flax seed, introduced in the same manner, answers a much better purpose, although this is never necessary to an operator with sufficient tact. We have often removed motes from our own eye by simply raising the upper lid and inserting a loop of horsehair; then, by letting the lid fall and withdrawing the loop, the mote comes out with it. We once adopted this method also in detaching a cinder imbedded in the cornea of a patient, when we found it a difficult matter to fix the eye sufficiently to remove it with the forceps or cataract needle. The loop, in passing over the smooth surface, caught a projecting point of the cinder and dislodged it.

The book contains a valuable selection from the test-types of Snellen. Williams & Co. have it on sale.

PERSONAL.

Wm. H. Holcombe, M.D., has in press a novel, the plot of which is laid in the time of our Saviour. It is to be issued by J. B. Lippincott & Co., on the first of December.

John Ellis, M.D., of New York, intends to spend the winter in Jacksonville, Fla., reaching there about the first of November. We are sure our physicians who have patients going to Florida for the winter will be glad to know of this fact.

J. P. Dake, M.D. — We regret to learn from this gentleman that he will be obliged to give up his proposed history of the American Institute of Homœopathy. This is from a lack of interest on the part of some; and the modesty of others who fear to have their biography appear before their obituary. We regret this the more since Dr. Dake is so well fitted to prepare such a work. But since, with renewed health, he has buckled on the professional harness we shall hope that he will give no small amount of strength in aid of our cause.

H. M. Paine, M.D., has furnished us with a large number of documents relating to homœopathy in New York. Among these is a list of six hundred and thirty-two homœopathic physicians in that State, arranged by counties. If the secretaries of all our societies would work as assiduously and efficiently as Dr. Paine our organization throughout the country would be much more complete then it now is, and our cause make greater progress.

William Radde, Esq., for nearly thirty-five years an extensive publisher of homœopathic literature, has sold his establishment to Messrs. Boericke & Tafel, the enterprising and well-known publishers and pharmacists of Philadelphia, who open a branch establishment at 145 Grand street, New York.

Frank A. Rockwith, M.D., of Newark, N. J., is preparing a work on the Psycho-pathogenesis of Drugs in the Treatment of Insanity. This is an almost untrodden field in our literature. We shall hope much from Dr. Rockwith's careful observation and experience.

A. H. Hull, M.D., of Chicago, is preparing a treatise on the Non-Surgical Diseases of the Ear. He earnestly requests that clinical cases, therapeutic observations, and characteristic indications of our remedies be sent to him as early as the middle of February next.

E. M. Hale, M.D, of Chicago, has received the appointment of Professor of Medical Botany and Pharmacology in the Hahnemann College of that city. His energy and attainments in this department will prove a great acquisition to this prosperous college.

F. H. Krebs, M.D., of Boston, has gone to Europe, intending to be absent about two years. He leaves his practice, meanwhile, in the care of Dr. Conrad Wesselhoeft.

Removals. — Prof. Henry N. Martin, M.D., from 630 to 635, Spruce street, Philadelphia.

J. H. Osborne, M.D., from Newton, Mass., to Bridgeport, Ct.

Theodore S. Keith, M.D., to Newton, where he succeeds Dr. F. N. Palmer.

Marriages. — At Cambridge, Oct. 11, by Rev. Bishop Huntington, of Central New York, assisted by Rev. Dr. Hoppin, Edwin M. Kellog, M.D., of New York, to Miss Fannie C. Bowen, of Haverhill, Mass.

At Hightstown, N. J., Sept. 18, by Rev. G. H. Vibbert, of Rockport, Mass., Wallace McGeorge, M.D., of Hightstown, to Miss Anna F., youngest, daughter of the late Hon. Isaac Pullen.

TO CORRESPONDENTS.

W. E. P., Me. — The transactions of the Institute are being prepared as rapidly as possible. Great care and no little time, however, are required to complete them.

C. H. H., Pa. — Your communication, as you may see, was duly received, and was very welcome. We hope to hear from you often.

F. A. R., N. J. — Let us have your paper on Modern Psydriatry, by all means.

C. S. V., O. — We would gladly help you to find your missing article, if it were in our power.

C. E. S., Ct. — We are glad that the memories of the Boston meeting are still so pleasant. Send us some communications for the *Gazette.*

E. U. J., Mass. — Your cheering words and kind promise of aid do much to lighten our editorial cares and labors.

BOOKS AND PAMPHLETS RECEIVED.

The following Exchanges for October:

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

Also the following:

The Drift of Modern Medicine, by Alfred C. Pope; London, H. Turner & Co. Homœopathic Price Current, by C. S. Halsey; Chicago, Ill., and Buffalo, N. Y. The use of Pepsine in the Diarrhœa of Infants, by James S. Hawley, M.D.; Greenpoint, L. I. The Ætna, Boston; Illustrated Catalogue of the Publications of Lee & Shepard; Boston. Oliver Optic's Magazine; Boston, Lee & Shepard. Eighteenth Annual Report of the Boston Provident Association. Catalogue des Livres de Fonds; Paris.

Physician's Visiting List for 1870; Philadelphia, Lindsay & Blakiston. Chemistry for Medical Students, by William Odling, M. B., F. R. S.; Philadelphia, Henry C. Lea. A Handy Book of Ophthalmic Surgery, by John Z. Laurence, F. R. C. S , M. B. assisted by Robert C. Moon; Philadelphia, Henry C. Lea. Stricture of the Urethra, by Sir Henry Thompson, F. R. C. S.; Philadelphia, Henry C. Lea.

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REPORT ON CLINICAL MEDICINE.

BY J. HEDENBERG, M.D., MEDFORD, MASS.

Abstract of a Report made to the Mass. Hom. Med. Soc., Oct., 1869.

The Committee on Clinical Medicine have again to lament the want of material to make a valuable report, as only five communications were received.

These reports show that measles and whooping-cough have prevailed very extensively, but give little that is new in treatment.

Whooping-Cough.— Dr. Cushing, of Lynn, says, "During the last six months we have had an unusual number of cases of whooping-cough in adults. *Mephitis* 3 dec. has been my chief remedy, especially if the cough and vomiting were worse at night. If the cough and the inclination to cough come suddenly, *Bromide of ammonium* is the remedy." He reports that it was very sickly during June, July, and August; and says, "Diarrhœa constituted the greater part of my cases; the stools were green, slimy or watery, or mixed, sometimes bloody. Many of the patients were attacked with vomiting, prostration, variable appetite; symptoms constantly changing, often returning when seeming nearly gone. The cases occurring in young children were, with a single exception, those of 'bottle babies.' Query, does sucking rubber nipples produce diarrhœa in 'bottle babies'? The remedies most frequently used were, *Æthusa, Aloe, Arsenicum, Belladonna, Calcarea carb., Chamomilla, Magnesia carb., Mercurius sol., Mercurius viv.*, and *Sulphur*. Less frequently used: *Antimonium crud., Camphora, China, Colocynth., Elaterium, Ipecac., Nux vom., Pulsatilla, Rheum,*

and *Veratrum.* The 30th and 200th attenuations controlled the symptoms more readily than the lower ones. For my guide, I took the works of Raue, H. N. Guernsey, and J. B. Bell. Result for three months, June, July and August: two deaths, one aged four weeks and one four months, both of cholera infantum, and both sick from birth."

Dr. T. S. Scales of Woburn sends the following interesting report:—

Ovarian Disease. — An unusual number of cases have come under my care during the past year and a half, all of which had been of from two to four years' standing. Some of them had been treated allopathically; and others, unaware of the nature or extent of their trouble, had hoped to get better without a physician. Most of them occurred on the left side, and were characterized by soreness, great tenderness, heat, swelling, and pain, extending upwards and backwards to the spine and downwards and forwards to the uterus. There was a slight but constant rusty discharge through the fallopian tube and uterus.

I have been well satisfied with the effect of homœopathic remedies in these cases. Prominently I may mention *Lachesis* and *Cimicifuga.* Sometimes *Podophyllum* has been indicated by rumbling and flatulence in the bowels, with tendency to alternate diarrhœa and constipation, and prolapsus uteri or ani, or both; and sometimes *Phytolacca* when there has been irritation and swelling of the inguinal glands. Satisfactory changes have followed the administration of these remedies.

I have made no local application, except of the cold wet bandage. Some of the patients have worn the cold application constantly, and others for only a part of each day. And here permit me to remark, that I do not consider the cold wet bandage beneficial when it feels disagreeable to the patient. I always instruct my patients to remove it as soon as it feels unpleasant.

One case of ovarian disease interested me very much. A lady of forty-five had been suffering for two or three years from pain and tenderness in the region of the left ovary, with heat which at times spread through her whole system. She "supposed her age was the cause of it," and that she "must expect such things." In

the early part of 1868, she became pregnant. The diseased ovary caused her very mnch suffering during her pregnancy, particularly on motion of the fœtus. The swelling of the ovary, added to the enlarged uterus, made it difficult for her to sit, and uncomfortable to lie; she was obliged to lie chiefly on her right side because the pressure of the gravid uterus upon the ovary would not permit her to lie on her left side, and she was subject to nightmare if she slept on her back. She was delivered in due time of an eight-pound boy (who has since thriven remarkably well), and her ovarian disease is nearly cured. She has a little tenderness still in the region of the ovary, but very little swelling, and no discharge. Her medicines have been *Lachesis*[1], *Cimicifuga*[2], *Phytolacca*[1 and 2], and *Gelseminum*[2].

Another case. An unmarried lady, about twenty-five, has had both ovaries diseased for five or six years. She was treated allopathically for about two years, and constantly grew worse, and has now been under my care for nearly two years. During the whole time she has suffered very much from shifting articular rheumatism in her hands and feet, at times accompanied by high fever. Also, she has had very severe dysmenorrhœa and profuse menorrhagia, occurring every three weeks and lasting about a week each time. During the intervals she has had leucorrhœa, either yellowish and rusty or greenish and corrosive, and often very offensive. She is very much improved in every respect. She frequently walks two and a half miles in an afternoon, and attends to domestic duties regularly. *Cimicifuga*[1 and 2], *Lachesis*[6 and 7], and *Phytolacca*[1 and 2] have been her principal remedies, usually given one only at a time. She was also subject to sick headache which has been very much benefited by *Sepia.*[3].

Cerebro-Spinal Meningitis has been another very prevalent complaint in my circuit. It has been of different degrees of intensity. In many cases it has occurred as an idiopathic disease, while in others it has been complicated with other diseases, or has followed them. It has usually affected most seriously the lower half of the spine, extending at intervals to the head; though, in some cases, it has been more severe in the upper half, and in a few cases spent nearly its whole force on the brain. In a few cases it has

simulated typhoid fever. It has been troublesome when occurring as a complication of pregnancy or parturition. It usually produced constipation, but occasionally diarrhœa. In a few cases it has become chronic and for a long time baffled my best efforts; producing gastralgia, indigestion, dysuria, prolapsus ani and uteri, and in one or two cases, palpitation and dyspnœa.

So common has it been during the summer that, in every case of sickness to which I am called, I expect it and prepare for it if it is not already developed. The patient is usually comparatively comfortable in a recumbent position with a wet towel on the back, provided there is little or no exercise of the brain.

Of course, in such a variety of cases, many remedies have been used. Of these I may mention *Baptisia*, *Gelseminum*, *Cimicifuga* and *Veratrum viride*. In one case which was complicated with sciatica, and another which was accompanied by copious fluid alvine discharges with borborygmus and irritable temper, *Gnaphalium* relieved everything but the prolapsus ani, which continued for several weeks, but which finally recovered after the administration of *Podophyllum*^{200}.

The epidemics and endemics which usually occur from June to October have none of them appeared the present year. Teething children, with a very few exceptions, have enjoyed remarkable immunity from sickness.

Dr. D. B. Whittier, of Fitchburg, also sends an interesting report:—

Typhoid Fever. — We have had typhoid fever at least two months earlier than usual. The cases that have come under my care are either of a mild character intrinsically, or else have been made so by treatment. In some cases the type is decidedly *nervosa-stupida*, while in others there is quite a regular alternation of the *stupida* and *versatilis* — the former occurring during the day, the latter at night. After the common premonitory symptoms, the manifestations are somewhat as follows: — Irregular paroxysms of chilliness with burning heat; followed by sweat, more or less profuse; succeeded by dry, burning heat; towards the last of the first week, decided morning remissions, and evening exacerbation, — in some cases however, the remission occurred after noon; looseness

of bowels, with little or no pain; general abdominal sensitiveness to pressure; stools light-yellow. In some cases the sudamina and petechiæ have been numerous, in others, absent; thirst during the febrile excitement only; mild delirium in the earlier and later stages. A marked peculiarity seems to have been the retention of the appetite and taste; patients complain of "being starved" and wanting to eat; food tastes as well as ever, but proves injurious. In a few cases only have critical periods occurred, in others I recognized only the natural periodicity designated by "odd days"; duration, fourteen and twenty-one days; convalescence, rapid.

I have found no one remedy that exerts a decided control over the fever. Perspiration affords temporary relief only. My experience this season leads me to think *Aconite* preferable to *Gelseminum* or *Baptisia* during the first week. *Podophyllum* and *Arsenicum* control best the early diarrhœa, and *Ars.* and *Mur. acid.*, that in the latter stage, *China* during convalescence. Diet, milk or milk and water *ad libitum*; during convalescence, meat and other nourishing broth. I commence to nourish from the indications given by Rapou. I have used milk largely in fevers for five years, and am *growing* in its praise.

Dr. Addison D. Crabtre, of Boston, reports the following case: —

In November, I was called to see Miss ——, of Fitchburg, Mass., aged 16. She was of scrofulous diathesis, with light hair and blue eyes. I found her suffering from enlargement of parotid, submaxillary, and thyroid glands; in fact, the entire neck formed one immense tumor, threatening her life. The neck measured twenty-one and one-half inches, and the enlargement was of several months' duration. Breathing very laborious. The thickened and hardened lobes of the thyroid gland pressed upon the trachea and produced a sense of suffocation sufficient to almost prevent the possibility of rest in a recumbent position. A constant dry cough sounding not unlike whooping-cough, hoarseness, and rattling accompanied the disease. She swallowed with little difficulty; cold feet and hands; palpitatio cordis; aggravation in warm room and during the evening. Complete suppression of menses.

Treatment. Began with *Aconite*[1] and *Bellad.*[1]; ten drops in a half-tumblerful of water. This subdued the fever and checked

the dry cough. Next followed *Bromine*[1] (I may truly say *Bromine* was the alpha and omega of the cure), also a packing of lukewarm water about the neck; the cloths were renewed as often as dry. When the *Aconite* and *Bell.* were discontinued, *Pulsatilla*[1], four drops to a glass of water, was given in alternation with the *Bromine*, daily. In some seven days the isthmus of the lobes was perceptible. Twelfth day had the photograph (accompanying this) taken. About this time the menses returned. Continued the *Bromine* sixty days. Gave *Sulphur*[3] daily. *Silic.* and *Calc. carb.* to the end of the third month. Gave *Stillingia* tincture and *Calc. carb.* on alternate days with *Bromine*[3]. In five months the tumor had entirely disappeared. She remains perfectly well.

If but a fair proportion of the members of our society would furnish as much from their practice as the gentlemen did from whose letters I have quoted, a valuable report might be made.

In looking over the statistics of my own practice I find that cases of pneumonia occurred in every month to September, the worst case occurring in August; that scarlatina occurred in every month to August. Some cases in February were followed by diphtheria, in which the treatment by *Ars.*, internally, and brandy gargles was very successful. In April several cases of erysipelas of the face occurred; they yielded readily to *Rhus tox.* or *Rhus rad.*, both of which were tried. Whooping-cough commenced in April; the number of cases is almost innumerable. *Mephitis* proved most beneficial, mitigating the paroxysms, lessening their number, and seeming to shorten the course of the disease. Allopathic journals contain much strong testimony in favor of an infusion of the red clover, and Dr. Talbot reports strongly in favor of it, having used it in the first decimal dilution. There has been hardly a case of dysentery in Medford this summer or fall. Fevers, typhoid and remittent, are just appearing among us, — October 1.

Arnica Eczema. — Another case of eczema from the use of arnica has occurred, quite as severe as those formerly reported. It is remarkable that I have seen more of these cases in the past year than in the sixteen previous years of practice.

A peculiarity of this year is the number of deaths of the aged; of 13 who died, 5 were over 62, the ages being 62, 68, 72, 79, 95.

The causes of death were: scarlatina, 2; pneumonia, 2; heart disease, 1 (death preceded by several years suffering and occurring ten days after premature delivery of twins); metro-peritonitis, 1; typhoid fever, 1, (in January); phthisis, 1; paralysis, 1; paralysis of lungs, 1; acute hydrocephalus, 1; old age, 1 (aged 95 years, 6 months, 3 days). Number of still-born children, 4; this includes the twins before mentioned.

The committee believe that much valuable information bearing upon the science of homœopathy might be culled from the leading allopathic journals of the day. The claims of the science which they oppose might be in part established from their own writings, and it would be a valuable and desirable work. How many clinical contributions to our materia medica might in this way be obtained which would be quite as important as the observation of new symptoms, now so fashionable. Let us derive what comfort and profit we can from the fact that the call of Wood and other leaders to try remedies upon the healthy is being to some extent answered, and that we read now of physiological provings conducted under the direction of allopathic professors of materia medica.

VACCINATION.

BY E. C. WITHERILL, M.D. OF CINCINNATI.

From the American Homœopathist, July, 1866.

In considering the subject of Vaccination, I pass over, as not material to the object in view, the various theoretical questions that have arisen in connection with it, and confine myself strictly to the practical question: How far vaccination is effectual as a preventive against small-pox, together with such suggestions as naturally arise in connection with it. In furtherance of our subject, we know of no means more appropriate than an inquiry into what results have already been obtained by the presentation of such statistics as have been accessible to us.

First, in regard to the prevalence of small-pox in the periods immediately preceding and immediately subsequent to the introduction of vaccination, which event took place in 1798. In England, it is estimated that for nearly a century previous to the

introduction of vaccination, 30,000 persons annually died from small-pox, at a period when the whole population was less than one-third what it now is; out of every 1,000 deaths between the years 1750 and 1800, there were by small-pox 96, nearly ten per cent; from 1800 to 1850 there were in the same number but 35, a little more than three per cent.

In Germany out of every 1,000 deaths between 1750 and 1800, there were 66½ of small-pox, about six and two-thirds per cent; between 1800 and 1850, in the same number of deaths, only 7¼ by small-pox, or about two-thirds of one per cent.

In Sweden for the last twenty-eight years before the introduction of vaccination, out of every million of inhabitants there were 2,050 deaths annually from small-pox; for forty years subsequent to the introduction of vaccination, the number of deaths annually of small-pox per million of inhabitants was 158.

In Westphalia, from 1776 to 1780, the annual small-pox death-rate per million of inhabitants was 2,643. From 1816 to 1850 it was 114.

In Copenhagen from 1751 to 1800, the annual rate per million was 3,128. From 1800 to 1850 it was 286. In Berlin for the same period, the rates were respectively, 3,442 and 176.

In the city of Amsterdam from 1784 to 1795 there were 6,304 deaths from small-pox; from 1794 to 1805 there were from the same cause 5,446 deaths; from 1805 to 1815, after the full introduction of vaccination, but 2,553 died from small-pox; while during the ten years from 1811 to 1821 but 1,408 deaths were reported from that disease.

Lest, however, these favorable results, coincident with the introduction of vaccination, might be supposed to have arisen in consequence of the greater accidental prevalence of epidemics of small-pox in the earlier periods, and their absence during the later periods, let us cite another class of figures to show the discrimination made by the disease during its prevalence, either in the immunity from its attacks of persons previously vaccinated, or in the comparative mildness with which it affected them.

During an epidemic that prevailed in Italy in 1833, and one in France in 1825–6, it is stated that by far the greater proportion of

those who took the disease had not been vaccinated, and that none died of those who had been vaccinated.

During an epidemic that prevailed in Copenhagen, 428 individuals who had been vaccinated took the disease, of whom two died. Among the unvaccinated the deaths from small-pox amounted to 20 per cent of those attacked.

During an epidemic that prevailed in 1834, 7,000 persons were attacked, of whom nearly twenty per cent died. The persons, of all ages, who had been effectually vaccinated, very generally escaped the infection.

In the report of an epidemic that prevailed at Marseilles in 1825. it is stated that the whole population consisted of 40,000 persons. Of these, 30,000 had been vaccinated, 2,000 had had small-pox, and 8,000 had neither been vaccinated nor had small-pox. Of the 30,000 vaccinated, 2,000 were seized with small-pox, and 20, or one out of every hundred, died. Of the 2,000 who had before had small-pox, 20 were attacked, and of these 4 died, or one out of every five who took the disease. Of the 8,000 who had not been vaccinated or had small-pox, 4,000 contracted it, of whom 1,000 died, or one out of every four. From this it appeared that one-half of those unprotected either by vaccination or by previously having had small-pox, one-fifteenth of the vaccinated, and one one-hundredth of the variolated, took the disease. But such was the difference in the comparative mortality of the three classes, that while the variolated portion of the population were cut off in the proportion of one out of every 500, the vaccinated lost in the proportion only of one out of every 1,500; and of those who had neither been variolated or vaccinated, one out of every eight died.

In the years 1823–4, small-pox prevailed epidemically in the city of Philadelphia. Of the 248 cases treated in the small-pox hospital, 155 occurred in unprotected individuals, of whom 85, or upwards of 54 per cent, died; 16 occurred in persons who had had small-pox either naturally or by inoculation, of whom six died, or at the rate of about 36 per cent; and 64 occurred in the vaccinated, of whom one died, or at the rate of about 1½ per cent.

From the report of a committee on small-pox in Philadelphia in 1827, it appears "that out of 80,000 vaccinated persons, but ten deaths occurred; while among a population of 60,000, one-third of whom had had small-pox either naturally or by inoculation, there were 100 deaths, nine of which were ascertained to have been from a second attack of variola; while, of the ten cases of death reported to be from small-pox after vaccination, the committee "trace nine to causes totally unconnected with that disease, or find them to have occurred in persons of whose perfect vaccination there was no positive evidence; leaving but *one* well ascertained death from small-pox after vaccination among 80,000 vaccinated persons."

From these and other facts. the quotation of which might be greatly increased, it seems undeniable that vaccination exerts a degree of protection against the attacks of small-pox second only to that obtained by having already passed through the disease, if we consider only the number of persons attacked; and superior to it even, if we regard the number of fatal cases occurring respectively after small-pox and vaccination.

An attempt has been made to ascertain by statistics upon a large scale what proportion of persons who have once been successfully vaccinated, may at some future time be in a greater or less degree susceptible to the contagion of variola. Among the most definite and satisfactory of these, although comprising a smaller number than some of them, is that of the epidemic at Marseilles before alluded to, in which half of the whole number who were unprotected, one in one hundred of those who had had small-pox, and one in fifteen of the vaccinated, were affected.

A summary of the essays on this subject, offered to the Academy of Sciences at Paris in 1845, and which embrace observations for thirty epidemics of small-pox in France, shows that "somewhat more than one-third of the entire number of persons attacked with small-pox had been vaccinated.

A committee appointed by the American Medical Association (Allopathic) in 1864, report, upon data chiefly afforded by the London Epidermiological Society, and which, as is stated, embrace observations for nearly 200,000 cases, "that out of any number of

adult persons having good marks of vaccination, 40½ per cent are perfectly protected; while 59½ per cent are susceptible to varioloid or re-vaccination."

While these reports do not seem perfectly to correspond, they will perhaps justify the conclusion arrived at by other authors, that sooner or later "nearly one half of the vaccinated will in some degree be liable to the variolous contagion."

From an examination of these various reports upon the number of persons affected by small-pox after vaccination, we observe in addition, that the disease does not affect indiscriminately all the persons so situated, but seems to make a kind of selection among them, attacking in preference those who have been a long time rather than those who have been recently vaccinated; and the facts observed have seemed to justify deducing from them the following rule: —

That persons vaccinated in infancy are rarely liable to small-pox before the age of nine years, and usually not till ten or twelve; that after this period up to the age of twenty-five or thirty, the susceptibility is greatly increased, after which it seems again to decline; and finally, that whatever the age or the length of time since vaccination was performed, the tendency to contract the disease is greatly increased during its prevalence as an epidemic.

Re-vaccination has been found, however, to effectually extinguish the susceptibility, whether acquired by the lapse of time since the previous vaccination, or relatively augmented by the greater intensity of the variolous contagion during the prevalence of an epidemic; and it should therefore unhesitatingly be resorted to by any person who had been exposed to the contagion, unless by a vaccination within a small number of years by good matter properly introduced, or by a recent previous exposure to small-pox, he shall have sufficiently tested his protection against it. Not only does this caution apply to those whose protection is based upon the fact of a previous vaccination, but inasmuch as the occurrence of a second and even a third attack of variola in the same person has been well established, persons even who have had small-pox should avail themselves of it unless the occurrence of the disease has been so recent as not to leave it supposable that their susceptibility has been again renewed.

Of course, the sooner vaccination is performed after exposure the better is the chance of security; but instances have occurred where persons entirely unprotected, either by a previous vaccination or by having had small-pox, have been exposed for days in the same room to a case of confluent small-pox until the eruption was fully developed, and upon being then vaccinated have entirely escaped the contagion; and the opinion is now generally entertained that if vaccination is performed before the variolous fever has occurred, that the disease will either be prevented altogether, or rendered so mild as to be harmless.

The character of the matter employed in vaccination is important; and while we think it possible that the danger of communicating other diseases has been overrated, great care should undoubtedly be used in its selection, — that only derived from children being used where it is possible to choose, as being least likely to be contaminated with any communicable disease that were in them, care also being taken to use *only* that obtained from children who are free from cutaneous and glandular affections.

Considerable discussion has been recently had as to the necessity of recurring at short intervals to matter derived from the original source, upon the supposition that the virus by repeatedly passing through the human constitution may thereby have deteriorated, and in a manner lost its protective power. This view does not seem to be well sustained, if we regard the characteristics of the resulting vesicle. or the weight of experience in the use of the old and new matter. The period of incubation, the progress, characteristics, and successive stages, seem the same in the old and new. It is stated that the Royal Jennerian Institute employs the same matter now as in 1808, when the institution was founded. The chief of the Vaccine Institution of Turin declares "that no perceptible difference can be traced between the characteristics and progress of the vesicle resulting from the old and new matter."

It is said on the authority of a physician of Wirtemburg, that in Germany the opinion of the superior efficacy of matter recently obtained from the cow is not generally entertained.

It seems, however, conceded that in the use of matter recently derived from the cow, that the local inflammation is more severe and the constitutional symptoms more violent; but experiments do not

so far show that it therefore exerts any greater protective influence,—in others words, that the degree of protection does not have any relation to the violence of the local symptoms. Indeed, if Jenner's opinion is correct,—that there are several diseases to which the cow is subject which may be mistaken for real cow-pox,— the frequent recurrence to the cow may be an expedient not altogether devoid of the possibility of evil consequences.

CLINICAL REPORT.

BY J. H. GALLINGER, M.D., CONCORD, N. H.

Made to the N. H. Hom. Med. Society, Oct., 1869.

By the kindness of Prof. T. C. Duncan, of Chicago, a careful report has been furnished in regard to cholera morbus, diarrhœa, cholera infantum, and dysentery, as treated in that section, which has already been published. During the summer months these same diseases have prevailed in Concord and vicinity to a less extent than is usual. Cholera morbus has been treated by *Ipecac.*, *Verat.*, and *Merc.;* diarrhœa has frequently called for *Podophyllum*, *Nux*, *Mercurius*, and occasionally *Arsenicum ;* while dysentery (which was almost wholly confined to adults) was easily controlled by *Acon.*, *Aloe*, *Merc. corr.* and *Nux.* If I should undertake to designate any one remedy as meeting more fully than others the *genius epidemicus*, I should certainly point to *Aloe* as the one. The prominent indications for *Aloe* are "sudden and continuous desire for stool; colic before and during stool, pressing and burning in rectum, with rumbling in abdomen before stool." It was invariably used in the second decimal dilution.

Dr. Brick, of Keene, in answer to a letter in the early part of the summer, promptly returned some valuable notes. He said:—

"Fevers of a typhoid character, with a tendency to hæmorrhage from the nose and bowels, have prevailed at certain seasons of the year. The remedies relied upon in most cases were *Baptisia*, *Bry.*, *Ars.*, *Phos. ac.*, and *Nitric. ac.* In two cases with intestinal hæmorrhage, *Hamamelis* was used, by injection, with apparent benefit.

"In epidemic influenza,—attack commencing with violent chills and fever, pains in head, back, etc., sore throat, coryza and more or

less congestion of lungs, usually followed by considerable cough, — the remedies principally used were *Ars.*, *Bry.*, *Gels.*, *Phos.* and *Tart. emet.*

"Tonsilitis, with tendency to ulceration, has prevailed. Remedies were, *Acon.*, *Bell.*, *Baryta*, *Carb. veg.*, *Kali bich.*, and *Merc. biniod.*

"Scarlatina cases have been very light and easily managed. One case of spasms from retrocession of eruption was promptly relieved by *Cuprum acet.*, which soon restored the rash. The remedies in general were *Acon.*, *Bell.*, *Ipecac.*, and *Rhus tox.*, with *Ars.* and *Apis* for dropsical sequelæ, which occurred in two or three instances.

"There has been a good deal of pertussis at Keene, in which *Bromide of ammonium* has worked well. *Bell.*, *Dros.*, and *Ipecac.* have also been used."

It occurs to your committee to inquire what has been the result of the experience of the members of our Society with *Bromide of ammonium* in pertussis. Is it a valuable remedy? My own experience does not coincide with Dr. Brick's; and, in a recent clinical report made to the Massachusetts Homœopathic Medical Society, the unanimous testimony was against it. In my own practice, after the inflammatory stage had passed, *Mephitis*[6] and *Cuprum*[6] have proved valuable remedies.

Dr. Brick closes his notes by saying: "I wish to speak of one case of delirium tremens, in which, after the ordinary remedies had failed to produce sleep, the patient was put under the influence of chloroform. Four or five hours of quiet sleep followed, the patient awoke free from delirium, and had no subsequent return."

Drs. D. F. and J. C. Moore, of Lake Village, furnish the following cases: —

Mephitis in Pertussis. — Two little children were attacked with severe whooping-cough, and after treating them for two or three weeks with *Bell.*, *Dros.*, *Nux*, etc., with but little benefit, we were led to give *Mephitis*, with the most gratifying success. Two prescriptions were all the cases required.

Neuralgia cured with Arsenite of Quinia. — Charles S. had been suffering for about two weeks with a severe darting, torturing pain, running up into the head, which had prevented sleep for

several nights. Three powders of *Arsenite of quinia* cured the case.

Hydrocyanic Acid in Tetanic Convulsions. — A child of Mr. B. had suffered with diarrhœa and dysentery for three weeks, when severe tetanic convulsions set in, which rapidly reduced the patient. After trying *Bell.*, *Cuprum*, etc., for two days without benefit, *Hydrocyanic acid.* was administered. The result was a complete arrest of the convulsions. The child rallied and seemed to be improving for several days, but the discharges, which we could not control, eventually caused death.

Spermatorrhœa, etc. — Mr. H. wrote us some time last winter, complaining of seminal emissions, heart disease, chronic orchitis from suppressed gonorrhœa, troubled sleep, and about every other disease that flesh is heir to. We treated him with poor success for three or four months. We then sent him *Nux vom.*[30] and *Sulph.*[20]. In three weeks' time he wrote that he was feeling better than he had for five years, — in fact, about well. We sent him another prescription of the same powders, to be taken at longer intervals; but he wrote us the other day that he was not so well as when he wrote before. Query: Do the medicines need to be given in higher attenuations?

Your committee will close this hastily-prepared report with a few cases from his own note-book.

March 25, 1869. I was consulted by a young lady from East Washington. She had been treated allopathically for several months, and given up as incurable. She had had a severe cough for ten months; at times it was dry and hard, at other times she expectorated hard, round, yellowish masses, sometimes bloody. Had much severe pain in lungs, especially the left, the upper lobe of which was very dull and sore, with a burning sensation. Cough is worse in morning, and aggravated by exertion and exposure to cold air.

The following additional symptoms may be named: great shortness of breath; loss of flesh; face and limbs bloat; burning in palms of hands and soles of feet; alternate costiveness and diarrhœa; menses pale, painful and too frequent; considerable yellowish leucorrhœa; appetite capricious; night sweats; pulse 92.

If the above does not present a faithful picture of phthisis pulmonalis, with an unfavorable prognosis, then I have failed to read it aright.

During the months of April and May patient had at different times *Ars.*, *Calc.*, *Phos.*, *Stann.*, *Conium*, *Sulph.*, *Tart. emet.*, *Bry.*, and *Lach.*, but very little progress was made toward improvement. On the 25th of May, *Hypophosphite of lime*, in simple syrup, was prescribed in five-grain doses thrice daily. On the 12th of June the patient writes as follows: "I am almost well. In ten minutes after taking the first dose I felt terribly; shivered so that my teeth chattered, and it seemed as though I should freeze, although it was a warm day. After I had taken the medicine a few times, it did not affect me so, and now I do not mind it"; etc. Another prescription of the same medicine was made, and on the 18th of August patient wrote for her bill, saying that she was able to teach school, and quite as well as in former years. In several other similar cases I have used this *Hypophosphite* with gratifying results.

Loss of Memory. — A young man became greatly excited, and exerted himself beyond his strength at a fire. This resulted in an attack of encephalitis. Treatment lasted ten days, during which time *Acon.*, *Bell.*, and *Apis*, were required to meet the indications of the disease. After the patient had sufficiently convalesced to resume labor, he suffered greatly from weakness of memory, finding it impossible to remember the names of his fellow-workmen, or even to recall anything that had occurred fifteen minutes before. He took *Anacardium* ^{3}, three powders daily, and in two days his mind was as clear and strong as ever.

Paralysis of Eyelid cured by Gelseminum. — Mrs. P. had suffered from an acute attack of ophthalmia, which yielded readily to *Aconite* and *Euphrasia*. Suddenly an inability to elevate the lid of one eye was observed which increased, until the eye was completely closed. *Gelseminum* ^{2}, four powders daily, put an end to the trouble in forty-eight hours.

Dyspepsia. — During the past three years I have had under treatment a large number of cases of chronic dyspepsia, and as they have ordinarily been cured I will briefly narrate two or three of them.

Mr. C——, aged sixty-two, of nervo-bilious temperament, has had dyspepsia for a great many years, and has taken immense quantities of allopathic and patent medicines. Is now (May 3, 1868) suffering terribly from nausea, flatulent eructations, weight in stomach, etc., etc. Everything in shape of food sours, and patient is extremely nervous and low-spirited. Has been taking, by direction of his physician, lime-water very freely. Was treated for six weeks, the remedies used being *Carbo veg.*, *Ars.*, *Nux*, *Sulphur*, and *Nitric acid*. Plain food was allowed, being principally unleavened bread; and all liquids were positively prohibited for an hour before and after meals as well as during the time of eating. This restriction I consider absolutely essential to the cure of chronic dyspepsia. On June 20th, six weeks after treatment commenced, my record reads: "Patient reports himself well; no medicine given"; and, almost a year afterwards, (March 24, 1869), I find this additional entry: "Has remained entirely well, and is sensible enough to give homœopathy credit for the cure."

July 22, 1868, Mrs. S., of Hopkinton, N. H., presented herself for treatment, having suffered severely from dyspepsia for seven or eight years, for which she has sought in vain for relief. Has also severe nervous headaches. Is excessively nervous, and quite despondent. *Carb. veg.*[3] was ordered half an hour before meals, and *Nux*[3] two hours after meals, the restrictions concerning diet and the use of liquids being the same as in the former case. In two weeks' time the dyspepsia was greatly relieved, but the headaches continued. *Carbo veg.* was again prescribed, and *Gelseminum*[2] given for the pain in head. March 17, 1869, nine months after treatment commenced, patient reports that the last prescription removed both the dyspepsia and headache, since which time she has been entirely well.

Mrs. D., of Concord, consulted me, June 12, 1869. Has suffered severely from dyspepsia for many years. Food sours, with flatulent eructations; burning in stomach an hour after eating; has sick-headache twice per month; costive, restless, tired in morning; extremities cold, menses scant and painful, but regular; urine alternates between paleness and high color; appetite capricious, tongue coated in morning, etc. Gave explicit directions concern-

ing diet, exercise, etc., insisting upon total abstinence so far as liquids were concerned except at times when stomach was free from food. Administered *Carbo veg.*[3], before breakfast and supper; *Arsenicum* [2], before dinner and at bedtime, and *Nux*[6] at 10 A. M. and 3 P. M. On the 23d of the same month patient reported herself almost well; another similar prescription enabled her to say two months later: "I am independent of the medical fraternity; thanks to sugar-pills, I am well."

Many other similar cases might be cited, but the limits of this report forbid. Allow me to conclude with the suggestion, that I am sincerely of opinion that the habit of drinking freely during meals gives rise to innumerable cases of dyspepsia, and prevents the cure of multitudes of others. Let the physician insist upon that point, and he will be astonished at the ease and rapidity with which, aided by proper homœopathic remedies, he will cure his dyspeptic cases, even those generally regarded as incurable.

NOTES FROM PRACTICE.

BY M. S. BRIRY, M.D., BATH, ME.

Read before the Maine Homœopathic Medical Society.

CINA IN BRONCHIAL INFLAMMATION. — In the symptomatology of *Cina*, under Larynx occur the following symptoms: "Deep breathing exists; a disposition to cough. Titillation low down in the trachea, inducing cough, with expectoration of whitish mucus. Whooping-cough in children affected with worms. Also, dry, spasmodic cough."

For the Nose: "There is disposition to bore in the nose with the fingers." It is frequently said that boring and picking the nose are indicative of worms in children. It will generally be found that rubbing the nose is an indication of an irritable condition of the larynx or bronchia. A case or two will illustrate the above and the use of the remedy.

Case 1. J., one year old, had whooping-cough some three months ago, from which she had made a good recovery, but took cold the last of March. When called to see her, she was feverish; pulse rapid, respiration hurried, and cough frequent. On exam-

ining the chest, there was crepitus of the right lung and mucus râle of the bronchia; in short, there was inflammation of the bronchia extending to the lung. Gave *Aconite* at first, then *Acon.* and *Bryonia* in alternation. Continued those remedies two days, when the cough became very frequent, and part of the time almost constant. Tried various remedies, but none of them controlled the cough. Seeing the child rub the end of her nose every few minutes, it occurred to me to give *Cina.* Put a few drops of *Cina*[32] into a third of a tumblerful of water; directed a teaspoonful to be given every hour. After giving this a few times the cough became less frequent, and the case improved rapidly without any other medicine.

Case 2. W. C., aged three years, had quite a severe attack of croup, lasting three days. *Aconite, Spongia,* and *Hepar* controlled the disease in that time, with the exception of the cough, which had no longer the croupy sound, but it became almost constant. For two days, none of the medicines given seemed to have any effect. Waking or sleeping, the cough continued. At last, seeing him rub the end of his nose, I gave him *Cina,* as in the case before; and after two hours, the cough subsided, and he recovered without any other medicine.

Since then, I have given *Cina* for coughs, with good results, in several instances.

Veratrum Viride in Inflammation of the Lungs.—*Veratrum viride* will prove to be a most valuable remedy in inflammation of the lungs, where the sputa contain a large quantity of blood. Mr. T. S., on the first of March, after exposure to the cold all day, was taken with severe chills and headache, pain in the right side, and cough. When I was called to see him, he had been sick four or five days. Found all the symptoms of inflammation of the lungs: fever, quick pulse, pain in the right side of the chest, cough, frequent and labored respiration; expectoration abundant and bloody. It was not simply the rust-colored sputa, nor streaked, but clear, bloody mucus.

Gave him of the tincture of *Veratrum vir.* five drops in a glass of water, a tablespoonful every four hours. The next day there

was less fever, the pulse less frequent and softer, the expectoration a little less, and changed to the rust-color of ordinary cases of inflammation of the lungs. Continued the *Veratrum.* The next day there was still more improvement. Continued the *Verat.* till, on the fourth day of treatment, there was no trace of blood in the sputa; then gave *Bryonia* and *Bromine.* He made a rapid recovery. The *Bromine* was given on account of some hepatization of the lung.

IODINE IN MANIA.

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

CAUSES of a mental and psychical character, acting for a length of time upon an organization highly nervous, have produced in Mr. X. symptoms of incipient mania, and a violent, nervous affection of the heart. At night, especially when thinking of real or imaginary wrongs, his heart palpitates "like lightning" as he expresses it, the pulsations being felt also at the pit of the stomach and in the petrous portion of the internal carotid, and the posterior auricular arteries; in fact, the pulsations have been so violent in the region of the mastoid portion of the temporal bone that he has been cupped and blistered in that locality to obtain relief. This violent palpitation and its accompanying arterial excitement drives him from bed at night; and, by the use of cold baths and friction, he obtains temporary relief.

This man is slender, of nervous-bilious temperament, with strong likes and dislikes; he loves and hates with equal fervor. At times the most terrible thoughts take possession of him, and he hardly dares go home for fear he might do some dreadful deed. On one occasion, while in a neighboring city, when at a loss as to his proper course, a lady kindly went a distance with him as a guide; while walking with her, the impulse to murder her took possession of him with such force that he could hardly resist it. These attacks of mania come on at the most unexpected times. His troubles were all aggravated by quiet and meditation; he must be constantly in action, in some laborious occupation; if he sits still

for a length of time, this trouble returns. This sad condition induced him to consult Dr. Atlee, of Philadelphia, who prescribed for him as follows: —

℞. Ignatiæ Amar., ℈j;
Pulv. Aloës Soc.
" Fol. Digital., āā ʒj;
M., and make into 60 pills.
Take one pill night and morning.

This gave no relief. I found my patient in the condition I have described. His digestion was good, and he was well in all other respects. Basing my prescription upon the moral and heart symptoms with the peculiar aggravation, I found the following recorded in the Chronic Diseases of Hahnemann, under proving of *Iodine:* "Despondency, gloomy mood, sad, melancholic mood, hypochondriac mood; oppression of the chest, anguish, impatient moving about. She is running about all the time, and never sits down; one ought to suppose her crazy. Vexed and out of humor, extreme disposition to get angry, increased sensitiveness and irritability, irritated nerves and feelings, excessive nervous irritation." Under General Symptoms: "Easy erethism of the arterial system, with obtusion of the head and subsequent headache. Violent orgasm of the blood, uneasiness and nervousness, with trembling, extending from the region of the stomach to all parts of the periphery." Chest Symptoms: "Palpitation of the heart; spasmodic palpitation of the heart; she feels it as low down as the umbilicus, but mostly in the pit of the stomach." "Sleeplessness and aggravation at night." This general picture, which seemed in a marked degree to correspond to the case before me, induced me to prescribe this drug, *Iodine* ^{200}, and I am gratified with the result; for in less than one month all this trouble had passed away under daily doses, and has not since returned, after an interval now of six months.

POLYPOID TUMOR OF THE COLON.

BY A. LINDSAY, M.D., LACONIA, N. H.

An infant seven weeks old, a child of G. B., was attacked suddenly, September 22, 1868, with hæmorrhage from the rectum. It was a plump and hearty looking baby, and its parents said it had

always appeared as well as any of their other children, except it had spells of "grunting" and slight straining. At the first visit I could discover nothing unnatural except the hæmorrhage and occasionally some tenesmus. The next day there had been slight discharges of blood, also a natural stool, and its mother saw a dark-looking substance protruding from the rectum while straining, drawing back as soon as the expulsive efforts ceased. After two or three days, the substance had protruded four or five inches and remained hanging out; slight hæmorrhage continued; also fæces would be forced out at the side of the tumor. It had a feeling as though it was firmly attached five or six inches up the rectum. The child lived seven days after the first hæmorrhage, but appeared to be in considerable distress the last two days.

As we were curious to know how high up it was attached, Dr. Weeks and myself made a *post mortem* examination, and found it to proceed from the flexure of the transverse and descending colon. At the point of attachment, it was about five-eighths of an inch in diameter, gradually enlarging for six or seven inches to a diameter of an inch and a half, and then tapering four or five inches to three-fourths of an inch; its full length was about twelve inches. There was a rupture of the intestine near the point of attachment, through which some of the fæces had passed into the cavity of the abdomen. Everything else was normal.

The New England Medical Gazette.

BOSTON, DECEMBER 1869.

This number of the *Gazette* completes its fourth volume. We have to thank the profession for the generous contribution of material, which has enabled us to give them four hundred and eighty pages of reading matter, instead of the stipulated two hundred and eighty-eight. We are also under obligations for their very generous increase of patronage, the list of subscribers having more than doubled during the year. In both of these ways we desire the continued co-operation of our colleagues.

The *Gazette* will be enlarged to forty-eight pages monthly,—

five hundred and seventy-six pages during the year, — in which we shall aim to present a great variety of valuable information.

The many editorial and professional courtesies extended to us have been highly gratifying, and will stimulate us to renewed effort to render this journal worthy the respect and confidence bestowed upon it.

THE GYNÆCOLOGISTS VERSUS WOMEN. — In the March number of the *Gazette*, we published a communication from Mrs. Caroline H. Dall on "Women as Physicians." It was an ably written paper, clear and logical, and presented suggestions worthy of careful consideration by the profession. But it seems that this communication proved singularly unpleasant to the newborn Gynæcological Society of Boston, and threw the editor of its Journal into an excited and alarming state of mind.

First, he addresses a letter to Mrs. Dall herself, in which he tells her that she has "dealt a heavy blow at the public good morals." He professes to great purity of thought himself, and a feeling of "disgust" in "attendance upon a woman afflicted with pelvic disease." He furthermore says, that if he believed her charges were true "even as a very occasional thing, I should at once relinquish practice." He threatens to bring her case before the Gynæcological Society, then nearly two months old, and thinks that every high-minded physician will declare her in error. According to his threat, he lays the matter before the Society, reads his letter addressed to Mrs. Dall, which he afterwards published in the September number of the *Journal*, and has a committee appointed to repair any damages which Mrs. Dall's communication may cause. The October *Journal* finds him still writhing, and the number for November exhibits several such violent mental convulsions as this: —

"If Mrs. Dall has not committed a fearful error of judgment, not only are physicians universally a curse to the community, but the daily meeting of clergyman with parishioner, of teacher with scholar, of friend with friend, unattended as these are by the disgust which is so constantly present in the medical attendant, are productive of so direct and intense a degree of sexual excitement, 'even in the purest woman,' that the very name of continence is a delusion, and of chastity, a lie."

Ought not the profession at once to apotheosize this valiant knight who has so fiercely and bravely defended us from such terrible dangers?

Once upon a time, a Chinese Mandarin was appealed to, to find a thief in a crowd. "I see the thief," said the Mandarin, "I see him

now, with a feather on his nose." Instantly was one nose brushed in that crowd; but even this poor Chinese knave and fool did not keep up a continual rubbing; and certain it is that only one found any necessity of rubbing his nose at all.

Vaccination. — Our readers will require no apology from us for, contrary to our custom, republishing an article so valuable and so timely as that on vaccination, by the talented and lamented Dr. Witherill, of Cincinnati. There is perhaps no medical subject causing more agitation just now in the different communities of Europe and America. A woman has been recently imprisoned in England — and in conformity with law — for refusing to permit her child to be vaccinated. The papers are ablaze on the subject. Instances of death in any way attributable to vaccination, or of disease supposed to have been communicated by it, are paraded by the opponents of a measure designed to protect the community from a fearful scourge, the ravages of which are now fortunately known only in history. If there is any one thing apparently proved by vital statistics, it is the great value and importance of vaccination. And yet there are physicians — and the number, we are sorry to say, seems to be increasing — who decry it on every occasion, and, like Howitt, pronounce it "a beastly and dangerous proceeding." So curious are the currents and counter-currents in medicine, that we should not be surprised some day to see all laws upon this subject abrogated, and even the practice of vaccination fall into desuetude, only to be revived by a recurrence of one of those terrible epidemics which decimate a whole population. Let any member of our profession who is disposed to speak slightingly of vaccination visit a pest-house, if one can still be found. Let him see no more than ten victims of this horrible disease torn from their families and confined in a den of despair, where each delirious patient presents a mass of corruption. Then let him pause ere he lifts the bar to allow a pestilence to rush in, which, in a city like Boston, might number full fifty thousand victims in a single season, and of them leave twenty thousand loathsome corpses.

CORRESPONDENCE.

St. James Hotel, Jacksonville, Fla., Nov. 17, 1869.

Dear Gazette: — Thinking that a few lines from this southern clime might not be uninteresting to some of your readers, especially

such as are seeking a warmer climate for the winter, either in behalf of patients or for themselves, I will at once write you hastily, instead of waiting for more extensive observations. Wishing to visit Richmond, Va., and Aiken, S. C., we came from New York all the way by rail, a long and tedious trip. An easier and pleasanter route, I am told by those who have tried it, is to take at New York the morning train for Baltimore, and then the evening boat to Norfolk; to go from thence by rail to Charleston, *via* Weldon and Wilmington, and by boat to Savannah and Jacksonville. By this route the roughest part of the ocean passage is avoided. But if one does not fear rough weather on the ocean, by far the best and cheapest way is by steamer from New York directly to Savannah, and from there by another boat to this place.

We (Mrs. E. and myself) spent a day and two nights at Aiken, S. C. It so happened that the weather was extremely cold and windy at the time, so that overcoats and good fires were needed. The air was sharp, if you please, and stimulating. I took a cold, and we felt anxious to move on to a milder climate. It seemed to me that the class of patients who would be benefited by the climate of Minnesota would be likely to be by that of Aiken. They have, I was told, a good deal of rain at Aiken during the winter months; whereas at this place we have but very little, and that generally during the night, leaving the days, for the most part, pleasant. We spent a day at Augusta, and visited the Sand Hills, about three miles west or northwest of the city, which have become of late a somewhat favorite place of winter resort for northern invalids. There are a goodly number of fine residences, built by the wealthy citizens of Augusta, and several boarding-houses, on a southeastern exposure, well protected from the northwest winds by hills and by forests of pines, and other trees. I was told that the expense of boarding here is much less than at Aiken, where, it seemed to me, the prices are extravagant, being higher than at Jacksonville. I must say that I was more favorably impressed, during our short visit at the two places, by the Sand Hills of Augusta, — within three miles of that beautiful city, a horse-railroad connecting, — than I was by Aiken. Still Aiken may have advantages which escaped my notice. It has a good hotel, — which is wanting at the Sand Hills, — and perhaps better drives.

We reached Jacksonville on the 10th, and I have opened an office at the hotel. This place is on rather high, sandy ground, on the banks of the St. Johns River; yet, sandy as it is, the water-oak, a beautiful shade tree, the live-oak, and the orange flourish luxuriantly. As to the climate, the weather has been the most delightful I have ever experienced. The days are clear and bright, the nights cool; under-clothing and broadcloth are not uncomfortable. I have had no occasion to put on an overcoat yet, but expect to require a light one occasionally. Oranges are ripening; they are very good now, but I am told thay will be much better a month hence. The number of Northerners, invalids and others, is on the increase; during January and February, Jacksonville expects to be overrun with them.

As to the effects of this climate on the various diseases of the re-

spiratory organs, I shall wait until I can speak from observation, when you may expect to hear from me again.

Very Respectfully,
JOHN ELLIS.

NEW HAVEN, Nov. 20, 1869.

DEAR GAZETTE: The Connecticut Homœopathic Medical Society held its semi-annual meeting in New Haven, on the 16th inst. The attendance was quite good, and the discussions on various medical points very interesting. The President, Dr. W. W. Rodman, read a very valuable paper on Nux Vomica, being a continuance of his article on "The Materia Medica in its Scientific Relations," of which mention was made in your journal some months since. Several members related cases from their practice. In addition to the customary committees, a new one was appointed on pharmacy. This is a very important measure. Now that we have an Institute of Pharmacy, every State society should have some authorized means of communication with it. Uniformity and reliability are absolutely necessary in the preparation of our remedies.

The cowardly, underhanded and illegal expulsion of Dr. E. T. Foote from the New York State Society (allopathic) was denounced in a courteous but dignified resolution. Dr. F. was the oldest living member of that society, and in its early history had done much to aid it. He had some years since retired from active professional life; but was covertly expelled for entertaining more liberal views than his associates. I regret to say that the instigator of the "Squibb" that was intended to injure our esteemed and venerable friend, was a New Haven practitioner.

We were pleased to welcome Drs. Talbot of Boston, and Henry M. Smith of New York, and listened with much pleasure to their remarks and suggestions.

Our little State is doing a good work in the cause of homœopathy, and will yet be heard from.

Yours,
CONNECTICUT.

MICHIGAN, Nov. 15, 1869.

DEAR GAZETTE: Presuming that items pertaining to the profession will be acceptable from all quarters, I offer you a few from Michigan First, the profession in this State have recently taken a step in the right direction. The old medical organization, the Michigan Institute of Homœopathy, existed without the authority of law, and in the opinion of many had ceased to benefit the profession. There has long been felt the necessity of an organization under the State laws, which would give our society a legal existence, as well as confer upon it the right to hold property, etc.

With that end in view, the corporators of the new medical society met at the city of Jackson, on the 10th inst., and proceeded to perfect its organization, by the election of officers, appointment of com-

mittees, adoption of by-laws, etc. Dr. Alvan Bagley, of Marshall, was elected President; Drs. Drake, of Detroit, and Eldridge, of Flint, Vice-Presidents; Dr. Smith, of Jackson, Recording Secretary; Dr. C. S. Eldridge, of Bay City, Corresponding Secretary; and Dr. Gorton, of Detroit, Treasurer. The society will hold its first annual meeting at Jackson early in May 1870.

Free from the fetters which have all along obstructed the healthy action of the old society, the new, with live men to manage its affairs, gives ground of hope; it means business.

The society contemplates establishing at an early day an organ which shall reflect the sentiments, and promote the interests of the profession in Michigan. The University question still remains unsettled. Its ultimate solution depends upon the united action of the profession of the State. To facilitate the settlement of that question, as well as to urge forward other matters of vital interest to the profession, this movement has been made.

Item. — I see by the October number of the *Gazette* that one Dr. Sayre of New York received a phaeton and pair of horses for removing a placenta when some homœopathist had failed. I know nothing of the merits of the case in question, but propose as an offset to relate a case of similar character,— all but the "phaeton and pair," — which occurred a few days since in this city.

Dr. S., who, on all occasions sneers at homœopathy and at those who practise it, was recently called to attend a case of midwifery. After delivery, the placenta was retained, defying the doctor's skill to remove it. In making traction on the cord, so much violence was used as finally to sever it at the placental extremity, thus losing the important advantage which the funis always affords. Thus matters remained from the 22d to the 25th of October, when Miss R. T. Speakman, M.D., a skilful and efficient lady, was called in, who without difficulty removed the retained and offensive mass. Now, sir, if the New York allopath deserved a phaeton and pair of horses by way of remuneration and gratitude for the exercise of skill, what ought our homœopathic lady physician to receive for the performance of similar services and the exercise of similar skill? T.

REPORTS OF SOCIETIES.

THE BOSTON ACADEMY OF HOMŒOPATHIC MEDICINE.

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

October 25, 1869. — Dr. Pierce reported that he had again tapped his patient with ovarian cyst some ten days ago, and that the fluid withdrawn was much less offensive in odor than at the previous operation, though the amount was about the same as usual.

In reply to a question, Dr. Pierce said that the liquid had never been purulent, but that lately the silver canula used had been turned of a dark-reddish color by the contents of the sac.

Dr. Russell read a paper upon the Physical Indications of Longevity. He said that the facts he intended to present were mostly quoted from

the work of Prof. Powell on this subject, and that his object was to elicit information and proofs of the truth or falsity of the theories of this writer. He then proceeded to give these theories, which were substantially as follows: The vital functions, or their controlling powers, have their seat chiefly in the base of the brain, including all that portion which lies below an imaginary plane drawn from the external angular process of the frontal bone to the occipital protuberance. The greater the depth of the brain below this line, the greater is the vital power of the individual. The vital power he divides into two elements: *vital force*, by which is denoted the amount of vigor with which the various functions are carried on; and *vital tenacity*, or the power to resist the various influences which are inimical to life. The latter, especially, finds its measure in the depth of the brain below the imaginary line. A uniform average measure of this depth is best obtained by measuring from the middle of the meatus auditorius externus, vertically upwards to this line. This latter distance shows comparatively the amount of vital tenacity.

It has been found that persons in whom the vertical distance is more than one inch possess more than the average tenacity of life; and as the distance is greater, the tendency to longevity increases, while the reverse is the case where the distance is less than one inch. Dr. Russell had measured the heads of some fifty persons, with a view to testing this theory, and had found reason to believe that it was essentially true. All the persons whom he examined were over seventy years of age, and in none was the distance between the imaginary line and the external auditory meatus less than one inch. In one person, aged ninety-seven, the distance was two and one-half inches.

As corollaries to the above theory, Dr. Russell stated that physical exercise increased the vital force; while this, properly alternated with mental exercise, increased the vital tenacity. He then spoke of the immense advantage which this indication would afford, when properly verified, as a means of prognosis in diseases of uncertain duration, and especially to the surgeon in case of doubt as to the powers of the system to sustain the shock of an operation, or the drain of purulent discharges. In some of his own cases, he had been enabled to give a correct prognosis by this means when other criteria had failed to present sufficiently definite indications.

Dr. Russell said that he had measured the heads of but few children, and in them he had found as great variation in the length of the vertical line as in adults. In some instances, the indications afforded by measurement were very unsatisfactory, owing to the want of prominence of the occipital protuberance in children.

On motion, a copy of Dr. Russell's paper was requested for publication in the *Gazette*.

Dr. Squier then read the following case:

Mrs. M., aged about 40, of nervous temperament, with dark hair, and grey eyes, had had, for two weeks, pain extending from the right mental foramen along the body and ramus of the lower jaw to the ear, and thence spreading to the whole of right parietal bone. There was also oc-

casional pain in the left inferior mental foramen of a darting character. The pain begins every evening about six o'clock, and continues with frightful severity until two A. M., when it rapidly subsides, and the patient goes to sleep. During the pain, she is obliged to urinate about every ten minutes. There is some soreness of the right lower canine tooth, but no apparent caries. The pain is aggravated by cold air and ameliorated by warm air and warm applications to the affected side. During the day there is but little pain, except when the face is exposed to cold air, and it soon subsides upon returning to a warm room.

Gave four powders of *Calc. carb.*$^{6\ dec.}$, one to be taken every four hours until the pain was relieved. Two hours after taking the first dose (which was about eight P. M.) there was so much relief that the patient went to sleep, and slept all night, for the first time since the attack began. Notwithstanding directions to the contrary, she took the remaining three powders, and reported in four days that the previous symptoms had entirely disappeared, with the exception of slight pain in the right side of the lower jaw when she went into the cold air, and that this symptom was gradually disappearing.

Dr. Squier regarded the case as of interest, inasmuch as it presented, as cured by *Calc. carb.*, a symptom which did not appear in any proving of that drug with which he was acquainted, viz., frequent micturition as a concomitant of the neuralgic pain.

Dr. Gregg related the history of a case of ovarian tumor occurring in a lady aged about thirty. The case was of six months' duration. The abdomen was distended, and had very much the appearance presented in an advanced stage of pregnancy. Just above the left iliac region was what appeared to be a distinct tumor separated from the larger and central one by a deep sulcus. This smaller tumor was very painful upon pressure, which was not the case with the larger. In neither could there be detected the least fluctuation, but they gave an elastic feel upon palpation. The lower extremities were very œdematous, especially the left, and some general anasarca was present. She passed very little urine, pale, almost colorless; and the general health was profoundly affected. His treatment consisted at first of measures to increase the quantity of urine, and to this end he gave *Asclep.*, *Terebinth.*, *Apis*, and other remedies. This object was partially attained by these medicines, but the abdomen did not diminish in size. He then began to give hypodermic injections over the painful tumor, consisting of ten drops of tincture of iodine in a drachm of water, of which he inserted about half a drachm every three or four days. In about a month the abdomen had diminished very much in size; the tenderness of the smaller tumor was greatly relieved, urine increased, constipation relieved, and the general condition and appearance of the patient very much improved. He continued giving the injections in this way for some months, aided by some of the previously mentioned medicines. Nine months after beginning treatment, there remained only a tumor in the abdomen the size of the two fists.

Dr. Gregg considers that the iodine was the agent chiefly efficacious

in removing the tumors, though he attributes to the medicines the effect of relieving the general dropsy.

November 8, 1869. Dr. Angell read a paper entitled, "Observations upon Diseases of the Lachrymal Apparatus." He referred, in commencing, to the distinction between *epiphora*, a hypersecretion of tears, and *stillicidium lachrymarum*, an obstruction to the flow of tears through the lachrymal passages. It is a characteristic of the latter that one eye alone is often affected. The causes of epiphora are, mechanical irritation of the eye, conjunctivitis, ophthalmia, deep-seated inflammation of the eye, and reflex nervous irritations. The causes of obstruction of the lachrymal passages are generally either closure of the puncta from old inflammation, obstructions or eversion of the puncta, or catarrh or blenorrhœa of the sac. The treatment in cases of obliteration or eversion of the punctum consists in slitting up the punctum and canaliculus, thus converting it into an open channel. For this purpose, Dr. Angell uses the scissors in preference to either the knife or the instrument of Giraud-Teulon (which he exhibited), except that for the upper punctum he uses a probe-pointed knife. Catarrh and blenorrhœa of the sac and duct often approach very insidiously, or may be the sequelæ of acute inflammation of the sac. It is often a mere extension of a nasal catarrh, or of a catarrhal, purulent, or granular ophthalmia. Acute inflammation of the sac often simulates erysipelas of the face very closely, and frequently goes on until the sac bursts, when complete relief to the pain ensues. Catarrh of the sac sooner or later gives rise to permanent obstruction of the passage, and this, in turn, to dilatation and hypertrophy, and a tendency to abscesses and fistulæ. Nasal polypi are sometimes found to obstruct the lachrymal duct. A broad, flat nose and great distance between the eyes is a conformation which seems especially favorable to the existence of lachrymal diseases.

In the treatment of diseases of the lachrymal passages, the first object should be to effect a clear channel for the tears. This is best accomplished by the use of the probe. In acute inflammation, cold compresses should be applied, and *Acon.* and *Bell.* exhibited internally. If suppuration is inevitable, warm applications should be made, and *Hepar*, *Merc.*, or *Silicea* administered. As a means of preventing the abscess from bursting outwardly, the upper canaliculus may be slit up, and the neck of the sac incised with a narrow knife; this will give free exit to the pus upwards. When the bursting of the sac seems imminent, it is better to open the abscess in a downward and outward direction, and thus obviate the tendency which the pus has to burrow in the adjacent cellular tissue. As soon as possible, the permeability of the natural passage into the nose should be re-established, after which the external opening will soon heal of itself. If the inflammatory process should have become so firmly established as not readily to subside, let there be injections of *Arg. nit.*, if the discharge is thick and profuse; or of *Cupri sulph.*, *Alum.*, or *Sanguinaria*, if it is thinner and of longer continuance. In order to facilitate the closing of the sac, firm pressure may be exercised upon it by means of a compress or spring truss. Fistula of the lachrymal sac is very

often attended by disease of the bone; and in these cases, the results of treatment are often unsatisfactory. In the early stage of blenorrhœa of the sac, the patient can do much towards arresting the disease, by observing a strictly hygienic regimen, avoiding cold winds and other exciting causes, and by pressing out the contents of the sac through the puncta several times a day. In addition to these measures, mild collyria of *Zinc.* or *Alum.* dropped into the inner corner of the lids are very beneficial. But, as a rule, diseases of the lachrymal passages do not seem to depend upon deterioration of the general health, neither are patients willing to adopt so strict a mode of living. Hence we are obliged to rely to a great extent upon mechanical means for the relief of the obstructed canal. These consist in the use of the graduated Bowman probes, and of the bulb-pointed probe, introduced by Teale of London, in 1860, but called here the "Williams' probe." Occasionally it is necessary to incise the stricture before the probe will pass; this is best done with the narrow knife of Stilling. Where there is great difficulty in keeping up the dilatation, or when frequent visits to the surgeon are impossible, the style introduced from above like the probe, offers a substitute which appears to possess some advantages over the latter. Dr. Angell regarded the method introduced by Stilling of incising the strictured portion of the canal in two or three different directions as a welcome resource in obstinate cases, but as rather too severe to be used in ordinary practice.

Dr. Talbot asked if the practice of using the actual cautery in cases of obstinate inflammation of the lachrymal sac was much in vogue now among oculists.

Dr. Angell replied that it was not. Obliteration of the sac, so-called, was an unsatisfactory proceeding, and had been resorted to less and less each year since the introduction of the Bowman method of treatment.

Dr. Walker said that he had had a case of inflammation of the sac which had formed abscesses and broken outwardly several times. He had given *Calc. c.* faithfully, in both high and low attenuations without result. But he had given *Calc. c.* in several other cases of stillicidium lachrymarum, and they had got well.

Dr. Squier asked Dr. Angell's opinion upon the methods of Mr. J. Z. Laurence, and of Dr. Herzenstein, of Vienna; the former being by removal of the whole or a part of the lachrymal gland, and the latter by rupturing the narrowed tear passage by means of an instrument similar to Holt's urethral dilator.

Dr. Angell regarded the method of Mr. Laurence as impracticable, and not likely to come into general use from its severity. Furthermore, he did not believe that the gland could be excised, without resulting in more or less impairment of the functions of the eye. Most of the cases so operated upon by Mr. Laurence and others were in hospital practice, and the remote effects of the treatment could rarely be ascertained.

With regard to the rupturing process of Dr. Herzenstein, he considers that the less injury done to the mucous membrane of the

canal, the greater would be the prospect of a cure of the inflammation upon which the stricture depended. Although he had never tried either of these methods, he thought that the gradual and gentle dilatation of the strictured portion of the canal was the means best calculated to effect a cure, especially when aided by proper constitutional and local treatment.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The semi-annual meeting was held in Cooper Institute, New York City, Sept. 14, 1869, at which upwards of one hundred homœopathic physicians were present.

The President, Dr. William Wright, was in the chair, and Dr. H. M. Smith was elected secretary *pro tem.*

Dr. H. D. Paine, President of the New York County Homœopathic Medical Society delivered an address of welcome to the members of the Society and the invited guests, including many of the members of the New Jersey Homœopathic Medical Society who were present. He alluded to the fact that the metropolis was rarely honored with the privilege of entertaining the Society: the constitution very properly requiring the annual meeting to be at the capital and during the session of the Legislature. And these annual meetings have had no unimportant influence in our favor. The long-established authority and the exclusive possession of every medical franchise, and the undisturbed control of all the places of professional honor and trust which had, till recently, given an older and more numerous body the advantage over us, are now impartially shared with us. This we owe to the influence of the State Society, meeting at the door of the capitol. Hence the Society, and its officers especially, have a strong claim on the support of our school. But it is a matter of satisfaction to us that the interests of the Society are not all answered by the annual meeting alone, and that it is our privilege to enjoy the presence of the Society in this its semi-annual gathering. These reunions in different parts of the State cannot fail to strengthen the Society and add interest to its proceedings. Nor can this meeting fail of insuring a fuller attendance of members from the County of New York at the future meetings at Albany and elsewhere, and a corresponding energy in its support.

The President, Dr. Wright, responded in an eloquent address. He alluded to the fact that this is but the twelfth year since, in 1857, homœopathy was recognized by the State authorities. It was no small triumph then to be made the peers of an old and time-honored institution by act of the Legislature of the Empire State, in the face of so able and unscrupulous an opposition, and when we were so little known, even in the higher walks of life. And how has the little leaven, hidden in this city by Gram, in less than half a generation leavened the whole lump! The same authority that was then invoked to stamp us out has since granted us, for a college and for the Margarettville Retreat for the Insane, the most liberal charters ever conceded in this Union, if not in the world. Lib-

eral sums have been voted to all our dispensaries. Let our strength then be in our union. Let every man be free to the choice of his own attenuation, whether "tenth or ten thousandth." After a playful allusion, in his welcome to the New Jersey guests, to that State as "outside the United States," he offered in conclusion the following sentiment:

"The Homœopathic Medical Society of the State of New York: May it ever be, as of right it should be, the true exponent of homœopathy in the Empire State; and may its support be ever equal to its commanding position, and to the merits of the cause which it advocates."

As this meeting was merely preliminary to the principal session, to be held on the following day, the time was chiefly occupied in a fraternal reunion of the representatives of the two sister State organizations.

Dr. Gray, being called for by the title "Father of Homœopathy in America," went to the stand, as he said, merely to disclaim an honor which belonged indisputably to the late Dr. Gram, if it could justly be ascribed to any man below Hahnemann. Dr. Gram was the American Pioneer; a man most worthy of all veneration from us for his virtues, which were spotless, and for his very great erudition and skill in the practice of homœopathy.

He concluded by asking the Society to do something in public commemoration of Dr. Gram and of his relations to homœopathy in this country. He recalled with emotion the epoch of its introduction, forty years ago, when Gram's rooms gathered in daily conclave all the disciples of Hahnemann on the Western Continent,—Hull, Channing, Wilson and the speaker.

The Society, on motion of Dr. Paine, appointed a committee for erecting a monument in Greenwood Cemetery, over the remains of Dr. Gram.

A pleasant supper next followed; and the exercises of the first day were closed with happy speeches from the Presidents of the State and County societies, Drs. Wright and Paine; from Dr. Youlin, President of the New Jersey State Homœopathic Society, Dr. Talbot, General Secretary of the American Institute of Homœopathy, and others.

Second Day.

Morning Session.—On Wednesday the meeting was called to order by the President, at eleven o'clock.

Dr. Doty, the Financial Agent of the Margarettville Retreat for the Insane, presented a statement substantially as follows:

He is owner of a property comprising one hundred and seventy acres situated in Delaware County, New York. He has given considerable attention to the homœopathic treatment of mental diseases, and, during the past few years, has received and cured a number of insane patients. He has now a number of cases under treatment, and has been obliged to refuse many applications, on account of imperfect accommodations. He desires to increase the facilities by alterations of the buildings and by the erection of new ones.

An act of incorporation has been obtained for a joint stock company. The estimated value of the property is $20,000; $30,000 additional is necessary. He therefore proposes to place the entire property in the hands of a board of trustees, retaining as compensation $20,000 of the stock. He will place the charge of the institution, as fully as may be practicable, under the supervision of the homœopathic school.

He regards the establishment of this first insane asylum under homœopathic management, as a great step in the advancement of homœopathy. He believes that it will prove a safe and even profitable investment, and appeals to homœopathic physicians and their wealthy patrons for subscriptions to the stock, or for donations.

As immediate action is very desirable, he urgently requests the friends of the cause to respond as soon as practicable, without waiting to be called on personally.

A committee, consisting of Drs. H. D. Paine, Ball, and Searle, were appointed, who subsequently reported in substance a reiteration of the indorsement of the project as passed at the annual meeting of the Society, and recommended it to the support of the homœopathic profession.

Dr. Searle, Treasurer of the Society, reported a favorable condition of the finances, over $300 having been paid with unusual alacrity. Several members had voluntarily paid an excess of twenty-five per cent, and one, Dr. Gray, had paid more than double the amount of the annual assessment.

Dr. I. T. Talbot, of Boston, Secretary of the American Institute, and Dr. J. J. Youlin, President of the New Jersey State Homœopathic Medical Society, being present, were introduced and invited to participate in the deliberations of the meeting.

Dr. Liebold exhibited several specimens of eyeballs which he had removed. He stated that the sight having been destroyed by disease or accident, the lost eye became, in some cases, a source of irritation to such an extent as to produce sympathetic disease of the remaining eye. For this there was no other known remedy than the removal of the ruined eye

Dr. McMurray offered the following resolution, which was adopted:—

Resolved, That the county medical societies be requested to recommend the names of such physicians within their bounds as they deem worthy of election to permanent membership in the State Medical Society.

Hon. Peter Cooper invited the members to visit the several departments in the building. The venerable founder of the institution apparently took great pleasure in accompanying his guests. This visit was followed by an ample and excellent collation, provided by the County Medical Society.

Afternoon Session.—Dr. H. N. Avery made some earnest remarks against the indiscriminate use of alcoholic stimulants, and concluded with a series of resolutions, and among them the following, which was adopted:—

Resolved, That the indiscriminate administration of alcoholic

stimulants and opium, as preventive and curative agents, conduces to the formation of uncontrollable appetites, which generally lead to habitual and confirmed intemperance; and that, when occasionally necessary, they should be administered with great caution.

The discussion of this resolution by many of the members led to the passage of another resolution offered by Dr. McMurray, as follows: —

Whereas, The habitual use of tobacco is very prevalent and is frequently highly injurious to the system; therefore —

Resolved, That we deprecate, and would hereby discountenance the habitual use of this drug.

Dr. Gray, to whom was intrusted the appointment of the additional members of the Committee on the Gram Monument, reported the constitution of the Committee as follows: —

John F. Gray, M.D., New York.,
L. Hallock, M.D., New York.
S. B. Barlow, M.D., New York,
B. F. Bowers, M.D., New York,
Carroll Dunham, M.D., New York,
H. D. Paine, M.D., New York,
R. C. Moffat, M.D., Brooklyn,
I. T. Talbot, M.D., Boston,
Walter Williamson, M.D., Philadelphia,
G. E. Shipman, M.D., Chicago,
W. H. Holcombe, M.D., New Orleans.

He stated that the committee had been called together and had organized for work, having appointed H. D. Paine, M. D., Treasurer. It had been decided to fix the contributions uniformly at one dollar. He presented a subscription paper, to which the members were requested to attach their names. Earnest speeches in favor of the movement were made by Drs. Dunham, Talbot, Paine, and others, and the report was unanimously adopted.

Medical Discussion. Dr. Hallock called attention to the speedy and beneficial effects of nitrate of uranium in the treatment of diabetes. He had used the first decimal potency. He also spoke of the very satisfactory results of the first centesimal potency of carbolic acid in the treatment of whooping-cough.

Dr. H. N. Avery expressed great confidence in the external application of carbolic acid mingled with olive oil in bruises and scalds.

Dr. Goodwin had used it as a topical application in cases of catarrh, by injection and inhalation. He had usually prescribed a few drops of the first decimal potency in half a glass of water. He expressed great confidence in its curative effects when administered in this manner.

Dr. Talbot corroborated the statement, of the utility of carbolic acid in the treatment of whooping cough. He also said that he had seen benefit from the inhalation of the fumes in gas-works, especially as evolved by what is known as the lime process. Breathing these fumes a few times, arrests and permanently relieves the cough. It is not impossible that the curative agent is the carbolic acid contained in

the vapor. In order to promptly relieve the excessive pain in burns, the air must be excluded ; for this purpose, he has applied with success a thin coating of shellac varnish ; but, as this is somewhat painful in its application, and cracks easily on drying, he has lately used a composition of equal parts of the white of egg and sweet oil. This forms a kind of paste which may be freely applied to any burn. The pain is relieved as soon as the application is made. His experience with carbolic acid in the treatment of catarrh convinces him that it is an important remedy, but by no means the principal one. He usually recommends a weak solution of the acid applied in the form of a warm nasal douche. The offensive odor frequent in cases of long standing is thereby relieved.

Dr. William Wright stated that the most efficacious remedy, in his hands, for the speedy relief of the pain in burns, had been lime-water ointment. Strong lime-water and sweet oil are agitated together until thoroughly mixed, making an ointment of the consistency of cream. It affords instantaneous relief.

Dr. H. N. Avery stated that the strength of carbolic acid, as usually prepared by druggists was about one to fifty or sixty parts. He had known one instance in which a saturated solution was used to the injury of the patient, the caustic effect of the drug being produced. He has often recommended the application of the dilute solution mixed with olive oil.

Dr. Albert Wright stated that protection of the abraded surface from the air usually not only relieved the pain but insured healing without ulceration.

Dr. Searle read a paper presented by Dr. G. D. Beebe, of Chicago, describing his recent great operation, in which he successfully removed nearly five feet of intestine in a case of strangulated umbilical hernia. Several illustrations were exhibited showing the nature and extent of the rupture, and the instruments used in the operation.

On motion, a congratulatory vote was passed, expressing the sentiments of the society, in view of the wonderful success of Dr. Beebe in a case hitherto supposed to be certainly fatal. This case illustrates the astonishing progress of conservative surgery. A copy of the paper was requested for publication in the Transactions of the Society.

Dr. Throop presented a new form of vaginal syringe, on which was affixed a flange for retaining the fluids injected a short time in contact with the diseased surface.

Dr. H. D. Paine was appointed to prepare, for presentation at the next annual meeting, an obituary of the late Dr. J. Bowers.

A vote of thanks was passed to Hon. Peter Cooper for his courtesy extended to the members of the Society; and to the New York County Medical Society for the very generous manner in which it had entertained the members of the State Society, after which the Society adjourned.

H. M. Paine,
Recording Secretary.

MASSACHUSETTS HOMŒOPATHIC MEDICAL SOCIETY.

NOTICE. All members of the Massachusetts Homœopathic Medical Society, who have changed their places of residence since April 1, 1869, are requested to send notice thereof to the Recording Secretary, E. U. JONES, M.D., Taunton, Mass.

A NEW SOCIETY.

Eleven homœopathic physicians met at Hamburg, Berks Co., Pa., on November 9, and formed the HOMŒOPATHIC MEDICAL SOCIETY OF BERKS AND SCHUYLKILL COUNTIES. The following officers were elected: C. H. Haeseler, M.D., President; R. F. Krebs, M.D., Vice-President; B. R. Bratt, M.D., Secretary; C. R. Dreher, M.D., Treasurer; S. R. Rittenhouse, M.D., E. H. Spooner, M.D., Samuel Starr, M.D., Censors. The meetings are to be on the last Tuesdays in April and October. The next meeting will be held April 26, 1870, at Reading, and an address will be delivered by the President, Dr. C. H. Haeseler. Thanks were voted to Dr. Krebs, of Hamburg, for his hospitalities on the occasion of the meeting.

ITEMS AND EXTRACTS.

A PAINSTAKING man — the doctor.

FORTY-THREE babies a week are advertised for adoption in the leading English newspapers.

TYPHOID fever is very prevalent, and remarkably fatal in some parts of France.

THE city fathers of Springfield are discussing the propriety of immediate and compulsory vaccination in that city.

A FRENCH physician maintains that experiments show that the cultivation of the sunflower neutralizes the influence of malaria from marshes, and that its influence extends to a considerable distance.

GRAM MONUMENT FUND. — We are unable to insert in this number the names of the New England contributors as received from the Treasurer, who reports *three hundred and forty-five dollars* already in the treasury.

"REGULAR" PRACTICE. — The *Medical Times and Gazette* has the following appropriate and just remarks: —

"Take rheumatic fever: One treats it with calomel and opium, one with opium only, one with lemon juice, one with nitrate of potash, one with alkalies, one with quinine. Or scarlet fever: A swears by ammonia; B, by quinine from the commencement; C adopts a regular system of treatment by emetics, purgatives, and quinine; and so on; *we might fill our columns with examples of this kind*, and to very little purpose."

Dentistry. — The rapid development of this department of surgery is very gratifying. In education, character and ability, this branch of the profession takes a high rank, as also in its special literature, contained in books and ably-conducted periodicals. A chair of dental surgery has been recently established in Harvard University, and one of our well-known successful operators, Elbridge G. Leach, D. D. S., has received the appointment of Lecturer on Dental Pathology and Therapeutics. We are sorry to learn that a severe injury of the chest, occasioned by his being run over by a hack, threatens to keep Dr. L. from active service this winter.

The American Dental Association, in consequence of the recent action of two of the oldest dental colleges in this country, in admitting women to the full honors and duties of the dental profession, have the following resolutions under consideration for future action:

Resolved, That in view of the successful results attained in the education of women as dentists, we commend subordinate associations to admit to full fellowship any woman duly qualified.

Resolved, That in consultation, ability and moral character are the only requisites; therefore the sex should not be considered.

These resolutions present a sharp but pleasing contrast to that of the Philadelphia Medical Society, which proposes to discipline several of its most eminent members for the high misdemeanor of lecturing in the Female Medical College, and thus assisting in the education of women.

The Disinfection of Formosa. — There are two or three common-sense principles to be borne in view in dealing with prostitution and its consequences. It is of no use to ignore it, to affect a false delicacy, and to treat it as if it were not a hard fact. Public policy and decency forbid our treating the unhappy prostitutes as dogs, and refusing charitable aid in the diseases which follow upon their sin. Public policy and morality forbid that their trade shall be recognized, fostered or protected.

It is quite a false principle that the *quantity* of vice is fixed; that there is a certain demand, and that this must be met by a corresponding supply. On the contrary, it is the presence of loose women in the streets and places of public resort which acts as the temptation to the unwary. The supply creates the demand. All sound policy requires that the presence of women openly flaunting their iniquity and soliciting passers by, should be put down by the police as far as it can be. Wise parents desire their sons, after dining out, to come home in a cab. Vice is a habit, and the less it is indulged the less it will be.

Then, women suffering from the consequences of their life ought to be received as kindly as if they were sufferers from any other sin. We would say, too, that any woman taken up and convicted of following her vocation as prostitute in public should be imprisoned, and if found diseased should be retained till cured. Meanwhile, every inducement should be offered for a change of life.

But beyond this, if any one seeks to make prostitution safe by a system of minute regulations, we would ask him just to consider the state of affairs in Paris as revealed in the letter of our surgical correspondent last week. Police regulations and periodic examinations are in full force, but the cry is: Syphilis is more rampant than ever; the examinations are not frequent enough; every woman ought to be examined more minutely, twice a week at the least! More examining physicians are required, and better ones.

But there was one part of our Paris surgical correspondent's letter which we reserved from notions of delicacy, but we may as well out with it. Hear it ye ganders! The sauce for the geese must now be served out to you. The examination of women has proved fruitless; now men must be examined; and it is proposed that this duty shall be imposed on the "abbess," or high priestess of each establishment devoted to the Paphian rite, and that a fine shall be inflicted on her, if through her carelessness any worshiper brings disease among the nymphs of her fold.

As for the examination of soldiers, and the shutting up of loose women in garrison towns, these are exceptional duties, imposed by the State for public reasons, which the medical officers do very much to their disgust, but without degradation. But there is nothing which would tend more to deprive medicine of the rank of a respectable calling than the fact that practitioners should be found willing to lend themselves to the dirty work of examining prostitutes, in order to enable them to carry on their trade, and even (as has been proposed) instructing them in the art of injecting, etc., so that they may sin with safety. If the heads of the profession, or the colleges, ever desire an opportunity of protecting their members from degradation, here is one.

And the attempt would be as unavailing as it would be disgraceful. Whatever renders vice safe and increases its prevalence, must increase disease. Gonorrhœa and soft ulcers, require no specific pabulum; they may be created anywhere *de novo* by promiscuous intercourse. The infection of syphilis is so subtle, and lurks where least expected, that it is in vain to attempt to keep it out. Whether this is ever generated anew is questionable, but every surgeon in good practice knows that many of his worst cases are reported to him to be the fruit of *liaisons* where such a result was least to be expected.

If we are not to treat prostitution by repression, if it is to be fostered and protected at the public expense, then the best plan would be, *pecca fortiter*. Make it a department, with an Under-Secretary of State to manage it; have an ample staff of well salaried inspectors; only let the funds come from a tax on the persons who practise prostitution, and those who resort to them. If we have money to spare, let us give it, in better dwellings, food, and sick comforts, to poor women who earn their living by work; and let Formosa save something for her disinfecting purposes out of the ample wages of her debauchery. — *London Medical Times and Gazette*, 2*d October*, 1869.

REVIEWS AND NOTICES OF BOOKS.

THE SCIENCE OF THERAPEUTICS ACCORDING TO THE PRINCIPLES OF HOMŒOPATHY. By Bernhard Bæhr, M.D. Translated and enriched with numerous additions from Kafka and other sources, by Charles J. Hempel, M.D. New York: Boericke & Tafel, 145 Grand street. Two volumes, large octavo; pp. 635, 752.

We cannot let this number of the *Gazette* go to press without mentioning the splendid work, in two volumes, which the new firm of BOERICKE AND TAFEL, successors to William Radde of New York, first give to the profession. If this is a specimen of what this firm are to do for our literature, we may well conclude that the Homœopathic *Sun* is rising rather than going down in their hands. And if they would make a relative improvement in the *North American*, they would be entitled to our thanks. The work itself we cannot at this time carefully examine, and can only say that it is rich in the thoughts and experiences of the best men in our profession, European and American. It is a work which every physician in our school should possess. We shall more carefully review it in our next number.

THE STEPPING-STONE TO HOMŒOPATHY AND HEALTH. Sixth edition, fiftieth thousand; much improved and enlarged. By E. H. Ruddock, M.D. (Exam.), M. R. C. S., etc. London: Jarrold & Sons. Pp. 314; square 16mo.

This very convenient little volume is in two parts, the first occupied by a history and defence of homœopathy, by hygiene, and by a few general remarks on medicines and the diet of those who are under treatment. The second treats of a large number of the more common diseases and their remedies,— which may be considered the body of the work, — followed by a discussion of thirty-one medicines and their uses. A clinical directory and an index, both sufficiently copious, conclude the work. This book has had an immense sale in Great Britain, over fifty thousand copies having been given to the public. And there is no question but that the education of the common people to the domestic use of homœopathic remedies lays a broad foundation for its professional success.

PATHOLOGY AND TREATMENT OF STRICTURE OF THE URETHA, AND URINARY FISTULÆ. By Sir Henry Thompson, F. R. C. S. With Illustrations. Philadelphia: Henry C. Lea. Pp. 359; octavo.

This book is a reprint from the third and revised London edition, and the extent of its circulation and the character of its author give it some degree of authority in the study of a difficult and complicated affection. By the omission of arguments on questions formerly doubtful, but now considered settled, the book has been reduced some eighty pages, while much has been added to it, the results of more recent investigations. It is a monograph of great value to the practising physician.

Diseases and Injuries of the Eye. By George Lawson, F. R. C. S. Philadelphia: Lindsay and Blakiston. Pp. 436; 12mo.

Neither oculists nor publishers intend that the profession shall remain ignorant of the diseases of the eye. Now, within a few weeks have we had the magnificent work of Solberg Wells, followed by the very Handy book of Ophthalmic Surgery of John Z. Lawrence, both published by H. C. Lea; and here comes, from the house of Lindsay and Blakiston, a convenient and comprehensive treatise upon the diseases of this delicate and complicated organ. The time was when the diseases of the eye were considered so simple that every physician was expected to understand them. Now, by actual count, this little volume treats us to two hundred and sixty-nine different diseases or affections of the eye. These are all set forth in a clear but concise manner, and we are sure that no one of our readers could take up this book for half an hour without learning something of value from it. A Williams & Co. have it on sale at their new store, corner of Washington and School streets; price, $2.50.

A Physician's Problems. By Clarles Elam, M.D., F. R. C. P. Boston: Fields, Osgood & Co. Pp. 400; 12mo.

We have here a very original, unique and highly interesting book. It grapples boldly with some of the more recondite questions of physiology and pathology of body and mind. These are best set forth by quoting the titles of the seven essays: Natural Heritage; On Degeneration in Man; On Moral and Criminal Epidemics; Body *vs.* Mind; Illusions and Hallucination; On Somnambulism; Revery and Abstraction. In every essay there is matter for profound study; and the layman as well as the physician will find this valuable collection of facts and the theories based upon them well worthy of his attention.

Among the examples of somnambulism, — *sleep-vigil*, Dr. Elam prefers to call it, — it is singular that he has not quoted that of Jane Rider of Springfield, who was treated at the Insane Asylum, at Worcester, more than thirty years ago. Is the book that gave an account of her case among the lost literature of the world?

First Report of the Northeastern Homœopathic Dispensary of New York.

This institution ministers to the sufferings of a poverty-stricken population. Besides the occupants of tenement-houses, there is a "squatter population" of about six thousand human beings. Dr. Seeger enters at length into the causes of sickness and mortality in the region, and particularly dwells on the adulteration of articles of food and drink. The cases treated in seven and a half months have been five hundred and thirty-four. Vigorous efforts are made to build up a good library and museum. Contributions are earnestly solicited from authors, operators or others who are able to enrich the shelves of the Dispensary.

Inaugural Address at the Hahnemann Medical College of Philadelphia, at the opening of the session of 1869–70. By Lemuel Stephens, M.D., Professor of Chemistry.

The subject is Constructive Force, and the Professor adopts the views of Dr. Carpenter and Prof. Youman.

Religion in Common Schools. Three lectures delivered in Cincinnati, by Rev. A. D. Mayo.

Into the *quæstio vexata* of the Bible in the public schools of Cincinnati, the lecturer enters with great earnestness and force; he would have no sectarianism taught in the schools, but urges that there is still a necessity for religious teaching, and for the Bible as a text-book, in order to the proper government and discipline of the school, and the formation of a character suitable to future usefulness.

The Story of a Bad Boy. By Thomas Bailey Aldrich. Boston: Fields, Osgood & Co. Illustrated; pp. 261; 12mo.

Physicians were among the first to point out the pernicious influence of the popular juvenile books, whose principal characters are usually either boys of improbable badness, or boys of impossible goodness. To them and to their families do we especially commend this lively story of a healthy, energetic boy, brimful of mirth, mischief, and good feeling. Many an old head, and wise one, too, will sympathize with the scrapes and escapades, as well as sorrows and trials, of this brave-hearted little fellow. They will not be ashamed to recall their own boyish tricks, which Tom Bailey will be certain to remind them of, — even that of falling in love, and becoming a "blighted being" in consequence; but we doubt if many old boys could equal Tom in his explanation of a financial crisis. Happy firesides will listen to tales of an almost forgotten past that this autobiography will suggest, and which will give to hoary age "the heart of May."

PERSONAL.

W. W. Rodman, M.D. — We are happy to inform our readers that Dr. Rodman has continued his researches on the Scientific Relations of the Materia Medica, and that these will appear serially in the next volume of the *Gazette*. Part I., copies of which may still be obtained of the author, was published anonymously about a year ago and has received many commendations from the most thoughtful minds in the profession, allopathic as well as homœopathic. A cursory examination of Part II., convinces us of its great merit as a scientific work.

E. H. Ruddock, M.D., of Reading, England, the Editor of the *Homœopathic World*, has recently made a hurried visit to this country, and we hope in the next number to give some of his impressions of the New World, particularly of the homœopathic portion of it. His journal we can commend as the best one our school ever published, and we wish it had a large circulation in this country.

Hon. E. T. Foote, M.D., of New Haven, Conn., was recently, on motion of Dr. *Squibb*, summarily expelled from the New York Medical Society. Dr. Foote was formerly a Member of Congress from New York; he was the oldest living member of the Society, which owed much to him for legislative and

other aid. When we consider this, and that Dr. Foote, now nearly eighty years old, had retired from practice, and resided in another State, the meanness and cowardice of the whole affair is unparalleled. We do not think either Dr. Squibb or the Society realized the disgracefulness of their conduct. It was probably an act done thoughtlessly by both, and it would be well for both if it could be kept concealed. But it has put a stigma on the Society not easily removed, and if Dr. Squibb still glories in it, let him affix a notice of it to the labels of his medicines so extensively advertised and used, and he will soon learn how far an honorable profession sustain such dishonorable conduct.

Prof. E. M. Hale writes that he has nearly finished his pathogenesis of *Kali bromidum.* Dr. Ludlam has found the third trituration of this medicine curative in a few cases of purely spasmodic dysmenorrhœa and hysteria; Dr. Mitchell used it successfully in obstinate vomiting of pregnancy; and Dr. Hull cured an obstinate case of spasmodic dysuria with the first trituration of it.

O. P. Baer, M.D., Richmond, Ind. — We regret to learn that this stanch and veteran supporter of our cause in Indiana is in feeble and failing health.

H. T. F. Gatchell, M.D., of Kenosha, Wis., has gone to Asheville, N. C., for his health, where he intends to establish an invalid's retreat.

G. E. Shipman, M.D., has prepared, and will publish as soon as a sufficient number of subscribers will warrant it, a translation of Grauvögl's great work on Homœopathic Practice. It should be in the hands of every physician, and no better service could be rendered the profession than by at once subscribing for it.

J. H. Pulte, M.D., has kindly sent us his circular on Financial Policy. There are few of our physicians who have proved themselves better masters in finance than Dr. Pulte, but we doubt if the government will change its present financial policy even for a better one.

J. W. Talbot has been appointed General Agent of the Homœopathic Mutual Life Insurance Company of New York, for the New England States. His office is at No. 130 Tremont Street, corner of Winter Street. This company is well managed, and has already proved a success. Though it has been in operation but little more than a year, it has issued more than 1,700 policies, covering upwards of $4,000,000. "Homœopathy is evidently going down!"

R. G. Valentine, M.D., of Henderson, Ky., for eight years a prominent allopathic physician, has recently adopted homœopathy.

Located. — James D. Johnson, M.D., at 371 Main st., Hartford, Conn.

E. J. Foster, M.D., at Burlington, Vt.

S. Chapin, M.D., at Wakefield, Mass.

Removals. — H. B. Morrill, M.D., from 58 Beach street to 17 Harrison avenue, Boston.

W. F. Hathaway, M.D., from Rochester, N.Y., to 2044 Market street, Philadelphia.

Died. — George R. Clark, M.D., died of diphtheria, in Portland, Me., Nov. 1, 1869, aged 35 years. After attending one course of medical lectures at Harvard, he attended two courses at the New York Homœopathic College, where he graduated in 1863; and immediately thereafter commenced the practice of medicine in Portland, in company with the writer. A close student of medicine, of sound judgment, great knowledge of our method of treating diseases; faithful, gentle and kind in his intercourse with the sick, — he had made many fast friends, and gave promise of future eminence in his profession.

A report of his case may be expected. E. Clark.

TO CORRESPONDENTS.

J. E., Fla. — We shall hope to hear from you again, when you have more thoroughly acquainted yourself with the character of the climate, and the diseases incident to that section.

W. P., Mass. — Thanks for your valuable item. If others would help us in the same manner, our labors would be easier as well as more efficient.

H. T. F. G., N. C. — Your interesting letter will appear in the January number. It was too late for this.

E. C. W., N. J. — The communication has not yet come to us.

BOOKS AND PAMPHLETS RECEIVED.

The following Exchanges for November: —

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

Also the following:

The Fourth Annual Report of the Poughkeepsie Homœopathic Medical and Surgical Dispensary, by Ed. W. Avery, M.D.; Poughkeepsie, N. Y. First Report of the Board of Managers of the Northeastern Homœopathic Medical and Surgical Dispensary; New York. Inaugural Address delivered at the Hahnemann Medical College of Philadelphia, by Lemuel Stephens, M.D. Catalogue of the Museum and Library of the Hahnemann Medical College of Philadelphia, by C. M. Thomas, A. B., Philadelphia. Catalogue of Bowdoin College, 1869–70. The Fifth Annual Report of the Consumptives' Home; by Charles Cullis, M.D. Religion in the Common Schools. Three Lectures by Rev. A. D. Mayo, Cincinnati. The Atlantic Almanac for 1870, Boston: Fields, Osgood & Co.

The Story of a Bad Boy, by Thomas Bailey Aldrich; Boston: Fields, Osgood & Co. The Stepping Stone to Homœopathy and Health, by E. H. Ruddock, M.D., London: Jarrold & Sons. A Physician's Problem, by Charles Elam, M.D., M. R. C. P., Boston: Fields, Osgood & Co. Diseases and Injuries of the Eye, by George Lawson, F. R. C. S., Philadelphia: Lindsay & Blakiston. The Science of Therapeutics, according to the Principles of Homœopathy, by Bernhard Bæhr, M.D. 2 Vols. New York: Boericke & Tafel.

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